

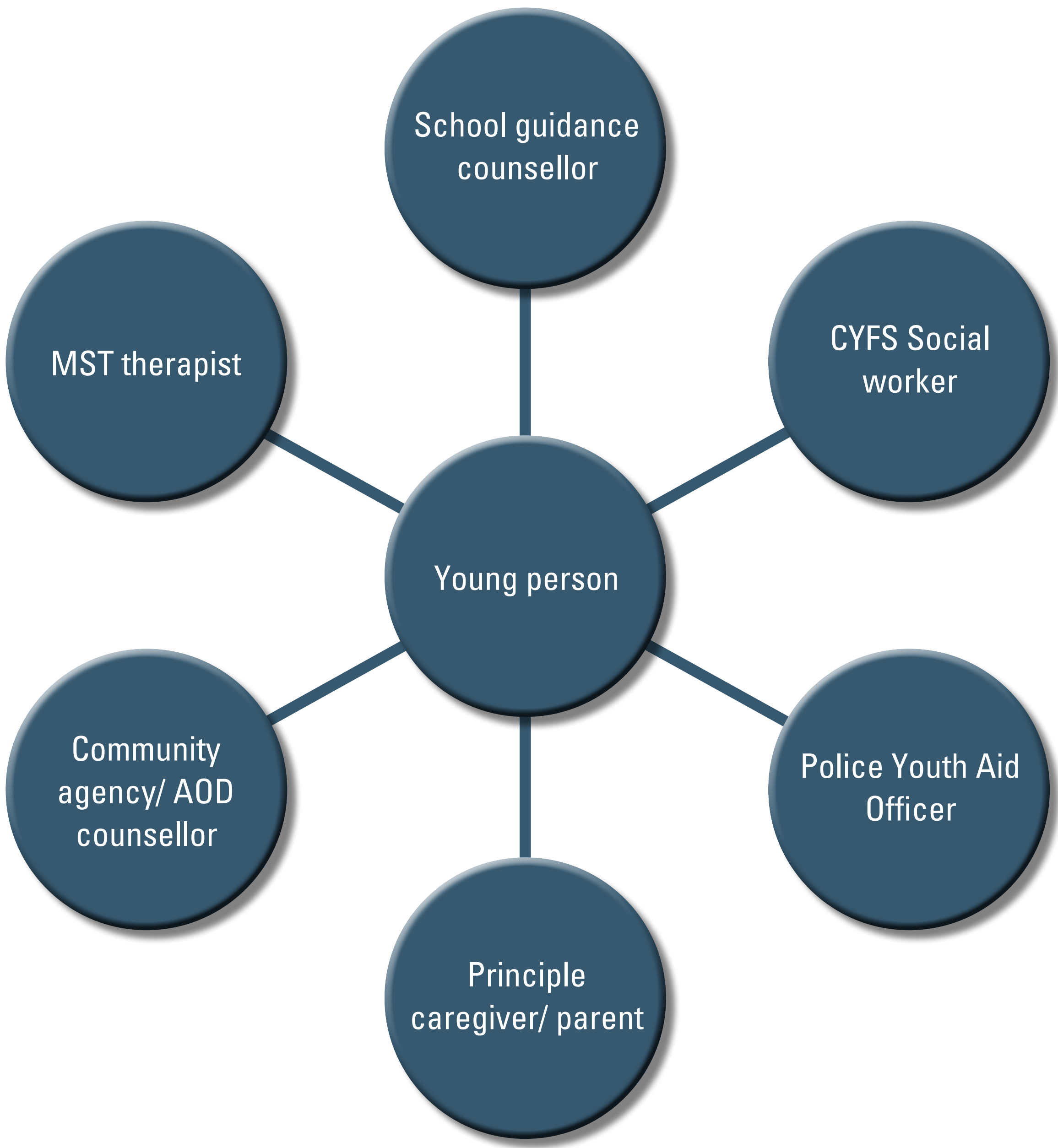
Evaluating Intensive Home-based Alcohol and other Drug Services for Young People ~ Systems and Partnerships

Context

The intention of the two new Multisystemic Therapy services was to provide intensive, home-based treatment for young people/ rangatahi aged 10 – 17 who were at risk of out of home placement and out of school placement, were involved in the youth justice system and were using alcohol or other drugs. One of the teams was established within a Māori kaupapa service provider, and employed 3 therapists and a supervisor who were Māori. The evaluation was funded by Hutt Valley DHB.

Timeframe and Team

This evaluation of the new services followed the development of the services for the first 24 months of implementation from June 2007 – May 2009, as well as an evaluation of a comparison site which also provided community- based alcohol and drug treatment. The team represented a partnership between academic researchers and clinicians, community-based researchers and peer researchers.



Results

The evaluation found that 19 of 23 families/whānau and their stakeholders identified overall positive outcomes from the service involvement, as depicted in the table. In addition:

- The comparison site was a community-based AoD service in a NZ city. Evaluation findings from this site highlighted the need for both community-based and intensive AoD treatment options for young people
- The participants favoured the intensive aspect of the MST service as the therapists held small caseloads and were available 24 hours a day
- Therapists had the benefit of intensive supervision and consultation. Access to intensive supervision quickly assisted in identifying barriers to making changes within the family and provided required support to the therapist
- Successful outcomes applied to both Māori and non Māori service users

Risk Behaviours

The young people/rangatahi who MST worked with presented with the following, usually multiple, issues:

- Alcohol use
- Drug use – cannabis, hallucinogens, ecstasy, petrol sniffing
- Dealing or possession of cannabis
- Physical violence /aggression to family members, within local community or school
- Verbal aggression towards family members and/or at school
- Not attending school
- Facing expulsion from school or were attending alternative education such as an activities centre
- Court procedures often for aggression or stealing
- Living out of home, sleeping rough
- Residual mental health issues such as previous suicidal ideation, previous psychosis related to substance use or self harm
- Vandalism and damaging property

Methodology

As MST adopts a systemic approach to therapy, the evaluation team clustered interviewees together around the young person/rangatahi to get as many perspectives as possible about process and outcomes. The evaluation team included peer evaluators - young people/ rangatahi with experience of mental health services who interviewed the young people/ rangatahi who received the service to gain better access and data. In total there were 110 interviews with:

- MST therapists
- MST supervisors
- MSTNZ
- 23 families/whānau and young people/rangatahi who received the service
- Stakeholders such as police youth aid, school guidance and AoD counsellors and Child Youth and Family Social Workers
- Comparison site participants – families/whānau, young people/ rangatahi and therapists
- We also sought feedback on key findings from four ‘expert stakeholders’.

Outcome	# of families/ Whānau of 23
Improved family/whānau functioning	20
Building parental/caregiver strengths	20
Living at home	18
Decrease in drug use	18
Decrease in alcohol use	17
Decreased violence in family/whānau	17
No further criminal charges	16
Increased attendance at school, activities centre or employment	15

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