



# Reorientation of Services Toward Early Intervention in Mental Health: Brief Report

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## ABSTRACT

### *Aim*

*A three and a half year follow up evaluation was conducted of eight government and non government agencies who received seed funding from Auseinet to reorient an aspect of their service to an early intervention approach in mental health. The aim of the research was to determine key elements in sustainability of seed funded projects.*

### *Methods*

*Face to face interviews were conducted with members of each agency involved in the reorientation project. This evaluation was situated in the theoretical base of capacity building and sustainability and focused on identifying barriers and opportunities that agencies faced in reorienting their services to an early intervention approach at agency and community levels.*

### *Findings*

*Agencies had varied success in reorienting to an early intervention approach. This ranged from conceptual shifts in early intervention thinking to the expansion of early intervention services. Success was dependent on agency and community characteristics.*

### *Conclusions*

*The findings confirm the Australian literature on capacity building which suggests several crucial predictors of success in changing the ways agencies run. These include the development of interagency links, management support and problem-solving abilities. This brief report is useful in identifying factors at a community level which impact on early intervention activity in mental health.*

## BACKGROUND OF THE REORIENTATION OF SERVICES PROJECT

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is a national project funded by the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy to work collaboratively with States and Territories in mobilising promotion, prevention and early intervention activities in mental health.

The reorientation of services project was designed by Auseinet to reorient

existing community services to include early intervention strategies in mental health. It was recognised that community agencies often deal with issues of mental health at a primary level and that a shift to an early intervention approach may help to disrupt the impact of mental illness on other areas of life. It was also recognised that community agencies are often placed in challenging social, economic and political contexts. Given these factors, Auseinet encouraged community agencies to develop and maintain early intervention activities

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through the availability of a seed grant for a twelve-month period in 1998.

Details of the reorientation project in full are described elsewhere (O'Hanlon, Kosky, Martin, Dundas, Davis 2000), which covers all aspects of the reorientation process and describes the selection process of the agencies, the appointment of reorientation officers, agency descriptions and their reorientation strategies. The reorientation of services project was designed to:

- provide seed grants for community agencies to reorient an aspect of their service to an early intervention approach in mental health
- provide the opportunity for capacity building within agencies in the area of early intervention to create sustainability
- promote early intervention ways of thinking around mental health with the support of Auseinet.

In particular, the reorientation process was focused on up-skilling staff, influencing policy within the agency and strengthening links with other agencies rather than implementing early intervention practices with the clients themselves. Auseinet believed that mechanisms needed to be established to ensure sustainability of the projects. It was expected that early intervention strategies with clients would follow.

Community agencies were invited to tender for a seed grant from Auseinet to fund a pilot project aimed at reorienting services to an early intervention approach in mental health. Eight agencies, which serviced different mental health needs were chosen from across Australia. As O'Hanlon et al. (2000:21) reported in the original reorientation document,

*'We aimed to select a range of agencies that reflected the cultural, geographic and functional diversity of service providers across Australia. These agencies had to provide services to a significant number of children or young people in distress, but did not have to be primarily mental health focused.'*

Agencies were required to meet several selection criteria to be included in the reorientation project. O'Hanlon et al. (2000:21) describes that agencies had to:

- demonstrate an understanding of early intervention in mental health issues
- show how it related to their work
- be receptive to the early intervention approach
- intend to continue using the approach after the conclusion of the project
- demonstrate that the objectives of the project would be an effective and efficient use of resources
- set realistic and achievable timelines to undertake the work.

Further details of the selection process are described elsewhere (O'Hanlon et al. 2000). Auseinet worked collaboratively with the agencies to determine strategies that would best apply to the unique needs of each agency in this process.

Agencies differed in client type and load and were situated across Australia. Table 1 provides a description of each agency and their desired outcomes in the reorientation process. The eight agencies varied considerably in their functions and services. The education level of their staff in relation to mental health differed between agencies. Some agencies were practising early intervention in their work prior to the

reorientation project. The project guidelines were flexible to incorporate these differences into the reorientation process.

Auseinet coordinated the reorientation of services project. Key elements put in place for the reorientation process in each agency were:

- the appointment of an Auseinet mental health worker, employed by each agency and trained by Auseinet, to function as a driver for the process
- the establishment of a reference group of people from community agencies in the geographical area near the agency
- a focus on up-skilling the staff within the agency in mental health education
- regular evaluation reports from the Auseinet mental health workers
- encouragement to establish and strengthen links with other agencies.

Each community agency formulated their own desired outcomes according to the specific needs of their clientele and their local environments. Auseinet encouraged ownership of the projects by the agencies but also provided support and assistance to the agencies in a number of ways:

- reorientation training sessions for the Auseinet mental health workers
- educational material about early intervention in mental health
- regular, individual contact with the Auseinet mental health workers
- site visits to the agencies to review progress
- guidance in evaluating the agencies' own progress and preparing the progress report and final report.

These methods are explained in more detail in O'Hanlon et al. (2000).

## **The Capacity Building Framework**

The reorientation project was based on the concept of capacity building. Capacity building refers to an organisational process of building the capacity of an organisation. The aim of capacity building is to put structures in place within the organisation in order to deliver improved and sustainable health outcomes (Hawe, Noort, King, Jordens 1997; NSW Department of Health 1998; Gray & Casey 1995). It is recognised that community agencies often experience a high workload and function on scarce resources. Building the capacity of small community agencies to achieve broad health gains is possible through the implementation of specific strategies (NSW Department of Health 1998).

The following key strategies have been identified as being central to capacity building and therefore sustainability (Gray & Casey 1995; NSW Department of Health 1998):

- workforce development through the improving of skills and knowledge
- organisational development including strengthening organisational support for building capacity, developing strategic plans and policies, ensuring management support and commitment and developing recognition and reward systems
- resource allocation (sufficient financial and human resources and administrative support)
- development of partnerships and networks e.g. joint agency activity.

The present evaluation investigated the extent to which these factors were still in place and determined the role of these factors in the sustainability of early intervention activities.

## **Indicators of Sustainability**

Sustainability within a capacity building framework can be defined as the extent to which initiatives and programs have been absorbed into the everyday practice of the organisation after the dedicated funding has ceased (Hawe et al.1997). The strength of a program to continue after the funding period has ended is reliant on strategies implemented during the life of the project. Agencies were required to establish strategies of capacity building in their projects: a driver, a reference group and the up-skilling of staff. Auseinet worked collaboratively with each agency to provide support and monitor progress.

The purpose of the evaluation was to:

- identify opportunities and barriers in reorientation to an early intervention approach in mental health within the community agencies
- determine the usefulness of seed grants in sustaining early intervention activities in mental health.

## **METHODS**

### **Interview Schedule**

A structured interview schedule was constructed to test the extent of capacity building within each agency. The questions were directly drawn from the literature on capacity building and health promotion. In addition to the structured interview schedule, additional questions were asked regarding the functioning of the agencies themselves.

### **Administration**

Three and a half years had passed since the end of the funding period for the reorientation of services project. Therefore it was not possible to contact all the original people who had been working on the project at the time.

Agencies were contacted by mail in November 2001 explaining that an evaluation would take place. It was explained that an evaluation had the key objectives of determining the status of early intervention activities within the original placement programs, and evaluating the sustainability of reorientation. All managers were approached to identify the most appropriate person to interview regarding the reorientation of services project.

**Table 1: Summary of the model projects for reorientation to early intervention**

<b>Agency name and location</b>	<b>Target age range</b>	<b>Mental health issues addressed by agency</b>	<b>Desired Outcomes</b>
<b>Government Agencies</b>			
<i>Barrington Support Service</i> Devonport, Tasmania	5 to 18 years	Suicide, attempted suicide and severe psychiatric disorders	More effective ways for teachers and support staff to respond to serious mental health issues
<i>Lower Great Southern Primary Health Service &amp; Albany District Education Office</i> Albany, Western Australia	5 to 18 years	Depression, anxiety and conduct problems	Early intervention training for staff and development of a district wide interagency policy
<i>Hunter Mental Health Services &amp; Department of Community Services</i> Newcastle and the Lake Macquarie area, New South Wales	0 to 10 years	Children at risk because their primary care giver has a mental illness	An effective early intervention approach for maintaining positive family environments and better outcomes for young children at risk
<i>Child and Family Services</i> Launceston, Tasmania	10 to 18 years	Challenging behaviour among state wards and repeat offenders	Use of early intervention to avoid admission to juvenile detention centres
<b>Non-government agencies</b>			
<i>Children of Prisoners' Support Group</i> Sydney, New South Wales (statewide service)	0 to 18 years	Anxiety, depression, disruptive behaviour in children who have a caregiver in custody	Achievement of a positive impact on the mental health of a specific 'at risk' group
<i>Mildura Aboriginal Corporation</i> Mildura and Sunraysia district, Victoria	13 to 24 years	Antisocial behaviour, violence, drug and alcohol use and teenage pregnancy among at risk indigenous youth	'From Shame to Pride' used as a culturally acceptable program to address indigenous mental health issues
<i>Karawara Community Project</i> Perth, Western Australia	0 to 18 years	Serious conduct disorders, drug use and emotional disorders	Application of early intervention within a small community organisation dealing with a multicultural and socially disadvantaged population
<i>Anglicare CQ</i> Rockhampton, Central Queensland (Regional centres servicing rural and remote areas)	0 to 24 years	Grief, loss and suicidal behaviour	Application of early intervention to diverse programs across a vast geographical area of Australia

**Source: (O'Hanlon, Kosky, Martin, Dundas & Davis 2000:29)**

It was communicated to the agencies prior to the evaluation that we were interested in the successes and barriers in reorienting to an early intervention approach. It was made clear that agencies that had failed to reorient were still an important part of the evaluation due to the need to identify barriers to this process.

It was anticipated that interviews would take approximately two hours for each agency. After correspondence with the key contact people in each agency, site visits were conducted in January 2002. In some interviews both the manager and the Auseinet mental health worker were present. The length of the interview varied from 45 to 90 minutes.

## FINDINGS

### Sample Characteristics

All eight agencies participated in the evaluation. Table 2 describes the workers within the agency who were interviewed for the evaluation. Due to the high staff turnover in community agency positions and the length of time that had passed since the reorientation of services project, it was not possible to interview all original Auseinet mental health workers. All the participants had been working in the agency during the time of the reorientation of services project in their current positions apart from the manager of Child and Family Services who had been promoted to the position during the three years since the project.

Agencies differed in their size and function, client base, and knowledge of early intervention. In addition to this, agencies were situated in different contextual environments with each presenting a unique set of opportunities and barriers.

**Table 2: Participants**

<b>Agency</b>	<b>Position</b>
Barrington Support Service	Original Auseinet mental health worker Manager
Lower Great Southern Primary Health Service & Albany District Office	Mental health promotion worker (original Auseinet mental health worker)
Hunter Mental Health Services & Department of Community Services	Original Auseinet mental health worker
Child and Family Services	Manager (new in position)
Children of Prisoner's Support Group	CEO
Mildura Aboriginal Corporation	Team leader (original Auseinet mental health worker)
Karawara Community Project	Manager (original)
Anglicare CQ	CEO Mental health promotion coordinator

Agencies had varied success at reorienting services to an early intervention approach. Despite the differences between agencies, barriers and successes were common across the agencies. Each agency identified the usefulness of early intervention in their work, and there were significant shifts to an early intervention approach by all agencies. The extent of this shift was varied ranging from the conceptual shifts of workers' knowledge to extensive implementation of mental health promotion, prevention and early intervention programs in local areas.

Five of the eight agencies have shown significant expansion of early intervention activity after the success of the pilot project. This had resulted in increases in early intervention projects, support from the community, greater mental health awareness within the organisation and in the community, better targeting of referrals and early detection of mental health problems. Of the remaining three agencies, one agency noted that the failure of the pilot project had led to different methods of implementing early intervention activities and subsequent success with other early intervention projects. The remaining two projects noted a marked change in early intervention thinking and referrals although concrete action was not possible with the resources available. Some agencies reported that the reorientation project had given them confidence in undertaking other projects or applying for further funding. In this way the project served as a good springboard for other early intervention activity in mental health.

### **Predictors of Success and Sustainability**

Although the agencies had varied success in reorienting and sustaining early intervention activity, a number of

common elements of success were identified. Agencies were asked to define their own measures of success in the context of their activities. Broadly, they described measures of success as:

- the extent to which the project was still running
- the impact it had on the wider community
- whether early intervention concepts had become absorbed into the organisation.

### **Knowledge utilisation to practice**

The adoption of knowledge utilisation to practice in early intervention can be conceptualised on three levels (Stetlar 1994):

1. Instrumental use in the concrete application of early intervention ideas to practice
2. Conceptual use of early intervention ideas
3. Symbolic utilisation of early intervention knowledge resulting in policy changes or to justify service provision.

The agencies showed varied degrees of knowledge utilisation to practice. Most agencies have continued and expanded their early intervention activities. This involved a reorientation of their service provision. In other agencies, conceptual shifts had occurred in early intervention thinking. Although these agencies did not continue concrete projects, their thinking and awareness around early intervention had grown. This resulted in a greater awareness of early intervention and better referrals. One agency discovered that the project was not successful in its original form. This led to different strategies for early intervention in future projects.

It was evident that the reorientation project resulted in varying levels of knowledge utilisation in conceptual

change, implementation and symbolic change. Evidence of change in thinking led to service providers being more aware of people at risk, and adopting a systems approach to care. Conceptual rather than concrete shifts were more often noted in agencies where organisational and policy framework made early intervention activity less possible.

Symbolic change occurred in agencies where early intervention concepts fitted into the organisational structure of the agency. This resulted in the formal application of early intervention concepts to service provision. Benefits of early intervention were then demonstrated and served as a base for further funding of future early intervention activities.

It was clear that opportunities for further education in mental health existed within these agencies. Workers were committed to learning early intervention concepts.

### **Commitment from the workers**

Workers within community agencies reported a high workload. Reorienting to an early intervention approach required up-skilling and education as well as changes in practice. For many workers this was an added workload and required commitment from the workers to early intervention.

### **Up-skilling of workforce**

Sustainability was largely a result of up-skilling the workforce. Training of staff in mental health and early intervention occurred to provide better services and detect mental health problems. Awareness of mental health problems led to better referrals at earlier stages of the mental health continuum in all agencies. Some staff within agencies made big leaps in their

knowledge and contributed significant time and effort in up-skilling. This resulted in organisational change in most agencies and in future projects.

### **Organisational culture**

It was interesting to note that the rate of educational uptake was more dependent on the organisational culture of the agency rather than their prior interest or knowledge of mental health or early intervention. As the individual agency results show, some agencies had organisational cultures which supported further education in mental health. In these agencies early intervention concepts became absorbed into the everyday functioning of the agency. This resulted in their services successfully reorienting to an early intervention approach and led to greater sustainability. In other agencies it was evident that the organisational culture was focused around crisis intervention or that different priorities were allocated. In these agencies, workers still experienced a conceptual shift in their knowledge of early intervention, but formalised action in early intervention practices and initiatives did not follow.

### **Presence of a driver**

The presence of a driver was a significant predictor of success in the project's early stages. The driver was a motivating and coordinating force around the project and ensured that aspects of the project were carried through. Ideally, sustainability moves from the driver to management where initiatives can be absorbed into the agency and guidelines specified. In agencies where management support was not strong, the driver's influence regarding early intervention activity was diluted.

### **Management support**

Support from management around early intervention practices was intrinsic to the success of the reorientation. In many agencies, support from management resulted in more teamwork and meeting the objectives of the pilot project. Management support also led to early intervention activities becoming incorporated into policy documents and therefore reorienting services in a formal sense. Support from management generally led to organisational change and sustainability around early intervention practices.

### **Fit with policy structure**

Long term sustainability appeared to be dependent on the absorption of early intervention concepts into the agency's policy framework and organisational structure. Sustainability was enhanced when early intervention activities slotted into an existing structure. Some agencies have reoriented from working in functional groups to now working as units or enhancing teamwork to better meet the clients' needs with a whole of services approach.

### **Absorption of early intervention practices**

The provision of evidence to confirm the success of early intervention practices was often needed. The agencies that ran discrete practical projects enjoyed a higher degree of success because outcomes were demonstrable to schools, government departments and the community. Agencies that altered an aspect of their service provision had less dramatic results to justify their cause. Changes in altering service provision are seen gradually over time and require significant restructuring of the

organisation, policies, up-skilling of staff and attitude change. Despite this degree of change, agencies that attempted this were successful. Given the short time frame of this project, successful reorientation was a significant achievement.

### **Agency's ability to problem-solve**

Reorienting services to an early intervention approach in mental health within a short period of time required planned action. There are many challenging social, political and organisational barriers that exist within agencies and the community. A predictor of success in some agencies was the commitment to the project's objectives. This involved problem-solving around barriers. Agencies that were successful problem-solvers found innovative and creative means to meeting their objectives.

For example, one agency was situated in a community with poor interagency links. The success in building links with other agencies in this instance was not through formal processes but rather through contacting key people within the agency who they already had links with. Through frequent contact with these key people they were able to place early intervention on the agenda in the agency and then refer more successfully. This process was slow and involved persistence on the part of the agency. In the longer term it resulted in a joint community project between the two agencies.

### **Changing rather than adding**

Success was enjoyed when workers *changed* the way they provided services rather than adding early intervention work on top of their existing workload. For example, teachers were targeted to improve their approach in mental health promotion

and early intervention. A successful strategy used was to change the approach of what teachers were doing with children around mental health promotion instead of adding extra duties on top of their existing practices.

### **Interagency links**

Good interagency links led to better meeting the needs of clients. This enabled continuity of care for the client from detection to treatment. Strengthening agency links led to joint projects for some agencies and more general community support and awareness around early intervention.

### **Reference Group**

Auseinet designed the pilot project with certain structures in place to ensure sustainability based on the capacity building literature. One of these strategies was the establishment of a reference group. Reference groups, consisting of workers from community agencies, were a successful means of keeping early intervention on the agenda. It was also helpful in strengthening links between agencies.

### **Tailoring to the local context**

The reorientation project demonstrated the worth in adapting early intervention concepts and practice to the local context. This involved tailoring action to the demand of the agency and the workload of the staff. Ownership of the projects by the agencies was particularly important. Each agency operated in a unique environment with their own set of challenges. Flexibility in the development of the project allowed for the success of most projects in overcoming obstacles and challenges.

### **Community support**

The reorientation project had wider reaching community effects in most instances. Communities noticed the practical outcome of early intervention initiatives and became interested in supporting these ideas or attending these services. In one instance community support led to raising funds to maintain a prevention program within schools. Witnessing practical outcomes of early intervention activities, such as helping children or people in the community who had attended services, resulted in communities being supportive of mental health promotion and talking about mental health more. This reduced the stigma around mental illness.

### **Interest in the project by other agencies**

An indicator of success of a project is interest from outsiders (Hawe et al. 1997). Most agencies reported outside interest from their local community as well as from other regions in the state. In a few cases interstate interest was noted in educational packages that had been developed during the course of the pilot project. Interest by government departments and funding bodies resulted in further funding for early intervention activity and was a mark of success of the project on the community.

### **Obstacles**

Agencies reported a number of obstacles that challenged the reorientation process. People who work in mental health are embedded in a system that has opportunities and barriers. All agencies identified a need for early intervention and saw opportunities to implement changes in the delivery of mental health services. Many agencies recognised the need for

early intervention but found it difficult to refer clients to other community agencies who functioned from crisis intervention models due to the high demand on mental health services. The high staff turnover rates in some agencies made early intervention practices difficult because new staff had to be re-trained. The lack of funds for the expansion of early intervention programs created a sense of instability in some agencies.

## **CONCLUSIONS**

The degree of growth of early intervention practices within each agency was dependent on a number of factors. Agencies described the pilot project as being a useful platform in either beginning or furthering early intervention activities. Some agencies were already practising early intervention but not in a formalised way. Others started from a poor knowledge base of mental health and early intervention. Government agencies were influenced to some extent by the National Mental Health Policy guidelines for early intervention. Non-government agencies also reported noticing a general change in mental health promotion, prevention and early intervention in the community.

### **Need for mental health education**

The reorientation of services project has demonstrated the need for education in mental health. There is capacity within community agencies to take a preventative approach. While community agencies come across people with mental health problems, they do not have the capacity in the form of a specialised mental health workforce to manage mental disorders. This is not their function. Therefore this work needs to be followed through by mental health services.

The knowledge shift produced by education in early intervention and mental health was useful for all agencies in the reorientation process. Other agencies that had existing knowledge of early intervention and mental health more easily adapted to the reorientation process. The formalisation of early intervention activities into training programs or assessment tools further enhanced sustainability.

It was evident that the agencies saw usefulness in the early intervention approach and had successfully influenced other agencies in the community of the need for early intervention in mental health.

### **Applying to other contexts**

The agencies involved in this project were selected because they had an existing interest in early intervention, and had supportive conditions for sustainability of outcomes. There may be other issues in reorienting agencies that do not have an existing interest in early intervention. It is suggested that in these agencies, evidence of the effectiveness of early intervention initiatives need to precede actions to reorient.

### **Confirming the literature**

The literature on capacity building presents components of capacity building that predict success and sustainability. These components include: the development of interagency links, the presence of a driver, and a reference group. The reorientation project was designed to include these components. The results of the reorientation of services project confirm that these components did predict success. In addition, tailoring early intervention activities to the local

context and creating ownership of the projects further enhanced sustainability.

### **Capacity of mental health services**

This project started with building the capacity of community organisations and non government agencies that did not have a specialised mental health workforce. Many agencies found that referring clients to mental health services for the purposes of early intervention was difficult. This was due to high demand on mental health services, or reluctance of mental health services to manage early intervention cases. This raises the issue of whether there is capacity within mental health services to deal with early intervention cases. It also constitutes a supply issue. Specialists need to be available to carry through treatment and management of these early intervention cases in order to deliver long term benefits.

### **Service delivery models**

It was evident that strained interagency links were often a result of differences in organisational cultures and service delivery models. It was clear that agencies who adopted a more holistic, systems approach to the care of clients were more open to early intervention initiative and practice than those that functioned from the medical model or crisis intervention models. The medical model focuses more predominantly on the illness and often excludes the effects of mental illness on other areas of life. Commonly, it excludes prevention and early intervention practices. Organisations operating from crisis intervention models viewed their role as meeting the demand of clients who were already in crisis situations rather than intervening at an early stage with early intervention

practices. They viewed the idea of early intervention as a useful one but believed that it did not fit with the policy structure and management directive of the organisation.

Reorienting to an early intervention approach for agencies functioning from crisis intervention models or the medical model may be more challenging. It may involve more foundation work around establishing the evidence for early intervention practices in mental health. Despite this, the agencies involved in the reorientation process had been successful in opening the boundaries within some of these agencies to take on clients with early intervention needs.

In conclusion, all agencies showed positive outcomes from the reorientation of services project. Sustainability was dependent on the interaction of a number of factors. It became clear that sustainability was tied heavily to funding, but also to management support, commitment of workers and interagency relationships. All agencies expressed concern regarding the load on mental health services that often translated into barriers with referrals of early intervention cases. This had greatly affected the early intervention process. Most agencies supported the need for interagency collaboration on cases to better meet the needs of the individual.

The findings of this evaluation suggest that seed funding is useful to create sustainable changes in early intervention if it is coupled with a strategy around capacity building. An advantage of the reorientation design in this project was its flexibility to adapt to local environments and to allow ownership by the agencies. Expansion of early intervention

activity is still dependent on further funding for some agencies.

The reorientation process adopted by Auseinet for this project has enjoyed sustainable success in most agencies and has led to the furthering of early intervention activity in mental health. Replication of this process is recommended for other agencies with an interest in reorienting their service toward an early intervention approach

in mental health. The reorientation project has demonstrated that although the eight agencies involved in the process differed in their geographical location and their client base, the opportunities and barriers they experienced were common. It is also encouraging to note that these agencies did not contain a specialist mental health workforce yet successfully raised their awareness and reoriented their practices in early intervention.

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