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# Evaluation of the Time Out House Initiative in Queensland

**Progress report**

**Sandra Gendera, Karen R. Fisher, Natalie Clements, Grenville Rose**

**For the Queensland Alliance for Mental Health**

**Social Policy Research Centre**
**Griffith University**

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Publications, SPRC,
Level 2, John Goodsell Building
University of New South Wales,
Sydney, NSW, 2052, Australia.

Telephone: +61 (2) 9385 7800
Fax: +61 (2) 9385 7838
Email: sprc@unsw.edu.au

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**Social Policy Research Centre, UNSW**

Karen Fisher, Sandra Gendera, Christine Eastman, Kristy Muir

**Griffith University**

Lesley Chenoweth, Donna McAuliffe, Natalie Clements, Anna Jones (Sally Robinson in 2011)

**Aftercare**

Grenville Rose (Appendix 1)

**Authors**

Sandra Gendera, Karen R. Fisher, Natalie Clements, Grenville Rose

**Contacts for follow up**

Karen Fisher, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, ph: (02) 9385 7800 or email: karen.fisher@unsw.edu.au.

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## Abbreviations and glossary

| | |
|---|---|
| Aftercare | TOHI Cairns |
| APQ6* | Activity and Participation Questionnaire |
| CAT | Common Assessment Tool |
| CANSAS* | Camberwell Assessment of Need Short Appraisal Schedule |
| CRM | Collaborative Recovery Model |
| FNQRDGP | Far North Queensland Rural Division of General Practice |
| Heads Up | TOHI Logan |
| HREC | Human Research Ethics Committee |
| NSW | New South Wales |
| NHMRC | National Health and Medical Research Council |
| MOU | Memorandum of understanding |
| Outreach and case management support | up to 3 months support including referral to relevant services |
| PWI* | Personal Wellbeing Index |
| Qld | Queensland |
| Reference Group | staff of Queensland Alliance for Mental Health, TOHI providers and representatives of young people and carers |
| RAS* | Recovery Assessment Scale |
| Residential support | up to 3 weeks support in a stand-alone home |
| Social network | family and significant friends and carers of the young person |
| Steering Committee | Staff of Queensland Government and Reference Group |
| TOHI | Time Out House Initiative |
| SPRC | Social Policy Research Centre |
| UNSW | University of New South Wales |
| *validated instruments – standardized questions, with comparative data available for comparison in later progress reports | |
| YFS | Youth and Family Service (Logan) |
| YP | young people, young person |

# Executive summary

The Queensland Alliance for Mental Health has commissioned an evaluation of the outcomes and cost effectiveness of the Time Out House Initiative (TOHI) in Queensland to inform future service development. The evaluation is until July 2013. The evaluators are the Social Policy Research Centre (SPRC), University of New South Wales (UNSW) and Griffith University.

## Program description

The Time Out House Initiative (TOHI) is designed to provide approximately 3 months outreach and case management support to young people whose circumstances either have had an impact on their mental health now or, if unaddressed, are likely to have an impact. An optional component of the support model includes a short residential stay of up to approximately 3 weeks. The outreach and case management support links participants to other relevant youth services and mental health clinical and non-clinical services and existing community support.

The key objective is to provide early intervention in a short term, safe and youth friendly residential program for young people. This recovery focused approach builds on the evidence that effective, timely and coordinated non-clinical and clinical care and support can improve the outcomes of young people and reduce long term societal costs of mental ill health (Muir et al., 2009). TOHI aims to achieve better outcomes for young people aged 15-25 years and their social networks through:

- Personalised, client-centred assistance through outreach and case management support work and short residential support if required
- Intensive non-clinical, and where needed clinical care coordination, and lifestyle support in a recovery focused environment
- Articulation with existing youth and adult services/networks, including mental health support, where necessary
- Capacity to respond to changing needs of the young person and
- Support for families and natural support networks.

## Evaluation method

The evaluation uses a longitudinal, mixed methods design. Methods include interviews and case studies with young people, staff, families and service providers; and program data about who is in the program, what service they receive, cost and outcomes. The evaluation addresses the program objectives and related research questions:

- To investigate and measure the impact of services provided through the TOHI and identify outcomes for young people accessing these services and their social networks.

- To examine what works well and does not work as well in delivering the TOHI and understand issues that impact service delivery across different geographical areas.
- To measure whether this type of early intervention approach is cost-effective.

This is the second interim evaluation report to be followed by the final report in 2013, which together will fully address these questions. The program operated in Cairns and Logan from July 2010 to June 2012; and Cairns will continue to operate until the end of 2012. The service providers' have implemented the program differently in the two locations in response to the local needs, so the findings are presented separately for each location where it is relevant.

### Service use and effectiveness

From July 2010 to March 2012, 85 young people received outreach and case management support and 20 stayed in the house in Cairns; and 97 people used outreach and seven stayed in the house in Logan. In Logan ten other young people who fitted the age criteria and could benefit from this type of support, but who were not in the TOHI program also stayed in the house. These young people were participants of other YFS programs. The Logan TOHI participants benefited from the company of other young people using the house at the same time.

When young people start at TOHI they complete a needs assessment with the staff. Key concerns they identified include social isolation, limited everyday coping and life skills, insecure housing or wanting to live independently, restricted perspectives on how to engage in employment or education, restrained family relationships, drug and alcohol misuse, reduced self-esteem, and little knowledge and coping strategies to deal with their mental health issues. The research interviews with young people and staff reiterated these same priority needs.

Most participants using TOHI were positive about the quality and amount of support provided within the model design described above. All young people participating in the interviews and case studies were linked to other services and support, and had activities and plans in progress or completed. Some were still in the process of planning. Participants also reported that the case management support and information they received was practical and useful.

### Outcomes, lessons and future program development

### Cairns TOHI

Overall participants and stakeholders were highly positive about the outreach and case management in the pilot, as well as the residential service if they used it. The community education and engagement of young people was successful and the house usually ran at the full capacity of three to four people per night in the first half of 2012. The house was a central component

of the pilot program. Equally important was support to young people in their communities though outreach work.

The approach to engagement and support is an outreach–in house–outreach model, which staff described as useful for supporting young people after they had left the house. They identified the post-house phase as a critical transition stage. Staff said many participants found it difficult to adjust after leaving the house, especially if they had limited or no support in the community. All stakeholders reported that flexibility was a feature of the program, such as applying the eligibility criteria and meeting young peoples' needs. As a result of the flexibility, participants felt safe engaging in the program and reported that it was youth friendly.

Most of the 30 participants who provided their stories for the evaluation reported positive outcomes (Section 3). This is a positive finding considering the adversities most of the young people faced (Section 2.5) and their low Personal Wellbeing Scores (PWI) reported in the baseline report. Such positive outcomes for young people reflect the strengths of the Cairns TOHI, such as intensive, flexible client-centred and client-directed case management support; assistance to access a range of clinical and non-clinical services and programs, including in-house recreational and social groups; and a youth friendly, safe, relaxing and supportive environment in the house (Section 4).

Stakeholders reported that the partnerships and the consortium approach were a key success factor of the Cairns model. External stakeholders spoke highly of the initiative in terms of the strength of the partnership and the referrals between the program and relevant service providers. Several partners regarded TOHI as filling a missing piece with the existing youth health services. Staff worked hard to position themselves away from crisis intervention (for homeless young people, or step-down from the mental health unit). At the same time they were committed to providing young people with new ways to manage their wellbeing and mental health, and to use and connect to a range of supports, thereby slowly enhancing their wellbeing self-efficacy.

## Young people most and least likely to benefit from the Cairns TOHI

Young people over the age of 18 years seemed to be using the service more than younger people. This may be because the house is only open to 18 year olds. Equal numbers of females and males used the program. The program was best suited for young people who were ready to address their needs, because living in the house requires giving up some freedoms (no alcohol and drugs; observe a curfew; and participate in a range of activities and programs). Setting expectations with young people was successful for participants in the house who were exploring changes in their lives. Service providers felt that the program met the criteria of preventing or reducing future hospitalisation, because participants received the support to remain in the community, address their needs and achieve their goals, and explore pathways to recovery.

A growing number of TOHI Cairns participants (around 40 per cent) were referred from mental health services and many young people were case managed by a mental health provider during their time with TOHI. This cooperation demonstrates the successful integration of TOHI with local community mental health services and the willingness of service providers from different professional background (mental health and youth services) to collaborate in the best interests of young people.

Furthermore the cooperation shows that TOHI might have the capacity to support a range of young people in their residential service, including those with more complex mental health issues. Some of the young people staying with TOHI had on-going mental health issues and several had a mental health diagnosis. Staff understood that the program was not designed or yet developed to take on referrals directly from hospital wards. While some participants had experiences of using these services, staff only accepted young people assessed as relatively stable and did not accept young people in crisis.

Young people who benefitted the least from the program were aged under 18 years, which made them ineligible for the house. The TOHI staff did not think the house age criterion needed to be lowered, but some external service providers did. Some stakeholders wanted to see greater outreach to Indigenous young people. Although the TOHI data shows that they were successful in engaging these groups (Table 2.2), it did not reflect the high proportion of Indigenous young people in the Cairns area. Employing an Indigenous worker had not increased the number of Aboriginal and Torres Strait Islander young people significantly.

From the start of implementation, the program identified that the outreach and residential support for some participants required longer service timeframes than the original design of 3 months outreach and 3 weeks in house. Many young people required time to trust and engage or had goals that required more ongoing support. The steering committee agreed that the timeframes should be implemented flexibly. Several of the young people stayed up to five months in the house and two young people stayed multiple times. The flexibility of the pilot program allowed staff to make decisions on a case-by-case basis, taking into account a range of personal circumstances.

Some external stakeholders and TOHI staff raised questions about the capacity of TOHI to support young people with more complex mental health issues, including those who had personality disorders but were not case managed by a mental health team. Support from community mental health services, such as a counsellor, psychologist or GP was not always sufficient for such participants, and delays gaining access to a mental health assessment with a psychiatrist was a problem.

## Future Cairns TOHI program development

Suggestions in the baseline report for enhancement of the program were programs run by young people themselves and client participation in the running of the services. Further considerations for development include:

- Keeping the numbers of participants in the house small and manageable (four young people to at least one staff were described as a good ratio)
- Allowing for additional resources to run social and recreational activities to reduce social isolation and promote the recovery of young people
- Adding a therapeutic arm to the non-therapeutic program, for example, through co-location of other services that can provide dialectical behaviour therapy about mindfulness, or group counselling
- Strengthening linkages into youth and adult mental health programs to increase capacity to support young people with more complex needs
- Keeping flexibility as a service delivery philosophy
- Expecting incremental outcomes for highly marginalised young in a short term
- Increasing capacity around providing outreach support (e.g. some casual staff)
- Developing satellite engagement to meet young people's needs in outlying areas
- Increasing capacity to work with Indigenous young people and
- Providing ongoing training, mentoring and skilling in relevant areas (e.g. non violent intervention and community development).

**Logan TOHI**

The evidence on the effectiveness of the TOHI Logan was mixed. Service providers and other stakeholders in Logan, as in Cairns, were also highly supportive of the outreach and case management support and social-recreational activities of the pilot program (also referred to as Heads Up). It was seen as an effective way to engage and support marginalized young people who were socially isolated. The planning and goal setting process, linking young people to a range of services, including clinical and non-clinical lifestyle support worked well in the TOHI Logan.

However, although the program made considerable efforts to set-up and promote the residential part of the program it was not successful in Logan. Only a small number of TOHI participants had stayed in the house, which generally remained empty. Some young people younger than 18 years were interested in the house but were ineligible. The house remained an isolated service, rather than integrated with the outreach. At least one young person commented that they wished they had some follow up after leaving the house.

Twenty-one young people in Logan contributed their story to the evaluation through interviews and case stories. The program had been positive for most people, including positive outcomes in overall wellbeing, health, socio-economic participation, and social and community integration. They reported positive relationships with their support workers and benefited from client-

centred and client-directed case management support. All young people were satisfied with the support in the weekend activity program.

Some young people were happy with the house support, but several young people and staff raised problems it, including incompatibility between the young people; a lack of routines in the house to encourage healthy lifestyles; limited opportunities to run group activities due to the low numbers of participants; a possible detrimental impact on wellbeing when only a single participant was staying in the house.

The staff perspective was that it was usually most beneficial to support young people to remain in their community; and that young people with low mental health were more likely to benefit from activities and programs that help them to change their routines and engage in alternative social and recreational opportunities.

The governance structure of the Logan Heads Up had positive and negative aspects. TOHI Logan was implemented by a long-established youth and family services provider, which was beneficial for engaging young people as they were a well known and regarded youth service. YFS was partially successful in establishing trust and strong partnerships with some agencies in the health and mental health sector and other relevant providers. It appears that without a well defined consortium approach for sharing development, referrals and resources between local partners, the TOHI Logan partnerships were less sustainable.. It is unclear whether, and to what extent, the governance model affected the low take up of the TOHI Logan residential component. Another consideration with the TOHI Logan house was that young people under 18 years, including the majority of the Heads Up client group, were not eligible for the residential services and young people in Logan did not perceive the house to meet their needs.

### Young people most and least likely to benefit from the Logan TOHI

More people aged under 18 years used the TOHI services than those over 18 years in Logan. The program was best suited for young people with lower mental health needs, who required someone to speak to, advice and links to services. TOHI referred many young people to community mental health providers, counsellors and psychologists. Few had a more serious mental health issue or a mental health diagnosis.

Staff reported that they were successful in engaging young people from a range of backgrounds, including Indigenous young people. They engaged with fewer young people from a culturally and linguistically diverse (CALD) background, but some CALD-specific services are available in the Logan area, which young people may prefer to use.

Young people benefiting the least from the program were restricted by age: under 18 years for the house and under 15 years for outreach and case management support. The program did not suit young people who had goals that required longer case management support. Staff had a strong sense that most participants engaging in the pilot had support needs and goals that went

beyond the three months' timeframe. Stakeholders noted the impact that homelessness has on young people's mental health and wellbeing, and thought that this group of young people should be included in the program's eligibility criteria.

External services providers felt that TOHI successfully applied a 'whole of health approach' rather than mental health in isolation. However they also noted that young people and TOHI staff could benefit from a stronger integration with local mental health services.

## Lessons from Logan for future programs

A number of lessons for future programs emerged from the Logan experience:

- Strengthen a residential component with options for structured activity for people staying in a house. Consider co-locating with other residential use, such as respite for the young person; transition for young people exiting care; or step up or step down services, with clinical staff support
- Expand resources and scope of the weekend activities, for example, to include low-cost activities nearby
- Include capacity to engage with young people from CALD and Indigenous backgrounds
- Provide on-going training, mentoring and skills for staff, including mental health
- Strengthen referral pathways in and out of TOHI, community agencies and clinical services.

### Outcomes for carers and informal supporters

In both locations, Cairns and Logan, family members and supporters of young people reported that the pilot also benefited them as a break from the problems they were trying to help with their children and it reduced their stress. In some cases it had positive impact on the wider family relationships. Staff said many young people preferred to receive support from TOHI without their carers' knowledge, because family breakdown had contributed to their mental health problems.

### Lessons from TOHI for similar programs

*Coordinated support*

The TOHI outreach, case coordination and management provide lifestyle support and referral to clinical and non-clinical services for young people. Case management has been a useful tool to access services for marginalised young people, who may experience early signs of mental health issues.

Other parts of the program that some young people use are sometimes residing in the house and additional clinical case management from a mental health provider. The consortium model of service providers and community

partners with mental health expertise has assisted with engagement, capacity and referrals.

Managing the needs of young people at risk of more severe mental health problems requires staffing capacity and structured processes to call on clinical expertise and to respond to emergency crises.

Future opportunities for connections with inpatient and headspace services would require greater mental health capacity within the TOHI staff and stronger relationships with the mental health providers.

*Housing*

Homelessness and precarious housing in the context of housing shortages is a feature of the mental ill health of many young people in the program. As an early intervention program, with the agreement of the Steering Committee, TOHI has widely interpreted the eligibility criterion that the primary need cannot be homelessness, since housing support can address underlying factors affecting their wellbeing.

*Timeframes*

Many young people at both sites needed longer intervention than the original plans for 3 weeks for residential support and 3 months for outreach and case management. They required sufficient time to develop trust to engage with a service. They also experienced complex issues that took a longer time to address, such as referrals for housing and mental health professionals.

# 1 Introduction

The Queensland Alliance for Mental Health has commissioned an evaluation of the process, outcomes and cost effectiveness of the Time Out House Initiative (TOHI) in Queensland to inform future service development. The program aims to provide early intervention in a short term (roughly three weeks) safe and youth friendly residential program and approximately three month outreach and case management support for young people whose circumstances either have had an impact on their mental health now or, if unaddressed, are likely to have an impact. The evaluation is until August 2013. The evaluators are the Social Policy Research Centre (SPRC), University of New South Wales (UNSW) and Griffith University.

The longitudinal, mixed method evaluation design measures outcomes for young people who can benefit from early intervention case management support, their families and informal supports; the program process; and costs. The methodological approach has been developed to fit the attributes of the TOHI pilot, the evaluation objectives and the conceptual framework outlined. For more details refer to the full evaluation plan (Gendera et al., 2011).

This is the second evaluation report. The information in this report is from the earlier baseline evaluation findings (Gendera et al. 2012) and new qualitative data collected in 2012. The final evaluation report in 2013 will incorporate all data, including the additional quantitative outcome and administrative data.

The report is structured in the following order: Section 2 describes the program as delivered by the two providers and profile of the participants. The outcomes for TOHI participants are presented in Section 3. Section 4 examines the service use and effectiveness of the service delivery processes. Section 5 summarises lessons and future program development, as well as questions arising for the program evaluation.

## 1.1 Fieldwork data

Qualitative data were available from written case studies from the young people and researcher interviews for the baseline in 2011 and progress report in 2012. In both locations service providers invited young people to write down the story of their involvement with TOHI and assisted them in the process as required. Instructions to the staff were to prioritise the words and input from the young person.

Twenty young people from Cairns wrote their story for the baseline (10) and progress reports (10), accompanied by some case information from their workers. In Logan, fifteen young people provided their story as standalone narratives for the baseline report (5) and progress report (10). Their stories for this report were in their own words, without contextualising material from case workers.

In addition, the researchers interviewed stakeholders, young people, family members, service provider staff, and external partners in both sites (Table 1.1 ). The people interviewed in 2011 and 2012 were not all repeat interviews. All

young people were new respondents, so were their supporters, some staff and stakeholder interviews overlapped in round 1 and 2 data collection.

**Table 1.1 Qualitative data sources and interviews**

| | Cairns | | Logan | |
|---|---|---|---|---|
| | 2011 | 2012 | 2011 | 2012 |
| Young people case studies | 10 | 10 | 5 | 10 |
| Young people interviews | 5 | 5 | 2 | 4 |
| Supporter interviews | 2 | 1 | - | 2 |
| Staff, management interviews | 2 | 3 | 2 | 2 |
| External stakeholder interviews | 2 | 2 | 1 | 2 |

Notes: The targeted sample sizes were not reached in Logan due to difficulties engaging respondents.

The main factors impacting on qualitative data collection were related to challenges engaging young people to take part in an interview or provide a case study. Young people, and in particular marginalised young people, are a highly mobile group and sometimes difficult to engage in research. The researchers also experienced some difficulties reaching the supporters of the young person – their family or friends. This was because many young people did not want their family to be actively involved or informed about their participation in the TOHI pilot. Many had strained relationships with their family and other young people explained that they had few trusted supporters in the community who could be approached for an interview. Overall the TOHI program focuses mainly on the young service user and their needs.

The presentation of all findings in the report uses pseudonyms to protect confidentiality.

## 1.2 Limitations

Limitations for the qualitative data mainly include missing or incomplete data. In particular for Logan the qualitative samples are smaller than the target numbers. Sometimes the data are also partly incomplete, where for example, case workers did not provide contextualising information to support the young people's case studies. The lack of consistent, quality data means that in some areas findings are based on little data.

Some of these challenges are common with the target group. Young people are a difficult group to engage for research due to their health and wellbeing, literacy, availability and confidence. Some of the challenges may also be a result of insufficient guidance from management around data may have contributed to this outcome.

The evaluation framework (Gendera et al 2011) was designed to address such possible limitations. The limitations are acknowledged in the report and were taken into account in the analysis.

# 2 Program description

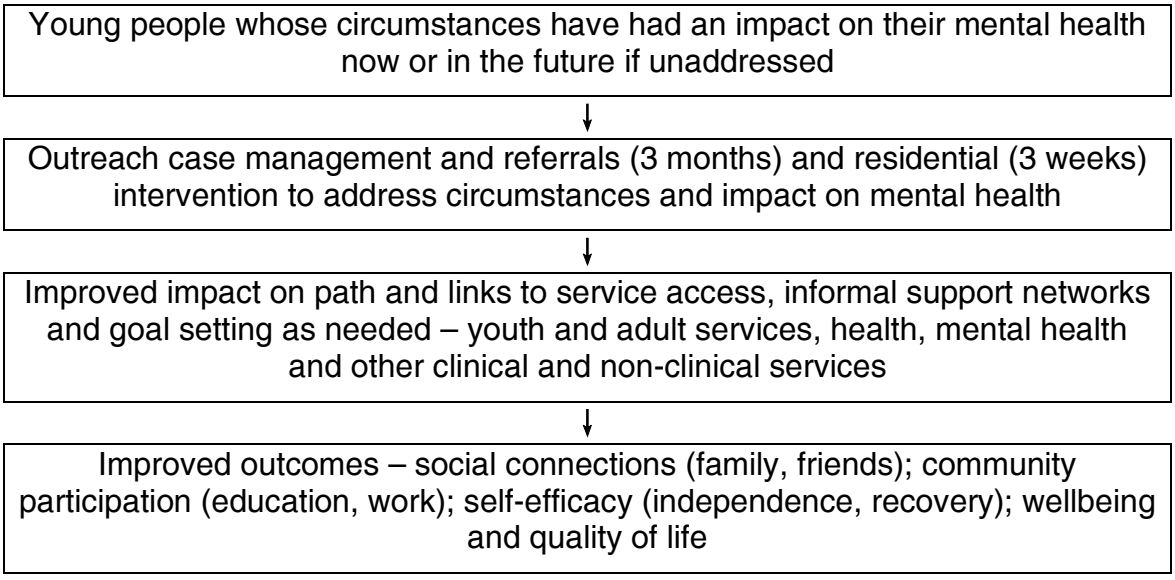
## 2.1 Aims of TOHI

TOHI is designed to provide approximately 3 months outreach and case management support to young people whose circumstances either have had an impact on their mental health now or, if unaddressed, are likely to have an impact. An optional component of the support model includes a short residential stay of approximately 3 weeks. The outreach and case management support links participants to other relevant youth services, mental health clinical and non-clinical services and existing community support.

The key objective is to provide early intervention in a short term, safe and youth friendly residential program for young people (Figure 2.1). This recovery focused intervention approach builds on the evidence that effective, timely and coordinated non-clinical and clinical care and support can improve the outcomes of young people and reduce long term societal costs of mental ill health (Muir et al., 2009). TOHI aims to achieve better outcomes for young people aged 15-25 years and their social networks through:

- Personalised, client-centred assistance through outreach and case management support work
- Intensive non-clinical, and where needed clinical care coordination, and lifestyle support in a recovery focused environment
- Articulation with existing youth and adult services/networks, including mental health support, where necessary
- Capacity to respond to changing needs of the young person and
- Support for families and natural support networks as needed.

**Figure 2.1 Time Out House Initiative (TOHI) Program Logic**



## 2.2 Roles and responsibilities of the TOHI partners

The pilot program is funded by Community Mental Health, Department of Communities. The Queensland Government allocated $6.477 million for three years. The program is jointly managed by the Department and the Queensland Alliance for Mental Health. Two nongovernment organisations, one in Cairns and one in Logan, were funded to implement the TOHI pilot.

## 2.3 Service delivery

The two NGOs provide support to young people aged 15 to 25 years whose circumstances either have had an impact on their mental health now or, if unaddressed, are likely to have an impact. The core features of the service delivery include:

- A strengths based practice approach, targeted and individualised support in an outreach and case management capacity (for 15-25 year olds) and residential (for 18-25 year olds), to enable young people's emotional wellbeing and recovery from a variety or combination of psychosocial stressors

- Collaboration and networking with a range of community services to provide young people with support pathways, to address young people's emotional and mental health needs; and to develop opportunities for socio-economic participation and community inclusion for young people

- Supporting young people to restore and maintain connection with family, friends, other supports and their community (community inclusion) and

- Enhancing the capacity of social networks to remain supportive of the young person.

### Eligibility

When young people are referred to the program, the provider checks they meet the eligibility criteria, then assesses their support needs to design a care plan. In consultation between the providers, funding body and Reference Group, the eligibility criteria were amended to respond to the young people's needs in the communities:

- provide outreach and case management support longer than 3 months, if needed up to 9 months, depending on the young person's goals and their level of engagement

- allow for longer periods for young people staying in the house, or repeat stays for some participants (if they are assessed as engaging well in the program)

- extend services to young people who may be at risk of homelessness or homeless in some cases, if they also met the other criteria, and

- provide outreach and case management support to young people from 15 years.

## 2.4 Governance structure and service delivery model

The TOHI is implemented differently in the two locations, with different governance arrangements.

*Cairns TOHI*

Aftercare, a community mental health agency, is the lead agency contracted to implement the TOHI pilot in Cairns. Aftercare has engaged a number of local service providers, including mental health and youth services, and the Far North Queensland Rural Division of General Practice (FNQRDGP) as consortium partners. The partners provide expertise and advice, in-kind support and resources, and joint case management for some participants. Some TOHI outreach staff are employed through the partner agencies but their salaries are partly paid through Aftercare. All consortium partners have a Memorandum of Understanding (MOUs) with TOHI and sit on the pilot programs reference group.

TOHI Cairns refurbished a previous hostel that can house up to four young people at a time. The house has spaces for socialising, a TV room, a garden, bedrooms for two staff, a kitchen and dining area. It is located close to the Cairns promenade and has a recreational feel to it. TOHI also runs social group activities from the premises, such as art groups or yoga, and has established a social-recreational group that organises outings (BBQs, bushwalking, movies, going to the beach or fishing) for the young people using TOHI.

TOHI Cairns has three permanent outreach workers (employed through Centacare, Youthlink, and Aftercare) and five permanent staff for the residential component (all employed through Aftercare the lead agency). The service manager/ team leader is employed through the Division of General Practice. TOHI Cairns also employs casuals as required.

The role of the team leader is to oversee the program implementation, promotion and integration with other community services and organisations and the consortium partners but also supervision of staff and provide '24 hour on call' support to staff and families if needed. Staff work with the young person in a client-centred, recovery focused and empowerment approach. They use a collaborative recovery model, with the aims of avoiding dependency and remaining flexible to respond to the participants' changing needs.

The main focus of outreach support is referral and linking activities to enhance social inclusion and participation as well as access to essential health and mental health services. Outreach participants are encouraged to take part in group house activities and to stay in the house if needed. Several outreach participants used the residential support once they familiarised themselves with the program or need that level of support.

Young people stay in the house for various reasons. Those with higher needs sometimes receive co-case management from their mental health service provider. Young people may seek a 'time out' from a stressful family environment, to focus on their wellbeing or achieving their goals in a supportive environment, or enhance their independent living skills. Service providers reported that many participants in the house focus on resolving some form of personal crisis, and finding stable and safe housing, which is often one of their needs. Most young people staying in the house receive outreach support after they move out.

*Logan TOHI*

The TOHI Logan was implemented by Youth and Family Services (YFS) until June 2012. YFS has a long standing history in working with young people. They are a not-for-profit organisation that provides a range of assistance and support for young people and their families, including family relationship, domestic violence, and disability services. In Logan the TOHI pilot was known locally as the Heads Up program. In the beginning YFS engaged with the Local Division of General Practitioners and worked closely with QLD Health. The relationships between the services were defined through a MOU and TOHI Logan had a dedicated reference group linking them with their partner agencies.

Throughout the implementation of the model they established further links to local youth mental health providers. However, this was, according to a range of stakeholders, not sufficient to ensure participation by the partner agencies. YFS reported that they might have had more support and referrals from the Local Division of General Practitioners if they had been partners on the program funding submission.

The TOHI house was located in the centre of Logan, near the industrial part of the city. Young people who stayed at the house could use community based recreational activities provided by YFS at other premises. No dedicated groups or programs operated from the house. As part of the outreach component YFS provided regular weekend outings and activities for TOHI participants.

TOHI Logan had a number of permanent and casual staff working in an outreach capacity, or if young people were staying in the house, then they also worked in the house. Staffing numbers fluctuated due to changes in demand for the house. All staff were employed through the YFS. Staff working with young people were committed to empowering young people with a strong focus on recovery and de-stigmatisation from mental health.

Similar to Cairns, TOHI Logan had in consultation with its partners, extended the eligibility criteria to respond to young people's needs. Outreach and case management support could be for up to 9 months. The main exclusion criterion was if the young people do not have a stable address; and they could receive support from other YFS services instead.

The main focus of outreach and case management support in Logan was to provide targeted case management and connect young people with services in the community. A focus was to connect young people to social activities to reduce social isolation.

A small number of young people stayed in the house, mainly referrals from partner organisations such as Queensland Health and youth agencies. Some eligible young people only wanted the case management support and were not interested in the residential option. Some younger people (under 18 years) who did not fit the age criterion were interested in the residential component of the pilot.

In April 2012 YFS sought a variation to the service delivery contract for an expansion of the outreach support and closure of the TOHI house. By the end of June 2012 the Department of Communities ceased the funding to the TOHI Logan as a result of a number of factors, including the low use of the residential component by young people. TOHI outreach participants have been diverted to other services, where possible.

## 2.5 Participant characteristics and target groups

The information about characteristics of the young people using TOHI services to March 2012 (Table 2.2) showed that they were reasonably representative of a young population in these locations and the pilot target group. In both locations equal numbers of young men and women used the program, with men slightly overrepresented. Most participants were aged 18-25 years in Cairns with one participant 27 years and outside of the original target group. In Logan participants were more evenly split, with nearly half the participants aged 15-17 years. The difference in age groups in the two locations reflects the greater use of the house in Cairns, where participants must be aged 18 years or more, and the TOHI Logan where the program is within a youth service (Section 4).

Both TOHI sites engaged with Indigenous young people. In Cairns, 16 young people identified as Indigenous compared to 63 who did not (about 20 per cent). In Logan, at least 10 per cent were of Aboriginal descent and some young people did not provide this information. Some Cairns service providers and external stakeholders felt that Indigenous young people were underrepresented in the pilot considering the high Indigenous population in this area. TOHI Cairns tried different strategies to reach out to these groups but without great success. Some providers commented that they program cannot be ‘everything for everyone’ and that Aboriginal and Torres Strait Islander young people may feel more comfortable going to designated Indigenous youth services.

The pilot successfully engaged with CALD young people, with 11 per cent of participants born overseas in Cairns and 18 per cent in Logan. However the majority of those young people spoke English at home and only four young people in Cairns and Logan spoke a language other than English at home. In Logan, some service providers reported that they felt that CALD young people

were underrepresented among the TOHI participants compared to the overall population in their location.

**Table 2.2: Characteristics of Cairns and Logan participants**

| | Cairns* | | Logan** | |
|---|---|---|---|---|
| | Young people | Per cent | Young people | Per cent |
| Gender | | | | |
| Men | 46 | 54 | 51 | 53 |
| Women | 39 | 46 | 46 | 47 |
| Total | 85 | 100 | 97 | 100 |
| Age | | | | |
| 15-17 years | 14 | 17 | 46 | 47 |
| 18-27 years | 70 | 83 | 51 | 53 |
| Total | 84 | 100 | 97 | 100 |
| Country of birth | | | | |
| Australia | 74 | 89 | 80 | 82 |
| Other | 9 | 11 | 17 | 18 |
| Total | 83 | 100 | 97 | 100 |
| First language | | | | |
| English | 76 | 95 | 63 | 65 |
| Other | 4 | 5 | 4 | 4 |
| Unknown | | | 30 | 31 |
| Total | 80 | 100 | 97 | 100 |
| Indigenous status | | | | |
| Indigenous | 16 | 20 | 10 | 10 |
| Non-Indigenous | 63 | 80 | 58 | 60 |
| Unknown | | | 29 | 30 |
| Total | 79 | 100 | 97 | 100 |
| Marital status | | | | |
| Single | 25 | 64 | - | - |
| De facto/partnered | 14 | 36 | - | - |
| Unknown | | | 97 | 100 |
| Total | 39 | 100 | 97 | 100 |
| Active status | | | | |
| Active | 20 | 24 | 32 | 33 |
| Exited | 65 | 76 | 35 | 36 |
| Unknown | | | 30 | 31 |
| Total | 85 | 100 | 97 | 100 |

Source: Program management data collections July 2010-March 2012,

Note: *Cairns n=85, excluding a further 16 young people who did not engage in the program after initial contact.

**Logan n=97 July 2010-March 2012

### Mental health and wellbeing at the time of entering TOHI

TOHI aims to improve the wellbeing of young people aged 15-25 years whose circumstances have had an impact on their mental health or, if unaddressed, are likely to have an impact. Overall the pilot has a focus on early intervention, which is to support young people early to avoid more severe mental health problems or hospitalisation in the future.

The baseline report found that most of the young people using TOHI Cairns had a mental health diagnosis or ongoing mental health problems. Several were case managed through a local mental health team or were seeing community mental health providers (psychologist, psychiatrist, or counsellor). In this progress report, service providers reported that depression, anxiety and psychosocial stressors were still the main concerns for TOHI participants in both locations. In Cairns, the number of young people presenting with more entrenched mental health issues, including psychotic symptoms and personality disorders, of whom many had a mental health diagnosis, had increased since the last report. This finding can be seen as a reflection of the growing integration of the TOHI program with local community mental health services as well as increased confidence and experience of staff to include young people in the TOHI house who have on-going mental health problems.

Young people who identified alcohol and substance abuse as one of their concerns were also represented in the TOHI Cairns sample. According to staff this was the client group most likely to choose to leave the house or be asked to leave early. Some of these young people found the house rules and routines more difficult, particularly abstinence from substance use during their stay. Staff stated that they did not have the capacity to provide the young people a suitable environment for detox and that participants who did not comply with the house rules were a risk to the other house members.

The TOHI target group in both locations remained relatively consistent throughout the evaluation. Most young people presented issues stemming from marginalisation, disadvantage and social isolation. While the stories of the young people were unique, they had a common thread of disadvantages that may have contributed to their emotional instability and mental ill health.

Many participants reported experiences of domestic violence or abuse, including from a young age; mental illness, suicide and drug and alcohol abuse in their family; an unstable home environment and family conflict. Some young people had left school or their family home early or were disengaged from schooling and work. Only a few of the young people who shared their story had positive family relationships, yet even when they did get on well with their family, some still felt socially isolated or had few friends and limited social support in the community.

Several young people had ‘couchsurfed’ with friends and relatives or lived on the streets, and one young man had engaged in sex work for survival. Many young people identified stable, affordable and safe housing as a concern. Some participants used alcohol and drugs for self-medication. Literature about these disadvantages, suggests that such psychosocial stressors contribute to increased prevalence of mental ill health in young people.

# 3 Outcomes for TOHI participants

The evaluation analyses the outcomes and effectiveness of the pilot program for individual participants and their informal supporters. This section presents the outcomes for young people in three key domains:

- promote wellbeing and mental health self-efficacy of young people experiencing circumstances that either have had an impact on their mental health now or, if unaddressed, are likely to have an impact
- improve paths and links to relevant community services such as, youth and adult services, health, mental health and other clinical and non-clinical services and
- enhance social connectedness and community inclusion of young people involved in the program.

The analysis is a comparison from the qualitative data sources at the baseline in 2011 and progress in 2012, described in Section 1.1.

## 3.1 Wellbeing and quality of life

TOHI aims to enhance wellbeing and quality of life of young people.

### Cairns TOHI

Most young people using TOHI Cairns services, both outreach and residential, had improved their emotional and overall wellbeing. Many young people reported that they were more positive about their life and had hopes or plans for the future. Overall participants felt that the program was positive, supportive and empowering, because TOHI 'helps you in the long run, builds confidence and makes you better at life.'

Most young people gained a range of benefits as a result of involvement in TOHI, which advanced their wellbeing, especially for those who were more intensively engaged with the program. The key benefits they mentioned were increased confidence and self-worth, skills and knowledge to better deal with everyday life situations, and identifying or clarifying their goals and working step-by-step towards achieving them.

Most Cairns TOHI participants had at some stage received outreach case management support. All participants confirmed that having someone to talk to who understood their situation and could assist them with 'getting back on track' had been pivotal in their recovery process.

The young people who stayed in the house benefited from a safe, youth friendly, highly supportive and structured environment. For example, Melissa,[1] a young woman aged in her early 20s who had stayed in the house during a very stressful period in her life said,

[1] All results are presented with pseudonyms to protect confidentiality.

> The Time Out program has been a huge part of my recovery in a time of my life, where to be frank, I needed time out and some support when I had no other options. This is a one-of-a-kind program that gives youth with mental health problems the chance to recover with the support of staff that are there 24 hours of the day, to offer advice and a caring positive atmosphere that is vital for recovery.

Monika, in her late teens, who had been diagnosed with bi-polar and anxiety before coming to TOHI reported,

> I joined Time Out to have a safe place and somewhere I could do my own thing. Since joining, my workers have helped me build the confidence to become involved in the gym and other things which I have always wanted to do, and have helped me sort out what I really wanted to do, and develop my values and goals.

For several of the young people the Time Out house provided a break from their stressful life, such as living with their family under one roof in conflict, or getting away from abusive relationships. Staying at the house enabled these participants to settle emotionally and either work on addressing the problems in their relationships, or, with the support of their worker, finding alternative living arrangements more conducive to their mental health and wellbeing.

Another key benefit for young people in the residential component was the supported home environment and structured lifestyle it offered. Many participants identified that they wanted to enhance their independent living and social skills. During their time in the house young people reported that TOHI had provided them the opportunity to learn how to cook, do their shopping and budget, organise and structure their day and develop more healthy routines, as well as enhance their social skills while living with the other people. Daniela, a young woman with substance abuse issues and experiences of self-harm, has been involved with TOHI for around a year. She grew up around drugs and alcohol and had lived on the streets and in shelters. Daniela said,

> I did know how to look after myself. I felt like I had the social skills but I did not know ... how to put them into play. Because my head was so mixed up ... I was a bit worried that without having family close and so much time alone I might hurt myself ... I came in [the TOHI house] because it was a supportive environment ... to maintain a stable routine in my life. Just learn how to cope by myself again, how to interact with others.

Daniela reported that due to the support from TOHI, she was now in the position to ‘manage to do things more maturely and independently’, she had also improved her social relationships and reconnected with some of her family and friends, and was looking into doing a traineeship.

Finding alternative and affordable housing was a major concern for many young people in Cairns. Young people who were at risk of becoming homeless used the house as a safe haven, until they could secure more permanent housing. Similar to Daniela, some young people staying at the house reported feeling more confident about their living skills, which helped some to secure and maintain independent housing once they moved out. The process was facilitated through practical assistance provided through TOHI, including access to bond loans, budgeting strategies, mediation with landlords to rent in the private market, and on-going outreach support to overcome problems in the transition phase after leaving the TOHI house. Others received support to put in applications for social housing.

In Peter's case, moving out of his parents' home had helped him to control his depression, work on changing his social isolation and find a job. He said his family had a break from their care role. Peter described his situation before coming to the TOHI house and during his stay as follows,

> I just kept bottled up inside and spoke to no one ... things got worse this time. I started lashing out at my family in aggression. I felt alone and secluded, struggling to cope with everything ... I was in no mental condition to find a job. I was lazy. I was easily angered and was not very pleasant to be around ... [Then] I met my [TOHI] case worker two days later and was finally able to let go some of my aggression and talk to someone about everything that was going on in my life.

Improvements in young peoples' physical health also contributed to their overall sense of wellbeing. A number of young people were supported to access GPs and other health related providers. They also received intensive lifestyle support and information around healthy eating and physical activity, and access to sport and gym facilities. Others had cut down their cigarette, drug and alcohol use.

## Logan TOHI

Most young people from TOHI Logan said that having someone to speak to who understands and can assist them to reach their goals, made the TOHI participants feel better about themselves and their lives. The short term benefits they reported as a result of the case management included, feeling happier with their lives, more confident and self-reliant. Most young people we interviewed in Logan did not report any concrete plans for the future, but they were positive about what it may hold.

Participants and staff said that young people's wellbeing increased by linking to social outlets, recreational activities and key health and welfare services. Staff reported increases in young people's self-esteem from achieving goals, such as resuming their education or finding independent, safe housing.

The young people who stayed in the house said it provided them time out from whatever was going on in their life. Most participants who used the residential services benefited from one-on-one intensive support, learning

new skills, making friends and participating in the day-to-day household duties. Annabelle, a teenage young woman who is a full-time carer for her sick mother said that the house had provided her with a rest and increased her social contacts. She said,

> The program enabled me to use the time out house ... for some very much needed rest. ... I met a few people in the time I stayed at the house, and made a couple of friends as well. I experimented with cooking, and the staff were supportive – helped me create a resume, search for jobs, and training for myself ... getting out having fun and mingling with others is not something I get to do often enough.

John a young man who stayed in the house for three weeks benefited from having some time away from his family, as well as learning skills how to manage his relationships with them. All the support and advice he received contributed to improving his overall wellbeing. He said,

> It was really nice spending time at the house and getting away because all my life I have spent fighting ... I just wanted to relax … [my worker] also helped me to deal with avoiding fighting with my family which was a big thing for me ... I find all this very helpful. I have been very comfortable in the house, and would love to go back.

Many, but not all young people were content with their stay in the house and the support structures in place. Some of the participants raised concerns about the TOHI house and suggested improvements for future program development, such as having more activities and structure in place (Section 4.3).

Other benefits in TOHI Logan, were changes to young people's physical and emotional health that also contributed to their overall wellbeing. According to staff, they had assisted many of the participants to see a community mental health provider, such as a psychologist, psychiatrist, or counsellor. However, staff were committed to avoid any further mental health stigmatisation for the participants, beyond that they had already experienced. Several of the young people reported positive outcomes after seeing health professionals and addressing their needs.

### 3.2 Social and economic participation

The changes young people experienced in their social and family relationships as a result of using TOHI Cairns and Logan were mixed, with more young people noticing improvements in their social interactions than those who had not. Many participants reported strained relationships with their family or friends before coming to TOHI. For the majority of young people in Cairns and in Logan making new friends and reducing social isolation was a primary concern. Some wanted to improve their relationships with their families, but this was not always a priority for the young people. Strengthening

their social networks was a longer term process for some young people, particularly those who identified overcoming social isolation as a key goal.

### Family and friends

### Cairns TOHI

Several of the TOHI Cairns participants reported that they had difficulties engaging with strangers, communicating effectively and making themselves understood, as well as socialising with peers. They said that reasons included their mental health condition; moving and leaving behind their social networks; or just never having the opportunity to develop good social skills. Erik a young man diagnosed with schizophrenia said,

> Being with TOHI has made a difference. It made me a lot happier. I have found new friends and I feel more relaxed in myself. My worker is also helping me with my 'staring problem', so I am being taught how to make proper eye contact.

Several of the young people in Cairns reported that they felt more outgoing, confident and talkative after involvement in the pilot. This had helped them to develop new relationships and strengthen old ones and overall improve their social life and wellbeing. For others the involvement with TOHI meant that they found the strength to get away from harmful influences and that they were prepared to rebuild their social networks. Simon, who is in his late twenties and was diagnosed with bi-polar stayed a couple of times in the TOHI house. He said,

> It's alright, the interaction with the others [in the house] is good. Because I am unwell it's good to have others to interact with ... With my mental condition I am sometimes isolated. [In the house] we have to do stuff with other people and it forces us to be with other people ... that's good.

Participating in TOHI had reduced the social isolation and contributed to stabilising the mental health of some young people who had no or very little social support, family and friends in the community. Susanna said,

> I was a bit worried that without having family close and so much time alone I might hurt myself ... and all my friends were doing their own thing ... [TOHI] is ... supportive.

James, another participant diagnosed with early psychosis and who suffers from withdrawal symptoms said, 'I am surrounding myself with positive people and have developed my own social circle. I have also found a new direction for myself.'

The young people and staff thought that running social groups from the TOHI house was considered beneficial. Many participants reported that the art group and social recreational group had provided them the opportunity to mix

casually with peers and that they had made new friends while staying in the house.

### Logan TOHI

Most young people in Logan felt less socially isolated as a result of being involved in the pilot, particularly due to attending the group activities. Participating in the weekend activities but also living in the house with other young people had enabled them to make new friends, develop their social skills and 'feel more normal'. One young man (17 years old) had regularly attended the Sunday activities organised by the TOHI Logan team. Edgar said,

> The Sunday groups also were great because I felt normal when I was with the other people who stayed at the house, I could relate to them.

Another young woman, Susan, commented that getting to know new people was a very important part of the pilot as it enabled young people to 'move on' from their peers that are negatively influencing them.

> I really liked the weekend activities as it was an opportunity to get out of my area, away from the crowd I hung with, meet new people. This was good for my boyfriend too, as most of the issues we were having were due to him hanging with the wrong crowd.

From the Logan participants there was less information on the extent to which the program had enabled them to sustain or improve their family relationships. However, in a few cases participants reported that TOHI had helped them to learn better communication or anger management skills which had a positive impact on their relationships overall, but in particular with their family. And being able to go to the 'Time Out house' also helped to 'cool down' an escalating family situation.

## Work and education

### Cairns and Logan TOHI

The baseline report found that of the ten young people in Cairns who completed the survey about their socio-economic participation, the majority did not have a job, although some worked part-time. About half were actively looking for work, and many had plans to increase their participation in work, education or social recreational activities. Further quantitative data from both sites will be analysed in the next report.

The qualitative data also found similar results. Most young people in TOHI were disengaged from work or education when they entered the program. Finding employment, enhancing their skills, re-entering education or remaining engaged in their course, as well as gaining experiences through volunteering and work placements was an important goal for many participants.

The socio-economic participation outcomes are mixed. Some young people in both sites have reengaged in work, education or volunteering as a result of involvement in the pilot, or are taking active steps towards achieving this goal. Some have moved towards greater independence. Others are still working on stabilising their emotional wellbeing, securing housing, or other goals, before they feel they are ready to address their socio-economic goals.

Some young people commented that they felt more motivated, confident and positive since involvement in the pilot, so they could begin to plan their future economic participation and options. Presumably most of them will continue to need ongoing formal and informal support to help them to achieve these plans. An example is a young man from Cairns who took part in a job training course during his stay in the house. After he had left the TOHI house his support changed from daily to weekly contact with his worker and after only a few days he stopped attending his course.

The external stakeholders also confirmed that the TOHI on-going intensive and client-focused support plays an important part in assisting young people to achieve their goals. The support links young people to relevant community services, and supports them throughout the process and during difficulties. A youth employment provider in Cairns who closely works with many TOHI clients reported that the pilot enables young people to achieve better socio-economic outcomes than if they were only seeing a specialist service without this extra support. He said,

> They [young people] always speak of how important the support from TOHI has been for them to realise their goals and seek for employment through us. ... I have seen interpersonal and confidence based outcomes for the young people ... for young people who are struggling that's really important to make progress.

In several other examples young people and the staff reported supporting participants through 'tough times' when they were about to disengage from school, TAFE or university studies. They said that most young people needed the little extra support to get them through their exams or remain engaged in their studies while other things were taking over in their life. For example a mother in Logan praised the program and her son's educational outcomes,

> I don't know if they said anything to him or what, but he has been to school every single day this term, every single day! Hasn't missed a day, a major turnaround. I don't know what happened, but it's been good.

### 3.3 Mental health self-efficacy

One of the aims of the TOHI pilot is to create paths for mental health recovery and ongoing support for young people experiencing circumstances that either have had an impact on their mental health now or, if unaddressed, are likely to have an impact in the future.

In both sites, young people reported that the client-centred planning process, mental health recovery focus and flexible case management approach worked well for them to improve their wellbeing and identify ongoing support (Section 4.2).

## Cairns TOHI

Up to 40 per cent of young people using TOHI Cairns services are referred through mental health services. Many participants therefore have a mental health case manager, in some cases a mental health diagnosis, or are awaiting a formal mental health assessment. Other young people are also seeing community mental health providers, psychologists and counsellors, and several of them have a mental health care plan. Due to the characteristics of the client group, the mental health needs of TOHI Cairns participants varied considerably and their understanding of their mental health condition and pathways to recovery.

Many of the young people, especially if they stayed in the house, felt they were learning the skills and strategies and receiving the right information to address their needs. For example, participants reported that they benefited from alternative forms of stress relief, anger and mood swings management, such as through recreational activities (art, yoga and gym); assistance and information to lead healthier lifestyles (nutrition, physical activities and relaxation techniques); as well as encouragement to get a mental health assessment, including review or change in medication, or access to mental health services, if they were not yet seeing anyone.

Participants also reported that they felt empowered, more aware and confident to seek out help on their own as needed. This view was shared by agencies partnering with TOHI. Two providers reported that they observed positive outcomes in young people's ability to seek out help for mental health. One provider commented on the observed changes in help-seeking behaviour of a co-managed TOHI participant,

> I think TOHI has the ability to help her realise that [the young person] doesn't have to do things on her own and she is capable in many ways and able to take on services and support that is around her ... which she would not do before. She kept avoiding everyone ... So I think that connection with TOHI has increased [some young people's] ability and willingness and take on help ... and to understand that some of what they are going through is quite normal.

One of the main strengths of the program, as reported by young people and service providers, was workers' ability to make young people comfortable to connect and access a range of community services, including mental health support that can provide specialised and ongoing assistance (Section 4.5). Some staff reported that it was more difficult to observe mental health self-efficacy outcomes for participants only using the outreach support.

### Logan TOHI

The progress data collection showed that TOHI Logan has increased young people's ability to better manage their health and wellbeing and seek out help as needed. The TOHI Logan client group differed from Cairns. In Logan, TOHI received few referrals from mental health providers and young people did not have to identify mental health as affecting their wellbeing to be accepted into the program. Hence, most young people using TOHI Logan were in an earlier intervention group. They struggled with their emotions (stress, anger and sadness), finding housing and work, or their general health and personal relationships. Some also identified that they needed assistance for their mental health.

Young people using TOHI Logan services reported that the pilot had helped them to better understand themselves and the issues they were facing; find strategies to better manage their emotions that affected their wellbeing and relationships (eg. improved sleeping patterns); overcome barriers to 'opening up'; and gaining confidence to seek out help from community mental health providers. Nicole who was referred to TOHI by her school counsellor reported that TOHI staff were the only ones that really understood what she needed,

> I was in a mess before I came into the Heads Up program. [The staff] helped me to get through my suicidal thoughts, put me into counselling, psychologists and branching out to seek a good psychologist or counsellor ... Out of all the people that I have told about my problems they have been *the ones* who listed to me and are interested in what I have to say. All the time they go above and beyond to help me with things that I need.

Similar to Nicole's story many other young people said that they felt that staff had supported them to in their pathway of recovery, and for some, that they were no longer afraid to go and see a counsellor or psychologist.

## 3.4 Outcomes for supporters

TOHI aims to support families, when the young person has contact with them, and to support young people to re-engage with supporters when that is constructive for the young person's wellbeing. Many of the young people in the Cairns and Logan TOHI did not have contact with their family members or other informal adult supports, or they had strained relationships with them. The data are from five informal supporters (three in Cairns and two in Logan).

Family members and friends of TOHI participants viewed the pilot as positive overall. They found that it had helped the young person in a number of ways, such as to develop more independent living skills, confidence, focus and reinforce their talents and strengths. They reported a range of positive outcomes for the young person's wellbeing, emotional health, social participation, and involvement in work or education.

In some cases young people and supporters reported that the pilot also had a positive impact on their family relationships overall. As a result of the young

person been more stable in their emotional wellbeing and engaged in activities this had positive on the family arguing less for example.

The young person's involvement in the pilot contributed to better wellbeing outcomes for some family members, as one mother from Logan reported,

> Well, it's had a flow on effect to other things, like because he is attending school now there is less stress on me. I'm not late for work; I'm not going to work upset every day like I was, worrying about him, and having the school ring me all the time about where he is. So life has returned to normal somewhat. It's been good.

According to staff, having a better understanding of the young person's problems, whether they are dealing with a mental illness or not, feeling that there is support 'out there', and seeing the positive outcomes in the young person gave informal supporters a sense of stability, reduced their stress and took some of the pressures off them.

Most families were highly supportive of the residential component of the program. They felt it was a good place for young people to have their own space and time and receive intensive support to re-focus and get them back on track. One mother in Cairns felt that her child had not been suitable for the house and felt that she had been talked into it by her worker. However she appreciated that the staff had been up-dating her on her daughter's wellbeing, while she was staying in the house, and the mother felt that she had not been left out in the support process.

According to service providers it was comforting for some families to know that their family member was supported by someone else, rather than trying to deal with the stress and difficulties alone. Staff in Cairns reported that, 'In some ways it's a relief for them [informal supporters], and they're able to offload a lot of their frustrations with it all.' Another staff member in Cairns commented that the families,

> Absolutely love the fact that there is a program that will support the [young person] and allow [the family] to have some downtime as well ... and allow them to do some self care.

Cairns TOHI has a strong focus on supporting the family as a whole, where this is in the best interest of the young person and they give their consent. They have established links to the local Carers' Hub where parents and other supporters of people dealing with mental health issues receive support, advice and respite services as needed.

### 3.5 Outcomes implications for the program and evaluation

All stakeholders interviewed held a positive view of the outcomes from the pilot program in Cairns. Young people felt that both the outreach and in house approaches were supportive and effective in helping them develop the skills,

confidence and a plan to overcome hurdles in their lives. They also benefited from increased confidence and skills in managing their mental health and wellbeing.

The number of young people in the TOHI Cairns who have a mental health condition/diagnosis or are case managed by mental health providers has increased over time. This is a result of the close coordination of TOHI with a range of community mental health services and other agencies. The on-going evaluation of the program, in particular the analysis of the quantitative data, will aim to provide more information on outcomes for the different groups of young people using TOHI. For example, young people staying longer periods of time in the TOHI house compared to those only staying a couple of weeks, or young people with early or chronic mental health conditions. If available this information would provide further directions for the program development and for similar programs.

External stakeholders interviewed reported that TOHI was well regarded and widely known in the community and across different sectors, including youth, health and mental health, and broader community services. Stakeholders said that the program filled a niche in the service spectrum for highly marginalised young people. It was perceived as complementary to most youth programs rather than competing for funding and clients with the existing services. The strengths and opportunities for further program development are discussed in detail in Section 4.

The Logan TOHI pilot program design changed during the implementation. The program emphasised the outreach and case management component because the residential component was not as relevant to young people's needs in this area, and demand for it was low throughout the evaluation period (Section 4.3). The young people who stayed in the house reported that it was a relaxing and beneficial experience for them. Some had recommendations on how to further strengthen the residential part of the program (4.3). Young people in Logan who engaged with the case management support and weekend, recreational activities identified benefits to their wellbeing and social engagement from participating in the program. Reducing social isolation contributed to better outcomes in other life domains for some people.

Young people in Logan appear to have had less chronic mental ill health compared to the TOHI Cairns participants, and could be described as an earlier intervention group. Some received community mental health support as part of their involvement in the pilot (Section 4).

External stakeholders reported that the program benefited participants by focusing on the 'whole of health' of the young person, rather than only their mental health, which is considered good practice. However they felt that the program was not well integrated with other services.

# 4 Service use and effectiveness of service delivery processes

The evaluation assesses the effectiveness of the TOHI pilot to discern implications for program changes and improvement. This involves analysing how the program has evolved throughout its implementation, the strengths and weaknesses of the pilot, including the partnership and governance arrangements, and responsiveness of the TOHI to meet participants' needs.

In this section we consider the degree of responsiveness of the TOHI to meet participants' changing needs; its ability to facilitate pathways to recovery and connections to a range of services; and the use of strengths-based and client-centred approaches. We also examine how the TOHI fits into the wider service system in the two communities.

The main sources of data to address this part of the evaluation are interviews with key stakeholders, including young people using the services.

## 4.1 Service needs

From July 2010 to March 2012, 85 young people received outreach and case management support in Cairns, and 97 people in Logan; and 20 participants stayed in the Cairns house and around seven people in the Logan house (Table 2.2).

In Logan around ten non-TOHI young people who fitted the age criteria and could benefit from this type of support also stayed in the house. These young people were participants of other YFS programs. This strategy was applied to ensure that TOHI participants had the company of other young people in the house.

Young people entering the TOHI program complete a needs assessment with staff. In the baseline report many participants in Cairns identified key needs such as accommodation and food, daytime activities, social relationships, money, and psychological distress and physical health. In the Logan young people identified their needs by priority, many said they needed mental health support, social and financial support or assistance with finding suitable housing.

In the interviews, the young people discussed similar priorities. Key concerns included, social isolation, limited everyday coping and life skills, insecure housing or wanting to live independently, little perspectives to engage in employment or education, restrained family relationships, drug and alcohol misuse, reduced self-esteem, and little knowledge and coping strategies to deal with their mental health issues.

## 4.2 Youth-friendliness and client-centred service delivery

### Planning and goal setting

An objective of the TOHI pilot is to deliver youth friendly and appropriate services to young people, for example, by using strengths-based and client-centred planning and goal setting approaches.

In the outreach and residential component of the Cairns TOHI, the service providers work with young people using the Collaborative Recovery Model (CRM) to develop a plan with the young person. The CRM is a participant driven, values based approach which seeks to build on strengths, evaluate the commitment of the young person to working towards goals and sub-goals. It includes regular reviews and back up plans in case barriers emerge.

Most young people were satisfied with the goal setting and planning process, and found it useful, clear, and empowering. Some elements of the planning process were harder for participants to understand than others. Others found the process clear and, and liked having a copy of the plan on paper. However, staff commented that empowerment and client-centered planning and goal setting were also dependent on the workers' understanding and commitment to using this approach and that the training in these areas was necessary.

In Logan TOHI staff used the Common Assessment Tool (CAT), where young people identified their goals and staff worked with them to put strategies in place to realise these goals. The CAT assesses needs in the following key areas, accommodation, support networks and relationships, education and training, income and employment, mental health, general health and wellbeing, and statutory involvement and personal safety (Heads UP November 2011 report). Workers wrote up the plans in the young person's own words, and plans were reviewed on a monthly basis. One young person from Logan reflected on the usefulness of the planning and goal setting process,

> I feel a lot more confident the Heads Up helping me break down little sections of my life and doing each goal at a time, instead of doing everything at one time.

Overall young people using TOHI services in Cairns and Logan benefited from the flexible approach that allowed them to revisit their plans and make amendments as needed, and they valued being recognised as experts in their own needs. The client-centered approach made the young people feel 'respected and understood' which contributed to them feeling comfortable to fully engage with the program.

### Relationships with staff

Throughout the evaluation period in Cairns and Logan young people were positive about their relationships with their support workers and other staff. The young people frequently used words like feeling respected and valued, understood, that staff were non-judgmental of their needs and capacities, and mostly 'responsive and personal' in their support to describe the relationship

with their workers. Many participants had used other services in the past. For them TOHI was better because there was less red tape, it was more responsive and flexible, and staff went beyond their expectations to support them. One young man in Cairns who had a history of being in and out of mental health units and was seeing a psychiatrist in the community said,

> ... like in the mental department there people want you to get better so they can get rid of you. And then when you do go, you end up relapsing ... that's how I felt with mental health ... But with these guys [TOHI] here it's different, doors open, arms open ... it's a bit overwhelming!

The quality of the relationships between the young people and staff can be seen as a key part to engaging participants in the program, as well as achieving positive outcomes for them. Where participants felt understood they were able to freely express their concerns. Also, feeling supported made young people helped them feel self-motivated to help themselves, as one young man explained.

### Flexibility and empowerment

Stakeholders agreed that the flexibility of the program was one of its key strengths. Flexibility was important for the young people to respond to their changing needs. Participants commented that the program was effective, 'there is more flexibility [in the TOHI program] to choose what you want to do daily and overall' and workers 'suggest and not tell' young people what they should do or work on.

From the service providers perspective flexibility was equally important so that they could deliver services in a client-centered approach, with a focus on the individual person rather than program guidelines. In both locations staff had, in consultation with the Department, refined the original pilot guidelines to engage with young people for longer periods in the outreach support, and in Cairns also in the house. In Cairns the pilot moved from an early intervention target group to including young people with diagnosed mental health issues or who had complex mental health needs. They also saw young people who had previously used the service and who were above the age limit of 25 years. For the staff in the Cairns TOHI, the flexibility of the program drove their success working with the partner agencies, engaging the young people, and meeting their needs.

Empowerment was a key element of the service delivery approach for the staff and outcome for some of the participants. Young people commented that they felt more confident and self-aware to identify issues they were facing, when they were feeling down, and some had a better understanding of how to deal with such challenging situations, or where to get help. From the service providers perspective empowering the young people could be more challenging. Staff in the Cairns TOHI underlined the importance of empowerment as part of their service delivery philosophy,

> [We're] trying to break the co-dependency model ... it's very important to teach people the practical skills e.g. how to get their own benefits restarted at Centrelink, so that after they finish with TOHI, if they strike another difficult patch, they know how to do this for themselves.

Many young people appear to have gained skills and knowledge that have empowered them as a result of being involved in the pilot. However, achieving more independence was not necessarily easy for all young people. Service providers in Cairns reported that especially for young people with little support in the community moving out from the house after a couple of months intensive support could pose a challenge because they go 'from the daily check in to weekly check in, which most young people find difficult to adjust to'. One young person in Cairns for example stopped taking his medication and was admitted to the mental health unit. Others stopped following up on health, education or other central appointments.

A finding from Cairns and Logan about empowerment and building capacity for greater self-care and independence in the young people in the long term was that many, but not all the young people, required on-going support in form of case management once they left the TOHI house.

### 4.3 Service quality, strengths and limitations of the TOHI support

Most participants using TOHI service in Cairns and Logan were positive about the quality and frequency of support provided. All young people participating in the interviews and case studies were linked to other services and supports, and had activities and plans in progress or completed. Some were in the process of planning. Participants also reported that case management support and information they received was 'practical and useful'. In Cairns young people highlighted the usefulness of tools they received to help them better manage their mental health and wellbeing.

In a few cases young people reported that they would have liked to see their outreach worker more frequently and that a weekly get together was not enough for them. Also, consistency in care and support was important for the young people. In two instances young people were unhappy with the 'need to repeat their story' when their case worker had to move on and the participant was allocated another staff member. One young person felt that there was not enough coordination between the two workers and that it was unproductive for her to have to rebuild trust and a relationship to a new person.

In Cairns continuity of care was highlighted by staff as a central aspect of their service philosophy. Each participant was allocated a key worker at the beginning and 'young people [especially in the house] would not go more than a couple of days without meeting *their* worker'. They also raised the need for more case management resources if the program were to grow into the future.

External service providers and informal supporters were highly supportive of the case management and flexible support provided through outreach work. They reported that it allowed young people to open-up and (re)engage with

services that they were unlikely to have used prior to being involved with TOHI.

### Cairns TOHI house

### Strengths and benefits of the Cairns TOHI house support

All participants who stayed in the house in Cairns described it very positively, saying they found it fun, peaceful, practical, safe, and social. It was important to people that they always had someone around they could talk to but who did not 'push' them too much to talk about issues they did not want to raise. In the house young people received more concentrated and structured support which had helped them to make changes they felt positive about (Section 3). The statement of a young man in Cairns summarises how most young people who stayed in the Time Out house felt,

> If I was still living where I was I'd be drinking and I would not have an idea what to do. In different ways I did not think I would be here making new friends a lot, and having fun in different ways ... It [staying in the house] has made me feel better within myself.

Apart from a safe and youth friendly accommodation, a stable and structured home-like environment, and intensive case management support young people enjoyed the social and recreational aspect of the program. It provided them a range of opportunities to engage with peers in the house and beyond, and participate in creative and stimulating activities such as, crafts and arts, exercising and walking, gardening and contributing to household tasks (shopping and cooking). A few young people commented that although they had benefited from participating in household work it was also the 'annoying' part of staying in the house for them.

Service providers in Cairns reported that they were working hard to try to 'recreate a family like environment' for young people, while providing the young person with routine and a weekly plan, which some might not have had in the past. Also staff found that running the house 'at capacity', having three to four people staying there at a single time allowed them to run groups and recreate a more social atmosphere in the house. None of the young people felt that having other young people staying was detrimental to their own wellbeing or safety.

From the staff's perspective having strict and clear house rules and admission criteria in place (e.g. no alcohol and drugs during the stay, participation in activities and household work, etc) and managing young people's expectations was a key for the success of the Cairns model. Reportedly the majority of young people who stayed in the house had previously engaged in outreach support and then moved into the house and continued with outreach support after they had left. This standard outreach-house-outreach model worked well for the young people and the staff managing several young people at a time. Clear admission criteria and house rules helped to ensure safety in the house for everyone and contributed to a more cohesive

environment. Staff reported that, 'making people understand they've got to commit...that they have to give up certain freedoms in their lives [when they come into the house]' functioned as a selection criteria in-itself. As a consequence TOHI could take in young people, who 'are willing and ready' to make changes in their lives, and if they were unable to engage properly or ready to give up certain freedoms (e.g. their substance use) they were more understanding if they were asked to leave the house again.

External stakeholders and informal supporters were very positive of the house and its usefulness for young people, its location and set up, and integration and coordination with the wider service sector, including mental health services. All felt that the support could provide young people the necessary 'all-round' support they needed.

*Challenges and limitations of the Cairns TOHI house support*

Young people who contributed their stories did not raise many issues concerning their stay in the Cairns TOHI house. One young woman who had been suffering from seizures and dislocations of her arm before and during her stay in the Time Out house however noted that although all staff had been briefed about her condition prior to her arrival some 'still reacted by simply calling an ambulance'. She said that for her going to the hospital a few times a week was not necessary conducive to her mental health. She suggested for staff to have more access to medical/clinical supervision (e.g. GPs) so that they were better prepared to deal with such situations.

Staff commented that one of the main challenges of TOHI was to keep young people safe and support their recovery process during their stay. All service providers and the manager felt they had the capacity to do so, and apart from an incident in the early set-up stages they reported that there had not been any further incidents or serious risks to the participants and staff. However some staff felt that young people with higher or more complex needs were more vulnerable if they did not have a mental health case manager in the community. Staff reported that if a young person's health decreased rapidly at times they had 'no one to call'. Overall staff reported that were very savvy in getting young people into appointments with psychiatrists, GPs and other community mental health specialists, if a young person required an emergency assessment e.g. to review their medication. Similarly one external provider raised the question to what extent TOHI had the capacity to support young people with more complex issues.

TOHI staff reported that for the above reasons a thorough intake process was crucial to the success of the house. It helped managing young people's expectations and the appropriateness of referrals into the house. Also, referring community services having a good understanding of what TOHI was and which clients it could support was critical. Staff emphasized,

> We are not a step down service, so we tend not to take young people who are experiencing crisis or psychotic behaviours. So we don't take people directly out of the mental health units for example. We wait for them to stabilize. The model for the

> program is normally outreach support first, then in house and intensive support as required, and then back to outreach.

Young people and staff reported another stage where the participants were also highly vulnerable – the transition stage from the house back into the community. Staff reported that some young people become 'too comfortable' or attached in the house. They easily get used to the daily intensive social and emotional support and the structured routines. For many participants, especially those who did not have support in the community (no family, work and home), it was hard to 'adapt' to no longer having daily but instead weekly check-ins. And some young people reacted by 're-lapsing', for example, stopping their medication or attending important appointments. Staff did not suggest any measures regarding how TOHI needed to change in the future to enhance their capacity to sustain young peoples' recovery progress once they were out in the community again. For a further discussion refer to 5.1.

Since the commencement of the pilot program there have been discussions and changes to the eligibility criteria for young service users. TOHI lowered the age criteria to 15 years for outreach support in both locations. In Cairns the staff reported that 18 to 25 years for the house was an appropriate age range and that they had few referrals who did not fit this criteria. One external provider commented that she would like the age limit to be lowered to 16 years, as she felt there were younger people who could benefit from this type of intervention in the Cairns.

### Logan TOHI house

*Strengths and benefits of the Logan TOHI house support*

The young people who had stayed in the Logan house commented that they overall enjoyed the experience. The house had provided them a safe 'get-away' from whatever they were experiencing. They were able to think and focus on their goals, and be proactive to make changes and take first steps. Some young people were even reluctant to move out because they enjoyed their stay that much, not because they had nowhere else to go. Several others would have liked to go back if the program had been still going. Jeremy described his experience in the house,

> It was really nice spending time at the house and getting away because all my life I have spent fighting. No one was hassling me to get up in the morning and look for a job or do what every my mother wants me to do … The staff ...asked me in a respectable way to go shopping or do things. I just wanted to relax… I find all this [the support and advice I received] very helpful, I have been very comfortable [in the TOHI house] and would love to go back.

Jeremy's description of his time in the TOHI house shows that young people in Logan, similarly as in Cairns, had duties and took on tasks during their stay. Some did not like having a too much involvement in the housework. Young people staying in the house also benefited from participating in the social and

recreational activities organised on weekends. This aspect of the program provided them a much needed opportunity to socialise with their peers, to make new friends, and participate in the community. Overcoming social isolation was a big challenge for most of the TOHI participants, who had been marginalised for various reasons. Feeling more included in their communities helped young people to move on in other areas of their life (3.2).

*Challenges and limitations of the Logan TOHI house support*

One of the key limitations of the Logan model was attracting young people who could benefit and wanted this type of support. In the early stages of the program few referrals to the house were received and these were mainly from external agencies rather than the TOHI outreach and case management participants. Throughout the evaluation period the numbers of referrals from external agencies and TOHI outreach clients increased, however, Logan never reached any substantial and consistent numbers of residential participants in the program. One of the issues identified by staff was the lack of 'attractiveness' of the location of the house, which is in the same local area as the participant group and does not provide a 'Time Out' away from their living environment for participants, quite opposite to the Cairns TOHI house.

Another key issue around the house was that it appeared to have limited structure, routines and social, recreational activities for the young people in place. A number of participants commented that they would have liked to see more of that in the house. Adrianna and Tom said,

> I do feel the house needed more structure in regards to routines and in-house activities, as there were times throughout the week it was boring.
>
> They could put more activities in there, like a pool table or something.

Another young man who had stayed in the house commented that for some of the activities that were offered he had not been involved in the decision making process. He suggested that rather than having the 'workers planning without us' young people should be involved in planning. From the staffs' perspective they identified that they would have liked more 'guidelines on the role and purpose of the house' from the Department, to be able to offer more suitable support.

Several other issues arose in the TOHI Logan house that were only minor questions in Cairns, if at all. Several young people who overall had enjoyed their stay in the house complained about particular aspects such as sharing between males and females, living with the other young people (reportedly several experienced 'bit of drama in the house', caused by the inappropriate behaviour of some participants), and one young mother who stayed with her daughter found the house not 'child proof and child friendly'. Finally, one young person who had benefited from the stay in the house said that for her there had not been any follow up support once she had moved out, ' I think

when I left I had no follow ups ... to see where I was at, or if it had worked for me'.

Perhaps some of these issues raised by the participants stem from the low take up of the house by TOHI participants and the Logan house being open to other services and young people without assessing and briefing them thoroughly for their stay in the house.

Overall in Logan staff and management were not convinced about the appropriateness of the intervention model for young people. They felt that for marginalised young people spending time in the house may contribute to further isolation and disengagement for young people. Staff reported that in selected cases being alone (or with one other client) in the house, with 24 hour staff exacerbated the young persons' inward focus and added to their habit of withdrawal from family and friends.

Another area of tension between the YFS implementing the pilot and the funding body, the Department, was the eligibility criteria for residential clients. While, according to the Department officials, the age limit could not be lowered for residential participants due to duty of care issues, this excluded the majority of young people who were receiving services from YFS, a main youth service provider in the region. Unsurprisingly several TOHI outreach participants commented that they wished 'the age on the house catered for me' or that 'the age limit could be lower'. Several participants who had stayed in the house felt that the support had been useful but not long enough for them. Tricia said, 'I don't think the program was long enough, I really miss the support from staff to help me get things done'.

## 4.4 Promotion and early intervention

### Promotion

Service providers in the Cairns TOHI have successfully used a number of strategies to engage participants and promote the service to the potential target groups and referring services. The main strategy was to have a range of services and organisations on board as partners in setting up the TOHI through a consortium approach, which included co-location of service provider staff. Also to use a range of community development approaches, for example, TOHI staff had been involved in delivering early intervention workshops in schools and developing links with school- and students counsellors. Building and maintaining cooperative relationships with other community organisations was also important, including places that young people and their supporters frequently seek out (e.g. carers hubs). Staff reported that promotion needed to be carefully balanced to meet community need on the one side and not overload staff on the other.

In the Logan TOHI the staff had promoted the TOHI in many ways. At the implementation stage they employed a project officer to develop and implement a small-scale marketing campaign to promote the house in the local area amongst a range of community and health service providers. Logan management had also worked closely with the Qld Health Department to

increase awareness in the sector among relevant services. Although TOHI Logan had established relationships with partner agencies they did not have a consortium approach that included sharing resources and staff amongst partner agencies. Most of the young people were coming to TOHI either through other programs attached to the YFS services, or other community agencies, including schools.

Two key differences in the governance of the model and target group between the sites might have contributed to the successful engagement of young people into the program. First TOHI Logan had only partnered with two local agencies and therefore had fewer community services to rely on for referrals. Second staff and management wanted to avoid further stigmatisation of young people with low mental health and did not want to promote the service as a 'mental health' service, that could provide support to young people needing clinical care coordination. This may have contributed to reluctance of community health and mental health agencies to stronger collaborate and share clients with TOHI Logan.

### Early intervention

Both TOHI sites were focused on early intervention. However due to the differences in the background of the agencies (Logan YFS as a youth service and Cairns Aftercare as a mental health service) the partnership and governance structures in the two sites for early intervention was different. Cairns TOHI focused on providing services to young people who identified mental health issues as a priority for themselves, independently of whether they had a diagnosis or whether they had a mental health case manager. Cairns was clear about not being a 'step-down' service for people coming directly from a mental health unit. While it was not an exclusion criteria for young people to have been hospitalised in the past, they needed to be fairly stable (not in crisis) at the time of entering the TOHI house.

In Logan service providers were committed to working from a 'whole-of-health' perspective and did not make mental health and young people with more complex mental health needs a primary focus of their service delivery. Young people generally did not have a diagnosis, and had little or no experience of using mental health services prior to coming to TOHI. Nevertheless the administrative program data in the baseline report showed that in terms of referrals to external community services mental health was a key aspect of TOHI Logan support.

## 4.5 Referral, partnerships and governance

### Cairns TOHI

The baseline report found that in the Cairns TOHI the three main referral sources were youth services, mental health services, and health providers. Over the evaluation period the number of referrals from community mental health services had increased in the Cairns TOHI to around 40 per cent. This was a strong reflection of the successful integration of the pilot program with local community mental health and health services. These findings were also evidenced in the interview data.

The consortium approach in Cairns has strongly contributed to TOHI's integration with the local service sector. This integration has facilitated shared understanding and easy referral of clients between agencies, shared case management of in some cases, as well as sharing of expertise and resources. It allowed TOHI staff to more easily get young people into appointments, for example GPs and psychiatrists, if they required them urgently. This is an important outcome for the model overall considering the limited clinical services available for participants staying in the house with higher mental health needs (4.3).

From the qualitative data, in particular external stakeholders and staff, it becomes evident that partnerships with a range of community services and the consortium partners worked well in the TOHI Cairns due to a number of factors. The lead agency, Aftercare, had pre-existing, strong relationships and networks with other services in the area; there was trust and respect amongst the partner agencies; and a willingness to collaborate and share limited resources rather than a culture fused by competitiveness and angst. Furthermore the service manager and other TOHI staff had been very effective in communicating key messages as well as keeping everyone informed on a regular basis. Having dedicated forums for information sharing, such as the TOHI Reference Group, and key, senior staff from partnering agencies attending facilitated the communication process. Last but not least the TOHI Cairns consortium relationships were embedded in MOUs and sharing of funding from the pilot. This further facilitated co-location of staff, procedures, and other resources as required.

Staff reported that having more youth friendly mental health services, such as *headspace*, in the community was useful as they could provide further resources for young people needing access to services and cross-referral. Few TOHI Cairns participants however were using *headspace* services until March 2012. This was mainly due to the fact at the service was still in its establishment phase and had limited capacity.

Overall the consortium arrangement appears to have contributed substantially in a number of ways to the success of the TOHI Cairns. There was however less clarity from the interviews on the effectiveness of the funding for the pilot being administrated through the lead agency rather than the TOHI itself. One staff commented that at times this process made it more difficult for him to get approval for client related expenses and that the payment of invoices could take longer than necessary.

### Logan TOHI

In the Logan TOHI referrals were mainly coming through the lead agency's youth services and other family programs. However early evidence from the baseline report showed that other community services also had an important role in the referral of participants. As outlined above (4.4) Logan had experienced a number of challenges in engaging its target groups for the residential component of the program. Although they had tried a number of strategies until June 2012 they had not succeeded in their efforts. This has,

among other reasons, lead to the funding being ceased to Logan TOHI by mid 2012.

The governance structure of the Logan TOHI (Heads Up) had positive and negative sides. On the one hand having a focused and long-standing youth and family service provider implementing the program has been beneficial due to the expertise, networks and referrals from the youth sector. On the other hand, the service was traditionally known in the community and service sector for providing welfare services, not mental health services. This may have contributed to a reluctance of health related providers to refer young people. Also, external providers commented that the YFS had failed to effectively communicate and engage some services. It appears that even though YFS had established relationships and MOUs with some partner agencies they did not have existing, trusting and strong relationships with some of these providers. Also YFS did not share any program resources, such as funding with its partner agencies. There was a sense by some that YFS was 'doing their own thing' which further compounded the challenges of stronger collaboration and willingness to refer clients by other community services.

Overall the lack of close integration with the health and mental health service sector, among other reasons, appears to have contributed to the residential part of the program not working as well as it could. Establishing real partnerships with agencies that can contribute resources and supports, expertise in delivering mental health related services, and promote the initiative locally, may have to be considered as key governance criteria if similar programs are to be established in the future.

# 5 Conclusions

This progress report draws conclusions for program improvement and other similar programs, based on the comparison qualitative data in 2011 and 2012 and the baseline quantitative data. The conclusions will be updated in the final report, which will also incorporate the final longitudinal quantitative data.

## 5.1 Cairns TOHI

Overall participants and stakeholders were highly positive about the outreach and case management in the pilot, as well as the residential service if they used it. The community education and engagement of young people was successful and the house usually ran at the full capacity of three to four people per night in the first half of 2012. The house was a central component of the pilot program. Equally important was support to young people in their communities though outreach work.

The approach to engagement and support is an outreach–in house–outreach model, which staff described as useful for supporting young people after they had left the house. They identified the post-house phase as a critical transition stage. Staff said many participants found it difficult to adjust after leaving the house, especially if they had limited or no support in the community. All stakeholders reported that flexibility was a feature of the program, such as applying the eligibility criteria and meeting young peoples' needs. As a result of the flexibility, participants felt safe engaging in the program and reported that it was youth friendly.

Most of the 30 participants who provided their stories for the evaluation reported positive outcomes (Section 3). This is a positive finding considering the adversities most of the young people faced (Section 2.5) and their low Personal Wellbeing Scores (PWI) reported in the baseline report. Such positive outcomes for young people reflect the strengths of the Cairns TOHI, such as intensive, flexible client-centred and client-directed case management support; assistance to access a range of clinical and non-clinical services and programs, including in-house recreational and social groups; and a youth friendly, safe, relaxing and supportive environment in the house (Section 4).

Stakeholders reported that the partnerships and the consortium approach were a key success factor of the Cairns model. External stakeholders spoke highly of the initiative in terms of the strength of the partnership and the referrals between the program and relevant service providers. Several partners regarded TOHI as filling a missing piece with the existing youth health services. Staff worked hard to position themselves away from crisis intervention (for homeless young people, or step-down from the mental health unit). At the same time they were committed to providing young people with new ways to manage their wellbeing and mental health, and to use and connect to a range of supports, thereby slowly enhancing their wellbeing self-efficacy.

## Young people most and least likely to benefit from the Cairns TOHI

Young people over the age of 18 years seemed to be using the service more than younger people. This may be because the house is open only to 18 year olds. Equal numbers of females and males used the program. The program was best suited for young people who were ready to address their needs, because living in the house requires giving up some freedoms (no alcohol and drugs; observe a curfew; and participate in a range of activities and programs). Setting expectations with young people was successful for participants in the house who were exploring changes in their lives. Service providers felt that the program met the criteria of preventing or reducing future hospitalisation, because participants received the support to remain in the community, address their needs and achieve their goals, and explore pathways to recovery.

A growing number of TOHI Cairns participants (around 40 per cent) were referred from mental health services and many young people were case managed by a mental health provider during their time with TOHI. This cooperation demonstrates the successful integration of TOHI with local community mental health services and the willingness of service providers from different professional background (mental health and youth services) to collaborate in the best interests of young people.

Furthermore the cooperation shows that TOHI might have the capacity to support a range of young people in their residential service, including those with more complex mental health issues. Some of the young people staying with TOHI had on-going mental health issues and several had a mental health diagnosis. Staff understood that the program was not designed or yet developed to take on referrals directly from hospital wards. While some participants had experiences of using these services, staff only accepted young people assessed as relatively stable and did not accept young people in crisis.

Young people who benefitted the least from the program were aged under 18 years, which made them ineligible for the house. The TOHI staff did not think the house age criterion needed to be lowered, but some external service providers did. Some stakeholders wanted to see greater outreach to Indigenous young people. Although the TOHI data shows that they were successful in engaging these groups (Table 2.2), it did not reflect the high proportion of Indigenous young people in the Cairns area. Employing an Indigenous worker had not increased the number of Aboriginal and Torres Strait Islander young people significantly.

From the start of implementation, the program identified that the outreach and residential support for some participants required longer service timeframes than the original design of 3 months outreach and 3 weeks in house. Many young people required time to trust and engage or had goals that required more ongoing support. The steering committee agreed that the timeframes should be implemented flexibly. Several of the young people stayed up to five months in the house and two young people stayed multiple times. The

flexibility of the pilot program allowed staff to make decisions on a case-by-case basis, taking into account a range of personal circumstances.

Some external stakeholders and TOHI staff raised questions about the capacity of TOHI to support young people with more complex mental health issues, including those who had personality disorders but were not case managed by a mental health team. Support from community mental health services, such as a counsellor, psychologist or GP was not always sufficient for such participants, and delays gaining access to a mental health assessment with a psychiatrist was a problem.

### Future Cairns TOHI program development

Suggestions in the baseline report for enhancement of the program were programs run by young people themselves and client participation in the running of the services. Further considerations for development include:

- Keeping the numbers of participants in the house small and manageable (four young people to at least one staff were described as a good ratio)
- Allowing for additional resources to run social and recreational activities to reduce social isolation and promote the recovery of young people
- Adding a therapeutic arm to the non-therapeutic program, for example, through co-location of other services that can provide dialectical behaviour therapy about mindfulness, or group counselling
- Strengthening linkages into youth and adult mental health programs to increase capacity to support young people with more complex needs
- Keeping flexibility as a service delivery philosophy
- Expecting incremental outcomes for highly marginalised young in a short term
- Increasing capacity around providing outreach support (e.g. some casual staff)
- Developing satellite engagement to meet young people's needs in outlying areas
- Increasing capacity to work with Indigenous young people and
- Providing ongoing training, mentoring and skilling in relevant areas (e.g. non violent intervention and community development).

## 5.2 Logan TOHI

The evidence on the effectiveness of the TOHI Logan was mixed. Service providers and other stakeholders in Logan, as in Cairns, were also highly supportive of the outreach and case management support and social-recreational activities of the pilot program (also referred to as Heads Up). It was seen as an effective way to engage and support marginalized young people who were socially isolated. The planning and goal setting process,

linking young people to a range of services, including clinical and non-clinical lifestyle support worked well in the TOHI Logan.

However, although the program made considerable efforts to set-up and promote the residential part of the program it was not successful in Logan. Only a small number of TOHI participants had stayed in the house, which generally remained empty. Some young people younger than 18 years were interested in the house but were ineligible. The house remained an isolated service, rather than integrated with the outreach. At least one young person commented that they wished they had some follow up after leaving the house.

Twenty-one young people in Logan contributed their story to the evaluation through interviews and case stories. The program had been positive for most people, including positive outcomes in overall wellbeing, health, socio-economic participation, and social and community integration. They reported positive relationships with their support workers and benefited from client-centred and client-directed case management support. All young people were satisfied with the support in the weekend activity program.

Some young people were happy with the house support, but several young people and staff raised problems it, including incompatibility between the young people; a lack of routines in the house to encourage healthy lifestyles; limited opportunities to run group activities due to the low numbers of participants; a possible detrimental impact on wellbeing when only a single participant was staying in the house.

The staff perspective was that it was usually most beneficial to support young people to remain in their community; and that young people with low mental health were more likely to benefit from activities and programs that help them to change their routines and engage in alternative social and recreational opportunities.

The governance structure of the Logan Heads Up had positive and negative aspects. TOHI Logan was implemented by a long-established youth and family services provider, which was beneficial for engaging young people as they were a well known and regarded youth service. YFS was partially successful in establishing trust and strong partnerships with some agencies in the health and mental health sector and other relevant providers. It appears that without a well defined consortium approach for sharing development, referrals and resources between local partners, the TOHI Logan partnerships were less sustainable.. It is unclear whether, and to what extent, the governance model affected the low take up of the TOHI Logan residential component. Another consideration with the TOHI Logan house was that young people under 18 years, including the majority of the Heads Up client group, were not eligible for the residential services and young people in Logan did not perceive the house to meet their needs.

### Young people most and least likely to benefit from the Logan TOHI

More people aged under 18 years used the TOHI services than those over 18 years in Logan. The program was best suited for young people with lower

mental health needs, who required someone to speak to, advice and links to services. TOHI referred many young people to community mental health providers, counsellors and psychologists. Few had a more serious mental health issue or a mental health diagnosis.

Staff reported that they were successful engaging young people from a range of backgrounds, including Indigenous young people. They engaged with fewer young people from a culturally and linguistically diverse (CALD) background, but some CALD-specific services are available in the Logan area, which young people may preferred to use.

Young people benefiting the least from the program were restricted by age: under 18 years for the house and under 15 years for outreach and case management support. The program did not suit young people who had goals that required longer case management support. Staff had a strong sense that most participants engaging in the pilot had support needs and goals that went beyond the three months' timeframe. Stakeholders noted the impact that homelessness has on young people's mental health and wellbeing, and thought that this group of young people should be included in the program's eligibility criteria.

External services providers felt that TOHI successfully applied a 'whole of health approach' rather than mental health in isolation. However they also noted that young people and TOHI staff could benefit from a stronger integration with local mental health services.

### Lessons from Logan for future programs

A number of lessons for future programs emerged from the Logan experience:

- Strengthen a residential component with options for structured activity for people staying in a house. Consider co-locating with other residential use, such as respite for the young person; transition for young people exiting care; or step up or step down services, with clinical staff support
- Expand resources and scope of the weekend activities, for example, to include low-cost activities nearby
- Include capacity to engage with young people from CALD and Indigenous backgrounds
- Provide on-going training, mentoring and skills for staff, including mental health
- Strengthen referral pathways in and out of TOHI, community agencies and clinical services.

## 5.3 Outcomes for carers and informal supporters

In both locations, Cairns and Logan, family members and supporters of young people reported that the pilot also benefited them as a break from the problems they were trying to help with their children and it reduced their

stress. In some cases it had positive impact on the wider family relationships. Staff said many young people preferred to receive support from TOHI without their carers' knowledge, because family breakdown had contributed to their mental health problems.

## 5.4 Lessons from TOHI for similar programs

*Coordinated support*

The TOHI outreach, case coordination and management provide lifestyle support and referral to clinical and non-clinical services for young people. Case management has been a useful tool to access services for marginalised young people, who may experience early signs of mental health issues.

Other parts of the program that some young people use are sometimes residing in the house and additional clinical case management from a mental health provider. The consortium model of service providers and community partners with mental health expertise has assisted with engagement, capacity and referrals.

Managing the needs of young people at risk of more severe mental health problems requires staffing capacity and structured processes to call on clinical expertise and to respond to emergency crises.

Future opportunities for connections with inpatient and headspace services would require greater mental health capacity within the TOHI staff and stronger relationships with the mental health providers.

*Housing*

Homelessness and precarious housing in the context of housing shortages is a feature of the mental ill health of many young people in the program. As an early intervention program, with the agreement of the Steering Committee, TOHI has widely interpreted the eligibility criterion that the primary need cannot be homelessness, since housing support can address underlying factors affecting their wellbeing.

*Timeframes*

Many young people at both sites needed longer intervention than the original plans for 3 weeks for residential support and 3 months for outreach and case management. They required sufficient time to develop trust to engage with a service. They also experienced complex issues that took a longer time to address, such as referrals for housing and mental health professionals.

# Appendix 1 Costs and benefits of Cairns TOHI

In the 2011-2012 financial year the TOHI house in Cairns provided support to 75 young people in need of mental health support. Twenty of these young people received 24 hour residential support for an average of 50 days, receiving more than 25,000 hours of support across approximately 3,300 occasions of service. Seventy five young people received an average of 6 months of service, receiving approximately 1,600 hours of service across 778 service occasions. The total cost of running this service in that year was $1,006,945, including infrastructure costs. It is not necessary to have a formal diagnosis of mental illness to be able to access support from the TOHI house.

### Costs benefits of the service

As the outreach and residential components are intertwined it is difficult to apportion cost between outreach and residential, and no measure is perfect. However for the purposes of comparison with other services it is beneficial to be able to split the two types of service. The ratio of the number of hours of outreach to the number of hours residential gives a 94%/6% Residential/Outreach cost split which is disproportionate. If occasions of service are used as a basis the split changes to 77% : 23% and cost of running the TOHI outreach service approximates the cost of running a similar service in a similar location, Aftercare Cairns Personal Helpers and Mentors, for a similar number of people. Further, comparison with Queensland health costings requires that infrastructure costs not be included in calculations and as such only the costs of providing direct care staff are included. If all infrastructure costs are included in the calculations below total costs rise by approximately 1/3.

On that basis the cost is $2385 per person to give 6 months of outreach support. The per-person cost of the residential component is $29,110 and the average person receives 50 days of residential support. This yields a per night cost of $582, which, unadjusted for inflation is lower than the 2008-2009 cost per Queensland non-acute adult psychiatric hospital bed day reported by the Australian Institute of Health and Welfare of $692. Further, the average length of psychiatric hospital stay in Queensland, according to the Department of Health and Aging 2009 State of our Public Hospitals report, is 312.5 days (slightly higher than the 301 days in the previous report). The cost of the average public psychiatric hospital stay in Queensland is therefore approximately $216,000. Each person who receives residential support at TOHI also receives 6 months of follow up support at an average cost of $2385. This is slightly higher than the cost of providing 6 months of support via a case manager with Qld Health of $1830.

Further, a large U.S. study [1] identified that although 80% of people with a mental illness eventually make contact with professionals, the average delay was 10 years before help was sought. The delay was longer in the case of less severe illness and for young people. Stigma is one of the principal reasons that people do not identify as someone with a mental illness and therefore do not seek help [2].

**Table 3: Comparison of direct TOHI costs to public health system costs**

| Cost per person per day TOHI Residential | Cost per person per day Qld adult non-acute public psychiatric hospital, 2009-2010. | Cost of average stay of 50 days with 6 months support | Average annual cost to the Australian economy per person with mental illness | Estimated cost of untreated mental illness for each young person who does not initially seek help** | Cost of average Queensland psychiatric hospital stay |
|---|---|---|---|---|---|
| $582 | $692* | $31,500 | $31,118[+] | $311,180 | $216,000 |

* Report on government Services 2012, Table 12A 40. [+]Access Economics, The economic impact of youth mental illness and the cost effectiveness of early intervention. **Based on U.S. data regarding help seeking behaviour.

Note that although the direct costs of the outreach program are slightly higher than those of providing a Queensland Health case manager there are a number of factors to be borne in mind in this comparison. The service is designed as an early intervention service and as such offers a non-stigmatising entry to gaining support. Clients are moved into the residential program or referred to external social support services or clinical support services where appropriate. The staff/client ratio is much higher in the TOHI program than for a Queensland Health case manager, which results in more direct contact and a greater ability to deal with any issues that arise before they escalate to crisis, which in other circumstances might lead to police involvement and further indirect costs. Additionally, each of the TOHI residents receive outreach support after leaving the house and the presence of an established outreach service directly attached to the residential service allows for seamless transition back to the community and supplies economies of scale.

**Table 4: Comparison of direct outreach costs compared with Qld Health direct costs.**

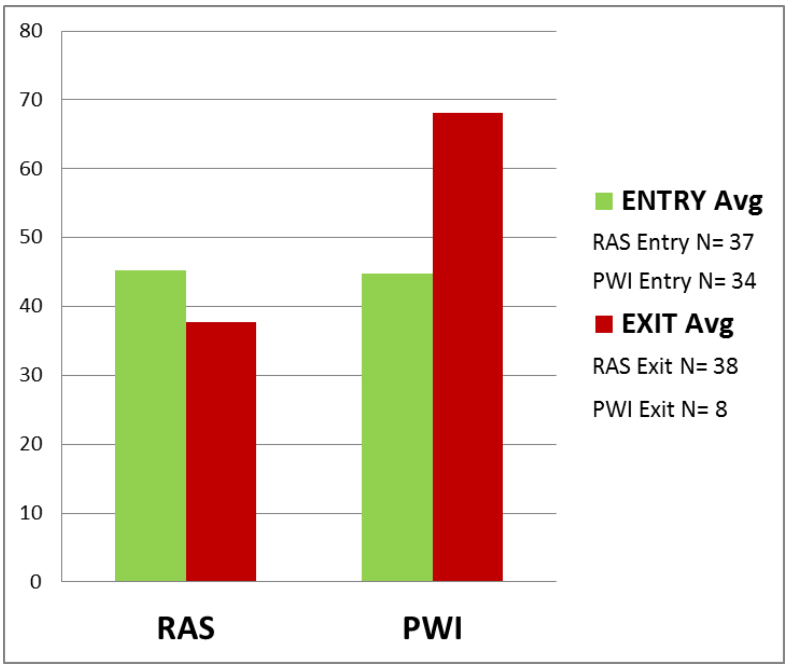
| **Cost per person TOHI Outreach 6 months support** | **Cost per person Qld Health Case manager 6 months support** |
|---|---|
| $2385 | $1830 |

## Psychosocial Benefits

Clients of the house were invited to complete entry and exit surveys of wellbeing including the Personal Wellbeing Index[3](PWI), Recovery and Assessment Scale [4]RAS), and the Activity and Participation Questionnaire (APQ). Approximately 50% of clients who entered the service completed the measures on entry (37/75) and approximately 10% completed the surveys on exit (7/75).

Many young people who are experiencing difficulties do not react favourably when confronted with forms and the decision was to focus on strengthening the therapeutic relationship and if survey completion interfered with that relationship then the relationship remained the focus. The data that was collected in the period being reported suggests that the young people have become more recovery focused and that there has been a substantial increase in subjective personal wellbeing. Over the course of involvement with TOHI average personal wellbeing improved from below 50, which is significantly below the 18-25 age Australia normed score of 74, to being not substantially different from the average young Australian person.

**Figure 1: Average Wellbeing of clients on entry and exit to the service 2011-2012 financial year.**




RAS-Recovery Assessment Scale, PWI-Personal Wellbeing Index.

Similarly participation in the workforce and in study has increased substantially amongst those who were available for exit interviews.

**Figure 2: Employment status of clients 2011-2012 financial year.**

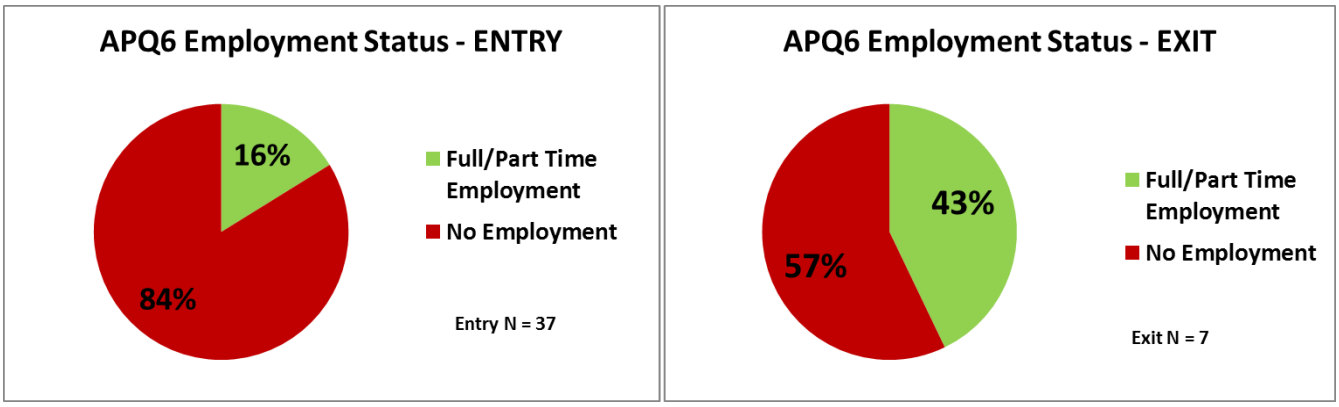
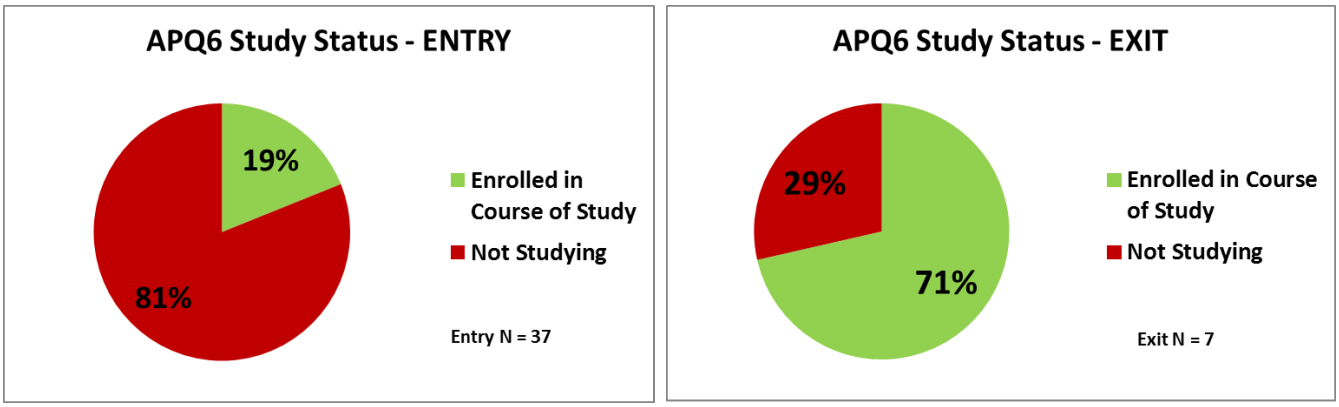



**Figure 3: Client study activity 2011-2012 financial year.**




## Conclusions

Improved employment and study participation rates address two of the costs of mental illness that are particularly felt by the young. Over 75% of all serious mental health disorders first appear before the age of 25 [5], and over 70% of the cost of youth mental illness is due to lost productivity amongst this age group [6]. If help for these difficulties is not sought by the young person, and there is evidence that help is often not sought, the cost burden of mental illness rises far above the cost of providing early intervention. Any increase in participation in study or the workforce will lead to a significant reduction in health costs. Early intervention can increase productivity of the individual and lower hospital use, as well as increase the wellbeing of the individuals, their families, friends and colleagues. The results suggest that the TOHI service increases community participation and wellness amongst clients, and therefore increase the earning capacity as well as the life opportunities of those that participate in the service.

Further, the non-stigmatising nature of the service is badly needed in an area of health care where stigma and ignorance prevent help seeking behaviour and the individual suffers years of socially and financially debilitating illness prior to receiving effective support.

The ability for young people to access a service that is non-stigmatising and that is able to provide as seamless a transition as possible back to the mainstream community is not only a likely cost saving to the government over crisis driven clinical based interventions, particularly in the medium term, but offers the opportunity for a dramatic improvement to each young person's life.

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