Light at the end of the tunnel?

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Acknowledging Roisin Devlin, Saskia Drever, Kenn Nunn, Kumudu Rathnayake and all of iCAMHS, SWSLHD, Elver and Sherwood Programs & ***the children in OOHC and their various care teams***

Children in OOHC with MH problems

A typical service response

- Too hard basket
- A wicked issue
- Intractable
- Not my problem
- It's a behavioural and not mental health issue
- It's a placement issue

Blind men and elephants – an ancient Indian tale and ***an apt Metaphor***

As a result

- The elephant in the room is usually the loser
- The child lost/ disadvantaged in the midst of this infighting among professionals
- They are subject to the deadly triad of developmental, trauma and mental health difficulties interacting with systemic chaos

Moot points

- Children in out-of-home care (OOHC) are at significant disadvantage compared to the general youth population
- Poorer outcomes for adults who have experienced OOHC:
  - Mental Illness
  - Substance misuse
  - Criminal Offending
  - Lower educational achievement
  - Higher risk of premature mortality

Together, we *CAN* make a difference!

- Some programs I have been involved in
  - **The Out of Home Care Mental Health Team**, SWSLHD
  - **The Elver Program with its pilots** – DCJ-SWSLHD
  - **The Sherwood Program** – a unique DCJ run therapeutic group home with SWS mental health support
- These represent the main mental health-DCJ joint services specifically providing interventions to children in OOHC with ***severe*** mental health problems in NSW

The OOHC MH Team

Infant Child Adolescent Mental Health Service

Out of Home Care (OOHC)

Focus areas

Children and young people aged 0 - 18 years from South Western Sydney LHD (Bankstown to Bowral)

In OOHC young people up to 18 years (unless in OOHC in the community children and young people in residential care/group accommodation

Note: we are unable to provide a service for children under foster/kinship care

Services available

Monday - Friday

8.30 am - 5.00 pm

About the OOHC team

We are a district wide specialised multidisciplinary mental health team providing intensive mental health services to children and young people who are in out of home care and have significant mental health and/or behavioural issues.

Our team includes social workers, clinical psychologists, nurse specialists, occupational therapists, child & adolescent psychiatrists and a clincal neuro-psychologist. We are also able to provide access to alcohol and other drug services and aboriginal health workers.

Services we provide

Mental health assessments, individual therapy, carer support, group work, psychiatric reviews. Children and young people can attend community, centre-based and/or intensive outreach services.

Making a referral

Referrals must be received via FACS and all children and young people will have an active FACS caseworker providing support.

FACS workers only **email** dominique.limbrey@facs.nsw.gov.au

Find out more @

Intake Officer: 02 4633 0950

www.oohmh.com.au

The criteria for OOHC MHT

- Inclusion Criteria:
  - DCJ to remain as partners in care provision
  - Under 18 yrs and residing in OOHC in SWSLHD at referral
  - Significant emotional and behavioural difficulties that cannot be managed by local CAMHS
    - Failure of previous CAMHS intervention
    - Barrier to accessing local CAMHS (i.e. due to frequent placement disruption)
- Exclusion Criteria
  - Suitable for a traditional CAMHS intervention
  - No mental health (or behavioural) problem
  - Referred person residing out of area
  - No DCJ involvement

Model of Care

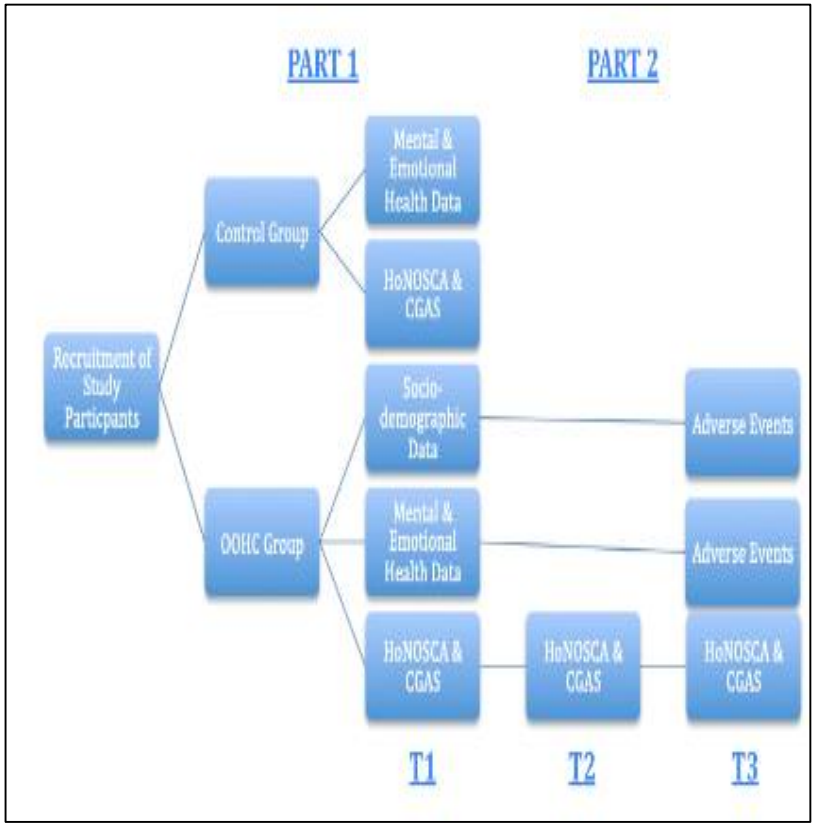
- Case conferences
- Assessments
- Direct intervention
  - Advocacy and Support
  - Psycho-social therapies
  - Pharmacotherapies
- Recommendations
- Networking/ link up with other appropriate agencies – working in partnership

Some unique aspects

- Learning to work in chaos – a crash course in child protection
- Clinician-work-client fit
- Cars, streets, parks, schools, cafes….
- True multi agency collaborations
- Working with the ***professional family***
- Ethics and research
  - What are we measuring
  - How are we measuring

Method

- 46 participants
  - 23 allocated to OOHC group
  - 23 allocated to the Control group
  - 1 dropout after assessment
  - 22 completed 6 months
  - 6 discharged prior to 12 months
- Two-part quasi-experimental design
- Measures:
  - Socio-demographic data
  - Mental & emotional health
  - Adverse events during the intervention

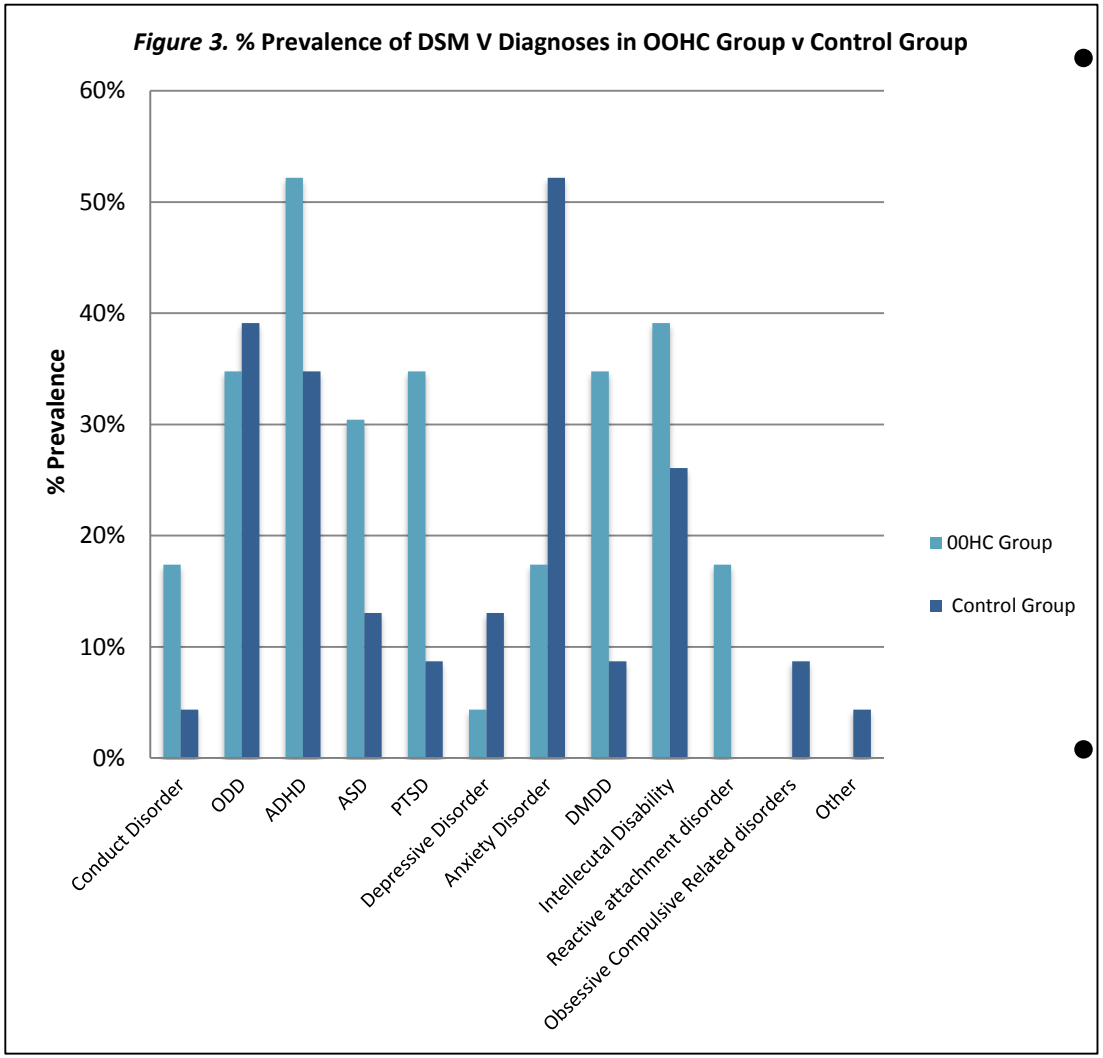


Results: Adverse Events Experienced by the OOHC Group

Table 3: Adverse Events Experienced by OOHC Group

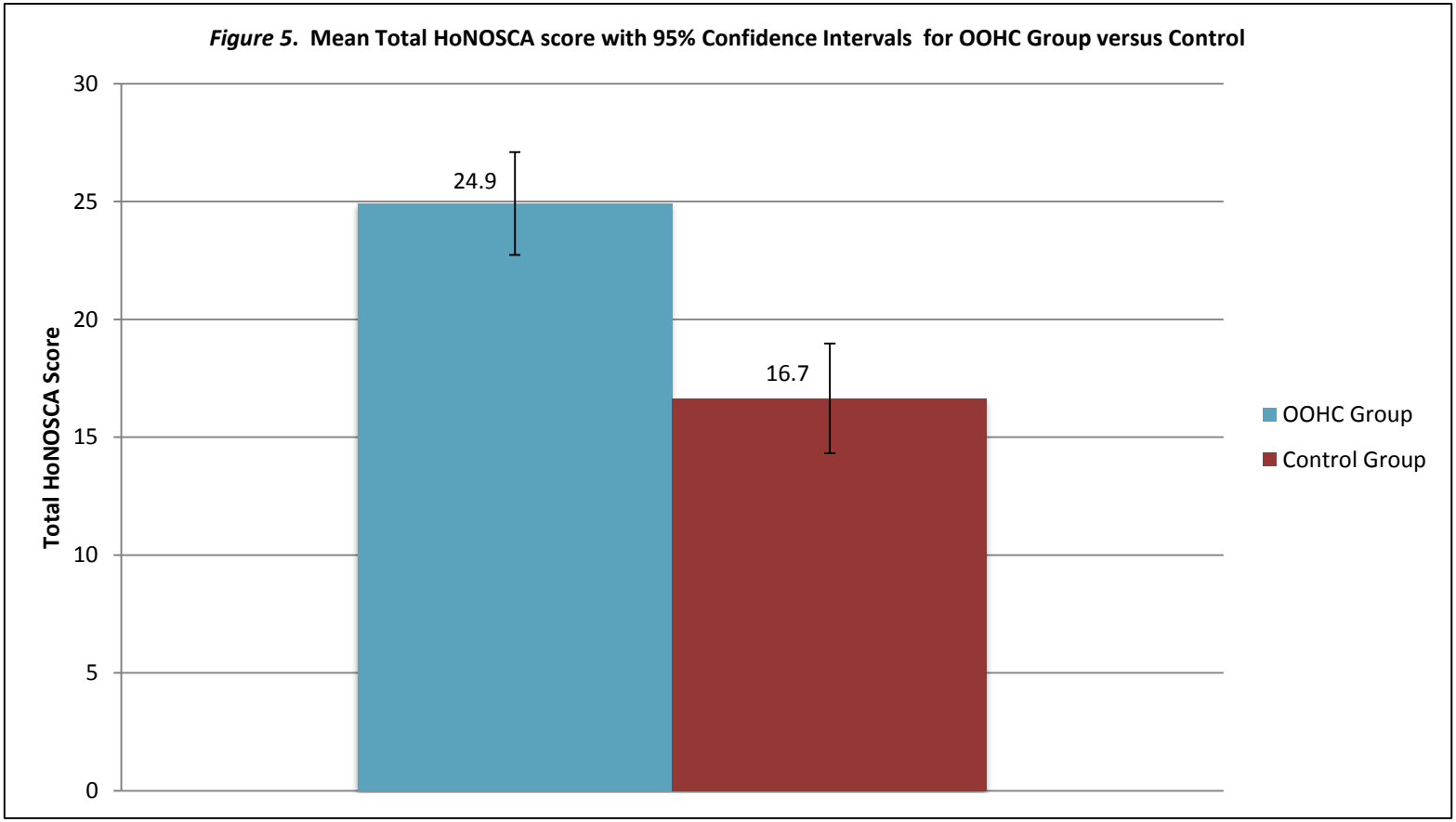
	%	Mean (*SD*)
Exposure to trauma		
Abuse/Neglect	100.0	
Domestic Violence	73.9	
Sexual Abuse	26.1	
Parental Hx of Mental Illness/Substance Use	91.3	
Substance Use	17.4	
Juvenile Justice Involvement	17.4	
Previous placement breakdown		
No. (%) of participants	60.9	
No. of placement breakdowns		3.8 (5.6)
Mean No. Placement breakdowns per year in care		1.5 (3.3)

Prevalence of DSM V Diagnoses in Study Participants

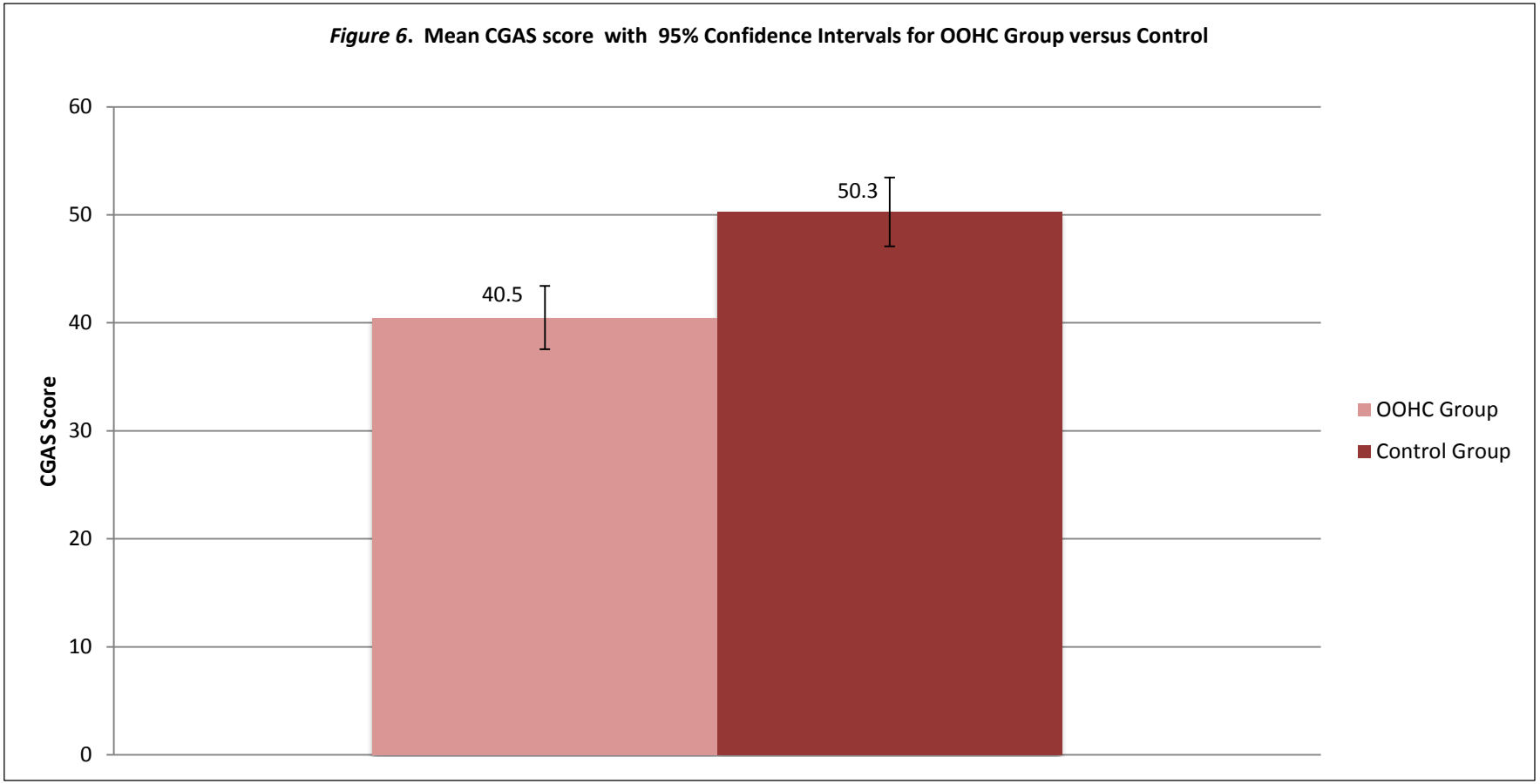


- OOHC Group:
  - 52.2% diagnosed with ADHD
  - 39.1% with Intellectual Disability
  - DMDD, PTSD and ODD diagnosed equally at 34.8%
- Control Group:
  - Anxiety most common

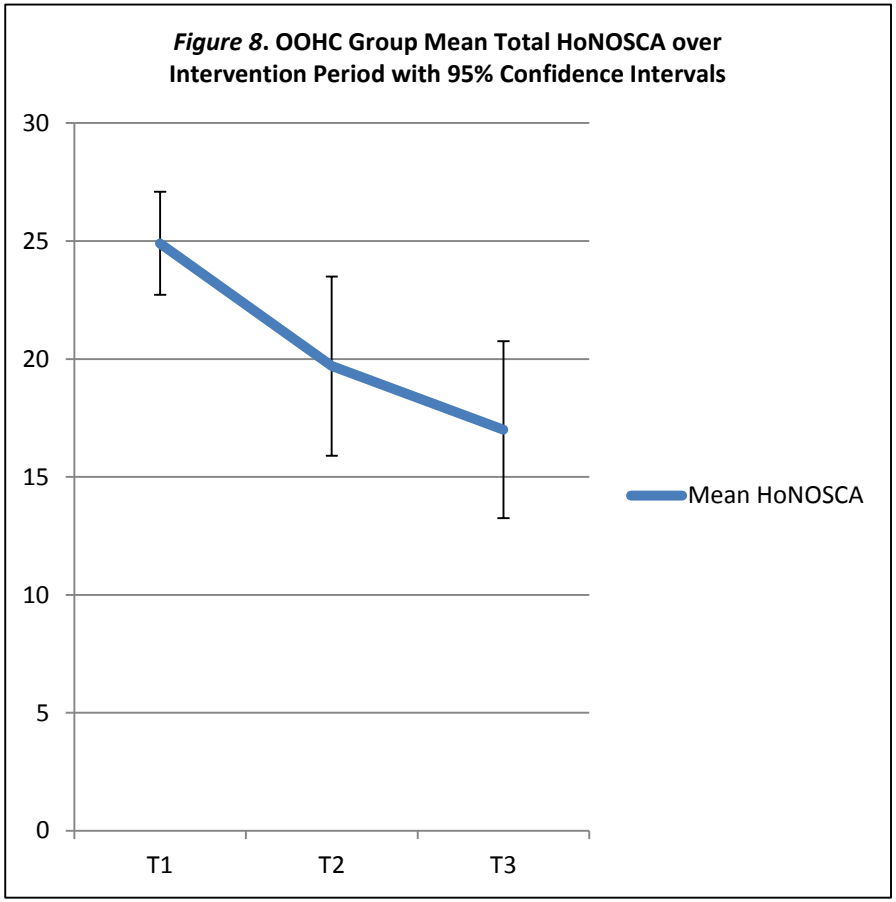
Mean Intake HoNOSCA Score of Study Participants



Mean intake CGAS Score of Study Participants

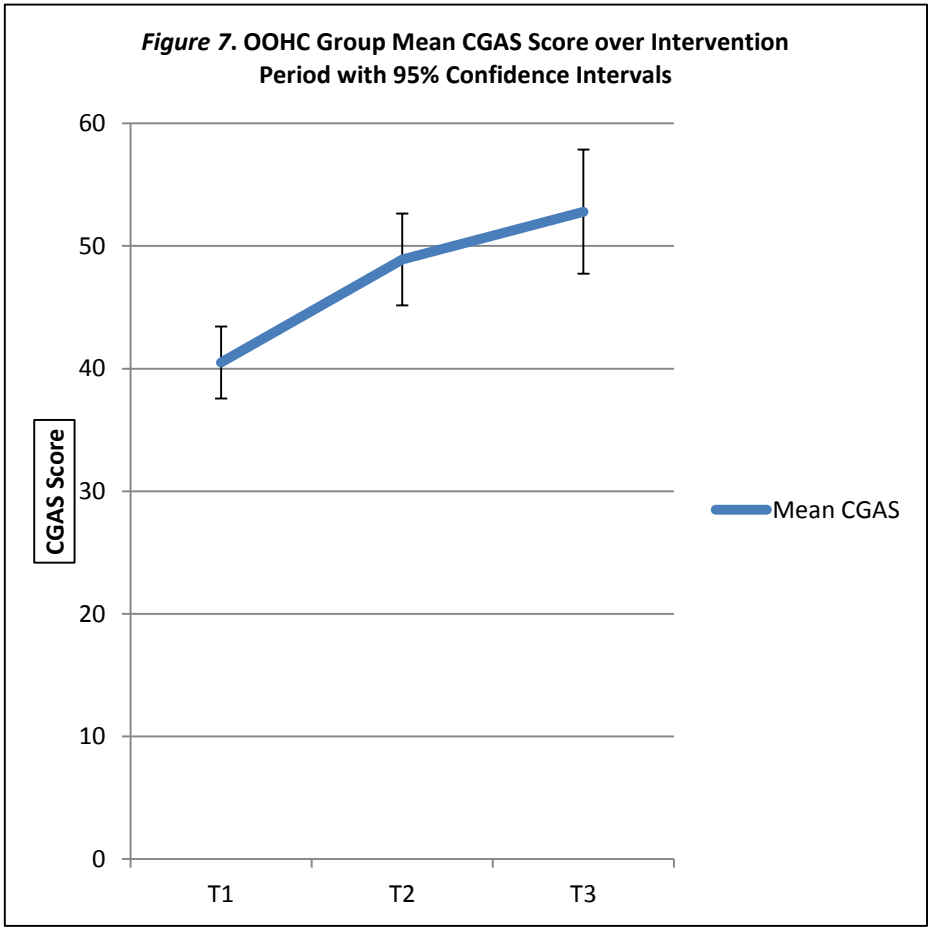


Mean Total HoNOSCA Scores During Intervention Period



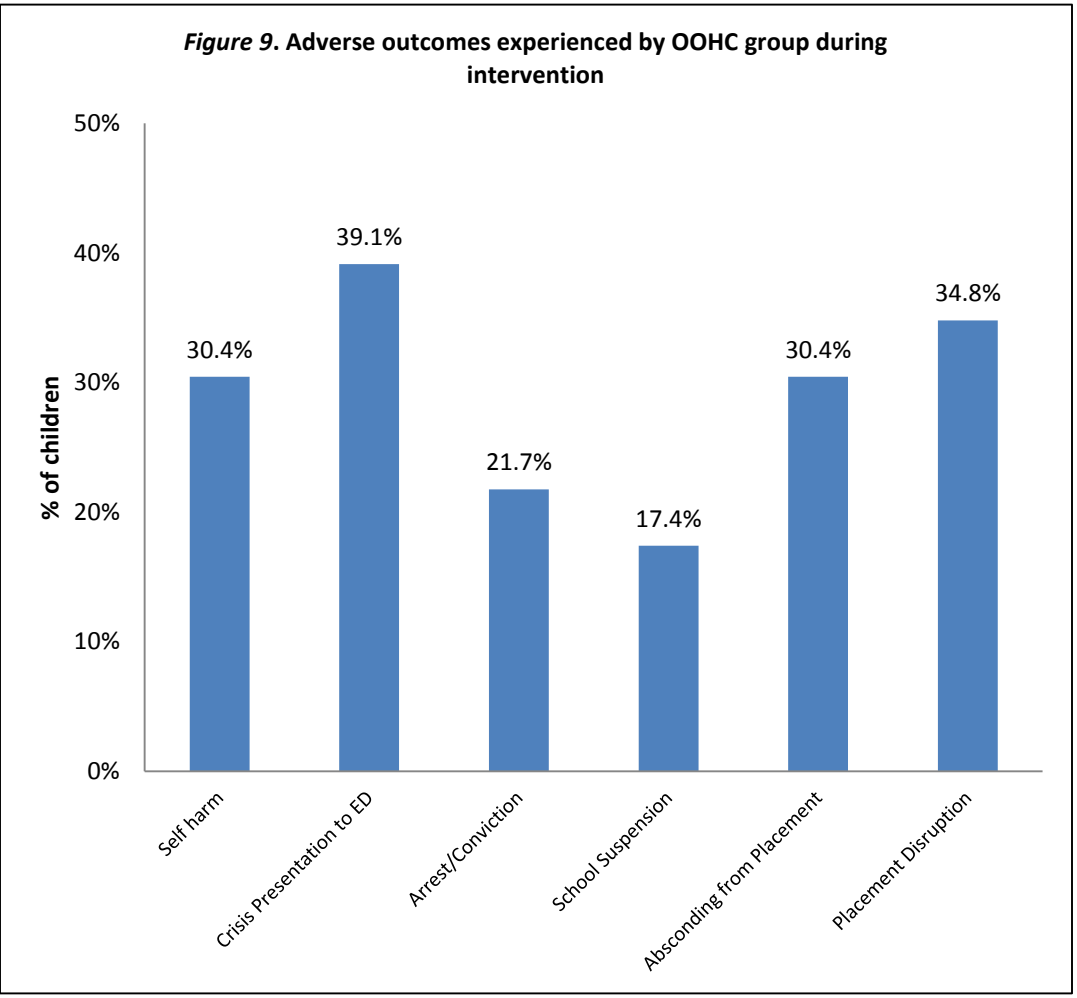
- Observed reduction of HoNOSCA scores in 77.3% of children referred
- Mean HoNOSCA
  - ADM = 24.9, SD = 5.34
  - 6MTH = 19.8, SD = 9.09
  - 12MTH/DISCHARGE = 17.0, SD = 11.54
- 4 children who scored >20 at T1, scored <8 at T3
- Those whose scores failed to improve, were noted to have placement instability

OOHC Groups Mean CGAS Scores During Intervention Period



- 77.3% had an improvement in their CGAS Scores
- Mean CGAS:
  - ADM=40.5, SD=7.17
  - 6MTH=48.7, SD=9.15
  - 12MTH/DISCHARGE=52.8, SD=11.54
- 5 children who scored in severe range at T1, fell into the mild range at T3
- A further 2 children scored >70 by T3

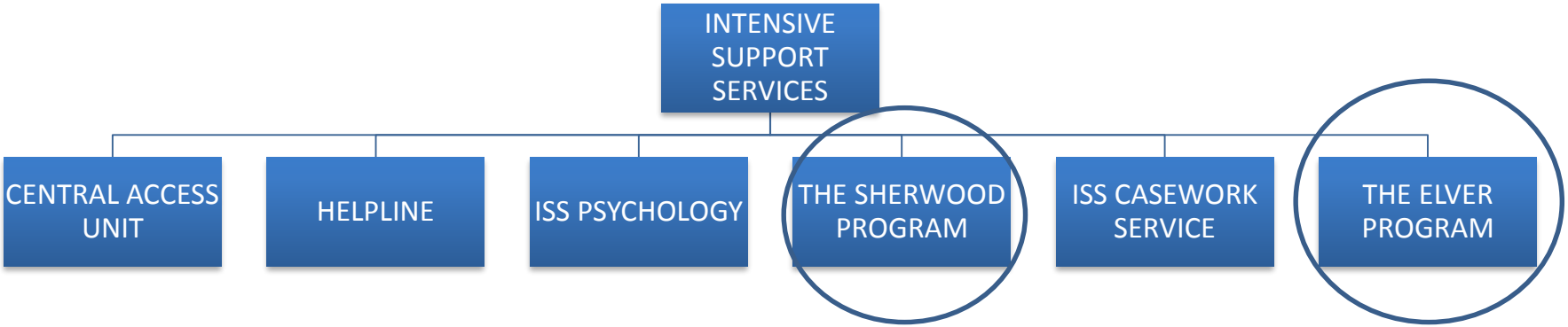
Adverse Outcomes Experienced by the OOHC Group During Intervention



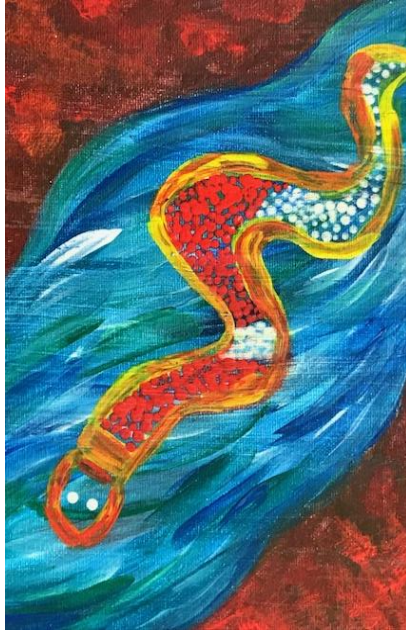
- The risk of placement breakdown reduced in 20% of referred children
- The mean number of placement breakdowns reduced from 1.5 (SD= 3.3) per year in care prior to admission, to 0.6 (SD=1.2)

NSW GOVERNMENT | Communities & Justice

Statewide Services



The Elver Program



- A senior multi-disciplinary mental health team embedded within DCJ with a statewide remit
- Funded by DCJ – in partnership with SWSLHD
- Providing consultations, assessments and interventions to children in OOHC with severe/ extreme MH difficulties and their care systems
- Potentiating and empowering existing systems to provide appropriate care

The Elver Program

- Targeting those in ACA or at severe risk to enter ACA
- Pilots – In HNE which has been very successful
- Early trends point to high success rates
- A formal evaluation is underway
- Its growing expertise is well worth sharing!

Sherwood Program

Bringing Order to Chaos

- Initiated in 2009 as an experiment for one un-placeable child – ***now a unique program***

- A vibrant DCJ – Mental Health partnership program with the main Sherwood house and multiple step down cottages

Clientele

- Children and adolescents in OOHC who have had multiple failed placements, ED presentations, adolescent IP, Justice settings
- Significant level of risk – self harm, suicidal attempts, sexual risk, absconding, drug taking, aggression, exploitation, risk of death
- No other program can provide the care needed *– last resort!*

The only residential program wholly managed by DCJ with a strong partnership with MH

- About 50 children have passed through the program over the last 13 years
- All children enter the program on individual supreme court orders
- DCJ/ MISS – DCJ Psych – Quovus – Health – Education + others involved in a true collaborative partnership to assist in the care of arguably the most challenging children of NSW

Degree of change across different measures

Measure	In the six months prior to SH – Mean (SD)	Subsequent to admission to SH – Mean (SD)
Episodes of self harm/ aggression/ running away	126 (49)	28 (20)
Emergency department presentations	14 (9)	3 (4)
Admissions to mental health units	6 (5)	0.1 (0.3)
Placement breakdowns	5 (1)	0 (0)

NSW OOHC MH working party in partnership with DCJ

- Brief background and process
  - An attempt to improve the lot of these kids statewide
  - Care continues to be very fragmented with only a few pockets of excellence
  - No MOU/ guidelines between agencies
  - Apparent that for these children, all services – health, mental health, DCJ, NGO's, education are essential but not sufficient on their own
  - The OOHC MH WP which culminated in the statewide joint MH – DCJ workshop to address these issues

Draft Recommendations

- Still being deliberated and the aim is to have practical and implementable solutions at local and state levels
- Mental health and DCJ develop a MOU at state level which percolates down to DCJ and Local Health districts
- Develop an expert “Community of Practice” group to support cross sector collaborations

The secret ingredients!

submitted for publication JAACAP (Drever et al.)

- Clinician Ownership of the Therapeutic Initiative
- Being aware of Counter-Transference reactions
- Consistency in Engagement

The secret ingredients

submitted for publication JAACAP (Drever et al.)

- A Systemic Care Approach Including Engagement with the ‘Professional Care Family’

- Workforce Training in the Clinical Pictures of Disrupted Attachment and the Impact on Therapeutic Encounters.

- Re-defining Outcome by Indices of Engagement

Take Away Messages

- This is not an intractable problem
- We now know that a thoughtful and collaborative approach can make a positive difference – its not all about new funding!
- We do need to embrace a new work of working outside our traditional models of care
- After all we do owe it to these most unfortunate children, who through no fault of their own, are significant victims of nature and nurture

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