



ENGAGING YOUNG PEOPLE AND THEIR FAMILIES IN YOUTH MENTAL HEALTH

STRATEGIES AND TIPS FOR
MENTAL HEALTH WORKERS

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INTRODUCTION

Mental health problems are common in adolescence and early adulthood. In Australia one in four young people aged 16–24 years have experienced a mental health concern in the past 12 months.¹

The onset of mental health problems can be a difficult time for young people and their families. Given this, it's understandable that young people are often reluctant to seek help or to participate in treatments.

Engaging with young people who are experiencing mental ill-health and assisting them to have positive experiences of the health system are important steps in ensuring they receive the help they need.

The process of engagement can be challenging and requires a considered, yet flexible, approach. This guide provides evidence-based, practical advice on engagement for the wide range of health and welfare professionals who support young people with mental health needs. They include: general practitioners (GPs), social workers, mental health nurses, youth workers and other allied health practitioners.

BACKGROUND

WHAT IS ENGAGEMENT?

In this document, ‘engagement’ is used as a broad term that covers connections with health and welfare professionals, services and treatment. It includes attendance at appointments, participation within sessions, completion of follow-up tasks and the relationship a young person develops with their health or welfare professional.

Engagement applies equally to young people and their families or other supports. ‘Family’ may encompass a range of relationships; including immediate family, extended family, partners, children, close friends, housemates and other guardians or informal supports.

THE BENEFITS OF POSITIVE ENGAGEMENT

Early positive engagement is important in helping to ensure young people experiencing mental ill-health receive the care they need to recover, and hopefully, prevent the progression or recurrence of mental illness. Services are encouraged to have strategies in place to engage young people from their first visit and throughout their treatment and/or care.

If a young person feels engaged with a service and has a positive relationship with their mental health care provider/s, they will be more likely to:

- attend appointments;
- provide insights about themselves and their mental health concerns;
- undertake follow-up tasks;
- be open to family involvement;
- recommend the service to others; and
- seek help in the future.

DISENGAGEMENT

Reasons for disengagement include:

- an environment that’s not youth-friendly, inclusive or welcoming;
- young people feeling disempowered if not involved in decision making;
- inadequate communication; and
- a breakdown in the relationship between the young person and their health care provider.

RELATIONSHIPS BETWEEN YOUNG PEOPLE AND THEIR HEALTH CARE PROVIDERS

The ‘therapeutic alliance’ or interpersonal relationship between a young person and their mental health care provider will be influenced by the health care provider’s ability to:

- express empathy;
- communicate clearly;
- connect with the person;
- work collaboratively; and
- be respectful, warm, flexible, genuine, trustworthy, friendly, interested and alert.^{2,3}

WHY ENGAGE FAMILY MEMBERS?

While some young people may have poor relationships with family members that could negatively affect their mental health, in most cases, the involvement of family members can add value to a young person’s treatment or care.

Family members may be able to:

- encourage participation in treatment;
- provide background information about the young person, timelines about onset of mental ill-health, baseline information and of any fluctuations in their mental state;
- provide transport to appointments;
- support the young person to complete follow-up tasks, or take prescribed medication if required; and
- assist with reinforcing psychoeducation about mental ill-health, treatment and recovery.

BARRIERS TO ENGAGEMENT

BARRIERS TO ENGAGEMENT FROM A YOUNG PERSON'S PERSPECTIVE

The following barriers may prevent a young person experiencing mental ill-health from seeking help or completing treatment:

STIGMA ASSOCIATED WITH MENTAL ILL-HEALTH

Mental ill-health continues to have significant stigma, particularly for young people who may be trying to fit in with their peer group.

RELUCTANCE TO BEING RELIANT ON ADULTS

Being 'reliant' or dependent on adults at an age of increasing independence can be challenging for a young person.

SYMPTOMS

The challenges of engaging young people in mental health treatment can be further complicated by the symptoms a young person may be experiencing e.g. lethargy, disorganisation, anxiety etc.

SOCIO-CULTURAL FACTORS

Socio-cultural factors may relate to things such as shame regarding mental ill-health, negative past experiences of mental health services in other countries or a lack of familiarity with the Australian customs (e.g. making eye-contact or the degree of health care provider familiarity).

SOCIAL COMPLEXITY

Factors such as homelessness, unemployment, family difficulties, poverty and experiences of abuse can create a level of complexity in a young person's life that make it difficult to prioritise and engage with mental health treatment.

SIDE EFFECTS - YOUNG PEOPLE ON MEDICATION OR TAKING ILLICIT SUBSTANCES

Young people who are prescribed medication may experience side effects that limit their motivation or ability to attend appointments.

Additionally, illicit substance use can be a further complicating factor affecting motivation, organisational skills and a young person's ability to engage with services.

TRAUMA

Some young people experiencing mental ill-health have experienced, or experience, trauma. Trauma may be related to past experiences of sexual or physical abuse, neglect, escaping from violence (e.g. young people who are refugees) or negative past experiences of mental health services.

ADVICE

When engaging young people who have experienced trauma, consider:

- how the trauma might affect their engagement;
- when and how to discuss the issue of trauma (e.g. asking them if they have had experiences that cause flashbacks or nightmares);
- what may help them to feel like they have more control in a situation (e.g. becoming involved in peer support);
- pacing interventions in a way that helps the young person to feel safe, particularly if they are experiencing post traumatic stress disorder (PTSD) symptoms; and
- consulting with senior team members and seeking supervision to help best address the issue of trauma.



BARRIERS TO ENGAGING FAMILY MEMBERS

Family members may be difficult to engage in the treatment and care of young people experiencing mental ill-health for several reasons, including:

- family circumstances and complexities in relationships within the family;
- families having little experience of mental health services and being unsure what to expect;
- previous negative experiences with the mental health system or their treatment or care;
- stigma associated with mental health ill-health which can affect family members who may feel stigma by association;⁴ and
- the sense of loss felt by family members when a young person has experienced mental ill-health⁵ and the impact this may have on the wider family.

BARRIERS AT THE HEALTH CARE PROFESSIONAL LEVEL

Mental health workers bring their own histories, experiences and biases into the relationships they form with young people.

Workers should reflect on how they build rapport, whether they are equally receptive to all young people, and any strategies they might employ to improve relationships with the young people in their care.

BARRIERS AT THE SERVICE LEVEL

Service-level barriers to engagement may include:

- a negative experience at some point in the referral or initial assessment process;
- the setting of the initial contact – e.g. overly clinical, uncomfortable or where there is lack of privacy;
- busy staff workloads – leading to hurried appointments;
- the involvement of multiple service/care providers;
- lengthy waiting periods;
- disorganised delivery of care; and
- lack of support via supervision, mentoring, professional development for clinicians.

Ensuring that services are youth friendly is an important way to improve engagement. A ‘youth friendly’ service must be easily accessible, culturally safe, inclusive and supportive. The atmosphere and degree to which the service makes young people feel welcome and comfortable can have significant implications for engagement.

➔ See ‘Summary of strategies to promote youth friendly mental health services’ on page 10.

“ You don’t realise until it happens that you have had all these dreams about what your daughter is going to do with her life, what kind of a person she is going to be ... and then she gets unwell, and you don’t know what to think.

FAMILY MEMBER, ORYGEN

“ It took some time to work it out through reflection and supervision, but I realised that what was getting in the way of my engagement with a particular young person was that we were from similar cultural and family backgrounds. You’d think this would be useful in engaging with him and his family, but I think it actually was the opposite! Using supervision really helped me process this and be mindful of whose ‘stuff’ was whose.

CLINICIAN, ORYGEN



TECHNIQUES TO ASSIST WITH ENGAGING YOUNG PEOPLE

IMPROVING RELATIONSHIPS AND MAXIMISING ENGAGEMENT WITH A YOUNG PERSON

There are three broad strategies when engaged in direct clinical work with a young person and many ways to help build a positive relationship and also for improving their engagement in their mental health care.

1. PLAN YOUR INTERACTIONS

2. DEVELOP YOUR UNDERSTANDING OF THE YOUNG PERSON

3. DEVELOP YOUR RELATIONSHIP WITH THE YOUNG PERSON

1. PLAN YOUR INTERACTIONS

HAVE A STRUCTURE

Structuring a session can help young people understand what to expect. It may be useful to start by reviewing the previous sessions, setting an agenda together and finishing with a summary of what you discussed, ideally in the words of the young person. Ask questions such as; ‘What were the main things we talked about today?’ ‘What stuff has been useful today?’ and ‘Was there anything we talked about that wasn’t very helpful?’

“ When I go to see my case manager we’ll set an agenda together so then we know exactly what we’re going to talk about, how heavy it’s going to be or how light it’s going to be. I know if it does get too heavy I can just say, “Look, I’m struggling I just need to go grab a glass of water”, or something and take five minutes out.

YOUNG PERSON, ORYGEN

SET THE SCENE

Clearly explain how your service operates. Include information on the type of care you can provide, frequency of appointments, any flexibility in appointment times and locations, costs and how to contact the service. Also discuss who will be part of the treatment team and what their roles are, for example, medical staff, peer workers. Written handouts are handy for reinforcing information.

ACKNOWLEDGE THE YOUNG PERSON MAY BE FRIGHTENED, CONFUSED, OR FEELING HOPELESS

Acknowledge that mental ill-health symptoms may be distressing. Keep information brief and repeat key messages if necessary. Use visual cues (e.g. a white board, drawings, jotting down main points), and regularly check in with the young person during sessions to ensure they understand what is being discussed.

BE CLEAR ABOUT CONFIDENTIALITY AND INFORMATION SHARING

Young people are often apprehensive about how their information will be shared, particularly information relating to sexual health and drug use.⁶ Let the young person know that information relating to risk (e.g. self-harm, suicidal ideation, harm to others etc.) will need to be shared with family and supports where relevant. Explain to the young person that if this occurs, you will discuss what is shared, and when with them.

“ My worker always lets me know whether she was going to talk to my family and she always asked what’s appropriate and what’s not appropriate to say ... so I felt really comfortable.

YOUNG PERSON, ORYGEN

FOSTER OPTIMISM AND HOPE

Reinforce that most young people experiencing mental ill-health recover. Phrases like, 'We expect things to get better' and 'We expect your son to recover' can be reassuring. Provide examples of how other young people have coped or recovered. Focus on what young people and their families can do to improve someone's mental health.

AVOID MEDICAL OR SPECIALIST LANGUAGE (AT LEAST INITIALLY)

Be sensitive that young people may not be aware of, or understand, psychiatric or diagnostic terms.

Listen carefully for the language young people and their supports use in relation to their experience of mental ill-health. For example, some young people will use terms such as 'things got a bit weird', 'I was stressed out', or 'I just didn't want to do anything'. In the beginning at least, it can be useful to use their terminology.



BUCKET 1

Bucket can withstand current stressors when there are minimal risk factors

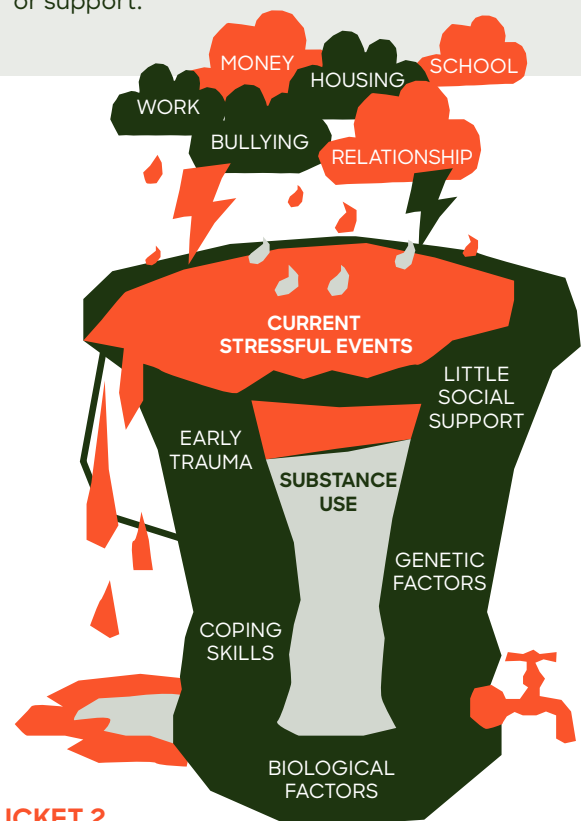
DEVELOP A SHARED UNDERSTANDING OF THE YOUNG PERSON'S CONDITION

Work with the young person to develop a shared understanding of their condition or 'case formulation' (hypothesis about the cause and nature of the problems). This will help the young person to accept their situation and promotes shared decision-making.

The bucket metaphor⁷ can be useful to visually show how different factors may contribute to a young person's experience of mental ill-health. Work with the young person to identify stressors and concerns that fill the bucket until it overflows – representing an experience of mental ill-health. Protective factors and treatment are represented by a tap which let the stress out before the bucket overflows.

For example, if the bucket contains things such as school stress, cannabis use, relationship break-up, and the death of a grandparent, it can help the young person understand that there were a considerable number of stressors and that under similar circumstances, many people could be expected to have experienced mental ill-health.

This approach normalises the experience for the young person and reinforces the importance of continuing with treatment or support.



BUCKET 2

Bucket overflows as current stressors add to existing vulnerabilities

ADDRESS CONCERNS ABOUT MEDICATION, IF APPROPRIATE

Side effects from medication can challenge a young person's engagement. Where appropriate, take the time to discuss the benefits of medication and the possible side effects and give the young person time to consider this information.

2. DEVELOP YOUR UNDERSTANDING OF THE YOUNG PERSON

Developing an understanding of the young person will be assisted through the process of a comprehensive biopsychosocial assessment and collaborative development of a care plan. However, it is also important to consider the following points to improve understanding:

ASK ABOUT PREVIOUS TREATMENT EXPERIENCES

Some young people will have had past experiences with mental health care – either positive or negative. If you ask them about their history, you may gain valuable insights into the types of interactions that work best for them.

UNDERSTAND THE YOUNG PERSON'S 'EXPLANATORY MODEL'

Take time to appreciate the young person's understanding of what has happened to them. This should include what they and their families have been told, what they have read (including online) and what they understand about mental ill-health, causes, treatment and the young person's prognosis.

DETERMINE AND ADDRESS THE YOUNG PERSON'S NEEDS AND GOALS

Aside from the obvious need to get well, young people will have other practical needs that should be considered. For example, a young person may be experiencing employment, accommodation or financial difficulties following a serious episode of mental ill-health. It requires understanding and addressing the young person's needs in order of priority, which will encourage them to engage and help to build trust.

RECOGNISE THE INDIVIDUALITY OF EACH YOUNG PERSON

There is a danger of relying too heavily on clinical guidelines and diagnostic categories. Be cautious about similarities between people or diagnoses and of basing the likelihood of specific interventions being successful on these similarities. Remember that each young person is unique and their treatment or care will require a fresh effort.⁸

ACKNOWLEDGE THE YOUNG PERSON'S STRENGTHS

Don't overlook the young person's strengths and protective factors. You might discuss what the young person is doing when things are going well and summarise the positive strategies they have been using. Examples can be, 'We've have been talking a lot about your depression. Can I ask you a different question – do you ever not feel depressed? Or can you remember a time when you did not feel so down? What was going on? What do you think you are or were doing differently?'

BE AWARE OF CULTURAL FACTORS

Being aware of cultural beliefs about mental ill-health can help you to understand how the young person and their family or supports may interpret what is happening. For example, the concepts of spirits, communicating with ancestors, and of devils and visions are not unusual in particular religious communities.

Research the culture of the young people that you are working with and ask them, or their families and other supports, whether beliefs expressed by the young person are commonly held within their cultural group.

CASE STUDY AHMET

Mental health worker: 'Mrs Ozkan, can I check something with you, as I'm really keen to understand your culture better? Ahmet has mentioned being worried about djinns. Is that something that happens a lot in your culture and religion?'

Mrs Ozkan: 'A little bit. In Islam, the Koran mentions desert spirits ... (pause) But I think that Ahmet is more worried than usual. He was never worried about this before. He's a good boy, but he's not normally very religious.'

Mental health worker: 'Are djinns something that you would normally talk about much as a family?'

Mrs Ozkan: 'No. Not really. I just tell him not to worry.'

3. DEVELOP YOUR RELATIONSHIP WITH THE YOUNG PERSON

TAKE TIME TO DEVELOP YOUR RELATIONSHIP

Where possible, take the time to gradually build your relationship with the young person. Be mindful that gaining trust is unlikely to occur quickly if the young person has experienced trauma, abuse, or has a history of attachment difficulties. Don't expect the young person to be comfortable disclosing personal information before they get to know you.

BE OPEN AND TRANSPARENT

Be mindful that the questions you ask young people may be extremely personal, and at times, confronting. Be clear as to why particular questions are being asked and consider the timing of some questions. Ask permission to ask personal questions, especially regarding past trauma, sexual assault, sexuality, sexual side effects, or mental state.

BE AWARE OF ISSUES THAT COULD CHALLENGE THE RELATIONSHIP

Try to identify any potential challenges to engagement or to building your relationship with the young person. Understanding their attachment history can be very valuable and may help you to manage potential issues, such as perceived abandonment if you were to go on holiday.

AVOID CONFRONTATION

It is not uncommon for mental health workers to find themselves in conflict with young people experiencing mental ill-health. One way to avoid confrontation is to 'roll with resistance'. For example, don't insist that a young person is experiencing mental ill-health if they don't agree. If a young person is resistant, it may be a signal that you need to shift your approach.⁹

USE HUMOUR AND PLAYFULNESS

Discussing mental health symptoms can be a difficult topic for young people. Despite the seriousness of the situation, you can improve engagement by being open to moments of humour and fun. Humour can also help to narrow interpersonal gaps, communicate caring and relieve anxiety.

“ If I could go back and do my first meeting with my case manager over again, it would be more of a 'breaking the ice' kind of thing, maybe trying to develop some trust a bit and have a casual conversation - that would have made me feel a lot more at ease.

YOUNG PERSON, ORYGEN

CASE STUDY MARIKA

Marika was applying for special consideration for assignments at her TAFE course in digital design. There was an option of her submitting a letter in support of her application. Marika and her GP sat down and wrote a letter together. Marika felt like she had control over what personal information was shared about her situation.



SERVICE-LEVEL CONSIDERATIONS FOR MAXIMISING ENGAGEMENT

CONTINUITY OF CARE

After a young person has entered a program, try to limit any disruption to their care. Try to keep a consistent support team and plan ahead and advise the young person of changes due to annual leave or staff rotations.

LOCATION AND TIMING

Consider the best location to meet with the young person. For example, meeting in café may help reduce a young person's anxiety and make them feel on a more even footing. Home-visits may help to better understand their context.

Adapt the session length to what the young person is able to manage and consider the timing of appointments. Young people are more likely to attend mental health appointments around midday rather than early or late in the day.

FAMILY ENGAGEMENT

The level of involvement of families and other supports will vary, but they can be very useful in informing you of any concerns about the young person and any fluctuations in their mental state. Talk to the young person about how their family or supports can help and try to engage them from the young person's initial point of contact.

Be mindful of the potential effect of a mental health diagnosis on family members and to be sensitive to families as they come to terms with this. They may have differing understandings and beliefs about the young person's mental health. Take time to understand their perspectives.

YOUTH-FRIENDLY SERVICE PROVISION

There are a range of strategies to promote youth-friendly mental health services.

SERVICE STRUCTURE STRATEGIES

- Seek the advice of young people in all aspects of service design including through developing youth participation programs.
- Provide services in a location easily accessible by public transport and ideally near mainstream youth-oriented activities, such as leisure or sports locations.
- Co-locate with other youth-oriented services to provide a 'one-stop shop'.
- Provide a warm, welcoming environment which considers the 'look and feel' from a young person's perspective and is stigma-free yet provides privacy and safety.

SERVICE PROCESS STRATEGIES

- Provide choice and flexibility around treatment options.
- Provide flexibility in the location of care (home-based, school, cafe) and hours of operation (after school or work hours).
- Provide as much staff consistency as possible throughout a young person's care.
- Provide information on access and what to expect from the service in multimedia formats.

- Minimise appointment wait times, and if there are any, explain these when the young person arrives for their appointment.
- Provide information on privacy, confidentiality and rights in accessible areas, including online.
- Use technology to support communication and treatment/care - support staff to utilise technology in the most effective and safe manner.

WORKFORCE STRATEGIES

- Involve young people in the staff recruitment process, from development of position descriptions through to interview and selection.
- State expected knowledge, skills and attitudes required to work in a youth-friendly way in position descriptions.
- During interviews, include questions to ascertain youth-friendly characteristics from prospective employees and if possible, include young people in interview panels.
- Build links with local universities to promote youth mental health in undergraduate and postgraduate curricula.
- Support staff with training and education related to the necessary knowledge, skills and attitudes required to work in a youth-friendly way.

“ Going out, even to a café, just feels more casual and less like a patient–doctor environment and it sort of breaks the formality. It makes you feel like you’re both just people, and I think it’s easier sometimes to talk over a cup of coffee. It makes it a bit more open and kind of like, this isn’t something scary. You don’t have to be secluded from society ... that you can be out in the world and just be like normal people.

YOUNG PERSON, ORYGEN

PRACTICAL ISSUES

Consider practical supports, such as texting a young person to remind them about appointments. Setting regular appointment times can help to create momentum and build rapport.

Providing help with transport to appointments can be invaluable. Options might include providing details of local public transport services, offering taxi vouchers, providing public transport tickets or going out to see the young person where they are.

USING TECHNOLOGY TO ASSIST ENGAGEMENT

Using technology should not replace face-to-face communication, but may help to engage with young people and make case managers and/or your service more accessible and less stigmatising.

USING TECHNOLOGY TO COMMUNICATE

Where practical, combine communication modes. Consider sending texts to check in with the young person or suggesting the young person takes a photo of notes jotted down during sessions. Conducting sessions via Skype or Facetime may be appropriate in rural or remote areas.

ONLINE INFORMATION AND SUPPORT

Young people commonly seek help and support for mental health difficulties through the internet. Online information is easy to access anonymously and may be particularly helpful for young people living in rural or remote areas. Disadvantages include the amount of misleading or contradictory information online, and the risk of a young person misinterpreting the information they find. Provide suggestions of reliable websites and mental health web-based support services.

SOCIAL MEDIA

Build an understanding of the role of technology and online communication in the young person’s life. Ask about their social media use and become familiar with the social media platforms they may be using (e.g. Facebook, Instagram, Twitter, Tumblr, Snapchat, Tinder etc.). This will help to understand how they interact with peers and others, or if they have any issues with online bullying.

“ I’d get phone calls from my worker to check up on me, to remind me about appointments, and just to see how I was going. That was actually quite useful. You know, just to know that they still cared and they were still looking out for me and making sure I was okay in between appointments.

YOUNG PERSON, ORYGEN

ENGAGEMENT WITH YOUNG PEOPLE WHO ARE ACUTELY UNWELL

Young people who have are experiencing severe or complex mental ill-health may be particularly difficult to engage as their symptoms may impact on their ability or motivation to seek help. For example, young people who are severely depressed may not want to attend appointments or complete follow-up tasks. Those who are severely anxious may also avoid appointments. A young person with delusional beliefs may find it difficult to trust others and those with thought disorders may be particularly disorganised and find it difficult to meet commitments. Or those with a range of practical issues such as family conflict, homelessness, and drug or alcohol dependence may see these as more of a priority. Consider using more proactive and flexible ways of engaging with young people who are experiencing symptoms which impact on their ability to access treatment, such as providing outreach to their homes or other places where they feel comfortable and safe. Seeing them with people they trust such as family members, partners or friends might also help to engage them, and allows those people to reinforce the messages and strategies discussed during the session in the time between appointments.

MAINTAINING PROFESSIONAL BOUNDARIES

Although professional boundaries are important to help protect both the young person and the mental health worker, there can be a fine line between having strong boundaries and appearing inflexible, overly rigid or indifferent.

“ They know so much about you, and you know nothing about them.

YOUNG PERSON, ORYGEN

Be mindful of developing sustainable relationships. Consider what may be helpful to share with the young person, their family and other supports. If you bring personal information into the relationship, ask yourself why you are doing so, what benefits it can bring, and ensure you are not making the discussion about you. Try to personalise your relationship without disclosing parts of life that are personal or could leave feelings of vulnerability or of being exposed.

FLUCTUATIONS IN ENGAGEMENT

Fluctuations in a young person’s engagement with mental health treatment or support are common and can occur for many reasons. It may be useful to ask the young person how they feel about their relationship with you as their mental health worker. Many relationships can be repaired if problems are recognised early and you can work through the reasons behind the breakdown. Doing so can also help model conflict resolution.

Generally, both the health care professional and the young person will have contributed to any fluctuations or breakdowns in the relationship. Take responsibility for any mistakes you have made and apologise if appropriate.¹⁰



DISENGAGEMENT

Disengagement can sometimes form part of a young person’s recovery process – when they feel well and their functioning improves, they may feel they don’t need to be so dependent on you or the program.

If a young person withdraws, disengages or stops attending appointments, it will need to be determined how actively to pursue follow-up. For young people experiencing serious mental ill-health, it will be important to try several ways to re-engage them with treatment and support. This could include contacting family members or other supports, where appropriate. For other young people, with more minor concerns, you may simply need to let them know that they are welcome to contact you again in the future if they need any help.

Each service should have its own policies and procedures for managing when young people disengage or drop out from treatment.

ENDING WITH A SERVICE

Finishing treatment or ending with a support service can be a challenging time for a young person experiencing mental ill-health, regardless of how long they have been engaged. Ending may be especially difficult if their support has been intensive or related to a trauma.

It's best to begin discussions about ending with a program early in the relationship and to work with the young person to plan for their next phase. Use the conclusion as a time for both the mental health worker and the young person (plus their family and supports) to reflect on the experience, the relationship and what each have learnt.

CASE STUDY REBECCA

Rebecca's episode of care with a youth mental health service is coming to an end in two months. Finishing up with the service is something that Rebecca and her worker have been talking about in the last few months.

Rebecca: 'I can't believe that soon I won't be coming here to see you any more! That's going to be weird ... I mean, I've been catching the train here nearly every week for over a year!'

Case manager: 'I know, it is a long time ... and like we've been talking about, finishing up can bring up feelings and thoughts. And everyone's response is different ... I mean you and I have talked about this before, but it can feel a bit scary not coming into the same office, to see the same people any more ... But other people find they are excited about the idea of starting afresh. Some people find they experience both feelings... what about you ... how are you feeling?'

Rebecca: 'Yeah, I find sometimes I'm like, awesome, I won't have to come in for appointments anymore! No offence! But it's really exciting to think about how I feel, like I know that I feel good and Mum and I feel like we know what to look out for if I start to get paranoid again ...'

I also like the fact that I will be seeing my GP regularly and that if I need some extra support I know that I can make an appointment with the psychologist at the headspace centre.

But then sometimes, like if I'm having a bad day I feel a bit worried that I can't just ring you or know that I am coming in to see you in a few days to talk about it. That's a bit sad ...'

Case manager: 'Yeah, I think it's a bit sad too but I feel really excited for you and all the great things that you are going to be doing with your life.'

CONCLUSION

Engagement is particularly important when working with young people experiencing serious and complex mental ill-health. There is growing evidence that engagement, and positive relationships between young people and their mental health workers can improve mental health outcomes. There are many strategies that have been shown to improve engagement and professional relationships.

Despite the challenges associated with working with young people experiencing mental ill-health, engagement and the development of strong, supportive relationships with young people and their families can be incredibly rewarding work – work that allows for the recovery process to begin.



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