Neami National
Improving Mental Health and Wellbeing

Interim Evaluation Report

Neami Macarthur Youth Mental Health & Housing Project

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Abbreviations and Glossary

APQ6	Activity and Participation Questionnaire
CANSAS	Camberwell Assessment of Need Short Appraisal Scale
CRM	Collaborative Recovery Model
FACS	Family and Community Services
HASI	Housing and Accommodation Support Initiative
ICAMHS	Infant, Child & Adolescent Mental Health Services
HREC	Human Research Ethics Committee
NSW	New South Wales
MOU	Memorandum of Understanding
MYP	Macarthur Youth Mental Health and Housing Project
NILS	No Interest Loan Scheme
PWI	Personal Wellbeing Index
RMIT	Royal Melbourne Institute of Technology
Steering Group	Staff of Neami, Department of Family and Community Services, Housing Services, Youth Services
SHS	Specialist Homelessness Services/Youth Refuges
SPRC	Social Policy Research Centre
SWB	Subjective Wellbeing
TILA	Transition to Independent Living Allowance
UNSW	University of New South Wales
YP	Young people, Young person

Executive summary

Neami, with the funding support of the NSW Department of Family and Community Services (FACS), Community Services, commissioned an evaluation of the outcomes and cost effectiveness of the Neami Macarthur Youth Mental Health and Housing Project (MYP) in Campbelltown, New South Wales to identify potential areas of improvement and to inform future service development. The project is designed to support young people aged 16-18 years in the South Western Sydney Region who are experiencing or at risk of homelessness and who have mental health issues. The MYP worker provides case management and outreach support to young people, as well as consultation and advice to youth homelessness and clinical mental health services. Initial funding was provided in May 2010, with Neami commencing work on the project in December 2010. The project will be conducted until June 2014, or until all project funds are spent, whichever is earliest. The evaluation will be conducted until October 2013. This interim report details the findings of the first wave of data collection. The evaluators are Neami and the Social Policy Research Centre (SPRC), University of New South Wales (UNSW).

Program description

The key objective of the MYP is to facilitate better housing outcomes, including access to Specialist Homelessness Services (SHS) for young people with mental health issues. The MYP aims to achieve better wellbeing and housing outcomes for young people aged 16-18 years through:

- One support worker providing support to each young person, with a maximum caseload of 10 young people at any one time
- Personalised, consumer-centred outreach support to develop independent living skills, improve management of mental and physical health, improve access to community activities, improve educational and vocational outcomes
- Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support
- Secondary consultation to youth homelessness services in relation to responding to young people with mental health issues.

Support provided to young people is ongoing even if they move out of the initial referral area. The flexibility and ongoing nature of the MYP in remaining engaged with young people despite their geographic location is a key feature of the support provided by the project.

Evaluation questions

The evaluation explores whether the MYP aims and objectives have been met. A formative evaluation design has been adopted, whereby the findings of the initial wave of data collection will be used to modify the MYP to better meet its objectives. The final evaluation report will draw summative conclusions about the MYP to potentially inform future policy program development.

The evaluation uses a longitudinal, mixed methods design to address four objectives and related research questions:

- To investigate and measure the impact of services provided through the MYP and identify housing outcomes for young people accessing the service
- To examine what works well and does not work as well in delivering the MYP
- To determine how successful project staff have been in building the capacity of youth homelessness services to respond to the needs of young people experiencing mental illness
- To measure whether this type of service delivery approach is cost-effective.

This is an interim report, which will be followed by a final evaluation report in December 2013. Taken together, the two reports will provide an in-depth analysis of the abovementioned questions. The interim report raises questions for follow up in the remainder of the evaluation.

Service Use

The project was established in May 2010 and began offering direct support to young people in March 2011. The key focus of the first few months of operation was to promote the service and network with relevant youth agencies and homelessness services. Since it began, 18 young people have received support via the MYP. The majority of referrals for the project are received from ICAMHS in Campbelltown and various SHS.

Upon entry to the MYP, young people are asked to complete a needs assessment, a self-rated measure of mental health status and a questionnaire regarding their level of substance use. Staff also complete a risk assessment relating to the young person.

Analysis of these questionnaires in conjunction with data from interviews and case notes identified a number of needs raised by young people including limited everyday coping skills, few daytime activities and company, high levels of psychological distress, drug and alcohol misuse, reduced self-esteem, issues of self-harm and little knowledge about coping strategies to deal with their mental health issues.

Preliminary Outcomes

Outcomes for Young People

The MYP has been effective in engaging with young females, who comprise the majority of clients who have received support from the project so far. There is scope to explore strategies to increase the accessibility of the MYP to young males. All young people reported that the MYP had had a positive impact on their lives. Some young people stated that they valued having someone to talk to who they could trust and who was respectful and understood them. An analysis of case notes and fieldwork data indicated that the MYP had succeeded in securing stable accommodation for the

majority of young people and that the few young people who were in contact with their family members had experienced improved relationships with them. The MYP support workers reported supporting young people to apply for jobs and training/educational courses; along with assisting young people to identify values and work on achieving goals of importance to them.

As a result of this support, many young people identified increases in their self-confidence and feelings of independence.

Outcomes for Family Members

The family members interviewed reported an improvement in their relationships with young people as a result of them engaging in the MYP and a decrease in their stress levels as a result of the 'respite' provided by the MYP.

Service System Outcomes

Representatives from relevant service providers and the project funding body provided positive feedback about the MYP and its importance in terms of meeting a crucial need in the community. Feedback from the funding body indicated that the project had met the stated funding and service specification requirements of the contract. Most service providers reported that their strong working relationship with Neami was a key feature of the success of the project. It was apparent however, that this reported strong relationship was in many cases between individual staff members and not the organisations more broadly. Most service providers did not report increased capacity within their services to respond to the needs of young people with mental illness. Some stated that they appreciated the opportunity to consult with the MYP support worker on specific issues of concern and to work toward mutual goals with the young person, but they did not mention whether this consultation had any impact on capacity building within Specialist Homelessness Services.

Preliminary Process Findings

Lessons from the MYP Support Model

The MYP support worker focused on developing rapport with young people and their families, providing a range of support and prioritising how to best meet their agreed goals. Interviews with Neami staff and other service providers indicated that the MYP has not prioritised time to develop partnerships and network fully with relevant service providers. The focus of the support worker was on supporting the young people engaged in the project, which is obviously of great importance, yet may be limiting the potential of the project. For example, numerous service providers mentioned an inter-agency meeting that occurs in which Neami has not participated.

The effectiveness of the MYP may be enhanced if management resources are dedicated to enabling service provider partnerships to become more fully established. Reorganising or extending the resourcing allocated to the project may also enable the service to better address the unmet needs and mental health issues among young people who are not receiving support from other services, including those who are ineligible for adult HASI packages. Additionally, a number of service providers reported that the age eligibility criteria were a major barrier for referral to the program. The service providers believed that consideration of broadening the age eligibility criteria could extend the reach of the service to minimise the number of young people with no appropriate services available to them.

The preliminary analysis revealed a number of positive and formative aspects of the program implementation, which are listed below. Changes to these aspects will be discussed during the evaluation to monitor the responsiveness of the program to changing needs.

Positive Aspects

The support worker role is working well in the following ways:

- Maintains regular contact with young people throughout their engagement
- Treats young people with respect, and takes a 'dignity of risk'[1] approach to respecting young peoples' right to self-determination
- Addresses issues of relevance to the young person including budgeting, accommodation, safe sex, everyday living skills
- Remains in contact with young people irrespective of changes in their living situation and location
- Assists with providing transport, organising meetings, liaising with relevant agencies on behalf of the young person
- Develops shared goals for young people between other relevant agencies including ICAMHS and the Department of Family and Community Services
- Responds quickly to explore suitable options when a problem arises, such as a young person evicted from a refuge
- Aims to empower young people and encourage them to take control of their lives
- Where appropriate, maintains regular communication with family members of young people receiving support from the project.

The support from Neami works well to:

- Increase access to housing options
- Remain engaged despite geographic location
- Provide young people with an adult role model who they trust and feel comfortable talking with
- Ensure that young people are linked in with appropriate services.

The coordination and relationships with other services works well to:

- Ensure that all relevant service providers are working towards shared goals
- Share information and resources relevant to the young person in question.

[1] "The concept of the dignity of risk acknowledges the fact that accompanying every endeavour is the element of risk and that every opportunity for growth carries with it the potential for failure" (Parsons, 2008: 28).

Formative Aspects

- Formally defining the MYP support worker position with a specific Position Description and specialised training opportunities would clarify the responsibilities and support
- Reorganising the support worker responsibilities could enable the MYP staff to address a broader range of needs of young people (specifically around mental health) in greater depth and provide capacity building consultation to homelessness services; for example by allocating the responsibilities to more than one Neami staff full time or part time, with or without other responsibilities
- Neami's responsiveness to email and telephone correspondence could increase to ensure ongoing support to young people is not interrupted and potential referrals are able to be discussed
- Reviewing project management of the MYP by Neami NSW senior management could address gaps in attending relevant interagency and network meetings and active involvement in relationship management with service providers
- Building relationships with SHS could enable regular discussion about SHS service constraints on addressing the needs of young people, e.g. eligibility requirements, funding constraints and hours of support
- Reviewing current promotion and information strategies could address the low numbers of young males engaged in the project
- Consulting with youth services in the Campbelltown region could identify how to best maintain ongoing relationships with young males.
- Consulting with ICAMHS could strengthen the existing working relationship and build further strategies for Neami staff to more comprehensively address issues around mental health related needs among young people.

Future Development of Program

This interim report provides evidence that the project is achieving many of its process objectives including improving family relationships, stabilising housing arrangements, developing the independence of young people and supporting their mental health recovery. Areas for further development are: increasing the profile of the project, both to young people and external service providers; reviewing the staffing and management structure to identify opportunities for internal and external capacity; improving networking with relevant service providers; and providing formal secondary consultation to homelessness services to improve their capacity to respond to mental health issues.

1. Introduction

Neami, with the funding support of the NSW Department of Family and Community Services (FACS), Community Services, have commissioned an evaluation of the outcomes and cost effectiveness of the Neami Macarthur Youth Mental Health and Housing Project (MYP) in Campbelltown, New South Wales to inform future service development. The project is designed to support young people aged 16-18 years in the South Western Sydney Region who are experiencing both homelessness and mental illness. Staff in the project provide case management and outreach support to young people, as well as consultation and advice to youth homelessness services. A Steering Group comprised of staff from Neami, FACS, Community Services, housing and youth service providers was formed at the beginning of the project and has met on an ongoing basis throughout the delivery of the MYP. Initial funding was provided in May 2010, with Neami commencing work on the project in December 2010. The project will be conducted until June 2014, or until all project funds are spent, whichever is earliest. The evaluation will be conducted until October 2013. The evaluators are Neami and the Social Policy Research Centre (SPRC), University of New South Wales (UNSW).

1.1 Background

The effects of mental illness can be especially profound for young people, and impact on a range of domains within their lives. Primary issues associated with mental illness for young people include homelessness and/or unstable or unsuitable accommodation (Hamilton, King, & Ritter, 2004); problematic substance use (Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005); low academic achievement, unemployment and family breakdown (Flatau, Conroy, Clear, & Burns, 2010).

Youth homelessness has existed in Australia for many years and became an area of major policy focus following the landmark report 'Our Homeless Children', the findings of a national inquiry conducted by Brian Burdekin in 1989. Methodological issues associated with enumerating homeless and transient people have hindered efforts to accurately capture the prevalence of homelessness among young people in Australia. Within New South Wales, approximately 4987 young people between the ages of 12 and 18 years were recorded as homeless in 2006, with approximately 1500 or 30% of these young people located in the Sydney metropolitan area (Chamberlain & MacKenzie, 2008). It has been suggested that rates of youth homelessness have doubled since the Burdekin report, thus highlighting the importance of further research and intervention in this area (Simon, 2009:11).

The nature of the relationship between unstable housing and mental illness is multidirectional and a link has been made between prolonged homelessness and persistent and severe states of mental ill health (Homelessness Australia, 2012). This is particularly concerning given recent estimates that 50–80 per cent of homeless young people have experienced mental illness (Kamieniecki, 2001:335), and are significantly less likely than non-homeless young people with a mental illness to access treatment (Dixon, Funston, Ryan & Wilhelm, 2011). Homeless young people most often suffer from substance abuse, mood and anxiety disorders (in particular, post-traumatic stress disorder) (Mildred 2002; Kamieniecki 2001). A significant number of homeless young people experience psychotic disorders and many others have a personality disorder (Parker, Limbers and McKeon 2002).

Homeless young people present with complex needs that traditional services often cannot and/or may not be willing to address (Cauce, Morgan, Wagner, Moore, Sy, Wurzbacher, Weeden, Tomlin & Blanchard, 1994). As such, they often cannot access traditional services due to challenging behaviours; the gap between adolescent and adult services; issues with substance abuse; mental illness that is either too acute for some services, or not acute enough for others; and a lack of interagency cooperation (Ensign & Gittelsohn, 1998). Further complicating this are anxieties among homeless young people about the safety and quality of services available (Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond, 2006), and past negative experiences of engaging with services in terms of striking a balance between independence and assistance (de Winter &Noom, 2003), particularly among those who have been involuntarily detained in psychiatric inpatient wards (Keys, Mallett, Edwards, & Rosenthal, 2004). Given these difficulties, service providers have been required to adopt innovative models to attempt to control the level of untreated mental illness within this population.

Young people experiencing homelessness and mental illness have in many cases been excluded from receiving Specialist Homelessness Services (SHS). This is due to a number of factors including:

1. Their needs may be considered to be too high or complex for current youth homelessness services
2. The services are not designed around the needs of young people with a mental illness and therefore these young people may be exited or leave programs without their needs for secure housing and effective support having been met
3. There are few links between homelessness and mental health services
4. Youth homelessness staff do not feel confident about their ability to respond to the needs of young people with mental illness.

To reduce the risk of young people experiencing homelessness and mental illness, and becoming seriously unwell and having extended periods of homelessness, the Macarthur Youth Mental Health and Housing Project, an initiative of Neami funded by the NSW Community Services commenced in May 2010. The South Western Sydney Region of Community Services had unspent funds from the Specialist Homelessness Services program and sought approval to use that money to fund a pilot project addressing the needs of young people with mental health issues who are homeless or at risk of homelessness. The need for the pilot project arose primarily out of anecdotal evidence from SHS providers who cited mental health issues and challenging behaviour as a common cause of accommodation breakdown for young people housed in SHS services. Following discussions between Neami and the Department, a model was put forward for consideration. The project was approved and a project advisory committee was formed. The project is funded until June 2014. An initial one off payment of $350,000 was allocated to the project. As at 31st January 2013, the project had a balance of $124,000.

The formative evaluation measures longitudinal outcomes for young people, their family members (where this is possible); the program process (working relationships between Neami and the funding body and government and non-government service providers); and costs. This interim report describes the program as delivered by Neami and provides a profile of the participants in Section Two. The outcomes for MYP participants are presented in Section Three. The comments and opinions expressed by program service providers, including staff from Neami and relevant program partners are presented in Section Three. Section Four examines the service use and effectiveness of the service delivery processes.

1.2 Evaluation methodology

This study uses a longitudinal, mixed methods design to address the evaluation questions. In order to fulfil the evaluation objectives and questions, the data sources include:

- Document review – policy documents and literature;
- Program data – program specifications, contracts and financial data; quantitative service provider reporting (e.g. services provided, demographics, assessment and outcome measures, follow up or exit data);
- Qualitative data collection by the evaluation team and MYP support workers – semi-structured interviews, case note analysis and focus groups.

Formative evaluation

The aim of the formative evaluation is to assess the impact of the MYP in providing successful housing outcomes and positive mental health outcomes for young people and to identify if the project can be modified to better meet its objectives. To address this aim, the evaluation analyses the experiences and outcomes of the MYP for young people to provide an understanding of the extent to which the project has met its three core objectives to:

1. Support young people exiting the project to stable accommodation settings
2. Enhance the personal wellbeing and social connectedness of young people involved in the program
3. Building the capacity of youth homelessness services to respond to the needs of young people experiencing mental illness.

The evaluation also analyses working relationships and processes between Neami and relevant service providers including Community Services and other government and non-government service providers. The data provide insight into how effective the service model has been in meeting the project's key objectives. The information includes outcomes and process evaluation data. In addition, the final evaluation report will draw summative conclusions about the MYP to potentially inform future policy development and service models.

Program and Outcome Evaluation Data

Baseline program data were collected by Neami as part of its usual client record-keeping and service reporting processes. This information is stored in an electronic database, Carelink+, and includes demographic data collected at intake, assessment and service planning information, case notes, and exit interviews relating to each young person.

Case notes which are entered during contact (either in person, via phone or e-mail) with the young person or other people linked with the young person (case managers, family members, etc.) were systematically reviewed for all young people who provided consent to participate in the study and analysed for the purpose of this interim report.

Young people who exit the MYP are asked to complete an exit interview. The interview gathers information about the young person's experience of receiving support, which the organisation then reviews in order to identify potential areas for improvement.

Part of the routine outcome data collection entailed the completion of three questionnaires: The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) and Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) are offered every six months, with the Behaviour and Symptom Identification Scale (BASIS-32) offered every 12 months. Completion of these measures by the young people is entirely voluntary. Collating this data over multiple time points enables comparisons to be made between level of substance use and unmet needs, and the impact of service use in relation to these items.

The CANSAS is a 22 item measure which assesses met vs. unmet need across a range of life domains. This measure can be administered by either the consumer or support worker, and aims to facilitate further conversation and goal setting around identified unmet needs. There are two versions of the CANSAS routinely used by MYP staff, the CANSAS-P (completed by the young person) and CANSAS-S (completed by the staff member). Both the young person and staff member complete the relevant version of the CANSAS tool and then meet to discuss any differences between them. The following domains are assessed:

- Accommodation
- Food
- Looking after the home
- Self-care
- Daytime activities
- Physical health
- Psychotic symptoms
- Information on condition and treatment
- Psychological distress
- Safety to self
- Safety to others
- Alcohol
- Drugs
- Company
- Intimate relationships
- Sexual Expression
- Child care
- Basic education
- Telephone
- Transport
- Money
- Benefits

Unmet needs are of most interest in a practice context as they provide an opportunity for workers to tailor support specifically to the young person's individual needs.

ASSIST

The ASSIST is an 8 item questionnaire designed to be administered by a support worker in order to assess risks associated with the use of the following substances

- Tobacco products
- Alcohol
- Cannabis
- Cocaine
- Amphetamine-type stimulants (ATS)
- Sedatives and sleeping pills (benzodiazepines)
- Hallucinogens
- Inhalants
- Opioids
- 'Other' drugs, e.g. caffeine

The ASSIST obtains information about lifetime use of substances and use of substances and associated problems over the last 3 months. It can identify a range of problems associated with substance use including acute intoxication, regular use, dependence or high risk use and injecting behaviour.

BASIS-32

The BASIS-32 is a 32-item self-report measure of the major symptoms and functioning difficulties that may be experienced in everyday life. Respondents are asked to indicate the degree of difficulty they have experienced (if applicable) in a range of dimensions including: managing day to day life, relating to other people, clinical symptoms, physical symptoms, drug and alcohol usage and level of satisfaction with life (Eisen et al., 1986).

In addition to the above routine outcome measures utilised in the MYP, the following two questionnaires were administered specifically as part of the evaluation in December 2012 to participating young people. These measures will be re-administered to a young person upon exit from the MYP and during the second wave of data collection.

Personal Wellbeing Index (PWI)

The PWI is a measure of subjective well-being which has been adopted for use in the evaluation as it elicits information on seven life domains that can be used as indicators for assessing resilience, e.g. health, material comfort, work engagement and community participation, which are the core objectives of the pilot program. In addition, the PWI is a validated instrument which uses reliable Australian scales which are short and therefore relatively quick to administer (International Wellbeing Group, 2006).

Parallel forms of the PWI are available for use with population sub-groups, including the general adult population; school children and adolescents; pre-school age children; and people with an intellectual disability or other form of cognitive impairment. Research by Tomyn and colleagues indicates that the separate forms of the PWI designed for adult and school-age children measure the same underlying constructs in both populations, and given that the adult form of the PWI was used in the evaluation, it can be reasonably expected that the data obtained are valid (Tomyn, Fuller-Tyszkiewicz & Cummins, 2013; Tomyn & Cummins, 2011).

Activity and Participation Questionnaire (APQ6)

A gap identified in the program data is the shortage of direct evidence about young people's social and community interaction and integration. To address this, the APQ6 was administered to all young people engaged in the program at interim, and will be re-administered during longitudinal data collection.

The APQ6 is a self-report measure of vocational and educational activity and social participation in the past week, which is designed for use in community mental health settings, and is routinely administered in NSW mental health services (Stewart, Sara, Harris, Waghorn, Hall, Sivarajasingam, Gladman & Mowry, 2010).

PWI and APQ6 data were collected for all young people who participated in the evaluation; whereas routinely collected outcome data for all young people involved in the MYP (current and previous) was variable. Sample sizes are outlined in Table 1.

Table 1: Sample sizes for interim outcome and program data

	Young people
PWI	10
APQ6	10
CANSAS-P	9
CANSAS-P (repeat)	3
CANSAS-S	11
CANSAS-S (repeat)	5
ASSIST	8
BASIS-32	3

Source: Neami program data collection April 2011 - December 2012
Note: Total young people in the program to March 2011 to December 2012 = 18

Refer to Appendices A – F for an overview of the program data.

In addition to the above, a range of demographic and background data was extracted from program files and case notes for young people involved in the MYP, including:

- History of homelessness
- Homelessness service use (number of services, and number of placements)
- Family of origin factors, e.g. Alcohol and other drug (AOD) use, domestic violence, mental health, homelessness, poverty
- Significant health issues (including pregnancy)
- Use of brokerage funds
- Previous hospital admissions related to mental health issues
- Linkages to other mental health services
- Current or previous involvement with Department of Community Services (DOCS) or Juvenile Justice (JJ)
- Source of referral to the MYP

A challenge for the evaluation from the program and outcome data was the retrospective data collection and analysis. As the evaluation relies heavily on program data that was collected prior to the researchers' involvement in the project, there was little control over data quality. As such, many of the datasets[2] for each of the young people are incomplete.

[2] For the purpose of this evaluation a 'complete' dataset is comprised of records of abovementioned measures being completed over multiple time points.

Economic evaluation

In the economic analysis the costs of delivering the project will be compared to the outcomes. The aim of this approach is to understand the extent to which costs to outcomes represent value for money over a longer term. This will help to understand how effectively and efficiently the project has achieved its objectives. The economic analysis will also inform future decisions about the project or similar support models for young people. See Table 4 for information on service usage and costing.

Fieldwork Data

For this interim report, interview data was available from young people; their family members; staff from Specialist Homelessness Service (SHS) providers, clinical and youth mental health services, Department of FACS and Neami staff. Researchers conducted a total of 31 interviews with the abovementioned groups. An overview of interim qualitative data collected is presented in Table 2, and the interview schedule is featured in Appendix F.

A list of individual contacts within relevant service provider organisations was collated by the MYP support worker; researchers contacted all people on this list and invited them to take part in an interview for the purposes of the evaluation. All but three consented to participate, and the reasons for non-participation included: minimal direct involvement with the MYP, and not being able to make contact over the Christmas/New Year period. Overall, 12 individual interviews and two focus groups were conducted with service providers.

In order to minimise bias in sampling, all young people currently or previously involved in the MYP were invited to participate in the evaluation. Young people were given the option of having an interview with their support worker, or writing down their 'story' about engagement with the MYP.
It was agreed that MYP support workers rather than the researchers would conduct interviews, as most young people had a pre-existing relationship with their support worker, and thus might feel more comfortable speaking to them than an unknown member of the research team. This proved to be a valuable strategy, as 100% of young people currently engaged in the MYP agreed to participate in the evaluation (n = 10). The MYP support worker attempted to contact all young people previously involved in the MYP; however, all but two phone numbers were disconnected and the two other people were not able to be contacted, so no previous clients were involved in interim data collection.

When recruiting family members, young people were approached first by their support worker to gain consent to contact them. Most young people were not in contact with their family members. Only two young people consented to their family member being approached, and both agreed to be involved in the evaluation.

Table 2: Sample sizes in interim qualitative data

		Evaluation participants
Young people		10
	Interviews	4
	Narrative data	6
	Case notes	10
Family member interviews		2
Neami staff interviews		5
Service provider and funder interviews		12
Service provider focus group participants[3]		5
Total evaluation participants		34

1.3 Limitations

- Limited outcome measurement data were available due to measures not completed routinely by the young people at multiple time points.
- The majority of young people preferred to write a written narrative of their experience in the MYP rather than participating in an interview. The young peoples' written narratives were largely closed responses to the interview questions that were provided to the support worker. This limited the depth of information gathered due to responses not being further explored and discussed.
- No young people who had already exited the MYP could be contacted to participate in the evaluation.
- Only a small number of family members participated in the evaluation interviews.
- The adult version of the PWI was used instead of the version specifically designed for use with children and young people.
- In some cases, many months had elapsed between entry to the project and the first wave of data collection.

[3] Two staff participated in one focus group and three participated in the other.

2. Program and support model description

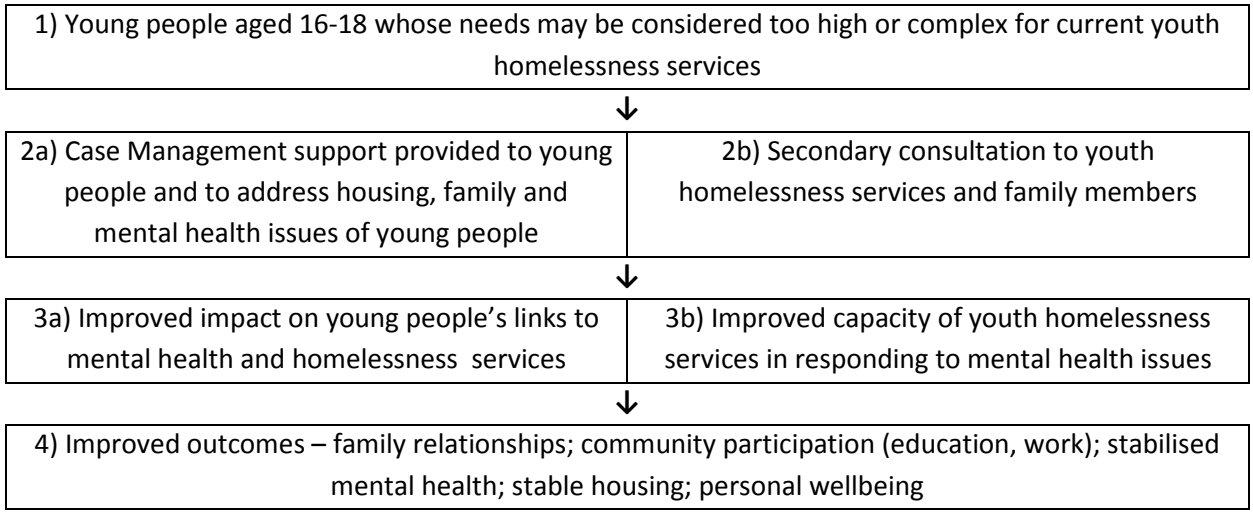
2.1 Aims of the MYP

The key objective of the MYP is to facilitate better housing outcomes, including access to Specialist Homelessness Services for young people with mental health issues. The MYP aims to achieve better mental health wellbeing and housing outcomes for young people aged 16-18 years through:

- One support worker providing support to each young person, with a maximum caseload of 10 young people at any one time
- Personalised, consumer-centred outreach support to develop independent living skills, improve management of mental and physical health, improve access to community activities, improve educational and vocational outcomes
- Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support
- Secondary consultation to youth homelessness services in relation to responding to young people with mental health issues.

Support provided to young people is ongoing even if they move out of the initial referral area. The flexibility and ongoing nature of the MYP in remaining engaged with young people despite their geographic location is a feature of the support provided by staff.

Figure 1: Macarthur Youth Project Program Logic



1) Target Group

- Young people whose needs are too high or complex for youth homelessness services; or those who are at risk of homelessness or eligible for homelessness services but due to their compromised mental health are not accepted by these services. In the majority of cases the complexity is the result of behavioural issues.
- Young people must be within the referral area to become engaged in the project. Staff will remain engaged with young people even if they then move out of the referral catchment zone.
- Support is provided to young people aged 16-18 inclusive.

2) Service Response

- In the context of the Macarthur Youth Project case management support is defined as holistic support that is continuous and attempts to address a person's whole of life circumstances.
- Secondary consultation to youth homelessness services involves regular correspondence via case conferences, emails and telephone calls to demonstrate good practice and provide recommendations of strategies staff should consider in their work with young people.
- Secondary consultation to family members involves providing them with relevant information about Neami services that may be of use to them. Staff may also refer them to relevant services or provide assistance in how they can successfully navigate the service system themselves.

3) Impact

- Improved impact on young person's links to services involves adequate transition planning and ensuring sustainable referral pathways have been established.
- Greater confidence of service providers in assisting young people with mental health issues

4) Outcome

- Stable housing may not necessarily mean securing a tenancy, but could be maintaining current living situation.
- A component of stabilised mental health is that a young person is linked in with a clinical mental health service or knows where to get appropriate support if needed.

2.2 Service model

The Macarthur Youth Project is funded by Department of Family and Community Services, Community Services. The project is managed by Neami. Stakeholders in the delivery of the MYP include staff from a variety of SHS, drug and alcohol services and youth mental health services located throughout the Macarthur region. The service operates on a Monday-Friday roster with support provided to young people during business hours. The MYP is delivered from the Neami Campbelltown office which is staffed on weekends. If a young person requires crisis support on a weekend, staff are available to respond to their request.

Neami's service delivery model, also utilised by the MYP support worker, is the Collaborative Recovery Model (CRM). The CRM is a person centred, strengths based, recovery focussed model of individual service planning and delivery. The CRM was developed over a number of years at the University of Wollongong and incorporates evidence of practices that have previously assisted people with enduring mental illness. The CRM is consistent with the values of personal recovery. Other influences include Positive Psychology, psychosocial rehabilitation principles, motivational interviewing and the States of Change Model.

The features of the service delivery approach adopted by the MYP support worker include:

- Strengths based practice approach
- Good understanding of young people and SHS sector
- Case management support of young people with mental health and homelessness issues
- Collaboration and networking with a range of service providers to support positive outcomes for young people.

The MYP employs an experienced support worker full time to provide case management and support to young people and their families. The MYP support worker and Service Manager are also responsible for promoting the project and engaging in meetings with staff from relevant external agencies. Further, the MYP support worker provides secondary consultation to SHS providers around issues relating to the mental health of the young people with whom they work. The NSW Department of FACS initially expected Neami to provide specialised mental health training to SHS staff. This expectation was adjusted to concentrate on providing case management and secondary consultation because providing training was not feasible with the project resources. The first support worker went on extended leave in December 2012, which resulted in a period of transition to a replacement support worker. As planned, the current support worker was also recruited from the existing Neami Campbelltown team.

The majority of referrals for the project are received from ICAMHS in Campbelltown and various SHS. Once referred to the project, the young person (and their family if they choose for them to be present) meets with the MYP worker and the young person is assessed for their eligibility to receive support. The eligibility criteria are: aged 16-18 years, living in the referral catchment area, experiencing or at risk of homelessness and have issues around mental health (not necessarily formally diagnosed). Once accepted into the project, the MYP worker arranges an initial visit. During this first visit, staff discuss and identify the needs and goals of the young person and begin to develop plans for how to achieve their identified goals. The MYP worker discusses young people at interagency case conferences to share knowledge, insight and learning about the best way to engage with and support young people.

The development of trust and rapport with the young people takes time dedication and commitment by staff to frequent and on-going communication is therefore an essential component of the service model adopted in the MYP. The MYP approach is to first identify and respond to the immediate support needs of young people. The aim is then to support young people to develop their living skills to ensure they are able to live independently and maintain positive relationships with their family, friends and staff from other agencies they may be engaged with. Linking young people with relevant services such as employment agencies and youth services remains a key priority for staff throughout. Staff will always place the young person in the key decision making role by talking to them about their hopes and desires, asking them about the types of relationships they want and how Neami can support them to achieve their goals. A question often asked at the beginning of engagement with a young person is "What is the most important thing to you?" The wellbeing of the young person is always in mind but a dignity of risk approach is adopted by the MYP support worker.

2.3 Participant characteristics

The information about characteristics of young people who received support through the MYP to January 2013 indicated that more young females received support than young males (Table 3). The ratio of females to males may not be a reflection of disproportionate need, but potentially a reflection of the help seeking behaviours of females compared to males or that the support workers have both been women. The interviews with the MYP worker indicated that young females may be more willing to engage with Neami on a long term basis and work with staff on achieving goals, while young males may be more likely to attend a drop in service where "on the spot" issues can be addressed immediately.

Table 3: Characteristics of MYP participants

	Number of young people	Per cent
Gender		
Male	4	22
Female	14	78
Total	18	100
Age*		
16 years	1	14
17 years	1	14
18 years	5	72
Total	7	100
Active Status		
Ongoing	7	38
Exited	11	62
Total	18	100
Indigenous Status		
Aboriginal but not Torres Strait Islander	3	17
Non-indigenous	13	72
Unknown	2	11
Total	18	100
Mental Health Diagnosis		
Depression	4	22
Anxiety	4	22
Post-Traumatic Stress Disorder	1	6
Bipolar Disorder	1	6
Other Psychiatric Diagnosis	1	6
Unknown	7	38
Total	18	100
	Mean	**Range**
Length of engagement in the program	(months)	
Current consumers (7)	10	5-19
Exited consumers (11)	10	6-15
Total	10	

Source: Neami program data collection April 2011 - December 2012

Note: *Current age as of 31/01/13 provided for young people still engaged in the MYP

Eleven young people who received support through the MYP had a mental health diagnosis or ongoing mental health problems, with the most common diagnoses being Depression and Anxiety. The remaining seven did not have a diagnosis. Thirteen young people reported a history of homelessness. Most of the young people were dealing with multiple issues such as family relationship problems, mental health issues, risk of homelessness, unstable accommodation, drug and alcohol use, physical and sexual health issues, poverty, disengagement from education, anger management and contact with the criminal justice system. Of particular concern and common to many of the participants were self-harm and suicidal ideation.

According to interviews with service providers, on numerous occasions young people were asked to leave a refuge due to self-harm witnessed by staff. Previous research indicates that self-harm and suicide attempts are common in young people who are homeless or at risk of homelessness (Sibthorpe, Drinkwater et al, 1995).

Most of the young people came from families with complex problems including a history of domestic violence, poverty, mental illness and issues around alcohol and other drugs. Many of the young people had circulated through numerous youth homelessness services, using an average of over two SHS each (range = 0-10). One person had stayed in ten different SHS (often with repeat placements at the same service). One young person reported living in a hotel for a month while MYP staff attempted to find appropriate accommodation, while three other young people were reported to have experienced primary homelessness[4] and either slept rough in public areas, or staying in the inpatient unit at the local hospital.

Some of the young people had left school. Two were currently employed, six were looking for work, three were at school, one was at TAFE and one was completing another course. The majority of young people were referred into the project by SHS and ICAMHS. Thirteen of the 18 young people who were supported in the MYP were also case managed through local clinical mental health services. Most young people had at least one hospital admission during their involvement with the MYP (average over three; range 0-15+). One young person had more than fifteen hospital admissions in the time they had been engaged with the MYP.

The rates of self-reported substance use indicated that the young people were using various substances, some at very high risk levels according to the ASSIST risk categories. Tobacco and alcohol were the most commonly used substances. Despite only three young people reportedly using cannabis, their risk scores indicated moderate or high levels of risk associated with its use. Only one person reported using amphetamines, yet their overall risk score indicated they were using it at levels associated with moderate risk. Injecting drug use was not common, with only two young people indicating that they had ever injected drugs; one person had injected in the past three months and the other had done so previously but not in the past three months. Detailed results of ASSIST are in Appendix E.

As at January 2013 three people had been referred to the MYP but did not become engaged with the service. This occurred either because the young person declined support, they were not able to be contacted, or for reasons not made available to the evaluators they were not accepted into the program.

Exit interview data available for five young people revealed that they had left the Project for the following reasons:

- The young person no longer needed assistance from the service
- Staff were unable to effectively engage the young person
- A parent did not provide permission for the young person to engage with the service
- The young person decided to discontinue support.

[4] According to the Australian Bureau of Statistics (2006), primary homelessness is defined as “people without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, in parks, etc.)”.

2.4 service usage

Table 4: Service usage March 2011 to February 2013

	Total	Mean	Range
Total hours of support	1916	106	6-418 hours
Total occasions of support*	3059	170	12-719
Average number of occasions of support per person per month	18		
Average number of hours of support per person per month	12		

Source: Neami program data collection April 2011 - December 2012
Note: *Total occasions of support include home visits and telephone calls

The average of support per person per month was 18 occasions over 12 hours (Table 4). Both the number of occasions and hours per person increased over time (Table 5). The mean length of time spent by the MYP support worker providing each occasion of support was 1.5 hours.

Table 5: Service Usage Breakdown by Financial Year

	Mar 2011-June 2011*	2011/2012	July 2012-Jan 2013
Total number of hours of support provided	128	823	965
Total occasions of support provided	188	1404	1467
Total number of Young People who have received support	6	9	11
Average number of hours of support per person per month	9	10	15
Average number of occasions of support per person per month	13	16	22

Source: Neami program data collection April 2011 - December 2012
Note: * Direct support provided to young people commenced in March 2011

When more young people became involved in the MYP and the complexity and range of issues experienced by each young person increased, the provision of support increased. In March 2011, two young people were engaged in the MYP, with a total of 19 occasions of support provided over 12.5 hours. By January 2013 this increased to eight young people receiving support, with 263 occasions of support provided (range = 1 to 54) over 187 hours (range = 0.5 to 42).

The increase in support over the course of the MYP reflects engagement with the complexity of needs and issues experienced by young people who have received support through the MYP. As can be seen the average number of occasions and hours of support have continued to increase over the course of the MYP, with the number of occasions and hours of support already considerably more in the current financial year as compared to last year. These changes in the average hours of support per person per month may reflect the large proportion of young people who were leaving the MYP during the 2012/2013 financial year due to no longer satisfying the age eligibility criteria, and the time spent by the MYP worker during the exiting process to ensure that the young people were linked in with appropriate services.

2.5 Case management

Case management within the MYP involves a combination of face to face visits, phone conversations, liaising with relevant services and organising appointments, providing transport and when necessary participating in case conferences with various service providers. Through an exploration of case notes, it appeared that during case management support, MYP staff proceeded at the pace suited to the young person and provided positive reinforcement irrespective of the challenges of their situation. Young people reported a positive relationship with the support workers:

> I have a good relationship with my Neami worker; I can talk to her about anything, I feel comfortable and I don't feel judged at all.
>
> My relationship with Neami is very strong.
>
> I've had a lot of youth workers and case workers and I haven't really got along with any of them. I really get along with my Neami worker, and I actually look forward to our next meeting.
>
> My worker made me feel welcome, understood and respected every time I saw her. I feel equal to my worker that it's more of a friendship than a social worker.

Young people described what they received in the MYP case management: assistance finding accommodation (including crisis, medium- or long-term), employment, study, and hobbies; support to attend appointments; going out; negotiating relationships with family and friends; and daily living skills such as budgeting, cooking, and cleaning. All but one young person received support from the MYP at least once a week, with the majority receiving face to face support two to three times per week, in addition to daily or regular phone calls to check their wellbeing.

When discussing their long-term goals, young people were concerned about securing stable accommodation and a job. Many of the young people had a full vision for their future and reflected on the role that the MYP played in supporting them to achieve these goals:

> My goals for the future are to eventually live in my own house and save up enough for a car and have my full licence and a good paying job.
>
> I want to be more educated in a chosen field and get a job, and I would like to get into more stable long term accommodation.
>
> My goals for the future is do a hairdressing course and to also work with pets.
>
> I'd probably go buy a farm, have a horse, a motorbike, an old thrashed car so you could thrash it around the bush … Maybe be a mental health worker on a unit. Be like, someone they can relate to. I can relate to them and be like 'these are my scars, if I can make it, I think you can too'.

The intended target group for the MYP are young people aged 16-18 whose needs may be considered too high or complex for current youth homelessness services. An analysis of participant case notes revealed complex issues that impact on young people's accommodation options and support available from SHS staff. A number of young people had been asked to leave refuges due to their complex behaviours and self-harm. Interviews with service providers identified this was a common approach in SHS, resulting in some young people repeatedly moving through mental health and SHS services. Developing rapport and trust with the young people was therefore crucial for the MYP support workers to ensure they actively engaged with the project.

The examples below reflect the complex lives of young people which present issues for staff in youth homelessness services:

> [I never talk about feeling down with housing workers at the refuge] cause they'd be like … yeah. They always threatened to call an ambulance. Or it's not their job to talk about it; I should talk to a counsellor. (Young person)
>
> [The YP] lost their placement at the refuge because they self-harmed so severely. They ended up sending them to Emergency and then they had nowhere to go. (SHS Worker)
>
> I'm generally happy, majority of the time, but I do have bipolar and very bad, bad, bad anger issues. So I can … my mood can escalate really quickly and in a split two seconds I can go from being perfectly happy and fine to pretty much turning into the Hulk and wanting to rip everyone's head off … and I do end up apologising after I try to rip someone's head off, so I'm working on my issues at the moment. I'm on medication for it, but it's easier said than done to calm down. (Young person)

Analysis of case notes revealed further that throughout case management provided to young people, staff reinforced the positives of difficult situations. For example they emphasised that moving out of home, although it will be hard, may improve relationships between the young person and their family members. Providing information on how to reduce stress and anxiety, how to deal with anger, budgeting tips and relaxation and mindfulness techniques were an ongoing feature of the case management support provided by staff.

Most young people had no negative feedback about the case management and reported that they appreciated the honest opinions of the MYP support worker. Without data from young people who had already left the MYP, the evaluation could not identify suggestions from people who did not like the service. One person still in the program suggested that staff not answering the office phone was a problem, and when staff turned up unexpectedly at their home, it made them anxious about the appearance and cleanliness of their house. Another young person stated the phone calls and visits they received through the MYP were only minimal and they believed they would have benefited from additional support.

Support did not cease when young people were admitted to hospital, or if they moved out of the original referral area, which was an aspect that service providers and young people valued highly. Most young people moved house a number of times (often to distant areas) while they were in the MYP, which made it challenging to ensure that they remained engaged with necessary services.

Case notes showed the flexibility and commitment of staff in providing case management: when one young person moved to another suburb, they were no longer able to receive clinical mental health support from Campbelltown, but the support from the MYP remained intact. When major incidents happened in the young person's life, staff increased the amount of support. For example, following an incident in which a young person had self-harmed and injured a family member in the process, the MYP support worker increased their support to contribute to their stability.

According to case notes, staff spent considerable time helping young people to develop and use coping mechanisms to manage their mental health. The analysis showed that staff received phone calls on many occasions from young people who experienced a crisis and required assistance. For example, when a young person phoned upset and wanting to leave the refuge as the other residents were mean to them, the support worker encouraged the young person to speak to refuge staff and talked with them about different ways to feel better and keep themselves safe in the refuge.

Overall, feedback from young people and service providers suggested that the intensive case management model adopted by the MYP was valuable to provide a flexible service to young people. Providing intensive case management was time consuming, and were aggravated by the challenges of a service model that moves with young people (in some cases, across different sides of the city). It limited the capacity of the support worker to prioritise the broader goals of the MYP, including communication with external service providers. Some service provider interviews raised concerns about the quantity and quality of communication with the MYP support worker as the number of young people engaged with the project increased over time.

2.6 Secondary consultation to youth homelessness services and family members

The second aim of the project had been initially to provide training and secondary consultation to SHS providers and family members to respond to mental health issues for young people. Interviews with Neami staff revealed that although this had been the intention of the MYP, the support worker did not have capacity to respond to the support needs of young people at the same time as dedicating time to providing training and consultation to service providers. As a result, the aim was revised to provide secondary consultation to service providers on an 'as required' basis, and interviews with the MYP support worker suggested that the uptake by service providers was infrequent.

No program data was available to explore the time spent on providing secondary consultation to service providers, so it is difficult to make any inferences about this aspect of the project. Data collection for the final project report will explore whether the program has adapted to this constraint and inform ways for future projects to provide training and consultation.

3. Outcomes for young people

The evaluation analyses the outcomes and effectiveness of the MYP for participants and SHS. This section presents the interim data about outcomes for young people in the following key domains, consistent with the objectives of the project:

- Links to mental health and homelessness services
- Personal wellbeing
- Family relationships
- Community participation
- Mental health
- Housing

Routine outcome data were collected for all young people either currently or previously receiving support through the MYP (n=18). The ten young people who agreed to participate in the evaluation had been receiving support for nine months on average prior to interim qualitative data collection (range = 2-17 months). The section presents two case studies which outline examples of outcomes achieved for young people engaged with the MYP.

3.1 Links to mental health and homelessness services

Several young people reported improving their links with mental health and homelessness services as a result of engaging with the MYP. Interviews showed that support workers dedicated a significant amount of time to liaising and organising appointments on behalf of young people with various services including Centrelink, ICAMHS, accommodation refuges and drug and alcohol youth health services. The young people stated that they had been able to link in with community and social activities, pursue employment or education opportunities and work on goals that were meaningful to them. They indicated that assistance linking in with services was a vital part of the support they received, as they found trying to navigate the service system themselves confusing and anxiety-producing.

The young people reported that the referrals and support with homelessness services from MYP staff had been helpful:

> They helped to refer to housing to try to find shared accommodation that I can move into after my time is up at where I'm living now.
>
> I have received a lot of support from Neami staff with the help of things at home and helping and supporting me while I moved to Allawah House.
>
> The support I have received from Neami has been that I've been referred to a job agency and get taken to appointments. They come in with me, which helps me feel less anxious like I'm not alone.

Complete exit interview data was available for four young people, who all rated their ability to access specialist and general community services better or much better compared to when they first entered the MYP.

3.2 Personal wellbeing

Interview transcripts and participant case notes revealed that the majority of young people and their family members reported improved wellbeing, independence and resilience due to receiving support through the MYP. A number of young people also reported that they felt better about themselves. Despite this positive feedback, the young peoples' interim PWI data (Appendix A) indicated that their self-rated level of subjective wellbeing (SWB) was low in comparison to the general population, with a mean score of 43.90 (range = 28-65) on a scale of 0 to 100 compared to the general population average, which ranges between 70 and 80 (International Wellbeing Group, 2006). In a Deakin University study exploring the wellbeing of Australians and the impact of marriage, the overall SWB mean for young people aged 18-25 was 76.04 (Cummins et al, 2012).

When comparing the SWB results to a similar sample, such as that in a recent study by the Royal Melbourne Institute of Technology (RMIT), the mean score in the MYP sample was still significantly lower, indicating that this group of young people experienced a considerable amount of distress and dissatisfaction with their lives. The RMIT study revealed that in a nationwide sample of 13 338 "at risk"[5] young people aged 12-19, the SWB mean was 72.62 (Tomyn, 2012). The mean SWB score for the current study sample is more consistent with the findings of an evaluation conducted by the SPRC of the Time Out House Initiative[6], in which young peoples' mean SWB was 48.94 (Gendera et al, 2012).

Mean scores across all eight domains and the additional PWI question about "Life as a whole" suggest that the young people in the MYP experienced chronic and pervasive challenges to their personal wellbeing. The low score for "Standard of living'' suggests that the young people experienced economic disadvantage on a daily basis. Many of the young people were concerned about their health including physical health and chronic conditions. These concerns are reflected in the low mean score for the "Health" domain. The low mean score recorded for the domain "Achieving in life" reflects the level of disengagement from school and education, including the high rates of truancy amongst young people. Mean scores for domains related to personal relationships, safety, being part of a community and future security were significantly lower than means in the studies mentioned above, reflecting many of the issues reported by young people regarding their family relationships, engagement in community activities and perceived safety in their current living situation.

[5] For the purposes of the study "at risk" was defined as a young person being eligible for the Youth Connections Program. This meant that they were either at risk of disconnecting from education or training and/or at risk of not making a successful transition to further study, training or employment.

[6] The Time Out House Pilot is designed to provide approximately 3 months outreach and case management support to young people (aged 15-25) whose circumstances have had or may have an impact on their mental health.

The completion of the CANSAS-P (Appendix C) by young people and the CANSAS-S (Appendix D) by the MYP support worker provided further insight into their overall health and wellbeing. Listed in order of incidence, the most frequently reported unmet needs identified by young people were:

- Psychological distress
- Daytime activities
- Company
- Physical health
- Benefits (monetary)
- Safety to self.

In the interviews and case notes, young people discussed similar priorities, including limited everyday coping and life skills, insecure housing or wanting to live independently, strained family relationships, reduced self-esteem, self-harm, and little knowledge of coping strategies to deal with their mental health issues. Child care, safety to others and using the telephone were the unmet needs least frequently identified by young people. The most frequently reported unmet needs identified by MYP staff were:

- Company
- Daytime activities
- Accommodation
- Physical health
- Safety to self
- Psychological distress.

Overall, staff identified a higher number of unmet needs than the young people. There are also differences in the lists of unmet needs as reported by Neami staff and the young people. However, potential reasons for the differences could not be explored with interview respondents, as the CANSAS data were extracted after the participant and staff interviews.

Comparison of the CANSAS P and CANSAS S data collected at two time points revealed no changes of statistical significance between levels of unmet need. The mean number of unmet needs as reported by young people who completed the CANSAS P twice (n=3) increased from six to nine. However, staff completion of the CANSAS S for young people over two time points (n=5) revealed a reduction in the mean number of unmet needs from 9.2 to 7.4. These findings suggest that staff are more likely to identify a higher number of unmet needs than the young people, but are then more likely to identify progress made in addressing unmet needs.

The following interview quotes are examples of improvements made in the wellbeing of two young people:

> Interviewer: What about the amount of time you feel positive about yourself, has it changed during the time you've been engaged with the MYP?
>
> Young person: Yeah, it's a lot better.
>
> Interviewer: Do you think Neami has had anything to do with these changes?
>
> Young person: Yes, just like with the support with everything, it's given me that little boost of confidence to get where I am.

3.3 Family relationships

Consistent with the program logic, the MYP support worker and service manager identified restoring relationships with family members as a primary aim of the program. As many young people were not in contact with their families, staff engaged with family members only if the young person gave them permission to do so. The two family members participating in interviews for the evaluation found the MYP support beneficial in negotiating relationships between the young person and other family members, and in providing respite and reducing stress for family members. The interviews suggested that MYP staff gave information to family members about mental illness and how to best support the young person to reduce the impact of mental illness. A quote from MYP staff outlines how Neami helped to restore the relationship between young people and their family:

> So providing a bit more context, I suppose, for families, links to - links for them to get information and support. Also, just having another person involved to take off some of that burden.

Overall, family members perceived Neami staff to be accessible and available. One respondent commented that "If I need to know anything I can always ring, I've always been able to ring". Some young people who were in contact with their family mentioned that their relationships with family members had improved as a result of receiving support from the MYP. The two family members described how the MYP had supported the development of a positive relationship:

> It's wonderful, I know … it really has helped her grow and felt confident and supported and taken a lot of pressure off myself because I was probably near nervous breakdown point – physically and emotionally I'd had it – and even though we were going to ICAMHS there wasn't that support for me, and she really, she needed the support not just on a weekly visit, but on a daily to weekly, knowing someone was there for her, so I think it's been a wonderful thing for her and myself.
>
> Our relationship has changed for the better. It's taken that, as I said, you can't be there for someone emotionally and doing all the running around as well and the support – no – it's definitely changed and we're much better. Much better communication and I think we enjoy seeing each other rather than how it was before.

> I'd really like to thank Neami because, really, without that support, I don't know where we would be. And that's from the heart - You came at a time that we really needed help, and as I said, I didn't know that it really existed, and so I'm really really appreciative, and I know [the young person] is too, so thank you.

Both family members participating in an interview had positive experiences with the MYP, however a larger sample might yield mixed responses.

3.4 Community and social participation

Many young people expressed a desire to increase their involvement in the community through employment, social and recreational activities and education. As part of this evaluation ten young people completed a survey about their social and economic participation (APQ6). An overview of the data is in Appendix B.

Eight out of ten young people did not have a job. Two young people were currently employed and worked four and 48 hours respectively in the week previous to completing the APQ6. Sixty per cent of the young people were actively looking for full or part time work, and the majority reported they were interested in increasing their level of involvement in employment. When asked if they did any unpaid work, one young person reported that they spent time looking after a child aged under 15, and nine stated they did not do any unpaid work.

Half of the young people were enrolled in a course of study; three were in secondary school, one in TAFE or Technical/Vocational College and one was currently completing another course. Those doing a course reported spending 18 and 25 hours a week respectively attending classes and studying. Seven of the young people planned to increase their involvement in education and training, indicating their awareness of the advantages of education.

Seven out of the ten young people reported socialising and visiting friends or relatives, indicating that connection to others is a very important part of their lives. Six young people went out for a meal or to be entertained, while three people reported engaging in religious, sport or physical activity in the past week. Nine out of ten young people reported socialising through the phone or internet compared to six out of ten who stated they socialised face to face. When asked how much time they spent on all social activities during the past week, their answers ranged from 12 to 120. One person reported having a special interest group activity, while six young people said they were interested in increasing their involvement in social and recreational activities.

A number of young people were supported to apply for employment, including assistance writing résumés and preparing for job interviews. One young person was supported to attend a course to develop their budgeting and day to day skills required to secure and maintain employment. Young people commented that they felt more motivated and confident to pursue their employment and education goals since getting involved in the program.

One young person said how proud she was at how far she had come in pursuing her employment goals and how important the support from the MYP was:

> The support I have received from Neami has been that I've been referred to a job agency and get taken to appointments. They come in with me which helps me feel less anxious, like I'm not alone. I've been helped with looking for work and handing out résumés.

Case notes for the young people indicated that the MYP support worker spent a significant proportion of time supporting young people to pursue these activities. The young people's opinions about the extent to which their educational and vocational outcomes had benefited from their engagement with the MYP was not available to the evaluation, perhaps because most young people chose to a written response, which had less detail than an interview.

3.5 Mental health

One of the goals of the MYP is to minimise the impact of mental health issues on young people and support their mental health recovery. Case notes and interviews with young people and service providers indicated that issues around mental health had a detrimental impact on young peoples' ability to maintain their housing arrangements, personal relationships, and social and community commitments. Some young people mentioned self-image and loneliness as a contributor to feelings of depression and suicidal ideation. MYP workers and service providers identified that self-harm was common amongst the young people engaged in the MYP and gave examples of young people whose SHS placements had been terminated as a result of ongoing incidents of self-harm.

The responses of the three young people who completed the BASIS-32 (Appendix F) revealed that they experienced a range of issues around mental health which may have been a contributing factor to the high rates of self-harm. They stated that they had difficulty in the following areas (the difficulty was rated at moderate, quite a bit or extreme):

- Lack of self-confidence, feeling good about yourself
- Adjusting to major life stresses
- Fear, anxiety, panic
- Isolation, loneliness
- Mood swings, unstable moods
- Physical symptoms.

In addition to these areas and consistent with information reported in previous sections, the young people also reported difficulties with work, school and relationships with family members. Thirteen of the 18 young people who received support from the MYP were also case managed through local clinical mental health services. Mental health hospital admissions were common amongst the young people, which indicates the severity of their needs. Most young people had at least one hospital admission during their involvement with the MYP (average over 3; range 0-15+). One young person had more than 15 hospital admissions during their time with the MYP, some of which were related to suicidal ideation and self-harm.

The number of SHS used by young people and higher hospital admissions were strongly correlated (r = .532[7], p < .05). This finding, from a small sample, is consistent with previous research findings that the burden on the public health system is higher for people with complex needs, and in particular those with unstable housing arrangements (see Moore, Gerdtz, and Manias, 2007 for a review of the literature).

Interviews revealed that both Neami staff and other service providers believed that the MYP did not seem to have had the expected impact on addressing the mental health needs of young people. Support has focused on the practical aspects of finding accommodation or employment. The MYP support worker and a service provider recounted examples of young people with severe anxiety or depression whose mental health did not improve significantly despite receiving support up to 4-5 times per week. This may have been due to the pressure of one support worker providing intensive case management to up to 10 young people at a time and having to make choices about the focus of support (housing versus mental health). Alternatively, it could have been a result of the MYP support worker prioritising issues that they felt better equipped to address.

To improve young people's mental health outcomes during the remainder of the project, the MYP worker might consider making more referrals to clinical mental health services, and focus on a closer working relationship with clinical services to address both housing and mental health.

Despite these comments, exit interviews indicated that all young people believed their overall quality of life had stayed the same or become much better since entering the MYP, their sense of hope was better or much better and their mental health was either better or much better. The following quote from a young person outlines how they perceived their mental health to have improved as a result of receiving support from the MYP:

> My mental health improved in the time I was with Neami as they distracted and helped me in any way that would benefit me.

3.6 Housing

Assisting young people in securing stable accommodation constituted a major component of time spent by MYP staff. The majority of young people supported through the MYP moved around between various SHS on numerous occasions. As previously reported, one young person had stayed in ten different SHS in the time they had been engaged in the MYP (with a number of placements at these services), and the average number of SHS used by each person was two (range = 0 – 10). Case notes indicated that due to challenging behaviours such as breaking house rules or engaging in self-harm, many young people engaged in the MYP were exited from refuges on a number of occasions.

As evidenced by the participant case notes and stakeholder interviews, the MYP support worker faced a number of challenges finding suitable accommodation for young people, including the limited availability of places and the complexity of issues experienced by young people. Case noting in crisis situations reflected a cooperative approach to service coordination, where service providers were consulted to brainstorm solutions for the young people.

[7] Strength of Correlation (Cohen, 1988: 79 – 81) Low r = .10 to .29; Moderate r = .30 to .49; Strong r = .50 to 1.0

Interviews and case notes revealed that a number of young people were able to secure medium to long term accommodation as a result of support provided through the MYP. Quotes from the young people are further examples of the benefit of MYP to housing outcomes:

> They helped to refer to housing to try to find shared accommodation that I can move into after my time is up at where I'm living now.
>
> They have helped me find a house, and move out of the refuge.

3.7 Case Studies

The case studies below reflect the experience of two young people who experienced a range of positive outcomes through their engagement with the MYP. The young people in question reviewed and approved the case studies' form and content. Pseudonyms have been used to maintain anonymity.

Case Study 1

Jane was diagnosed early in life with a range of mood and anxiety disorders. She was referred to the MYP by ICAMHS as she had recently experienced an episode of mental ill health in which she became stressed, anxious, and became involved in a physical altercation with a family member, which led to her hospitalisation. Her family had been trying to get her support for her mental health for years and kept being turned away. They were advised by hospital staff to call the police in the event of any future outbursts, which they did. The police and ambulance were called and took Jane to hospital.

Jane's primary carer was physically unwell and struggling to care for Jane and herself. The MYP support worker visited Jane in hospital and referred her to a medium to long term accommodation service close to the family home, in order to relieve some of the pressure from her primary carer.

Jane was a quiet young woman, but soon opened up to her support worker. When she first moved into her accommodation, she did not know how to make a bed, so her support worker worked with Jane to develop basic living skills necessary for her to live independently. There were times when Jane was not doing well, she could not cope with living independently, and could not get out of bed or get dressed.

In the year since Jane started receiving support from the MYP, she has stayed in the same accommodation; does all the cooking in her house. Jane and her primary carer have a much better relationship now. She still needs support from her primary carer but the relationship is more positive now that Jane is living independently. Jane's confidence has increased markedly – when she first started in the MYP it would take her hours to get ready to leave the house, as her self-esteem was very low and she felt that she needed to look "perfect". Now, Jane is going out and has a number of friends; she is working towards getting her licence; she attends job interviews; and is proud of how far she has come. Further, Jane has halved her medication and her anxiety has decreased significantly, to the point where she is working to taper off her medication entirely.

Case Study 2

Amelia had been living in a refuge for almost three months when her worker noticed that she had been self-harming and hiding it from staff at the refuge. At that point, the refuge contacted the MYP support worker for advice on how to manage Amelia's self-harming behaviours. The MYP support worker worked with the refuge to provide support to Amelia, mainly around strategies to keep herself safe and manage her self-harm.

Amelia's self-harm continued to the point where she had to be hospitalised; at which time her placement at the refuge was closed, and she was at risk of becoming homeless after she was discharged from the acute unit.

The MYP support worker continued to provide support to Amelia while she was in the acute unit, secured medium-term accommodation for when she was discharged and assisted her to apply for government funding to help with the costs of furnishing her home.

4. Outcomes for youth homelessness services

4.1 Consultation to specialist homelessness services

All service providers interviewed for the evaluation felt that the project is meeting a need, as the MYP is providing support for young people whose issues are considered too complex for other services. They wished that it would become a permanent program with additional staff. They were also concerned about the gap in mental health and housing services for the age bracket between adolescent and adult services.

A number of SHS providers suggested that the positive relationships reported in interviews were more likely the result of individual relationships between workers and not the organisations more broadly. The interviews revealed that there was no regular communication between Neami and a number of relevant service providers, with one agency reporting that their staff were unclear about the support offered by the MYP. The need for increased communication between services was evident, including better promotion of the MYP to young people and relevant service providers.

A number of service providers referred to the need for a service like the MYP; however, between March and August 2011 (the first six months of service provision after the period of promotion), the number of young people engaged with the service ranged from three to six. The number of young people increased steadily after that point and reached capacity in July 2012 (nearly a year and a half after service provision commenced). Possibly more extensive, targeted information managed by Neami management might have increased the profile of the project and thus boosted the number of young people receiving support in that time. Further, it might have been beneficial for Neami management to prioritise ongoing relationship management with the service providers in the area to ensure that SHS service providers are kept abreast of the support available through the MYP.

Alternatively, the level of need among young people in the area could have been overstated within interviews, hence the comparatively low participation rate in the first six months of the project, though this is unlikely given the high prevalence of mental illness among homeless young people; last estimated around 3000 people within the Sydney metropolitan area alone (Chamberlain & MacKenzie, 2008; Kamieniecki, 2001:335). These figures point to the importance of a strong project management framework and the necessity for ongoing relationship management among local service providers.

Interviews with MYP staff and service providers identified that there were no formal processes such as a Memorandum of Understanding (MOU) or partnership agreement between Neami and other relevant services. Some organisations perceived this to be a strength, as it enables the MYP to remain flexible in its approach with young people. Others believed that an MOU would assist in formalising roles and responsibilities and ensuring that knowledge could be shared between a number of workers, rather than being held by one or two people.

Several service providers mentioned an inter-agency youth mental health meeting in Campbelltown that organisations such as ICAMHS, Headspace and Campbelltown Community Mental Health attend, and which Neami does not. All service provider interviewees stated that it would be beneficial for Neami to attend to provide additional information about the young people engaged in the project and to ensure that any support is coordinated between all relevant services. Regular participation at these meetings would also enable good news stories of the project and challenges encountered to be shared with the group.

The provision of secondary consultation to youth homelessness services with the aim of increasing their capacity to effectively respond to the mental health needs of young people did not occur in a consistent manner. All respondents identified that the high caseload and case management focus of the MYP support worker role impacted on their ability to effectively provide consultation services to SHS staff. One SHS service provider believed some SHS staff are hesitant to ask for advice or support:

> A lot of the services, they like to work in isolation and it's like they don't want people asking questions about why they do it, or how they do it. Having more services involved is not beneficial for them because sometimes they get caught out.

Other SHS providers echoed this sentiment, suggesting that there was a culture of institutionalisation within the sector, in that services outside of it were seen as a threat and could take their business, and that the established way of operating should not be altered.

While some SHS respondents stated that they had not received any formal consultation or training from MYP staff, many reported having been supported in their work with young people. One respondent described how the consultation process occurred for them:

> It's not just about the Neami worker going out and doing work with young people. She can spend a couple of hours a day on the phone with services or accommodation places just to give staff some information or education or knowledge about what's in the area, what they can do, who to contact if the kids are displaying certain mental health issues.
> Having Neami's support with mental health has been a big help to our service as well in being able to support the young people with that.

Other SHS reported that MYP staff would be their first point of call for supporting complex young people who entered their service. They used phone calls to MYP staff to gather feedback on what strategies they should consider and to informally discuss the mental health issues of young people.

4.2 Capacity building

Service providers held differing views about the success of the MYP in building the capacity of SHS to respond more effectively to mental health needs of young people. Some stated that the informal consultation and opportunity to discuss issues worked well and others believed it to be an area for development. Through the evaluation process, it became evident that the primary focus of work for the MYP support worker was on case management with the young people, which limited resources to provide training and support to SHS.

Additionally, interview respondents stated that maintaining relationships between all SHS and MYP staff was difficult due to differences in core working hours and continual changes in staff in many SHS.

They had conflicting views about the ability of SHS providers to respond to the mental health issues of young people who were referred to their services. A number of anecdotes were mentioned where young people who had self-harmed were exited from refuges due to their assessment that their needs were "higher than the service could cater for". One organisation stated that they did not utilise Neami's expertise in dealing with people with complex needs, as "any advice that Neami provides we don't - it's not adaptable or transferrable to other young people because I have another source that assists us in that area". This comment indicates the necessity for further exploration of the reasons behind SHS not utilising secondary consultation opportunities with the MYP; or opportunities to cooperate with other sources of assistance.

Mental health training about self-harm was the area of greatest need identified by SHS staff. One SHS respondent stated that they believed that refuges and crisis accommodation required more training to enable them to effectively address self-harm behaviours instead of exiting young people when things became too difficult. A common theme in interviews was the cycle that many young people go through when they are exited from an SHS as a result of self-harming behaviour:

> My impression is that [staff] probably do try, but they feel as though - because they're not mental health trained, they therefore lack the skills and expertise to do it. For example, a common area is they're not able to distinguish between self-harm and suicide risks. They would interpret every girl who self-harms as being suicidal. Whereas it's not really the case.
> I would agree that the actual refuges or crisis accommodation need more training in terms of how they work with the clients rather than they say they're going to support them but when it becomes too difficult they just say okay let's exit them and we'll get somebody else. It's just a cycle. The client just goes from one place to another because no one's actually looking at how they can support them.

Despite the challenges there was evidence that through the MYP the capacity of some SHS to respond to the mental health needs of young people had improved:

> One of the biggest needs that we're seeing - a lot of our clients here have mental health issues. So having Neami's support with mental health has been a big help to our service as well in being able to support the young people with that.
>
> Having another agency that has not only expertise and skills, but just an understanding, was very helpful.

5. Economic evaluation

The economic evaluation is intended to answer a number of key questions including:

- Does the MYP offer value for money to government and the community?
- Does the model of service delivery affect cost effectiveness?

Neami received a one off payment of $350,000 from the NSW Department of FACS in May 2010 to deliver the MYP. The funding was not provided as a package per person type arrangement. Neami was instructed to deliver the MYP until the funding ran out. As at 30th June 2011, $24,834 had been spent primarily on salaries and staff related costs and office costs.

A total of $127,820 in expenditure was recorded for the 2011/2012 financial year. The main costs within this period were salaries, wages and salary on costs, office costs and program establishment costs. Less than $1000 was spent on direct consumer costs over the financial year, for items such as furniture and homewares. Upon reviewing the total expenditure for the financial year, the number of young people who received support during this period (n=9) and the amount of hours of support provided (823 hours), the average cost of supporting a young person was $14,202. This equates to an average cost per hour of $155.

As at 31 January 2013, $72,585 in expenditure had been recorded since 1st July 2012. As with previous years, the main costs for the current financial year had been related to staff and office costs. Analysis of the year to date consumer costs revealed a significant increase in comparison to the previous years. A total of approximately $7000 has been spent to date, with the majority ($3509) spent on home requirements (furniture and home wares) for the young people.

Previous research conducted by the City of Sydney, Neami, Faces in the Street and the Nous Group identified the estimated cost to support a rough sleeper each year was $28, 700 (Joffe et al, 2012). Based on the number of positive housing outcomes achieved for young people engaged in the MYP, it could be said that an early intervention approach such as the MYP may have an effect on preventing young people from becoming homeless over the long term. Additionally, by supporting young people to continue education and find employment, their longer term economic participation is being supported, thus minimising potential future costs related to their engagement with health, justice and homelessness services.

It is interesting to note that all Neami staff and a number of service providers perceived the project to be under-resourced in terms of support workers and management contributing to overall project management. As the economic analysis was conducted after interviews had been completed, there was not an opportunity to further explore this with staff while referring to the financial data provided in the economic analysis.

Table 6: Costs 2010 to 2012

Costs	2010/2011 Financial year (Dec 2010-Jun 2011)	2011/2012 Financial year	2012/2013 Financial year (Jul 2012-Jan 2013)
Salaries and on costs	$3379	$80,449	$36,607
Goods and Services including: • Audit fees • Vehicle costs • Program establishment fees • Office costs • Vehicle Costs • Depreciation • Staff related costs • Other costs	$20,583	$46,449	$28,983
Consumer costs	$872	$923	$6995
Total Expenditure	$24,834	$127,820	$72,585
Total number of young people who have received support	6	9	11
Average cost per young person per month	$1035*	$1184	$943

Source: Neami financial data December 2010 - January 2013

Note: * Based on the first hours of support from March 2011, i.e. 4 months of support provided in the 2010/11 Financial Year

As at 31 January 2013 a total of $225,241 was spent on the MYP. Upon reviewing the total expenditure over the course of the project, the total number of young people who have received support (n=18) and the amount of hours of support provided (1916 hours of support), the average cost of supporting a young person is $12, 513. This equates to an overall average cost per hour of $118. Based on the range of hours of support provided to young people (6-418 hours), the range of costs for the 18 young people who've been engaged in the project is between $708 and $49,324.

The final evaluation report will analyse the costs of the project against the outcomes of young people.

6. Implications for program evaluation

All young people that participated in the evaluation said they would or have recommended MYP to a friend:

> I would recommend Neami to a friend or someone who is in need of support as it has helped me come a long way.
>
> Yes I would because they would be able to help my friend as well.
>
> I definitely would, just because I've been to so many services, so I've had my fair share of knowing what's around – and out of all the services, I can't talk to any of them. I wouldn't set foot in their building, I really like Neami.
>
> Yeah, I would. I actually have.

Many young people reported that they had become proud of themselves, grown as people and become stronger as a result of receiving support through the MYP. The young people interviewed placed a high degree of importance on having someone to talk to (rather than someone talking 'at' them), who listened and understood their point of view:

> Neami is better. More supportive, I guess like they [Neami] help out more, they understand more where you're coming from, like other services like counselling and that, you…I dunno, they don't get it. You guys get it. I feel more comfortable

Service providers reflected on many positive aspects of how the MYP is delivered, including the flexibility of staff engagement across a wide geographical area; that the project is meeting a direct need for young people and their families in the community; and the holistic approach taken by staff to address the dual issues experienced by young people in relation to their accommodation and mental health. Further, a number of areas for improvement have also been identified.

The way Neami prioritised the resources for the MYP made it difficult for the support worker to provide intensive case management to both address many of the complex mental health issues experienced by young people, and to also engage effectively in relevant stakeholder meetings and maintain frequent communication with all relevant services. Formally defining the MYP support worker position with a specific Position Description and specialised youth service training opportunities would clarify the responsibilities and support. The two support workers who have worked in the MYP have been recruited from the Neami Campbelltown team and have not received any specific training or professional development to support them in the role. The lack of formal classification of the position and ongoing training may be a contributing factor to the slow progress made in improving the mental health of many young people engaged in the MYP.

Reorganising the support worker responsibilities could enable the MYP staff to address a broader range of needs of young people (specifically around mental health) in greater depth and provide capacity building consultation to homelessness services; for example by allocating the responsibilities to more than one Neami staff full time or part time, with or without other responsibilities. Neami's responsiveness to email and telephone correspondence could increase to ensure ongoing support to young people is not interrupted and potential referrals are able to be discussed

The evaluation also identified that the initial and ongoing promotion of the MYP could have been more effective if the project was promoted directly to the young people through schools and other community health centres. This could result in more young people self-referring and engaging with the project prior to primary homelessness or a mental health crisis, enabling referral to clinical mental health services. The promotion strategies used may also have contributed to the low numbers of males engaged in the MYP. Reviewing current promotion and information strategies could address the low numbers of young males engaged in the project. Consulting with youth services in the Campbelltown region could identify how to best maintain ongoing relationships with young males.

The informal nature of the MYP, including the support worker role and the lack of a formal structure or MOU's with SHS and other youth services is something that needs to be addressed. The development of more formal structures would then support the MYP objective of increasing the capacity of SHS to respond more effectively to the mental health issues of young people through training and consultation. In many cases during service provider interviews detailed information about the MYP was not known as it appeared that many of the relationships between organisations were person-specific and not developed on a larger organisational level.

Reviewing project management of the MYP by Neami NSW senior management could address gaps in attending relevant interagency and network meetings and active involvement in relationship management with service providers. Building relationships with SHS could enable regular discussion about SHS service constraints on addressing the needs of young people, e.g. eligibility requirements, funding constraints and hours of support.

This formative evaluation has identified many positive aspects and areas for continuous improvement related to the provision of the Macarthur Youth Mental Health and Housing Project over the remaining months of service provision.

Appendices

Appendix A –PWI

Subjective Well-Being

	Minimum	Maximum	Mean	Time Out Initiative Participant Mean
Life as a whole	0	100	46	48
Standard of living	0	100	52	51
Health	10	80	47	53
Achieving in life	20	100	61	48
Personal relationships	20	80	51	51
Safety	0	100	55	62
Part of community	0	100	49	54
Future security	0	100	52	54
Spirituality	10	100	72	68

Appendix B –APQ6

	Yes	No	Not Yet
Did you have a job last week?	2	8	
Actively looking for employment?	6	4	
Any types of unpaid work?	1	9	
Enrolled in any course of study?	5	5	
Spent time visiting relatives or friends	7	3	
Went out for a meal or to be entertained	6	4	
Participated in religious activities	3	7	
Participated in sports or physical activity	3	7	
Participated in other special interest group	1	9	
Spent time socialising face to face	6	4	
Spent time socialising through the phone or internet	9	1	
No social activities	1	9	
Interested in increasing employment	8	1	1
Interested in increasing involvement in unpaid work	2	5	1
Interested in increasing involvement in education and training	7	3	
Interested in increasing involvement in social and recreational activities	6	3	
Would like help with increasing employment and education	6	3	

Appendix C –CANSAS-P

Time point 1 (n=9)

Type of need	No need	Met need	Unmet need	Refused to answer	N/A	Total needs
Daytime activities		4	5			9
Company	3	2	4			6
Accommodation	2	2	3	1		5
Money	4	2	3			5
Food	3	5	1			6
Psychological distress		1	8			9
Intimate relationships	3	1	3	2		4
Physical health	1	4	4			8
Transport	6		3			3
Look after home	6	1	2			3
Self-care	8	1				1
Basic education	7	2				2
Telephone	8	1				1
Sexual expression	2	2	1	4		3
Benefits	3	2	4			6
Information on condition and treatment	4	3	2			5
Safety to self	2	3	4			7
Safety to others	7	1	1			2
Drugs	7		1		1	1
Psychotic symptoms	7		2			2
Alcohol	8				1	0
Child care	7		1	1		1

Repeat (n=3)

Type of need	No need	Met need	Unmet need	Refused to answer	N/A	Total needs
Daytime activities			3			3
Company			3			3
Accommodation		1	2			3
Money		1	2			3
Food		2	1			3
Psychological distress		1	2			3
Intimate relationships	1	1	1			2
Physical health		1	2			3
Transport		2	1			3
Look after home		3				3
Self-care	1	1	1			2
Basic education	2		1			1
Telephone	2	1				1
Sexual expression	1	1	1			2
Benefits	1	2				2
Information on condition and treatment	1	1	1			1
Safety to self	1		2			2
Safety to others	3					0
Drugs	2		1			1
Psychotic symptoms	2		1			1
Alcohol	1		2			2
Child care	3					0

Appendix D –CANSAS-S

Time point 1 (n=11)

Type of need	No need	Met need	Unmet need	Refused to answer	N/A	Total needs
Daytime activities	1		10			10
Company			11		7	11
Accommodation		2	9			11
Money	2	2	7			9
Food	1	5	5			10
Psychological distress	1	3	7			10
Intimate relationships	5	1	5			6
Physical health		3	8			11
Transport	3	4	4			8
Look after home	1	4	5	1		9
Self-care	4	6	1			7
Basic education	6	2	3			5
Telephone	7	3	1			4
Sexual expression	6	1	4			5
Benefits	1	8	2			10
Information on condition and treatment	2	2	6	1		8
Safety to self	1	3	7			10
Safety to others	8		3			3
Drugs	5		5	1		5
Psychotic symptoms	7	3	1			4
Alcohol	4		6	1		6
Child care	10	1				1

Repeat (n=5)

Type of need	No need	Met need	Unmet need	Refused to answer	N/A	Total needs
Daytime activities			5			5
Company			5			5
Accommodation		4	1			5
Money	1	4				4
Food		5				5
Psychological distress			5			5
Intimate relationships		1	4			5
Physical health		1	3			4
Transport	2	2	1			3
Look after home		3	1	1		4
Self-care	1	4				4
Basic education	2	3				3
Telephone	2	3				3
Sexual expression	1		4			4
Benefits		5				5
Information on condition and treatment	2	1	1	1		2
Safety to self	1	1	3			4
Safety to others	3	1		1		1
Drugs	3	1		1		1
Psychotic symptoms		1	3	1		4
Alcohol	2		2	1		2
Child care	5					0

Appendix E – ASSIST

(n=8)

Substance	Low Risk	Moderate Risk	High Risk	Mean Score
Tobacco	3	4	1	10.5
Alcohol	4	4	0	10.25
Cannabis	5	2	1	7.13
Cocaine	7	1	0	0.63
Amphetamine Type Stimulants (ATS)	7	1	0	2.75
Inhalants	8	0	0	0.38
Sedatives	8	0	0	0
Hallucinogens	7	1	0	0.75
Opioids	8	0	0	0.38
Caffeine	3	5	0	6.38

Appendix F – BASIS-32

BASIS-32 (n=3)

Domain	No Difficulty	A Little Difficulty	Moderate Difficulty	Quite a bit of Difficulty	Extreme Difficulty
Managing day to day life	1	1	1		
Household responsibilities	2	1			
Work		1		2	
School		1	2		
Leisure time	1	2			
Adjusting to major life stresses	1			2	
Relationships with family members	1		1	1	
Getting along with people outside the family	2	1			
Isolation, loneliness		1	1	1	
Being able to feel close to others	2	1			
Being realistic about yourself to others	1	2			
Recognizing and expressing emotions appropriately	2		1		
Developing independence, autonomy	1	2			
Goals or directions in life	1	2			
Lack of self-confidence, feeling bad about yourself			1	1	1
Apathy, lack of interest in things	1	1	1		
Depression, hopelessness	1	1			1
Suicidal feelings or behaviour	2			1	
Physical symptom	1		1	1	
Fear, anxiety, panic	1			2	
Confusion, concentration, memory	2			1	
Disturbing or unreal thoughts or beliefs	2			1	
Hearing voices, seeing things	3				
Manic, bizarre behaviour	3				
Mood swings, unstable moods		2		1	
Uncomfortable, compulsive behaviour	2		1		
Sexual activity or preoccupation	3				
Drinking alcoholic beverages	2	1			
Taking illegal drugs, misusing drugs	2	1			
Controlling temper, outbursts of anger, violence	2	1			
Impulsive, illegal or reckless behaviour	2	1			
Feeling satisfaction with your life	1	1		1	

Appendix G – Interview Schedule

YOUNG PEOPLE (Currently engaged with the MYP)

Background and Service Use

1. How did you hear about Neami? How long have you been involved with Neami? How often do you meet/get in touch with your Neami worker?
2. What were your expectations of receiving support from Neami in the beginning? What was the main reason you become involved with Neami?
3. Describe the support you've received since being involved with Neami?
    a. Any referrals to other services (e.g. TAFE, mental health, community participation)?
4. If you requested that your family be involved as part of your support, have Neami staff responded to this request?

YP experiences of MYP support

5. Do you feel welcome, understood, and respected when you're receiving support from Neami?
6. Describe your relationship with Neami staff?
    a. Do you think they understand your personal situation?
7. Describe your relationship with the other staff? (i.e. from SHS, Youth Mental Health, ICAMHS
8. How useful is the support/information/referrals you receive from Neami staff?
9. Are you linked with a mental health service other than Neami?

Outcomes – social, community participation, health and wellbeing, self-efficacy

10. Has anything changed since you became involved with Neami? How happy are you now with...
    - your relationships with family and friends (how regularly you see them; how you get along; the amount of time you see them)
    - the ways in which Neami staff have engaged with your family and friends
    - what you want to be good at and achieve in your live (education, work, volunteering, personal development (sports, music, arts))
    - how you spend your time in a regular week? interests and hobbies and social activities you take part in
    - the place you live (are you currently in stable accommodation?)
    - the amount of time you feel positive about yourself and how things have been going in your life
    - your physical health and emotional well-being
    - the amount of cigarettes you smoke, drugs and alcohol you use
    - knowing where to get help and information, if needed, for a range of problems, including when you are feeling down and really sad
    - the support you have from family and friends to help you look after yourself, your health and emotional well-being
    - your long term plans and hopes for the future
11. Do you think Neami has had anything to do with these changes? How much and why?

Overall assessment

12. How would you compare your involvement with Neami to similar programs or support agencies you have used or been involved in the past?
13. Is there anything about Neami (overall) that isn't useful or that you don't like? How would you change this?

14. If a friend had some worries or needed some support would you recommend Neami? Why or why not?
15. Do you have any other comments to make about the Neami?

YOUNG PEOPLE (Already exited the MYP)

Background and Service Use

1. How did you hear about Neami? How long were involved with Neami? How often did you meet/get in touch with your Neami worker?
2. What were your expectations of receiving support from Neami in the beginning? What was the main reason you become involved with Neami?
3. Describe the type of support you received when you were involved with Neami?
4. If you requested that your family be involved as part of your support, did Neami staff respond to this request?

YP experiences of MYP support

5. Did you feel welcome, understood, and respected when you're receiving support from Neami?
6. Describe your relationship with Neami staff.
7. Describe your relationship with other staff (i.e. from other services such as SHS, Youth Mental Health, etc)
8. How useful was the support/information/referrals you received from Neami staff?
9. Did Neami support you in linking up with a mental health service other than Neami?

Outcomes – social, community participation, health and wellbeing, self-efficacy

10. Did anything change as a result of you receiving support from Neami? How happy are you now with...
    - your relationships with family and friends (how regularly you see them; how you get along; the amount of time you see them)
    - the ways in which Neami MYP staff engaged with your family and friends
    - what you want to be good at and achieve in your live (education, work, volunteering, personal development (sports, music, arts))
    - how you spend your time in a regular week? interests and hobbies and social activities you take part in
    - the place you live (are you currently in stable accommodation?)
    - the amount of time you feel positive about yourself and how things have been going in your life
    - your physical health and emotional well-being
    - the amount of cigarettes you smoke, drugs and alcohol you use
    - knowing where to get help and information, if needed, for a range of problems, including when you are feeling down and really sad
    - the support you have from family and friends to help you look after yourself, your health and emotional well-being
    - your long term plans and hopes for the future

11. Do you think Neami had anything to do with these changes? How much and why?

Overall assessment

12. How would you compare your involvement with Neami to similar programs or support agencies you have used or been involved in the past?

13. Is there anything about Neami (overall) that wasn't useful or that you didn't like? How would you change this?
14. If a friend had some worries or needed some support would you recommend Neami? Why or why not?
15. Do you have any other comments to make about the Neami?

FAMILY MEMBERS AND FRIENDS

1. What is your relationship to [name of YP]? If friend/carer/guardian, how long have you known [name of YP]?
2. How regularly are you in contact with [name of YP]?
3. What kind of support do you provide for [name of YP]?
4. How did your family member/friend come to be involved with Neami?
5. What are your perceptions about the support and services [name of YP] receives from the Neami? (eg. referral to other services, information provided, coordination with other non-clinical and clinical services YP receives…)
6. Have your perceptions about Neami changed over time?
7. Do you feel your family member/friend's life has changed since being involved with Neami? If so, how has it changed? (Prompts: health changes, emotional wellbeing, life skills, relationships with family, social interaction, community participation)
8. How would you compare Neami to similar programs or services you and/or [name of YP] have used in the past?
9. Overall, how satisfied are you with the communication between you and the Neami? Is there anything you would like to see changed?
10. Overall, how satisfied are you with the communication between you and the workers from other services, i.e. SHS, Youth Mental Health, etc.? Is there anything you would like to see changed?
11. Overall, how satisfied are you with the quality and amount of support that your family member/friend is receiving from Neami?
12. Do you have any other comments you would like to make about Neami?

MYP STAFF (Neami, SHS, Department of Communities, Youth Mental Health)

1. What is your role in the MYP? How long have you been in this role?
2. How many young people do you work with? (directly, or currently in the program – managers)

Service delivery model – features, best practice, and challenges

3. What do you see are the main objectives of the MYP?
4. Describe your relationship with Neami staff.
5. Can you please describe the main features of the MYP service delivery model?
   - Eligibility (and exclusion criteria)
   - Main client groups – who is receiving MYP services and which groups are missing out (eg. CALD, Indigenous, age, gender, drop-out from school, YP with mental health issues, drug and alcohol issues…)
   - Referral sources and process - What process do you go through when you meet a client for the first time? How could the process be improved?
   - Strategies to engage clients (promotion, youth-friendliness, cooperation with other community services…)

- What do you see are the main barriers for young people to access/engage with the MYP? How does your agency try to overcome these?
- What services and support does MYP provide (coordination with other services, referral to other services, lifestyle support,….)? [outreach and in-house]
- Which groups are benefiting the most, which the least from MYP services and supports?
- What are the key learning's for 'best practice' (eg. MOU with key partners, clear referral pathways in and out of MYP, policies and procedures, client-centered delivery…) from your MYP model?
- What are the key challenges in providing services to the target group (recruitment and retention of qualified staff, engaging clients, and their informal supports…)?
- What role do partnerships play in the MYP? What are benefits and challenges to working in partnerships with other community services for management, for client outcomes, the MYP model overall?

Outcomes – for young people and informal supports

What has been your experience of providing services…

6. What works best for young people in the planning and goal setting process? Referral and coordination with other community services? Have there been any issues for you in this process (e.g. service coordination)?
7. What are some of the short term benefits of the MYP for young people? [stable accommodation] Please give examples.
8. What do you see are some of the long term benefits of the MYP for young people? [stable accommodation, restoring family relationships] Please give examples.
9. Do you feel that the young people are increasing their community and social participation (relationships with family and friends, social activities, work, education…)? Can you give examples of this?
10. Do you feel that the young people have more self-efficacy to manage their health and emotional well-being when they leave the MYP (know where to go for help, have strategies to stay well, have informal supports to assist them in crisis…)?
11. Are there any downsides of the MYP for young people? Can you give examples of these?
12. What are the main benefits for informal supports, family and friends, of young people from being involved in the program?

Process and program management

13. Do you feel that the project has been successful in building the capacity of SHS to respond effectively to the mental health needs of young people engaging in the MYP? Please describe why/why not.
14. What has been working well in the collection of program/reporting data and where are the main challenges? How could these be overcome?
15. Do you have any ideas how the MYP (and the program overall) could be improved?
16. What other resources and supports does your agency and the staff need to overcome some of the identified challenges (eg. training, more resources, brokerage of links to other critical services,….)?
17. Do you have any comments about the administration of the MYP funding (reporting requirements, opportunity for feedback and guidance,…)? And relationships and communication process with key service providers and funding body?
18. How would you like to see the MYP develop into the future?
19. Do you have any further comments you would like to make about the MYP?

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