NSW Ministry Health

Evaluation Intervention Innovation Fund

Summary of key findings and implications for policy and practice

Project title: ERIC (Emotion Regulation and Impulse Control): a sustainable program for vulnerable young people with AOD and mental health issues.

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Background and Rationale – what problem were you solving?

Young people seeking treatment in youth AOD services across Australia are uniquely vulnerable and present with complex mental health and substance use concerns which are more than often accompanied by histories of sexual, emotional and physical trauma and/or neglect[1,2].While many of our current approaches to intervening with young people have a strong evidence base (i.e. DBT, MI), challenges to their implementation mean that widespread adoption, implementation fidelity, and sustainability of evidence-based practices remains a rarity in front line youth services[3,4]. Although the gap between evidence and routine practice is not unique to youth services, the added acute vulnerability of the population of young people seeking treatment in youth AOD and mental health services makes this gap particularly deleterious.

ERIC is an innovative program that teaches emotion regulation and impulse control skills, two areas that are impacted by early childhood trauma[5,6]. Skill development in these areas aims to address social and emotion issues, substance use and mental health difficulties that interfere with major protective factors such as engagement in school and prosocial behaviours. ERIC acknowledges known implementation barriers which exist for practitioners and services and provides flexible and modular resources that emphasize clinical freedom and can be integrated into a broader care-planning model (i.e. Trauma-informed Care) or delivered alongside existing evidence-based treatments (i.e. CBT, MI or ACT).

Through the delivery of ERIC across youth AOD services in NSW, this study sought to address one of the biggest known challenges in supporting vulnerable young people with multiple and complex needs- improving their access to evidence based interventions.

Summary of Key Research Findings

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

Research questions
1. Does exposure to ERIC improve social and emotional wellbeing, emotion regulation, mental health and AOD use in vulnerable young people?
2. To what extent is it practical and feasible to implement ERIC across the NSW health system to scale?

Aims
The project aimed to examine:
1. Changes in **prosocial behaviours** measured by quality of life, engagement in school, treatment, work, extracurricular activities and presence of prosocial peers and changes in **emotion regulation, mental health** (depression, anxiety and stress) and **substance use** in young people following three months exposure to ERIC
2. The practicality and feasibility of implementing ERIC to inform the design of an implementation model for the delivery of ERIC to scale

Methods
The study was a comprehensive multi-site feasibility and implementation single arm trial utilising mixed methods data and had aims relating to each of the two areas of examination.

Results
1. Significant improvements in social life, engagement in extracurricular activities, psychological wellbeing, depression, anxiety, stress, emotion regulation, and cannabis and methamphetamine use. No change in school or vocational engagement, or engagement in prosocial peers.

2. Multiple barriers to implementation of evidence based practice identified at the practitioner level (i.e. belief that delivery of ERIC was outside their role), service level (models of care which preferentially focused on the therapeutic relationship rather than creating change through skill building found it difficult to integrate ERIC) and in translation of research into practice (i.e. research naive services). Facilitators to implementation were also evident and explored further within the report.

Conclusions

Young people demonstrated improvements in their social life, engagement in extracurricular activities, and overall psychological wellbeing following three months of ERIC as an adjunct to their existing treatment. These outcomes are predictive of emotional and wellbeing and are protective against later substance use and mental health difficulties[7]. Comprehensive ways to address service and workforce development needs must occur in order to overcome barriers to the adoption of skills based interventions such as ERIC.

Implications for policy and practice

Wider implications for policy

- Prioritisation of Evidence Based Practice by NSW Health across youth AOD services with a focus on overcoming unique implementation barriers within this sector (as outlined in detail in the report)
- Consider revising the minimum qualification or standard requirements for practitioners working in case management roles to increase clinical competency in the delivery of evidence-based treatments that address comorbidity and complexity.
- Assessment of research readiness and trial preparation should be conducted and facilitated by the NSW Ministry of Health in order to identify systemic barriers and address these prior to embarking on clinical research partnerships with trial naive sites.

Wider implications for practice i.e. services and programs

- Models of care in NGO youth AOD services must increase in scope so that skill building through the delivery of evidence-based interventions for mental health comorbidities can occur alongside standard care such as case management and client engagement.
- Workforce development strategies are needed to increase skills and confidence in integrating skill-building with case co-ordination.
- Best practice pillars for case management should be defined and include competence in assessment and treatment of comorbid mental health presentations, trauma informed practice, counselling skills and the delivery of evidence-based interventions such as ERIC.

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

This ambitious project sought to address one of the most significant challenges facing the youth AOD sector - meaningfully improving outcomes of vulnerable young people with multiple and complex needs. Meeting this challenge is a necessity for all youth services in the coming 'COVID normal' period, to address the interrelated mental health and substance use comorbidities in vulnerable young people and to arrest their trajectories of social disadvantage and harm.

The ERIC project was met with several implementation challenges – the primary one being service and practitioner barriers that prevented ERIC from being delivered to young people with consistency and at a sufficient exposure ('dose'), to maximize outcomes. In spite of the limited exposure to ERIC, the study found mild improvements in young people's social engagement, engagement in extracurricular activities, and psychological wellbeing. These outcomes are predictive of emotional and wellbeing and are protective against later substance use and mental health difficulties[7].

It is imperative that future research addresses some of the unique implementation barriers faced in this study in order to improve access to evidence based interventions for this vulnerable cohort young people.

Research Impact

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

YES	NO
☒	☐

Dissemination Activities completed and planned

Planned Dissemination Activities
- Presentation of findings via a webinar at the Early Intervention and Innovation Fund Webinar Series through NADA and NSW Health
- Submission of findings to an open access peer review journal
- Presentation of findings at relevant conference
- Summary of all findings to be disseminated to all participating services (including NGO, LHD and LHN)

References

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