Where to from here?
Guiding for mental health for young people with complex needs

by
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Experienced practitioners in the youth sector have always realised that a young person’s general health and wellbeing can be influenced positively by effective, client-centred, relationship-based practice. Here, the authors use the analogy of ‘practitioner as guide’ to focus on one critical aspect of this kind of work. They demonstrate how the practitioner as guide can be instrumental in building the capacity of young people with complex needs to maximise their mental health potential.

The World Health Organisation (WHO) (2001, p.1) defines mental health as:
… A state of well-being in which the individual realises his or her own abilities, can cope with normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

This is familiar territory for youth sector workers who are routinely called upon to enable young people to cope with life stressors that are far beyond what might be understood as “normal”.

One organisation involved in such work is the Youth Substance Abuse Service (YSAS), which provides services for young people who have difficulties related to the use of substances. Rogers (2005) notes that YSAS clients are some of the most marginalised, under-serviced and at-risk young people in our community. Their lives are often made more difficult to manage by the ongoing effects of trauma, neglect and abuse, as well as complicated grief reactions stemming from the experience of significant loss.

We, at YSAS, are constantly amazed by the extreme circumstances that these young people have to cope with in their lives, often without the support structures in place that others in the community take for granted. We view the substance-using behaviour of YSAS clients in this light.
Unfortunately, their understandable responses increase the risk of further marginalisation and ongoing poverty, which are predictors of diminished mental health (Murali & Oyebode 2004; WHO et al. 2004).

Recent clinical profiling of YSAS clients (Rogers 2005) revealed that high proportions of them reached the diagnostic criteria for:

- a lifetime combined affective (mood and/or anxiety) mental health and substance use diagnosis (77%);
- a current affective mental health condition (44%);
- Post Traumatic Stress Disorder (33%).

We realise that the more extreme, current life stressors YSAS clients experience have an impact on these results. Even so, it is clear that YSAS is effective in engaging and maintaining relationships with young people who have a dual diagnosis, and its workers have had to develop the means to render assistance.

One component of this mental-health-focused assistance involves working with the mental health service system. Young YSAS clients, and their families, can find this system complex, confusing and at times frustrating. YSAS practitioners often share this experience, and both parties can find themselves in unfamiliar and seemingly hostile territory. At such times YSAS workers have found the guidance and support of NEXuS consultants invaluable.

NEXuS is Melbourne’s Northern Metropolitan Region Dual Diagnosis Service. Their work is conducted primarily at a systems level to improve the responses of mental health and drug treatment services for clients who experience both mental illness and problematic substance use.

NEXuS works in close collaboration with YSAS, providing guidance and support to direct-service provision staff whose clients require the assistance of mental health services. NEXUS consultants, with vast experience in the world of mental health, regularly act as guides for YSAS workers and young people in such circumstances.

This paper explores the different roles that YSAS practitioners and NEXUS consultants play as capacity-builders and as agents for mental health promotion.

The guide at the direct service provision level

Why would a young person seek to engage the services of a guide? Perhaps he or she has a particular destination in mind but is unsure of how to get there. Others have no thought of a destination but find themselves in environments or circumstances where they struggle to cope and need assistance just to get by. Some young people are required to embark on journeys to destinations that others have chosen for them. These young people often have their own secret destinations in mind or plans to resist.

Whatever the reason, the practitioner as guide has a unique opportunity to genuinely come to know young people and, in many cases, the significant others that move through life with them. Guides must always be cognisant of the privileged position they occupy in young people’s lives and remember that they travel alongside young people for only a brief period. This situation highlights the importance of each interaction and turns our attention to what the guide intends to achieve through such contact, as well as how he or she ensures that their work is effective.

Guiding is a relationship-based activity

There is considerable evidence available which suggests that the formation and maintenance of working relationships between practitioners and clients has therapeutic value (Lambert & Ogles 2004; Luborsky et al. 1985; Najavits, Cris-Christoph & Dierberger 2000; Morawetz 2002). Most of the research and literature reviewed relates to psychotherapy, but we believe it has relevance, as the quality of the therapeutic alliance is identified as a predictor of better outcomes for clients, regardless of the specific treatment technology being applied.

In youth services, the development of trust between practitioner and young person, along with the provision of accessible and reliable support, have long been the cornerstones on which working relationships have been built. Guides continue to work in this tradition.

Working relationships are useful as they can be adapted to suit a range of circumstances. At times they can be effective without contact or
close proximity. The knowledge that a reliable guide can be accessed when the going gets tough can add to a young person’s sense of security. Young people may also continue to draw on their experience much further down the track, long after contact has ceased.

Each working relationship is unique and underpinned by the intentions and capacities of both practitioner and young person, as well as the contexts they move through together. Guides seek to be dependable, but their aim is to promote young people’s own sense of agency and capacity to live a satisfying interdependent life in the community with others (see Baron 2002).

The type of person the guide is has also been shown to make a difference (Aveline 2002). Guides must be adaptable and able to ply their trade in different environments and time frames. Effective guides are truthful and trustworthy people who follow through on commitments and don’t make promises that can’t be kept. They require a sense of realistic optimism that stems from a belief in the effectiveness of their work and the capacity of young people with complex needs to be assisted.

The ability to tune into how others see the world, and to have insight into one’s own limitations and biases, is also a prerequisite. Finally, guides require a basic confidence to work with the issues that arise for young people on their journey. This involves being creative and resourceful, sticking by a young person and possibly hanging in with them over extended periods. It may also mean bringing in the services of others who can assist, such as a NEXUS consultant.

Those who guide young people remain aware that an identity formation process is at work. Young people will observe the way guides deal with circumstances as they arise and make choices around particular behaviours, traits or even philosophies they might wish to model or adopt. Effective guides remain mindful of the potential for modelling and are therefore intentional in their conduct. Guides are also aware of the potential of families and peers to either help or hinder young people on the journeys they make.

A young person’s peers are likely to share similar experiences, and peers may one day seek to engage the services of a guide. Guides recognise the value of ensuring that the peers of young people who are clients understand the nature of the services being offered and how they can be accessed. Peers in marginalised contexts spread reliable information and resources through their networks and can provide excellent word-of-mouth promotion for guides’ services.

Guides are respectful of the role that families, caregivers and, at times, statutory workers play in being formally responsible for the safety or health and wellbeing of young people. At times young people find these relationships overbearing, but they are an important part of the landscape that young people negotiate on their developmental journey. Guides know full well that when these relationships are missing, ineffectual or exploitative, serious problems are usually the result.

Guides also require an intimate knowledge of young people’s rights and legal entitlements, as well as the parliamentary Acts to which they are subject.

**Agents for mental health promotion**

All YSAS activities are directed towards improving the health and wellbeing of the young people in its target group. WHO et al. (2004) suggest that there can be no health without mental health, so its promotion becomes integral to YSAS practice and shapes the agenda of its guides.

YSAS follows the lead of WHO (1986) in viewing health and, by implication, mental health as resources for life, not the goal of living. YSAS practitioners aim to enable young people to make well-informed decisions as to how they manage their own health “… through the transfer of power, knowledge, skills and necessary resources” (Australian Department of Health and Aged Care 2000, p.9). YSAS does not hold to some idealised state of health or mental health that practitioners should impose or be working towards. Full recognition is given to young people’s circumstances and capacities in light of the goals they have (or are developing) for their own lives. The efforts of practitioners to enable young people to stabilise their circumstances and prevent or restrict the deterioration
of mental health is valued equally to work that facilitates observable improvement.

Guides adopt a holistic approach that targets the multiple determinants of both mental health problems and other potentially problematic behaviours, such as substance use. This requires the aptitude to recognise and deal with the broad range of risk and protective factors that influence a young person’s mental health.

The national action plan for promotion, prevention and early intervention for mental health 2000 considers that:

Protective factors are those that give people resilience in the face of adversity and moderate the impact of stress and transient symptoms on a person’s social and emotional well-being. Risk factors increase the likelihood that a disorder will develop, and exacerbate the burden of existing disorders in the lives of individuals and communities (Australian Department of Health and Aged Care 2000, p.9).

The report goes on to identify that “… risk and protective factors for mental health lie outside the domain of mental health and health services and derive from conditions of everyday life” (p.9).

Guides position themselves in the everyday lives of marginalised young people. Through dialogue and first-hand experience, they hope to understand better the complexity of young people’s experience, specific needs and the influence of risk and protective factors. Guides are health professionals who act as ‘inside outsiders’ (see Ungar 2004). One of the YSAS practice modalities is assertive outreach, which means YSAS practitioners are mobile and free to meet young people on their own terms in the environments in which they live. This demonstrates respect and an openness to working from where a young person is at.

YSAS practitioners bring with them a range of useful health and welfare related services. By positioning themselves ‘inside’, guides can also facilitate meaningful connections with other services and support structures, which might have tangible benefits for young people in “at risk” populations. In this way, guides endeavour to redress the effects of poverty and reduce the marginalisation experienced by young people who have complex needs.

YSAS practitioners place high value on the practical assistance they offer young people, such as taking them to appointments. The conversations during such mundane activities tend to be natural and expressive, and YSAS practitioners often find that they receive and respond to disclosures or relevant personal information from young people, which they would not receive in more formalised settings. From this point, young people can be offered the privacy and structure of a more clinical environment. This is a way of offering the young person an opportunity to exert some control over their circumstances.

One means of ensuring that risk factors for poor mental health outcomes are mitigated and protective factors maximised is to build the young people’s resilience. The International Resilience Project defines resilience as “… the human capacity to face, overcome, and even be strengthened by the adversities of life” (Grotberg 1996). The point is also made that resilience may be promoted in anticipation of inevitable adversities.

In order to understand better how to build resilience, YSAS practitioners acknowledge three stages in its development: coping, adaptation and resilience (Foster 1997, in Davis 1999).

Coping is seen as a response to an adverse or challenging situation, and is often reactive or defensive in nature. When a young person is by necessity in a reactive or defensive mode their energy will be invested in surviving and getting by. It can feel like running to stand still. The YSAS practitioner knows that helping a young person get a foothold and cope better is the precursor to them being able to take steps towards adapting and becoming more resilient. Guides hold a dual focus: attending to issues of immediate concern, without losing sight of the journey. Bruun (1998) describes this as keeping one eye on the present and the other on the path.

A guide is often in a position to witness the adaptation of young people as they move beyond the defensive and reactive into adjustment. YSAS practitioners work hard to enable young people to recognise and intentionally use coping skills in the interests of meeting their needs. This involves facilitating learning and self-development by encouraging young
people to “do” for themselves as much as possible.

Young people seldom recognise their own efforts to cope and adapt in difficult circumstances as worthwhile. Guides understand that young people with complex needs are, like most of us, seeking to construct competent identities and striving to bring coherence to their lives (see Ungar 2005). The competencies and coping strategies required for high levels of adaptation in marginalised environments are often viewed as maladaptive and dysfunctional in mainstream settings. Guides help young people to extend their coping and behavioural repertoire so as to be more efficacious in negotiating mainstream worlds and getting what they need.

YSAS practitioners understand resilience to be sustainable change made over time that reflects a greater sense of personal agency in responding to circumstance and meeting personal needs.

Positioning and recognition
By presenting young people with alternative courses of action that are viable and commensurate with their goals, guides seek to create a climate that engenders in young people a sense that change is possible.

In walking alongside the young person, the guide is uniquely positioned to recognise young people’s efforts, achievements and disappointments, and to offer honest feedback in a sensitive and timely manner. Difficulties are acknowledged and their impact understood, but feedback is designed to help the young person stay on track and learn from experience. It may well mean that the young person changes direction, seeks new means of travel and sets new time frames for reaching destinations. Young people who have had few experiences of themselves as competent or resilient often have a diminished sense of self-worth and feel pessimistic about their capacity to meet the challenges that adopting new paths present.

Coleman and Hendry (1990) found that problems arise for adolescents who have no opportunity to control the pace of their development or the changes that occur. Guides take care not to place expectations on young people that exceed their developmental capabilities. That said, guides are mindful that adolescence is a period of considerable development. Greater maturity and new capacities are likely to emerge over time and the guide is constantly looking for opportunities to support such growth.

Guides encourage young people to break their journeys down into achievable steps. When investigating the impact of social environments on young people’s emotional wellbeing, Glover et al. (2000) found that “…smaller and more frequent rewards and recognition for everyday achievements and contributions can be more effective in creating a sense of worth and belonging”. The accumulation and recognition of smaller achievements directly challenges self-limiting beliefs and builds a platform on which more notable achievements rest.

Guides have and seek no formal power in a young person’s life; however, they do hope to have an influence. The young person determines the degree of influence. In this sense, YSAS practitioners have to be empowered by the young people for whom they work. Formal power can create resistance and interfere with the guide’s aim of keeping lines of communication open and true accounts of young people’s circumstances on the agenda.

If the service is unprofessional or irrelevant, clients can be expected to vote with their feet. It is therefore incumbent on a guide to ensure that their services are attractive, culturally relevant and easily accessible.

Most often young people seek out the services of YSAS practitioners when they have reached the limits of their tolerance for stressors in their lives. This point is usually triggered by an event or a particularly negative experience that creates some kind of dissonance. YSAS has the capacity to respond to young people’s sense of immediacy and deal with crisis situations as they present.

When a young person seeks the services of YSAS, the guides spend time understanding the young person’s reason for involvement and clarifying any expectations they have of the service. YSAS practitioners are up front about their own intentions. They also ensure that young people understand the range of services that are on offer as well as the way they are delivered. Respect for the young person’s
privacy is also conveyed along with an explanation of provisos that relate to the fulfilment of a duty of care and a commitment by the guide to be consultative, transparent and honest. The professional basis of the working relationship is made clear, and young people are made aware that YSAS services can be accessed even if the guide they work with is not available.

The young person determines the direction that any journey takes and also sets the pace. The guide acts as a facilitator, assisting the young person to plot a course, exploring the pros and cons associated with each route, suggesting resources that might be useful and helping the young person keep the journey on track by reviewing progress. When the young person encounters strange customs or language, the guide is in position to interpret. Most importantly, the guide is also in position to provide support and refuge for young people if the going gets rough.

Safety is always a consideration of guides. However, safe passage cannot always be guaranteed. All journeys, be they developmental or otherwise, involve risk. It is not unusual for young people to be relatively unaware of risks and to struggle with comprehending the logical consequences of their actions. Others have a somewhat distorted view of their own capacity to manage. This may stem from a lack of information and life experience; however, some young people simply calculate risk differently and follow agendas foreign to adult workers.

YSAS practitioners also realise that young people often need to hold on to vital defences and coping mechanisms even when unintended, harmful consequences are the result. What is the position of the guide when the destinations identified by the young person and/or the path of their choosing would compromise their safety and lead to an erosion of their mental health?

There are paths YSAS practitioners won’t walk down with young people. However, guides have a keen interest in understanding a young person’s motivation and reasoning for taking such courses of action. They recognise that making decisions and learning to predict and manage consequences is essential for constructive learning and self-discovery. Rather than suppress decisions, the guide seeks to understand the basis on which they are made and prepares the young person as best they can to manage any risks and prevent harm. The guide can also help the young person to better understand what their experiences mean and how they relate to the journey at hand.

The proximity of the guide enables an accurate assessment of the hazards and risks faced, and the capacity of the young person to manage. The skill of the guide is to determine when the risk of harm to the young person or others is so great that those with formal power to respond in the young person’s best interests are called upon to act. Practitioners making such a call are often concerned that their working relationships with young people will be threatened, but, when they have acted with integrity, this is seldom the case. If strained or damaged, relationships can be mended and nurtured to health again (see Meares 2001).

Collaboration

Effective guides, even if they are working in specialised areas, are, to an extent, Jacks or Jills of all trades. Guides adopt various roles depending on the needs and circumstances of the young person. At times, a YSAS practitioner may play a specific role within a large cast of service providers, while on other occasions the guide is the sole health professional in a young person’s life.

YSAS practitioners are proactive in forming relationships with potential helpers. They are very happy to collaborate with others when the interests of the young person are being furthered and/or they are at the limits of their ability to assist.

The next section highlights the YSAS–NEXUS collaboration, but there are many other areas of YSAS collaboration, such as education and vocational training, protective care, criminal justice (juvenile justice, courts, police) and housing.

The guide at the systems level

While the YSAS practitioner does his or her best to assist at a direct service provision level, the NEXUS consultant focuses on how best to enable the systems involved to respond. YSAS
practitioners report very high levels of satisfaction with the NEXuS service and often feel as though the NEXuS consultant is on their side when difficulties arise in dealing with the mental health system. In fact the Nexus consultant is a step removed, and seeks to build the capacity of both the youth alcohol and other drug (AOD) and mental health sectors to work more efficiently and effectively with young people who present with dual diagnosis issues. The NEXuS consultant cannot afford to have allegiances that favour one party over the other.

NEXuS consultants are competent navigators of both service systems. They are known to the natives in both camps, have permission to freely move between both sectors, and speak the language and understand the culture in both systems. They know how to find new pathways for people to access services from each sector and often help to negotiate local agreements and alliances between the sectors.

The capacity-building agenda of the NEXuS consultant is achieved through leadership and partnership and translates into three key strategies:

- clinical leadership
- education
- service development

Clinical leadership

NEXuS consultants offer clinical leadership through direct service involvement and the provision of secondary consultation services. Modelling and support is combined with clinical advice and guidance. Services are delivered while walking alongside key stakeholders, be they YSAS practitioners, mental health service providers or young people themselves.

This means, for example, that YSAS practitioners can call on NEXuS consultants to conduct co-joint assessments and be involved in ongoing treatment case management. The intention of the NEXuS consultant as guide is to simultaneously facilitate better outcomes for clients as well as build the clinical repertoire and confidence of the service providers involved. YSAS practitioners have the opportunity to reflect on situational issues and gain a more functional working knowledge of the limitations and strengths of the mental health system. This maximises the possibility of securing the best possible response from the mental health system. It is learning in action. The process parallels that of guides operating with young people in direct service provision.

Education

NEXuS realises that better educated practitioners are more prepared to respond to the dual diagnosis related needs and issues that clients face.

To this end, NEXuS consultants offer a range of professional development opportunities to practitioners in the form of workplace training and graduate education programs. In preparing practitioners for the journeys they make with young people, NEXuS consultants seek to make them better informed and able to make sense of the circumstances they encounter in the mental health system. Their ability to cope is enhanced by the gathering of tools and resources as well as skill development and rehearsal, particularly in terms of communicating more effectively with operators in the mental health system.

Service development

Effective guiding at the systems level also involves service development, which includes:

- intra-agency – assistance in developing more functional policies, procedures and program responses for young people with dual diagnosis
- inter-agency – facilitating the development of partnerships, new service pathways and workable protocols.

Service development is like forward scouting. To enable safe and smooth journeys through new territories, forward scouts move ahead and work out treaties, channels of communication and ways that both systems can recognise and value each other’s role and contribution.

When organisations can be guided to devise and implement effective internal policies and protocols, together with suitable support structures for practitioners, more effective responses at the coalface are possible. This is particularly the case in the management of acute situations, which are often the source of flashpoints between the two systems.
NEXUS consultants have enabled YSAS to identify, implement and evaluate processes necessary to achieve better interactions between systems and to get better outcomes for dual diagnosis clients. The NEXUS consultant as guide can use feedback to ensure meaningful changes are introduced in the future.

Conclusion

We have endeavoured to draw out a set of practices that build the capacity of services and practitioners to address the mental health needs of young people with complex needs. We believe that the analogy of guide is applicable to the aspects of direct service provision provided by YSAS practitioners, and also to the work of NEXUS consultants at a systems level.

In their own right, YSAS and NEXUS each provide effective and useful interventions for young people with mental health issues, but, in collaboration, the effectiveness of each service is greatly enhanced.

While much of what we have presented stems from our own experience of what works in practice, a more solid evidence base is required. To this end, we believe that several excellent opportunities exist for practice-based research into this kind of work with young people who have complex needs.

A colleague in clinical practice once described YSAS practitioners as glorified taxi drivers. It was taken as a compliment. We hope this paper goes some way to explaining why.

References

Australian Department of Health and Aged Care 2000, National action plan for promotion, prevention and early intervention for mental health, Mental Health and Special Programs Branch, Australian Department of Health and Aged Care, Canberra.


Davis, N. 1999, Resilience: Status of the research and research-based programs (draft, 28 May), Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services, Division of Program Development, Special Populations and Projects, Special Programs Development Branch, Rockville, MD, <http://www.mentalhealth.org/specials/schoolviolence/5-28Resilience.htm>.


Meares, R. 2001, Intimacy and alienation: Memory, trauma and personal being, Brunner Routledge, Hove, UK.


Dual diagnosis


This book is focused on the stories of people suffering a mental illness and addiction, and gives an inside look at their struggle to achieve recovery despite the crippling effects of blame, shame, poor decision-making and misunderstandings. The author, a case manager for an intensive outpatient program in addictions at a behavioural health facility in New Jersey, believes that ‘one of the primary focuses in dual-diagnosis work should be consumer advocacy, that some of the answers for dually diagnosed people have to come from a change of attitude in society’. To this end, she sets out to show, in a non-clinical, easy to read way, what goes on in a dual diagnosis in-patient setting. She reconstructs the stories of individuals she has met who are doing battle with mental illness in a clinical setting. In the composite characters she creates, there’s an immediacy and charm that makes it hard to believe these vignettes are in fact reconstructions. The book’s not pretentious – and could have done with more adept typesetting – but is of likely interest to the friends and families of dually diagnosed individuals and also to workers and professionals.

Every me and every you – responding to the hidden challenge of mental illness in Australia

In the 70th Beattie Smith Lecture, ‘Every me and every you’, Professor Patrick McGorry cites compelling data on youth mental health and mental health in general: ‘Mental disorders are the most important single group of disorders in early adulthood, after which the contribution from these disorders decreases at older ages. Mental disorders are also less common before adolescence, though much of the risk for later illness is generated during this period of life’. Without casting blame on anyone, McGorry’s address paints a sobering picture of contemporary attitudes towards mental illness. He notes a ‘deep pessimism and therapeutic nihilism’ that has ‘sapped the will to tackle all forms of mental disorder’, and calls for action: the more that people who have never thought about mental health recognise the challenges of mental health disorder, ‘the more likely we are to reduce the stigma and the additional burden that it places on consumers and their families’. His address ends with an overview of a preventative psychiatry that proactively targets the high-risk groups and life phases for onset of mental disorders. Professor McGorry is located in the Department of Psychiatry, University of Melbourne and is Executive Director of ORYGEN Youth Health and ORYGEN Research Centre. The lecture is available online at: <http://www.mdhs.unimelb.edu.au/news/deanslecture/9304.html>. 