



Generalitat de Catalunya

Parc Sanitari  Sant Joan de Déu

Pilot project:
Community intervention and follow-up for adolescents with mental health and addiction problems in probation programs

FACT FOR MINORS
Fostering Alternative Care for Troubled Minors
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Catholic University of Porto



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Justification-Why is it necessary?

- There is a group of adolescents with **severe mental problems, personality and substance use disorders**
 - They present **big attachment issues** with community centers once they finish their internment
 - Problems with **stress coping, anger management** and **scarce problem awareness**
 - Tendency to **act impulsively**
 - **Precarious family** and **social context**

Making new attachments becomes complicated

Justification-Why is it necessary?

- They present **problems** when accessing community services, sometimes because of:
 - **geographical distance**
 - **need of immediate care**

- Sometimes the existing resources do **NOT** adapt to the complex needs of this youth

- We need interventions that go beyond a unique service and clinical needs

- **Coordination** between professionals from different departments is **NECESSARY**
 - Education, Health, Labour, Social Services, Justice and Minors Protection System must work **together**

Justification-Why is it necessary?

□ Recidivism evaluation

- Youth in the UT and the Justice Department of Catalonia
- **2010-2013** follow-up until **2016**
 - **50% recidivism**
 - During the **first 6 months**



Risk Factors

- History of **violence at home**
- Physical or psychological **abuse**
- Low academic** performance
- Failure to manage **stress and anger**
- Impulsivity**
- Participating in **violent acts** before internment

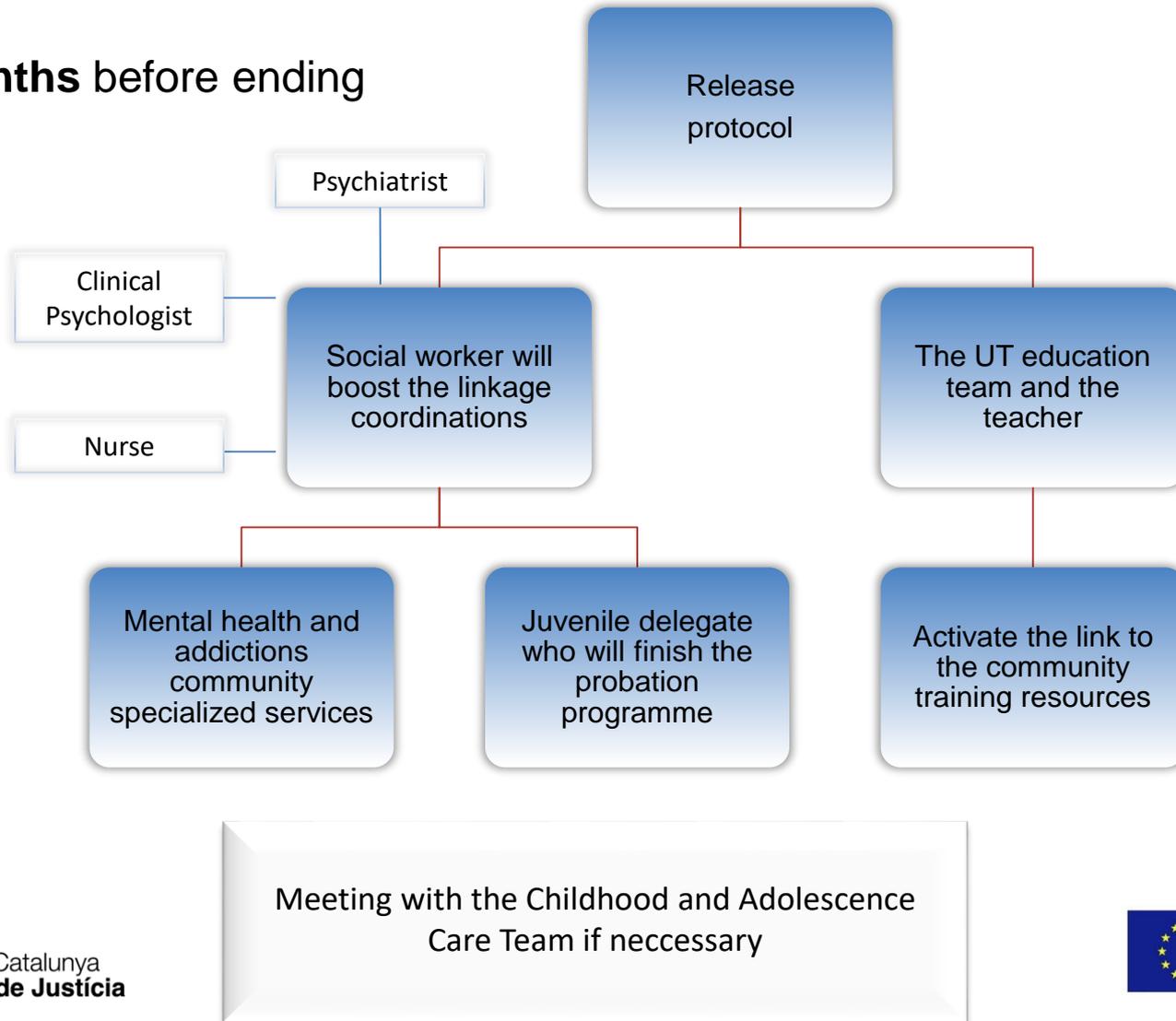
Existence of **pro social adults** which give support to the youth



Improvement in community integration

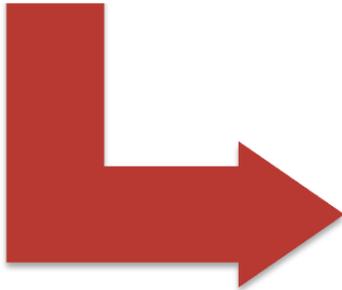
Release Protocol

2 months before ending

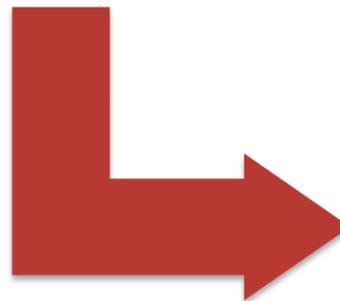


Interdepartmental follow-up community program

During the **first 6 months**
after release



New follow-up and
coordination model
between professionals of
the **Justice, Health, and
Labour** departments,
social affairs and
families of Catalonia



Improved health care for
minors in probation
programmes who have
**mental health and/or
addiction problems**

Objective 1



Stop **clinical relapses** and
transgressive behavior using
interviews and **follow-ups**
with the adolescent and his
family in community

This intervention
will be made by
the referent
psychiatrist and
psychologist
during the UT
internment

Objective 2

- **Improve coordination between the community workers** who work with the minor following the probation program
 - **Improve communication** between legal, health and minor protection systems
 - Create synergies in the intervention of the different professionals to improve the coherence in the intervention plan, consolidating a **unique individual interdepartmental treatment program**
 - Determine the competencies and roles of each professional in the intervention
 - Create a **unique and consensuated treatment and intervention plan** for every professional involved in the adolescent's care
 - Detect possible **ethical conflict** situations during the interdepartmental coordination

This will be responsibility of the **social worker** and the **clinical psychologist**

Intervention Philosophy: Key Factors

- Attachment** importance
- Flexibility**
- Emotional **Availability**
- Professional **Proactivity**
- Transfer Attachment to community professionals
- Longitudinal** vision of the case
- One **unique** treatment plan from a **multidisciplinary** point of view
- Communication** between professionals of the same professional category



Method-Inclusion criteria

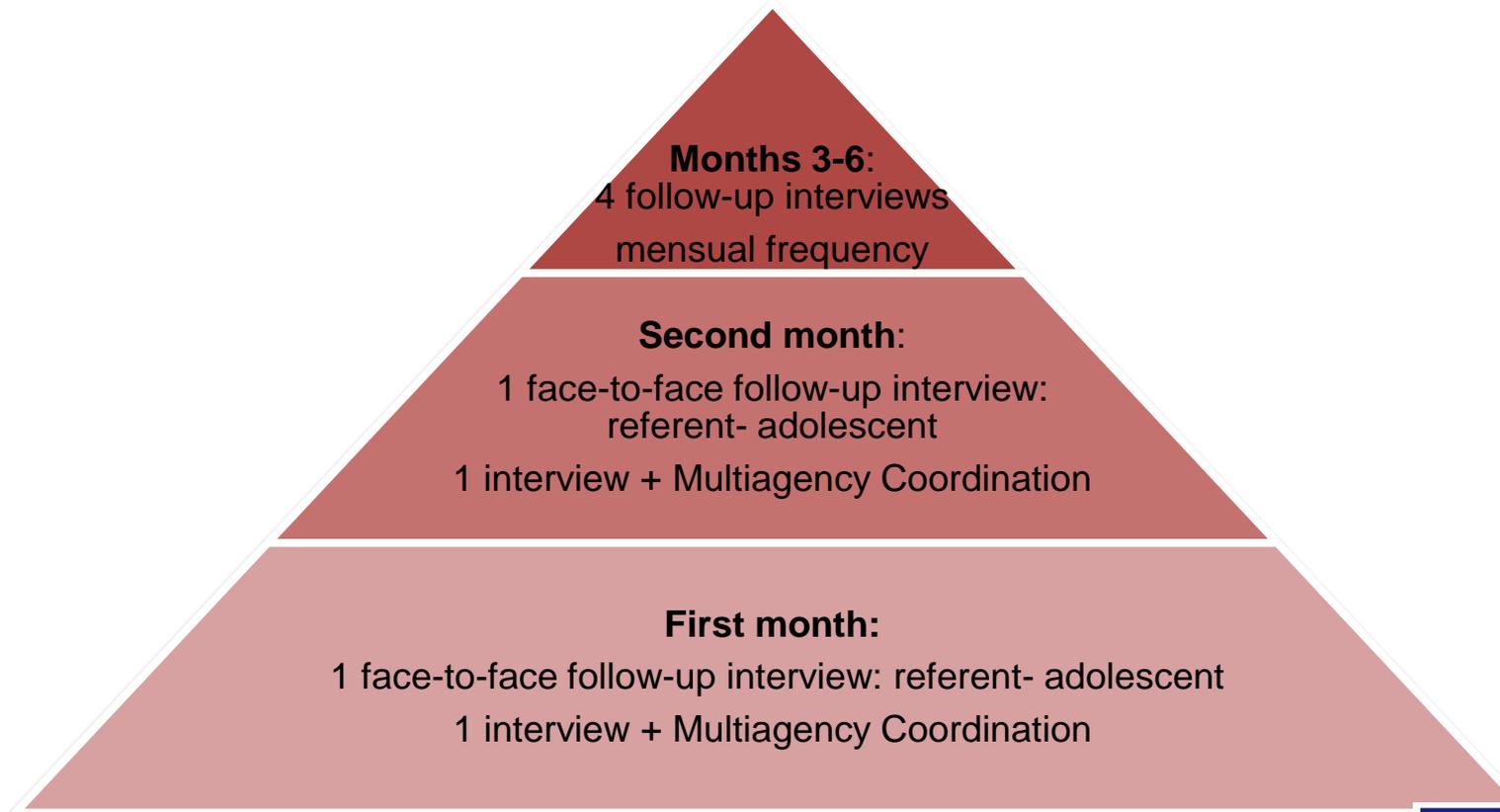
- ✓ Adolescents who leave UT Tillers from **April 2017** onwards

The duration of the pilot intervention of community follow-up will be of **6 months minimum**

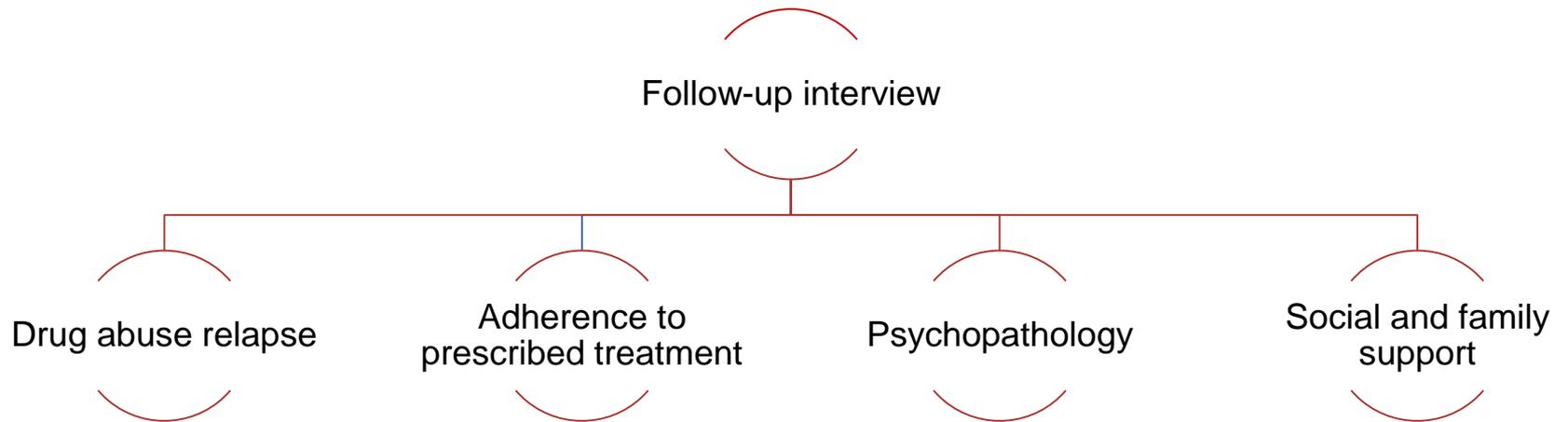


Intervention methodology for adolescents with mental health problems

The clinical referent (**psychologist or psychiatrist**) of the adolescent who leaves the UT will have an **average of 8 follow-up interviews** with the teenager for a period of **6 months**, following the proposal that follows:

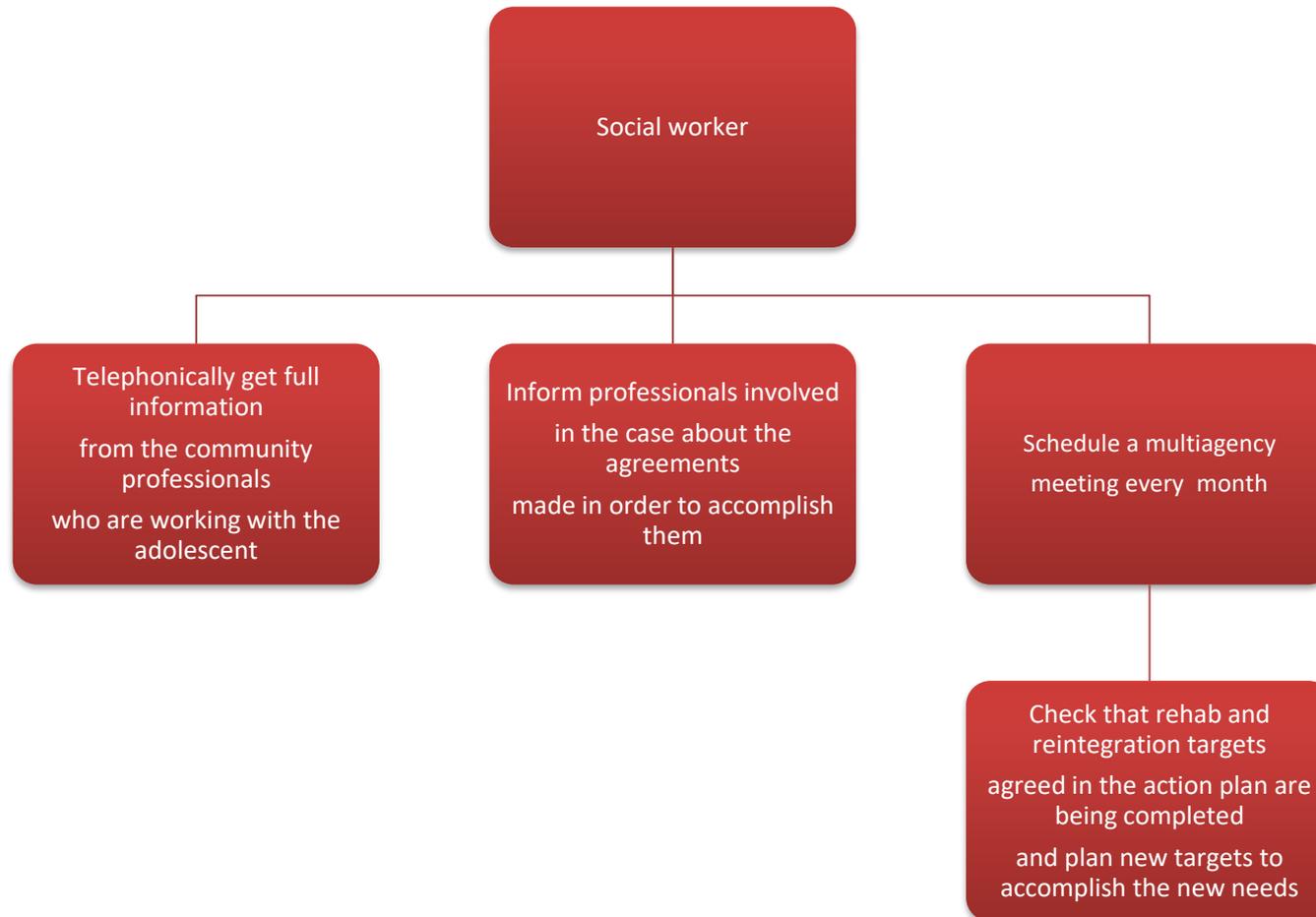


Method



Depending of the **detected needs** a proposal of **actions and coordination** will be made always by consensus with the adolescent, focused to maintain and consolidate his/her **emotional, social and physical well being**

Interdepartmental coordination methodology



Individual Therapeutic Interdepartmental Plan

INDIVIDUAL THERAPEUTIC
 INTERDEPARTMENTAL PLAN (ITIP):

Meeting date:

Professionals:

DETECTED NEEDS:

DETECTED NEEDS	RISK SITUATIONS	INTERVENTION PURPOSES	INTERDEPARTMENTAL PACTS AND COORDINATIONS	REFERENCE PROFESSIONALS

Interdepartmental Coordination Methodology

All interventions will be done with the adolescent's and legal tutor's consent when minors are involved

In cases which involve minors administered by DGAIA, their consent will be required too

Timing

Targets	Months (for years 2017 and 2018)							
	December 2016	1st Term 2017	2nd Term 2017	7/9 2017	10/12 2017	1/2 2018	3/4 2018	5/6 2018
Initial data gathering for each youth-during income in the UT	x	x	x	x				
Activation of the de-institutionalization protocol 2 months before the placement legal action ends		x	x	x				
Final data gathering before departure			x	x	x			
Probation program and discharge follow-up begins			x	x	x	x	x	
Data gathering within territory			x	x	x	x	x	
Report writing with provisional results							x	
Analysis and discussion results							x	x
Final report (UT Til-lers)							x	x
Results presentation								x

Advantages

- Continuity** of treatment
- Flexibility** in care and attention
- Adolescents and their families can count with a **good support network, emotional support**
 - In a moment of conflict they can receive assistance from the TU professionals
- 80%** of professionals perceive it as good help
- Families evaluate it positively
- Cases which have no family or residence have a **resource**
 - Creation of a coordinated network which offers the necessary support is promoted
- In cases referred to centers which offer an **adequate support**, we've observed that **2 months follow-up** is enough

Advantages

- Adolescents who have suffered chronic stress show **important difficulties when making attachment**, which explains that the transition to community services may be more complicated and will require **more support** when establishing these new attachments
 - **A different attachment experience is offered**

- Coordination meetings have **facilitated a clinical diagnosis** which, because of the changing symptomatology of this population, usually requires a longitudinal vision

- The **patient receives one unique and integrated message**, this **facilitates continuity of care** and fulfillment

Disadvantages

- Adolescents who have continuously suffered adverse situations have **problems with attachment**
- A **minimum of internment time** in the TU is required to **establish an attachment** significant enough with the professionals of the unit to accompany the release
- Mental health centers with **higher pressure** on health care present greater **problems with attachment** because of lack of time
 - Therefore, if the youth doesn't link, they don't do a follow-up of the case. We've seen that in these situations, **more support** is needed
- **Network isn't prepared for such complex cases**
 - From the coordination carried out with the adult health network, we found out:
 - There is a lack of knowledge of the added complexity these cases suppose: adolescents of legal age, not linked previously to the adult mental health network with problems in juvenile justice are cases with a level of severity the network hasn't previously managed

Disadvantages

- Difficulties with the informed consent in **cases administered by the DGAIA**
 - The necessary arrangements were done so there would be only one available speaker for these cases
- Difficulties when sharing information,
 - Contact between professionals of the same category is needed in order to **create synergies**
- The need to **formalize the procedure at an interdepartmental level** to speed up the management of cases



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**Thank You Very
Much!**

