Discussion Paper

Theoretical Approaches underpinning the Mind Youth Residential Rehabilitation model

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Supporting mental health recovery

Mind's Youth Residential Rehabilitation (YRR) service model is grounded in the empirical work that documents the unique needs of young people and the imperative for systems change. Emerging research documents a significant rise over the past 25 years in emotional and behavioural difficulties among adolescents (Collishaw et al. 2004). Moreover, approximately 75% of mental disorders emerge before the age of 25 (Kim-Cohen et al., 2003; Kessler et al., 2005), and adolescence and young adulthood represents a critical period which strongly influences the course and severity of these problems (McGorry & Purcell, 2009). However, access to and utilisation of mental health services by young people is poor (Booth et al., 2004; Samargia & Elliott, 2006), and as a result, the system of care tends to be weakest where it needs to be strongest (McGorry, 2007).

These findings argue forcefully for a transformation in the way that youth mental health services, including residential care, are provided, recognising that adolescents and young adults have idiosyncratic needs to which current systems are not attending. For young people requiring youth residential rehabilitation support, an integrated approach that combines a youth-focused, family supported and community connected service system is required to promote better outcomes.

Mind's service model for YRR has been informed by extensive empirical and descriptive literature about comprehensive residential care initiatives (Knorth et al. 2008); complex community change (Fulbright-Anderson, 2006); systems of care (Huang et al. 2005); integrated services (Illback at al. 1997); programme planning and evaluation (Illback & Sanders, 1997); youth engagement and participation (Camino & Zeldin, 2002); and developmental asset building and positive youth development (Larsen, 2000).

Fundamental to any residential service model is the need to provide an overarching framework that pulls together the important parameters of a young person's life which includes; family, peers, education, vocational opportunities, community connections and clinical supports. One approach that has a solid evidence base for supporting young people with complex behavioral and health challenges is the Wraparound Facilitator Model (WFM) which is an individualised, family-driven and young person guided team planning process that is underpinned by a strong value base that dictates the manner in which services for young people with complex needs should be delivered (Burns et al. 2011). This approach emphasizes an ecological model, including the consideration of multiple systems in which the young person and family are involved, and the many community and informal supports that might be mobilized to successfully support the young person and family in their community and home.

The WFM is grounded in a strong philosophy and values base where a nominated care co-ordinator works together with the family and the young person, to identify the strengths, needs and potentially effective strategies that culminate in a single individualised plan for the young person's care. It is in the facilitation of this process that the wraparound guiding principles of '*family and*

youth voice and choice' and *'team based'* are operationalised (Burns et al. 2008). The wraparound plan of care typically includes formal services such as mental health and educational services that are balanced with natural supports such as interpersonal support and assistance provided by friends, relatives, and other people who are important in the life of the young person. The additional principles of *collaboration, cultural competence, strengths based,* and *outcomes based* are all achieved and actualised through the team process with team members working cooperatively and sharing responsibility for an individual care plan, even though multiple providers may be involved.

Fundamental to this approach is, when fully implemented, the wraparound process results in a set of identified strategies and services provided in the most inclusive and least restrictive setting possible, which makes it an ideal approach for residential care. As described by VanDen Berg (2008) "the more complex the needs of the young person and/or family, the more intensive the individualization and degree of integration of the supports and services around the family". This is a unique characteristic of the wraparound approach in that the needs of the young person and the family facilitate access to the services, and the intensity and level of support required mitigates the often restrictive parameters that services have to work within.

Operationalisation of the Service Model

The model consists of four phases; Engagement and Team Preparation, Initial Plan Development, Plan Implementation and Transition.

Engagement and Team Preparation Phase

The Engagement and Team Preparation Phase occurs within the first month of a client being initially referred to the YRRS. An initial Strengths Based Assessment (SBA) is carried out between the young person and care co-ordinator (usually a staff member of the YRRS) and the family (assuming the young person has consented). This is a key pillar of the positive youth development approach (Pitman, 2010) which seeks to build on the various strengths and capacities that exist in a young person's life and develop their care needs around those strengths and developmental assets. Through this process young people can identify with their care co-ordinator and family the critical elements required to put their care plan into action and the necessary resources and supports to assist them in achieving the goals they have set for themselves. Once the SBA is completed, the next step is to assemble the team who will wraparound the young person and support them to achieve their stated goals. This is likely to include the care co-ordinator, designated family members including extended family, natural supports outside the family (if deemed appropriate), key clinical and support services which may include mental health, drug and alcohol, employment and/or education services. There will be a need to recognize that not all young people may benefit from immediate family being closely involved, particularly when family dysfunction or trauma has been a key factor that has resulted in the young person's mental illness. In these circumstances, the wraparound process emphasizes natural supports outside the immediate family, be it a relative or a significant adult in the young person's life.

Initial plan development phase

The Initial Plan Development Phase will occur over a two month period immediately following the Engagement and Team Preparation Phase. This phase of the wraparound process focuses on

bringing the team together and presenting an initial plan based on the SBA and the outcomes identified by the young person. This phase is critical in clarifying the different roles and responsibilities with the family and support staff so that all involved in supporting the young person are clear about their role and responsibility in working with the young person to achieve their desired goals. The time and effort required in the initial plan development phase will play a critical role in determining the successful outcomes for the young person.

During this phase the young person will make a determination about their priorities which will usually include a focus on their health and wellbeing and the different supports required to facilitate this. This is particularly important for young people with a dual diagnosis with regard to clarifying and clearly articulating the role of both drug and alcohol and mental health services to ensure that both are engaged around all aspects of the young person's care. Other areas of focus will be on either education or employment options, or future housing and accommodation options, both of which are dependent upon the age and development assets of the young person being supported. This is also the time in which the family identifies their role and the types of supports they are able to provide in facilitating the young person's recovery. Regularity of team meetings are also identified during this phase (usually monthly), in agreement with the young person and team members.

Plan implementation phase

The Plan Implementation Phase is concerned with all elements of the young person's plan being implemented as suggested from the initial plan development process and usually occurs over a six month period from month four to month nine. This phase provides an opportunity for the team to feedback on accomplishments and key achievements as well as identify any challenges or concerns that may need to be addressed by the team. Also during this phase is the opportunity to assess the impact of the plan for the young person and, if need be, modify the plan to ensure the young person is on track to achieve their stated goals or to modify the goals if necessary. This phase is concerned with building resilience and the life skills required in preparing the young person to manage the different components of their life that contribute to their health and wellbeing and their transition into adulthood, which for many young people may have been truncated as a result of their illness. Hence, the combination of the residential environment and the wraparound process increase their chances of a positive developmental trajectory.

Another principle of wraparound, *unconditional support,* is critical during this phase as it sends a clear message to the young person that no matter what happens, the team will not give up working towards supporting the young person to achieve their goals. It's well documented that many services will give up on young people who fail to meet specific program goals deemed essential by funders, in order to meet identified targets or outcomes. The wraparound process is cognisant that young people will make mistakes along that way and this is not a reason to abandon hope or believe that they have failed. Critically, the unconditional positive regard shown for young people is one of the reasons they remained engaged and committed to goal attainment.

Transition phase

The Transition Phase is concerned with charting the progress of the young person with regards to goal attainment and preparing them to exit the residential service whilst ensuring that whatever

supports may be required upon exit are in place. This phase solicits all team members' sense of progress with a focus on the specific outcomes achieved and what else may be required following their exit from the residential facility. Importantly, this phase is used to review the underlying context and conditions that brought the young person and family to the service in the first instance and to determine how the situation has changed and to what extent changes have taken place. At this point, it is important to identify if the wraparound facilitation process is to remain in place upon exiting the service and if so, to nominate the key people and supports that should remain in place and who else, if anyone, needs to be involved. Research indicates that this phase is where outcomes are poor, usually as a result of poor transition planning and not providing the young person and family with an appropriate plan and support immediately following their exit from a residential program (Knorth et al. 2008).

At this point the wraparound process is primarily concerned with the young person's achievements with regard to goal attainment. The Mind YRRS will provide the necessary transitional support required to transition the young person from the residential program to an alternate accommodation option be it with the family or independent living options. A strength of the wraparound model is that as community supports are put in place during the implementation of the individual service plan, many of these supports can remain in place during the transition process and significantly, the young person in collaboration with their care co-ordinator can determine which community supports will be most appropriate and relevant once they have exited the program. It is envisaged that transitional arrangements should be in place until at least three months upon exiting the service at which point it will be appropriate for the residential program to hold one final meeting to summarize progress made to date and plans for the future. Depending on the support needs of the young person, it may be decided that the wraparound process is continued for an extended period of time at which point the care coordination role can be transferred to another member of the group as agreed with the young person. This represents the exit point for the Mind YRRS from the care co-ordination role and WAF process with the young person.

A model underpinned by a sound theoretical basis

One of the challenges associated with the provision of services to young people with a mental illness in a residential setting is the theoretical context within which this service is provided. Whilst the wraparound model refers to the actual framework utilized to support the young person during their time in the YRRS, a number of other theoretical perspectives impact on the type of approach residential rehabilitation staff apply to their work with young people. One such approach is trauma informed practice. Trauma informed practice involves understanding the possible effects on trauma, as well as practices or interventions that may facilitate healing. This knowledge better enables staff to determine the underlying causes of a young person's problems, and enables them to more effectively assist the young person to make positive life changes (Algin 2002, Bloom 2005). Mind YRR staff recently received training in trauma informed practice and have utilized the foundations of it in their work with young people to good effect. It is important to highlight that trauma informed practice is not an adjunct to wraparound but a complementary strategy that provides a helpful framework for staff to better engage young people who have been impacted upon by traumatic life events.

Coupled with the impact of trauma is the high prevalence of dual diagnosis (co-occuring drug and alcohol and mental health problems) amongst this cohort of young people. This presents unique challenges to staff working in a residential care setting and as the evidence suggests there is no 'best-buy' in relation to an approach that works best in a residential care context (Winters et al. 2000). What is clear is that young people will respond to different interventions depending on the aetiology of their drug problems in relation to their mental illness. Similarly, different therapeutic approaches may work for a range of young people according to their readiness to engage in a therapeutic relationship. What is important about working with young people with co-occurring mental health and substance use problems is an emphasis on taking a long-term holistic approach to client well-being (Carrick 2004; Spooner et al; 2001) and that treating the substance use problem in isolation will not yield the types of positive outcomes a more developmental approach will achieve. Additionally, research would suggest the development of personal and social skills, the utilization of group and family therapy and the inclusion of educational support services are important in achieving positive outcomes for the young person (Wood et al. 2002).

Youth participation

Incumbent upon any youth mental health program model is its capacity to meaningfully engage young people to give the program a voice and view young people's contribution as paramount in shaping the way the service evolves over time. A key element to the Mind YRR Service Model will be the active participation of young people through a youth advisory council that contributes to the development and consequent enhancement of the program. Young people's voice will be important in driving through systems change that can impact at the client level and improve the experience for all young people who access the program during a twelve month time frame. The Mind Youth Advisory Council will be based on similar participatory models that have been utilised in other youth mental health service contexts such as headspace in Australia, Headstrong in Ireland and Young Minds in the UK.

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