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# YOUTH ENHANCED SERVICE CASE STUDY

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## EARLY INTERVENTION PROGRAM (EIP)

The Bridge Youth Service

### INTRODUCTION

The Early Intervention Program (EIP) offers support to young people who are struggling with mental ill-health (YES stream) or substance use (AOD stream). The purpose of the program is to help young people in the “missing middle” to reduce their distress and build on their existing strengths and connections. EIP takes a holistic approach that acknowledges young people may need to address other challenges in their life so they can improve their distress. The program works according to the young person’s goals and needs, and integrates a structured intervention into this mix. The aim is to walk alongside young people rather than direct them. EIP has specialist youth workers who can provide comprehensive assessment, goal setting, treatment planning, advocacy and case management; and psychologists who deliver therapeutic interventions. Youth worker appointments are available in the community, at home, via telehealth or in centre. Psychology appointments are only available in-centre but transport assistance can be provided if needed.

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- SELF-REFERRALS
- STATE HEALTH SERVICES
- COMMUNITY SERVICE PROVIDERS
- SCHOOLS
- OTHER PROGRAMS AT THE BRIDGE

## ELIGIBILITY CRITERIA

- YP aged 12–25 years residing, working or attending school in the Murrindindi or Mitchell shires (excl. Wallan and Wandong), or Shepparton for AOD stream, as capacity allows
- Willingness to engage
- Experiencing distress as a result of mental ill-health, or
- Experiencing distress as a result of substance use, or is at risk of developing addiction

## KEY PRESENTING ISSUES

- Anxiety, depression, personality disorder, emotional regulation, ASD, ADHD, trauma, disordered eating, suicidal ideation

## KEY DEMOGRAPHICS

- Average age 16.5 years
- 23 per cent Aboriginal and Torres Strait Islander, 21 per cent LGBTQIA+, 23 per cent experiencing or at risk of homelessness, 49 per cent co-occurring mental health and substance use



## INTAKE ASSESSMENT

Consultation with EIP team leader to confirm appropriateness and capacity

## THE EARLY INTERVENTION PROGRAM

The Bridge Youth Services  
Mitchell and Murrindindi Shires, Victoria

## ENHANCED ACCESS

- Community outreach
- In-home appointments
- Telehealth appointments
- Transport provided to young people
- Some flexible hours but not for crisis response



## PSYCHOLOGICAL INTERVENTIONS

CBT, ACT, Interpersonal Therapy, Exposure Therapy and Emotion Regulation, Impulse Control (ERIC)

## CASE MANAGEMENT

- Youth-focused case management provided by specialist youth workers
- Includes rapport building, goal and treatment planning, advocacy, and care coordination

## ACCESS TO MEDICAL CARE

- Young people supported to engage with GPs
- Psychiatry secondary consults through Goulburn Valley Health

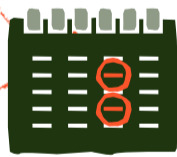
## STAFFING PROFILE

- 1.0 FTE executive manager
- 0.9 FTE team leader
- 0.9 FTE specialist youth workers
- 0.21 FTE psychology



## CASELOADS

Up to 20 per FTE



## DURATION OF CARE

Up to 12 months with flexibility to extend if required

## PARTNERSHIPS AND INTEGRATION

- Integration with other programs delivered by The Bridge, incl. housing, education, family support
- Strong relationships with other local service providers
- MoU with Goulburn Valley Health for psychiatry and consultation

## PROGRESS MONITORING

- K10
- AUDIT
- DUDIT
- EIP survey
- EIP Action Planning document
- Completed and reviewed with YP every 12 weeks

EXIT PLAN COMPLETED AND WITH CONSENT SHARED WITH PARENT, REFERRER, OTHER SUPPORTS

## EXIT

## GOALS

- Improved emotional regulation
- Reduction of mental health symptoms
- Reduction or cessation of substance use
- Improved self-care
- Improved sleep
- Assistance to access NDIS
- Functional recovery to help young people engage in developmentally appropriate tasks e.g., attending education, entering employment, engaging in social activities, getting a driver's licence
- Addressing legal issues

# CHALLENGES

## Recruitment of mental health clinicians and staff

We are in a semi-regional area, so it is challenging to find and keep clinicians and staff for the program, especially with fixed term contracts. We have partnered with a local psychology service who can offer provisional psychologists under their supervision.

## Service system pressure

The local service system for youth mental health is incredibly overwhelmed. This is due to several factors including the CAMHS criteria of supporting young people up to 18 years, the absence of headspace centres located in our region and a lack of private providers. This means we are seeing cases that are both higher complexity and risk, and we are consistently at capacity. While we try to find alternate solutions for young people, these are not always suitable.

## Travel

We cover a large area and receive some referrals that are quite remote from our office. This often results in lengthy travel for staff and thus fewer service contacts completed.

# SUCCESSSES

## Model of care

Our model has proven to be effective. The team of youth workers and mental health clinicians plus the provision of outreach and transport enable us to support young people who may find it hard to access and participate in conventional services.

## Service system integration

We're grateful to have secured our place within the service system and have received support and encouragement from other providers. Through these relationships, have been able to collaborate on consultations and develop solutions as a team for the young people in the region.

## Great outcomes with great feedback

The young people we work with have experienced sustainable positive change, and we have received plenty of positive feedback from them and their families. We have also developed dependable methods to collect and disseminate this information.

# SHADOW'S STORY

**I got into The Bridge program by recommendation from my psychologist. From there I met my youth worker who would become a huge part of my life in just a span of a year.**

At the start I was very shy and hesitant about doing the program but as a few weeks went by I got comfortable, we started to work on my mental health and the goals to better improve my life. I had bad social anxiety, that was the main reason I got into the program. My social worker helped me get out in public and enabled me to be alone in public without having an anxiety attack. She also helped me with getting into a Certificate II in Animal Care at TAFE and helped me get my licence. She made me realise I can do things on my own and enjoy life without being scared - since 13 years old I'd never left the house without someone by my side. The world is still scary to me, and I've got a little more to work on but compared to when I started the program, I can do a lot more now than I did before and I'm so grateful. I'm loving life, whereas a year ago I wanted nothing to do with it. The best thing about the program was having a youth worker who cared and genuinely listened. After I left the program I was sad since it felt like a safety blanket had been taken away but because of the help I received I'm a lot happier. I no longer need the program but my youth worker said, if I ever need help I can always call or visit. That puts my mind at ease knowing that that safety blanket is still there, waiting if I need it again in the future.

### GET IN TOUCH

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL +61 3 9966 9100 OR SEND AN EMAIL TO INFO@ORYGEN.ORG.AU

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