Report on Ministry of Health/National Committee for Addiction Treatment Youth AOD Forum Te Papa 29 April 2014

NATIONAL COMMITTEE FOR ADDICTION TREATMENT SEPTEMBER 2014

Executive summary

This report summarises the findings of a one-day forum jointly hosted by the Ministry of Health and the National Committee for Addiction Treatment (NCAT) on advancing youth alcohol and other drug (AOD) services. The context for this forum was the Ministry of Health's purchasing of new youth AOD services at four sites in 2013/14, and NCAT's commitment to improving responses to youth substance abuse.

The forum combined: presentations from each of the four exemplar youth AOD services – focusing on practical implementation challenges and approaches; keynote addresses from youth health and youth AOD leaders on themes of strategic importance; and workshop-style participation by 67 attendees.

Essential elements of implementing a responsive youth AOD service/system were discussed, including: 'youth-friendly' service provision; co-existing mental health and AOD problems; cultural effectiveness; and closer collaboration between primary and secondary care. The forum emphasised practical solutions to raising the bar in these areas, offering some recommendations for services throughout New Zealand.

As one keynote speaker said, "It is no longer relevant or helpful to speak of youth AOD services in New Zealand as being ad-hoc, inconsistent, or non-existent." As the forum demonstrated, and as implied in this report, youth AOD services have direction.

They are in a growth phase in many areas and are engaging young people successfully. The necessity for these services to be friendly and relevant to youth is a key and enduring challenge.

Following the event, recommendations to the Ministry of Health and/or NCAT are that they consider: hosting similar forums in future – ensuring a strong youth voice is represented and continuing to focus on integrating youth AOD services with primary care; providing exemplar services and funded projects with the opportunity to come together on an ongoing basis; undertaking a 'stock-take' to determine what is occurring in all DHBs in terms of youth AOD services; and the development of a resource describing effective strategies and practical steps services can take to respond more effectively to youth.

Introduction

This report provides a summary of key aspects and discussion points arising from the 2014 youth AOD forum. Video footage of key presentations is available for viewing (http://ncat.org.nz/events/), providing greater detail of material covered. Rather than giving an exhaustive account of presentations or discussion topics, this report focuses on:

- transferable practice and service wisdom (practical findings which may be applicable to other services)
- key service/sector development challenges
- recommendations for future focus.

The order of the findings presented in this report does not reflect their perceived relevance or importance.

While key challenges are briefly documented, this report emphasises the practical steps that participants put forward, rather than lengthy analysis of problems.

Background

The one-day Youth AOD Service Development and Implementation Forum was co-hosted by the Ministry of Health and NCAT and supported by the Health & Disability Commission. It was held on Tuesday 29 April 2014 at Te Papa, Wellington. It was a follow up to an earlier half-day forum held at Parliament on 6 June 2013 – Extending Access to Addiction Treatment for Young People.

Sixty-seven participants attended the forum from a range of services across the country. Participants included: young people working as advisors; expert advisory group members for the youth AOD exemplar services; managers and staff working in exemplar services; project managers working on youth AOD projects, NCAT members; funders and planners; Ministry of Health and Health and Disability Commission staff; and people working in youth AOD services.

The purpose of the forum was to:

- share information about how the exemplar services and other projects are approaching establishment and implementation, including the models of care being used and the differences between large and small urban centres
- discuss and share solutions to key challenges such as change management, service integration, co-ordination and collaboration across multiple providers
- share information on practice-related issues and priority topics including how to address co–existing problems (CEP) for young people, the working relationship between primary care and specialist services, what is involved in being youth friendly and cultural responsiveness
- support further youth AOD service development and strengthen the network of people working in these services.

1. Transferable practice and service wisdom: useful stuff for services

1.1 General

- www.alteredhigh.com (Waitemata District Health Board (DHB)) is accessible to everyone. It outlines Altered High's projects and services and provides youth and family-friendly information on a range of relevant topics.

1.2 Collaboration/integration

- Youth AOD services can usefully work with other youth mental health services to help them become more 'AOD responsive'. This can include supporting a respite service to manage detox needs and ensuring mental health staff feel confident to assess and respond to youth AOD issues in their client group.
- DHBs and NGOs have differing processes, policies, and sometimes philosophies. There is a need to work towards a single, complementary system of care. This requires commitment and leadership.

1.3 Client group

- Clients are more likely to be male, Māori, poor, impulsive, angry, in trouble with the law, out of school, have low parental supervision or have suffered past trauma and adversity.
- The results of a New Zealand study of youth AOD and child and adolescent mental health service (CAMHS) clients show a high degree of similarity in type and severity of difficulties, but significant disparity in resourcing between the two sectors.
- Clinical risk of harm to self or others can be very fluid with young people. Services must be alert to changing risk scenarios.
- The concept of 'help-seeking', often used in health research, is less applicable to youth. There is a need to think of 'help-getting' and not passively expecting youth to present to services for help with their AOD problems. The reality is low, inconsistent/intermittent demand but HIGH need.

1.4 Youth AOD services in a CAMHS setting

It is typically only larger DHBs that have sufficient dedicated resources to enable a 'stand-alone' youth AOD service with a multi-disciplinary team. Therefore, many will need to develop youth AOD services that are integrated into clinical CAMHS.

- If running a combined mental health and addiction service it may become difficult to prioritise access to services. The complexity and intensity of the young consumer and family's presentation (so called "acuity") may look different depending on the service's bias towards mental health or addictions. Clearly defined access pathways and some

separation between mental health and addiction pathways are desirable.

- In response to the question 'What would it look like to operate a youth AOD service within CAMHS?', the following were considered essential: branding which resonates with youth and their view of themselves (e.g. young people with AOD issues may not see themselves as having a 'mental health' or 'addiction' issue); effective outreach; reducing barriers to access; and engagement in positive activities.
- Simple referral methods are critical – services shouldn't be too fussy about detail. Minimal detail is fine if it gets people through the door.
- Easy-access pathways with other agencies need to be developed, including Youth Justice, Police, emergency departments and Youth Aid.
- Assessment is a gradual process, not something that can always be completed in the first two or three sessions. Building a trusting relationship is a more important first step.
- The CAMHS Choice and Partnership Approach (CAPA) is designed around wait-list management and can involve a change of clinician (between first presentation and subsequent follow-up). These elements may not be relevant to the youth AOD practitioners working within clinical CAMHS teams and can even get in the way of successful engagement with young people.

1.5 Youth development model/'youth-friendly' services

- Goal setting is not so much about reducing use or using more safely, but about helping young people realise they can make choices. Treatment should aim to build confidence and self-efficacy.
- Branding that appeals to youth (ideally youth are involved in service-naming) is very important. Young people can find it difficult to engage with services titled 'mental health' or 'addiction'.
- Meeting spaces need to be appropriate to young people. It's not about leading youth but genuinely asking them, for example, 'where would you like to meet?' (mobile and community based).
- Communication with young people must happen in a way that suits them. Texting is effective – letters are not the best. However, not all young people have mobile phones.
- Confidentiality – stressing that no-one will receive their personal information unless there is a threat to self or others – can shut down conversations about risk – who, how, when would confidentiality be broken?
- Defining access by severity will deter young people.
- There is a need to build trust and relationships with young people, and to persuade them about the value of change. A persuasion (about the value of change) and engagement focus is essential.
- A strengths-based approach should be taken and engagement pursued through participatory activities that are of interest to young people (e.g. music, sport, computer games).
- There is a need to really hear the youth voice. Do whatever it takes to gain their involvement in service development.

1.6 Staffing

- Practitioners are needed who are culturally responsive and competent in their role and are able to utilise Māori processes and frameworks, including Māori clinical interventions.
- Staff require access to excellent clinical and cultural supervision.
- Therapist factors are the greatest contributors to outcomes. This is not so much what is done, but how it's done.
- Staff need to be responsive, respectful, trustworthy, warm, flexible, caring, committed and optimistic.
- Staff must assure young people of confidentiality and maintain it. They must also clearly explain the limits of confidentiality.
- Frontline/reception staff are really important and must be supported to do their job well.
- There is a role for youth peers in service delivery.

1.7 Interventions

- Well-equipped services can do individual interventions, family interventions, group interventions, detox, CEP-enhanced service provision and close liaison with CAMHS.
- Family engagement in service delivery, at the discretion of the young person, supports change.
- Alliance with family is important.
- It is important for those 'intervening' to have cultural competence and an ability to assess what being Māori (or another ethnicity) means for the young person and who they see themselves as.

1.8 Supporting change/service development

- Forming a local expert advisory group is supportive of change.
- Developing a youth CEP interest group locally should be considered.
- Service promotion is essential. This can involve a roadshow, educational materials, brochures,

posters, technology etc.

- Service visibility and promotion is an ongoing task.
- Service development requires the active and meaningful involvement of young people.

1.9 Primary care and specialist youth AOD services

- In response to the question 'What practical things can a youth AOD service do to engage with primary care?', suggestions included: provide advice by telephone; send good information; attend/provide training (secondary services); meet to discuss difficult cases; and 'come work in my environment' (e.g. promote job shadowing between primary care and specialist services).
- In response to the question 'What are the immediate practical things a specialist service can do to promote better liaison with primary care?, the reply was to first speak with youth to learn about who the local 'youth-friendly' general practitioners (GPs) are. Relationships should then be built with these GPs so they have someone they trust to contact when they need help responding to youth AOD issues in primary care.

2. Key service/sector development challenges

2.1 Multiple co-existing problems

- A 'whole of health' perspective for youth is needed, not only mental health or CEP. The implications of this are for much greater integration into primary care settings, and youth health environments (refer also to the 'Primary/secondary integration' subheading below).

2.2 Young adults

- There is a significant service gap for the 18-225year age group. People in this group do not fit well into adult services. There is a need for flexibility in service provision to broaden the age range.
- Young adults are often better suited to the mobility and youth-friendly engagement focus of youth AOD services, as opposed to typical adult services.

2.3 Supporting staff

- It may be difficult to arrange quality clinical (and cultural) supervision for staff as there can be a lack of experienced workers available.
- Exemplar services acknowledge they are tasked with becoming 'centres of excellence' and that their position enables them to assist to some extent with service and practice development nationally.

2.4 Access

- Lack of threshold/severity criteria for access helps access but it is not aligned with the priorities of secondary services.
- Having a simple referral method aids access, but makes triage hard (lack of information on which to base decisions).
- There are very poor shared information systems across DHBs and NGOs. There is a need for integrated single pathways across service providers in the local system of care.

2.5 Primary/secondary integration

There was much discussion on the role of specialist youth AOD services and their optimal relationship to primary level care. It was generally acknowledged that this is a relatively new frontier for youth AOD services and there is much to learn.

- 'Primary care' was seen as any setting outside of the secondary services – broadly including environments in which youth live, work, study and play.
- An essential issue facing the future development of youth AOD services lies in both the organisation and 'placement' of these services, and their role and function.

- There are strong arguments for integrating youth AOD service provision into other youth health services, perhaps especially youth one stop shops, where a 'whole of health (and social circumstances)' view is taken.
- Balancing the above, there is a clear need for practitioners with specialist knowledge of youth AOD issues. Specialist youth AOD services (and workforce development initiatives) should not be 'diluted'. Instead, expertise should be built and invested in.
- The sector may therefore be in a 'transitional space' of service and workforce development which may in future enable a more fully 'integrated into primary care' approach.
- In the meantime, there is an important strategic issue as to how much time clinicians spend in face-to-face service delivery, versus working to support staff in other sectors/the community, to address youth AOD problems. A high prevalence of AOD problems in youth/young adult populations may indicate the need for the strategic use of specialists in training, supervising, and mentoring others to work effectively with youth AOD.
- There are significant issues with current mental health policy and service monitoring activities that incentivise face-to-face client services as opposed to providing services which support other agencies. For example, service providers are rated by client access rates and not consultation/liaison contacts.

2.6 Workforce

- There is a need for ongoing investment in the AOD workforce. As one participant said, "We need passionate, trained people."
- Building the capacity of the specialist workforce is essential before deconstructing all of the ways in which they work.
- There is a lot of time invested in networking and the necessary relationship building as well as the clinical interventions. This needs to be recognised in the Ministry's targets/key performance indicators.
- The workforce needs to be mobile and community-based, particularly in rural areas.
- The workforce will look different than adult mental health, so these differences need to be planned for.

2.7 Youth-friendliness

- There is a need to engage youth in ways that are real and effective, including those not in schools.
- Focus groups and consultancy groups are ways in which to hear the youth voice and develop and improve services where needed.
- Peer support for youth may be an opportunity for young people to support each other as part of the service. Other points raised included: co-designed services; much more workforce development and specific training; and more consistency in funding including discrepancy in funding across adult and youth services.

3. Recommendations

Based on the above, we make a number of recommendations.

1. The Ministry of Health and/or NCAT considers hosting a bi-annual forum of youth AOD sector development, and bi-annual regional forums (enabling greater participation of those unable to travel to a central event).
2. The Ministry of Health considers developing a 'change resource' that describes effective strategies and practical steps services can take to respond more effectively to youth. This resource may be developed with a focus on DHBs that do not have a population enabling stand-alone exemplar-type services. This change resource could document lessons learned from existing exemplar youth AOD services, including those situated within clinical CAMHS teams.
3. Future forums on youth AOD must include a strong youth voice.
4. Future forums on youth AOD must retain a focus on the significant challenge of integrating youth AOD services with primary care.
5. The Ministry undertakes a 'stock-take' of what is occurring in all DHBs in terms of youth AOD services, and encourages any peripheral DHBs to take steps towards more effective arrangements. The exemplar services project did not include all DHBs. While many DHBs are either developing or have developed modern youth AOD services, there are a number that may not be organising their services effectively.
6. The exemplar services and funded projects are given the opportunity to come together on an ongoing basis to learn from each other and support their further development.

Appendix 1: Results of the post-event survey

Following the forum, participants were sent a link to a web-based survey. This contained a series of questions designed to assess participants' experience of the event and capture their thoughts on how to better support the youth AOD sector. Responses will be used to improve future forums.

Overall, 34 of the 69 forum participants responded to the survey. The findings are presented below.

Q1. Was this your first time attending an NCAT forum?

33 people answered this question; 17 of them (51.52 percent) had attended a previous NCAT forum and 16 (48.48 percent) had not.

Q2. How would you rate the forum?

Respondents could rate the forum anywhere on a scale from very poor to very good. Twenty-seven people (81.82 percent) rated the forum as good or very good, with six people rating it as satisfactory.

Q3. How would you rate the choice of Te Papa as a venue?

Using the same scale as provided in Q2, 30 people (93.75 percent) rated the venue as good or very good, with two people rating it as satisfactory.

Q4. Would you attend a similar NCAT forum on another topic?

All respondents answered yes to this question.

Q5. Of the issues discussed at the forum, which do you see as being the most important for future focus?

> "I liked the honesty of presenters, owning that, although services reported they complied with MOH requirements, this is often a tick box exercise and is not actually happening. This is the first time I have heard it said out loud in a public forum."

Thirty-one of the 34 respondents answered this question.

Responses fell mainly into three priority areas: service development (including workforce development); primary care integration; and learning from the exemplar services. A number of other important issues were also identified that have been summarised under the heading 'Other' below.

Service development

Eight people identified service development as a priority. Some of the comments included:

> "Focusing on healthy youth development as an important key in any youth treatment service, the development of a youth health perspective and approaches to treatment AOD substance misuse and dependence."

> "Working together to come to a shared philosophy around young people and AOD treatment."

> "National framework for youth AOD."

> "Developing a consistent youth AOD focus, developing a youth AOD workforce."

Primary care integration

Six people identified integration with primary care, primary and secondary interface and early intervention as important. Some of the comments included:

> "Smooth transition and working relationship between primary and specialist services and back again."

> "Ensuring youth AOD services become consistently embedded into primary youth health care and not co-located with adult mental health services."

> "Early interventions and youth appropriate therapies."

> "Moving toward proactive youth appropriate treatment."

Exemplar services

Seven people identified follow up with the exemplar services as a priority area. Some of the comments included:

> "Youth AOD is an important area. The presentation by the services may have been too early as many were just reiterating what the exemplar said. I was interested in how to build collaboration across different providers and sectors."

> "Ensuring longevity of the project, evaluating and reporting findings of the exemplars so these learnings can be used in other settings."

> "Getting some expert advisory input into the youth exemplar services."

Other

Respondents also identified the following as important:

> "Already excellent examples of exemplar services such as YOSS that have been working in these ways for many years and have incorporated health. As a manager of a YOSS [youth one stop shop] I felt we were well advanced and that you were telling us what we already knew, also taking part in innovative initiatives ourselves, e.g. we have been involved extensively in SPARX for last five years, developing our own outcome evaluation tool and undertaking an impact evaluation."

> "Importance of residential programmes."

> "Projected demand profile and services of the future."

> "The input of young people at the forum. Stop talking about them; talk to them."

"Ensuring youth services cater for the 18-25 year old age group as well."

"Development of service provision and support for rural areas."

"Youth CEP."

Q6. What do you think NCAT and others could do to keep a focus on these issues?

"Provide forums where issues pertaining to youth service provision can be explored and feedback given to the Ministry. Where the youth voice can be heard. Perhaps providing opportunities for young people to come together to provide ideas about how they see services should work."

Twenty-seven of 34 respondents answered this question.

Eight respondents identified holding regular forums, seminars, providing updates and opportunities for providers to meet and connect. More than half of these also talked about the importance of youth presenters and involvement in these.

Some of the comments included:

"Hold relevant forums with the youth. Ask them what is working and what isn't. LISTEN."

"Organise targeted forums/workshops on youth exemplar service development."

"Help disseminate knowledge and arrange regular forums for exemplars."

"Identifying trends in service growth, gathering and presenting information on changes necessary to keep abreast of changing needs."

"Ensure evaluations are completed in a timely manner and disseminated broadly."

"Continued opportunities to increase visibility."

Five others emphasised influencing the important role of the Ministry of Health (some included DHBs and Health Workforce NZ).

"Keep it high on their agendas and make use of any opportunities to lobby for changes to New Zealand alcohol (and other drugs) legislation."

"I'm not sure about NCAT as such. Ministry of Health directives to DHBs would help more."

"Actively influence the Ministry of Health."

"Continue to showcase to the sector and also Ministry of Health and funders."

"Support the exemplars to do their thing and keep on at the Ministry of Health and Health Workforce NZ."

Two respondents suggested the ongoing involvement of Sue Bagshaw.

"Keep Sue Bagshaw on as an advisor or overseer to make sure working relationships between primary and specialist services stay on track."

"Work with Sue Bagshaw to ensure training on positive youth development is provided to all working with youth in the AOD sector."

Others commented on the need to broaden involvement, work together and become more nationally consistent on access.

"Involve input from a wide range of AOD providers in New Zealand."

"Develop better links with youth health providers such as youth one stop shops."

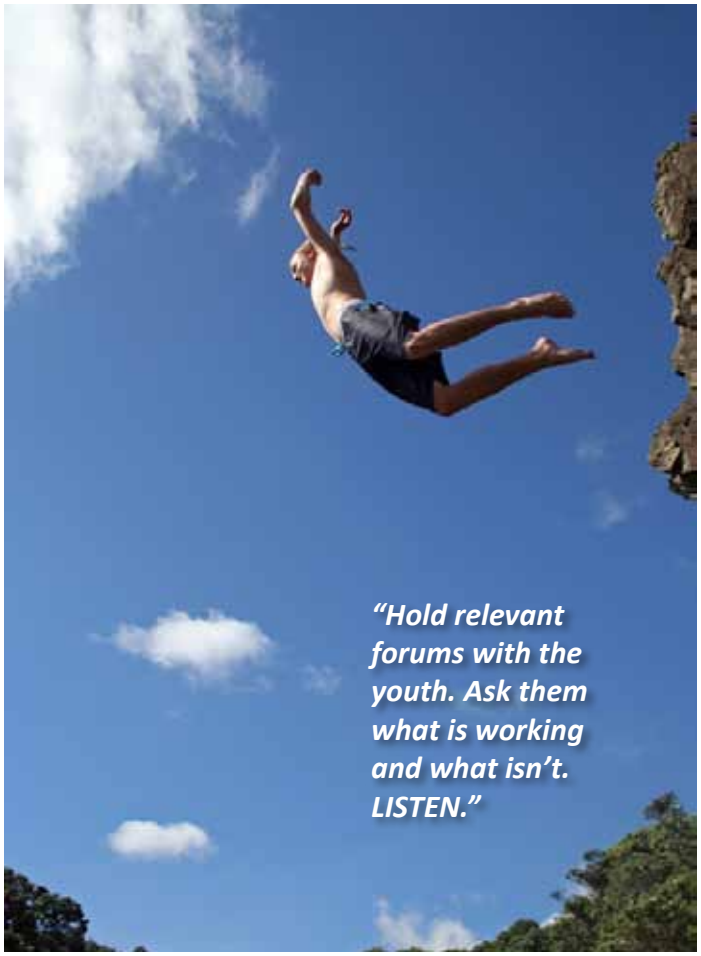
"Agree goals and work towards achieving them."

"I think the messages around primary youth health care were clear. The key is to get consistency nationally so a co-ordinated approach to improving access is achieved."

Two others provided the following advice:

"Stop being so PC and get on with developing services we know are required in New Zealand."

"I think there needed to be fewer people for the group discussions. There were too many people at the table to make meaningful discussion between services possible."



Q7. What were the most worthwhile aspects of the forum for you?

'Networking' was considered the most worthwhile aspect of the forum by the majority of respondents, followed by Grant Christie's presentation on Developing Youth AOD Services, the panel discussion on priority topics and the exemplar services panel.

Q8. How do you think future forums could be improved?

> "I thought the format of this forum was excellent – a good balance of listening and interaction with some very knowledgeable presenters."

Twenty-four of the 34 respondents answered this question. A number took the opportunity to give feedback on what they thought was good about the forum, for example:

> "The speakers were very relevant to this topic."
>
> "All services were given an opportunity to present."

The following were all suggested as ways that future forums could be improved:

> "How about some type of election forum?"
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> "More time to have discussion with people from other areas."
>
> "Greater youth presence and participation, not just service leaders."
>
> "More clinicians, fewer managers."
>
> "Target smaller audience, narrow focus, follow up with publications."
>
> "Focus on skills in collaboration/working alongside other government agencies."
>
> "More focus on practical/implementation issues around CEP."
>
> "Provide more information about the intent of the forum and who it is for."
>
> "Have some objectives for the attendees."
>
> "This was an action packed day. Many people travel and there may be better value for two days and a balanced agenda, part of which utilises the full expertise of the whole group."
>
> "All forums could be improved by following through with sector recommendations."
>
> "More young people to talk about what has gone well, what hasn't."
>
> "More group discussions."

Two people commented on the timing of the meeting in relation to the stage of development that the exemplar services were at, and another questioned the overall focus on exemplar services.

> "I think the timing of the meeting was slightly problematic. Many projects had not commenced or were about to commence. I think the meeting would have been more useful to have been at the beginning of the process before services were designed or after the services had been operating for six months or so. This would have allowed more people to share the issues they had experienced with the operation of the services and the ways they had overcome these, and for other services to learn from these experiences."
>
> "I think a further forum on the same topic that looks at progress and issues of the exemplar services once they've got more history of delivering services would be good."
>
> "It would be good if the Ministry of Health would look to strengthening existing services, rather than creating new services in direct competition using models taken from existing services. Avoid the replication of services and discuss ways this can be achieved."

In closing, the following comment sums up a theme running through a number of people's feedback

> "I really enjoyed the presentations from the young people who had a voice at the meeting – one which is often not heard and is very important to learn from to ensure services best meet the needs of the young people they are designed to support."