

Mental health services and young women in custody – a new nurse led model of service delivery and community linkage

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Aim

- To analyse mental health services delivered to young women in custody
- Determine what child and adolescent services would help the young women successfully re-integrate back into the community

Background

- Juniperina JJC is a custodial facility for young women aged 11-21 years. Average 23 in custody, throughput approximately 580 each year (200 unique individuals)
- Pre February 2003, Department of Juvenile Justice (DJJ) was solely responsible for mental health care.
- Delivered via psychologists, AOD counselors and visiting child & adolescent psychiatrists

- February 2003, Justice Health (JH) assumed responsibility for health services across all Juvenile Justice Centers
- Mental health care became joint responsibility
- Contracted psychiatry hours ranged from 4 hours per week to 8 hours every 6 weeks
- Juniperina JJC - 4 hours per week

- January 2007, visiting psychiatrist resigned
- Left obvious gap in mental health service delivery but offered ideal opportunity to re-examine needs of this group
- A new model of service delivery could be considered, not only to meet needs in custody but to improve links to community services

2003 Young People in Custody Health Survey

- 88% of young people in custody reported mild, moderate or severe symptoms consistent with a clinical disorder
- 35% of young people in custody had mild, moderate or severe symptoms consistent with personality disorder
- 79% of young people in custody reported mild, moderate or severe problems consistent with psychosocial problems

Method

- A CNC led clinic providing mental health assessment and comprehensive care planning was implemented
- This model of service delivery had not previously been considered by either JH or DJJ

Conducting the clinic (Jan - August 2007)

- Triage of the young women in collaboration with multidisciplinary team
- Comprehensive assessment and formulation of treatment plan
- Comprehensive discharge planning and linkage to community

Clinical Director Adolescent Mental Health provides supervision and attends Juniperina at least every 4 weeks

Community Linkage (April - August 2007)

- Co-ordination of links back to the community including GPs
- Map interested GPs and psychiatrists to support continued care. Map existing services by location with a view to forming cohort of interested services

Data collection (January – August 2007)

- Minimum data collected on every young woman referred to the clinic and additional information collected on every young women seen

Data analysis (August - September 2007)

- Analysis of findings including individual client outcomes and success of community linkage
- Data will collated and analyzed in terms of age ethnicity, charges, reason for referral, mental health diagnosis, interventions, outcomes and areas young women return to

Project Report (September 2007)

- Project report written including recommendations. It is anticipated the project will identify existing community service gaps

Costing

Project duration – 9 months

Data extraction, entry and analysis	
16 hours per week for 24 weeks (senior administrative officer total hours + 384 (at \$25/hour) Tasks include data extraction from DJJ data base for collection of report, data entry and collation of information, write a report	\$9,600
Final report – typeset and print	\$400
Total	\$10,000

Outcomes & Evaluation

Viability and sustainability will be measured by:

- Number of young women referred to the clinic and number actually seen
- MH OAT CA outcome measures completed at assessment, review and discharge
- Number of referrals made to community services and number of returns to custody
- Pre and post questionnaire offered to psychologist, AOD counselor and nursing staff

Level of Innovation

- Model of service delivery not previously considered
- Cost effective
- Provides template for future clinics

Impact on nursing practice

- Sets a precedence for other nurses within Adolescent Health (AH)
- Maximizes nursing knowledge and skill
- Enhances AH nursing and DJJ Psychological & Specialist staff (PSS) contributions to collaborative care

Outcomes for young people

- Comprehensive assessment and review
- Links to services that best meet the needs of the young women will aid successful re-integration into the community
- Cohort of interested services mapped
- Gap in existing community services identified

Future scope

- Outcomes used to plan clinical practice and shape best practice delivery of child and adolescent mental health services to young people in custody
- Outcomes will influence development of nurse run clinics within Adolescent Health
- Outcomes will identify gaps in existing community services and offer direction for service development