

Valerie Haywood  
Kurinda Adolescent Service

## Working Together To Get It Right.....

### **Historic information**

Kurinda Adolescent Service is the adolescent part of AFTERCARE and active since August 1990. Originally, the criteria was that of young people aged 14+ with emotional disturbance. Kurinda is funded through the Western Sydney Area Health's N.G.O. Grants program.

1992 brought a change in client group in order to meet a need in the community for a supported accommodation service specifically for young people 14-24 who had a diagnosis of serious mental illness and who could not for various reasons return to the family.

Kurinda remains the only service of this kind in NSW and is a statewide service. There are 8 full time staff and 2 part time staff who work a 24 hr 7-day week roster.

The service is not a secure unit and only accepts young people as long as it is their wish to remain in the program.

Kurinda's first association with the Blacktown City Mental Health Service was in the context of liaison with 2 adolescent counsellors who were available to see the young people when necessary.

Blacktown Early Access Team is part of Western Sydney Area Health Service. BEAT began in 1997 as an initiative through early Intervention funding.

Originally, there were 4 staff positions. This has now increased to 9 full time staff including a manager. BEAT criteria is young people aged between 13 and 25 years of age who have experienced problems consistent with depression, psychosis, or anxiety and also behaviours suggesting psychosis without a clear diagnosis.

With the creation of BEAT came opportunities to initiate a more structured case plan. Prior to this the young people at Kurinda were not case managed by the two adolescent counsellors.

After BEAT, each young person was allocated a case manager from that team who would have regular contact with the young person and have close and regular liaison with the Kurinda key workers allocated to each adolescent.

### **So, Why Partnerships?**

The individual roles of Kurinda and Blacktown Early Access Team are defined and complement the other.

Kurinda works towards the young person achieving independence through living skills, community integration, behavioural management, and educational or vocational training, medication compliance, and family restoration if this is an option. BEAT monitor mental health needs, counselling, medication needs, and regular appointments with psychiatrist.

There is a joint assessment process for referrals to Kurinda the assessment panel consists of Kurinda Coordinator, Deputy Coordinator and a BEAT staff person. The referrals are thoroughly checked prior to the interview where suitability is finally determined.

Regular consultations between both services highlight any issues which may be causing stress or anxiety to the young person. These meetings can also identify the shortfall in skills needed for eventual independence and to contribute strategies for improvement.

Opportunities arise when both services can receive joint training to increase knowledge and skills in supporting mutual clients who present with difficult and challenging symptoms and behaviours.

This sharing of training and information assists in providing continuity in care.

The training is provided as an inservice for Kurinda staff and staff from BEAT And often targets the management of a complex adolescent who presents with several challenging diagnoses.

By working together, with Kurinda providing the monitoring and extra support and BEAT providing the psychiatric back up if there is a serious deterioration in the mental health, an adolescent and with regular monitoring can reduce the possibility of a psychiatric emergency and therefore, the need for hospitalisation of a young person.

A crisis management plan devised by both services will increase the possibility of the young person remaining at Kurinda instead of admission to an acute adult ward.

Where indicated, each young person will have an individual crisis management plan.

Other shared projects include joint mental health promotion for the last 4 years. Both services have combined to work on community outreach projects which have also had a focus on providing a service to another community group. Other activities included a high school art competition for schools in the Blacktown/Mt. Druiitt area with a focus on what mental health means to the individual.

Outreach and information displays in major shopping centres during mental health week also become part of joint mental health promotion

## **Conclusion**

As the Kurinda program offers long term supported accommodation, both services will have a reasonably long joint involvement with each young person. This allows for the services to pursue their dual roles over a longer period. This longer time frame allows staff in both services to witness some positive gains on the part of the young person and be more knowledgeable on what has or hasn't worked in the past.

As the services work together, it produces a better understanding of issues that are specific to each service yet provide a strong consumer focused style of service delivery.

A productive working partnership is not always easy to attain or maintain. Partnerships take time and an understanding of the other service's commitments and a respect of the diversity of disciplines involved.

The effort taken to sustain a productive working relationship is justified when comparing the positive outcomes for consumers of services who are working collaboratively.

### **Why Partnership?**

- Awareness of other service and knowledge of what each service can offer;
- Access to available resources eg expertise, energy, ideas, time to monitor individual strategies;
- Working together to keep young people out of acute units;
- Information sharing for continuity of care;
- Shared role in the recovery process of young people;
- Ongoing commitment to the maintenance of good mental health for mutual consumers; and
- Increased links in community; all

= Better mental health outcomes for consumers.