



Mobile Youth AOD Service in Alternative Education a Pilot



Introduction

- In September 2010 a Pilot Youth Alcohol and Drug Brief Intervention Service was established in Nelson, New Zealand.
- This is a one year pilot employing a counsellor 20 hours per week.
- The project has included complete set up of systems, evaluation methodology and resources.
- The service is mobile, the counsellor sees the young person at their education provider or alternative locations as arranged.
- The youth seen have been excluded from mainstream schooling due to truancy, violence, use of drugs or alcohol, amongst other reasons.
- The service targets young people between the age of 14-18 who have both AOD and Mental health co-existing problems.
- Nelson/Tasman has three alternative education and four youth transition providers.



Helen Inkster

Youth Alcohol and Other Drugs Counsellor
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Rationale

- Increasing numbers of young people were presenting at specialist AOD services
- There was no brief intervention AOD primary mental health community service in Nelson/Tasman
- In 2007-2008, 86% of all emergency presentations were 15-24 year olds with AOD related conditions.)
- There was a lack of trained AOD counsellors to support young people
- 10% of offences in Nelson/Tasman were committed by those 17 and under (many alcohol fuelled)
- 98% of youth involved in Youth Justice Family Group Conferences have mild/moderate AOD issues.
- NMDHB identified the need for early intervention for both MH and AOD



CONSUMER QUOTE

"I like having someone I can tell everything to, and it's not going to go anywhere. Helen coming to course is the reason I am having counselling, cause she is here and easy to talk to. I just know I see her every Wednesday, I don't have to book an appointment and I wouldn't have bothered with counselling, but it is helping me".



Quote from a young person today – 15 year old female, European with cannabis use and anxiety

Interventions

- AOD & Mental health education
- Harm minimisation using mainly behavioural strategies
- Strengths based approaches
- Family therapy
- Motivational interviewing
- Cognitive behavioural therapy
- Relapse prevention

Outcome Evaluation

- Comparison of psychometric data on intake and discharge.
- Consultation with education providers as to effectiveness of service
- Feedback from family members as well as other professionals involved in individual cases
- Focus groups of YP consulted regarding the service

Results to date

- 30 young people have been referred engagement has varied across settings .
- 8 of these were never seen - non-attendance at course or refused.
- After 1 term the service focused on three sites (Youth Nelson, YMCA Alternative Education and YMCA Pathways) as most referrals have come from these sites.
- 7/30 YP referred are involved with Youth Justice (driving and violence offences).
- Average number of sessions = 5.36 for those that were seen.
- Average number of additional meetings = 0.88.

Summary and Next Steps

- Those currently engaged in treatment they are all making some progress.
- Those making the most progress are those with simpler presentations, and less anti-social family backgrounds.
- Over time a skills based intervention has proved the most successful.
- Session content is planned, but then everything is flexible - depending on the client's ability to focus and engage.
- Setting up a new service has involved complete development of policies and processes.

Issues

- There are issues of; consent, safety, sharing of information, involvement of family, and unmet need for social work support.

Stake Holders Feedback

The drug and alcohol service that psychologist Helen Inkster has provided to the at-risk youth at YMCA Nelson has been exceptional in two major ways.

The first being that she has worked in conjunction with the adolescent nurse specialist Lee-ann O'Brien and the staff on site to provide a comprehensive wrap around service for young people that looks at their situations with a holistic approach.

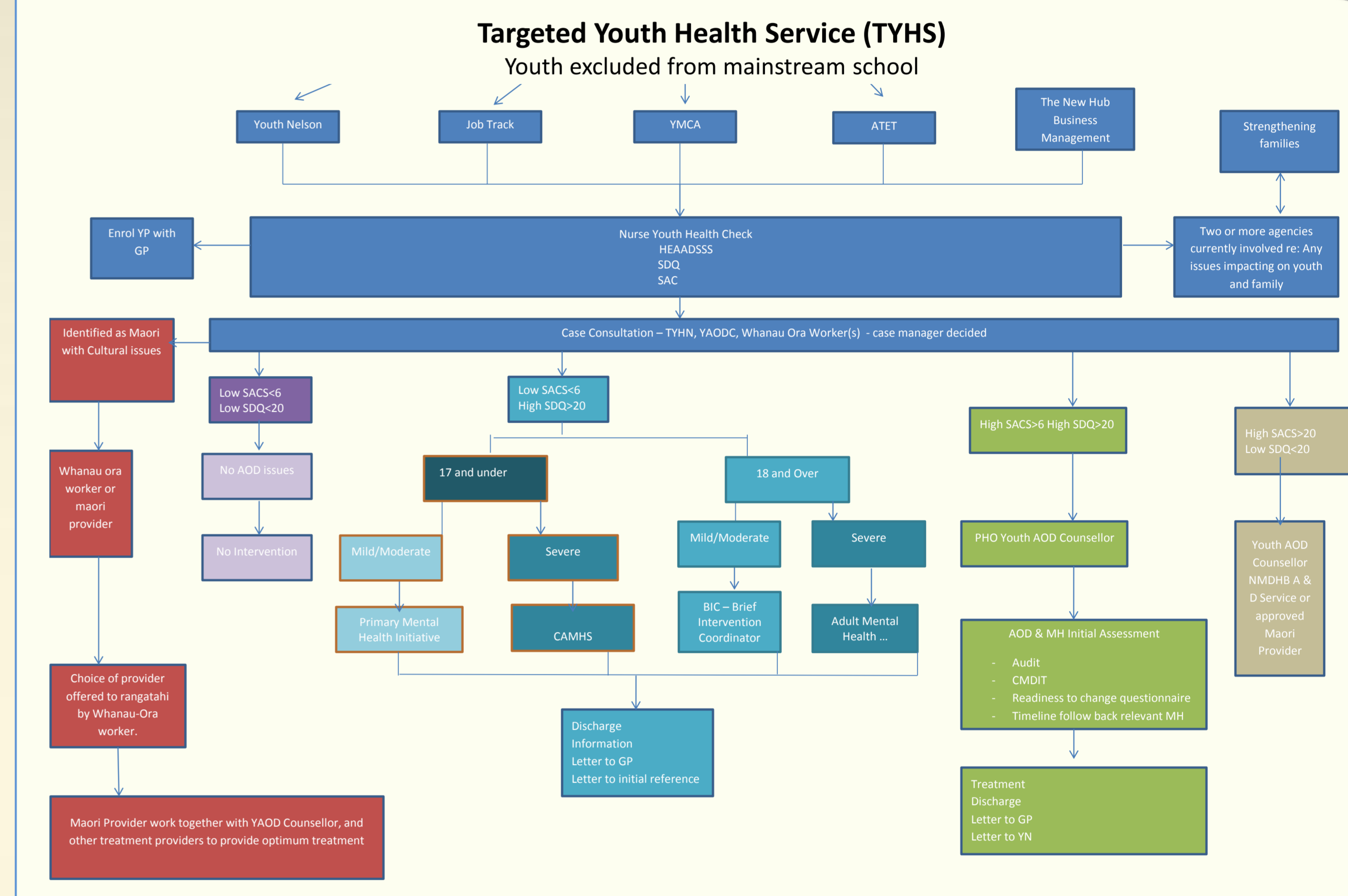
The second, and most important way, is that Helen delivers her service on site at the YMCA on a weekly basis at a time that works in with the young person's programme, even going to the young person at their home if needed. This has allowed her to develop authentic relationships with the youth she works with.

All too often these young people are expected to disclose personal information to professionals they do not know, for an allocated time slot in an environment strange to them. Needless to say their trust in professionals is fragile and their engagement often minimal.

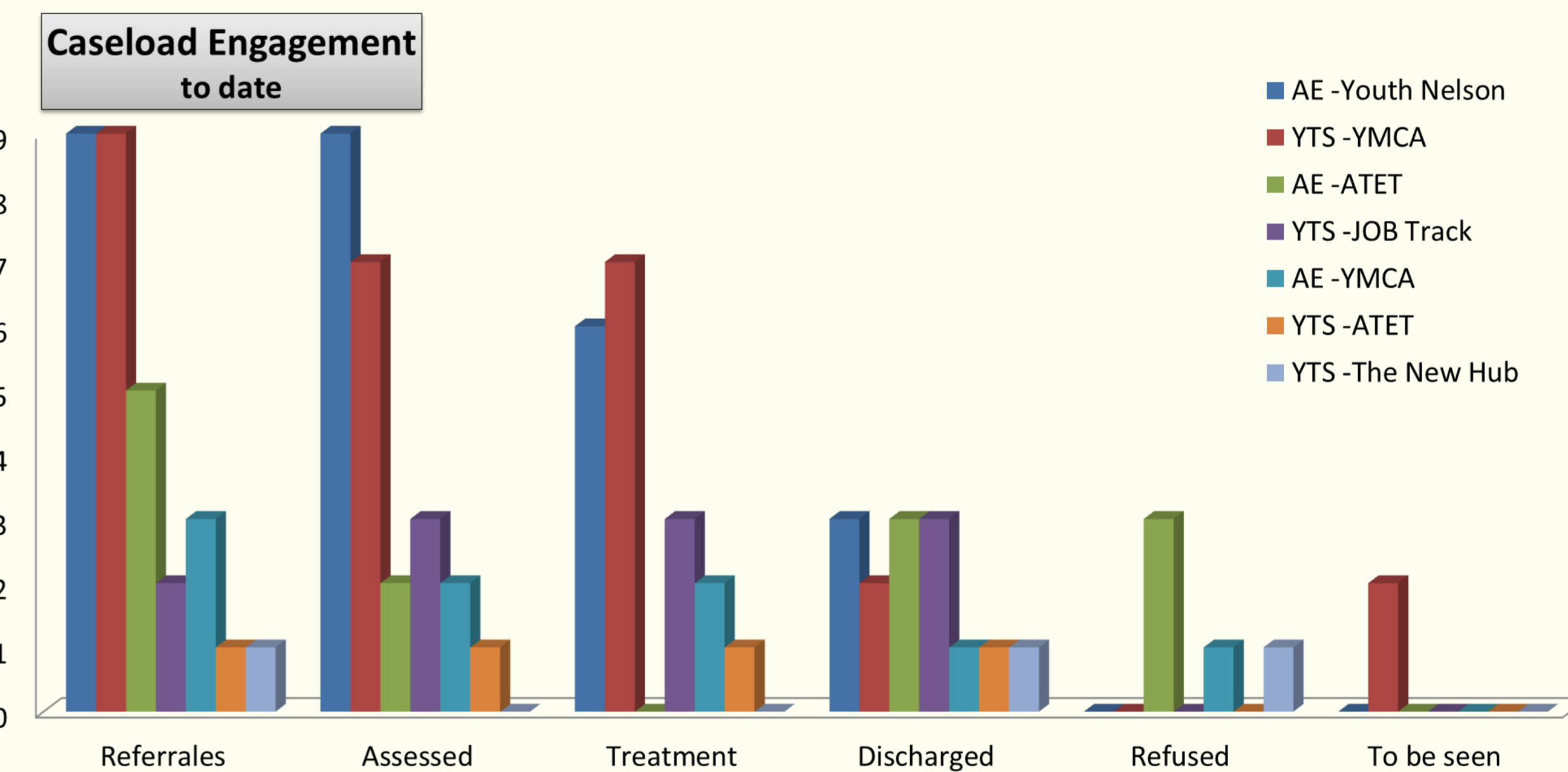
Helen has overcome this by working with young people in the environment they feel secure in and by becoming a normalized part of their surroundings rather than standing in the clinical world and peering in.

Talia Ryan
YMCA Nelson Alternative Education teacher

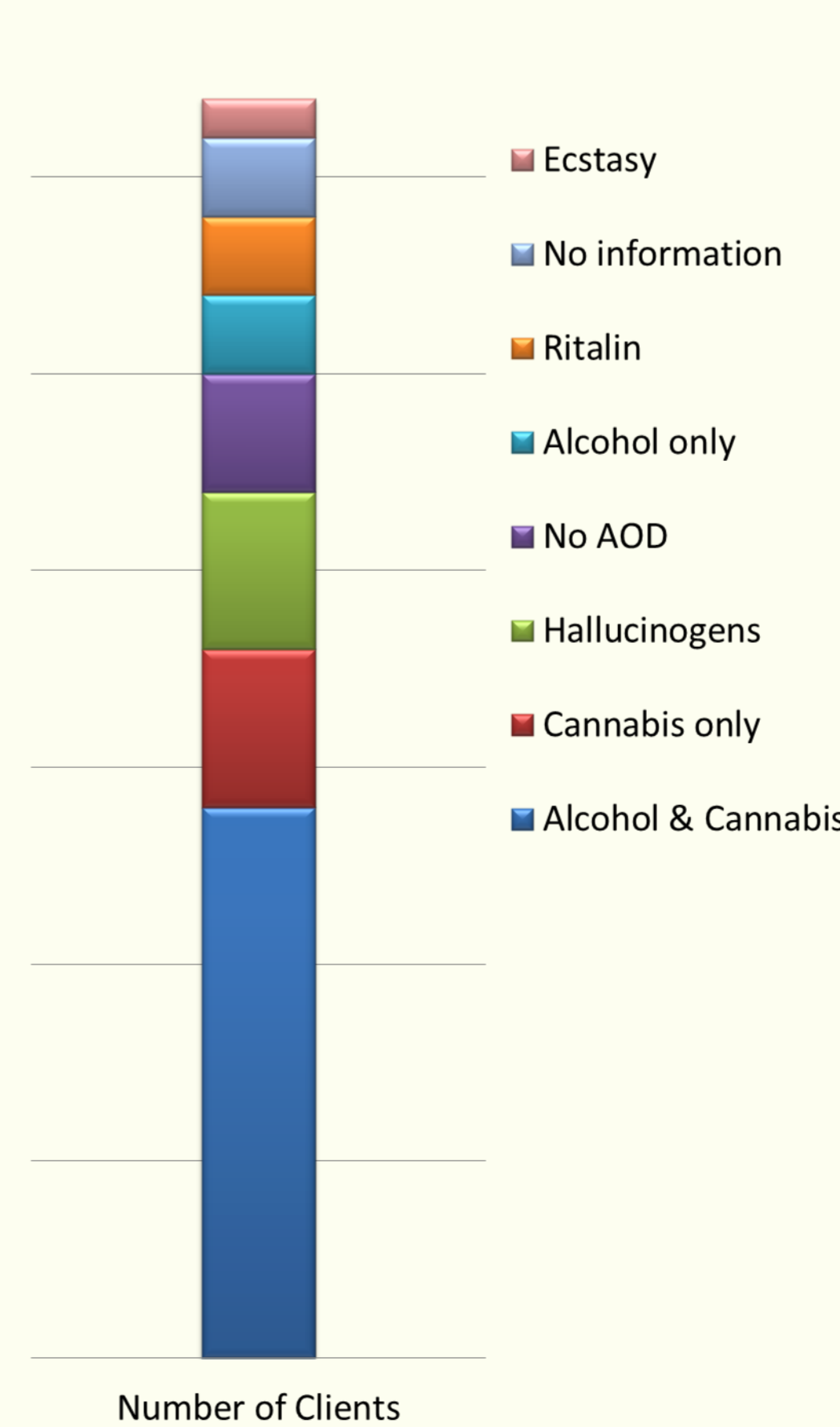
Referral & Treatment Pathway



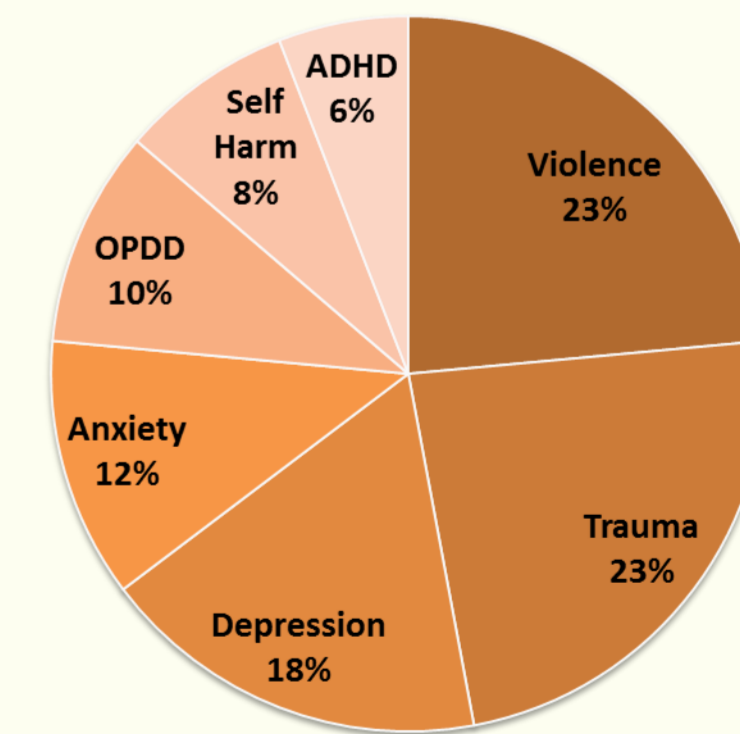
Results



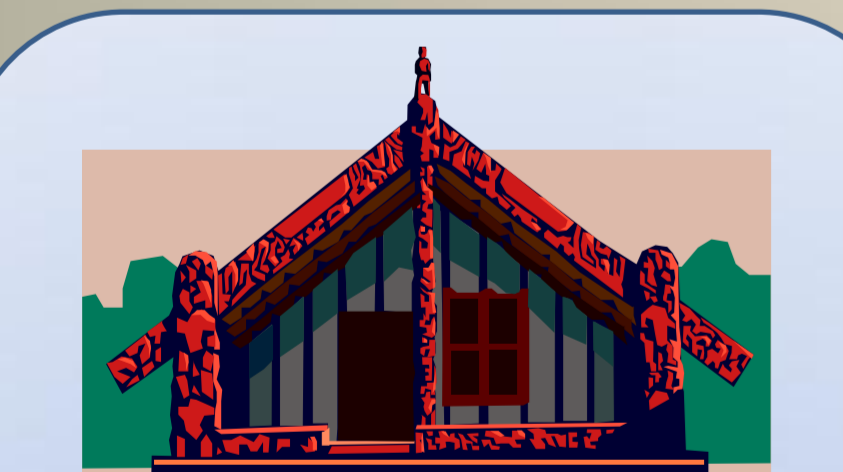
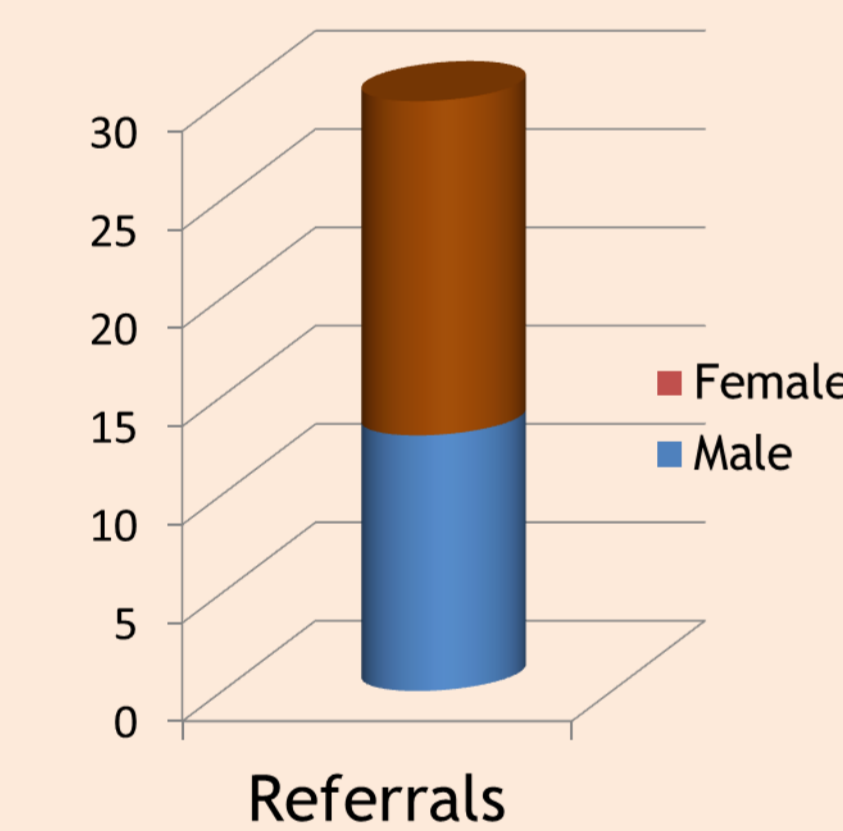
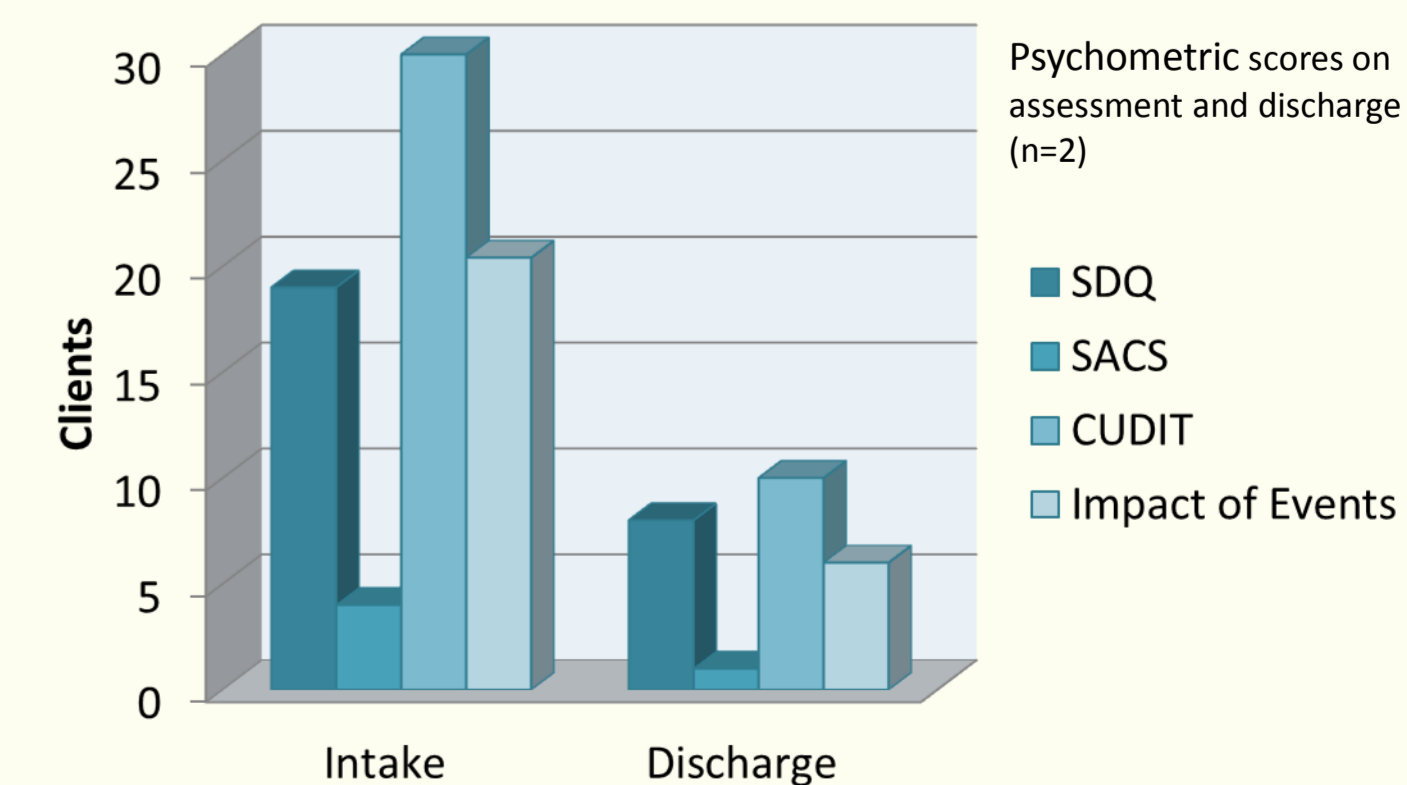
Drugs



Issues Presented



Psychometric



Approximately 8% of the total Nelson population are Māori. Of the total target group 47% are Māori and 47% are registered as NZ European or New Zealander and 6% other. The service needs to be culturally appropriate based on the Maori holistic view of health e.g. (Te Whare Tapa Whā Model)

In order to achieve this, the counsellor:

- Seeks cultural advice and guidance through Māori service providers, whānau and Māori networks
- Involves Whānau where appropriate
- Works and liaises with Maori service providers
- Acknowledges this is an on going process of learning and the manner in which this is achieved continues to develop.
- Works with Best Practice guidelines, respect, protects the safety of rangatahi, honesty, humility and supporting rangatahi to achieve their goals and aspirations
- Supporting cultural assessments
- Genuinely is interested and willing to learn

