



Social Policy Research Centre Report Series

Never Stand Still

Faculty of Arts and Social Sciences

Evaluation of the Time Out House Initiative in Queensland

Baseline Report

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For the Queensland Alliance for Mental Health

Social Policy Research Centre

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Contents

List of tables and figures	iii
Abbreviations and glossary	iv
Executive summary	v
1 Introduction	1
1.1 Program and outcome evaluation data.....	1
1.2 Fieldwork data.....	2
1.3 Limitations.....	3
2 Program description	4
2.1 Aims of TOHI	4
2.2 Roles and responsibilities of the TOHI partners	5
2.3 Service delivery.....	5
2.4 Participant characteristics and target groups.....	7
3 Outcomes for TOHI participants	10
3.1 Wellbeing and quality of life.....	10
3.2 Social and economic participation	14
3.3 Mental health self-efficacy.....	16
3.4 Outcomes for supporters.....	17
3.5 Outcomes implications for the program and evaluation	18
4 Service use and effectiveness of service delivery processes.....	20
4.1 Service needs	21
4.2 Youth-friendliness and client-centred service delivery	23
4.3 Strengths and limitations of the TOHI support.....	28
4.4 Promotion and early intervention.....	31
4.5 Partnerships and referral.....	33
4.6 Process implications for program development and evaluation	35
4.7 Preliminary lessons and future development.....	36
5 Economic evaluation.....	39
6 Conclusions.....	41
References	43

List of tables and figures

Table 1.1 Participant numbers in baseline data	1
Table 1.2 Outcome samples in baseline data	2
Table 1.3 Qualitative data sources and interviews.....	3
Figure 2.1 Time Out House Initiative (TOHI) Program Logic	4
Table 2.2: Characteristics of Cairns and Logan participants.....	8
Table 3.1 Personal Wellbeing Index – TOHI Cairns.....	10
Table 3.2 Plans for employment and education.....	15
Table 4.1 Service use to July 2010 to June 2011	20
Table 4.2 Types of support needs identified by Cairns participants	21
Table 4.3 Recovery Assessment Scale (RAS, short), Cairns	22
Table 4.4 Types of support needs identified by Logan participants	23
Table 4.5 Met and unmet needs at entry and exit.....	26
Table 4.6 Service User Constructed Satisfaction Survey.....	27
Table 4.7 Referral sources in Cairns and Logan.....	33
Table 5.1 Program budget and costs July10-June 11.....	39

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
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 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
- 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 other 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 baseline report to be followed by two further reports in 2012 and 2013, which together will fully address these questions. The program operates in Cairns and Logan. 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 June 2011, 42 young people received outreach and case management support in Cairns, and 67 people in Logan; and ten participants stayed in the Cairns house and four people in the Logan house.

When young people access TOHI they complete a needs assessment with the staff. Key concerns they have identified include 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. In the interviews with young people and staff, they 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 supports, and had activities and plans in progress or completed. Some were still in the process of planning. Participants also reported that case management support and information they received was practical and useful.

Outcomes for young people

Cairns

In the case studies and interviews most young people reported that using the services, both the outreach and residential components, had improved their emotional and overall wellbeing. TOHI Cairns participants felt overall that the program was positive and empowering. Participants said that TOHI, 'helps you in the long run, builds confidence and makes you better at life.' Many reported that they were more positive about their life and had hopes for their future. All participants confirmed that having someone to talk to who understands their situation and can assist them with 'getting back on track' had helped to reduce emotional tension and stress, and to focus on their goals.

Young people gained a range of benefits from TOHI Cairns that advanced their wellbeing, especially for those who were more intensively engaged with the program. The key benefits they and the staff mentioned were increased confidence and self-worth, skills and knowledge to better deal with everyday life situations, and setting or refocusing on key goals in their life.

The young people's positive outcomes for young people are likely to be connected to the strengths of the Cairns TOHI, such as intensive and flexible case management in client-centred and client-directed support; assistance to access a range of clinical and non-clinical services and programs, including in-house groups; and a youth-friendly, safe, relaxing and supportive environment in the house. Possible program improvements are identified below.

Logan

The preliminary evidence from the Logan TOHI seems to support similar wellbeing outcomes to the TOHI Cairns experience. Having someone to speak to who understood them and who assisted them to reach their goals, made the young people feel better about themselves and their lives.

Service providers reported that young people's wellbeing increased by linking to social outlets, recreation and other services. They saw great increases in young people's self-esteem from achieving real goals, such as qualifications or a driver's license. The program report described benefits from linking to community services and supports, including health and mental health providers, housing, or sexual assault services, in some cases.

Most of the TOHI Logan young people reported that had they made progress in their economic and social participation. Several received support to recommence school and education, for example, after a longer break because they had a child or cared for someone in their family. Others gained greater independence by connecting to the Learner's Education program to get their driver's licence. Several of the young people also reported that participation in the pilot had helped them to improve their personal relationships, for example, by making new friends and engaging in social, recreational or similar activities facilitated through the program. Possible program changes are discussed below.

Outcomes for carers and informal supporters

In both locations, Cairns and Logan, service providers reported that the pilot was beneficial for family members and supporters of young people as it gave them 'relief from whatever problems they [were] trying to help their children with.' Staff also said that many young people preferred to receive support from TOHI without their carers' knowledge. Supporters and family members involved in the TOHI Cairns reported that it was a much needed program and that they benefited as it reduced their stress. In some cases it had positive impact on the wider family relationships.

Preliminary lessons and future pilot development

Cairns TOHI

Stakeholders were positive about the outreach part of the pilot. They were planning to further increase community education and outreach service delivery, within a more planned, strategic approach in the future. Increasing support to young people in their communities and environments as much as possible was seen as important. Increasing the networking and collaboration with other services and programs, including headspace (the national youth mental health program), was seen as vital for the future of TOHI, for referrals in and out of the program, as well as building more holistic support experiences for vulnerable young people.

Staff and participants were also positive about the house component. Providers perceived it to be still in the process of ‘unfolding and changing’, which was reported as a good process as it allowed for more flexibility to meet young people’s needs. Staff worked hard to position themselves away from crisis intervention. At the same time they were committed to providing young people staying in the house with new avenues to manage their wellbeing and mental health, use and connect to a range of supports, and slowly enhance their wellbeing and self-efficacy.

TOHI Cairns had seen an increase in younger people aged 16 years and older using the service. They identified that the program was working well for this group in particular. Overall the program was best suited for young people who were ready to address their needs, as people living in the house needed to give up certain freedoms (alcohol and drugs, curfew). 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 was meeting the criteria of preventing or reducing hospitalisation of young people at a later stage, as young people received the support to remain in the community, address their needs and achieve their goals, and exploring pathways to recovery. The future evaluation activities will examine this measure.

Staff were clear that the pilot program did not take referrals from hospital wards, as the TOHI was not designed to meet their needs. However, they thought that if the TOHI service model changed after the pilot, it might meet the needs of young people who were discharged from hospital and could not return home directly.

Young people aged under 18 years benefited in the ways described above, but the benefits were limited by their ineligibility for the housing component of the pilot. Some stakeholders also wanted to see greater outreach to Indigenous young people, although the TOHI data shows that they were successful in engaging these groups. Also, staff identified that the outreach, and for some participants also the house component, required longer service provision timeframes than those set out originally. Many young people needed time to build trust with service providers and engage with the service or had goals that required more ongoing support.

For the future development and enhancement of the program, staff suggested more programs run by young people themselves, such as peer support; and client participation in the running of the services, such as a youth reference group. For TOHI Cairns a number of key suggestions to enhance service delivery stand out:

- Adding a therapeutic arm to the non-therapeutic program, such as dialectical behaviour therapy, which is about mindfulness, or group counselling
- Strengthening linkages into youth and young adult housing programs, and other youth mental health programs (e.g. Headspace)
- 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).

Overall for the program to be successful, it needs time to be accepted by the community, services, and young people and their networks.

Logan TOHI

As in Cairns, Logan service providers were also supportive of the outreach and case management and off site service delivery of the program (also referred to as Heads Up). They were planning to increase and strengthen this part of the pilot due to greater demand in the community and positive outcomes experienced by participants. The planning and goal setting process, linking young people to services, including clinical and non-clinical lifestyle support, as well as engaging them in diversionary activities was working well according to staff and young people.

Staff and management in the Logan TOHI had addressed concerns about the TOHI house and service delivery attached to it. The house was not situated in a location that had a time out or holiday feel to it. Some of the main issues that had been addressed were engaging and retaining suitable staff for the house; structured routines in the house so that young people changed their 'unhealthy' lifestyles, such as food and time choices; limited opportunities to run group activities for young people due to the low numbers of participants; a possible detrimental impact on a young person's wellbeing (in many cases only a single participant stayed in the house, which may contribute to further isolation) or increase the risk of dependence of the participant to their case worker. Overall the staff tried to support young people to remain in their community as much as possible; and that young people with low mental health were more likely to benefit from activities and programs that take them out of their routines and provide alternative forms of social and recreational engagement (e.g. horse-riding) and participation in broader society.

Staff reported that they had been successful engaging young people from a range of backgrounds and ages, including Indigenous youth but less so with CALD young people.

According to staff, the eligibility restrictions (over 18 year olds for the residential component and over 15 years for outreach and case management support) limit the benefits to young people outside these age groups. The service delivery 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.

A number of suggestions for the future development and enhancement of the pilot program in Logan emerged from the evaluation process including:

- Strengthening the residential component of the program by reviewing staffing structures, house systems, routines and guidelines and exploring further ways to engage potential participants in activities and groups run both in and outside the house
- Increasing capacity to further engage and work with young people from a culturally and linguistically diverse background and young Indigenous people
- Providing on-going training, mentoring and skilling for staff in relevant and identified areas, including mental health
- Strengthening referral pathways and understanding of the TOHI among relevant community agencies and clinical services

TOHI overall

The positive and formative aspects of the implementation are listed below. Changes to these aspects will be further examined during the evaluation to track program responsiveness to the additional needs of the young people.

Positive aspects

- In the Cairns TOHI, for clients who are case managed by a mental health provider and are residing in the house, the TOHI the case coordination and management provides extra lifestyle support and access to non-clinical services. Having a committed consortium of partners, and mental health expertise on board has assisted engagement, capacity and referrals.
- In the Logan TOHI, case management in outreach services has enhanced effective lifestyle and mental health referrals.

Formative aspects

- In the Cairns TOHI, the early lesson about managing an emergency crisis demonstrated that staffing capacity to respond to participants with more severe mental health issues requires structured processes and capacity.
- In the Logan TOHI, relationships with the Department and the Steering Group have been challenged by the need to adapt the program to the governance and local needs, particularly the residential support.
- The age limit on provision of support to young people – residential 18 years and outreach and case management 16 years – restricts the reach of the program.
- For many program participants, homelessness or precarious housing in the current housing shortage, is a feature of their mental ill health. An eligibility criterion of the TOHI is that the primary need cannot be homelessness. As an early intervention program, TOHI needs to manage this criterion, since housing support may address the underlying factors impacting on their wellbeing.

Timeframes

The evidence from the two sites is that young people in the target group need longer intervention than the original plans (3 weeks for residential support and 3 months for outreach and case management). First, because it requires sufficient time for young people to build trust to engage with a service; and second young people in the target group experience complex issues that require time to be addressed, such as referrals for housing and mental health professionals.

If the aim of the program, to provide targeted case management support, is to be achieved, then a review of program timeframe may be required.

Eligibility criteria

In both locations, the providers have discussed connections to inpatient and headspace services. If the TOHI is to develop stronger relationships with these services, the capacity of TOHI needs greater staffing mental health expertise.

1 Introduction

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 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.

This is the baseline evaluation report. The report describes the program as delivered by the two providers and profile of the participants in Section 2. The outcomes for TOHI participants are presented in Section 3. Section 4 examines the service use and effectiveness of the service delivery processes and Section 5 presents the program costs.

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. The full evaluation plan is published separately (Gendera et al., 2011). For this report the following datasets were available.

1.1 Program and outcome evaluation data

The two service provider agencies provided quantitative, administrative and outcome data for this baseline report for participants in the program July 2010 to June 2011. For Cairns baseline program data was available for analysis for 52 young people, and 14 in Logan. To complete some of the missing data for this report the researchers used information from the TOHI Logan Heads Up November 2011 report. Table 1.1 reports on both program data provided to the evaluators and reporting data from the Heads Up report for Logan.

Table 1.1 Participant numbers in baseline data

	Cairns	Logan**
Outreach and case management support only	42	63
Residential and outreach case management	10*	4
Total number of participants	52	67
Baseline program data available for baseline analysis (provided to SPRC)	52	14

Source: Program management data collections July 2010-June 2011

Note: *Seven of the participants staying in the TOHI Cairns house also received intensive outreach support before or after their stay.

**Data used from the Heads Up November 2011 report. Number of participants in the house to June 2011 unconfirmed. The future evaluation reports will aim for full program data.

The Cairns TOHI provided an extract from their database which included basic demographic information, referral source, mental health diagnosis and the young person's external mental health case management provider (where applicable and known). Table 2.2 summarises the demographic information for TOHI participants. The next report will provide a more detailed analysis of mental health case management arrangements for young people in the program.

Cairns also provided quantitative outcome data (Table 1.2). Data was available from the following measures: Camberwell Assessment of Need Short Appraisal Schedule CANSAS, which tracks identified and met needs; Recovery Assessment Scale (RAS) (short and long); Personal Wellbeing Index (PWI); and the Activity and Participation Questionnaire (APQ6). Also, data was available from an internal satisfaction survey. For Cairns there was also program cost data available.

Table 1.2 Outcome samples in baseline data

	Cairns (n=58)	Logan (n=67)
PWI	32	-
APQ6	10	-
RAS	32	-
CANSAS	49	-
CANSAS (repeat)	20	-
Satisfaction survey	18	-

Source: Cairns program management data collections July 2010-June 2011
Note: not yet available for Logan

Logan provided data extracted from their internal database to meet the requirements for the evaluation. Data included basic demographic information, participants four key identified support needs, referral source, and outreach and case management contacts (refer to for demographic information). For Logan there was no outcome data available for this report. Included in this baseline report is also some quantitative information from the Heads Up November 2011 report which was produced by YFS for the Department.

1.2 Fieldwork data

Qualitative data were available from written case studies from the young people and researcher interviews. In both locations service providers were asked to invite young service users to write down their 'story' of their involvement with TOHI. Instructions to the staff were to prioritise the words and input from the young person. Ten young people from Cairns agreed to represent their story in writing, accompanied by some case information from their workers. In Logan, five young people provided their story as standalone narratives, without contextualising material from case workers.

In Cairns, the research team also interviewed five young people, two informal supporters, two TOHI service providers, and two external partners. In Logan,

the research team interviewed two young people, two staff members and one external partner agency (Table 1.3).

The main factors impacting on qualitative data collection were related to challenges to engage young people to take part in an interview. Young people, and in particular marginalised youth, are a highly mobile group and difficult to engage in research.

Table 1.3 Qualitative data sources and interviews

	Cairns	Logan
Young people narrative data (case studies)	10	5
Young people interviews	5	2
Supporter interviews	2	-
Staff, management interviews	2	2
External stakeholder interview	2	1

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

All results are presented with pseudonyms to protect confidentiality.

1.3 Limitations

Limitations for the baseline report include: restricted program data were available from Logan in this round; the qualitative samples are small and incomplete in Logan; and some young people were less likely to voluntarily participate in the interviews and written case studies due to their health and wellbeing, literacy, availability and confidence.

The limitations were considered in the analysis and will be addressed through the longitudinal, mixed method design discussed in Gendera et al (2011).

2 Program description

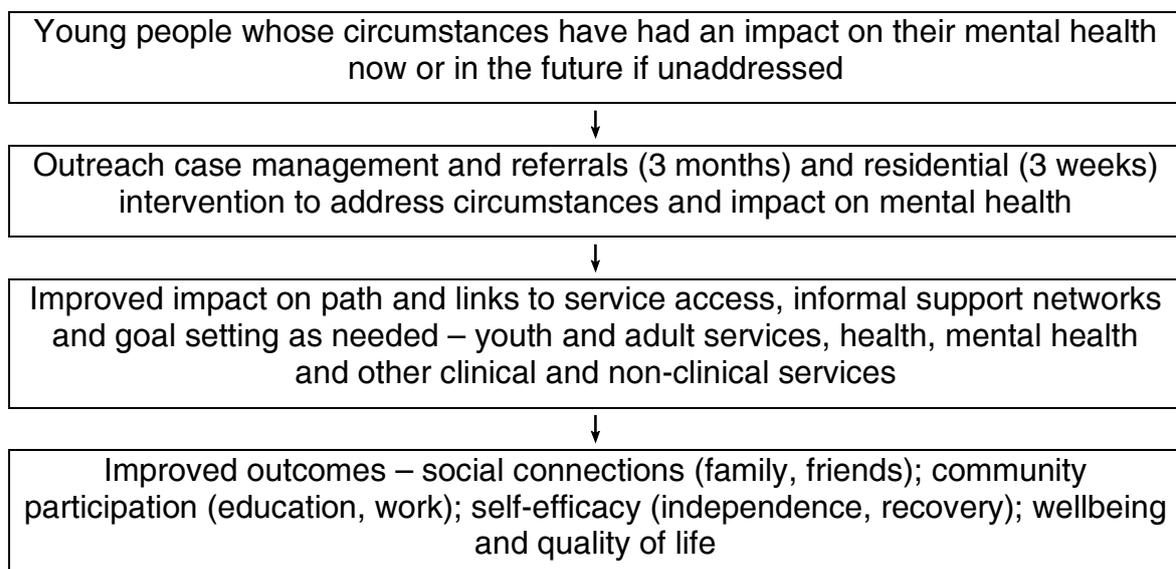
2.1 Aims of TOHI

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 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 (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.

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 has 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, are 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 16 years.

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.

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 yoga, fishing or art groups.

TOHI Cairns has three permanent outreach workers and one additional contracted staff to provide services to young people, and a service manager to oversee the program implementation, promotion and integration with other community services and organisations and the consortium partners. 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.

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. 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 their major need.

Logan TOHI

The TOHI Logan is implemented by Youth and Family Services (YFS). 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 has been locally known as the *Heads Up* program.

The TOHI house is located in the centre of Logan, near the industrial part of the city. Young people who stay at the house can use community based recreational activities provided by YFS at other premises. Staff working with young people are committed to providing services to empower young people with a strong focus on recovery and de-stigmatisation from mental health.

The pilot is funded to provide early intervention services to young people 15-25 years (18-25 for the house) living in the Logan-Beenleigh area, whose circumstances either have had an impact on their mental health now or in the future, if unaddressed. The main exclusion criterion is young people who do not have a stable address. Young people who are experiencing homelessness can receive support from different YFS services.

Similar to Cairns, TOHI Logan has also, in consultation with its partners, extended the program's eligibility criteria to respond to young people's needs. YFS are also lobbying to extend outreach and case management support to younger participants from the age of 12 years, and the residential component to young people 16-25 years. Outreach and case management support can be provided for longer than 3 months, if needed up to 9 months.

The main focus of outreach and case management support in Logan is to provide targeted case management and connect young people with services and supports in the community. Also a key focus is to connect young people to social activities to reduce social isolation. Prior to the first residents moving into the house, YFS operated a seven day program with Monday to Friday for participant case management and the weekends incorporating activities with a view to link participants to local social and recreational outlets. There was high interest and participation reported from the participant group with approximately 8 to 10 clients participating on each Saturday and Sunday.

A small number of young people have stayed in the house, mainly referrals from partner organisations such as QLD 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 who do not fit the age criteria were interested in the residential component of the pilot.

2.4 Participant characteristics and target groups

The information about characteristics of the participants who had used the program to June 2011 (Table 2.2) showed that they were reasonably representative of a young population in these locations and the pilot target group. Equal numbers of young men and women used the program. Most participants were aged 18-25 years in Cairns and in Logan participants were more evenly split, with half the participants aged 15-17 years, probably reflecting the greater use of the house in Cairns, who must be aged 18 years or more (Section 4).

Table 2.2: Characteristics of Cairns and Logan participants

	Cairns*		Logan**	
	Young people	Per cent	Young people	Per cent
Gender				
Men	25	48.1	39	58.2
Women	27	51.9	28	41.8
Total	52	100.0	67	100.0
Age				
15-17 years	5	9.8	31	46.3
18-26 years	47	90.2	36	53.7
Total	52	100.0	67	100.0
Country of birth				
Australia	45	90.0	59	88.1
Other	5	10.0	8	11.9
Total	50	100.0	67	100.0
First language				
English	49	94.2	63	94.0
Other	3	5.8	4	6.0
Total	52	100.0	67	100.0
Indigenous status				
Indigenous	13	26	9	13.4
Non-Indigenous	37	74	58	86.6
Total	50	100.0	67	100.0
Marital status				
Single	1	12.5	-	-
De facto/partnered	7	87.5	-	-
Total	8	100.0	-	-
Active status				
Ongoing	23	44.2	32	47.8
Exited	29	55.8	35	52.2
Total	52	100.0	67	100.0

Source: Program management data collections July 2010-June 2011, Cairns June 2011; Report from Logan November 2011.

Note: *Cairns n=52, excluding a further 13 young people who did not engage in the program after initial contact.

**Logan n=67 July 2010-June 2011.

The Baseline analysis does not include information on numbers of young people receiving mental health case management. The longitudinal evaluation will include this information when it is available.

TOHI Cairns successfully engaged Indigenous young people (13/50 young people, 26 per cent). The positive engagement contrasted with some stakeholders comments that the community saw TOHI as a program for 'white kids' and Indigenous young people were more likely to access Indigenous services. Five young people were born overseas (5/50) and three spoke a language other than English at home (3/52), which is similar to the general population.

In TOHI Logan, one person spoke a language other than English at home (1/13) and no information was available about the Indigenous background of participants.

Mental health and wellbeing status

TOHI aims to improve the wellbeing of for young people aged 15-25 years people 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.

Most of the young people using TOHI Cairns had a mental health diagnosis or ongoing mental health problems (Table 4.2). Several were case managed through a local mental health team. The TOHI staff used the CANSAS measure to identify and help met young people's identified needs. The measure was completed by the TOHI case worker in conjunction with the young person. Of the 49 respondents who had information at entry into the program over half identified some form of mental health concern: 27 reported 'psychotic symptoms' as one of their needs; 39 psychological distress; and 32 reported safety to self as a need or concern (n=49; Table 4.2). Some young people also had alcohol (26 people) and drug (28) use problems.

Most of the young people in the research had experienced disadvantage in their lives.¹ Their stories were unique, with a common thread of disadvantages that may have contributed to their emotional instability and mental ill-health, including experiences of domestic violence, sexual abuse, as well as mental illness, suicide and drug and alcohol abuse in their family. Some young people had left school or their family home early or were disengaged from school. Two young people had lived on the streets and one young man had engaged in sex work for survival. Some participants used alcohol and drugs for self-medication. Only a few of the young people who shared their story had positive family relationships, yet even if they did get on well with their family, some still felt socially isolated or had few friends and limited social support. Literature about these disadvantages, suggests that they contribute to risk of mental ill-health in young people.

TOHI Logan also recorded that many of the young people had early signs of mental ill-health, although no assessment data were available. TOHI Logan assisted many of the young people to see a psychologist, or the young people had identified mental health as a priority need they wanted to address. Similar to the Cairns TOHI, the young people were disadvantaged and marginalised for various reasons, including family conflict, lack of social support and drug and alcohol misuse, which had an impact on their wellbeing. Staff in Logan were committed to avoiding any further mental health stigmatisation for the participants beyond that they had already experienced.

¹ Case study data from ten young people's stories.

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 baseline data about 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 path 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.

3.1 Wellbeing and quality of life

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

Cairns TOHI

As a baseline measure, the Personal Wellbeing Index (PWI) data collected on entry to the Cairns TOHI shows that the young people (n=32) had lower wellbeing than the general population. The young people in Cairns rank much lower than the general population in terms of their mean PWI scores (a total mean of 48.94 on a scale from 0 to 100 compared to the general population average ranging between 70 and 80). This is also reflected on the individual dimensions, where the mean is approximately 50, compared to the general population means of 70 to 80 (Table 3.1). The next progress report will include TOHI Logan PWI results and compare the TOHI results to PWI data for other young people with similar needs.

Table 3.1 Personal Wellbeing Index – TOHI Cairns

	Minimum	Maximum	Mean	Median
Life as a whole	10	100	48	50
Standard of living	20	100	51	55
Health	20	100	53	50
Achieving in life	10	100	48	50
Personal relationships	10	100	51	50
Safety	20	100	62	60
Part of community	10	100	54	50
Future security	10	100	54	50
Spirituality	20	100	68	75

Source: Cairns program management data collections July 2010-June 2011, n=32

Note: not yet available for Logan

We would expect participation in TOHI to increase the PWI scores from the baseline measure over time. Young people exiting the TOHI Cairns completed a second PWI survey to measure change. In the respective reporting period of the 32 respondents seven young people completed a follow up survey at exit. The sample is too small to draw quantitative conclusions, but the average mean scores for these seven people were 49 at entry and 59 at exit, which could indicate a remarkable increase in subjective wellbeing over such a short intervention.

In the case studies and interviews most young people reported that using the services, both outreach and residential component, had improved their emotional and overall wellbeing. TOHI Cairns participants felt overall that the program was positive and empowering. Participants said that TOHI, 'helps you in the long run, builds confidence and makes you better at life'. Many reported that they were more positive about their life and had hopes for their future. All participants confirmed that having someone to talk to who understands their situation and can assist them with 'getting back on track' had helped to reduce emotional tensions and stress, and to focus on their goals.

The young people who stayed in the house benefited from a safe, youth-friendly, highly supportive but structured environment. For example, Tamara,² a young woman aged in her 20s who had stayed in the Time Out house during a very stressful period in her life, said,

[without] the great support I received [from TOHI], I certainly wouldn't have got myself to where I'm at now in my life, living happier than ever with a very mentally stable feeling for the first time in my life.

After being in the TOHI house for a short time another young man, Adam, also in his 20s, commented,

Already after my two weeks of being in the program I feel happier than I have in years. I am able to see what I value and want in life. I can even almost see a way to get there. I feel like it's not impossible anymore.

Young people gained a range of benefits from TOHI Cairns that 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 setting or refocusing on key goals in their life. Monika, in her late teens, who had been diagnosed with bi-polar and anxiety before coming to TOHI, reported,

² All results are presented with pseudonyms to protect confidentiality.

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.

Like Monika, many other young people reported great benefits from staying in the house where they had access to ‘full-time support and care ... whenever [they] felt down.’ For some the house provided a much needed ‘break’ from their stressful life, such as living with their family in conflict, and for others not having to worry about secure housing for a while. In Peter’s case, moving out of his parents’ home had helped him to get his depression under control, work on changing his social isolation and find a job. And his family had a much needed 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 about ... 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.

The residential component also offered participants a structured lifestyle and home environment, which made them feel supported and empowered. The residential component was the right environment for some participants to focus on change. Tatjana, aged in her mid 20s, had a traumatic childhood and was seeking more independent living skills. Tatjana described the benefits she experienced from TOHI,

[I was seeking] a person in my life I can trust to help me with everyday tasks and endeavours, to help me grow with ease at my own pace ... My worker has helped me with being and becoming aware of important things ... dealing with problems and people calmly and rationally ... more involved in life outside and around me; finding my voice and learning to honour myself. The first time in seven years I have been able to settle down enough to focus and reorganise my life.

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, or access to sport and gym facilities. Others had made considerable efforts to cut down on their cigarette consumption, drug and alcohol use. Some young people reported improvements to their overall health and wellbeing as a result of this support and their own efforts. Philip had been diagnosed with psychosis and identified ‘enjoying a life without drugs and alcohol’ as one of his key goals of living in the Time Out house,

Yes, [I've seen changes in my health] through exercising and keeping fit and active. I like going to gym ... [also] incredible changes emotionally. I am starting to like myself again.

Another area contributed to their wellbeing was to secure housing through the TOHI support. Many TOHI Cairns participants identified suitable housing as one of their key goals. Some had aspirations to live independently, others to find a safer place to live. Some young people received assistance through TOHI support, such as access to bond loans, budgeting strategies and support to rent in the private market or other housing options. The approach of workers in the program is to teach young people the necessary skills to deal with adverse situations in the future, such as getting Centrelink benefits restarted, rather than do the work for them.

These are positive outcomes, considering the adversities most young people were facing and their low PWI scores at entry to the program. Many of the fifteen young people in Cairns who participated in the qualitative research were dealing with stressful situations and adverse life circumstances. Some had ongoing mental health problems that made them more vulnerable and in need of support (Section 2.3).

Such positive outcomes for young people are connected to the strengths of the Cairns TOHI, such as intensive and flexible case management in client-centred and client-directed support; assistance to access a range of clinical and non-clinical services and programs, including in-house groups; and a youth-friendly, safe, relaxing and supportive environment in the house (Section 4).

Logan TOHI

The preliminary evidence from the Logan TOHI seems to support similar wellbeing outcomes to the TOHI Cairns experience.³ Having someone to speak to who understood them and who assists them to reach their goals, made the young people feel better about themselves and their life.

Service providers reported that young people's wellbeing increased by linking to social outlets, recreation and other services. They saw great increases in young people's self-esteem from achieving real goals, such as qualifications or a driver's license. The program report described benefits from linking to community services and supports, including health and mental health providers, housing, or sexual assault services, in some cases.⁴

The young people who stayed in the house were happy with the set up of the house and support they had received. They especially enjoyed having time

³ Qualitative interviews (2) and case studies (5) with young people using TOHI services in Logan (Section 1.2). PWI data and other outcome data were not available from the Logan TOHI yet.

⁴ November 2011

out from other family members, such as Tom, who had a hostile relationship with his siblings. Tom reported that the opportunity to reduce stress improved his mental wellbeing, such as the frequency of heavy migraines. Young people further benefited from the structured house schedule and involvement in day-to-day activities and duties like cooking and washing.

3.2 Social and economic participation

Cairns TOHI

Family and friends

The changes young people experienced in their social and family relationships as a result of using TOHI Cairns were mixed, with more young people noticing improvements in their social interactions than those who had not. Other young people said in the assessment they were satisfied with their personal relationships already and this was not a priority for them.

Improvements in feeling more outgoing, confident and talkative had fostered young people's relationships with friends and family, especially once they felt they were more in control of their anxiety or depression. One young person said,

I had really bad social anxiety. Now [since becoming involved in TOHI] I can talk to people and not freak out ... I'm also thinking about starting a course at TAFE.

A place away from their family home had given them and their carers time out and contributed to improving their relationships. Tamara, who was a young mother, gained 60 per cent custody of her children in a court case, as a result of support from TOHI. Her support included securing her own private accommodation, enhancing her parenting and life skills, and links to mental health and other services.

Another young woman received mediation support from her TOHI worker as she felt she was no longer able to effectively communicate with her mum. This process had a positive effect on their rapport. Many of the participants appreciated the opportunity to socialise and meet new people through the social programs organised through TOHI Cairns and other recreational programs.

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

Work, education, social recreation

A worker noted that social achievements are part of a young person's broader community inclusion, in employment, volunteering, linking to other social activities, as well as strategies to manage their mental health. A small number of young people (n=10) in the Cairns TOHI completed a survey about their social and economic participation (APQ6). Most of the young people did not

have a job (7/10). Three worked part-time – two were employed for payment or profit and worked 4 and 40 hours respectively, and one worked in a family business 5 hours per week. Seven participants, including the three that worked in paid employment, were involved in domestic work in their household.

Half of the young people had been actively looking for employment and five did not. Six of the young people had plans to increase their work, education or social recreation activities (Table 3.2), indicating an unmet need in this area and awareness of the advantages of education. One of the young people was studying at TAFE or Technical/Vocational College.

Table 3.2 Plans for employment and education

Plans for employment and education	No	Not sure	Not yet	Yes
Increasing employment	2	1	4	3
Increasing unpaid work	6	2	1	1
Increasing education and training	2	1	1	6
Increasing social recreation	3	1		6
Would like help		3		7

Source: Cairns program management data collections July 2010-June 2011, n=10. APQ6
Note: not yet available for Logan

Most of the young people who completed this survey also wanted to enrich their social activities. All except one of the ten respondents had some socialising activities, such as visiting relatives or friends, sports or physical activity, other special interest group activity, socialising face to face and on the phone. Seven out of the ten young people mentioned they would like help towards improving their participation in work, education or social recreation. The next progress report will include TOHI Logan APQ6 results and compare the TOHI results to Australian APQ6 data for other young people with similar needs.

Several of the young people identified education, work, or volunteering as a goal and they were linked to youth employment services, TAFE, volunteering opportunities, and help to write their CV, search or maintain a job. In one case a TOHI worker supported a young person to meet and talk with his employer, after he had a disagreement with a co-worker.

In a few cases young people using the Cairns TOHI secured employment, commenced or completed their TAFE course during their involvement with the program. Mary, aged in her late teens, who was referred to TOHI after a self-harming incident, commented on her experiences,

I have been in the Time Out house for two months now. It was hard at the start. I am slowly getting to be all brand new. I am starting to see a counsellor, doing TAFE courses, and learning things about myself that I thought I wasn't capable of.

A number of young people commented that they felt more motivated, confident and positive since involvement in the program, 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 achieve these plans.

Logan TOHI

Most of the TOHI Logan young people reported that had they made significant progress in their economic and social participation. Several received support to recommence school and education, for example, after a longer break because they had a child or cared for someone in their family. Others gained greater independence by connecting to the Learner's Education program to get their driver's licence. Susan, an 18 year old, received help to prepare her resume and apply for work experience in a community organisation,

They helped me write up my resume, then they got me contacted to [community organisation]. The [community organisation] gave me the meeting straight away, and after I finished the interview they said to me, you can start straight away the next day. The thing is if Heads Up did not get me there straight away I would have not had the opportunity to start ... in a short time.

Several of the young people using Heads Up also reported that participation in the pilot had helped them to improve their personal relationships, for example, by making new friends and engaging in social, recreational or similar activities facilitated through the program. Simon, aged in his early 20s, joined the gym, the Driver's Education program and a workshop, where people can learn how to assemble and keep a computer. Reflecting on his experiences with the pilot Simon commented,

Overall, I'm very satisfied with the program. Without the Heads Up program I would still be playing Xbox and not be out there.

3.3 Mental health self-efficacy

One of the aims of the TOHI pilot is to create paths to 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. The young people in TOHI Cairns gave evidence 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).

Young people using TOHI Cairns, especially if they stayed in the house, felt they were learning the skills and strategies and getting the right kind of information to address their needs and issues. 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, relaxation techniques); as well as encouragement to get a mental health assessment, including review or change in medication, or access to mental health services.

Participants also reported that they felt empowered, more aware and confident to seek out help on their own as needed. One of the main strengths of the program, as reported by young people and service providers, was workers' ability to connect young people to access a range of community services that could provide specialised and ongoing assistance (Section 4.5).

Almost all the young people (17/18) agreed or strongly agreed that the Cairns TOHI had 'assisted [them] to learn more about' themselves according to the service satisfaction survey results.⁵ Staff reported that it was more difficult to observe mental health self-efficacy outcomes for participants only using outreach support.

There was little or no information from the interviews with young people in TOHI Logan about how the pilot was improving their mental health self-efficacy. Staff reported that it was difficult to see immediate mental health self-efficacy outcomes for this participant group as the process and goals were long term.

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. Many of the young people in the Cairns and Logan TOHI did not have contact with their family members and or other informal adult supports.

Cairns TOHI

At the TOHI Cairns service providers aim to work closely with the parents and informal supporters by linking them in with appropriate support, for example, carers' hubs. As part of the case management approach, workers also aim to engage the whole family, where appropriate, with the young person's consent.

Overall the carers and informal supporters of TOHI Cairns participants viewed the pilot very positively. One mother commented on the outcomes for her son, '[TOHI] gives [him] more independent living skills, confidence, focus and reinforces talents.'

In particular families were supportive of the residential component of the program. This was applicable in cases with a lot of stress for the whole family when the young person had been living at home without support to deal with emotional mental health problems. They were also pleased with the outcomes

⁵ TOHI Cairns program includes a *Service User Constructed Satisfaction survey*. This question had the highest positive rating overall.

from when the young person had been disengaged from their family and had re-engaged after becoming involved with TOHI.

Where young people were in regular contact with the program, the house was seen as a respite for both the young person and the carers. According to service providers it was comforting for the family to know that their family member was getting support from someone external, rather than them trying to deal with the stresses and limitations alone. The service manager reported, '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 commented that all 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.

Supporters and family members involved in the TOHI Cairns reported that it was a much needed program and that they benefited as it reduced their stress. In many cases it had positive impact on the family relationships overall. Carers also had the opportunity to call staff to get advice or 'offload' if they needed to. Staff reported that they were happy to be 'the sounding board within working hours.' Service providers also said that they worked closely with the family, but only with the young person's consent. They would also refer carers to appropriate services, like the carers hub, as needed. Young people reported that staff frequently asked them whether they wished to have their families involved, such as at barbecues and other outings. They appreciated the opportunity to do so at times, but also to be able to say no.

Logan TOHI

Service providers reported that the pilot was beneficial for family members and supporters of young people as it gave them 'relief from whatever problems they [were] trying to help their children with.' Staff also acknowledged that many young people were receiving support from TOHI without their carers' knowledge. No data from the young people were available about outcomes for informal supporters and their perspectives of the TOHI in Logan. The longitudinal evaluation will aim to fill this gap.

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. The following comment is representative of general participant and family views on the Cairns pilot, '[It is] helpful; supportive; proactive to help to achieve what you need to.' External stakeholders reported that the program was well regarded in the community and was making steady progress in promoting itself, also that it was filling a gap in services to young people in the local area. Staff in

the program identified strengths and opportunities for further program development which are discussed in Section 4.

The Logan TOHI pilot program design changed during the establishment period. The program emphasised the outreach and case management component because the residential component was not identified as being as relevant to young people's needs in this area, and demand for it was low (Section 4.3). The young people identified benefits to their wellbeing and social engagement from participating in the program.

4 Service use and effectiveness of service delivery processes

The evaluation is assessing the effectiveness of the TOHI pilot to discern implications for program changes and improvement. This involves analysing how the program has evolved during the implementation stage, 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.

The main sources of data to address this part of the evaluation are interviews with key stakeholders, including young people using the services, service provider program and outcomes evaluation data and documentation and reports from the two provider agencies.

The type of support varied between the two locations because the Logan house was not operational until after this evaluation period (Table 4.1).

Table 4.1 Service use to July 2010 to June 2011

	Cairns		Logan
	Outreach	House	Outreach case management ²
Total hours of support	1725	7248	1685
Total occasions of support	963	1141	1684
Number of clients	52	10	67
Including:			
Group programs hours of support			
Art - 8 clients x 2 hrs x 20 sessions	320		
Yoga - 6 clients x 1 hr x 16 sessions	96		
Fishing - 6 clients x 4 hrs x 10 sessions	240		
Other ¹			
Group activity hours until House operational ²			280

Source: Cairns and Logan program management data collections July 2010-June 2011

Notes: 1. Cairns other activities/groups eg. gardening, recreational activities, gym, life skills etc ad-hoc, dependent on individual client goals & interests

2. Logan House support started in July 2011. Group activities in June-July until house opened: 8 clients x 7 hours x 5 events eg. picnic, movies, bowling, games

4.1 Service needs

From July 2010 to June 2011, 42 young people received outreach and case management support in Cairns, and 67 people in Logan; and ten participants stayed in the Cairns house and around four people in the Logan house (Table 1.1).

Needs identified by participants

When young people access the TOHI in Cairns and Logan they complete a needs assessment with the staff. Cairns TOHI uses the CANSAS, which is commonly completed by staff with the young person and it is repeated when the leave the service to measure change in their identified needs.

In Cairns, 49 people had entry data (Table 4.2). Most young people (38-44/49) identified key needs as accommodation and food, daytime activities, company and intimate relationships, money, transport, psychological distress and physical health. Child care was among the needs least frequently identified (12/49).

Table 4.2 Types of support needs identified by Cairns participants

Type of need	Met need	N/A	No Need	No answer	Unmet Need	Total needs
Daytime activities	13	1	4		31	44
Company	15		6		28	43
Accommodation	28		6		15	43
Money	21		7	2	19	40
Food	40		8		1	41
Psychological distress	10	2	8		29	39
Intimate relations	12	2	7	1	27	39
Physical health	24		11		14	38
Transport	24		11		14	38
Look after home	25		13		11	36
Self care	27	1	15		6	33
Basic education	21	1	15	1	11	32
Telephone	28		17		4	32
Sexual expression	10	3	12	3	21	31
Benefits	23		17	1	8	31
Information on condition and treatment	23	3	15		8	31
Safety to self	19	2	14	1	13	32
Safety to others	18	1	20		10	28
Drugs	14		19	2	14	28
Psychotic symptoms	8	5	17		19	27
Alcohol	15		22	1	11	26
Child care	7	1	35	1	5	12

Source: CANSAS. Cairns program management data collections July 2010-June 2011, n=49

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.

In the Cairns TOHI, young people at entry to the program were also asked to complete the Recovery Assessment Scale (RAS). Table 4.3 shows the assessment of 32 participants on aspects relating to their self-confidence ('I like myself'); hopes for the future ('I have a purpose in life'); and resilience to cope with emotional stress ('I can handle stress'); and adverse situations ('I can handle what happens in my life').

Most of the young people agreed with the statements assessed, which shows their improving levels of wellbeing, self-confidence, and mental health self-efficacy.

Table 4.3 Recovery Assessment Scale (RAS, short), Cairns

	Agree or strongly agree	Not sure	Disagree or strongly disagree	Total
I have a desire to succeed	24	5	1	30
I have my own plan for how to stay or become well	16	14	0	30
I have goals in life that I want to reach	24	3	2	29
I believe I can reach my current personal goals	17	12	1	30
I have a purpose in life	19	9	2	30
Fear does not stop me from living the way I want	11	10	9	30
I can handle what happens in my life	11	15	4	30
I like myself	19	7	3	29
If people really knew me, they would like me	19	9	2	30
I have an idea of who I want to become	22	5	3	30
Something good will eventually happen	24	6	0	30
I'm hopeful about my future	25	4	1	30
My mental health problems are completely out of my own control	10	8	11	29
I continue to have new interests	22	4	4	30
I can handle stress	8	13	9	30
Coping with mental illness is no longer the main focus of my life	11	12	7	30
My symptoms interfere less and less with my life	11	11	7	29
My symptoms seem to be a problem for shorter periods each time they occur	14	10	6	30

Source: RAS. Cairns program management data collections July 2010-June 2011, n=32

In the Logan TOHI, information on young people's support needs was available for 12 participants (Table 4.4). All 12 respondents had mental health as an identified need, and nine of them as their first priority. Half of the respondents identified social and financial support as a key need. Most people had more than one need (6/12 had four needs; 5/12 had three needs; and 1/12 had two needs). Interviews with Logan staff confirmed that many young people using TOHI had mental health related symptoms (depression,

anxiety, drug and alcohol misuse). The young people were referred to or were already seeing a psychologist or other mental health provider.

Table 4.4 Types of support needs identified by Logan participants

Type of need	1 st need	2 nd need	3 rd need	4 th need	Total needs
Social	2	3	1	-	6
Mental health	9	2	-	1	12
Financial	1	3	2	-	6
Emotional	-	1	-	-	1
Physical health	-	-	1	-	1
Housing	-	1	-	-	1
Other	-	2	7	5	14

Source: Logan program management data collections July 2010-June 2011, n=12

The Heads Up report (November 2011) provides further evidence that many of the young people using TOHI in Logan (67 people up to June 2011) were presenting with issues that had or may have an impact on their mental health, if unaddressed. Key issues for participants included, 'feeling down, stressed' and not being able to 'stop worrying'; young people not 'liking themselves for a long time' (low self-esteem); being worried about work and study; family conflict and social isolation; drug and alcohol use issues; and 'self-harming behaviours and suicidal thoughts'; and inability to cope with a mental health diagnosis for some.

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. Staff and young people interviewed were very positive about this planning approach. One staff reported,

This is about empowering people to do things for themselves. I keep a clear view of this, not about making people dependent, but about empowering them. If they need more support, we link them in to other services, but it's about them moving forward in their lives.

Overall young people were comfortable and satisfied with the goal setting and planning process, and found it useful, clear, and easy to grasp. Some of the

comments participants made about the planning process included, it's 'visual and easy to understand' and that 'the camera (CRM) is a great starting place ... to focus on your goals and directions.' Some elements of the planning process were harder for participants to understand than others. One young person suggested making elements of the CRM model simpler (for example, having a smaller selection of cards to select options from). 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 dependent on the workers' understanding and commitment to using this approach.

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 the goals. The CAT assesses needs in the following key areas including, 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.

It appears that young people benefited from the flexible approach that allowed them to revisit their plans and make amendments as needed.

Relationships with staff

In both sites, Cairns and Logan, young people were positive about their relationships with their case workers and other staff members. The young people using TOHI services reported that they felt respected and valued by staff; that staff were understanding and non-judgmental of their needs; and 'responsive and personal'. One young woman using TOHI Cairns commented on her relationships with staff, 'The workers here at TOHI are amazing to talk to and they make you feel like you're their top priority. It is amazing and I love it.' And young people using TOHI Logan said, 'They're very friendly, very outgoing. I really feel comfortable talking to them,' and, 'The workers, I felt that they were listening to me and very relaxed.'

Overall, the quality of the relationships between the young people and staff are a key to engaging participants in the program, as well as achieving positive outcomes for young people. Where participants felt understood they were able to 'open up' and freely express their concerns and worries. Also, feeling supported made young people 'self-motivated to help themselves', as one young man explained.

Flexibility, client-centeredness, and empowerment

Most young people using TOHI in Cairns and Logan reported that they appreciated the flexibility of the program to respond to their changing needs and that the service delivery changed in response 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'; workers 'suggest and not tell' young people what they should do or address; also that staff were prepared to take young people to their appointments, if needed, or arrange appointments and make calls for them if the young person felt uncomfortable doing so themselves.

One young woman liked the fact that staff noticed if she was not feeling great. They would ask her how she's feeling, and if she was silent, they would just sit with her. Young people made many comments about the program that reflected their appreciation of this client-centered approach and the flexibility of the program to respond to their needs. Kelly said,

They're really good [Heads Up staff], they're really helpful. They were really understanding and helpful and, I guess, they worked around me, which was really nice.

In the interviews with management and workers in Cairns and Logan, staff reported that they were committed to meeting the young person's changing needs by 'being open and flexible' in their support processes and empowering them as much as possible. For example, in the TOHI Cairns a young person had been assessed to move into the house but did not turn up. Workers found out that he was in touch with another youth service and put out the word that the offer for him to stay remained open. The young person came some time later once he felt 'ready'. 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.

Participants' perspectives on service and support quality

In Cairns, 20 young people had entry and exit data for the CANSAS assessment tool, which identifies whether their needs have been met or not (Table 4.5). More needs were met at exit (13.25) than entry (9.6) and the number of unmet needs decreased (8.05 at entry and 4.05 at exit).

Table 4.5 Met and unmet needs at entry and exit

Assessed at	Met need		Unmet need		Total needs (met and unmet)		No need	
	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit
Mean	9.6	13.25	8.05	4.05	17.65	17.3	3.95	4.15
Median	9	14	7.5	4	19	18.5	1	2.5
Minimum	2	5	3	0	7	10	0	0
Maximum	16	21	16	13	22	21	15	12

Source: CANSAS Cairns program management data collection July 2010-June 2011, n=20 repeated sample

Note: not yet available for Logan

Participants using TOHI 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 in particular highlighted the usefulness of tools they received to help them better manage their mental health and wellbeing. Young people said, staff offer 'new perspectives how to view things' and 'teach strategies to not worry as much'. The Cairns TOHI service satisfaction was also positive (Table 4.6).

Table 4.6 Service User Constructed Satisfaction Survey

	Disagree	Not sure	Agree	Strongly agree	Total
This service encourages consumers to support each other	1	5	9	2	17
This service has assisted me to learn more about myself		1	14	3	18
This service has empowered me		7	5	6	18
This service helps consumers overcome any stigma they hold about themselves		6	8	4	18
I feel safe and secure when being looked after by this service		2	7	9	18
I am taken seriously by service staff		1	9	8	18
This service is responsive when my symptoms change		5	5	8	18
My right to choice of treatment was respected by this service		3	6	9	18
This service helps me understand my rights and responsibilities		3	8	7	18
This service supports my rights and responsibilities		2	9	7	18
I think the consumers involvement in this service is excellent		5	7	6	18
This service has provided me with excellent information on mental health		5	7	6	18
If a doctor asks you to take a medication does your service help you to make your own decision about whether to take it?	1	9	4	4	18
I would recommend this service to my family or friends		2	5	11	18

Source: CANSAS Cairns program management data collection July 2010-June 2011, n=18
Cairns Service User Constructed Satisfaction survey

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 one instance a young person was unhappy with the 'need to repeat their story' when their case worker had to move on and the participant was allocated another staff member. The 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.

Participants who stayed in the house in Cairns and Logan described it very positively, saying they found it fun, peaceful, practical, safe, and social. Two young people who had stayed in the Logan house commented that they were reluctant to move out because they enjoyed their stay that much, not because they had nowhere else to go. Simon, aged in his early 20s said,

The Heads Up house is very good, not sure what I would give it out of ten. I would love to live at the Heads Up house and not move out. I'm going to be upset when I have to move.

It was important to people that they always had someone around they could talk to. In the house they received more concentrated and structured support which had helped them to make changes they felt positive about. One person in Cairns said, '[I've]changed for the better.... no longer hanging around shopping centres with younger teenagers or bad influences.' Rather now she was engaging in arts, crafts, walking, exercise and gardening in their routine. Another young person in Cairns echoed this sentiment, saying he was happy the staff in the house kept him busy, and it was 'relevant busy'. He thought the house would be best if it were running at full capacity, saying, 'It would make it feel less like you're the only one with issues and problems: good to have other people's lives.'

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. One staff member commented, that, 'For some people that's a new thing that gives them a sense of purpose they haven't previously had.'

4.3 Strengths and limitations of the TOHI support

In both locations service providers were positive about some aspects of the TOHI program and expressed doubts and concerns about the effectiveness of other aspects.

Cairns TOHI

All stakeholders, including the young people and their carers, were positive about the case management and flexible support provided through outreach work. This approach allowed workers to engage with the young person in an 'informal environment ... [rather than] turning up to a counselling room' and support them around their needs. They saw going for a walk along beach or attending a fishing group as a form of informal interaction that could allow the young person to 'open-up', which then may 'leads to other things', as one staff commented. Referring agencies from the mental health sector also identified 'outreach' as one of the key successes of the pilot,

What I like about the program is that I've got somewhere that young people can get really good outreach. Some of it mightn't be short term.

Another identified strength of the TOHI was that it allowed workers to engage young people in regional locations where there are few services and the support is holistic, as young people were linked into other services and program as needed.

Staff raised two critical points for the outreach component of the Cairns TOHI. The first was the need to focus as much as possible on outreach, 'to empower young people within their homes and communities', as staying in the TOHI house takes people 'out of their environment'. Second, they thought more resources to do outreach were necessary, as this was the greatest demand.

With respect to the TOHI Cairns residential component, stakeholders were positive about the usefulness for young people, its location and set up, and integration and coordination with the wider service sector. One external stakeholder commented,

The house is spot on.... the atmosphere and feeling is wonderful at the premises. I would definitely want the program to continue, and for us to link in with the programs we have got.

Young people enjoyed and benefited from activities and programs offered, as well as a more structured lifestyle and 'time out' when staying in the house. The house was described by staff as having a 'respite effect' for both the young people and their informal supporters. According to staff, an important aspect of ensuring good outcomes for young people who stayed in the house was managing their expectations. Young people are expected to follow guidelines during their stay (e.g. no drug and alcohol consumption and a curfew), and participate actively in daily household tasks (e.g. shopping) and activities (e.g. groups). The manager of TOHI Cairns commented, 'People have to give up certain freedoms in their lives ... Making people understand they've got to commit.'

Once expectations were set and people joined in voluntarily, staff felt that they were attracting 'people who are ready to address their issues.' However, for some young people, for example those with more severe alcohol and drug problems, remaining engaged in the program appeared difficult if they could not give up their habits or did not have support to do so.

Stakeholders also identified challenges for running and managing the residential component of the pilot. One aspect was trying to get group activities going with small numbers of young people. This was difficult due to fewer people staying in the house at a single time and a low up-take of groups from outreach participants. Management and staff suggested joining up with another community organisation to overcome this barrier.

Another more serious concern was the capacity of staff to support and keep young people safe, who were at higher risk or needed more intensive mental health support. In the early days of the pilot there had been an emergency incident of a young person with more complex needs staying in the house. After this incident the TOHI management established strategies such as increasing staff ratios in the evenings; recruiting staff with mental health skills to ensure appropriate support for people staying in the house; enhancing communication and coordination between staff and external case managers supporting the same participant; and setting expectations with referring mental health agencies about what TOHI can provide and its limitations. External mental health providers reported that they were satisfied with the current processes and that support to the young person was managed safely and effectively.

Logan TOHI

Similar to the Cairns TOHI, participant feedback was that they were satisfied with the outreach and case management part of the program. Also staff were happy with the 'off-site service delivery' where workers connected young people with community services and supports, mainly without a strong focus on mental health to avoid further stigmatisation, as noted by the management; and provided diversionary activities and programs for young people to reduce their social isolation.

The young people who had used the house in Logan were happy to stay there and liked staff and the support as discussed above. However, the workers and management reported misgivings. Few referrals to the house were received and these were mainly from external agencies but not from any of the outreach and case management participants. TOHI Logan had a number of casual and employed staff to provide case management and supervision to young people staying in the house. They had also engaged a manager to run and oversee the program, and foster networks and partnerships with relevant community services. For several months TOHI Logan contracted a project officer to run a targeted promotion campaign in the community. Service providers commented that the area was unsuitable for a residential service to provide 'time out' to marginalised young people as it is unattractive, and is in the same area as where they live. They think this is one of the reasons why so few young people have chosen to stay there. Staff identified a number of problems with the house as part of the TOHI, including:

- a lack of interest from participants entering the house as a way to address their needs
- need to review the eligibility criteria to meet interest from younger potential participants
- a 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
- concerns that young people staying in the house could potentially develop undesirable cross-over effects, such as someone with depression being inspired to get involved with drugs if they were in contact with other people in the house and
- spending time in the house may contribute to further isolation and disengagement for young people with mental health needs.

Logan TOHI staff and management were concerned about the ability of the program to meet the needs of the young people and community. They reported that half of the TOHI participants were under the age of 18 years and that early intervention in mental health for young people would require the program, in particular the outreach and case management component, to include young people from 12 to 25 years, similar to Headspace. For young

people staying in the house they suggested lowering the age range to 16-25 years due to demand from carers and young people themselves.⁶

They also reported that for young people to benefit from targeted case management, considering the time it takes to build trust with the participant group, they would require ongoing support for 9-12 months. Discussions about the change in eligibility criteria and timeframes for the TOHI were ongoing at the time of writing this Baseline report.

Linked to the above, staff identified that the guidelines on the role and purpose of the house needed to be clarified, such as whether it was an alternative to hospital or an accommodation option for young people with mental health problems. They said this would improve 'specifications on the evidence for the need for the program, and what the program structure should look like'.

4.4 Promotion and early intervention

Strategies to engage participants

Stakeholders in both TOHI locations acknowledged the time it took for a new service to be promoted, known and accepted in the community by its potential user groups as well as relevant community and referring agencies.

Service providers in the Cairns TOHI reported using a number of strategies to engage participants and promote the TOHI, to 'get the message out there', especially in the early stages of the program. Key successful strategies included, having a range of services and organisations on board as partners in setting up the TOHI through the consortium approach; workers, for example, strategically placed in a youth service; and consortium partners placing staff in TOHI. They also used a range of community development approaches, such as delivering early intervention workshops in schools, where information on the pilot could be spread to students and school counsellors. To build and maintain 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,

We are a small program, we will reach capacity soon. So we have to balance service provision and community education and development.

In the Logan TOHI the staff had promoted the TOHI in many ways. Near the beginning they employed a project officer to develop and implement a small-scale marketing campaign and promote it in the local area, however, even

⁶ Residential care for young people aged under 18 years is contrary to government regulation.

after four months of hard work it did not have much success. A staff member commented,

I can't tell you how we've promoted it, we've done more promotion on this model more than any other one I've ever known, or that I've worked in.

Most of the young people were coming to TOHI through other programs attached to the YFS services, but also other community agencies. Logan management had also worked closely with the Qld Health Department to increase awareness in the sector among relevant services. Evidence from the Logan TOHI indicated that clinical care coordination, one of the aims of the initiative, was not a strong focus for the program.

Early intervention

The Cairns TOHI was committed to engage with participants early in their experiences of risk to their mental health. Service providers reported increasing demand for service from school age young people, particularly after making a concerted effort to reach school students through community development and marketing activities. The program structure, where one staff position was located in a partner organisation, has facilitated the success of this objective. External stakeholders reported that school guidance officers were referring students to the program. Views from staff and external partners reflect on the early intervention focus of the program,

I see it as early intervention ... hoping to avert full blown psychosis and aiming to keep families together. Building young people's living skills, and reconnection with community is so important, and TOHI sits in this space.

In the Cairns TOHI staff and external service providers reported that the service was meeting a 'huge gap' in services for young people marginalised for a range of reasons and with potential mental health issues. A service provider commented,

We have a huge issue with borderline personality disorder, self harm and there's been nowhere to support these people, due to contention about whether this is behavioural or mental health related ... TOHI fills a huge gap. Probably wasn't their first aim, but they're very important.

By expanding the eligibility criteria to include people with a diagnosis, Cairns has responded to young peoples' and the community's need. At this stage it appears that for young people with identified mental health needs and the staff, the program was working well. In particular as TOHI is well connected to the broader, adult, youth and community mental health services sector. Young people with higher needs, in many cases, also received case management by a mental health provider, or TOHI staff were trying to get them connected with the right support.

In the Logan TOHI staff reported that they were also focusing on engaging young people who were at risk of developing mental health issues or in an early stage. One staff member commented,

We provide what we call a case management service support, or plan support, for young people who need early intervention in mental health ... many are seeing a psychologist.

In the Logan TOHI there was less integration with the community mental health sector in the beginning because theirs was not a consortium approach. They did not prioritise participants with more complex mental health problems, as staff had no qualifications to support them appropriately. However, as part of the changes in the TOHI and discussions with the Reference Group, Logan had shifted to accept referrals with an existing mental health diagnosis, who were case managed by Qld Health. The Heads Up November 2011 report outlines that the Logan TOHI has also made contact to the inpatient unit to accept participants discharged from hospital, although this has not happened yet and probably goes beyond the early intervention focus of the program.

4.5 Partnerships and referral

Cairns TOHI

In the Cairns TOHI the two main referral sources were youth services (51 per cent) and mental health services (21.6 per cent), and some from QLD Health (2 per cent) (Table 4.7).

Table 4.7 Referral sources in Cairns and Logan

Referral source	Cairns		Logan	
	Participant	Per cent	Participant	Per cent
Youth service	26	51.0	5	38.5
Mental health service	11	21.6	2	15.4
Parent/carer, self/PHaMS or self-referral	3	5.9	1	7.7
Qld Health	1	2.0		-
General practitioner	1	2.0		-
Other community services	9	17.6	5	38.5
Total	51	100.0	13	100.0

Source: Program management data collections July 2010-June 2011

The Cairns TOHI staff commented that having a worker based at another well known, local youth service (one of their consortium partners) has been a great success for the TOHI. It had provided benefits for both – referrals coming in to TOHI and additional support options for participants of the youth services being available; ‘we’ve value added, as they didn’t have mental health expertise’. Partnerships with other services and community organisations, including schools, worked well when all partners felt they gained benefits from the cooperation and there was good communication flow, clarity and understanding about the service delivery and its limitations. Also it helped

when they had a shared approach or philosophy of working with the young person among agencies and co-workers. The skills of the program coordinator in communication, relationship building and in seizing opportunities for developing the program were mentioned by external stakeholders.

Management at the Cairns TOHI identified further collaboration and partnering with other services and programs as essential for the sustainability and growth of the program into the future. External stakeholders were satisfied with the communication and information sharing around participants and their needs. This was seen as essential to working within a collaborative framework. One mental health provider commented,

I can call a case meeting about a client – they will turn up straight away and be part of it. They're [TOHI staff] really into collaboration and working together.

Overall, the governance of the Cairns TOHI seemed to be working very well, with a strong consortium approach and an experienced agency leading the program implementation. Consortium partners appeared to be well engaged and informed, also committed to contribute resources, staff and other supports to the success of TOHI. Several providers and external partners commented that the TOHI was complementing a much needed gap in the service system. Also, stakeholders were highly positive about the willingness of the funding body to make program adjustments at Steering Committee and Departmental level in response to emerging needs. They valued the flexible and supportive nature of this relationship, which was identified as a success to developing the TOHI to its current stage.

Logan TOHI

Similarly in the Logan TOHI, referrals were mainly through the lead agency's youth services and other family programs. In Logan it appeared that other community services had an important role in the referral of participants (Section 4.5). The information from the Heads Up November 2011 report explains that Logan had anticipated more referrals from GP, however felt that GPs were reluctant to refer participants as they had financial incentives to refer to mental health providers (e.g. psychologists, through the Better Outcomes initiative). Logan were continuously promoting and networking closely with key services in the local area, including psychologists. They were also working closely with the Qld Health Department to increase referrals of young people with an existing mental health diagnosis.

In Logan the relationships with the funding body were challenged by critical input about the appropriateness of the TOHI to meet the needs of young people and the community. While the Logan TOHI was not a consortium approach they worked hard to engage and partner with relevant community agencies to deliver better services to young people, including GP's and community mental health providers. External stakeholders interviewed were generally very positive about information sharing and communication, although their understanding of the program overall was limited.

The governance structure of the Logan Heads Up had positive and negative sides. It appeared that having a focused and long-standing youth and family service provider implementing the program was beneficial due to the expertise, networks and referrals from the youth sector. However, the service is traditionally known for providing welfare services, not mental health services. The lack of partnering agencies that could contribute resources and supports, expertise in delivering mental health related services, and to promote the initiative locally, may have further compounded some of the challenges (e.g. getting referrals in to the house) Logan was experiencing. An additional issue raised by the service provider is that of the traditional practice of clinical services and health professionals referring 'upwards' to more specialised services, not referring on to community-based services, such as the TOHI initiative.

4.6 Process implications for program development and evaluation

Cairns TOHI

Having staff on board early to assist in the development of procedures and policies, attend and complete a holistic training package, as well as promote the service in the community had worked well. Staff in the Cairns TOHI reported that they initially had few forms and data collection tools, which increased over time. Some staff felt that due to the amount of paperwork and the process of entering information into the database, the double handling of paperwork, they were increasingly time scarce. They felt that some of the doubling up of work was an implementation problem, however, the lack of administrative support was a worry to workers.

Staff raised some concerns about evaluation data collection. While they believed that the tools picked were quite user friendly based on self rating and that they were 'not too mental health focused', getting exit data from the young person was challenging. In particular in outreach support young people would disengage. Other young people were reluctant to complete evaluation forms as for them it was a 'closed chapter'. On the other hand young people in TOHI Cairns reportedly really liked being asked to write their stories, and found it a positive process.

Main concerns voiced were about round staffing and resourcing. Stakeholders commented that staff needed more information about headspace, a youth mental health service, starting up in the local area. Headspace would, according to external providers, increase referrals to TOHI and also the complexity of young people's problems. External stakeholders and staff suggested increasing the capacity to further expand on the outreach component of the TOHI.

Logan TOHI

Program process and data collection was collected as part of the YFS assessment process and entered in their internal database. This had an impact on providing data for evaluation of the TOHI pilot, as it was more difficult for YFS to extract data. Disagreement was reported by the service

provider about the choice of outcomes measures for clients to be used for the evaluation. Subsequently no outcomes measures were utilised at the TOHI Logan site.

Staffing was also raised as a key challenge in the Logan TOHI. One concern was finding suitable staff with case management skills for the house, who were also willing to work in a shift-work model. To date, some of the staff who had been engaged for the house were not fully skilled to provide high quality case management support. Logan was exploring an alternative staffing structure with 'two sets of staff', one residential and one case management to address this challenge. Overall management was concerned about the capacity of staff to meet the increasing demand for outreach and case management work, in particular as many resources were used to staff the house although it was consistently running on low capacity.

4.7 Preliminary lessons and future development

Cairns TOHI

Stakeholders were positive about the outreach and case management part of the pilot. They were planning to further increase community education as well as service delivery in this area, however, within a more planned, strategic approach in the future. Supporting young people in their communities and environments as much as possible was seen important. Networking and collaboration with other services and programs, including Headspace, was seen as vital for the future of TOHI, for referrals in and out of the program, as well as building more holistic support experiences for vulnerable young people.

Staff and participants were also positive about the house component. Providers perceived it to be still in the process of 'unfolding and changing', which was reported as a good process as it allowed for more flexibility to meet young people's needs. Staff worked hard to position themselves away from crisis intervention. At the same time they were committed to providing young people staying in the house with new avenues to manage their wellbeing and mental health, use and connect to a range of supports, and slowly enhance their wellbeing self-efficacy.

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

TOHI Cairns was seeing an increase in younger people aged 16 years and older using the service. They identified that the program was working well for this group. Overall the program was best suited for young people who were ready to address their needs, as people living in the house needed to give up certain freedoms (alcohol and drugs, curfew). 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 was meeting the criteria of preventing or reducing hospitalisation of young people at a later stage, as young people received the support to remain in the community, address their needs and achieve their goals, and exploring pathways to recovery.

Staff were clear about the program not yet taking on referrals from hospital wards as the TOHI was not designed to meet their needs. However, they thought that when young people are released from hospital and cannot directly return home TOHI could in the future be a good place for them, if the service changed.

Young people who were benefiting the least from the program were those not eligible for the house, aged under 18 years. 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). Also, staff identified that the outreach, and for some participants also the house component, required longer service provision timeframes than those set out originally. Many young people needed time to trust and engage or had goals that required more ongoing support.

Future Cairns TOHI program development

For the future development and enhancement of the program, staff suggested more programs run by young people themselves, such as peer support; and client participation in the running of the services, such as a youth reference group. For TOHI Cairns a number of key suggestions to enhance service delivery stand out:

- Adding a therapeutic arm to the non-therapeutic program, such as dialectical behaviour therapy, which is about mindfulness, or group counselling
- Strengthening linkages into youth and young adult housing programs, and other youth mental health programs (e.g. Headspace)
- 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).

Overall for the program to be successful it needed time to be accepted by the community, services, and young people and their networks.

Logan TOHI

As in Cairns, Logan service providers were also supportive of the outreach case management and off site service delivery of the program (also referred to as Heads Up). They were planning to increase and strengthen this part of the pilot due to great demand in the community and positive outcomes experienced by participants. The planning and goal setting process, linking young people to services, including clinical and non-clinical lifestyle support, as well as engaging them in diversionary activities was working well according to staff and young people.

Staff and management in the Logan TOHI had addressed concerns about the TOHI house and service delivery attached to it. The house was not situated in a location that had a time out or holiday feel to it. Some of the main issues that had been addressed were engaging and retaining suitable staff for the house; structured routines in the house so that young people changed their 'unhealthy' lifestyles, such as food and time choices; limited opportunities to run group activities for young people due to the low numbers of participants; a possible detrimental impact on a young person's wellbeing (in many cases only a single participant stayed in the house, which may contribute to further isolation) or increase the risk of dependence of the participant to their case worker. Overall the staff tried to support young people to remain in their community as much as possible; and that young people with low mental health were more likely to benefit from activities and programs that take them out of their routines and provide alternative forms of social and recreational engagement (e.g. horse-riding) and participation in broader society.

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

Staff reported that they had been successful engaging young people from a range of backgrounds and ages, including Indigenous youth but less so with CALD young people. According to staff, young people benefiting the least from the program were those not eligible for the house, such as under 18 year olds for the residential component, or young people under 15 years for outreach and case management support. The service delivery 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.

Future program development

A number of suggestions for the future development and enhancement of the pilot program in Logan emerged from the evaluation process including:

- Strengthening the residential component of the program by reviewing staffing structures, house systems, routines and guidelines and exploring further ways to engage potential participants in activities and groups run both in and outside the house
- Increasing capacity to further engage and work with young people from a culturally and linguistically diverse background and young Indigenous people
- Providing on-going training, mentoring and skilling for staff in relevant and identified areas, including mental health
- Strengthening referral pathways and understanding of the TOHI among relevant community agencies and clinical services

5 Economic evaluation

The future progress reports will address the questions when data are available:

- What are the costs and benefits of providing TOHI services? Are these benefits different across different geographical areas?
- At a systems level, does the provision of TOHI services result in a cost-saving across the youth and mental health systems and can this be quantified?

The cost data for July 2010 to June 2011 were available (Table 5.1). Not included are the costs prior to July 2010, which explains difference in the establishment costs between the two locations because they were incurred in the previous year for Logan.

Table 5.1 Program budget and costs July10-June 11

	Cairns		Logan	
	Program costs	Income	Program costs	Income
Establishment		141,825		-
Grants		1,216,907		980,875
Other income				30,070
Establishment costs	141,825		24,629	
Operational costs	951,726		575,600	
Unspent funds (establishment)		68,097		-24,629*
Unspent funds (recurrent)		265,681		435,345*
Total	1,093,551		600,229	-

Source: Cairns and Logan program management data collections July 2010-June 2011
Notes: *Logan balance at June 2011 with previous financial year funds: establishment \$7160, recurrent \$640,656

A description of the Logan TOHI costs from the November 2011 report included the following.

The annual rental of house is \$30,000. With additional costs for facilities - internet, electricity, general maintenance and food the overall operational cost totals approximately \$66,000 per year. Staff composition includes

- Manager (supervision of staff; client case management, administration of the rosters, liaison with community stakeholders)
- Four permanent full time staff
- Eight casual staff

When the house is fully occupied the total staffing (salary and on costs) component is approximately \$78,000 per month. This has increased from the original tender budget due to Award increases.

YFS has promoted access to the house for other young people who are not direct clients of Heads Up. This was to maximise usage of an available resource and to engage contracted casual staff in employment before they moved on to other options. When the house is open it is resource intensive and staff hours rostered in the house across seven days incorporate 215 staffing hours from the total 320 staffing hours dedicated to direct client work per week (67 per cent).

6 Conclusions

The baseline analysis raises a number of questions for the evaluation and program to be addressed in the remainder of the pilot period.

Positive aspects

- In the Cairns TOHI, for clients who are case managed by a mental health provider but are residing in the house, the TOHI the case coordination and management provides extra lifestyle support and access to non-clinical services. Having a committed consortium of partners, and mental health expertise on board has assisted engagement, capacity and referrals.
- In the Logan TOHI, case management in outreach services has enhanced effective lifestyle and mental health referrals.

Formative aspects

- In the Cairns TOHI, the early lesson about managing an emergency crisis demonstrated that staffing capacity to respond to participants with more severe mental health issues requires structured processes and capacity.
- In the Logan TOHI, relationships with the Department and the Steering Group have been challenged by the need to adapt the program to the governance and local needs, particularly the residential support.
- The age limit on provision of support to young people – residential 18 years and outreach and case management 16 years – restricts the reach of the program
- For many program participants, homelessness or precarious housing in the current housing shortage, is a feature of their mental ill health. An eligibility criterion of the TOHI is that the primary need cannot be homelessness. As an early intervention program, TOHI needs to manage this criterion, since housing support may address the underlying factors impacting on their wellbeing.

Timeframes

The evidence from the two sites is that young people in the target group need longer intervention than the original plans (3 weeks for residential support and 3 months for outreach and case management). First, because it requires sufficient time for young people to build trust to engage with a service; and second young people in the target group experience complex issues that require time to be addressed, such as referrals for housing and mental health professionals.

If the aim of the program, to provide targeted case management support, is to be achieved, then a review of program timeframe may be required.

Eligibility criteria

In both locations, the providers have discussed connections to inpatient and headspace services. If the TOHI is to develop stronger relationships with these services, the capacity of TOHI needs greater staffing mental health expertise.

References

Gendera, S., Fisher, K.R., Robinson, S. and Clements, N. (2011), *Evaluation Plan of the Time Out House Initiative Queensland*, SPRC Report 7/11, for Queensland Alliance for Mental Health, May.

Muir, K., Powell, A., Patulny, R., Flaxman, S., McDermott, S., Oprea, I., Gendera, S., Vespignani, J., Sitek, T., Abello, D. and Katz, I. (2009), *headspace evaluation report: independent evaluation headspace: the National Youth Mental Health Foundation*, SPRC Report, report for headspace November 2009.

YFS (2011), Heads Up – Time Out House Initiative in Logan report, prepared by YFS for the Queensland Department of Communities, Community Mental Health (unpublished document).