KYDS YOUTH DEVELOPMENT SERVICE

IMPACT REPORT 2022

Transforming young lives through barrier-free mental health support

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EXECUTIVE SUMMARY

KYDS has continued to grow and evolve as a service since 2005, after collaboration between Lindfield Rotary and Ku-ring-gai Council led to the establishment of a unique mental health service for young people and families. Likewise, the KYDS team has expanded from a manager and part-time clinician to a team of more than 20 mental health professionals, from a range of multi disciplinary backgrounds including counselling, social work, family therapy, psychotherapy and psychology. The KYDS model has also evolved, moving from predominantly individual counselling for young people to now offering a range of interventions that view the young person holistically and focus on working alongside individuals, groups of young people, parents/carers and families, as well as the broader network of support, to bring about the best outcomes for some of the most vulnerable in our community.

Research demonstrates that effectively addressing the mental health needs of young people takes time and that services need to remove barriers to accessing support and ensure they are flexible in their approach (Kaleveld et al., 2021). Central to the ethos of KYDS is the ease of accessing our cost-free service, the high value we place on building rapport and establishing therapeutic relationships with young people, and that we encourage young people to use our services until they have built the skills required to achieve their potential. We also focus on empowering young people to make choices about the type of support that they believe will work best for them, including the provision of real-time feedback about the therapeutic support they receive.

In this, our third Impact Report, we draw on the range of data collected throughout our young people's therapeutic journey with us, to demonstrate the efficacy of the KYDS model. The key findings from the KYDS Impact Report 2022 include:

- **The Revised Anxiety and Depression Scale (RCADS) showed that young people continue to present to KYDS with higher levels of psychological distress than previous years, reflecting the trend we have seen since 2019. The increased levels of psychological distress likely reflect the increasing complexity of clients being referred to KYDS. In recent years KYDS has become a key referral option for Child and Youth Mental Health Services (CYMHS) and Hospital Emergency Departments, taking pressure off our local public hospital systems.**
- **Despite the increased complexity of referrals, nearly half the young people referred are not in the clinical or subclinical range for psychological distress, meaning that young people are continuing to seek help early and before they reach crisis point.**
- **Client engagement is the number one process-related predictor of therapeutic outcome. The Session Rating Scale (SRS) demonstrates that KYDS Clinicians successfully build authentic relationships with their clients, with an average SRS score of 37.66 during treatment – significantly above the SRS Score threshold score of 36.**

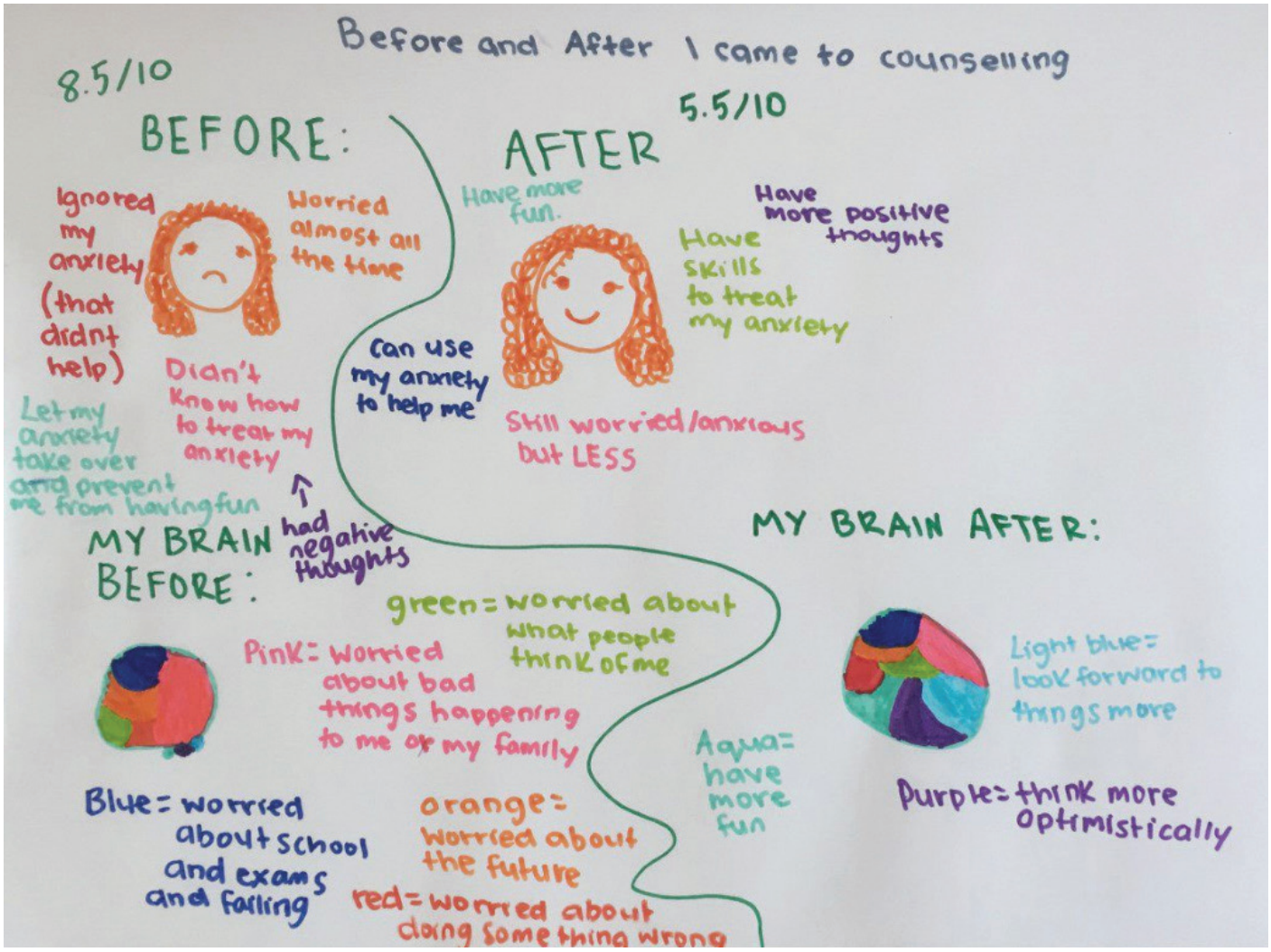
Comprehensive clinical data has been collected from **684 clients** since **2019**

- **During treatment at KYDS, young people are reporting consistent improvements across all aspects of their lives, including individually, interpersonally and socially. Early in treatment the average Outcome Rating Scale (ORS) scores were 23.41, well below the threshold of 28. However, this score rose to 30.19 during therapeutic treatment, indicating significant improvements in young people's perceptions of being able to deal with problems and attain goals.**
- **67% of clients who presented above the clinical or subclinical cutoff for symptoms of anxiety and depression showed improvements in their first 15 sessions, with more than half of those seeing symptoms reduce to below clinical symptoms within that time.**
- **Consistent funding remains critical to consistent service delivery. From 1 July to 31 December 2022 KYDS was able to take on an additional 34% in referrals and provided nearly 500 more sessions compared to the same period in 2021, when funding arrangements were uncertain.**

The National Children's Mental Health and Wellbeing Strategy was developed by the National Mental Health Commission and provides a framework for the mental health and wellbeing of children, including eight principals for services providing mental health support. The KYDS model (see page 5) reflects the recommendations of the eight principals outlined in the strategy. The outcomes we are achieving are indicative of the evidence-base that reflects our service design and offering.

We dedicate this report to the children and young people with lived experience of mental health difficulties, to the families and networks supporting young people to achieve their potential and to our team of clinicians who ensure the careful capture of the data that is essential to the production of the KYDS Impact Report 2022.

Drawing by a KYDS Client



The KYDS Difference

Since 2005 KYDS has provided free, independent and proven mental health support to thousands of young people across Northern Sydney. Our approach is guided by 8 core principles:

INDIVIDUAL-CENTRED

KYDS provides individually tailored mental health support for young people up to the age of 19 years. Our aim is that each person works with the same clinician, from point of entry until they are ready to move on, so they only tell their story once.

NEEDS-BASED

We don't have a one-size-fits-all approach to mental health. Rather, we individualise our approach to each young person's needs, contextualising the support we give, based on their personal difficulties - be it anxiety, depression, domestic violence, trauma, through to suicidal tendencies.

ACCESSIBLE

Accessing help from KYDS is super easy – we encourage self-referrals or warm referrals from other professionals. The intake is scheduled at a time that suits the referrer. Because we're free, a Medicare card or doctor's referral aren't required.

HOLISTIC

The type of support we give is guided by the young person in terms of what they believe will be most helpful to them and the people around them and may include individual counselling, parental support, family interventions, therapeutic group work, coordination of care planning or a combination of these interventions.

SYSTEMIC

KYDS works with the young person's family members and other support structures to engage constructively with social determinants that may be relevant, ensuring a planned and coordinated response is developed to benefit our young people.

STRENGTHS-BASED FOCUS

We identify a young person's strengths and resources to set up a positive mindset and build resilience. In this way KYDS helps young people to positively define their sense of self and personal identity, so that behaviour and development through to adult life is not impeded by a diagnosis of a potentially transient mental health condition.

FEEDBACK INFORMED

Real-time data generated by tracking young people's functioning and emotional wellbeing informs our work throughout their therapeutic journey. Data and feedback from our clients is also used to highlight the positive outcomes we achieve and identify areas for development and improvement in our programs and approaches.

EARLY INTERVENTION

We encourage young people to access support as early as possible, because we know the sooner they get help, the less time it takes to get back on track. As part of our focus on prevention and early intervention to support mental health, we also deliver workshops and key-note speeches in schools and community settings, present webinars for young people and their families and run online workshops for parents – covering topics that are relevant and current.

WHO ARE KYDS' CLIENTS?

Males continue to make up **just over a third of clients.** We have put strategies in place and are still working towards increasing the number of young males who seek help at KYDS.

Other demographics of new clients in 2022 were similar to those of existing clients:

- Approximately **1 in 5 clients were born overseas,** with over 60 different nationalities being represented.
- Approximately **1 in 7 clients have a disability,** with the majority being intellectual and learning disabilities.

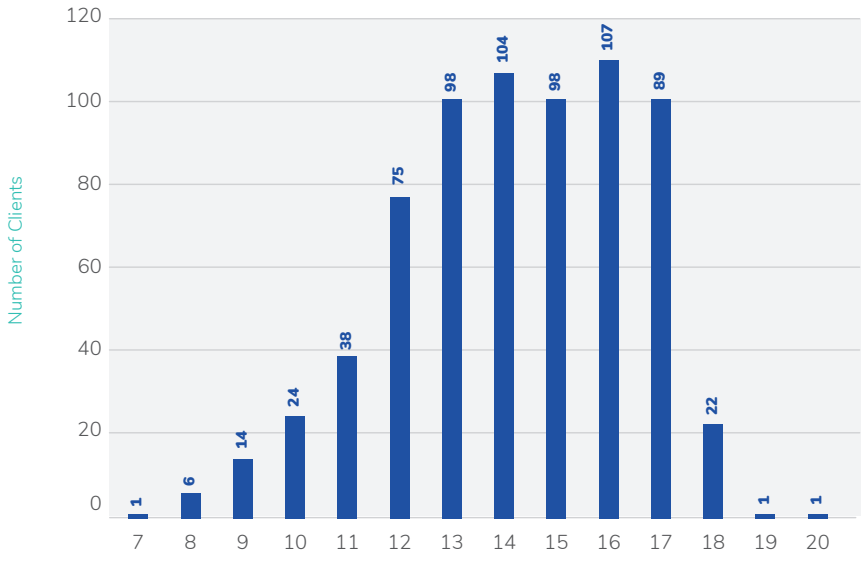
Our main source of client referrals into the service is still family members, however **GP referrals have increased to 14% of all referrals in 2022** (up from an average of 3.5%).

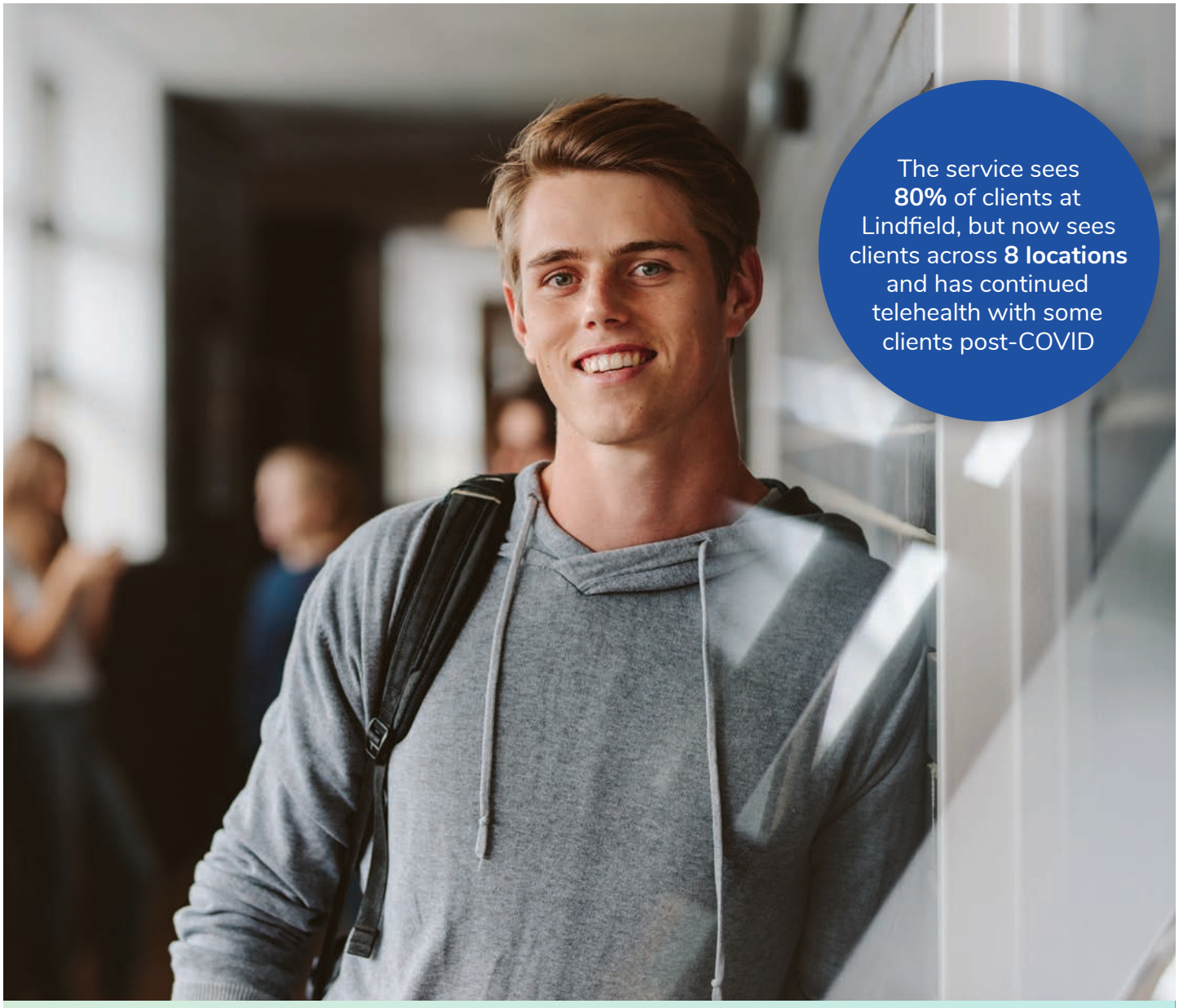
In 2022, an increased number of clients presented for treatment who identify as **transgender or non-binary** (up from 1% to 3% of total clients). This is a population that can often experience challenges in adolescence.

Our gender demographics closely reflect those seen by other youth services (e.g. Headspace).

We are mostly seeing clients in our target age group (12-19) but are supporting young people at earlier stages where appropriate.

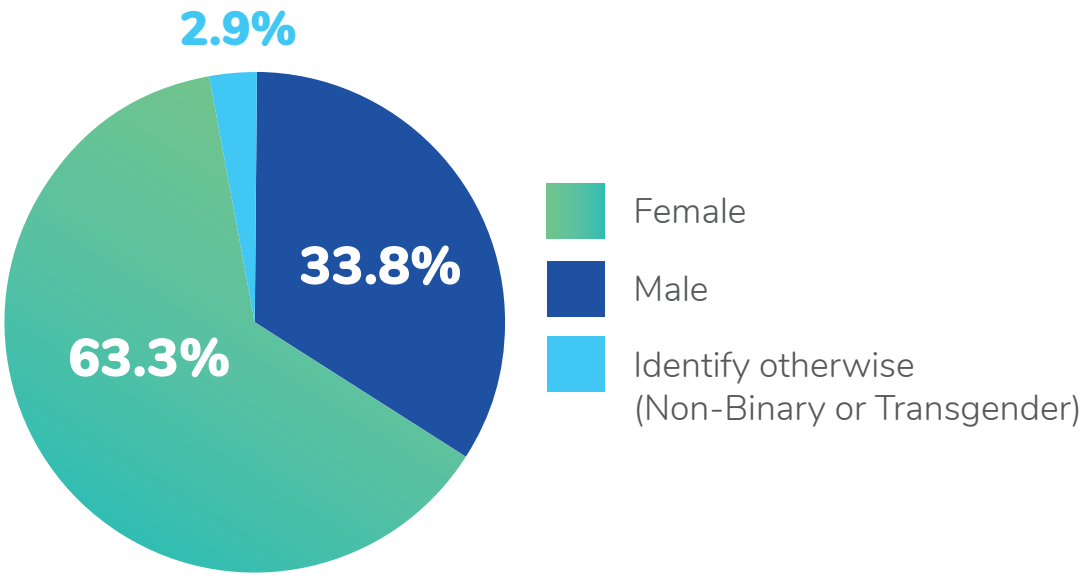
AGE





The service sees **80%** of clients at Lindfield, but now sees clients across **8 locations** and has continued telehealth with some clients post-COVID

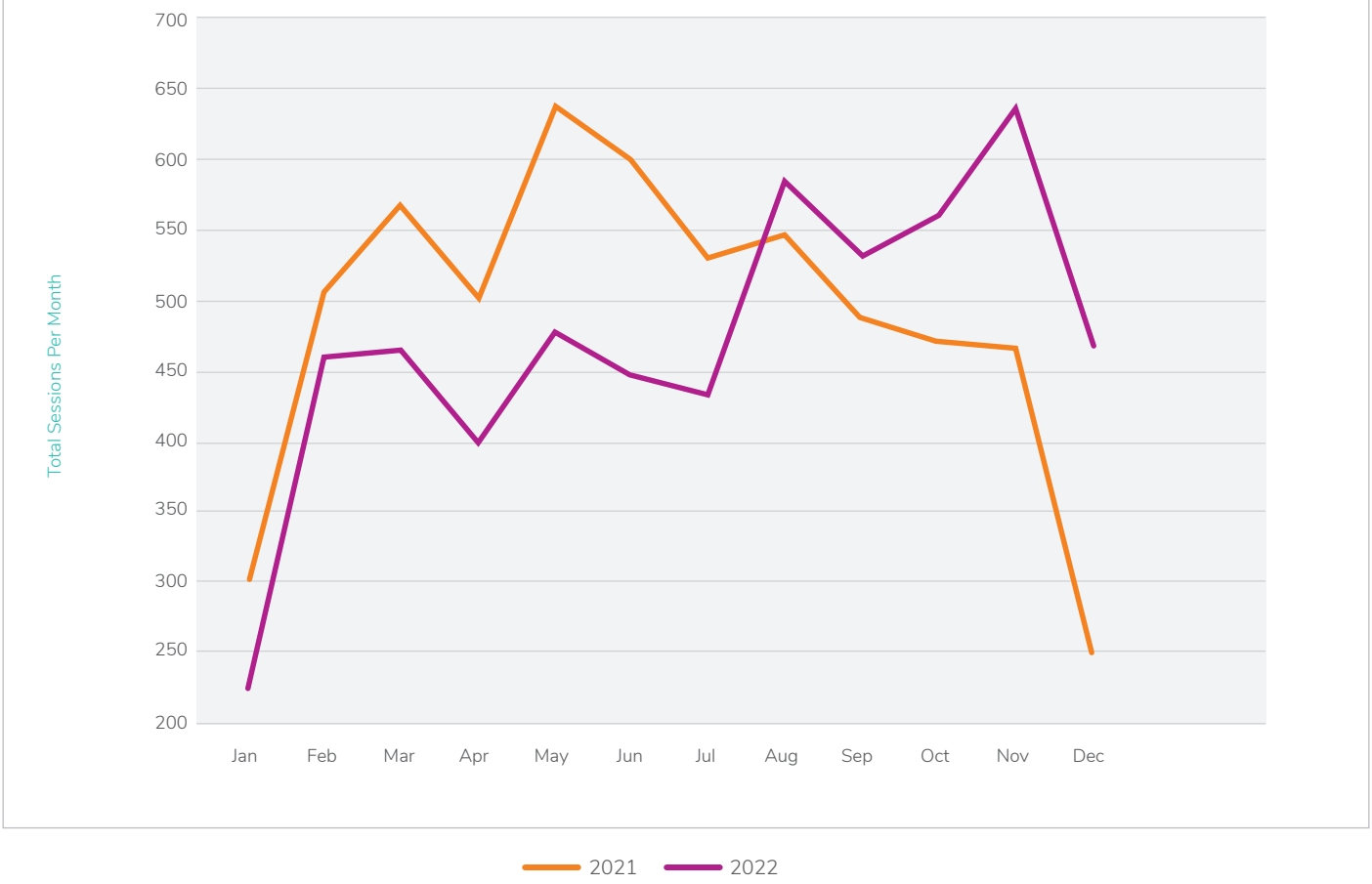
GENDER



DEMAND FOR THE SERVICE

KYDS provided almost 6000 sessions in 2022.

TOTAL SESSIONS PER MONTH BY YEAR

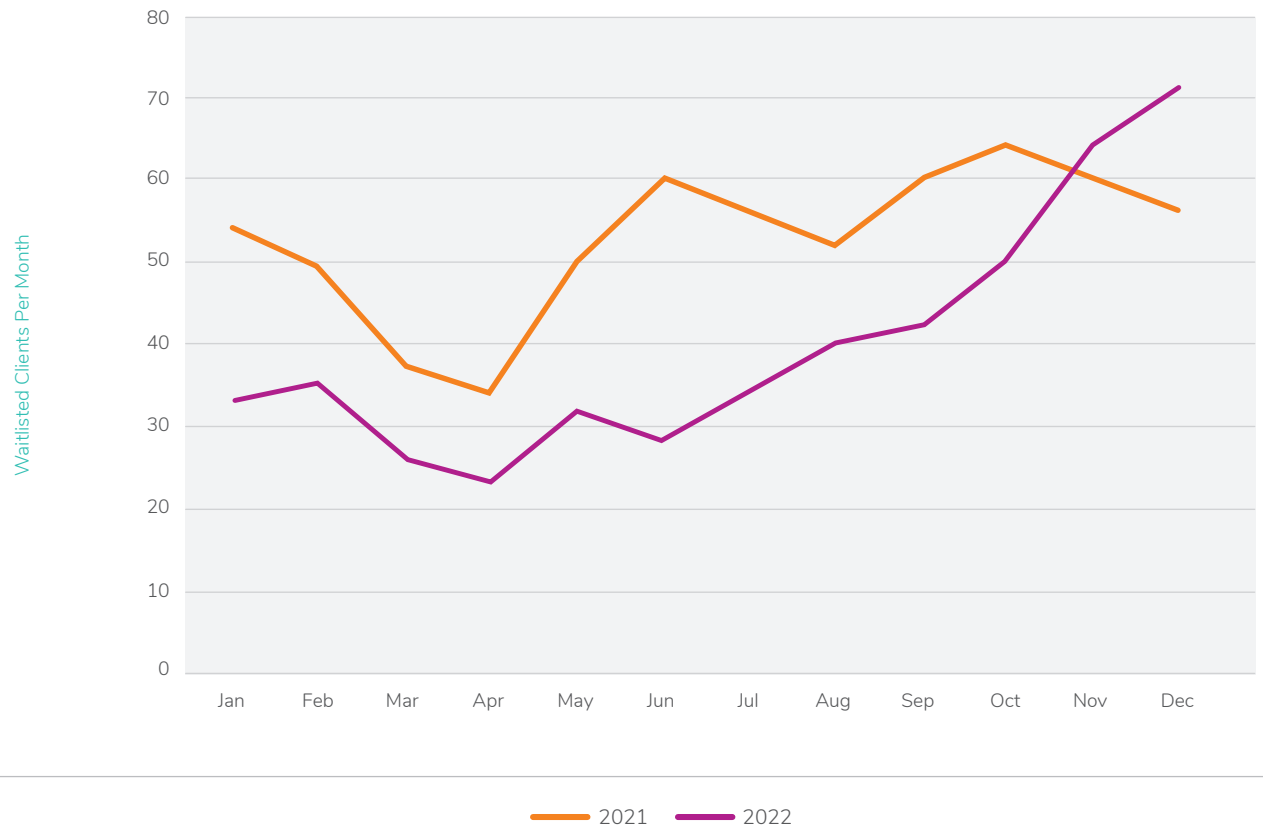


This was similar to service delivery in 2021, although 2022 saw a strong increase in sessions throughout the year.

DEMAND FOR THE SERVICE

The number of clients on the waitlist increased towards the end of 2022.

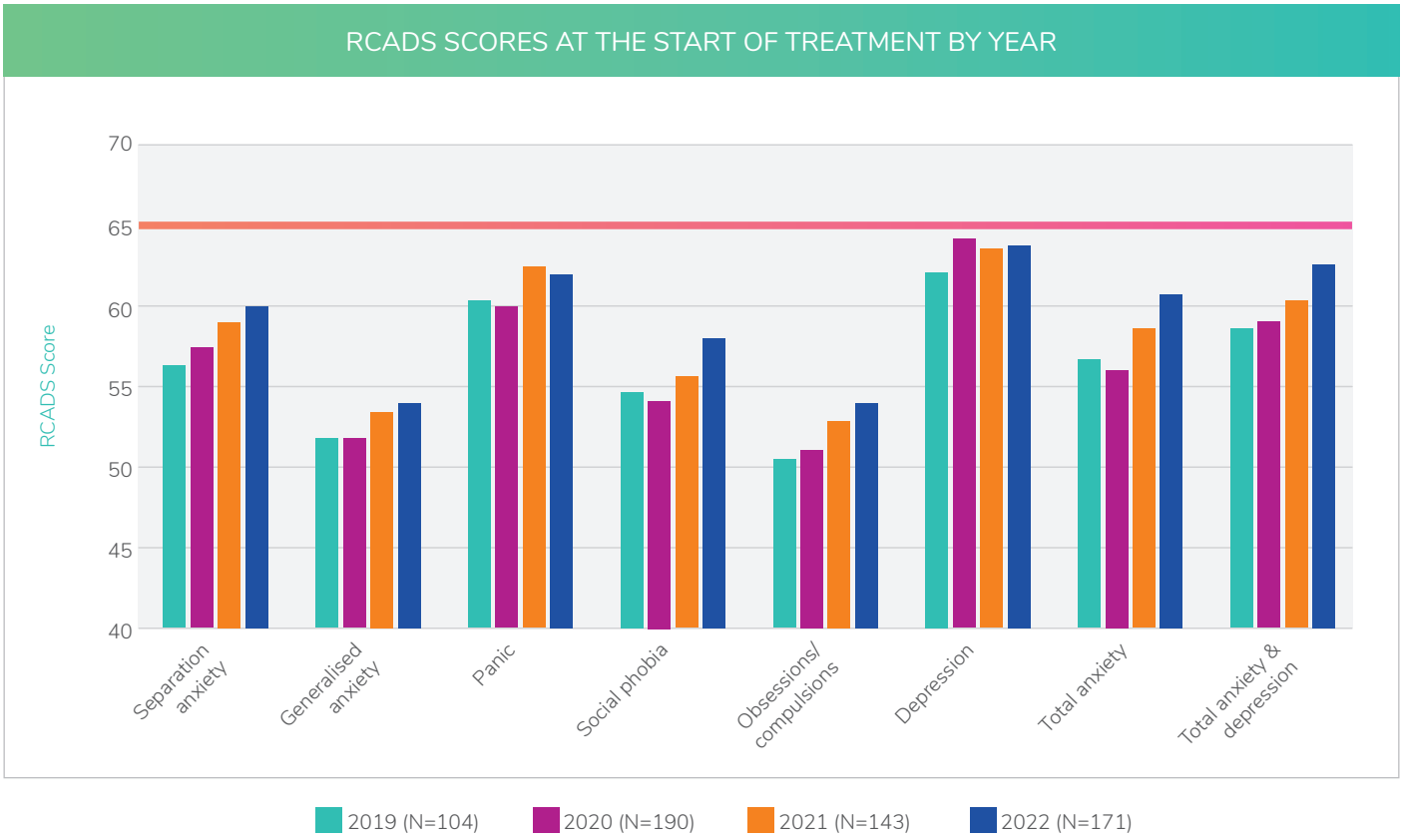
WAITLISTED CLIENTS PER MONTH IN 2021 vs 2022



KYDS saw both increased capacity and demand for the service towards the end of 2022. The highest number of sessions for the year were delivered in November and in December KYDS experienced its largest waitlist to date.

2022 OUTCOMES

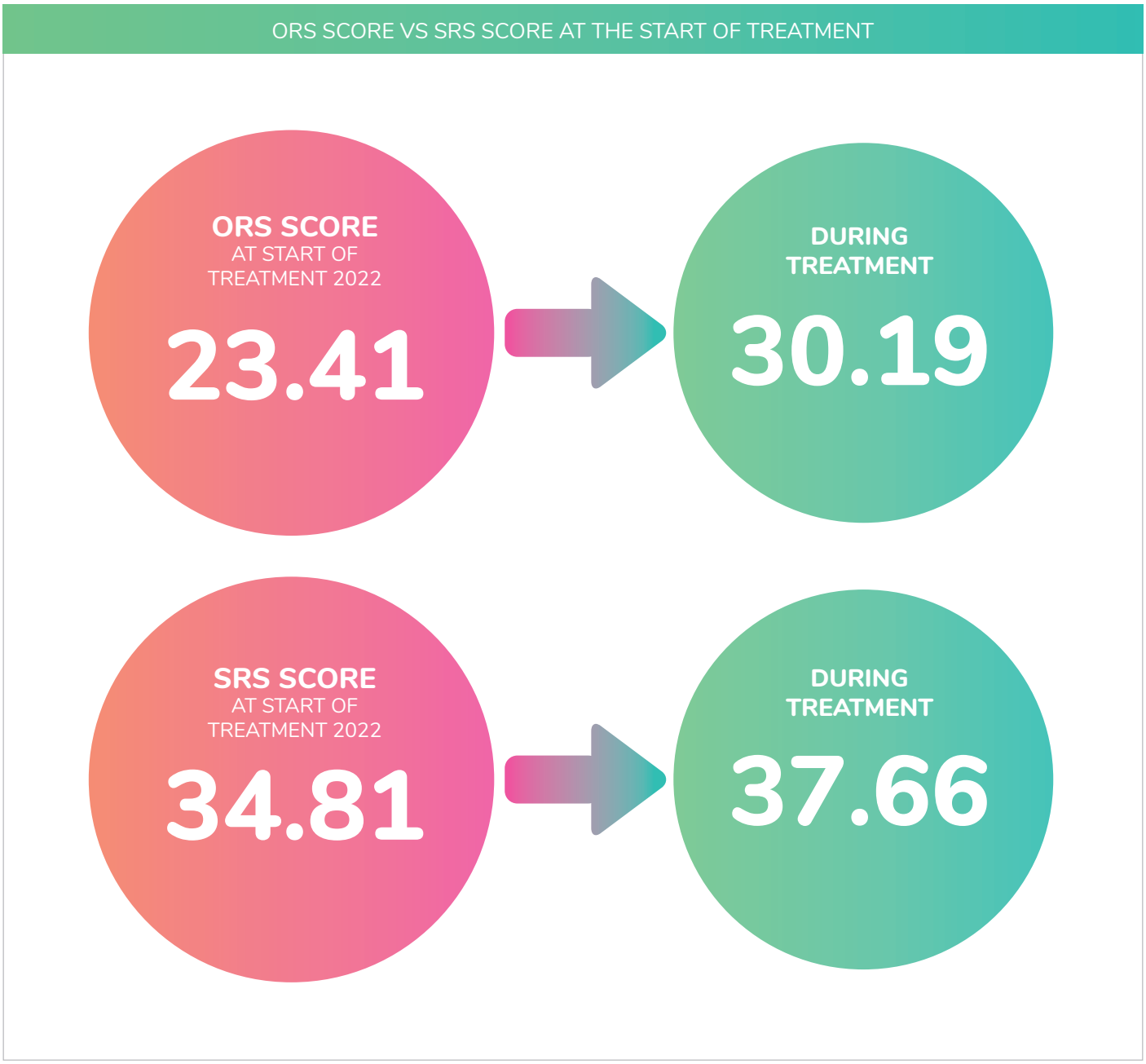
Clients have presented to KYDS with increased severity of symptoms each year.



Clients presented for initial treatment with higher symptomology than in 2021, a trend which has continued each year since data has been collected.

The most prominent issue at presentation continues to be depression symptoms - which are on the border of the subclinical range.

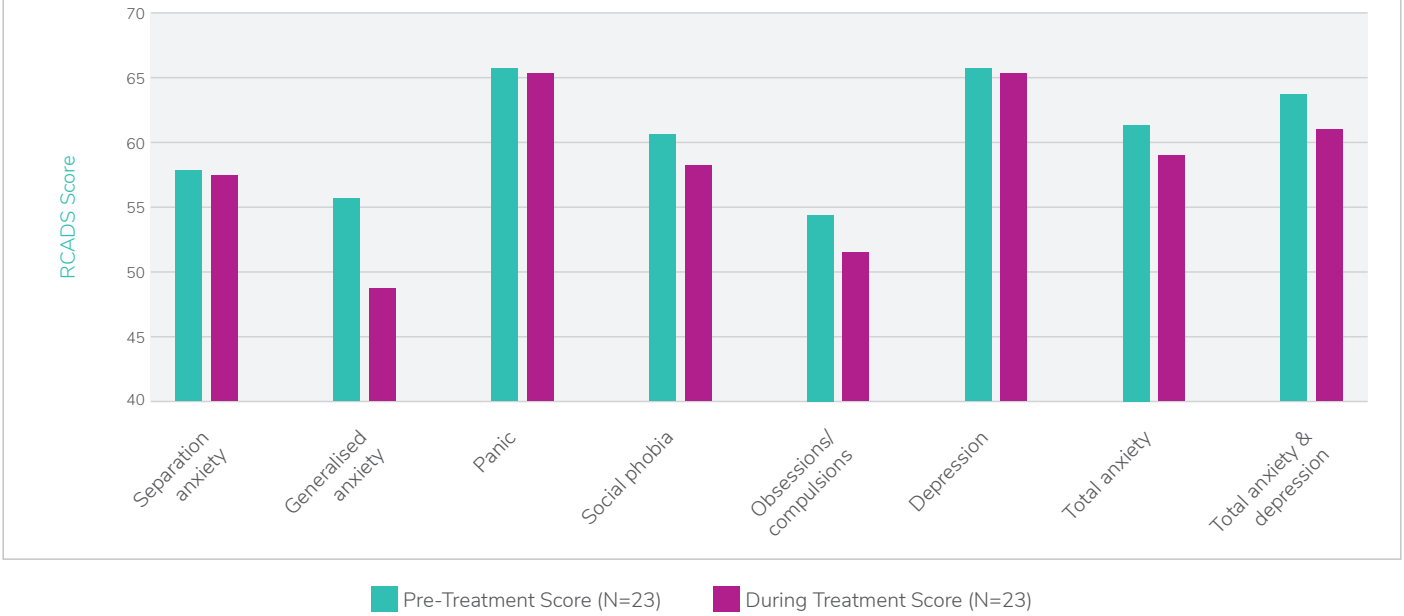
ORS and SRS scores taken at initial presentation were similar to those in previous years, with similar improvements also being achieved. Both improved to scores that no longer indicate clinical concerns during early stages of treatment (within 15 sessions).



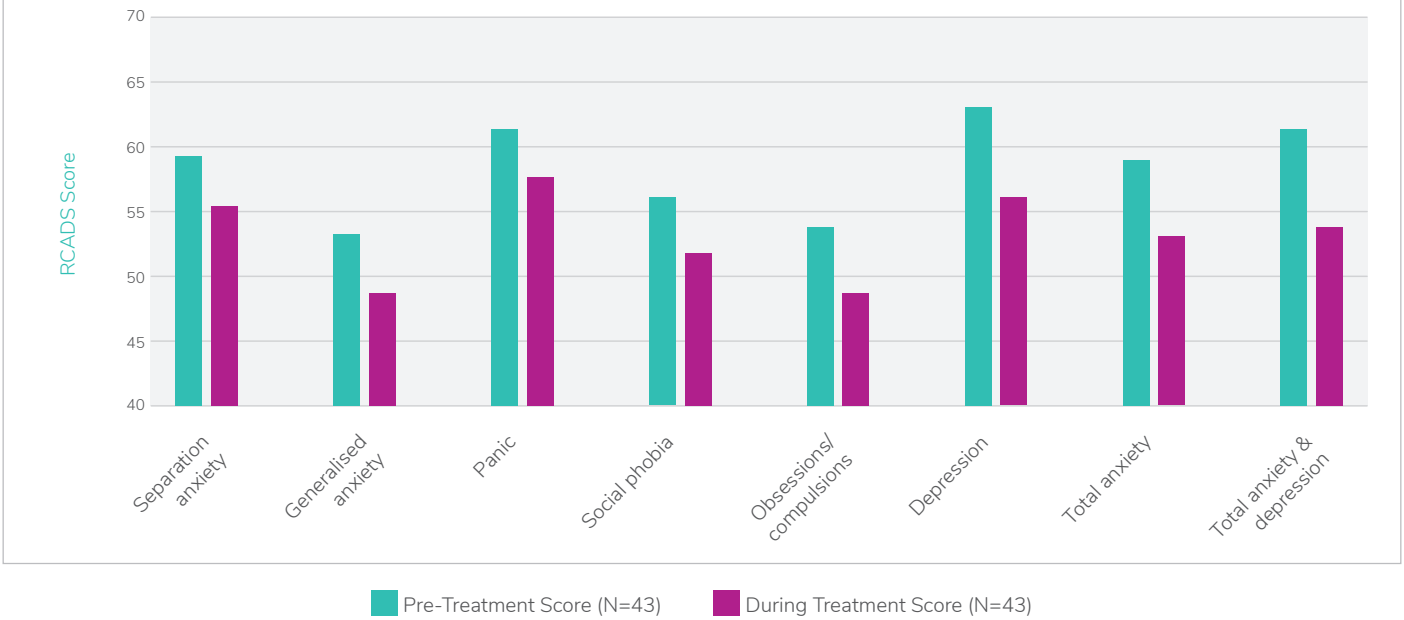
ORS scores below 28 and SRS scores below 36 indicate clinical levels of distress and issues with therapeutic relationships respectively, so clients have improved above both thresholds in their first stages of treatment.

2022 OUTCOMES

RCADS IMPROVEMENT FROM PRE-TREATMENT TO DURING TREATMENT FOR 2022 CLIENTS ONLY



RCADS IMPROVEMENT FROM PRE-TREATMENT TO DURING TREATMENT FOR 2021 CLIENTS ONLY



Generalised anxiety improved more during treatment in 2022, while the impact of treatment on other anxiety symptoms was very similar to previous years.

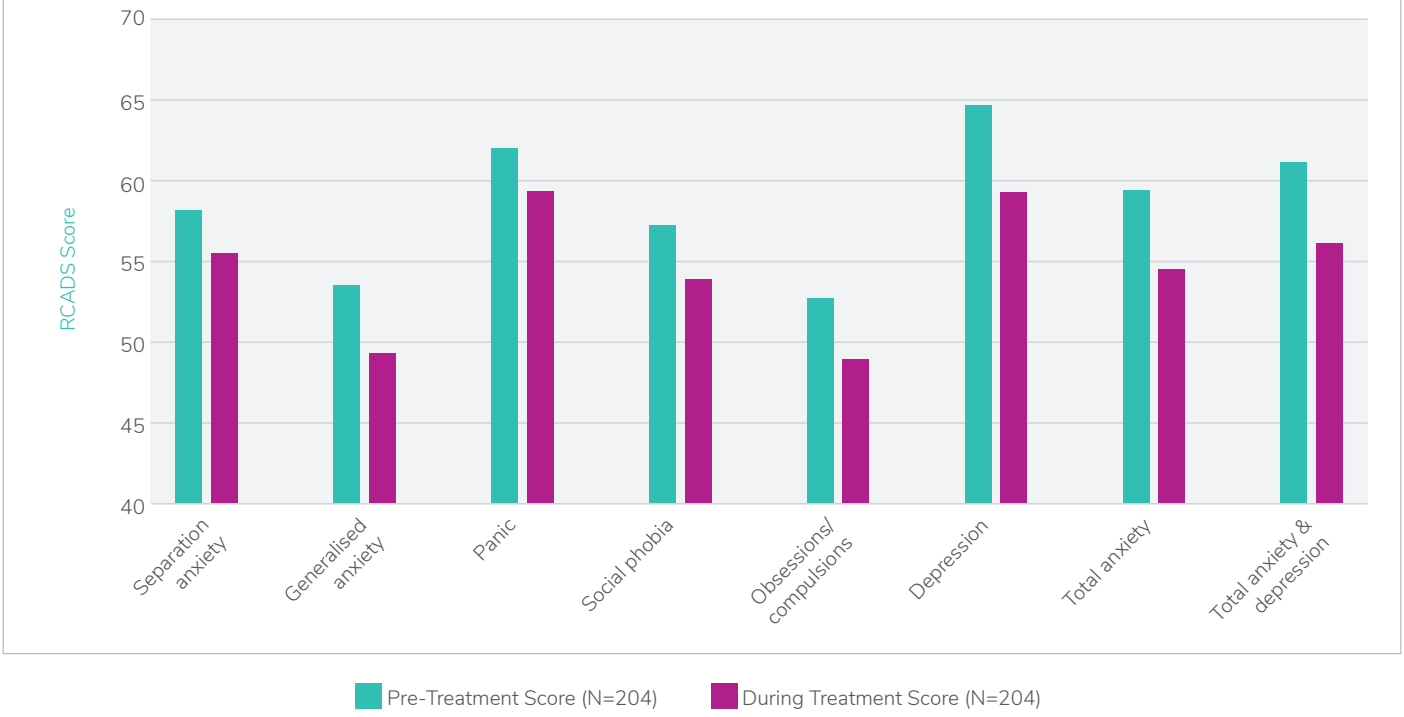
Improvements in panic and depression were not as notable this year when compared with 2021.

In comparing the improvements achieved year on year, it is important to note that we have been able to collect ongoing data for 2021 clients for longer, meaning that some of these RCADS were captured further into treatment.

OVERALL IMPACT SINCE 2019

Across all clients, there is a general trend towards recovery during treatment.

RCADS SCORES AT START OF TREATMENT VS DURING TREATMENT FOR ALL CLIENTS

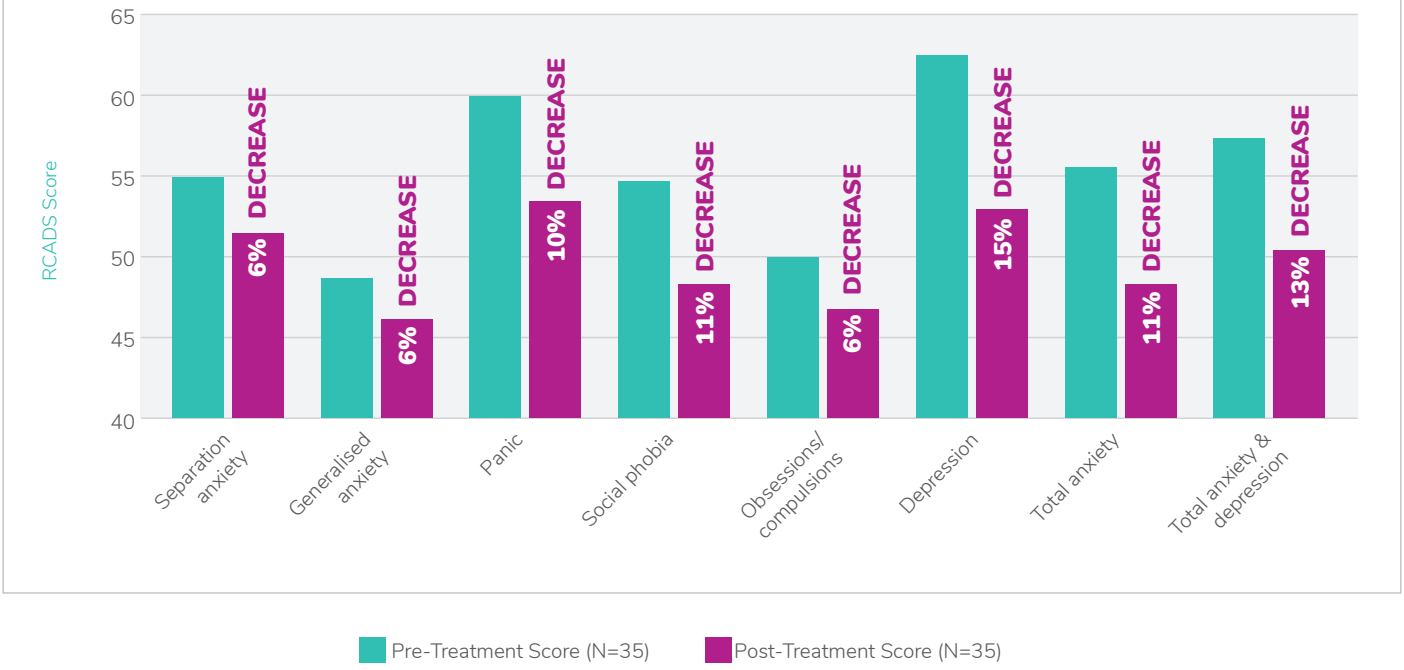


For the 204 clients for whom we have pre-treatment and during treatment data, it is clear that clients are experiencing consistent improvements in all domains of anxiety and depression from their first session to when it is captured mid-treatment (after approximately 15 sessions).

OVERALL IMPACT SINCE 2019

KYDS clients also experience significant improvements in all symptoms upon completion of treatment.

RCADS SCORES AT START OF TREATMENT VS POST-TREATMENT FOR ALL CLIENTS

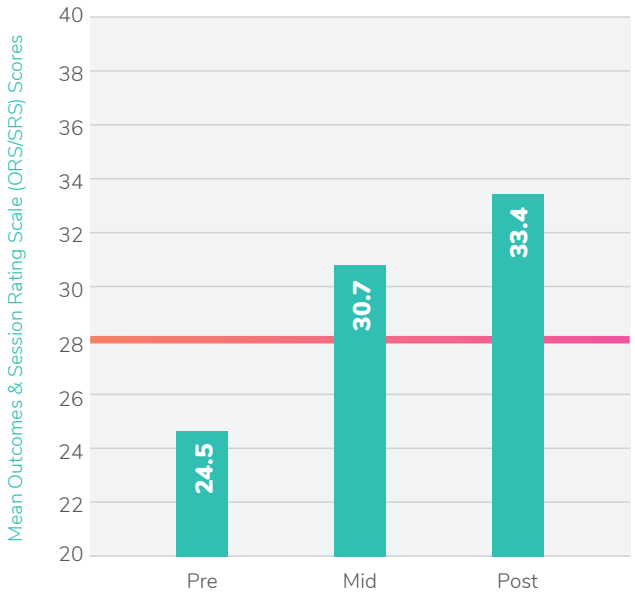


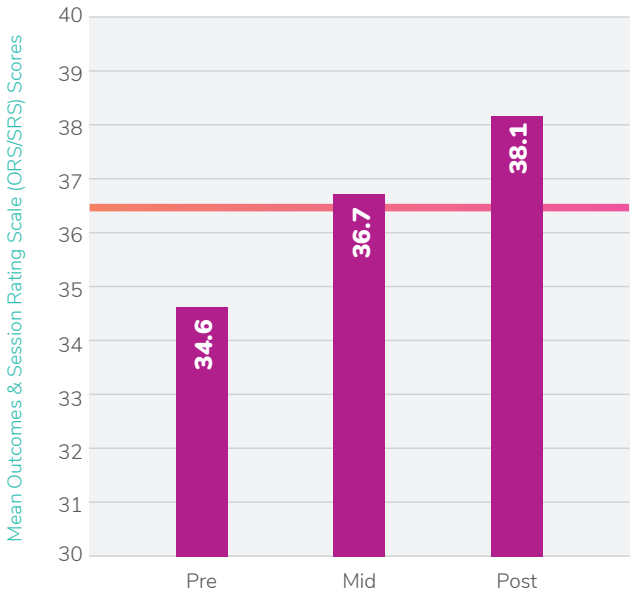
As we now have complete data for 35 clients (RCADS scores taken before and after treatment), we have increased confidence in the strong improvements that our clients experience during their KYDS journey.

OVERALL IMPACT SINCE 2019

Clients feel as if they are improving in their well-being, as well as feeling comfortable and respected in the treatment process.

ORS AND SRS SCORES AT PRE-, MID- & POST-TREATMENT





Mean ORS Score

Mean SRS Score

For the 49 clients for whom we have pre-treatment and during treatment data, it is evident that clients are seeing improvements in many domains of well-being (ORS) and in their therapeutic relationship (SRS).

The horizontal lines indicate where the client has moved beyond an area for clinical concern - which occurs early in treatment for both measures.

CASE OF INTEREST

REASON FOR REFERRAL TO KYDS:

Fifteen-year-old Max was referred to KYDS in early 2022 for general support and counselling to help manage his anxiety and gain self-confidence. He had experienced bullying in Year 8, which changed the way he viewed himself. Max began to feel afraid to ask questions in class, to try new activities at school and was uncomfortable in social situations where his peers may judge him.

ASSESSMENTS:

Max was assessed through semi-structured interviews, Mental State Examination and the Revised Children's Anxiety and Depression Scale (RCADS). These assessments provided information on his strengths, problem history, diagnosis, personal and family backgrounds, insights into mental experiences, behaviours and six subscales of anxiety and depression. His RCADS scores were in the clinical range for Separation Anxiety, Panic, Total Anxiety and Depression subscales.

INTERVENTIONS:

COUNSELLING RELATIONSHIP AND EMOTIONAL REGULATION

The goal in the initial sessions was to establish and maintain the therapeutic alliance and emotion processing through emotion-focused therapy (EFT), which ensures the young person is respected and that sessions are client-centred. Their emotions are validated, processed, regulated and transformed through emotional experience (Webster, 2017). When Max could not explain the social situation or the emotional experience he was feeling after the bullying event, creative and gentle approaches such as observer visualisation techniques helped him to remember the event through observation, and creative drawing or cushion work helped Max re-experience the events in a safe place and transform his emotional reactions.

MANAGING SOCIAL ANXIETY USING STEPLADDERS AND REWARDS

Once Max's strengths and self-esteem had increased through working with emotional experience, he wanted to work on his social anxiety issues and body image. Social Anxiety Disorder (SAD) can affect young people's academic and social functioning. If untreated, it can result in lower educational achievement and socioeconomic status in the long term (Leahy et al., 2012). Max's clinician provided psychoeducation and a CBT intervention plan for anxiety, including parental involvement, as suggested by Rapee et al. (2009). For young people, it is essential to have parents involved in psychoeducation and for gradual exposure using stepladders. Max and his parents created a list of the most manageable steps to the most challenging ones, with rewards for completing each task.

Max was engaged and motivated by the stepladder and the rewards he had chosen with his parents, and actively organised tasks to attain the goals (e.g. going to his favourite stores by himself and ordering food in restaurants). Each week, Max was encouraged by the clinician to do the tasks he could achieve and was praised for his efforts. Max felt empowered to work on other challenges after his social anxiety issues had improved.

MANAGING SEPARATION ANXIETY

Max became aware of his constant need for validation from his mother when he was not feeling ok or had some issues at school. He felt very anxious when his mother was away on business trips and often had nightmares about his parents being harmed or taken away. Individuals with separation anxiety worry about the well-being of the attachment figure or are reluctant to travel by themselves. Even when older, they may often have nightmares that indicate separation anxiety and complain about physical symptoms such as headaches and abdominal pains when separated from the primary carer (APA, 2022).

In the separate parent consultation and family sessions, cognitive restructuring changed the thinking patterns and explored many anxiety-maintaining behaviours. Max became less worried and fearful when his parents were away and became independent enough to take public transport to new and unfamiliar places.

OUTCOME:

After 12 months of working with his KYDS clinician, Max's RCADS scores were below the clinical range. His FIT Sessions Rating Scales (SRS) were consistently high, indicating he was well connected in all sessions. He was willing to work on his tasks, resulting in a good therapeutic outcome. Max's sessions were gradually phased out from weekly to fortnightly, and then monthly, until Max felt confident to end the counselling.

Max had been engaged with KYDS for over 12 months, which included several sessions together with his parents.

American Psychiatric Association (2022). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision, Washington, DC, American Psychiatric Association.
Leahy, R. L., Holland, S. J., & McGinn, L. K. (2011). Treatment Plans and Interventions for Depression and Anxiety Disorders, Guilford Press.
Rapee, R. M., Schniering, C. A., & Hudson, J. L. (2009). Anxiety Disorders During Childhood and Adolescence: Origins and Treatment, Annual Review of Clinical Psychology, 5, 311-341.
Webster, M. A. (2017). Emotion-focused Counselling: A Practitioner's Guide, Annandale Institute.

LAST YEAR'S REPORT & AREAS FOR DEVELOPMENT

Whilst our data analysis indicates that we are achieving positive outcomes for young people, we have identified areas for further improvement.

- Engagement of young males remains stagnant at 34% of referrals. To address this issue, we have successfully recruited more male clinicians, have engaged actively with all-boys schools to reduce stigma, and produced several male-specific articles to raise the profile of male mental health and KYDS as a provider of psychological support to males.

- The reduction in symptoms of psychological distress during treatment (as measured by the Revised Anxiety and Depression Scale) achieved in 2021 appears to be an outlier compared to the outcomes achieved on the same scale in 2020 and 2022. We aim to review the 2021 data further to see if there are any key pieces of information that can help us to better understand how this outcome was achieved more quickly than in 2020 and 2022.

- 11% of clients experienced increases in symptoms from below clinical levels to above clinical levels. As a result of this finding, in October 2023, KYDS plans to provide a supplementary paper in the form of a deeper dive into cases where expected outcomes were not achieved, despite significant input, or where young people's levels of distress increased despite therapeutic interventions being offered. We hope to use this investigation to better understand how we can intervene more successfully with young people presenting with complex challenges and whether more structured engagement with the broader network of support improves outcomes for this sub-group of clients.

- Through our relationship with Sydney North Health Network we have begun to collect a wider range of useful data that will aid even better understanding of the young people using KYDS' services for support. We look forward to presenting more comprehensive analysis in our KYDS Impact Report 2023.

APPENDIX

Outcome Measures

FEEDBACK INFORMED TREATMENT (FIT) OUTCOMES

- FIT Outcomes provide brief, valid and reliable measures for tracking client functioning and the quality of the therapeutic alliance, through two measures: The Outcomes Rating Scale (ORS) and the Session Rating Scale (SRS).
- The ORS is completed by the client at the start of each appointment and measures individual, interpersonal and social well-being.
- The SRS is completed by the client at the end of the session and measures the therapeutic relationship and practitioner approach.
- The FIT system then aggregates data across episodes of care, providing clinicians and agencies with an overall measure of effectiveness, and allowing comparisons of outcome of specific programs and services.

RCADS (REVISED CHILD ANXIETY AND DEPRESSION SCALE)

- The RCADS is a 47-item, self-report scale with six subscales: Separation Anxiety Disorder, Social Phobia, Generalised Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder and Depression. It also yields a Total Anxiety score (sum of the 5 anxiety subscales) and a Total Anxiety and Depression score (sum of all 6 subscales).
- Higher RCADS scores indicate increased symptom severity. A score that is 70+ meets the 'clinical' threshold based on the questions endorsed by the client, a score of 65-70 is referred to as 'sub-clinical'. A score below 65 is deemed 'non-clinical'.
- Research has shown that young people who score in the clinical/sub-clinical range and who do not access to appropriate mental health support have equally poor outcomes in the long-term.

ABOUT KYDS

KYDS provides free, accessible and tailored mental health support to young people and their families across Northern Sydney. As well as early intervention through counselling, KYDS is committed to promoting mental well-being and the prevention of mental health difficulties in young people.

KYDS Youth Development Service is Proudly Funded by the Australian Government Department of Social Services.

We are extremely grateful to the individuals, businesses, trusts, foundations and partnerships that help KYDS to provide its critical service to the local community.

We would like to acknowledge the incredible work of Merrick Powell in helping to both manage and analyse the data. His commitment to supporting KYDS' vision of being able to provide data that helps to improve service delivery, while contributing to our understanding of the mental health needs of children and young people in our community, is outstanding.

SUPPORT KYDS

Each year KYDS delivers around 6000 free counselling sessions without the need for a Medicare card, GP referral or mental health plan. This barrier-free support ensures young people can access help early and get back on track more quickly.

KYDS does not receive routine government funding and relies on community generosity to continue delivering its services.
All donations are appreciated
- scan the QR code to donate now.

For more information please contact:

Helen Jarvis
KYDS Management Committee Chair

Anthony Rigney
KYDS CEO/Psychologist

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