Matt Talbot Adolescent Services

Young People
“Living on the Edge”
Matt Talbot Services

2009 National Winners of Children Act Advisory Board Awards for Services to Young People
Matt Talbot Services

• MTS is a voluntary organisation which offers drug and alcohol treatment services to young people, 14 -23 yrs, and their families.

• We design treatment programmes that attract, engage, and hold hard to reach young people (98% retention rate 2009).

• We give young people a voice in all matters that effect them and consider their views and opinions as they often feel voiceless and fragmented while interacting with multiple agencies (Services User Forum)
Young people and Drink/Drugs

• Not all young people who use drugs end up with problems or need treatment. Experimentation with substances may be part of the functional strategy of adolescent development.
• It is vital to understand how young people perceive their drug use.
• For those who develop a serious problem with drugs and alcohol specific adolescent services are needed.
• Serious drug use often reveals a complex interplay of biological, psychological and social difficulties.
• Need to understand normal adolescent development and pre treatment issues.
• The process of engaging with hard to reach young people takes time, and even more time to get good at it.
Drug Policies that Influences MTS

• The National Drug Strategy 2000-2008 – provides a policy framework for drug services in Ireland. It’s main objective is to reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on 4 pillars of supply, prevention, treatment and research.

• A Working Group was established 2001 to develop the protocol for U18s which was launched in 2005

• A mid-term review in 2005 recommended that rehabilitation be adopted as the 5th pillar, consequently the issue of residential treatment emerged.

• The National Drug Strategy 2009 to 2016 - an additional pillar of rehabilitation.

• March 2009 - decision taken to include alcohol in a new substance misuse strategy.
The National Drugs Strategy - actions relevant to young people

- **Action 49**: Identified the need for the development of a protocol for treating under 18 year olds presenting with serious drug problems.

- **Action 59**: Called for easy access to counselling services for young people with drug related problems, especially given the correlation between suicide and drug misuse and the increase in suicide in young people.

- **Action 60**: Ensured that treatment of young people includes family therapy and community integration phases.
The 4-Tier System

**Tier 1**- Services that have contact with young people but do not have specialist expertise in either adolescent mental health or addiction, which include advice and referral. E.g. Teacher, Youth Worker, G.P.

**Tier 2**- Specialist services in either adolescent mental health or addiction. This includes brief intervention, counselling and harm reduction. E.g. J.L.O.s, L.D.T.F., Community Drug Workers, Youthreach, Probation.

**Tier 3**- Specialist services in both adolescent mental health and addiction. Delivering a combination of treatments on an outpatient basis. e.g.: A Day Treatment Centre.

**Tier 4**- Specialist expertise in both areas to deliver a brief intensive intervention through an inpatient service, e.g.: A Residential Treatment Centre.
MTS Treatment Services

Day Treatment Services

Partnerships:
Probation Services, Y.P.F.S.F., S.R.D.T.F., Dormant Accounts, H.S.E. South, Irish Red Cross

Cara Lodge Residential Treatment Centre

Partnerships:
Interdepartmentally Funded, Dept. of Health, Dept. of Justice, Dept. of Education, The Mercy Solidarity Fund

Day Programme
Youth Enterprise Scheme

Partnerships:
Probation Services, FÁS.VEC.
CONTINUUM OF CARE

SEVERITY CONTINUUM

Use  Abuse  Dependency

CONTINUUM OF CARE

TREATMENT CONTINUUM

Assessment, Pre-treatment, Day Treatment, Residential Treatment, After Care
Quantum of Services – Day Services

- Engagement
- Initial/Comprehensive Assessment
- Day Treatment Programme
- Harm Reduction
- Relapse Prevention
- Individual Counselling
- Psycho/educational Groups
- Fathers/Mothers Support Group
- Family Counselling
- Aftercare Support
- Onward Referral
- Psychiatric Consultation

- Brief Interventions
- Crisis Intervention
- Community Support
- Multi-Agency Collaboration
- You Can Heal Your Life – Louise Hay
- Customer Lead Programmes
- Training and Activities
- Empowerment Life Skills
- Educational Skills
- Personal Development
- Youth Forum Groups
- Strength Focused Skill Groups
CARA LODGE

- A drug free programme for boys 14 to 18 years enmeshed in a subculture of chaotic substance misuse with coexisting psycho/social challenging behaviour.
- Capacity for 6 young people
- The length of stay is determined by a young person’s presenting needs (framework of 12 weeks)
- The programme is divided into 3 phases: settling in, laying foundations and community re-integration.
Structured Training/Activity Day Programme

Why?

Boys 16-18 years
Who have……..

Outcomes

Ambition

Reduced offending

Positive mental well being

Increased Self Esteem

Increased positive relationships

Reduction in alcohol and drug misuse

Certification in education

Difficulties engaging

Poor Health

Low self esteem

Ongoing involvement with Justice System

Alcohol Misuse

Difficulties in sustaining relationships

Drug Misuse

Lost opportunities of education

Youth Enterprise Scheme

In Partnership with the Probation Service
MULTI-DISCIPLINARY TEAM

- Management
- Family Therapist
- Art Therapist
- Instructors
- Addiction Counsellor
- Cognitive Behavioural Therapist
- Consultants Psychiatrist
- Teachers
- Forensic Psychologist
- Childcare Staff
Profile of Young Poly Drug User 2010

- 70% using substances by age 11
- 73% From one parent families
- 72% presenting with mental health issues
- 76% Involved in the Juvenile Justice System
- 68% of young people experience trauma
- 54% Early school leavers no formal qualification
- 60% From socially excluded designated areas of disadvantage
- 58% Combination of alcohol and benzodiazepines
- 4% In Care
- 35% Violent Crime
- 38% Involved with Youth Homeless Services
Poly Drug Profile 2010

Percentage of young people using specific drug

- Alcohol: 94%
- Cannabis: 92%
- Cocaine: 79%
- Ecstasy: 34%
- Benzodiazepines: 34%
- Amphetamines: 96%
- Heroin: 3%
- Aerosols/Solvents: 20%
- Mephadrone (headshop products): 24%
- Crystal meth.: 3%
Sources of Referrals January – June 2010
Comparison of U18s referred in last 3 years

- 2008 (12 months): 257
- 2009 (12 months): 278
- 2010 (first 6 months): 212

Legend:
- 2008 (12 months)
- 2009 (12 months)
- 2010 (first 6 months)
EVIDENCE BASED TREATMENT

Our goal is to provide the highest standard of treatment to these vulnerable young people and families therefore all interventions are empirically validated and have been shown to be the most effective for this population group.

“Combination of Motivational Enhancement Therapy and Cognitive behavioural Therapy has been shown to have the most effective treatment outcomes.”

Waldron and Kammier, 2006

“Treatment outcomes are enhanced when working with the young person in the context of the family and community- systemic case formulation.”

Macintosh et al 2006
Profile of Crimes Committed by Young People 2010

Percentage of young people committing specific crimes:

- Assault: 73%
- Possession of a Weapon: 65%
- Arson: 6%
- Disorderly Conduct: 2.3%
- Attempted Homicide: 44%
- Auto Theft: 75%
- Possession of Substances: 35%
**Cara Lodge Residential Treatment Service Outcomes 2009**

### On Entering Residential Treatment 2009

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### Post Treatment Outcomes 2009

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Points for further discussion

• Stop segregating, stigmatising and criminalising young people.
• Some experimentation with drugs can be attributed to normal adolescent development in this context we are criminalising young people for what might be considered part of growing up.
• A developmental perspective may be more useful in a legal response to crime among young people.
• Recognise drug misuse as a health issue rather than a criminal issue.
• Resources should be made available to implement the National Policy for treatment services to U18’s.
• Legislate the requirement for after care services for young people leaving care, prisoners on release, residential treatment, hospitalisation following self-harming/suicide attempt.

• Children in care are extremely vulnerable to drug abuse and should be guaranteed structured after care on leaving care.

• Social exclusion still remains a major contributing factor of drug misuse and young peoples choices are often made as a result of the wider experience of their community and society

• Give young people a voice in policy development, implementation and evaluation of services.

• Educate our communities.

• Evaluate, review and disseminate good practice.
“We cannot solve the problems of today with the same level of thinking that created them.”

*Albert Einstein*