

# NSW Ministry Health

## Evaluation Intervention Innovation Fund

### Summary of key findings and implications for policy and practice

**Project title: FEASIBILITY OF ALCOHOL AND OTHER DRUG INTERVENTIONS FOR YOUNG PEOPLE DELIVERED IN HEADSPACE CENTRES**

**Lead investigator and organisations:** Dr Julaine Allan, University of Wollongong

**Other investigators and organisations:** Ms Nicole Snowdon, UNSW; Prof. Anthony Shakeshaft, UNSW; Dr Ryan Courtney, UNSW; Prof. Debra Rickwood, headspace National

#### **Background and Rationale – what problem were you solving?**

headspace is a key national agency for early intervention mental health care for young people (YP) aged 12 to 25 years. Alcohol and other drug (AOD) use is one of the core remits of service delivery for headspace. Approximately 12.7% of YP in Australia suffer a substance use disorder (AIHW, 2011). However, in 2015 only 1% of YP attending a headspace centre received an AOD intervention (Rickwood et al., 2015b).

#### **Summary of Key Research Findings**

*Please summarise findings from the research below in abstract format (maximum 300 words)*

#### **Research questions**

1. What are the available AOD evidence-based treatments (EBTs) for implementation in headspace centres?
2. What do health professionals, YP and their families perceive to be effective outpatient AOD interventions and how would they like them to be provided?
3. How much will it cost to implement the preferred model/program within headspace centres?

#### **Aims**

1. Identify evidence based AOD interventions suitable for headspace
2. Explore the perceived barriers and enablers of implementing AOD interventions in headspace
3. Identify the costs of implementing the preferred model

#### **Methods**

1. An overview of systematic reviews found forty-three reviews that met all inclusion criteria. To appraise methodological biases, 40 reviews were assessed using A Measurement Tool to Assess Systematic Reviews 2 (AMSTAR2) and 3 were narratively assessed.
2. Fourteen focus groups with headspace staff ( $n = 30$ ), YP ( $n = 16$ ) and family members ( $n = 9$ ) were asked for their perspectives on current AOD treatment and the perceived barriers and enablers of access to care.
3. Costing of implementation of identified potential EBTs

#### **Results**

Research evidence for effective AOD interventions for YP is of poor quality. Of the 43 included reviews, only 6 met high methodological quality criteria. Five high quality reviews found insufficient evidence to establish the effectiveness of any intervention. One high quality review reported evidence for an intervention. Multidimensional Family Therapy (MDFT) has possible efficacy in reducing YP substance use when compared to treatment as usual, Cognitive Behavior Therapy, Adolescent Community Reinforcement Approach and Multifamily Educational Therapy.

Focus group participants identified several treatment barriers. YP help-seeking behaviors was viewed as a major barrier. Participants viewed the stigma of AOD treatment, normalization of youth experimentation and a fear of reprisal as contributing factors to YP poor help-seeking behaviors. headspace clinicians demonstrated low AOD knowledge, skills and access to support in AOD assessment and interventions. Clinicians instead relied on referrals to external services for AOD assessment and treatment. headspace National do not provide guidance on AOD treatment, and AOD services were not promoted in any of the research sites. Underlying these micro and meso treatment barriers was the larger health care segregation of mental health and AOD treatment. These macro barriers were identifiable in siloed mental health and AOD treatment providers, funding arrangements and the lack of AOD training in mental health education programs. The youth-centric, client-led

headspace model was simultaneously considered a facilitator of AOD treatment as it offered a safe environment that develops trust and encourages engagement. While family interventions were perceived as useful sometimes, they were not viewed as feasible in the headspace context.

The cost assessment examined the implementation of Multi-Dimensional Family Therapy (MDFT) because it was the best option identified by the overview of reviews. Short workshops and basic AOD training options were also costed because headspace clinicians identified a lack of AOD knowledge. MDFT would cost approximately \$263,000 to implement in year 1 and \$230,000 in year 2 for seven clinicians. MDFT has extensive training and supervision requirements and trainers are based in the USA. Drug and Alcohol First Aid, a six-hour workshop that has been found effective in improving people's knowledge about AOD and capability to respond to someone with AOD problems; would cost approximately \$3,600 per workshop. There is other free on-line training available.

### **Conclusions**

No intervention model was found to be efficacious and feasible for implementation in the headspace context. A re-configuration of the headspace model is required to support practice change within the current systems and support clinicians in the provision of AOD interventions.

### **Implications for policy and practice**

headspace services provide a youth-friendly and accessible platform to deliver AOD treatments to Australian YP. However, the findings of this study did not result in a recommendation to implement any specific AOD intervention. MDFT was not a feasible model for the headspace service, given the intensity of the intervention, cost and training required. While clinician training is necessary to address the skills shortage in AOD services, training alone will not increase the number of AOD interventions provided at headspace.

Therefore, the application of a co-design approach to treatment implementation is recommended. This approach would allow for the implementation of an AOD service delivery framework that fits within current systems and mental health practice using a participatory design. As such, the expectations of YP are met and the preferences of key stakeholders are considered. Reconfiguration of the systems and service delivery models to integrate AOD and MH interventions is required to support practice change and support clinician perceptions of role adequacy and role legitimacy in the provision of AOD interventions.

**Wider implications for policy –** 1. Routine screening of YP AOD use when presenting for MH concerns using a reliable tool is required. 2. A fundamental lack of AOD knowledge and skills requires a strategy to improve the tertiary and vocational education of mental health professionals in the delivery of AOD interventions. 3. Development of a model of AOD care for young people requires them to fully participate in the process and that participation needs to be facilitated. 4. Support for high quality research is required.

**Wider implications for practice i.e. services and programs –** 1. Training, support and supervision is required for MH clinicians to implement AOD interventions. 2. Separating MH and AOD services limits access for young people to AOD support. 3. There is no single best approach to AOD interventions for YP.

#### *Please comment on the particular significance of this project to NSW including customer focus*

It appears that the most likely place for young people to access AOD support is in the Juvenile Justice system. There are few services skilled or able to provide AOD services to YP in rural areas. Substance use concerns have to be serious, e.g. legal problems, family breakdown, leaving school or mental illness, before they are addressed. Support and resources for earlier intervention with YP's substance use concerns is recommended and has potential to divert YP's criminal justice involvement.

### **Research Impact**

#### **Has this research study led to further investigations or collaborations that led to other funding applications?**

YES

NO

The research team continue to work on ways of improving AOD care for young people. In particular a way of supporting young people to have a voice in system design is planned. A process evaluation of a youth drug and alcohol service implementation in rural NSW is being conducted (2020-2022).

## Dissemination Activities completed and planned

- Snowdon, N., Allan J., Shakeshaft. A., Rickwood, D., Stockings, E., Boland, V., & Courtney, R. J. (2019). Outpatient Psychosocial Substance Use Treatments for Young People: An Overview of Reviews. Paper accepted by *Journal of Drug and Alcohol Dependence* 10/06/2019 – accepted and pending publication
- Snowdon, N. (2019). Psycho-Social Substance Abuse Treatments for Young People in the Outpatient Setting: Umbrella Review. Paper presented at the 5th Australian & New Zealand Addiction Conference, Gold Coast, 13-15 May, <https://astmanagement.eventsair.com/QuickEventWebsitePortal/anzaddiction19/program/Agenda/AgendaItemDetail?id=27155615-3af5-4350-8790-8c2b60416cce>
- Allan, J. (2019). What works for young people with drug and alcohol problems and how can they get it? Paper presented at the Creating Synergy Conference - Drugs and Young People, Wollongong, 6-7 June 2019, <https://creatingsynergy.org.au/program>
- Snowdon, N. (2019). Substance Abuse Treatments for Young People in Youth Mental Health Outpatient Settings: Preferences, Perceptions and Attitudes of Health Professionals. Abstract presented at Australian Winterschool Conference, Brisbane, 25-26 July 2019, <https://www.winterschool.org.au/>
- Snowdon, N., Allan, J., Shakeshaft, A., Courtney, R.J. (2019). Outpatient Psychosocial Substance Use Treatments for Young People: An Overview of Reviews. Poster Presentation at The Australasian Professional Society on Alcohol and other Drugs Scientific Alcohol and Drug Conference, Hobart, 10-13 November 2019, <https://www.apsad.org.au/apsad-conference/current-conference>
- Snowdon, N., Allan J., Shakeshaft. A. & Courtney, R. J. (to be submitted September 2019). Delivery of AOD Interventions in youth primary care services: Perceptions of clinicians, young people and family and friends.
- Research Snapshot planned for distribution in October 2019