

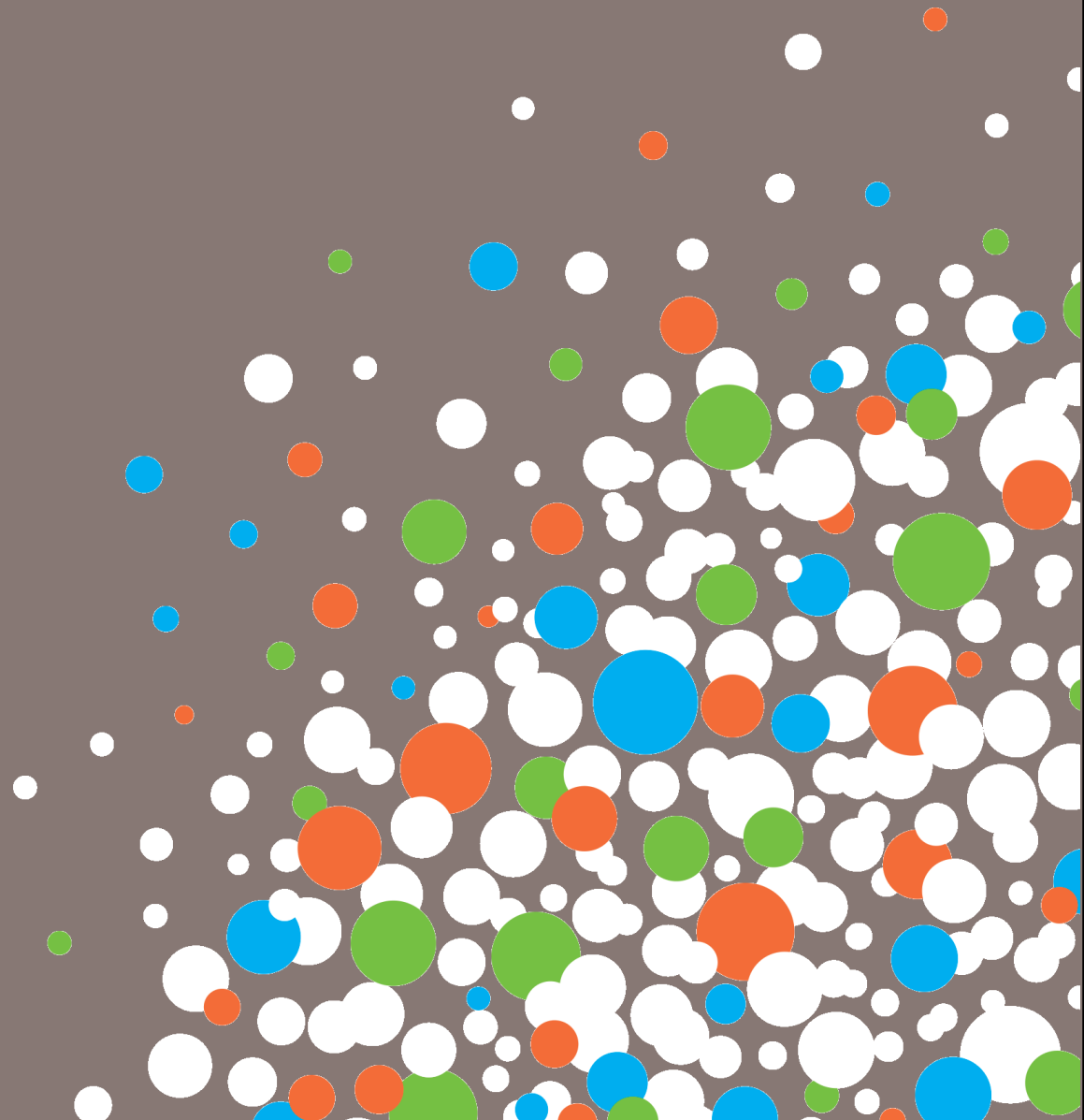


The National Centre of Excellence  
in Youth Mental Health

---

## Clinical considerations when working with complex young people in primary care

---



This paper has been produced to assist those Primary Health Networks and service providers who have been commissioned under the Youth Severe initiative.

### Acknowledgements:

This paper was developed by Orygen's National Programs team with writing from Heather Stavely and Alexandra MacDonald. Alison Peipers Consulting provided support.

© Orygen, The National Centre of Excellence  
in Youth Mental Health 2018  
This publication is copyright. Apart from use permitted under the  
Copyright Act 1968 and subsequent amendments, no part may  
be reproduced, stored or transmitted by any means without prior  
written permission of Orygen, The National Centre of Excellence  
in Youth Mental Health.

**Disclaimer** This information is provided for general educational  
and information purposes only. It is current as at the date of  
publication and is intended to be relevant for all Australian  
states and territories (unless stated otherwise) and may not be  
applicable in other jurisdictions. Any diagnosis and/or treatment  
decisions in respect of an individual patient should be made  
based on your professional investigations and opinions in the  
context of the clinical circumstances of the patient. To the extent  
permitted by law, Orygen, The National Centre of Excellence in  
Youth Mental Health will not be liable for any loss or damage  
arising from your use of or reliance on this information. You rely  
on your own professional skill and judgement in conducting  
your own health care practice. Orygen, The National Centre  
of Excellence in Youth Mental Health does not endorse or  
recommend any products, treatments or services referred to in  
this information.

Orygen, The National Centre of Excellence  
in Youth Mental Health  
Locked Bag 10  
Parkville Vic 3052  
Australia  
[www.orygen.org.au](http://www.orygen.org.au)



The National Centre of Excellence  
in Youth Mental Health

## Clinical work with ‘complex’ or ‘severe’ young people in primary care

Young people with complex needs and experiencing severe mental ill-health can provide a range of challenges for service providers and subsequently staff employed to provide the care. This paper discusses some of the clinical challenges that PHNs, providers and clinicians may need to consider.

### What do we mean by ‘complex’ and ‘severe’ mental ill-health?

Severe mental ill-health is often defined by its length of duration and the functional impact it produces. Severity can also relate to the level of risk an individual present to themselves and/or society as a result of their illness. Risk does not have a narrow definition and can be considered in terms of suicidal ideation, attempts and self-harm. Risk can also be thought of in terms of vulnerability; for example, to abuse, homelessness or financial difficulties. Complexity spans the array of problems that a young person may experience which can span social, economic and health areas<sup>1</sup>. Working with complexity it is not only thinking about the breadth of needs but also the depth of need, which can be profound, serious or intense<sup>2</sup>.

A useful definition for ‘youth severe’ is that it:

*‘Captures young people with complex presentations: such as a young person who may: have a mental health issue or diagnosis (may be mild, moderate, prolonged or severe), have comorbidities, and may also experience significant psychological issues (homelessness, forensic issues, relationship issues, family or partner violence etc.)’<sup>3</sup>*

It is important to acknowledge that having mental health issues and complex needs is especially difficult for young people during the transition to adulthood, when they already experience changes in independence and growth. Therefore, it is paramount to ensure complex needs are treated efficiently to ensure minimal interruption in the developmental trajectory of young people.

For young people, mental ill-health can be exacerbated by their lack of access to appropriate treatment or a reluctance to seek help from mainstream services. With proper assessment, management and a supportive environment, young people with severe mental ill-health issues and complex needs can recover. In order to achieve this, there is a high need for young people to have easy access and engagement to multidisciplinary care which includes medical support and appropriate treatment options which respond to their level of complexity.

### Engagement is the cornerstone of care

Whatever service model a clinician may be working from, a key consideration will be a youth friendly approach with a strong focus on engaging the young person. Engagement

is a positive process between a clinician and young person to achieve common ground to meet the needs, preferences and abilities of complex young people. Evidence suggests that engagement and a strong alliance with the young person is associated with improved adherence to treatments which results in improvements in symptomatic and functional outcomes<sup>4</sup>. Furthermore, engagement also improves understanding of the contextual and aetiological factors and helps with a collaborative care approach.

For complex young people, engagement is not usually a linear process as it can fluctuate. A main focus is recognizing that this can occur. If engagement is lost, clinicians should ensure they 'leave the door open' for continued engagement to the young person in the future.

### Factors that can hinder engagement

There are many factors that can impact on how well a young person engages with their care team.

Some of these include:

- Unstable housing, homelessness, financial problems
- Isolation, little family support
- Employment or educational concerns
- Competing time demands
- Transport problems
- Mental health symptoms
- Comorbid issues (i.e. substance use)
- Stigma
- Recognising the need for help
- Past poor experiences leading to mistrust of services
- Hostility, aggression and /or self-harm or suicidal actions

### How to assist with engagement

Each young person is unique and any care team will need to work out the best way to engage with them. It is important to consider that it is the **intensity** and manner in which these interventions are delivered that sets apart the interventions for complex presentations.

There are a number of ways engagement can be achieved as follows:

**If not engaging find out why** – read any previous notes provided, check sociocultural issues, consider the illness itself and other possible barriers

---

**Use communication skills** – such as respect, empathy, active listening, be reassuring

---

---

and transparent by explaining the rationale for questions and your role in helping

---

**Have a positive hopeful attitude** – and build a relationship through being trustworthy

---

**Ask about the young person's explanatory model** - what are their views on the issues they face?

---

**Prioritise what's important to the young person** – collaborate on meeting their wants and needs

---

**Focus on practical help** – for example; transport, Centrelink benefits, medication for sleep

---

**Take an outreach approach** – choose a setting that suits those best (their home, a café etc.)

---

**Don't give up too easily** – persevere and remain consistent, be flexible to their needs

---

**Utilise family or friends** – can they help engage the young person?

---

**Understand and know about other services** – with permission, coordinate meetings with services so that all services understand the issues, roles and partnership together on a care plan.

## Service Providers (Agency)

It is also important for the service provider/agency to help clinical staff with engaging with complex young people. This includes providing capacity for an outreach service, flexible hours (including after hours), a youth friendly setting and welcoming approach. Additionally, service providers should establish a skilled and motivated multidisciplinary team who work in partnership. It should be clear to all staff what the model, operational procedures and governance structures are.

In response to complexity of need, many young people have contact with a number of service providers ranging from government agencies such as Centrelink, housing agencies, juvenile justice, school counsellors, GPs and so forth. An understanding of the role and exact services provided by other service providers is integral to supporting an effective network for the young person. For optimal outcomes, the clinician should cooperate and share responsibility for the young person's welfare through establishing a network of support for them based on collaboration amongst service-providers.

During assessment, collateral information gathered from these services can enhance the breadth of assessment and provide a sound base for case planning. Clinicians may need to consider confidentiality and the 'rules' around sharing of information which may

differ across services. Consent from the young person is often required. The case manager (or other appointed staff member) may need to take responsibility for case coordination and organise multi-service case conferences. Consistency across services can provide a clear direction and prevent confusion.

Additionally, contact with the services involved in the care of the young person will clarify roles and avoid duplication. Communicating these roles and responsibilities clearly to the young person should enhance their understanding and engagement with each service.

### Clinical Assessment: getting the full picture

A comprehensive assessment is important as a clinician can take into account a young person's mental state as well as gain an overview of what is happening in the whole of their life. This is referred to as a 'whole of person' or a 'holistic' care approach. Assessment can be defined as:

*"the ongoing process of gaining sufficient information from a young person presenting with possible mental health symptoms to enable a diagnosis, guide treatment planning, facilitate the development of a therapeutic alliance and enable aetiological case formulation<sup>4</sup>."*

It is usually standard practice to define an assessment as a biopsychosocial assessment covering these areas. A biopsychosocial assessment covers the biological, psychological and social assessment of a young person. It is a continuous process and a thorough assessment allows clinical staff to construct a case formulation that can then guide priorities for treatment and specific intervention.

For young people, a biopsychosocial assessment usually covers the following areas: a full medical biological evaluation (i.e. physical health) as well as 10 domains listed by Headspace<sup>5</sup> for psychosocial evaluation. These domains include home and environment, education and employment, activities, alcohol and other drugs, relationships and sexuality, conduct difficulties and risk taking, anxiety, eating, depression and suicide, psychosis and mania. As assessment is an ongoing process, care plans and case formulations should be aligned with new assessment information at any stage of care.

When working clinically the following principles can guide the assessment process:

#### **Assessment:**

---

- Is timely and involves a comprehensive biopsychosocial approach
- Occurs at a time and place suitable for young people and their family/significant others

- 
- Is part of engagement and requires building a relationship and a 'therapeutic alliance'
  - Can involve gathering information from a range of different sources
  - Involves observations as well as open ended questioning
  - May have a different priority of focus in crisis situations and involve resolving risk issues as a priority
  - Involves discussion of confidentiality and the limits to this (duty of care)
  - May require adaptation to consider cultural or other sensitivities
  - Involves communicating the rationale of the process to the young person to aid understanding

#### **Clinicians:**

---

- Attitude is important and should be non-judgmental
- Should employ communication and interpersonal skills such as flexibility, warmth, empathy, active listening, be respectful and have knowledge of developmental and life stages
- Able to provide an optimistic and hopeful outlook

Most clinicians at some point will come across a young person that will be complex and difficult to engage with. Clinical judgement and responses during this time are very important. Gaining as much information as possible is crucial to a clinician understanding why they may have difficulty engaging and is crucial to providing the right kind of help. A clinician does not have to do everything alone – a team is important to consult with, generate ideas of what to do and to consider involving other team members so as to utilize different areas of expertise.

### **Case management and interventions for complex young people**

Aside from assessment and engagement work, the role of the case manager is crucial in continuing the holistic approach to care so that a young person can recover. The following clinical scenario 'James' provides some pointers for case management interventions and team approach.

#### **Presentation**

James was referred to the service after suicidal intent, self – harm via cutting and experiencing major depressive symptoms. There were also multiple other factors that were impacting on him and his family. For example, his father had recently been working interstate for weeks at a time leaving James' mother feeling isolated and unsupported. James had few friends and was very attached to his mother and had taken to copying her dress and mannerisms. His attitude to her and his sister was demeaning

and arrogant, leaving his mother at her wits end. She wanted help with understanding how to manage him.

James was intelligent however was frequently absent from school. The school were reluctant to have him return due to his attitude, behaviour and the risks involved with his mental ill-health. James also tended to have a superior attitude to others believing he knew best how to treat himself. He wanted to return to school but found his mental health symptoms distressing as he felt they interfered with his study and life too much. James was also overweight and had high blood pressure.

### Assessment

The first assessment interview was crucial to understand the range of mental health issues but also the family concerns, needs and future goals everyone had. This assessment occurred with the family at home as James felt more comfortable in his own environment. It became apparent that to continue engagement, a case manager and a team approach was needed. The best way to engage with James and his family was for them to feel they were being listened and for the family to have full clarity at the commencement of treatment as to who and what was involved in the treatment approach. The approach started with what James and his family thought the most important areas they wanted help with were.

### Interventions Provided

<b>School Involvement</b>	The case manager initiated co-ordination with the school to re-engage James. This involved several meetings with the school to explain his mental state and look at his timetable and homework plan. Agreements were reached with the school, James and his mother, and support from the service was offered.
<b>Social environment</b>	The case manager also looked at developing James' social contacts and worked with him on improving his interactions in social situations and some social activities.
<b>Psychiatry</b>	A psychiatrist was consulted for review and need for medication. This involved discussion around James' symptoms, psycho-education, risk-monitoring, metabolic monitoring and team consultation.
<b>Family Work</b>	Sessions with James' mother for debriefing, psycho-education and specific ideas on managing James' behavior. Whole of family sessions were provided with a focus on how to support each other and manage situations when James was seen as being 'in crisis'.
<b>Psychological</b>	A specific intervention for James to manage his depressive symptoms was discussed. This required engaging with therapy, identifying



<b>intervention</b>	triggers, stress-reduction and utilizing the suggested techniques.
<b>Dietician input</b>	James' was referred to a dietician to help him with nutrition and weight loss and to improve his high blood pressure and overall physical health.

Apart from the medical and psychological work required, the functional work was highly important for James' recovery. Functional recovery is another crucial element of care and can be understood as a reintegration and return to previous roles, habits and meaningful activities. It also includes the development of new skills, roles and interests that are in keeping with the young person's developmental trajectory and that support their goals for the future. Functional recovery should not focus on symptoms. It should focus on what the person is (or isn't) doing, how satisfied they feel with their life and to what degree they are functioning in a meaningful way. It should also incorporate the journey of personal recovery, during which the person is able to make sense of their experience and move forward in their life.

### Case management and importance of team approach

It is important to not only consider the complexity of the young person, but also complexity of the service system and the treating team. Within teams there can be differing views regarding diagnosis, medications, risk, functioning, family involvement, the case managers' role and treatment approaches. In order to help young people, clinicians need to continually assess and think about what will best help.. Complex presentations can cause a heightened sense of concern - by all involved - of being overwhelmed by the issues or feeling unsure at how to assist. Additionally, clinicians can believe they are not skilful enough to deal with the young person's issues which can lead to panic and/or anger and cause placement of blame on the young person, the family, the service or clinicians themselves.

For this reason, supervision, team discussion and case presentations to a team of experienced staff is extremely important and can help share the burden of 'carrying the concern' as a service. Remember, clinicians cannot know everything so they need to use the experience around them. Young people and family assistance must not be inhibited due to the stress or inactivity of the team.

### Managing complex young people with very challenging/risky behavior

Some young people can present with (or have a history of) aggression, self-harm or suicidal behaviour and this may be when they seek help. Managing this well clinically is a

priority yet can be intense and difficult for clinical staff. Depending on the immediacy of risk, it is important to take the young person seriously. This involves acknowledging their distress, normalising their behaviour as an attempt to manage feelings and assessing risk and calmly enquiring about the behaviour to understand the psychological intent behind their actions (e.g. self-harm as a coping mechanism). Importantly, the young person's physical and medical needs must be addressed.

When a young person presents as 'challenging' and/or 'risky' there may be a number of underlying factors. These can include:

- **Disorder related factors:** Symptoms of serious mental ill-health can cause problems with clarity of thoughts, chaotic behaviour, suicidal ideation, paranoia and other behavioural challenges.
- **Maladaptive help seeking behaviour:** Some young people may present with self-harming behaviour, frequently damage property or use other behaviours as a means of getting help or eliciting care.
- **Reluctant or resistant behaviour:** Which may manifest as a reluctance to engage or speak to the clinician. Causes may vary but could include mistrust of 'authority' figures.
- **Intoxication:** This may be current use affecting both physical and cognitive functioning.
- **Hostile and aggressive behaviour:** This behaviour may occur due to poor past experiences with services, particularly if past coercive treatment has occurred. While hostile and aggressive behaviour may require an immediate response, it is important to acknowledge that anger is often an expression of other emotions, such as frustration or fear.

When managing complex young people with challenging or risky behaviour a clinical staff member should consider the following actions:

1. **Ensuring safety as the first priority in high-risk situations:** The focus must be on the immediate concern of risk reduction. This may involve decisions about removing others or yourself away from harm, removing any implements that can be or are being used and calling emergency services if needed (if an overdose has occurred or for restraint of aggression).

2. **Understanding the young person's behaviour:** Clinicians should establish the nature of symptoms the young person is experiencing and the impact these symptoms are having on their current behaviour to understand why their behaviour is occurring.
3. **De-escalation and setting behaviour limits:** Setting limits about acceptable behaviour is important; however, this may only be possible after the situation has been de-escalated. Reduce any interventions/actions that are contributing to the young person's anger. Try to find common ground with the young person and align yourself with their viewpoint, rather than being confrontational or polarising.

Further points that may be helpful to consider are:

- **Providing practical assistance** which may help contain the distress the young person is experiencing. For example, anxiety about homelessness or lack of finances may be underpinning the behaviour. Importantly, the young person's physical and or medical needs must be addressed and prioritised.
- **Attachment difficulties** in the form of long term psychological and social difficulties can be common for young people who have experienced childhood trauma, neglect, significant personal losses and social difficulties. A clinician can use the opportunity to safely discuss and possibly link the current distress to working on these issues in a safe way in the future with the young person.
- **Checking for a crisis/risk management plan** if the young person has been seen before. This may point to actions a young person can take to manage difficult feelings and when, where and how to get support. It should also include an outline of the actions the case manager will undertake and if needed, how and when clinical contact may be increased and provided for a defined period of time.
- **Consulting people close to the young person** such as family, friends or significant others can help clinicians to understand how to manage a young person's behaviour.
- **Utilising psychological treatments** can provide containment and a focus on recovery. Whatever therapeutic approach is taken, a clinician needs to be empathic, calm and understanding, respectful and know when and how to provide interventions.

## Summary

Young people with complex needs experiencing severe mental ill-health can provide a range of challenges for clinicians. Engagement and comprehensive assessment are key elements in working with a young person and their family and/or significant others. All stages of care by a case manager and clinical team requires an effective collaborative approach. Responding to risk and challenging behaviours can test clinicians' skills. The support, supervision and assistance available from within a multidisciplinary team will enable clinicians to work effectively with all behaviours.

Understanding the complexity of need a young person is experiencing, should be reflected in the assessment, case formulation, care plan and establishment of priorities. The plan may consist of a number of interventions provided by the case manager and team or in partnership with other services. These include a wide range of activities involving practical assistance, outreach, medication and medical reviews, psychological interventions and interventions focused on functional recovery so that a whole of person or a holistic care approach is taken.

## References

1. Victorian Government, June 2012, Families with multiple and complex needs. Best interest case practice model. Specialist practice resources, page 8
2. Rankin, J and Regan, S 2004, Meeting complex needs: the future of social care. Turning Point, London
3. Presentation to Primary Health Network Forum, May 2017, Youth Severe, Orygen Commissioning and Model Considerations, Craig Hodges, Senior Consultant Primary Care and National Partnerships and Heather Stavely, Associate Director Service Development
4. Orygen the National Centre of Excellence in Youth Mental Health, Clinical practice in early psychosis: working with clinical complexity and challenges in engagement, page 1
5. Headspace National Youth Mental Health Foundation, headspace Psychosocial Assessment for Young People, An expansion of the HEADS assessment revised by the headspace Centre of Excellence: Parker, A. G., Hetrick, S. E., & Purcell, R. (2010). Assessment of mental health and substance use disorders in young people: Refining and evaluating a youth-friendly assessment interview. Australian Family Physician, 39, 585-588.