Person-centred approaches to help young people experiencing mental health and emotional problems

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About the artwork

All the artwork in this report was created by young people who were using or had previously used the services involved in this project. Each of those services put forward one piece of artwork, and these were entered into a competition. The competition was judged by a group made up of five young people taking part in the Tate Modern’s ‘Raw Canvas’ art initiative for young people, and by the Chair of the Mental Health Foundation.

All the entries submitted to the competition are included within this report. The winning piece, a sculpture, has been photographed and appears on the front cover.

About the front cover

“This piece was created by several Foyer tenants (16-25 yr olds). The background images were created in the first of the art workshops and doing this enabled the young people to relax and familiarise themselves with the materials. The figures in the piece are life-size cardboard cut-outs of some of the tenants who took part in creating the installation. There are also images of two of the Foyer tenants’ children, which symbolise the future. The young people then placed all the figures, signs and images together in a way which was meaningful to them.

The more you look, the more things are revealed that are symbolic of these individuals’ journey through Aberdeen Foyer.”

Jamie Patterson, Community Health Manager, Aberdeen Foyer, Aberdeen

Our thanks for creating the artwork go to:
Aberdeen Foyer, Aberdeen: Terri Deans and her daughter, Richard Fake, Mhairi Newman, Kerri McFarlane and her son, Andy Begg, Leanne Binnie, and other Foyer tenants who helped make the pieces of art in the background.
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Support @ The Junction, The Junction, Colchester: Ed Ryan.
The Market Place, Leeds: the HYPE group.
The Zone, Plymouth: David White

And to the young people who completed art work for the competition at Community Links, Canning Town; Barnardo’s Marlborough Road Partnership, Cardiff; Streetwise, Newcastle.

Our thanks also go to our judges:
Raw Canvas, Tate Modern youth group
Harvinder Bahra, Assistant Curator: Youth Programmes, Tate Modern
David Sachon, Chair, Mental Health Foundation
‘Butterfly Soup’:
A young person’s story

Streetwise. A big black door. A door so big, words can’t describe. In hindsight, how my legs carried me there after the rejections I had hitherto experienced is bewildering. My nerves were jumping, jangling, rattling and I felt certain that my heart was beating visibly, pounding for all to see.

One word: terrified. I was literally terrified. I had already made a bargain with myself; sure, I’d come to Streetwise, I’d give it a crack on the condition that with the first sign of condescension, my legs would carry me out of there as quickly as they had carried me in – seemed fair enough. I’m no quitter, but the truth is, I’d expected negativity – that was the sole reason for the butterflies which had hatched in the darkness of my stomach and were now fluttering their way up my oesophagus. I swallowed them back as my counsellor approached. The smile I gave was a smile of genuine relief – she looked normal – not a double knit sweater in sight – nor did she look pained on meeting me, a look so many health professionals, I have since learned, reserve for the young (I suspect it is cast in stone in their handbook).

Where would I begin and where would I end in describing the huge, gaping contrast between my previous experience and that of Streetwise? The most significant thing is the simple fact that I was heard. I have also since learned that there is a distinct and crucial difference between listening and hearing. Not only was I heard, but I was heard for a whole hour, week in, week out. My counsellor never tired of me, never judged me, and never criticised me. I talked and talked until my words ran dry, until there was nothing left to say, until I felt relief. Words fail me as I strive to describe the relief.

I had been drowning in emotion and scared completely numb. Life had seemed terrifying and threatening. Through Streetwise, I learned that I can be strong and I can deal with what life has thrown at me – maybe not always with a smile, but Rome wasn’t built in a day and I’m no architect either! I am, at last, slowly getting there. I am certain that without Streetwise, I would be in a very different place right now. I would undoubtedly have given up, given in and become statistically forgettable, immortalised in a replaceable yearly poll.

Written by Nicola, a young person who attended Streetwise in Newcastle
Acknowledgements

Young People

First and foremost, the authors would like to say a special thank you to the young people around the UK involved in the interviews, focus groups and art competition for their time and valuable input into the project.

Project sites

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Support @ The Junction, The Junction, Colchester
Cathy Constable, project co-ordinator

The Market Place, Leeds
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Community Links, Canning Town
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Streetwise, Newcastle
Heidi Douglas, manager

IceBreak, The Zone, Plymouth
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Reference group

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Carly Raby, young people’s participation manager, YoungMinds

Mental Health Foundation team

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Rena Diamond, project manager (until May 2006)
Lucy Leon, project officer (until 2005)

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**Terminology**

**Crisis**
There is no single, clear definition of crisis, and young people consulted in the first phase of the project said that it can mean different things to different people. It is important to recognise that many young people will not describe themselves as being ‘in crisis’, but rather will talk about different problems, feelings, relationships, situations etc. Some services, such as the person-centred organisations involved in this project, may not use the term or label a young person as being in crisis. However, the organisations involved in this project did see young people in what could be termed as ‘crisis’: or severe distress, including those self-harming and/or with an intention to commit suicide or who had previously made a suicide attempt. Although staff were equipped to work with young people in a crisis, they were constantly assessing risk and would, together with the young person, consider the different care options available, including, where appropriate, statutory mental health services.

**Voluntary sector**
Voluntary sector organisations are self-governing and independent of government, are established for the good of the community (are value-driven) and are not set up for financial gain. This sector may also be referred to as the community sector or the third sector.

**Signposting**
A project worker or organisation may direct, or ‘signpost’ a young person to another service which can meet their needs when the service they are currently accessing cannot e.g. help with finding employment. This can include giving phone numbers, addresses and e-mails of those other services.

**Young person**
In this report we have used the term young person to mean anyone between the ages of 16 and 25. It should be noted that some of the partner sites in the project work with people younger than this. The term ‘client’ or ‘service user’ is sometimes used by the organisations involved in this project to refer to the young people who use their services, and may therefore be used in some instances in the report including in quotes.

**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AMHS</td>
<td>Adult Mental Health Services</td>
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<tr>
<td>A&amp;E</td>
<td>Accident and emergency department</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and adolescent mental health services</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CHI</td>
<td>Commission for Health Improvement</td>
</tr>
<tr>
<td>DfES</td>
<td>Department for Education and Skills</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<td>MH</td>
<td>Mental health</td>
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<td>MHAC</td>
<td>Mental Health Act Commission</td>
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<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>OCN</td>
<td>Open College Network</td>
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<td>PCT</td>
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<td>PPG</td>
<td>Positive practice group</td>
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Adolescence and young adulthood is a key time of change and stress in every young person’s life.

Finishing education, finding work and finding partners all pose challenges. And while most people enjoy good physical and mental health during this period – and this helps them rise to the challenges they face – it is also a critical time in the development of mental ill health for a substantial minority. This is the period when adult severe mental disorders such as schizophrenia first manifest themselves, but it is also the period when many common mental disorders such as depression start to occur more regularly.

At the Mental Health Foundation, we are interested in both promoting good mental health and wellbeing, and in preventing mental illness. Mental health is a key asset for all of us, but during the transition to adulthood it is particularly important. It is at this point that many of the choices, accidents and opportunities happen that determine the nature of our adult life. Compromised mental health at this point can interfere with education, work and life in ways which damage opportunity later. Equally, positive experiences can pave the way to more positive experiences later in life.

This is why we embarked on the programme described in this report, to look at the development of voluntary sector provision for young people. In previous work we have done, young people facing problems told us that the voluntary sector was the place they looked to for responsive, non-bureaucratic and welcoming services. At a time when there is increasing government focus on the sector, it makes sense to spell out what it can offer for young people’s mental wellbeing.

I should like to pay tribute to the eight sites we worked with across the UK. They show the diversity of what is being done, but also some of the common themes that define good practice. As with our previous work, young people’s voices remain a strong influence on the report. A common strength of the sites was the young person-centred approach they employed.

Whether we like it or not, most young people will only engage reluctantly with public services labelled ‘mental health’, ‘social services’ or ‘social care’. Many young people have made a positive choice to engage with voluntary services and their experience has often been positive, sometimes life changing. It is now time for government and commissioners to go beyond the rhetoric and to embed long-term financial and other support for the voluntary sector in tackling the challenge of young people’s mental health.

Dr Andrew McCulloch
Chief Executive
Mental Health Foundation
An introduction to the report

Children and young people need the right support (such as appropriate for their age) to be available when they experience mental health problems.

They also need support in the form of the promotion of mental health and emotional wellbeing, prevention and early intervention into problems (see chapter 1). In 2002, the Mental Health Foundation began work on a research project into services provided for young people experiencing mental health and emotional difficulties. The research had two stages: Youth Crisis I was a consultation with young people on what they wanted from services, which led to the drawing up of a wish list for the ideal service (see Appendix 1); and Listen Up focused on young people’s actual experience of using services in eight partner sites across the United Kingdom. For more details on the project, see chapter 2.

This report is based on that research. It is primarily aimed at those who commission and fund services for children and young people, as well as those working within the voluntary and community sectors and statutory sector who are setting up or developing services for young people with mental health and emotional problems.

The report begins with an introduction, based on both Youth Crisis I and Listen Up, to what young people want from services (see chapter 3). The next chapter details what the partner sites found, from their experience, actually works in providing services for young people (see chapter 4).

The main body of the report is divided into sections focusing on the main elements of both what young people said they wanted and the partner sites said worked: offering young people a choice in the type of care and support they receive (see chapter 5); providing a service which is easily accessible for all young people (see chapter 6); supporting young people through all stages of their need (see chapter 7); and encouraging young people to participate in service development (see chapters 8 and 9). This section of the report concludes with a chapter on how these services made a difference to the lives of the young people who attended them, based on interviews with the young people themselves.

Finally, there is a chapter on the challenges faced not only by the voluntary sector but all sectors in developing and improving services for young people, and chapter of recommendations for policy makers, commissioners and service providers.

Case studies looking at the work of each partner sites are provided in Appendix 2.
Children & young people’s mental health
The importance of children and young people being mentally healthy is that it underpins their ability to:

- develop psychologically, emotionally, creatively, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them

(Mental Health Foundation and Office of Health Economics, 2004)

However, as many as one in ten children aged 5-16, in the UK are experiencing a mental health problem at any one time (Office for National Statistics (ONS), 2005). Department of Health statistics show that about 40 percent of those children are not receiving a specialist service but only getting help from GPs and others including the voluntary sector (DfES, DH, 2004). Unfortunately, there is no data that specifically looks at young people’s mental health in the 16-25 age range – those who bridge the gap between childhood and adulthood. What we do know is that for young people in this age range, self-harm (most commonly cutting themselves) is a serious concern. The national inquiry into self-harm focused on 11-25 year olds and the inquiry team concluded that self-harm was a symptom of an underlying problem – ‘an emotional or psychological trauma’ (Mental Health Foundation and Camelot Foundation, 2006). In assessing available research findings, the team also stated that these indicated that self-harming affects at least one in 15 young people in the UK.

The Office for National Statistics (ONS) survey conducted in 2004 covered England, Scotland and Wales and showed that the prevalence of mental illness in children and young people increased where certain socio-economic factors were present (ONS, 2005). For example, the data showed that children and young people were more likely to suffer from a mental disorder if they were part of a family where neither parent was working; if their family was on a low income; or if they were part of a one-parent or reconstituted family (ONS, 2005). It is, however, unlikely that this relationship between individual socio-economic factors and increased prevalence of mental illness is a straightforward one; YoungMinds has suggested that there is, instead, a ‘subtle and complex interplay of many different factors’ (2006). There is much discussion and debate about just what those other potential factors might be. Suggestions have included academic pressure, alcohol and drug misuse, junk food, sedentary lifestyles, media influences and others. In response to concerns about the mental health and wellbeing of children and young people, the Children’s Society has launched the Good Childhood Inquiry. This seeks to promote a better understanding of childhood and to provide evidence-based recommendations on ways to help improve the lives of children and young people (www.childrensociety.org.uk).

Some of the factors associated with poor mental health in childhood and adolescence are also those that leave a young person vulnerable to mental health problems in adulthood and later life. Research conducted by Kim-Cohen et al. (2003) showed that in a sample of 1,037 26-year-olds, half had been first diagnosed with mental health problems between the ages of 11 and 15, and over three-quarters had been diagnosed by the time they were 18. Therefore, there is vital need for mental health promotion, prevention and early intervention.

Vulnerability during the transitional years

“Few mental health services deal adequately with the 16-21 age group.”

Office of the Deputy Prime Minister, 2005
Young people face increased vulnerability in relation to their mental health, particularly during the transitions of adolescence and into early adulthood, which are unparalleled at any other stage of their lives. However, for young people with mental health problems, this critical period is also the time when statutory mental health support becomes less clear-cut. Services that have an age-specific, dedicated service for young adults are not universally available (Pugh & Meier, 2006) and the only statutory mental health service that must be available to span this age group is the Early Intervention in Psychosis Team (DH, 2001). In 2003, the Commission for Health Improvement reported that at least 26 Trusts in the UK did not have agreed and established written arrangements to ensure transition of care for service users between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) (CHI, 2003). This is reflected in the inconsistencies between different services. Whilst some end their support when the young person reaches 16 years old others do so at 18 or 19 years old (DH, 2004). In some areas, AMHS can start up to three years after CAMHS has withdrawn support, meaning that vulnerable young people can disappear entirely from statutory services (YoungMinds, 2000). As the age of 16 is also the cut-off age for other statutory services such as compulsory education and care, this gap can easily leave vulnerable young people with a severe lack of adult support in their lives. YoungMinds looking at the 16–25 age range recommend that:

“CAMHS [children and adolescent mental health service] and AMHS [adult mental health services] commissioners need to unite to support young people and create an integrated system of local planning that includes the widest possible networks of agencies that work with young people.”

YoungMinds, 2006

Young people are often inappropriately admitted to adult mental health wards. The Mental Health Act Commission (MHAC) (England and Wales) have argued that there should be robust admission criteria for the admission of a minor to an adult ward, and that protocols should be in place to ensure that transfer arrangements are made as soon as a more appropriate placement in a child or adolescent service can be located. They also recommended that policies should ensure that every child or adolescent that is admitted to an adult ward is individually risk assessed, so that ward staff are aware of any risks to the young person from other patients (MHAC, 2007). MHAC also explicitly argued that during this time, children and young people should be kept as fully informed as possible about their care and treatment, and their views and wishes should be taken in account, while having regard to their age and understanding.

These issues are echoed by the Healthcare Commission and the Children’s Commissioner for England, whose recent report reveals that, despite a number of improvements in the last few years, young people with mental health problems are receiving inappropriate and inadequate care on adult wards because of a continuing shortage of hospital beds and facilities for under-18-year-olds. Although this report concluded that some young people experienced a good level of care and support on adult psychiatric wards, the majority of young people involved in the consultation reported negative experiences. Many were “…left feeling isolated, bored, uninformed and uninvolved in decisions about their mental health care” (Children’s Commissioner for England, 2007). At the time of going to press, the Mental Health Bill (England and Wales) was nearing completion and, in this, is a commitment to ensure age-appropriate inpatient environments for children and young people.

In Wales, the Healthcare Inspectorate Wales and the Wales Audit Office have begun a review of child and adolescent mental health services in response to concerns over progress on the “development
of comprehensive and equitable CAMHS across Wales” as set out in the CAMHS strategy Everybody’s Business (Welsh Assembly, 2001). The review will include looking at current service provision, planning and commissioning, and collecting information on the experiences of children and young people as well as their carers on accessing and using services.

In Scotland, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care was published in 2005 and is a multi-agency framework aimed at supporting an integrated approach to the planning and delivery of services (Scottish Executive, 2005). The delivery plan for services, Delivering Mental Health outlines a commitment to implement this framework by 2015 and states children and young people are a priority (Scottish Executive, 2006). There is a target set of 2008 for the allocation of a named mental health link person in every school and basic mental health training for all those looking after children and young people in care. A further target of 2009 is set for halving the number of children and young people’s admissions to adult wards. This builds on the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 to ensure sufficient services and accommodation for children and young people who are admitted into hospital.

**Mental Health Foundation’s Work**

The Mental Health Foundation recognises that the mental health and emotional wellbeing of children and young people is an urgent priority for service provision, policy and research. This is reflected by the number of publications it has produced in the last decade that have sought to understand how best to develop services that serve the mental health needs of this group.

Bright Futures (Mental Health Foundation, 1999) reported on a three-year programme of work that examined the factors affecting children and young people’s mental health and emotional development. Contributions to the report included over 1,000 pieces of written evidence, alongside testimony from relevant professionals in education, health and social care, as well as academics, representatives of voluntary sector agencies, parents and young people themselves.

A key finding of the report was the importance of early intervention and the role of families, schools, primary health care and voluntary agencies in increasing resilience to mental health problems in childhood and adolescence. Bright Futures also identified four groups of children and young people who were particularly vulnerable to developing mental health problems – those with emotional and behavioural problems; homeless young people; looked-after children; and young people in the youth justice system. Subsequent work arising from Bright Futures also established that a significant gap in service provision exists for young people between the ages of 16 and 25 years, and their views were heard in the report Turned Upside Down (Mental Health Foundation, 2001).

One of the key findings of Turned Upside Down was that neither children’s nor adult services were equipped to provide adequate care for young people going through the transition from childhood to adulthood. The implication of this finding is that by the time a young person is identified by adult services, they may have already developed severe and enduring mental health problems, which could have been prevented or reduced if managed sooner. The 45 young people involved in the project made a number of suggestions concerning this issue and argued strongly that the involvement of service users and ex-users in developing and running services would go some way in helping to create services that are more appropriate to their specific needs. They also emphasised the benefit of peer support – service users or ex-users of services can befriend, advise and support young people in crisis.
A number of key themes run across all the projects supported by the Foundation in this area. These include:

- **The need for a holistic approach**
  A broad consensus emerged from these research projects advocating a preventative/early intervention, holistic approach to mental health and emotional wellbeing.

- **Better inter-agency working**
  Bright Futures revealed that some young people were in contact with several agencies, although without a specific problem that was serious enough to warrant action by any particular one. Alternatively, young people could be under the care of several agencies at once, dealing with many professionals, each overseeing different strands of their lives, which can be confusing, frustrating and isolating.

- **Young person participation in the way services are run and developed**
  Listening to what young people have to say about services is fundamental to developing new and existing services. As well as being a part of the Mental Health Foundation’s general policy to make service users central to the research process, the involvement of young people is also an attempt to counteract the wider lack of a young person’s voice in the development of services.

The Mental Health Foundation and Camelot Foundation’s national enquiry into self-harm among young people (2006) found that health, education and social care professionals were not receiving the training or guidance they needed to support young people who self-harm. The research shows that self-harm is related to underlying emotional or mental distress, and therefore a comprehensive self-harm strategy requires both a broad, generic focus on promoting positive wellbeing, and behaviour-specific information, training and intervention.
Experience in Mind
Mind in Brighton & Hove, and Hove YMCA
Project background, aims, methodology & limitations
Project background, aims, methodology & limitations

This report is the result of information gathered from the Mental Health Foundation’s project looking at services working with young people with mental health and emotional problems. The project had two phases: Youth Crisis I and Listen Up.

The first phase, Youth Crisis I

In 2002, the Mental Health Foundation (the ‘Foundation’) initiated the Youth Crisis Project. The first stage of the project, ‘Youth Crisis I’, was a two-year consultation project to find out from young people what they wanted from services when they were experiencing mental health problems. The consultation was hosted by four organisations: Mind in Brighton and Hove; Barnardo’s Marlborough Road Partnership in Cardiff; Streetwise in Newcastle; and the Glasgow office of the Mental Health Foundation. Almost 200 young people were consulted as part of Youth Crisis I, culminating in the creation of a ‘wish list’ for developing the ‘ideal’ mental health service for young people (see Appendix 1). Some of the key findings of Youth Crisis I included the need for: fast-track access to treatment and care; the opportunity for each young person to build a rapport with one person to guide them through services; greater sensitivity from service professionals in times of crisis; alternatives to medication; and preventative strategies and access to resources prior to crisis point.

The second phase, Listen Up

As a result of the Youth Crisis I consultation, the Foundation decided to set up a second phase of the project working with eight ‘partner sites’, voluntary organisations in the UK who were willing to develop their services in line with the ‘wish list.’ This part of the project began in 2004 and ran until September 2007. The main focus was on young people aged between 16 and 25, although age limits did vary from place to place.

This part of the project focused on exploring young people’s actual experiences of using services in greater depth. Participants were asked to explain what parts of the service they attended worked well for them, in terms of the environment of the service and the staff working there, and what they felt could be improved in services to better meet their needs.
They were asked to describe not only how they used the service, but why, and what prevented them from disengaging from it. They were also asked to compare the service they were using at the time to ones they were no longer attending.

We chose to rename this part of the project from Youth Crisis II to ‘Listen Up’, removing the term ‘crisis’, following feedback from young people. Young people may not be happy using the term ‘crisis’, as it can mean different things to different people and having a service based on ‘crisis’ could mean that young people on a pathway to crisis could be excluded from receiving support. The partner sites echoed the views of young people in not wanting to define young people or their services by the severity of the problems being experienced, but to see each young person as individual, and work with them according to their needs. All the services therefore worked not only with young people who might be deemed as being in crisis or at risk of crisis e.g. who were self-harming or had attempted to commit suicide, but also with young people who had a range of other mental health, emotional or social problems. In addition, young people had made clear in Youth Crisis I that they wanted a greater emphasis on prevention. Listen Up showed that the organisations were providing services which offered mental health promotion, prevention and, most frequently, early intervention – identifying problems in their early stages and working with the young person to stop this developing into a more major problem.

The eight partner sites were chosen because they were examples of positive practice (following an assessment by an expert panel) and because of their involvement with young people and their willingness to take responsive, creative and new approaches to their work. They became part of a positive practice group (PPG) that met quarterly to share ideas, knowledge and examples of positive practice. Each site was provided with a small amount of funding to help with the development of their service in line with the key needs identified by young people in the Youth Crisis I. The eight partner sites were:

- Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen
- Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove
- Community Links, Canning Town
- Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff
- Support @ The Junction, The Junction, Colchester
- The Market Place, Leeds
- Streetwise, Newcastle
- IceBreak, The Zone, Plymouth

Further details of each organisation are presented as case studies in Appendix 2.

**Aims**

This report looks at the work of eight voluntary organisations working with young people with mental health and emotional problems, to find out how these organisations work to ensure their services deliver what young people want, particularly as identified on the ‘wish list’. The report also aims to show, in a more general way, what the voluntary sector can offer.

There is no ‘one size fits all’ approach to providing services for young people; much will depend on local need and funding. The eight partner sites were diverse in terms of their size, geographic locations and organisational structures, but all were based in the community – often placed within or offering a generic service. Seven of the eight organisations provided services directly to young people needing support and information. The eighth, the Experience in Mind project run by Mind in Brighton and Hove and Hove YMCA, was set up to involve young people who had used mental health services in the creation and delivery of training to those who came in contact with young people with mental health problems such as
staff working in Child and Adolescent Mental Health Services (CAMHS) and colleges. All eight organisations work as part of a wider network of services for young people which includes CAMHS and other statutory services. The partner sites made clear that establishing and maintaining good working relationships with all other agencies is vital for improving services and working towards the provision of seamless support for young people.

There are a number of core principles in delivering services to young people that all eight partner sites agreed upon, including having an overall approach which is ‘person-centred’. This means putting the individual young person at the core of what services do, and looking at their needs in a holistic way. The report looks at how the eight sites achieved this approach and sets out the core principles. It is hoped that this will be of use to those commissioning and funding services for young people, as well as those working with young people or wishing to set up organisations for young people.

Fundamental to taking a young-person-centred approach is engaging and involving young people in service design and improvements. The report shows how the eight organisations achieved this, and what it means to young people.

**Methodology**

This project is based on a number of sources of information, as outlined in the rest of this section.

1. **Information gathered during Youth Crisis I**
   Youth Crisis I consisted of an in-depth consultation with almost 200 young people to find out what they wanted from services and, the ‘wish list’ they drew up is included as Appendix 1.

2. **Focus groups and interviews with young people in the project sites**
   The Foundation drew up questions to ask young people at the eight partner sites. The questions were developed in consultation with both a young person service user consultant at the Foundation, and with young people at the sites, to make sure the language used was clear and sensitive. Staff at the sites then selected young people (aged 16 to 25) who were currently using the service, or who had done in the past, to take part in the survey. The young people were asked if they wanted to take part, and, if so, when they would be available and whether they would prefer to be interviewed one-to-one, or as part of a group. Based on this information, staff at each site advised the Foundation on how to conduct the survey; focus groups were held at six of the sites, and face-to-face interviews at two.

**Ethics**

When the survey was undertaken, each project site already had its own ethical guidelines in place for group and one-to-one work with young people, and each site worked to its own guidelines for the survey, to ensure a consistent approach. However, the ethical guidelines were very similar in each site, and were broadly in line with the Foundation’s internal standards.

Each young person taking part was given a participant information sheet which stated the purpose of the study and what they would be doing as part of the survey, and was informed about the anonymity and confidentiality of any data collected, meeting data protection requirements. All the participants provided informed written consent to take part. A member of staff was on hand to provide support to manage any difficult emotions for any participant who had been affected by the focus group or interview. Participants were free to withdraw at any time.

**The focus group/interview process**

In total, 32 young people were interviewed, either as part of focus groups or one-to-one. Each focus group or interview lasted between 45 and 90 minutes.
Each young person was given a payment of £15 in recognition of their time and travel. The focus groups and interviews were largely arranged for the early evening, as this was the preferred time for the participants, and refreshments were provided.

All the focus groups and interviews were tape-recorded and transcribed, and the transcripts were sent to the young people at the project sites for verification before being used in the report. The transcripts have been quoted from throughout the report, and each participant is identified simply as ‘young person’, to maintain anonymity.

3. One-to-one interviews with staff at the project sites

In total, 31 staff from the project sites were interviewed, 14 in person and 17 by telephone. Most sites opted to divide the interview questions among different staff to avoid some staff members having to take on a much-increased workload, and so that the most appropriate staff member answered each question.

All interviews were tape-recorded, transcribed and sent to the project sites for verification before being included in the report. Anonymity was assured in the same way as for the young people’s interviews. The transcripts have been quoted from throughout the report, and each participant is identified simply as ‘project worker’, to maintain anonymity.

4. Data collected from the project sites

Each project site was asked to supply information on: the set up, structure and mission statement of the organisation; characteristics of the young people using the service such as their age, gender and why they were using the service; links with other agencies; and the local context, which included the catchment area for the service and gaps in service provision in the local community. This data provides a snapshot of the organisation.

Limitations

As discussed earlier, the eight organisations featured as project sites were considered as examples of positive practice. All sites used their own monitoring and evaluative procedures, as well as those required by their funders. Measuring the outcomes of the services was beyond the remit of this project, although some information on this was provided through the views of the young people who took part in the focus groups and interviews.
Community Links
Canning Town
What young people want from services
What young people want from services

“No matter what my progress was… I could take two steps forward and four steps back and they would say ‘OK, so let’s try a different approach this time and see what works’… I wasn’t made to feel bad.”

Young person

From the ‘wish list’ young people drew up during the first phase of the project, Youth Crisis I (see Appendix 1), and from interviews conducted with young people as part of the second phase of the project, Listen Up, four main key themes of what they wanted from a service emerged. These related to service environment; support to be free of discrimination; the need for a range of opportunities for engagement and personal development; and the need for services to practise holistically and offer a diverse range of support to meet young people’s mental health, emotional wellbeing and practical needs.

Service Environment

Friendly
The young people we spoke to said they valued services that encouraged a welcoming, relaxed and informal culture combined with a homely environment. They all thought that the attitude and approach of staff were very important in creating this atmosphere, and in achieving successful service provision and delivery.

“I felt really comfortable when I came here… it was such a happy place to be.”

Young person

Young people commented that something as simple as being offered a cup of tea and biscuits by a member of staff might seem a small gesture, but that it was typical of these services’ approach; it creates a sense of a ‘personal touch’ and encourages engagement with staff.

“I was apprehensive at first, but once you come it’s such a nice atmosphere it makes you want to come back.”

Young person

A friendly approach from staff can help to break down the initial barriers to young people communicating openly with staff when they first...
engage with a service, and encourage them to return to the service in future. The young people we spoke to felt that “friendly” staff, with “great personalities” typically create a warm and informal atmosphere. This makes them feel welcome and accepted, so it is easier for them to share their personal experiences and tackle the challenges they face.

Flexible

The interviewees also said flexibility in the way staff communicated was essential for staff to engage successfully with young people. This includes interacting in a light-hearted manner as well as on a more serious level. Young people said they specifically looked for staff who knew how to relate to them and understood their needs. Some individuals felt encouraged by working with staff who had experienced mental health problems themselves and who had a shared understanding of the challenges they faced.

“You walked into a room and it felt like they wanted you to be there… you weren’t… baggage.”

Young person

Case Study

“The whole communication thing is so important… like when I was in hospital I used to get so frustrated by being held down, that I used to spit on nurses, which I know isn’t good… but they just used to crowd over me and spit on me. When I used to retaliate, they used to kick me and then I used to hit them back. They just need to learn to deal with what they’re feeling as well as with what I am feeling… I think they need to understand how to communicate better with young people.”

Young person

Safe

A ‘safe space’ to talk about their problems without feeling pressured was also an important aspect of successful engagement. Young people were looking for the opportunity to talk to someone in confidence, with the security of knowing that information would not be passed on to teachers or parents.

“I needed someone to be there who understood and wasn’t going to, like, run away or tell everyone. Just someone who was going to be there and that was their only purpose.”

Young person

The young people said they wanted staff to be willing ‘to go that extra mile’, both being flexible with times and locations of meetings, and with the type of approach they would take, changing it depending on the individual’s preferences. For young people, this demonstrated the level of commitment the staff members had to supporting their needs.

“They put their own time aside just to help you out with your own problems.”

Young person

Many described how, at other services, they had experienced professionals ‘clock watching’ and being restricted to rigid time slots. This had prevented them from building up a trusting relationship with their keyworker. While the young people appreciated that professionals might need to apply some time boundaries, they believed this could be managed more sensitively to prevent a sense that the professional is uninterested and distracted by their busy schedule. Many wanted to have the time to get to know staff informally, and then deal with the challenges they faced at a manageable pace.

“You can come in and chat to staff on an informal, relaxed basis… I was just pleased to talk to someone without them butting in and correcting me… that’s how I built up trust.”

Young person
Support, free from discrimination

Non-judgemental
The young people also wanted staff to be genuinely interested in listening to them, and to be non-judgemental. They all valued staff who were not too intrusive and who understood that young people might need time and space to feel comfortable with discussing why they were attending the service and with disclosing personal information.

“They don’t judge you, it’s not like they’re trying to figure out why you’re there… you can just sit and you get offered a drink as well. It’s informal.”

Young person

Respect and equality
The interviewees also said that services should be founded on a basis of respect for all young people, regardless of their issues or perspectives, and ensure their equal status as individuals.

“Being equal rather than someone above trying to sort out someone lower than them.”

Young person

The young people felt that services should foster and promote greater equality between young people and service staff, as opposed to drawing distinct boundaries between them. This was seen as an important factor in establishing trust and successfully engaging individuals. Young people frequently felt they were not respected or treated as equal individuals by professionals within statutory services. This was typically due to the environment, the approach taken by staff, and the procedures being too rigid and formal.

“You might walk into their office, they might have a really high desk and be sat really far back and you might have a tiny chair that’s like at the other end of the room.”

Young person

Opportunities for self-discovery

On entering a service, the majority of young people said they felt the need to have the time, space and support to engage with staff on a ‘journey of self-discovery’. Young people required help from staff to gain an objective perspective on the challenges they faced in their lives. They valued help from staff in identifying their specific needs and exploring the options on offer to meet those needs. This provides young people with a sense of direction, helps them to find resolutions to issues, and helps them plan for their future development. Young people felt that this journey of self discovery is best engaged through the development of their person-centred care plan.

“I was seeking for a sense of self-discovery.”

Young person

Opportunities to escape, have fun and be creative

Young people interviewed said they were seeking a sanctuary to escape to, from the challenges they faced in their lives. Some said that to begin with they did not want support with their emotional wellbeing or mental health problems, but just a place to go to after school or during the day as a break away from their isolated and stressful home life.

All young people said that services should offer a fun and creative element to their support and care. They recommended that this should take the form of participation through a youth advisory board (see Chapter 7), as well as organised activities at the service such as art, music, drama, games or group day trips. Young people said that having a structure to their day was crucial in supporting their recovery.

“If you don’t go to college or get a job, you just get depressed… You need something else to think about.”

Young person
A small handful of young people who had spent time on an inpatient ward said how much they valued the rare opportunity to engage in a fun and creative group run by an external voluntary sector organisation. This group encouraged young people to look forward to engaging with voluntary community-based services on their discharge from inpatient care. This also acted as a way of preparing young people for their return into the community.

“[It was] a bit of fun because the inpatient unit was really intense and it’s nice to be able to go to a group where you didn’t have to talk about issues and problems, and just have a laugh.”

Young person

Opportunities to build friendships with peers

Being involved in various group activities can offer the opportunity for the young people to make friends with people of similar ages. Young people who had had these opportunities valued being able to socialise with their peers, because it helped them build a social network, which many individuals had previously lacked. Some young people said group activities had helped them overcome various challenges in their lives. Many said they had continued to socialise with peers from the groups outside of the service, and some had become their closest friends.

“A nice break and escape and a distraction because it was just so fun and you got to know the other young people better.”

Young person

Some of the young people we spoke to suggested that it would be valuable for the mental health service to operate a ‘buddying’ scheme, whereby young people with experience of using the mental health system could support other young people and provide advice and information. This would include advice on which services might meet their needs and how to access them, as well as support with using these services. All young people said that being with other young people who had had similar experiences and were on the road to recovery could be reassuring, inspiring and a positive encouragement for them to work on their own recovery.
Opportunities to build self-confidence and esteem, gain experience and develop skills

Young people said they were looking for services to help build their confidence and self esteem. Many wanted not only to increase their confidence in order to be able to socialise more and communicate with others, but also to build and develop coping strategies and life skills that would be transferable to their education or career. The significant number of individuals who gained in confidence through using the services cited this to be, in part, a result of engaging in successful professional relationships with staff and with peers through various group and one-to-one activities. Through these interactions, young people were encouraged to draw on a range of emotional, social, cognitive and creative skills, thus developing their range of personal skills, which were then transferable to other social, education and work settings.

Holistic and diverse range of support and advice

Support with mental health and emotional wellbeing needs

Young people said that they needed a wide range of care, support, advice and information to meet their mental health and emotional wellbeing needs. They stressed that young people have diverse needs – as one young person put it, “everyone’s different” – and these needs may change over time, so services need to be flexible and adapt to these changes to support young people fully. Young people felt that more services needed to practice holistically, and incorporate a multidisciplinary team which could offer not only specialist mental health support, but also generic emotional wellbeing support. They said they wanted to be seen as “individuals, and not a collection of symptoms”.

Young people said that the road to recovery is about enabling them to maintain stability and consistency in their lives, by striking a balance between their mental health and emotional wellbeing, and equipping them with the skills and strategies to do this. This requires services to focus on improving all aspects of young people’s lives:

“To understand that it’s not all about mental health… that you are a person and you’ve got likes and dislikes and you have interests and goals and I don’t wanna be a mental health patient all my life.”

Young person

Young people cited the main issues they wanted support with and advice on as: sexual health; finance; housing; education and career development; and, in some cases, how to be a good parent and meet the needs of their dependants.

Support with practical issues

Some young people were experiencing a period of homelessness, and said statutory sector staff and others were not providing sufficient support to them with approaching the housing and benefits services. They said some staff in the housing and benefits services were unhelpful and lacked understanding of their needs, and that, in some cases, it was difficult to access accurate information. The young people felt that financial support and advice from mental health services would be exceptionally valuable, particularly to help those who are trying to be re-housed or are experiencing difficulties accessing money for basic needs such as food.

“Young people have to know the homeless legislation and your rights to get any help.”

Young person

Young people said they often felt ‘trapped’ within the benefits and housing system. They found statutory systems to be very confusing and discovered that they can sometimes even make it more difficult for a young person to work or go to college.
The young people interviewed understood and appreciated the fact that one service could not meet all their needs, so they felt that ‘signposting’ to help them know what other services might meet their needs, and helping them access those services, were essential, as well as providing accurate, up-to-date, friendly, and understandable information on a range of issues.

“It is hard to know where to go… You don’t know where to start or how to get help… There should be more information out there.”

Young person

Finally, young people wanted to be made more aware of the support and information on offer from a range of services, so that they could access services at an earlier stage. It was felt that services had to be carefully targeted and focused, with a clear purpose, so that young people did not get confused and could decide for themselves which service would meet their specific needs.

“Most of the time some services don’t even know what they’re there for.”

Young person

Case Study

“If you’re not living with your parents and you’re 18 and on income support, you can’t go to college because you’ll lose your benefits, unless it’s 16 hours a week and it’s hard to find a course within those hours. You want to get a job but you get a dead-end job, so you want to go to college to get a better job, and they’re saying, ‘Well, we can’t support you.’ You have to think about everything you do. You want to come off the benefits, but they don’t give you the opportunity… you panic that you’ll lose your house and all your income if you try to go into college or get a job…”

Young person
The partner sites’ experience of what works
In February 2006, a two-day facilitated workshop was held with the eight partner sites to explore and share knowledge of what did and did not work in delivering services for young people aged 16–25 who were experiencing mental health and emotional problems. The individual services had developed their own approaches based on what worked best for them, and the workshop revealed that these approaches had a number of key elements in common. This led to the development of a shared statement (see left) and a set of 16 core principles – what works well for all the organisations.

Not all of these principles will apply to every service that is being provided for young people experiencing mental health or emotional problems. For example, self-referral may not be appropriate for some specialist services, particularly those in the statutory sector. However, this statement and set of principles are a starting point for both setting up new services and developing existing ones.

The rest of this report is divided into sections which encompass the main themes of these shared principles, and of what young people said they wanted from services (see chapter 3 and appendix 1) – the provision of a choice-based, accessible service which supports young people in a holistic way through all stages of their need and which involves them in service development.

Shared Core Principles

01 The organisation should make their service readily available and accessible by offering immediate support, different paths for referral including self-referral, and providing a range of ways that young people can contact the service (text messaging, e-mail, telephone, face to face).

02 Where possible, services should be provided within the community, helping to reduce stigma and improve access.
03 The organisation should provide a professional service whilst at the same time putting young people at ease by creating an informal ambience. This can be done through use of language, not having rigid timetables, casual dress, décor etc.

04 Young people should be provided with a choice of both the type of support they receive and the level of approach such as whether they want advice and a listening ear or require regular counselling sessions. The pace and level of the work should be led by the young person.

05 The organisation should be responsive to both a young person’s immediate and longer-term needs. The organisation should provide a range of services that are focused on the recovery process and staff should reassure young people that support will be continued through the recovery process, not just in times of crisis.

06 Young people should be prepared and supported in moving on from the service whether this is into independent living or referral/signposting to on to different services.

07 The organisation should consider young people’s basic practical needs, such as food, housing, personal finances, benefits etc. as part of a holistic approach. This may be through offering direct help with these, help with access to other services or signposting young people to places where they can receive that help.

08 The organisation should be socially inclusive, identifying the needs of all young people within the community and working to meet those needs.

09 The organisation should have a clearly defined ethos that all staff and young people are made aware of either verbally or in writing. This ethos should underpin the entire organisation’s work including that with outside agencies.

10 The promotion of physical and mental health and emotional wellbeing should be at the core of the organisation’s work with young people.

11 Decision making processes in the organisation should be transparent. Where possible young people should be involved in decision making such as on the design and décor of the service and setting ‘rules and ‘boundaries’ for how they and other young people use the service.

12 All policies including confidentiality and complaints procedures should be well-defined and explained to young people who attend the service.

13 Staff in the organisation should form an effective multidisciplinary team, having a range of different and appropriate skills and should be trained specifically to work with young people.

14 Staff should be valued, invested in through supervision, training and development and encouraged to participate in the service’s development.

15 The organisation should have a creative and qualitative means of gathering evidence, including listening to and consulting with young people, in order to help reflect on what it is doing, to identify any gaps in service, and to learn how to improve the service in the future.

16 The organisation should seek actively to establish and maintain working relationships with outside agencies in order to: improve knowledge and information sharing and; aim towards the provision of seamless support for young people.
Support @ The Junction
The Junction, Colchester
Delivering a successful service: Providing choice
Delivering a successful service: Providing choice

Choice is at the core of the person-centred and holistic services offered by the eight organisations involved in this project; a young person should be able to choose not only the type of care and support they receive but also his or her keyworker.

Choice of care and support

The organisations in the project offered a very wide range of choice in terms of the type of care and support offered. Below are some examples of the types of support offered. This is not a definitive list but gives the main areas.

Drop-ins, one-to-one support, therapies and group work

Five of the organisations offered a formal drop-in whereby young people could turn up without appointments and be provided with emotional and/or practical support.

“The drop-in service supports clients with complex needs and experiencing crisis and where maintaining regular appointments can be difficult. This facility is regarded to be equally as valuable as the more formal appointment-based counselling service.”

Project worker, The Market Place, Leeds

“I’ve been advised and guided and it’s been brilliant, and when I found out there was a drop-in service that was an added bonus.”

Young person

One-to-one support is offered to young people by all the partner sites. This support may include help with life skills, discussing care options such as group work and counselling, looking at certain situations and how the young person can cope with those, and discussing progress with the young person. There is not a fixed format and the sessions will be guided by the young person and the staff member.

Talking therapy was offered by all the services in this project. Most offered counselling, and Aberdeen Foyer offered cognitive behavioural therapy (CBT). As well as being offered on the premises, some organisations were able to offer counselling in young people’s homes, another suitable environment or within schools.

Case Study

Streetwise in Newcastle offers counselling in two large secondary schools, open to any young person aged 13 or above. This is funded by Connexions, the national service for young people aged 13-19. Sessions, lasting between 50 minutes and an hour, take place on school premises in term-time and on Streetwise premises out of term time. Since September 2004, over 1,100 sessions have been offered.

Referrals are made by school staff, parents, GPs, social services, child and adolescent mental health services (CAMHS). Young people can also refer themselves. The main issues arising are bullying, alcohol and relationships.
In addition to counselling, the services offered other therapies such as formal art therapy and other opportunities for creativity. Some organisations were able to offer more specialised help, such as Aberdeen Foyer which uses imagery with some young people.

Group work is an important element of these organisations’ work and was offered by all the services. The types of groups offered were determined by local need and in consultation with young people.

Case Study

“We offer a technique which helps young people to develop a compassionate mind set [towards self]. Some clients have not experienced a sense of feeling loved when growing up, due to emotional neglect or a hostile environment. This may result in an individual lacking in ‘self-soothing’ abilities, thus influencing the development of coping strategies such as self-harm and substance misuse.

“Using compassionate imagery techniques can be one way to help individuals become more aware a self-soothing experience. This can also assist in the reframing of distressing self-critical thoughts, offering new insights and perspectives on current or past difficulties.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

Case Study

The Zone in Plymouth has early intervention services in both personality disorder and psychosis. The Zone has set up a variety of group programmes open to a range of young people, such as emotional literacy, a women’s group, a football group and others. These groups enable young people with serious mental health problems who attend one of the early intervention services to join with other young people.

This not only helps to ensure social inclusion for these young people, but also provides an informal ‘step-down,’ when young people no longer need an intensive service but still require some support.

Practical support

All the partner sites recognised the importance of practical support for young people using the service. For instance, IceBreak, The Zone, Plymouth, offered young people the option to have a member of staff accompany them to the supermarket for the weekly shop, and the Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff supported a young person through a court case.
Practical support can also take the form of directing or signposting young people to other appropriate agencies that can support them. The services did this verbally, via leaflets and written information or by providing access to phones. Young people across the organisations emphasised how valuable this information could be in meeting the full spectrum of their needs and how much they valued the knowledge of staff at the services.

Case Study

The Youth Employment Project was designed to support young people aged 16 to 25 experiencing mental health problems, into education, training or employment. This included support in life skills and therapeutic input where required.

“We believe in having services that focus on employment, housing, education, and that includes personal development programmes and access to support and counselling.”

Project worker, Community Links, Canning Town

Complementary therapies

Two of the organisations involved in the project, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen and Support @ the Junction, The Junction, Colchester, took up the specific call from Youth Crisis I for choice to be opened out to include complementary therapies (see the wish list for services in Appendix 1). In addition, staff at Streetwise, Newcastle were, at the time of going to press, receiving training in auricular (ear) acupuncture with the view to offering this to young people in the near future.

“It is important to be flexible and take risks in trying out new ideas, such as yoga groups, whilst also evaluating all new practice to ensure that it is effective.”

Project worker, Support @ The Junction, The Junction, Colchester

Funding from the Mental Health Foundation was used by Aberdeen to fund a range of therapies such as shiatsu, Reiki, Indian head massage and acupuncture. These were found to be very popular and not only helped in times of crisis but acted as a form of early intervention too:

“these are… offered to clients at any stage of their stay. This service can be used when young people detect early warning signs of/or to reduce further deterioration.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

These complementary therapies were provided so that young people could have a choice, and either opt for something less conventional than, for instance, counselling, or have the complementary therapies in addition to more conventional therapies. Young people explained that having different types of support brought them into contact with more people, helped them to form relationships and build trust, and provided them with a wider range of support mechanisms.
Support @ The Junction offered regular aromatherapy sessions to young people; ‘family relaxation’ classes, which involved relaxation techniques and yoga; and a drumming workshop. Young people commented that aromatherapy in particular had helped to alleviate anger and stress. However, staff noted that young people did not always attend sessions that they had signed up for and said that it would be useful in the future to evaluate with young people why this was. Staff at Support @ The Junction found that once young people were engaged with the aromatherapist they often came along regularly. Those that attended the appointments were asked to evaluate their experience at the end and they reported that they found it a useful way to relax and learn relaxation skills.

“It is a useful form of health promotion, even early intervention.”

Project worker, Support @ The Junction, The Junction, Colchester

Socialising and fun activities

All the services in the project recognised the need to work with young people in a range of ways.

“Our desire to respond to the basics of life such as food, warmth, play etc. can be interpreted as simplistic and not meeting the clinical needs of the young person… but we know providing these are as important to the young person and their development as the therapeutic intervention they will also receive.”

Project worker, Community Links, Canning Town

The Marlborough Road Project in Cardiff used play and fun in their approach as they had found this to be an important way of engaging young people. Young people were clear on how having ‘fun’ opportunities had been able to help them. One young person told us how this had enabled them to change their perspective on a pattern of behaviour:

“It’s really helped to go to social activities like playing pool in the pub… It made me realise I can go to the pub and enjoy myself without getting messed up with drink – it’s a big shift for me.”

Young person

Case Study

“The project is highly successful in engaging young people in unusual and creative ways that do not place focus on reiterating to the young person that they are unwell. Service users who are in contact with many professionals from different agencies have often become blasé about services and this approach can be useful in winning back their attention.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

In March 2007, the project held a ‘fun’ day for 30 young people. A range of activities were offered including yoga, making fruit smoothies, playing drums, making cards and others. By having fun it is hoped that the young people will feel more relaxed about returning to the service and that trust will begin to build with the staff.
Another spoke of how important the option of having fun was to them:

“If you want to have a jokey day and escape all your problems and have a bit of fun you can do that… but if you just really need to talk you can do that as well.”

Young person

Young people’s say
Young people using the services at these organisations were encouraged by their keyworker to express their opinions and preferences about the care and support they received and were supported to take an active role in making these decisions.

To help them make these decisions, the organisations presented to each young person the range of care and support the organisation could offer them, talked through the pros and cons of each type of care and support, and provided guidance as to which approach or approaches might best meet their needs. The young person then had the final choice of what care or support they would receive.

“Individuals are encouraged to try a range of approaches if they wish until finding an option which best meets their needs.”

Project worker, Streetwise, Newcastle

The young person’s progress was monitored by their keyworker on a regular basis. If they felt the care and support they were receiving was not meeting their needs, they could renegotiate their care plan with their keyworker. For all young people, having a say in their care and support was a very empowering and positive experience.

Even so, choice is not without difficulties, as young people may not be used to making decisions about their support and care or about their lives in general. They reported that having choice could be overwhelming and they were frightened of making the wrong decision. Some reported that they had only used statutory services before, where choice and their power to influence their care had been very limited, so the culture of choice was somewhat alien to them at first.

Other young people reported that it took time to feel comfortable in expressing preferences and openly saying that they were unhappy with their support and wished to try alternatives. One said they had just decided to “grin and bear it in case workers say they won’t help you”.

Choice of keyworkers
Each organisation involved in this project acknowledged that young people might respond differently to different workers, according to their own personal preferences.

“Staff recognise clients will naturally form better relationships with some workers more than others and accept that young people’s perspectives must be considered carefully when or if they express any concerns or preferences in reference to their keyworker.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

If at any point a young person felt they would benefit from changing to a different keyworker, they were provided with the opportunity to explore the reasons for this further. These requests were always handled with care:

“Considering the difficulties that the client group often have in forming and maintaining relationships, the project is wary of changing care co-ordinators too readily. The reasons behind the young person’s preferences and issues are carefully considered, and, if it may be beneficial to the young person, staff will work with them to try to overcome the barriers.”

Project worker, Icebreak, The Zone, Plymouth
Each project had its own process for dealing with a young person’s request to change keyworker. However, they all followed the same basic pattern. Firstly, a member of staff consulted with the young person as to why they felt their relationship with their current keyworker was not meeting their needs, and then worked with them to explore ways to resolve these issues. Finally, if the young person and their keyworker felt they could not resolve the issues, the young person was provided with the opportunity to change keyworkers.

“You don’t feel like you’re upsetting anyone by saying you don’t want to speak to them.”

Young person

Young people said that staff made this process feel safe and comfortable, and they were re-assured that it would not hinder the support they received in any way. Overall, young people felt that they had very positive and beneficial relationships with their keyworkers and other staff at the services. Three stated that they had to change their keyworker, and in two cases it was due to a preference in support styles used by the keyworkers.

Case Study

One young person at Aberdeen Foyer, Aberdeen described her relationship with their first keyworker as very positive. Unfortunately, the keyworker left the project to go on a training course and the young person had to be allocated a new keyworker. The young person didn’t find the new keyworker’s approach to be helpful to them and felt it would not be beneficial to continue. They were able to discuss the problem with one of the other workers without any problem or prejudice. The young person was soon allocated another keyworker, and this proved successful.

“They don’t make you feel bad for wanting to change workers … they just understand.”
The Market Place
Leeds
Delivering a successful service: Providing accessible services
Delivering a successful service: Providing accessible services

One of the most important elements of the services offered by the partner sites was their accessibility to young people. The organisations offered very different services and approached the accessibility issue in different ways, but all sought to offer fast and easy access to their services.

How young people heard about the organisations

Many young people heard about the organisations through word of mouth such as friends or family; often, young people feel more encouraged and reassured to access a service when it is recommended through their peers.

The organisations also undertook some advertising. Distributing leaflets and posters was the most common method, and these were most often placed in GP practices, schools, colleges and community centres.

The organisations also raised awareness of their services through other channels, such as through campaigning, or having meetings or open days and inviting professionals from other agencies to give them information about the organisation's services. Some organisations also visited schools to inform staff and pupils about their work. Community Links service in Canning Town ran the ‘Teenage Health Project’, which worked with schools:

“When Community Links runs presentations in schools, workers use these opportunities to educate young people and raise awareness of what emotional wellbeing means. This aims to help young people to understand their physical, social and mental health needs and the close relationship between all those.”

Project worker, Community Links, Canning Town

All the organisations had websites which provided contact details and information on the type of service available, written in language designed to be accessible to young people.

Young people also heard about the service through other professionals such as GPs, social workers, youth workers, teachers etc. and from other services who may formally refer the young person onto the service or informally suggest that they contact the service.
Being socially inclusive

Staff were asked if they worked to ensure that the services were equally accessible to all young people, including those from black and minority ethnic groups (BME); lesbian, gay, bisexual and transsexual (LGBT) young people; refugees and asylum seekers; drug and alcohol users; and homeless people.

It is mandatory for all public sector organisations such as the NHS and those that take public funds in other sectors to record and monitor ethnicity. This is to ensure that young people from all ethnic groups are equally able to access the services; where a particular group or groups is under-represented, the organisation can then look at undertaking more targeted work. Recording of ethnicity was carried out by all but one organisation in the project, although this was a priority for review by that organisation. Organisations then need to obtain local data to see if the breakdown of people accessing the service matches the ethnic make-up of the local area. This data can largely be accessed through local authority websites or via the Office for National Statistics (ONS).

It was not clear from the data collected and staff interviews how many organisations in this project were making the comparison. It should be noted that the data from local authorities and ONS can be several years out of date, because it is typically based on the most recent census (at the time of going to press, this was 2001), and there are particular difficulties in obtaining data regarding the arrival of new Eastern European migrants into different localities. This can mean that organisations were reliant on word-of-mouth and local networks to gain a sense of local population changes and therefore to ascertain whether they were meeting the needs of all young people in their catchment area. This can be time-consuming, particularly for smaller organisations with low staff numbers, and those networks may not be available in all locations.

Streetwise in Newcastle carried out a significant amount of work on ensuring socially inclusive practice. They developed a strong monitoring system and were therefore able to check whether certain groups of young people were not accessing parts of their service; if so, staff could then take action to remedy this.

Case Study

“Streetwise liaise with local projects that specialise in dealing with particular groups of young people such as young gay men or BME young people in order to ensure that there is not a gap in local service provision.”

“The numbers of young people from BME groups accessing the project has recently been greatly increased by the establishment of the social group designed to attract young people from these groups.”

Project worker, Streetwise, Newcastle

Community Links in Canning Town is based in one of the most ethnically diverse communities in the UK and they took a different approach in meeting the needs of young people from groups which were harder to reach:

“Whilst workers recognise that some groups of young people have specific needs, the projects do not have specific projects or group work for particular groups and meet client’s needs through an integrated and holistic approach.”

Project worker, Community Links, Canning Town

The way that organisations decide to tackle the issue of how to approach working with young people from specific groups is an area becoming increasingly under the spotlight:
A current debate within the project is whether to begin to offer some more specific groups to cater for clients who will only access groups that are smaller and consist of young people with similar experiences.

Project worker, Icebreak, The Zone, Plymouth

It is important to state that although some of these organisations recognise that their current monitoring needs enhancing, they nevertheless all share a socially inclusive approach which is exemplified in a statement by a project worker in Brighton and Hove:

“… successful service accessibility is dependent on implementing a policy which respects equal opportunity, inclusiveness and diversity.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove

Monitoring sexuality is a more complex issue, as the people accessing some of the organisations can be as young as 11 years old. It may also not be appropriate to ask a young person about their sexuality when they first come to access the service, but once trust has been built then this may be discussed. The Market Place in Leeds is taking this on as an area for review.

Other groups that are supported by these organisations include care leavers, refugees, those with alcohol and drug problems and young offenders and others.

“Many young people are within the typical high-risk groups who fall through the gap of mainstream services.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

“Recently it was noted that there were no counselling services in Newcastle catering for young unaccompanied asylum seekers and refugees, so the Streetwise service has been promoted specifically in those communities.”

Project worker, Streetwise, Newcastle

Keeping the doors open to a range of young people without setting up too many restrictions and criteria was important to these organisations.

“The holistic approach of the service means projecting an image that the Market Place is not specifically focusing on young people with serious mental health problems, but is built on the belief that ALL young people need to feel safe, secure and content.”

Project worker, The Market Place, Leeds

This approach can be particularly important for some young people who may not be able to express or understand their feelings easily. One young person stated how they had felt initially when going to the service:

“I just came here because it was a kind of relief after school to relax before I went home.”

Young person

Allowing young people to access the service in this inclusive way means that they can access different kinds of support when they need it – after a period of time, the young person quoted above was able to turn to the service for the emotional support that they needed. In the situation where a service was unable to directly meet the needs of a young person, they would be signposted on to other services or referred somewhere else.

Ways of getting in touch

All the organisations provided a range of ways for young people to make contact. Initially, this may be through a phone call to a helpline or by calling in to the premises. The organisations were keen to embrace newer technologies and most also used text messaging, with three also using e-mail as additional ways to keep in touch. Although only some offered a drop-in facility, the others did allow young people to call in.
Fitting in with young people’s lives

The organisations aimed to be as accommodating as possible, and recognised that young people had other commitments such as school, college and work. They also recognised that young people may feel initially intimidated by a service and that there was therefore a risk of the young person not engaging with the service.

The participants in Youth Crisis I stressed the need for services that provided out-of-hours help (see wish list for services at Appendix 1). The interviews with staff during the Listen Up phase of the research revealed that the amount of out-of-hours help available was often restricted by resources. Some services also found that there was insufficient local need for these services; for example, Streetwise in Newcastle found there was little uptake in the counselling service offered on Saturdays.

Groups are run in the evenings – the service mostly operates out-of-hours, allowing young people at attend after school or work. Staff are used to working unsocial hours.”

Project worker, Support @ The Junction, The Junction, Colchester
There was considerable variation in opening hours and out-of-hours services at each organisation, but all offer evening work with young people. Some organisations were able to offer greater out-of-hours support, sometimes depending on need:

“An out-of-hours telephone service is provided so that those who are at high risk can contact the project at any time.”

Project worker, IceBreak, The Zone, Plymouth

“If there is a major issue in the life of the young person, staff will ring them in the evenings, and in extreme circumstances staff will leave their mobiles on so that the young person can contact them.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

**Fast access**

The seven partner sites which provided services directly to young people who needed support (Experience in Mind in Brighton and Hove provided training) were asked for specific details on how easy it was for young people to access their services, and how quickly they could do so. In terms of location, all seven organisations stated that they were easily accessible for all or most of their catchment area.

The average waiting time from referral to initial assessment/appointment was more varied. One organisation was able to offer this on the same day. Four organisations offered this within two weeks, one within three weeks and one within four weeks. In addition, some organisations had drop-in services that could be used during the waiting time.

All seven organisations were able to provide a fast-track service for young people who were deemed to be in a state of crisis or urgent need for help. In each case, this was for more than just a one-off appointment, and usually included full access to the service or a longer-term interim service such as in The Market Place.

**Case Study**

“There is a fast-access service available for any young person a worker may be particularly concerned about, for example, those having suicidal thoughts, those who have attempted suicide or are otherwise particularly vulnerable.

“Young people can be offered four counselling sessions to start almost immediately, that can be used to help the young person create strategies for coping whilst they are waiting for long-term counselling.”

Project worker, The Market Place, Leeds

**Managing numbers**

Although all the organisations were able to offer a fast-track service for those in urgent need, there was the need for waiting lists in some places for non-urgent access. This was due not only to the volume of young people trying to access the services, as IceBreak in Plymouth found:

“As the project has progressed, the clients accessing the service have had increasingly high levels of needs, with around three-quarters of young people presenting with self-harm or suicide.”

Project worker, IceBreak, The Zone, Plymouth

This has necessitated a process of assessing and prioritising young people by need, but to date this has not led to any real difficulties.

This approach is also taken by the Market Place in Leeds, which had seen an increase in the number of young people wanting to use the service:
“Young people are assessed and if their problem is not critical or life-threatening then they go on a waiting list… the drop-in service can also act as a buffer while waiting to be allocated to the counselling service.”

Project worker, The Market Place, Leeds

The Caterpillar Service in Cardiff had devised a plan for managing workload which worked well for their service:

“Rather than all workers being allocated a certain number of young people, all staff members have the same number of contacts over a weekly period. So, a worker who is dealing with a young person with a high level of needs would see fewer young people.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Overall, the size of the organisation and its premises, staff numbers and funding (particularly a lack of sustainable funding) all had a strong impact in future plans and the ways that the services could expand to meet service demands. As a result of those constraints, some of the organisations stated that they did not wish to over-promote their services, as they would not be able to provide the current level of accessibility if they had more young people wanting to use their services.
Streetwise
Newcastle
Delivering a successful service: Providing support at all stages
Delivering a successful service: Providing support at all stages

The participants in Youth Crisis I said they wanted more preventative and early intervention service provision to help them find ways to avoid developing more severe problems, as well as greater sensitivity to their needs when they were in serious difficulty.

**All stages of need**

All eight partner sites adopted an ethos of patient choice, giving young people a choice of support through all stages of their engagement with the service, from a one-off drop-in session, to long-term counselling, and encompassing health promotion, prevention and early intervention, as well as intensive support for those in severe difficulty. All these forms of support are intrinsically linked to one another as part of a person-centred and holistic approach. For example, a young person may be having intensive counselling to help them through a time of emotional crisis but also be receiving support and advice to prevent a housing situation from getting worse – all as part of the whole package offered by an organisation.

"I was surprised at the wide range of things in your life that’s covered, like finance, housing, eating disorders, self-harm and suicide… In the past, although I had good treatment in other places, you can’t just treat one thing. The eating disorder, self-harm and depression and all comes together. IceBreak [The Zone, Plymouth] has achieved that… you’re not a statistic. You’re treated like an individual."

Young person

Young people may initially contact one of the organisations for advice on housing or contraception, and only once they have engaged with the service ask for help with an emotional or mental health problem. One young person said they had started attending a service because it was somewhere "to hang out with friends", and only later had they been able to access the emotional support they needed:

"One day, I let my emotions out and one of the personal advisors was there and heard what I had to say, and we started having meetings, and that’s how she got around to helping me."

Young person

All of the organisations also placed considerable importance on helping the young people using their service in their transition from the organisation, perhaps because the person has reached the upper age limit, no longer requires support or needs support from elsewhere.

**Health promotion**

The promotion of good physical health, mental health and emotional wellbeing is essential to the work of all the organisations. Different approaches to health promotion were taken by each project site and included:

- drug and alcohol awareness initiatives;
- smoking cessation initiatives;
- sexual health support and advice (e.g. offering free condoms, contraceptive advice and Chlamydia testing);
- information to educate young people and raise awareness of mental health and wellbeing, including self-help and other young-person-friendly materials;
- complementary therapies such as aromatherapy and acupuncture to help relieve stress and tension.

Offering different types of health promotion facilities can help engage young people in a service before they experience a crisis. Staff working in the organisations involved the project felt that it could provide an opportunity for the young person to learn about and assess the organisation, what it offers and the people working in it, so the young person can build trust with the organisation:
“… when young people access the service, often initially for condoms, they are also fully informed of all other aspects of the project.”

Project worker, Streetwise, Newcastle

Prevention and early intervention

The project sites considered prevention in terms of either stopping a situation, such as a mental health crisis, from happening in the first place, or preventing a situation from happening again or getting worse. Many of the approaches offered by the project sites aid both these types of prevention:

“CBT [cognitive behavioural therapy] aims to help young people develop helpful thinking patterns and show how these may influence emotional and coping responses in future difficulties.”

Project worker, Aberdeen Foyer, Aberdeen

Some of the prevention work carried out by the organisations did not have a specific mental health focus, but took the form of practical support, helping young people to develop a range of life skills and coping strategies.

“A young person might, for instance, want someone to accompany them on the bus to college for two weeks while they learn the route, or come shopping with them to find clothes that are trendy and yet cover scars caused by self-harm.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Early intervention is a term often used to describe working with young people aged 14 to 35 who are presenting with symptoms of psychosis (DH, 2001) and The Zone in Plymouth had a specific early intervention in psychosis programme (Insight). This concept of providing support at the early stages of problems was used by all the organisations, including The Zone, to help not just with psychosis but with a wide range of emotional and mental health problems.

Case Study

Icebreak at The Zone in Plymouth is the only service in the country for young people with emerging personality disorder.

“Icebreak is designed as an ‘early intervention/preventative’ project… The aim is to work to prevent young people from either developing the label of personality disorder, or, if they have been given that label, to prevent them from developing secondary problems associated with the stigma and social exclusion that often accompanies a diagnosis of personality disorder.”

(Project worker, IceBreak, The Zone, Plymouth)

The project has an official partnership with Plymouth Primary Care Trust (PCT) and currently sees approximately 90 young people. Another unique aspect of this project is that the trust staff are seconded in to work with staff at the Zone, so the service is based in a youth organisation rather than in a statutory mental health service.

“Through interaction in settings such as schools and youth clubs, Community Links are able to engage young people before they reach the point of crisis and require specialist mental health services – thus providing an opportunity for early intervention.”

Project worker, Community Links, Canning Town
The emphasis is on supporting the young people to gain the skills to improve their life, and part of this process involves the young people defining what ‘getting worse’ would involve – in a sense, defining what it is they wish to prevent.”

Project worker, The Market Place, Leeds

**Sensitivity to young people in distress**

**Part of a holistic approach**

Although the organisations worked with young people to help prevent them from developing problems or to prevent problems getting worse, there were times when it was not possible to prevent a crisis. Additionally, some young people accessed their service for the first time at a time when they were already in urgent need of help. Services were therefore sometimes faced with young people who were contemplating suicide or self-harming. They worked to support young people through those times, and often continued to work with them after these periods of extreme distress.

**Case Study**

“We offer intense support over 24-48 hour periods for young people going through a crisis who do not wish to involve other agencies. We also offer support to individuals in custody who may be in crisis.

“In all instances of crisis support, we ensure that the follow-through of the crisis is sustained and maintained until such time that there is mutual agreement with the young person that they are happy to continue without.”

Project worker, Community Links, Canning Town

Some organisations provided this support as part of an ongoing programme working specifically with young people who were experiencing severe difficulties:

“IceBreak concentrates on young people contemplating suicide, talking about self-harm or with attachment difficulties.”

Project worker, IceBreak, The Zone, Plymouth
The staff at the partner sites assessed each young person and then made a decision about whether they could support them, or if they needed to refer the young person to statutory services. However, it was not always easy to find an appropriate service to refer the young person to:

“Recently, a young man accessed Streetwise who had been a former cannabis user and was experiencing hallucinations. As he was not resident in Newcastle, he could not be referred on to the psychosis intervention team that Streetwise has connections with, and so had to be sent to a GP to get a local referral.”

Project worker, Streetwise, Newcastle

Similarly, some young people reported having negative experiences during hospital admission:

“Hospitals treat you like a patient before a person.”

Young person

“They just give you drugs and leave you to it.”

Young person

The Caterpillar Service at Barnardo’s Marlborough Road Partnership in Cardiff was set up in April 2004 to work primarily with young people who had been admitted as inpatients. The project aimed to provide support for young people through the hospital admission process, to act as advocate for them and to provide help with adjusting to staying on the ward. The service was established as a direct result of consultation with young people in Youth Crisis I.

The service worked largely with young people on the adolescent unit in Cardiff, who were either voluntary patients, or had been detained under the Mental Health Act. The young people were aged from 11 to 18 years, and had a range of mental health issues. Some had attempted suicide.

However, young people are also sometimes admitted to adult wards, and the service built a relationship with staff on those wards and worked with the young people there. They reported one situation of a young person being held for several months on an adult ward:

“We established our role pretty well and worked well together. Since that time, we are trying to work with adult facilities to try and raise awareness of what we do and to pick up any young person who may arrive on adult wards.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

“[Being on an adult ward] was scary and knowing that this [Caterpillar project] was there just helped you get through it.”

Young person

Going into hospital

Some young people said they had had bad experiences in accident and emergency (A&E) departments.

“The doctors get quite abusive… one of them actually turned round and said ‘I hope you’re happy, I could be out there saving lives’.”

Young person

“… they [A&E staff] said ‘if you do it again you’ll end up in the mental institute across the road’… my friend ended up in there and when she came out she was in a worse state than when she went in.”

Young person

The organisations had not yet undertaken work with A&E departments to explore ways of improving the experience of young people, but at the time of going to press, the Caterpillar Service in Cardiff and Experience in Mind in Brighton and Hove were planning to do more on this in future.
A project worker from the service went into the adolescent unit once a week to run activities and provide social support. These activities aimed to make the young people feel happy; providing them with something fun to do can help distract them from their problems and enable them to deal better with those problems:

“It is important that young people are able to have a part of their life that focuses on them as a person rather than just what is wrong with them.”

Project worker, the Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Some young people may find it difficult to engage in fun activities and allow themselves to express positive emotions, in the fear that this will be misinterpreted to mean they are no longer experiencing difficulties or have high support needs. The Caterpillar Service provided young people with a safe place and time to enjoy themselves, along with the reassurance that their support would not be minimised as a consequence of engaging in such activities.

These fun and creative activities can also help create a bond between the young person and the project worker which may then make it easier for the young person to talk about difficult issues.

This project developed further and project workers began to see and work with young people who had left hospital. A young person’s transition from inpatient life back to community living presents many challenges. Having an existing trusted relationship with workers during this transition phase can provide young people with a sense of security, stability and support which they can draw on to help overcome the barriers they may face.

In some instances, project workers from the service took young people off the ward for activities. This required building a strong and trusting relationship with the statutory sector:

“Critics of the project’s approach take the view that it is irresponsible to take someone who is unwell out to cafes or to go bowling and the only place for them is in hospital... Explaining to statutory services that these activities do have a therapeutic purpose but are just carried out in a social rather than clinical setting has helped in alleviating some of these misunderstandings.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

The project also worked to help young people through the transitional phase between youth and adult services. At the time of going to press, there was only one adolescent inpatient unit, so young people were often either placed on adult wards or sent out of the country.

Moving on from the service

When a young person first accesses an organisation, the service needs to make immediately clear what the upper age limit of the service is (25 years for most of the organisations involved in the project). This transparency is important, as it means that the young person knows what to expect. In addition to this, the organisations need to be clear as early as possible about what they have to offer the young person, and if their service is not appropriate, they need to help them find somewhere else for support, such as another voluntary sector organisation or statutory services.
The whole process of supporting the young person through the service and then preparing them for moving on was essential to all the partner sites.

“A client’s contact with IceBreak is divided into three stages: the engagement, middle and ending… Leaving the project is carefully managed to support young people in both letting go of the service and their particular care co-ordinator, whilst also ensuring that they are well linked with agencies and individuals who can support them after leaving the project.”

Project worker, IceBreak, The Zone, Plymouth

“All young people chose their own level of participation with the project, this includes when they might stop engaging… measures are in place to take account of young people’s needs and provide effective support through transitions.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove

Signposting and helping the young person to establish links and support networks outside the organisations was an important part of the work undertaken. This work could happen at whatever time the young person wished to move on from the organisation and was not just limited to when they reached the age limit.

Providing this was not without its difficulties for the smallest of the organisations involved in the project, due to resource issues:

“It is rare for a young person to leave the project without either wanting to or having something else to go on to, but more staff are needed to ensure this happens consistently.”

Project worker, Support @ The Junction, The Junction, Colchester

To assist with this, they set up a programme called ‘Move On’, which was run by student social workers on placements and was aimed largely at those young people who had emerging mental health problems.

One organisation was able to take a highly personalised approach to the leaving process:

“Leaving is made into as positive and happy experience as possible. Young people are taken out for an activity special to them, and are also given gifts and mementos… such as photographs, cards or poems. It is made clear to the young people that staff are still interested to hear from them.”

Project worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff
IceBreak, The Zone
Plymouth
Young person participation

This chapter describes the range of methods used by the organisations in the project to consult with and involve young people in service practice development and delivery from grass roots up to a strategic and operational level.

All eight partner sites prioritised the participation of the young people using the service, and demonstrated successful, effective and meaningful young person participation in developing many different aspects of the service.

“Young people participating in the project have shown a high level of commitment and enthusiasm which suggests that it is meeting a need for their voice to be heard.”

Project worker, Experience in Mind, Mind In Brighton and Hove, and Hove YMCA

Young person participation brings added value in terms of benefits, positive outcomes and/or changes to both young people’s lives (see chapter 9) and the services they access. For services, benefits included improved access for young people; development of a more responsive service to meet the range of needs of all young people in the local community; increased accountability to their funders and other organisations they work with; and more informed training to service staff with regards to young people’s mental health and emotional wellbeing needs.

Young person participation can sometimes be challenging for organisations to achieve, mainly due to lack of human or financial resources. All the organisations strived to overcome these challenges through a variety of strategies.

“It is essential to not become blasé about the success of service user participation, but instead to look constantly for ways to improve or build upon the ways in which young people are involved in the service…. projects must adapt their manner of working to suit each new set of young people.”

Project Worker, Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Services need to devote sufficient staff, time and money to achieving effective and meaningful young person participation that is not just tokenistic. They
also need to develop structures and processes for young person participation, and for responding to their views. This aspect of service provision can drop down the list of priorities when resources are stretched or when there is an increased workload. Services can ensure this does not happen by identifying what they hope to achieve from young person participation, and reviewing these objectives on a regular basis.

“… you often involve young people at the beginning, such as in the development of the service, and people assume that this is young people involvement, but after the initial developments have been made in the service, young people involvement can slip… this process has happened to us, so we are now having to try and recapture and re-evaluate their continual involvement in service development.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

A dedicated youth participation project worker can help to ensure young person participation remains high on the agenda. Although only one service involved in this project had a dedicated member of staff working on this, others were considering seeking, or already seeking funding for a new post.

“… a dedicated worker is essential in ensuring that service user participation retains the priority that it should be given… it requires someone who is focused entirely on developing strategies for keeping young people engaged and motivated, as well as making the process fun.”

Project worker, IceBreak, The Zone, Plymouth

The organisations involved in this project used a number of methods for consulting with young people, including:

- setting up formal youth advisory boards for consultation on all aspects of the service (see p60)
- asking young people to provide feedback through monitoring and evaluation forms and surveys
- running informal group and individual feedback sessions with keyworkers
- having formal panel board meetings with young people and senior management
- asking young people to provide anonymous feedback through suggestion boxes or ‘post-it note’ postings
- running focus groups on understanding specific identified issues
- giving young people the opportunity to provide expressive feedback through art, music, drama or poetry.

Consultation with young people at all organisations was described as a continual process. Staff recognised that successful participation was dependent on maintaining an honest dialogue with young people to ensure the organisation was delivering a service reflective of their needs. All the organisations engendered a culture whereby staff were approachable:

"Being open, honest and transparent about what we are and what we’re doing [means] they will know they have no need to fear us… Some services are too closed and young people become suspicious… so having good, clear communication is important.”

Project Worker, Streetwise, Newcastle

Some organisations reported that it was not always easy to ensure young people’s participation was truly representative, as there tended to be a core group of young people who wanted to contribute, but the voices of other young service users were not heard, such as those using the service on an ad hoc basis or those less willing to give their views.

"It is difficult when some service users have such chaotic lives… feedback is not always representative of all the young people accessing the service.”

Project Worker, Streetwise, Newcastle
The rest of this chapter explores the different ways young people can be consulted and involved in the services they use.

**Youth advisory boards**

“We’re consulted on all things… even down to the cost of the group.”

Young person

Five of the eight partner sites ran a youth advisory board to provide young people with a forum in which they had an effective voice within the organisation. Through these boards, young people can have the opportunity to influence organisational development, provision and delivery from the ‘grass roots’ up to strategic and operational level. They can also become powerful advocates of the organisation to the wider community and contribute to the young persons’ mental health agenda on a local and national level.

These boards varied in nature and size, but were all seen as an essential part of achieving meaningful and effective young person participation, and all met at regular intervals throughout the year. All young people were welcome to be a member of the board. At some services, young people who had moved on from the organisation were also welcome to continue their membership for a period of time.

All boards were allocated a member of staff as co-ordinator, to provide relevant information about the organisation to the board, and to keep the board’s discussions focused and purposeful. Young people at Experience in Mind, run by Mind in Brighton and Hove and Hove YMCA, stressed that the young people on the board were the major decision-makers, not the project worker.

“He [project worker] won’t accept he’s part of the group – he says it’s our project.”

Young person

All members of each board were involved in decisions on the running, development and direction of the board. Each of the boards was provided with a small amount of annual funding for activities, events and equipment, for which the young people were responsible.

**Case Study**

A group of young people who used the service at The Market Place in Leeds were members of the HYPE youth advisory board group – ‘Helping Young People through Experience’. The group met monthly and had a valued and crucial role in shaping organisation provision and delivery, from the ‘grass roots’ to the operational and strategic level. HYPE were consulted on the physical environment of the organisation (e.g. decoration, colour schemes) and staff recruitment and training, and helped to write funding applications, design promotional materials including leaflets, posters and the website, and decide on the types of groups and activities on offer. They also consulted with external professionals such as policy makers and commissioners.

All members felt confident that The Market Place was fully committed to listening to their feedback and using this to influence all aspects of service and practice development. The HYPE group viewed their role as a voice for both their peers within the organisation, and for peers in the wider community to advocate for young people’s needs and challenge stigma and discrimination.
“Our advisory board enriches the project not only in promoting the project but also from the buzz created by having young people involved. It is also really positive to see the confidence of young people grow as they develop through the service from initially beginning group work and then moving onto working on the advisory board, giving them invaluable experience.”

Project worker, Support @ The Junction, The Junction, Colchester

Types of young person participation

“Always have confidence in young people’s abilities and potential.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA

Young people in these services were involved in organisational development in a number of ways, as described in this section. Some were facilitated through discussion as part of a youth advisory board, and some happened independently.

Helping develop the environment and design of the organisation

All organisations consulted with young people on the internal environment and design of the organisation. This included the type and positioning of furniture, colour schemes, the information and artwork displayed in the building, and the overall atmosphere of the service.

This issue led to some debate in the organisations involved in this project. Some young people liked bold colours and said they kept them focused and motivated during sessions with their worker, while others preferred calming pastel colours, saying bold colours were too distracting and made them feel stressed.
Marketing, promoting and campaigning for the organisation and producing young person-friendly information

All eight organisations involved young people in marketing and promotional activities. This involved the development of marketing materials such as flyers and the organisation’s website, including deciding on content, language (including how ‘formal’ it should be) and design.

Young people were also involved in developing and producing information products for young people. For example, Streetwise in Newcastle developed a ‘Crisis Card’. This was used by young people to display their name, contact number and the services which should be contacted when the individual is experiencing a crisis. At the Caterpillar Service, Barnardo’s Marlborough Road Partnership, young people were involved in producing the Barnardo’s newspaper which was sent out to Barnardo’s services.

Young people at IceBreak, the Zone, Plymouth produced a 30-minute DVD which involved sharing their personal experiences and this was presented at a national conference. Some organisations were particularly keen to get young people involved in campaigning and to experience working with the media.

Planning and organising events and social activities

All the organisations provided young people with the opportunity to plan, organise and run various events and social activities. The majority of social activities occurred during school holidays and included trips to the cinema, beach, and eateries, as well as bowling and shopping trips. Most organisations also held open evenings where creative and fun activities were made available for all young people and staff to join in, including arts, music and drama productions. At some events, external professionals such as practitioners and commissioners were also invited, so they could meet young people and take part in activities.

Helping develop publications

At all eight of the organisations, young people’s feedback was used to inform the development and production of publications including annual reports, information sheets and research reports.

Case Study

Several young people at Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, were interviewed by BBC Southern Counties Radio as part of a 5-day series on the Experience in Mind project.

Press releases promoting the project have also resulted in articles in local newspapers and magazines. One young person took the initiative of contacting a local magazine direct to ensure something on the project was included in their mental health issue.

Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen, produced a number of in-house publications based on consultations with young people who accessed their services. For example, “Sorted Not Screwed Up” Young People’s Survey Results (2005) was produced following a small survey of clients within the Foyer accommodation, looking at issues including their relationships with friends and family; the history of their housing status; information on their general health; information on their mental health; what services they accessed within the Foyer; and how beneficial they perceived those services to be.
Taking work experience at the organisations

“Helping out as a volunteer enables me to make other young people’s experiences more comfortable and better.”

Young person

Most of the organisations involved in this project provided a range of opportunities for young people to undertake work experience within the organisation. These included helping out with administrative tasks; handing out information leaflets to young people; helping with events and activities; peer mentoring; and assisting in the running or delivery of drop-in or group work sessions alongside staff.

“I feel like one of the staff – they put me in charge of drop-in, which is every Tuesday.”

Young person

At Support @ The Junction, at The Junction in Colchester, a small group of young people were trained by an external researcher from Anglia Ruskin University’s Health and Social Care Department in Chelmsford to conduct an evaluation of the organisation. This involved assisting in the development of the evaluation tool, as well as collecting data from young people and staff. Such opportunities help young people to develop skills and knowledge to fulfil their potential for future employment.

The need to maintain confidentiality regarding other young people accessing the organisation can often place limitations on the type and level of work that young people can undertake as volunteers for the organisation. It is particularly important that information regarding young people is protected. It is not usually appropriate for volunteers to be given any kind of information about other young people. Staff said that if it was thought it would be beneficial for a volunteer to be, for instance, made aware of a young person’s diagnosis, then the young person’s permission would be sought before any information was disclosed to the volunteer. In addition, all

Case Study

Over the summer months, Community Links in Canning Town ran a project based on the BBC TV programme The Apprentice. Over the course of eight weeks, young people completed tasks from different aspects of service delivery, and one young person was ‘fired’ each week. In the end, there were three winners, as the judges could not decide between them.

Each of these young people won a week’s paid work in the project at junior worker rates. This type of activity helped young people to build up valuable and transferable work-related skills. The project was so successful that there are plans to run it each year at the same time as the BBC programme is on television.

Community Links in Canning Town ran a junior worker programme for young people aged 15-18. Workers were paid £10 per day. They were given small tasks and responsibilities so that they could gain experience in the planning, delivery and evaluation of sessions. One worker supervised a drop-in session once a week where young people could come into the project for practical help, such as with using the internet. Young people felt that this was part of a wider policy of encouraging the ‘older’ young people to help support the younger ones in accessing the service.
organisations provided young people who were volunteering with sufficient training, and with clear guidelines on confidentiality.

**Being involved in staff recruitment and induction**

“When recruiting staff, it is crucial to be selective and ensure they are equipped with the necessary professional and interpersonal skills, experience and qualifications to successfully engage with young people. Thus, young people must be involved in the recruitment panel as a standard measure.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove

At six out of the eight organisations, young people were involved in the recruitment of staff, including shortlisting candidates and sitting on the interview panel. These organisations also involved young people in staff inductions. This provided young people with the opportunity to engage in group discussions or presentations highlighting key aspects of organisational delivery that they felt new staff should be made aware of. Members of staff supported young people in their preparations for being on interview panels:

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**Case Study**

The HYPE group at The Market Place in Leeds took an innovative and creative approach to interviewing applicants, and developed a method called ‘speed interviewing’, which was taken from the concept of ‘speed dating’.

Firstly, the group agreed on a list of interview questions designed to make candidates reflect on and learn from ‘what a young person needs from a counsellor’. Each young person was then allocated one question to ask, and the interview room was set up with each young person sitting at a table with two chairs. The candidates were invited to circulate the room until they had visited each table and answered each young person’s question. The young people then set up feedback sessions where they discussed their views on each of the candidates with one another, and then reported back to staff.

While the group recognised they did not have the final say in who was recruited, they knew that staff noted and took their opinions seriously. Young people reported that doing this was “wicked!” Candidates also found this approach extremely beneficial; one candidate told the young people that:

“It was really helpful to talk to you about how you want counsellors to be... you have helped me to put things into a more realistic context.”

Staff at The Market Place also felt that HYPE’s involvement in staff recruitment was an effective way of continuing to learn from the young people using the service, and of ensuring the service is responding to what young people felt they needed:

“It’s always interesting. I’m really grateful for HYPE’s time and feedback.”

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Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove

Project worker, The Market Place, Leeds
“If young people are sitting on interview panels, they are briefed about ethics and it is explained to them in detail what kind of person is needed for the role.”
Project worker, the Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Taking part in external events
All eight organisations encouraged and supported young people to take part in external events and consultations, and to network with other organisations and professionals.

Young people from the partner sites attended, presented and ran workshops at local and national events and conferences aimed at raising awareness of mental health and emotional wellbeing and tackling stigma. Young people also presented their personal stories and shared their experiences, as well as participating in discussions with a range of key stakeholders.

“I have gained a big boost in confidence by talking in front of adults in a big room.”
Young person

The youth advisory board at Support @ The Junction, was consulted by external professionals on the best way to talk to young people about self-harm, and representatives were invited by the local NHS trust to present ideas on how to improve services for young people. A young person from Streetwise was asked to speak to Ofsted, the schools inspectorate, to share their experience and their opinions of the service. Young people from Experience in Mind attended external events such as meetings of the Child and Adolescent Mental Health Service (CAMHS) at the local NHS trust, and the trust’s annual general meeting.

At all times, young people’s involvement in external activities was flexible, and they were able to contribute at a level they felt comfortable with. Members of staff were always on hand to provide support for young people preparing for activities, and to debrief them after participation work.

“The process of preparing for a presentation takes up to eight weeks of workshops to ensure that young people are confident, polished and fully rehearsed... young people are briefed not only on the content of what they would be doing, but also practicalities such as the protocol of the day and suitable clothing.”
Project worker, the Caterpillar Service, Barnardo’s Marlborough Road Partnership, Cardiff

Training staff in other agencies
Many young people consulted as part of Youth Crisis I wanted to be involved in the training of staff. This reflected young people’s need to be listened to and respected, particularly in times of potential crisis and/or powerlessness. Young people felt that

Case Study
The Caterpillar Service at Barnardo’s Marlborough Road Partnership in Cardiff, was involved in several national consultation exercises, including the first stage of this project, Youth Crisis I; The National Self-Harm Inquiry (Camelot Foundation and the Mental Health Foundation); and a project with the Samaritans looking at how young people used text messages and mobile phones, with regard to exploring the benefits of using this form of communication between professionals and young people.

YoungMinds and Mind consulted the organisation on the content of the information they provided to young people, and young people at the service gave their opinions on the service’s promotional material, sat on interview panels, and helped delivering training to external professionals.
psychiatrists, community psychiatric nurses, GPs, social workers, police officers, and A&E workers would provide more sensitive services if they received such training, and heard from young people about their experiences of mental health issues.

“Sharing their personal experience of mental health problems is a powerful tool in de-stigmatising and dispelling myths.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA

Experience in Mind, a partnership between Mind in Brighton and Hove, and Hove YMCA, was very different from the seven other organisations as it did not offer mental health services for young people, but asked young people with experience of mental health problems to train staff from outside agencies. The training package, developed and delivered by young people, covered four main areas: communication; self-harm; depression; and stress. The training was ‘experiential’: based on young people’s actual experience as opposed to theory.

“We want to reduce the stigma… and not be seen just as people with mental health difficulties, but as people like everyone else.”

Young person

Young people who wanted to deliver the training had the opportunity to take a Level 2 OCN (Open College Network) accredited course, ‘Training through Experience’, to learn the necessary training skills, such as presentation and group work skills.

The training used a variety of techniques, including showing films and making presentations as well as role play, discussion and quizzes. Each training session was tailor-made to its audience, based on their needs and their mental health awareness, and could last from one hour to a whole day, with the usual length being three hours. The young people were paid for the training they delivered in recognition of the experience and skills they brought.

In March 2007, the training was piloted with Mind and YMCA professionals, and at the time of going to press, training sessions were being booked by other agencies. A number of colleges, youth groups and organisations in the local housing sector had also expressed an interest in taking the training, as well as social workers and A&E staff.

Young people were involved in all areas of the project, from designing the training through to its marketing; this meant they felt they had ‘ownership’ of the project. As a result of this high level of involvement, the young people were able to develop a wide range of skills, alongside training skills, which were important not just for their self confidence and relationships, but for future employment opportunities as well:

- respect – learning how to work effectively in a group;
- appreciation of others – understanding diversity;
- tact – the ability to express opinions whilst respecting other points of view;
- trust – confidentiality; keeping information disclosed within group work confidential;
- courage – the ability to express traumatic events objectively and publicly;
- understanding of different learning styles;
- time keeping;
- target setting – planning for the future;
- working as a reference group, helping to make strategic decisions;
- increased self confidence;
- raised self awareness;
- optimism – accepting past and present difficulties as tools of learning;
- tolerance;
- taking responsibility for themselves.
Case Study

The young people at Experience in Mind developed a way of helping others to understand what it is like to hear voices in your head.

At the training session, trainees were asked to undertake a number of activities such as adding up numbers and answering questions, while a CD of voices saying things, often negative, was played continuously. The recording was based on the voices some of the young people themselves had experienced. When the CD was stopped, the trainees were also asked what the voices were saying. The purpose of this exercise was to show how difficult it can be to undertake tasks, at the same time as listening and recalling information accurately.

Following the exercise, trainees were asked to talk about how it felt, and to ask young people who had experienced hearing voices what it was like for them.

“Often, not only do young people with schizophrenia struggle with their own inner world, they also have a struggle with social networks, relationships and lack of understanding and prejudice toward their diagnosis.

“The reason we are sharing these experiences is because communication and understanding from the world around young people with schizophrenia is ineffective, and this can impact severely on their mental wellbeing.”

Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove, Training pack (to be published in July 2007)

The project worker explained that in addition to these, the peer support element of this work was important:

“… being part of Experience in Mind allows the young people to gain a greater understanding of their own mental health, having built relationships with others who have had similar experiences.”

Project Worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, Brighton and Hove

The young people were clear about what the project could offer to help improve services for other young people, and this could be remarkably simple:

“It feels like such basic things – just the way people communicate can make such a difference, and we’ve all been there.”

Young person

Another young person reflected upon the current problems for young people using services, and their aspirations for the future. They hoped they could contribute to changes that would mean that:

“… in 10 years’ time, people won’t be having the problems we’re having.”

Young person
9 Young people’s experiences of service user participation
Young people’s experiences of service user participation

Young people were asked about their experiences of being consulted with and involved in decisions about service provision and delivery, as well as external events and consultations. They were asked to reflect upon both the barriers they had encountered in participating, and the positive impact it had had on their personal development. They also shared their views on its value and importance beyond meeting their personal needs. This chapter summarises their responses.

Barriers to participation

Young people said that they had encountered only one main barrier to meaningful young person participation: tokenism. Some young people reported feeling that consultations with some organisations, particularly in statutory settings, felt tokenistic, and said that they did not think their feedback would inform change within the mental health agenda. For example, they reported that, at times, external professionals did not take them seriously, which resulted in them feeling devalued. However, one young person stated:

"Coupled with the confidence I have gained from the service I attend, if I go to conferences and they’re not listening to me, I tell myself it’s their choice and I know I’m doing my part and all I can do is give something back to the service."

Young person

Other young people commented that their feelings of being devalued due to negative experiences were often short-lived and made them more determined to have their voice heard afterwards. Such motivation then encouraged young people to educate professionals about the work they were doing and how it could influence change. Many young people acknowledged that just because some professionals did not want to listen, there would always be others that did.

"I think it’s because they just think that we are little kids and we’ve got problems, but once they see that we are making a difference in what we are doing, we then prove them wrong."

Young person

All the organisations in the project aimed to reduce tokenistic participation by actively building relationships with external organisations and negotiating in advance with other professionals the methods of involving young people in consultations and at events. In addition, service staff informed
external professionals on the benefits to them of consulting with young people and assured them of the young people’s ability to engage effectively.

“We try to encourage other professionals to include service users, but only when we feel a young person wants to be involved and that is appropriate… we’ve had conversations with the young person and considered what it would mean for them to be involved with that particular activity.”

Project worker, The Caterpillar Service, The Marlborough Road Partnership, Cardiff

Personal development

Feeling empowered, independent and in control
Young people said that being provided with the choice and flexibility to make decisions about the support they received, as well as the security of knowing they could change their keyworker if necessary, gave them a strong sense of empowerment and control over their lives. Consequentially, they became more confident in making decisions on other aspects of their lives.

Having the opportunity to ‘shape’ internal service provision and delivery as well as being involved in external events and consultations enabled young people to strike a healthy balance between receiving support and enhancing their confidence to be responsible and independent adults.

Acquiring specialised knowledge and language
Young people felt that, through their involvement with the organisation on a strategic level, they had acquired a clear understanding of the direction and purpose of the organisation they attended. Involvement in external events and consultations also provided them with a better understanding of policy and practice in other sectors of the mental health system. They felt that this specialised knowledge had enhanced their ability to navigate independently through and access a selection of services to meet their needs. In addition, they felt they had gained a better insight into their rights and entitlements as a young person and could pass this knowledge on to other young people who were facing similar experiences. Finally, they felt more able to contribute significantly to the ongoing mental health agenda.

The opportunity to network with professionals from other services, and in some cases with policy makers and commissioners, helped the young people develop their communication skills. This was, in fact, a two-way process; young people educated professionals on how to use language that young people could understand, while simultaneously learning to adapt to different styles of language and terminology used by professionals. This presented a number of challenges for young people, because the language used by professionals differs between sectors, and in some cases the same terminology can have different meanings. By adapting and pitching their language to different professionals, young people felt they were able to engage with and influence a wider range of professionals more successfully, for example during networking, presenting at conferences or engaging in consultations.

Gaining transferable skills
Young people said that their engagement in the activities involved in service user participation – public speaking, networking, consultation activities, organising and engaging in fun events, recruitment and training of professionals, health promotion, marketing their organisation – had helped them develop a wide range of transferable skills. These included organisation and time management skills, communication and language skills, life skills and coping strategies, and relationship development skills. Overall, participation helped young people to develop the necessary skills to make progress in other aspects of their lives.

“‘It is a positive and empowering experience and provides the opportunity to voice our opinions.’”

Young person
Value and importance within a wider context

Influencing change and making a difference
Young people saw their involvement as a valuable opportunity to voice their opinions, not just within their organisation but in the mental health and public arena. Being in a position where their viewpoint was valued was described as empowering:

“You’re not ignored… your opinion is heard…”

Young person

Many said their participation was an excellent opportunity to play an active role in contributing to the children’s and young people’s mental health agenda, and helping to influence change positively at a local and national level. Young people were passionate about designing and utilising participation so that it could make a real difference to the lives of other young people experiencing similar issues:

“… not only can we make a difference to our lives, but also to the lives of others.”

Young person

Raising awareness, and reducing stigma and discrimination
The level of stigma attached to mental health problems and using services had led to some young people experiencing discrimination from family and friends. One young person found themselves being ostracised from close friends and family who no longer wished to speak to her and called her a “psycho”.

Participation provides young people with the opportunity to help raise awareness of the issues encountered by young people with mental health problems. The young people we spoke to wanted to share their personal experiences with others so they could see that:

“Basically… I’m a person, you’re a person, whatever problems we have.”

Young person

Young people felt that raising awareness of mental health problems, combined with promoting the importance and value of emotional wellbeing and happiness to the general public, would help to reduce stigma and discrimination. In order to achieve this, they felt that all relevant organisations working with young people, as well as families, needed more education and training developed and led by young people:

“I think what needs to happen really is that people need to be educated from a young age, just like there's sex education – do like… a mental health education in schools.”

Young person

“It’d be good to educate family as well as professionals, because at the end of the day professionals do know a bit more than our parents, and our parents need to know, because they have to look after us and they don’t get to read books about it, they only have their experience.”

Young person

Giving something back to the service
Young people also felt that being involved in internal participation as well as external events and consultations was a way to support the service in its aim to promote best practice to meet the needs of all young people. Supporting the service in this way was seen as a way of showing their gratitude and giving something back to the service for the valuable support they had received:

“It’s nice to give something back for all the help they gave us… I just feel like I owe them so much, [and] this is the only way I can do it.”

Young person
Making a difference to young people’s lives
Making a difference to young people’s lives

Young people attending all the services involved in the project reported the ways that attending them had changed their lives in some way for the better.

We did not have any negative responses, although we recognise that the positivity of the responses may have been affected by the fact that all of these young people were currently or had recently been engaged with these services.

Increased confidence, self esteem and self awareness

A growth in confidence and self esteem was reported by almost all of the young people interviewed.

“To start with, I wanted to just hide, but I’m not as withdrawn any more and am getting back to more like my old self.”

Young person

Young people from one service said they had gained a sense of hope and a more positive outlook on the future. This, in turn, has improved their self esteem and their motivation to do something productive with their lives. Young people accessing other services expressed similar feelings:

“They show you a better way of life.”

Young person

“They make a care plan with you and help you visualise what you want to achieve.”

Young person

Improved relationships

An increase in confidence and self worth and an improvement in communication skills contributed to young people developing trusting relationships with both staff at the services and with their peers. The development of trusting ‘adult’ relationships, in turn, helped young people form positive relationship patterns. Some spoke of developing greater empathy, understanding and acceptance of others and not judging on first impressions. They said these changes led to improved social lives and healthier, more open relationships with family and peers, with some expressing how they were also more able to develop successful working relationships with professionals from other services, as well as with their teachers.

“Now I’ve joined this group, I’ve seen what a friendship really is.”

Young person

“I wouldn’t be getting married if I hadn’t come here.”

Young person

Development of coping strategies and life skills

Many young people spoke of having learned, through the services, coping strategies to help them deal more effectively with the challenges they faced in their lives. The majority of young people also successfully developed essential life skills, such as cooking, shopping, dealing with finances, general problem-solving skills, and generally how to care for themselves independently.

Some were taught coping strategies and life skills in one-to-one sessions with their keyworker or therapist. Others took part in group activities, and learned from other young people’s experiences...
about how to cope with certain situations. Supporting their peers in these groups also helped them to develop skills:

“As we’re learning to help other people deal with certain situations, we’re also learning from each other.”

Young person

Education and career development

Young people at three of the services spoke specifically about having been encouraged to continue going to college.

“I don’t think I’d be the person I am now [if I hadn’t used the service]… I’d be on the streets… I wouldn’t be studying.”

Young person

Workers helped young people to manage the challenges in their lives and helped prevent these from interfering with their college commitments. Another young person reported that staff from the service had liaised with their teachers in problematic times to ensure the teachers had a sound understanding of the young person’s needs.

“I did a vocational 12-week course and managed to go to every one [class], which I have never been able to do [before]… I am also doing an ongoing IT course and looking into voluntary work.”

Young person

Some young people said they had managed to enter paid employment, and keep their jobs successfully, with the support of service staff. Others became more focused and clear about their future career development goals. One young person said they had been inspired by workers and peers to pursue a career in young people’s mental health:

“It’s inspired me… I’ve learnt what I want to do as a living… I look at the workers here, and think, yeah, I want to do this.”

Young person

Another young person said the support and information she had gained from the staff at the service helped her become a special needs assistant, and supported her so she could keep her job:

“I wouldn’t be able to do the job that I do [if I didn’t use the service]… I work in a school helping pupils with behavioural problems… If it wasn’t for the information I get here I wouldn’t have a service I can recommend to the children and school… Also, I couldn’t handle their [the children’s] problems as well as I do now.”

Young person

Housing

Some services provided specialist help with housing, and this was very important for many young people.

“So when you’ve been in a crap home to start off, and then you get put in foster care, then hostels where there’s drug users for your next-door neighbours… [then] you get a home for the first time, and you value that.”

Young person

One young person spoke of how the service had acted as an intermediary in securing housing. Social services had refused to recognise that the young person was homeless, even though they had been unable to live at home because of their mother’s behaviour. Staff at the service then contacted the Homeless Persons’ Unit, which immediately agreed to place the young person in a hostel.

“She [the service worker] phoned up people she knows and asked for their advice about housing me… She phoned social services and they said they didn’t see why I was homeless, then spoke to my keyworker at the Homeless Persons’ Unit… I wasn’t really involved – she did all the talking for me and I got housed.”

Young person
I wouldn’t be at university, I wouldn’t have found my self worth, wouldn’t have found my dignity... I’d definitely have been self-harming.

Young person

Broader perspective on life

One young person said the service had helped them to put their life and problems into perspective. Others said that they had welcomed the opportunity to see their own experience in a new way:

“Standing here two weeks into it [project], and already you’re looking at things in a completely different way.”

Young person

Another young person said that they had found it beneficial to hear the viewpoint of someone outside their social circle.

No longer needing medication

Two young people spoke of no longer needing to use medication as a result of having support from their respective services.

“I’m not in hospital and not on medication anymore. I’ve gone from being in hospital to supported housing to living on my own... I don’t feel the need to be on medication, I don’t feel as depressed as I was. I do have days when I feel down but I know on those days I’ve got support.”

Young person

Preventing problems from leading to crises or suicide

A considerable number of young people across these services said they doubted whether they would still be alive without having had the input from the service.

“I really wouldn’t be here right now.”

Young person

“I don’t think they realise half the time what a great job they do... I wouldn’t be here if it wasn’t for them.”

Young person

Others spoke of serious consequences to their lives without the support they had received, such as continuing destructive behaviour, withdrawal, being confined to the house, not having a relationship with their families, getting trapped in negative relationships with partners or, for one young person, putting themselves at risk of having their baby taken into care.

“Just the thought scares me of not having all that... I’d be lost.”

Young person

“Just would have just continued getting worse or just stopped doing anything.”

Young person

Overall, the services supported all young people to develop and maintain consistent and stable lifestyles, thereby contributing to a long-term positive impact on their lives.
11 Key challenges
Key challenges

Whilst there is growing recognition of the valuable contribution to be made by voluntary sector organisations like those involved in Listen Up, there are still a number of inter-linked challenges to overcome to make this contribution a reality.

Funding is not the least of these, with organisations often having to weigh up the planning and development of their services against what is available: often short-term and piecemeal funding. There is an increasing drive from the government for the statutory sector to work with the voluntary sector in order to meet the needs of the community. This can potentially be a positive experience, but has its own challenges, such as finding ways to develop shared goals and navigating through a range of cultural differences. The organisations involved in this project work with young people aged between 16 and 25, a time of ongoing transition between adolescence and adulthood. This is substantially different from most statutory organisations who define adulthood as being between the ages of 16 and 18.

In order for voluntary sector services to be commissioned and funded, they need to be able to show what it is they do and where their expertise lies. Monitoring and evaluating their services plays a crucial role in this, but there is a no ‘one size fits all’ approach that will capture what a diverse range of voluntary sector organisations are achieving. Funders and commissioners can work alongside voluntary sector organisations on this, and take an important lead in looking at different and flexible approaches to what they want from the sector in terms of monitoring and evaluation.

Funding

“Whilst the workers have a wealth of innovative ideas and skills the service need sufficient funds to actually turn these into reality.”

Project worker, Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

It is unsurprising that one of the main problems that all our partner sites faced was funding, particularly sourcing sustainable funding. During the lifetime of the project, two of the organisations found themselves
Throughout the country, there are programmes being delivered by charities, social enterprises and voluntary groups that work brilliantly. It is groups like these at the front line of delivery who know about what works and what doesn’t. Their creativity, their innovation, their energy, and their capacity to build trust are helping us to meet the tough challenges ahead and to drive improvements, to extend choice and to give a voice to the public.

Tony Blair, Prime Minister, Cabinet Office, Office of the Third Sector, 2006

There are a number of organisations that help voluntary sector organisations source funding. The National Council for Voluntary Organisations (NCVO) provides training and opportunities for networking, as well as running a sustainable funding project which helps voluntary sector organisations to find all the best opportunities for funding (www.ncvo-vol.org.uk).

VCS Engage is a programme funded by the Department for Education and Skills (DfES) which aims to strengthen the engagement of those working with children and young people in the voluntary and community sectors in the planning, commissioning and delivery of services (www.vcsengage.org.uk). This is a time of big change as children’s trusts are being developed and arrangements for integrated working are currently being developed by local authorities in England. The Community Sector Partnership for Children and Young People, supported by VCS Engage, are encouraging voluntary and community sector organisations to keep involved in the planning and delivery of services as these changes occur.
“Community groups and organisations are, by their nature, small in scale and big in number and many are simply off the radar of local statutory services. This has led many smaller community groups and organisations to fear that their informal youth service or children’s service will be lost in the push to formalise arrangements. Larger groups fear the loss of funding as well as their knowledge of local needs and concerns.”

The Community Sector Partnership for Children and Young People (2006a)

They suggest a number of ways that the voluntary and community sector can be involved in the change process, such as staff members becoming members of a local children’s trust board. They have also published a set of recommendations aimed at children’s trusts to facilitate and open up discussion on how trusts can engage and work effectively with voluntary and community sector organisations.

Gaining awareness about policy, programmes and support offered can be a challenge in itself, particularly for smaller organisations that may have less time, people and funds to devote to strategy, planning and conferences. Staff at the partner sites said that forming local networks was one successful way that the organisations shared information, although one organisation called for “stronger local voluntary sector infrastructure and support”.

The 16 to 25 age range

Where funding was received by the partner sites from statutory mental health services this was primarily from child and adolescent mental health services as opposed to adult services. However, all the sites worked with young people over the age of 18 and, for some, this age group was the majority. These voluntary sector organisations acknowledged that young people particularly need help over this period of transition from adolescence to adulthood. This was recognised by the Social Exclusion Unit who reported specifically on the needs of the young people with complex needs aged between 16 and 25:

“Policy structures have tended to lag behind the reality of people’s lives: the ways in which young people become adults has become more complicated and diverse but policies have generally failed to keep up with such changes. The age structuring on which many policies are based is often complex, inconsistent, and working against the principle of resources following need.”

Cabinet Office, Office of the Deputy Prime Minister, 2005

There is a real need for co-ordination of commissioning of services for young people aged 16 - 25 and the involvement of the voluntary sector in this process as well as the statutory sector health and social care communities.

Working with statutory sector and other agencies

This report has shown that the voluntary sector, as part of a larger network of services including the statutory sector, has much to offer in providing services to the community. This has also been recognised by the government:

“The positive attributes of the third sector are different from those of government, and the two sectors working together can achieve far more than either can achieve alone.”

Cabinet Office, Office of the Third Sector, 2006

Continuing to develop good working relationships with other sectors will be an essential component of improving the overall services available to young people experiencing mental health and emotional difficulties in the future.

“IceBreak has been successful in bringing together the different cultures of the health and voluntary sectors in designing a service that best helps young people. Working across these two cultures has been not so much a constraint as a challenge for the project.”

Project worker, IceBreak, The Zone, Plymouth
Generally, the organisations were very positive about working with other sectors and were able to relate a number of success stories.

“Some of the groups have only been possible through joint working with other agencies. The self-harm group, ‘Release’, is run in conjunction with local mental health services.”

Project worker, Support @ The Junction, The Junction, Colchester

However, staff also mentioned a number of cultural and organisational differences, particularly in the goals the organisations in the different sectors were working towards, that led to problems.

“There are strong working relationships with external partners, often there can be a conflict of interest with agencies presenting different agendas which can be difficult to manage.”

Project worker, Community Links, Canning Town

All the organisations stated that the way to resolve such issues was through good communication and taking a transparent and consistent approach while being flexible where possible. However, it was noted that where issues were overcome between individuals, they still needed to be filtered through the organisations:

“It is often difficult to translate the good communication and relationships that the managers of different agencies have with each other into good communication with the staff members of the organisations – they are more remote from the partnerships.”

Project worker, Support @ The Junction, The Junction, Colchester

There was a consensus amongst the organisations that working with other agencies can add value to the organisations and the services they offer. They defined this value of working with others as:

• provides a more holistic approach: a broader range of people have input, and the work can improve cross-agency referral
• improves access: young people can access a wider range of help, and both statutory sector and voluntary sector organisations can access a greater number of young people ie. those in statutory services will see young people usually only seen by the voluntary sector and vice versa
• shares learning: there is the opportunity to learn from each other, support and advise each other, share information and positive practice
• promotes services: meetings and networking provide opportunities for organisations to hear about what other services are doing and to promote their own work
• reduces the costs of projects: by working with other organisations, there are opportunities to divide costs and pool resources
• provides a network of support: can increase the support from a range of different professional groups.
Showing what the voluntary sector does

“Voluntary organisations want to show that they are working to high standards and that they really are making a difference. They are also under increasing pressure from funders.”

Charities Evaluation Services, 2002

Services offered by the voluntary sector differ so widely in size and type that it can sometimes be difficult for other organisations and individuals such as commissioners and funders to understand what the voluntary sector can really offer. Finding ways to explain and make clear what is available is a challenge. As part of Listen Up, a number of events were arranged for the partner sites to build local networks, share information and showcase their work. Attendees included commissioners, senior staff from primary care trusts (PCTs) and social services, staff from other voluntary sector organisations and others. The style and content of the events was varied: Experience in Mind, Mind in Brighton and Hove, and Hove YMCA, organised a launch of their training pack to be delivered by young people, while Streetwise in Newcastle ran an event focusing on counselling services, with a series of speakers.

Promoting services is becoming increasingly important in order to gain funding; the organisations can showcase their skills, expertise and networks, and focus on how valuable these could be to the statutory and other sectors. Barriers to this, particularly for smaller organisations, may include: difficulties in gaining access to the ‘right’ people; not having enough staff to allocate sufficient time to be spent on promoting their work; a lack of skills in this area; not being fully aware of where and how their expertise could fill gaps in other services; and not being able to clearly and consistently demonstrate what works and why.

Monitoring and evaluation

There is currently no standard way for voluntary sector organisations to monitor and evaluate their work. Findings from the three-year National Outcomes Programme reported on by the Charities Evaluation Services (CES) recommend having an ‘outcomes’ approach:

Case Study

The Market Place in Leeds held an event which focused on young people’s participation and included a number of interactive elements such as being asked to:

• rate from 1–10 where delegates felt that young people’s views and involvement in the community was currently placed

• hug a hoody – this stall was designed and facilitated by young people and delegates were photographed hugging a mannequin dressed in a hoody with the serious aim behind the fun of looking at stigma and discrimination

• say what the best things were about being young and how young people were viewed in the community.

All of these elements aimed to give delegates first-hand experience of interactive techniques of engagement, as well as to encourage delegates to think about their own views of young people and those of the community, and to open up discussion.
“Planning and managing the work so as to bring about particular outcomes – and then finding out what outcomes, intended and unintended, you are actually achieving.”

CES, 2006

The organisations in our project reported that funding applications and the different types of monitoring and evaluation required by different funders and commissioners could prove to be time-consuming and not always appropriate.

“The project has three different funders so the project has to meet different monitoring criteria. At times these requirements can prove time consuming. However, the project does make efforts to rationalise the data it collates so that each funder receives what they require.”

Project worker, Experience in Mind, Mind in Brighton and Hove, and Hove YMCA

One project worker explained that their organisation had found a clear gap in service provision for young people presenting ‘high risk behaviours’. They had approached commissioners for funding, but the commissioners had asked for evidence of this gap in the form of consultation with young people using the service:

“Although service user involvement is at the core of Streetwise… due to the nature of ‘high risk behaviours’ [such as drug taking] some young people are actively involved in, it is difficult to always be able to engage them in consultations and ask them to articulate their needs.”

Project worker, Streetwise, Newcastle

In their briefing for commissioners, funders and policy makers, NCVO confirmed that some forms of monitoring and evaluation could be unduly burdensome and did not necessarily fit in with the work undertaken by the voluntary sector. Those taking part in the NCVO research from the voluntary sector gave suggestions such as:

“… innovative thinking should be applied to monitoring and evaluation methods where outputs and outcomes monitoring could entail on-site visits by funders and face-to-face contact rather than just having to submit forms.”

NCVO, 2005

“… [having] funders who are willing to attend events and accept alternative evidence of outcomes such as videos, DVDs, and CD-ROMS.”

NCVO, 2005

IT systems can be a useful aid to monitoring and evaluation. One partner site raised the issue of using IT systems to keep track of data and the lack of knowledge their staff had in setting these up. As part of the project, partner sites were asked for a range of referral data and it became apparent that this was an issue for several sites who could not easily access collated information.

Recording and monitoring ethnicity

It is mandatory for all public sector organisations and those that take public funds in other sectors to record and monitor ethnicity. This is therefore a prerequisite for organisations looking for funding from statutory organisations. At the time of undertaking the research, we found that seven out of eight of the partner sites were recording ethnicity but that there were potential difficulties in ongoing monitoring: this is explored further in chapter 6. A particular barrier to undertaking effective monitoring is the fact that it is difficult to compare data effectively with the ethnic breakdown of the local community, because local data may be based on the most recent census (2001). The need for better local authority monitoring is therefore essential in helping voluntary sector organisations to meet the needs of all young people in the community.
Counselling

“There is a wide consensus among service providers within the voluntary and community sector that psychological therapy or counselling for young people – on issues like depression, eating disorders, or bereavement – can be beneficial... There is evidence that young adults benefit from counselling when they receive it.”

Cabinet Office, Office of the Deputy Prime Minister, 2005

Counselling forms a significant part of the work that these organisations carry out. Finding ways to ensure quality is important to show that the organisation meets a certain standard, not only for the young people using the service but also for attracting funding. We found that organisations were using a variety of different ways to evaluate their services. Youth Access (the national membership organisation for young people’s information, advice, counselling and support services (YIACS), www.youthaccess.org.uk) recommends a quality framework which takes into account different service models but requires organisations to work through a quality manual:

“Youth Access wants to enable users, staff, managers and funders to be clear about, and be able to communicate and secure, best practice. The standards are therefore intended to be used as a tool in a process in which an agency assesses and evaluates its services.”

Youth Access, 1999

Youth Access has recently published two free resources: one is a toolkit offering evidence, advice and guidance to assist busy front-line agencies such as the ones in this project to meet local and national needs, outcomes and targets, plus a useful guide for commissioners on commissioning counselling in the voluntary and community sectors (Youth Access, 2007).

It is important that the valuable role of the voluntary sector in delivering services to young people is both recognised and funded. Tackling the challenges outlined cannot be done by the voluntary sector alone. Strengthening partnerships has the potential to improve services for children and young people. Ultimately, making the most of what the voluntary sector has to offer is as much a challenge for those working in other sectors and particularly those who commission and fund services. As this project has shown, there are some difficulties but also many positive examples of good relationships which show what can be achieved and can form a strong foundation for future work.
12 Recommendations
Overarching principles for policy and practice

01 Services for young people must be person-centred, holistic and inclusive. They need to use a range of approaches derived from the evidence and from what young people say works, including mainstream health and social care interventions, but also interventions centred, for example, around arts, creativity, leisure, participation, sport, education and spirituality.

02 Although specialist services are required for complex or serious mental health issues, the basic service model for young people needs fundamental change. Access to services should be possible whatever the entry point. Services must be able to integrate their response to differing needs (e.g. mental health, sexual health and housing) at the point of entry, which will usually be in a non-mental health setting. Staff should be able actively to support young people to navigate the system and address their needs without labelling or badging the response.

Recommendations for Commissioners

03 Each health and social care community/economy must designate a lead agency and person to co-ordinate the commissioning of services for young people aged 16-25.

04 This agency and person should convene a local partnership board to steer commissioning for young people, that includes all the key voluntary and statutory sector agencies.

05 The partnership board should agree a clear set of principles for commissioning that are based on the principles summarised above. As part of this framework, monitoring and evaluation frameworks should be developed so that voluntary and statutory sector providers are expected to measure outcomes based on the available evidence and on young people’s views of what the outcomes should be.

06 Voluntary sector organisations should be commissioned for time periods of between three and five years, to allow for appropriate review, evaluation, service development and sustainability of young person-centred services.

Recommendations for Providers

07 Young people should be involved in the development and delivery of experiential training of both generic and specialist mental health staff across a range of settings, including primary care, secondary care, accident and emergency departments, benefits agencies and housing agencies.

08 Each provider should have a strategy for young people’s participation that covers operational policy and practice, strategy and the presentation of the services and should monitor to make sure that participation is happening. Support and training for young people must be built in to the strategy.

09 Services should seek to develop a cohort of young ‘experts’ who can help deliver buddy schemes, peer support and peer navigation through services. This will require training, support, supervision and monitoring to be put in place.
Appendix 1: Wish list for services

Youth Crisis 1 consisted of a consultation with young people in four project sites to find out what kinds of crisis services they wanted. The result was a ‘wish list’ drawn up from the key needs they identified.

• Telephone helplines, available at night, in the evenings and at weekends, specifically for young people, and staffed by skilled telephone counsellors, who know what local services are available for young people.

• Places to go for young people that are informal; are open in the evenings; work on a drop-in rather than appointment basis; and are staffed by skilled youth workers with knowledge of mental health issues.

• Services targeted specifically at 16-25 year olds, which are ‘young-people-friendly’ in design and approach.

• Alternative treatments such as reflexology and acupuncture instead of prescription drugs. These are available to many adults experiencing mental distress but difficult to access for young people.

• Fast-track access to treatment, support and care for young people, to enable them to resolve serious difficulties before they become embedded.

• Choice of workers so that young people can build a rapport with someone who meets their individual needs.

• Young person input into staff training – young people felt that mental health workers such as psychiatrists, community psychiatric nurses, GPs, social workers, police officers, and accident and emergency workers would provide more sensitive service if they received such training.

• Greater sensitivity to young people in crisis, particularly at A&E departments (e.g. after self-harm or suicide attempt), providing privacy, support and referral to relevant specialist community services.

• Peer support in schools and youth work settings. More training for teachers in mental health issues would raise awareness of how to support the mental health of vulnerable young people.

• Services for people at risk of crisis. Crisis services should work with young people who feel they are at risk of falling into crisis, helping them to develop strategies and access resources to avoid crisis.

• Naming ‘crisis services’ with care; the term ‘crisis’ may have the effect of preventing some receiving help, as either the professionals or the young people themselves may regard it as excluding young people who are on a pathway to, but not actually in, crisis.
Appendix 2: Partner site case studies

This appendix provides detailed case studies of the work of each partner site’s service. Each case study begins with a tree diagram which is a pictorial representation and snapshot of the service illustrating what it has to offer to meet the needs of young people. In the diagrams:

- roots represent the service’s foundations and building blocks, such as who provides funding, the service ethos, what gaps the service is filling within the local community, and why they set up the service in the first place
- branches represent the different types of service provision offered
- leaves represent the different elements related to each type of provision such as activities, types of interventions and support etc.

The diagrams were inspired by the tree diagram in an Aberdeen Foyer publication (Kennedy, 2004).

An overview of each service is then given, which includes its mission statement, current activities and programme priorities. Information on the local context is also given and this helps to highlight the diversity of the partner sites, how they work to meet the needs of their communities and some of the barriers and constraints they face.

Each partner site was provided with a small amount of funding by the Mental Health Foundation to develop its service as part of the Listen Up project. The case studies show the broad range of ways that this money was spent and what has been achieved as a result.

It should be noted that the referral data does not contain standard clinical diagnoses as, for the most part, these are not used by the project sites, plus many referrals are self-referrals by young people.
Case Study 1:
Sorted Not Screwed Up, Aberdeen Foyer, Aberdeen

Mission statement
“All young people need a home, support and a springboard into independent living, learning and work. Some don’t have it. Aberdeen Foyer helps fill the gap.”

Overview of the service
Aberdeen Foyer is a registered charity which supports vulnerable young people. It provides a range of services that aim to give a young person a period of stability during which they can learn to live successful, independent lives.

Aberdeen Foyer evolved out of a city centre youth project for disadvantaged young people, and it became a registered charity in 1995. In 2001, funding was sourced from the Diana Princess of Wales Memorial Fund to set up a mental health and wellbeing initiative for the young people accessing Aberdeen Foyer. The first two years of the project were guided by a steering group comprising young people and representatives from the statutory services including housing services, the NHS and social services. In 2002, this initiative was named, by the young people themselves, Sorted Not Screwed Up (SNSU).

The emphasis of SNSU is on providing young person-friendly, holistic, readily-accessible services to prevent a young person’s mental health difficulties from worsening. It supports the transition to independent living by helping young people develop life skills, improving their mental health, tackling stigma and discrimination and working towards reducing suicide risk and self-harm through a mixture of short-term interventions and longer-term work such as counselling.

From April 2004, following three years of funding from the Diana Princess of Wales Memorial Fund, the project received its core funding the Scottish Executive’s suicide prevention strategy. This encouraged a greater focus on targeting young people in crisis, in particular reducing rates of suicide and self-harm.

Service development work carried out as part of the Mental Health Foundation project
The main focus of SNSU service development has been the increase of access to complementary therapies for young people experiencing mental health difficulties. A regular shiatsu massage service has been offered to the different Foyer sites in Aberdeen City and Aberdeenshire. Rotating where the massage is provided has meant access to the service is as equal as possible. Other therapies and activities that have been offered include Reiki, Indian head massage and African drumming. All the therapists involved were suitably qualified in their profession.

Providing these complementary services is important, as it offers the young person choice; if they do not wish to engage with more traditional forms of assistance such as counselling, they can still use the service, opting for something that they believe will help them. Having complementary therapy options is also one way to help a young person to engage with the service and build trust.

Initially, it had been planned to use part of the money from the Mental Health Foundation to develop a website, but the complementary therapies were so popular that it was decided to use the remaining funding to continue providing these.

Service catchment area
Aberdeen Foyer has supported housing and education and training sites in Aberdeen City and parts of Aberdeenshire including Peterhead, Fraserburgh, Stonehaven, Banchory and Banff. Due to the geographical spread, SNSU staff are unable to timetable a full mental health programme at every site. Recently, SNSU has targeted the supported housing sites for young people, and certain Foyer Learning sites that offer education and training.
Referrals
SNSU accepts self-referrals from young people already using other Foyer services, and referrals from Foyer support workers.

Referral details in January-March 2006
During this three-month period, there was a total of 12 new referrals to SNSU’s initial counselling assessment stage. Young people were often referred for more than one reason, the main ones being low mood/depression (83%), anxiety/stress (42%), addiction (25%) and relationship problems (25%). 58% of individuals referred during this period were assessed as having a potential risk of self-harm or suicide.

Referred young people's details in January – March 2006
58% of the young people were aged between 22 and 25, and 42% were aged between 16 and 21. 58% were female and 42% male. 100% were White British.

What the service offers
- rapid response/follow-up to crisis
- person-centred therapy
- Cognitive Behavioural Therapy
- staff advisory/consultation role
- referral/signposting
- advocacy
- promotion of arts-based activities
- student/volunteer placements (e.g. art therapy student)
- complementary therapies
- health awareness campaigns (leaflets, posters, brochures).

Family/carer involvement
SNSU is designed to focus on the young person’s needs, so working with family/carers is not a formal part of the service. However, if a young person requests this type of support, staff can help them to explore ways of resolving difficulties and building bridges.

Current programme priorities

i. Monitoring and evaluation
A pilot referral procedure has recently been implemented to promote better communication and track referral pathways in-house. Staff now meet weekly to discuss new referrals, and the pattern of referrals from the different sites is being monitored. Staff have implemented the use of a counselling service monitoring and evaluation system called CORE (Clinical Outcomes in Routine Evaluation). Staff are also being trained to use other project evaluation systems such as the Weaver’s Triangle and LEAP. Other methods include suggestion boxes, focus groups, DVDs detailing young people's views, and service exit evaluations.

ii. Service delivery and capacity
Rapid organisational growth has lead to an increase in the potential client base for SNSU (and other Foyer Health services). Exploration of how to maintain effective service delivery to those in need is therefore a priority. The service has worked to do this through using student counsellors, health volunteers and, NHS health visitors, as well as providing self-help points and building an enhanced network of external services and referral routes.

iii. Young person involvement
Young person involvement was central to SNSU’s initial design and development. The service is prioritising the retention and improvement of this crucial involvement in its current and future developments. Many of the monitoring and evaluation methods would help achieve this priority. A Young Persons’ Forum already exists at Aberdeen Foyer, but a dedicated Foyer Health forum for young people could be another possibility.
iv. Funding

A range of both long and short-term funding streams support SNSU, resulting in a complex and insecure financial environment. Currently, the Foyer is discussing solutions to the problem of securing mainstream health funding, including linking its work more closely with health and homelessness agendas.

How the project addresses gaps in local service provision

Aberdeen Foyer supports people experiencing multiple and complex needs. Young people with a dual diagnosis generally do not ‘fit neatly’ into external services and are therefore at risk of falling through gaps in provision. This can be exacerbated by the requirement of some services that the young person address their drug and/or alcohol issues before they can be offered help with mental health problems. Aberdeen Foyer does not have such rigid criteria for accessing its services and takes a more holistic, needs-led approach. This approach has enabled the Foyer to gain funding from the Scottish Executive’s Multiple and Complex Needs funding stream to support this group of young people in a project called ‘Positively Sorted’ which looks at building skills in optimism.

Barriers and constraints which impede effective provision

The statutory sector is increasingly recognising the role of the voluntary sector in providing holistic care for young people. However, despite this, SNSU is still experiencing short-term funding problems; for example, current core funding runs from 2006 to 2008 only.

The project also has to rely on multiple funders, and this can be very challenging as each funder stipulates different criteria and requires different evaluation structures and reporting mechanisms.

Contacts

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Sorted Not Screwed Up – Holistic Service Tree

**Holistic Approach**

- **Capacity Building**
  - Staff training (internal/external)
  - Access to resources/info for staff and young people
  - Foyer policy and procedure development
  - Linking with external services
  - Promotion of optimism in staff and young people
  - Access to a range of health improvement services
  - Access to self-help materials

- **Positive Health & Wellbeing**
  - Access to lifestyle/fitness checks
  - Shiatsu & Reiki

- **Art & Creativity**
  - Art support
  - Specific projects (e.g., SNSU DVD)
  - Music
  - ‘Sorted with the Arts’ events

- **Individual Support**
  - Person-centred counselling
  - Advocacy
  - CBT
  - Needs assessment
  - External staff counselling service

- **Strategic Work**
  - National Programme for Improving Mental Health and Wellbeing
  - Scottish Executive (Creating Better Services for People with Multiple and Complex needs)
  - Mental Health Foundation (Listen Up! project)
  - Health and homelessness

- **Indirect Support**
  - Mental Health

- **Art & Creativity**
  - Art Therapy

- **Strategic Work**
  - Scottish Executive (Creating Better Services for People with Multiple and Complex needs)

- **Strategic Work**
  - Mental Health

**Case Study 1**

**Positive Health & Wellbeing**

- Access to a range of health improvement services
- Person-centred counselling
- Advocacy
- CBT
- Needs assessment
- External staff counselling service
- National Programme for Improving Mental Health and Wellbeing
- Scottish Executive (Creating Better Services for People with Multiple and Complex needs)
- Mental Health Foundation (Listen Up! project)
- Health and homelessness

**Strategic Work**

- Scottish Executive (Creating Better Services for People with Multiple and Complex needs)
- Mental Health

**Positive Health & Wellbeing**

- Access to a range of health improvement services
- Person-centred counselling
- Advocacy
- CBT
- Needs assessment
- External staff counselling service
- National Programme for Improving Mental Health and Wellbeing
- Scottish Executive (Creating Better Services for People with Multiple and Complex needs)
- Mental Health Foundation (Listen Up! project)
- Health and homelessness

**Strategic Work**

- Scottish Executive (Creating Better Services for People with Multiple and Complex needs)
- Mental Health

**Art & Creativity**

- Art Therapy

**Capacity Building**

- Staff training (internal/external)
- Access to resources/info for staff and young people
- Foyer policy and procedure development
- Linking with external services
- Promotion of optimism in staff and young people
- Access to a range of health improvement services
- Access to self-help materials

**Positive Health & Wellbeing**

- Access to lifestyle/fitness checks
- Shiatsu & Reiki

**Strategic Work**

- Young people presenting with mental/emotional health difficulties
- Challenging stigma and promoting messages of recovery and optimism
- Support staff needs (information, skills, reassurance)

- Gaps in, and problems accessing appropriate mental health support suited to the needs of young people
- Aberdeen Foyer commitment to community development and inclusion
Case Study 2: 
Experience in Mind, Mind in Brighton and Hove, and Hove YMCA

Mission statements
Experience in Mind is a partnership project between Mind in Brighton and Hove, and Hove YMCA

“Mind in Brighton and Hove seeks to empower and support people who have experience of mental distress.”
“Hove YMCA is a Christian charity that offers all young people, their families and communities an opportunity to develop mentally, physically and spiritually. We seek in particular to enable those who are disadvantaged to reach their full potential.”

Overview of the service
Mind in Brighton and Hove worked in partnership with Hove YMCA on the Experience in Mind project, to respond to some of the key needs identified in the first stage of consultation with young people in Youth Crisis 1. Mind in Brighton and Hove brought expertise in mental health and Hove YMCA expertise in working with young people.

The Experience in Mind project was designed to give young people with experience of mental health difficulties a voice in shaping the services available to them. This included giving their input in the strategic development of these services, as well as providing specialist training to a range of professionals working with young people. The aim was to improve the responsiveness and effectiveness of mental health services for young people by helping professionals to understand young people’s needs better, and by challenging stereotypes about young people and mental health.

A training pack was developed as part of the project, based on young people’s views and experiences. Each young person shared their experiences in a one-to-one meeting with the project co-ordinator, and then the young people met in groups to develop the training material.

Young people who wanted to deliver the training could then take a Level 2 Open College Network (OCN) accredited course, ‘Training through Experience’, to learn the necessary skills. This eight-week course was divided into five modules: group work skills; self development; mental health difficulties; training skills; and young people’s issues. At the time of going to press, this course had been run twice.

The project was funded by the Mental Health Foundation, the Tudor Trust and Brighton and Hove Equal.

Service development work carried out as part of the Mental Health Foundation project
The funding that was given by the Mental Health Foundation contributed towards the setting-up and running of the project. It also allowed the service to consider broadening its target audience. Originally, it had been felt that clinical-based professionals were the target audience, but in 2006, due to the success of the pilot, this was broadened to include other professionals: teachers, police officers, GP surgery reception staff, youth workers, Connexions’ personal advisors, drug workers and social workers.

Catchment area
All young people who are part of the project have lived in Brighton and Hove and have used statutory mental health services.
Recruitment of young people

16 young people joined the project between February 2006 and December 2006. In January 2007, 13 were still actively engaged on the project and three had moved on.

Young people were originally recruited using targeted promotional material which was e-mailed to approximately 65 different contacts within agencies in Brighton and Hove. Hard copies were sent to relevant city agencies working with young people. At the time of going to press, half of the young people engaged in the project had self-referred.

Other participants were informed directly of the project by a professional already working with them. Professionals have included Connexions personal advisors based in schools and colleges and advisors and advocates based at other organisations including Mind in Brighton and Hove.

Recruitment details from February 2006 – January 2007

77% of the young people were aged between 16 and 21, and 23% between 22 and 25.

54% were female and 46% male. 12 of the young people recruited were White British, and the other young person was of mixed ethnic background.

Family/carer involvement

Family members and carers were not directly involved, but young people wanted to expand the project so that they could train with families and carers in the future.

Current programme priorities

i. Development of the training package

A group of young people with experience of mental health difficulties and using services have been recruited and are developing a training package. It will use multimedia techniques such as film and sound to help young people express their experiences in the most effective way possible.

The young people have their own steering group that influences the development of the overall project, and feeds into strategic forums and city networks such as the Child and Adolescent Mental Health Service Strategic Planning Group.

ii. Delivery of the training package

The training was piloted with relevant agencies identified by the young people and the advisory group. Course participants will be charged a fee and this will contribute towards the training provision costs.

The young people will deliver the training in pairs to groups of up to 15 professionals at a time, from across Brighton and Hove, both within and outside the clinical sector. They will receive payment at an hourly rate for time spent preparing for and delivering courses. Once the first group of young people have experience of delivering training, they will be encouraged to become ‘peer trainers’ and support others.
iii. Monitoring and evaluation
The project’s progress is monitored by its partner organisations, the advisory group and the young people’s steering group to ensure it meets its objectives.

Young people are actively involved in all aspects of monitoring and evaluation.

The training package will be piloted, reviewed and amended throughout its delivery to ensure its effectiveness.

Young people have designed feedback forms for trainees on the relevance of training material, quality of trainers and usefulness of the information, and changes may be made based on this feedback.

How the project addresses gaps in local service provision
The gap in young people’s participation in delivering training was clearly identified in Youth Crisis I. The methods used in the project, which are all young people-led, aim to improve the way services are provided and how they respond to young people’s needs.

Barriers and constraints which impede effective provision
There is no established formal structure outside the project for young people to have a voice on the types of services available to them and how those services are delivered. This can lead to young people feeling alienated from services and falling through the gaps.

Current funding runs until February 2008 and further funding is now being sought so that the project can continue. There are a significant number of ideas on how this training can be taken forward in the future, such as working in schools.

Contacts
Experience in Mind project
Mind in Brighton & Hove
79 Buckingham Road
Brighton, BN1 3RJ
Telephone: 01273 749600
Website: www.mindcharity.co.uk
Experience the Mind – Holistic Service Tree

- Partnership working
- Accessibility
- Healing
- Diversity
- Group work
- Mental Health Foundation (Listen Up!)
- Inclusion
- Own accredited training
- Raising mental health awareness
- Professionals being trained by young people
- One-to-one support
- Strategic work
- Publicity
- Local needs provision
- One-to-one support
- Brighton and Hove

**HOLISTIC APPROACH**

**DEVELOPMENT OF TRAINING PACKAGE**

- Unique vehicle for young people to raise awareness of mental health issues
- Unique vehicle to help tackle the gap between CAMHS and adult mental health services
- Originated in young people expressing concern that professionals from all sectors are ill-equipped
- The Tudor Trust
- Young person-led
- Grew from the Mental Health Foundation’s Youth Crisis 1
- Offering young people
Case Study 3: Community Links, Canning Town

Mission statement
“Our founding philosophy is empowerment and a belief that everyone who receives has something to give in return.”

Overview of the service
Community Links was founded in 1977 and is a generic children and young people’s organisation that delivers an extensive network of projects and services to over 1,000 16-25 year-olds each week across East London. The project was first established by two youth workers, Kevin Jenkins OBE and David Robinson OBE, who identified the need for a broader range of opportunities for young people and more community-led initiatives in the local area. Subsequent growth of the project has been determined by the needs and demands of young people in the local community and in consultation with them. Funding throughout the history of the service has come from various sources, including Newham Council, trusts, private companies and local community fundraising.

The community focus of the project means that much of the mental health work it carries out is preventative. Generic advice, advocacy and support services are provided to help young people cope with situations, such as unemployment and family breakdown, that could potentially lead to mental distress. Outreach projects also form a large part of the service, for instance carrying out mental health promotion work in local schools, and working with young people in custody. More traditional mental health support is also offered, in the form of one-to-one counselling and structured group work focusing on particular issues, such as bereavement or self-harm. For those experiencing distress/crisis a large variety of services are available including: drop-in; support with attending other services; intensive support over 24–48-hour periods; and childcare. Accessibility is considered key, and the service can be contacted by text, phone or email.

Central objectives of the work carried out are to empower young people, to facilitate equality of access, to combat stigma and to provide services that are responsive and useful to young people’s actual needs. Peer support and mentoring are therefore central to the project and many young people who first access the project for help go on to support other young people in the future.

Service development work carried out as part of the Mental Health Foundation project
Community Links have recently set up a text messaging service which complements the e-mail and telephone helplines they already have. The service enables a young person to text the service and the message is relayed via a computer. This means that staff can type a response to the young person and this will go their mobile. The helpline is manned every weekday and Saturday mornings but is often checked more frequently. This service provides another way for young people to access and test out the service. It may be easier for a young person initially to make contact via text rather than having to speak to someone, which can be more daunting.

Mental Health Foundation funding was also used for the initial release of staff at Community Links, who did not work specifically with young people with mental health problems, to have training to increase awareness and knowledge. Child and adolescent mental health services provide the training and the aim is to help those staff gain a better understanding of young people’s emotional and mental health needs. This in turn improves the first contact a young person may have with the service. At the time of going to press, Community Links had taken over funding this work so it can continue.
Service catchment area
The London Borough of Newham, with additional work in some of the surrounding East London boroughs.

Referrals
Community Links accepts referrals from all professionals, as well as families, friends and self-referrals from young people. Internal referrals within the different parts of Community Links are also common.

Referral details in January - March 2006
Referral details were collected during this period by the many different projects within Community Links. However, these were not available in a collated total.

Referred young people’s details in January – March 2006
Referral details were not available (see above).

What the service offers
• one-to-one counselling
• therapeutic group work on specific areas
• information and advice
• creative arts, writing and poetry
• sports
• a safe social space
• support in attending other services
• drop-in
• intensive support through crisis
• support to young people in custody
• childcare
• advocacy
• peer support
• practical support into employment
• outreach work in the community
• mental health promotion.

Family/carer involvement
In general, Community Links have found that the involvement of families can act as an additional barrier preventing young people from accessing the service. However, workers are willing to contact families or carers at the request of the young person, often to help resolve conflict or access support for the rest of the family.

Current programme priorities
i. Education and prevention services
There are plans to continue to develop education and prevention services for 14–19 year-olds and 19–25 year-olds that are quick to respond to the ever-changing emotional health and wellbeing needs of young people.

ii. Responding to early signs and symptoms of mental health problems
This will include the extended training for generic project staff in being able to recognise these signs and symptoms and feel comfortable in providing an appropriate response. In addition, there are plans to place mental health specialists within other parts of the service, to ensure both ongoing mental health promotion as well as provision of immediate support to young people experiencing crisis.

iii. Counselling
There are plans to increase the provision of counselling within the Community Links advice and advocacy services for 14 - 25 year olds. There will be greater participation of young service users in developing this aspect of the service.

iv. Review of the service
Community Links plans to undertake a full analysis of its current work.
How the project addresses gaps in local service provision

The population of the London Borough of Newham is incredibly diverse, comprising large communities from all over the world and with over 80 languages being spoken in schools. There are high numbers of refugees and asylum seekers, and unaccompanied minors arrive every year. Social deprivation is high, and housing is poor, dense and overcrowded. Additionally, the borough has the youngest population in the country.

Resistance to accessing traditional services is high; the general problems that young people have in feeling alienated from statutory services are compounded in this area by language and cultural barriers. Community Links has attempted to address these issues through projects that reach out to the community, and aims to offer services that are sensitive to different cultural needs as well as young person-friendly. The mental health provision grew from the identification of a lack of accessible counselling services in the area; services were found to be formal and to have long waiting lists. A lack of holistic support for young people with mental health problems also drove the development of the Youth Employment Project, offering combined practical and therapeutic support.

Barriers and constraints which impede effective provision

Obtaining funding is challenging, due to the innovative nature of the service; mainstream money from the statutory sector tends to be granted to more conventional services. This can be frustrating, particularly when the service identifies a need in the community and finds it difficult to raise monies to deliver a short-term project to respond to this need. In general, the service has found that the nature of the commissioning process, where priorities are set by the funding bodies, can inhibit the community’s ability to respond to local need and find solutions together.

Contacts

Community Links
105 Barking Road
Canning Town
London, E16 4HQ

Telephone: 020 74732270
Website: www.community-links.org
(Canning Town) Community Links – Holistic Service Tree

**CREATIVITY**
- Creative teaching methods
- Poetry projects
- Express (art, drama, story therapy)
- Music/media rooms
- African drumming
- Large-scale art works
- Photography

**HEALTH & INTENSIVE SUPPORT**
- Mental Health Promotion
- Crisis support
- Activity days
- Healthy Schools Links Team

**CHANGING OUR WORLD**
- Community projects
- We are what we do
- International expeditions/exchanges
- Participation activities
- Partnertships with East London boroughs
- Holidays/residential programme
- Publications

**PARTICIPATION**
- Health promotion through all services
- Participation workers
- Newham Children’s Parliament
- Community Consultation Events
- Benefit, legal and financial advice
- Mentor programme

**PREVENTION**
- Early relationships with vulnerable young people (CAMHI, After school)
- Street work
- Apprentices

**HOLISTIC APPROACH**
- Local planning partnerships
- Business/volunteer links
- Business/volunteer links
- Healthy Schools Links Team
- Express (art, drama, story therapy)

**Building strong relationships with children and their families that are not dependent on short-term or issue-based funding**

**Working closely with local specialised agencies**

**Instant response service and 24-hour support fill the gap left by other services**

- Providing positive, ongoing playful relationships as much as ‘being there’ when an individual or family is in crisis
- Supporting a young person in crisis consistently, maintaining a level of support available to them regardless of difficulties they may be experiencing with other services

- Your health and you
- Community projects
Mission statement
“The lives of all children should be free from poverty, abuse and discrimination. Our purpose is to help all children and young people transform their lives and fulfil their full potential.”

Overview of the service
The Caterpillar Service offers holistic, flexible support to young people with mental health problems aged between 12 and 21. Working both in hospital settings and in the community, the project offers group and one-to-one support for young people covering all aspects of their lives, from emotional support to practical help with medication, housing, employment and education. The type of support is determined by each individual’s needs and interests; emphasis is placed on treating young people as whole people rather than concentrating on their problems, so much of the support involves fun activities.

The service is run as part of the Barnardo’s Marlborough Road Partnership. A leading UK children’s charity, Barnardo’s runs over 380 services across the UK designed to support vulnerable and disadvantaged young people in establishing themselves as independent citizens within their communities. The Marlborough Road Partnership, one of 40 Barnardo’s services in Wales, offers generic help and support to young people in Cardiff and Newport and took part in the Youth Crisis I consultation. Young people in the consultation said that statutory mental health provision was limited, difficult to access, rigid, stigmatising and offered only a medical perspective. Building on these findings, Barnardo’s spent two years reviewing policy and consulting a wide range of stakeholders including young people, parents, carers and professionals before establishing the Caterpillar Service. Originally, the project was designed for young people aged between 16 and 25; this was however changed when it became possible to collaborate with the local adolescent psychiatric ward which works with children under 16.

Funding was initially provided by Barnardo’s. In 2006, the Caterpillar Service successfully bid for funding from the lottery and this has led to a significant expansion of their service. Cymorth funding has enabled the Caterpillar Service to start its work in schools with young people who are at risk of or have some signs of mental health problems.

Service development work carried out as part of the Mental Health Foundation project
For the first year, the Mental Health Foundation part-funded the post of the project worker employed to run the Caterpillar Service. To start with, this entailed group work in the hospital setting which included undertaking activities and providing social support. Over time, as well as the inpatient group work one-to-one work was offered. This could take place anywhere from the Barnardo’s office to a local coffee shop. Part of the project worker’s role has included ongoing policy and campaign work which has included running workshops and doing presentations with young people.

Service catchment area
The catchment area of the service is Cardiff, although staff also travel to visit young people who have been placed in psychiatric units outside the area.

Referrals
Young people must have an acknowledged mental health problem and be seeking help for this. Referrals are accepted from any source including voluntary and statutory agencies, friends, family members or self-referral.

Referral details in January - March 2006
In this period, 28 young people were referred to the Caterpillar Service. Of these, one had self-referred, while the remainder had been referred through statutory services. The majority (60%) came through Child and Adolescent Mental Health Services.

The young people accessing the project have complex needs and so it was difficult to identify one reason only for referral. All of the young people in
this referral period had been experiencing emotional
difficulties, with half demonstrating self-harm
behaviours. 43% had received a clinical diagnosis,
25% were misusing drugs or alcohol and 18% had
eating problems. In addition, 7% of the young people
were homeless, 14% were care leavers, 7% were
young parents and 11% were young offenders.

Referred young people’s details in January – March 2006
60% of the young people accessing the Caterpillar
Service were aged 12–16, while 40% were aged 16–21.
64% were female, and 36% male. 79% of the young
people were of White British origin. One young person
was of Black Caribbean origin, one was of Pakistani
origin, and one of Black African origin. Three young
people (14%) were of mixed ethnic background.

What the service offers
• hospital based support
• fun activities and treats
• one-to-one support
• group work
• support with understanding and dealing
  with medication
• outreach

Family/carer involvement
To keep the service young person-centred, the Caterpillar
Service does not involve the families and carers of young
people directly in the support that is offered.

Current programme priorities
i. Funding
   The project is currently concentrating on
   obtaining sustainable funding streams.

ii. Early intervention
   Preventative work is one area that the Caterpillar
   Service is keen to develop. The project would like
to be able to do more work with young people to
build up their emotional resilience and confidence,
enabling them to deal productively with issues
before they escalate into mental health problems.

A new outreach project is being developed along
these lines with Year 11 children in local schools,
offering support as they begin to negotiate the
transition between school and independence.

How the project addresses gaps in local service provision
A scoping exercise carried out in the first six months of
the project confirmed that the Cardiff area, like much
of Wales, provided little support for young people with
mental health problems. The Caterpillar Service aims
to take a person-centred approach that does not view
people on the basis of diagnostic criteria.

Barriers and constraints which impede effective provision
There is not enough funding available for mental
health services for young people, on either a local
and national level.

Although the project generally has good local
relationships with statutory services, there are still
issues on a national level in reconciling the two
cultures. Voluntary sector agencies are trying to be
taken more seriously whilst overstretched statutory
services can be wary of the approaches taken by
some smaller voluntary agencies. This can impact on
the work of the Caterpillar Service.

Awareness needs to be raised of the difficulties in
transition from youth to adult services, especially
in appreciating the different situations that young
people can face. Listening to what young people
want is an essential part of developing effective
provision at this transitional time.

Contacts
Caterpillar Service
Barnardo’s Marlborough Road Partnership
46 Marlborough Road, Roath
Cardiff, CF23 5BX
Telephone: 029 20497531
Website: www.barnardos.org.uk/marlboroughroad
Consultation with young people demonstrated a need for a holistic model providing wide ranging support for young people with mental health issues.

Young people wanted a package of support from one agency based on a ‘trusted adult’ model with social support as a key building a strong relationship.

Funding from Barnardo’s, Cymorth (Cardiff Children and Young People’s Partnership), Big Lottery Wales, Young People’s Fund.
Mission statement
"Our objective is to provide a positive, supportive and safe environment in which young people can address their emotional and behavioural difficulties in a wide range of therapies. Young people will be encouraged to be involved in the setting up and running of the service. The Young Person’s Advisory Board will be involved in the development of the service."

Overview of the service
Support @ The Junction was established in 2002 to provide support to young people aged 11–18 who were not able to access statutory services. It is one of the services offered by Mind in Colchester. Support @ The Junction was originally funded and set up in accordance with the local primary care trust’s Health Improvement and Maintenance Plan, which aimed to provide an out-of-hours service for young people at risk from mental health problems, drugs and alcohol.

This service developed and grew out of the Child and Adolescent Advocacy Service set up in 1999 to provide advocacy for young people in a local psychiatric unit. Alongside this service, a Young People’s Advisory Board was set up to promote service user involvement. It was feedback from this board that drove the development of the provision at Support @ The Junction. When the service gained its own site, the three services – advocacy, the Young People’s Advisory Board and Support @ The Junction – were brought together under the umbrella of ‘The Junction’.

Service development work carried out as part of the Mental Health Foundation project
The funding from the Mental Health Foundation enabled The Junction to commission Anglia Ruskin University to undertake an evaluation of the services it provides. As part of this, two young people from the Young Person’s Advisory Board at The Junction were trained by the university to undertake some of the research.

The evaluation was undertaken to help increase the profile and credibility of the service with funders, which, in turn, helps to secure the future of the project. The young people who helped conduct the research have gained both new skills and confidence. An important element of this evaluation has been to give a ‘voice’ to young people who use the service and their feedback by means of focus groups has informed the evaluation report.

Key findings of the evaluation included: short-term and piecemeal funding led to difficulties in sustaining and developing the service; young people reported that they were not keen to go to statutory services; and marketing of The Junction was needed but difficult due to staffing levels.

Service catchment area
Colchester

Referrals
Support @ The Junction accepts all 11-18 year olds with emotional, behavioural or substance misuse issues either through self, parental or statutory referral. If an initial assessment indicates that a young person would also benefit from being referred to another agency including statutory services, then Support @ The Junction will make contact.

Public sector organisations referring to the service include: education institutions, the youth judiciary system, A&E departments, GPs, youth services, social services, the local primary care trust, mental health trusts and drug and alcohol services and others.

Referral details in April–June 2006
During this three-month period, 21 young people were referred to the service. Young people were often referred for more than one reason. The main reasons were behavioural problems (56%) and anger (48%).

Referred young people’s details in April – June 2006
86% of the young people were aged 16 or under, and 14% were aged between 17 and 21. 62% were male
and 38% female. No data on the ethnic origin of the young people was collected during this period (see current priorities).

What the service offers

- information and support
- assessment
- groups for those who self-harm
- groups for 11-16 year olds with emotional and behavioural difficulties
- support group for 15-21 year olds focused on communication skills for vulnerable, isolated young people
- substance misuse advice
- peer support
- advocacy
- support to young people trying to access or re-engage with education, employment and daily life
- aromatherapy
- relaxation
- art therapy groups

Family/carer involvement

Support @ The Junction is keen to involve families and carers in its work programme as it acknowledges that young people are part of a wider network. There is a family support group as well as more informal forms of contact such as telephone conversations. In addition, families and carers are welcome to come to assessments and reviews as long as the young person consents to this. The friendly and voluntary status of Support @ The Junction means that the service can potentially be seen as less threatening than statutory services, so it is rare for either the young person or the family to object.

Current programme priorities

i. Consultation
   The further development of consultation is planned. This will include organising a young person's consultation event every summer bringing together professionals and young people who use services.

ii. Service development
   New groups are being set up including an anger management group.

iii. Sexual health
   The Junction is in the process of liaising with the Trust’s Sexual Health Service regarding the integration of this service with those on offer at the Junction.

iv. Monitoring of ethnicity
   In line with a review of national Mind policy, the Junction is about to begin the monitoring of ethnicity of both staff and young people using the service.

How the project addresses gaps in local service provision

The service was set up to provide an approachable, non-statutory, young person-centred service tackling behavioural and emotional issues as well as substance misuse. It is the only voluntary service in the local area that works solely with young people in this group.

Barriers and constraints which impede effective provision

The main issues are a lack of funding, particularly long-term funding.

Staff shortages have meant that Support @ The Junction has had to abandon its keyworker system which used to offer effective support in involving families and carers, as it allowed time for extra one-to-one support and meetings.

Contacts

Support @ The Junction
The Junction
78 Maldon Road
Colchester
Essex, CO3 3AL.
Telephone: 01206 541841
Website: www.colchestermind.org/yp-services.php
Support @ The Junction – Holistic Service Tree

GROUP WORK
- Closed and open art therapy
- DVD project on emotional wellbeing
- Parent’s support group
- Yoga
- Sexual health talks
- Healthy eating
- Aromatherapy
- Smoking cessation

HEALTHY WELLBEING
- Monday Nites 11-16yrs
- Self harm support group
- Biscuits and Carrotsticks 16-18 peer support group
- Healthy living

YOUNG PERSON INVOLVEMENT
- Advocacy service referrals and drop-ins
- Young Person’s Advisory Board
- DVD project on emotional wellbeing
- Parent’s support group

INDIVIDUAL SUPPORT
- Substance misuse support
- ‘Moving On’ work
- Referral and assessment
- Leaving and After Care young people’s programme

STRATEGIC WORK
- Smoking cessation
- Connexions Outreach: substance abuse and assessments
- Referral and assessment
- Colchester Young Persons Strategic Partnerships Youth Group
- Mental Health Foundation (Listen UP!)

HEALTHY WELLBEING
- Connexions
- North East Essex CAMHS
- Advocacy service referrals and drop-ins
- Leaving and After Care young people’s programme
- Advocacy service referrals and drop-ins

FUNDING
- Funding from the Primary Care Trust, Connexions, Essex County Council and the Drug Action Team
- Using a multiagency joint working approach
- Working with the Young Person’s Advisory Board to create a young person friendly service

Three services for young people under one roof: Support @ The Junction, Advocacy and the Young People’s Advisory Board
Case Study 6: 
The Market Place, Leeds

Mission statement
"All young people have the right to feel safe and secure in their lives, be treated with respect and to feel good about themselves. The Market Place offers space, time and information to help this happen. We support and believe in young people so that they can develop their own emotional resilience. We accept young people as individuals and encourage them to live their own lives in the way that they choose."

Overview of the service
The Market Place provides a service to young people aged between 13 and 25 years, tackling a range of mental health problems; emotional, relationship and practical difficulties. Acknowledging that young people’s problems are both interlinked and individual, the organisation strives to adapt to each young person’s needs by working holistically with their particular issues and background. Free confidential support is delivered through a mixture of youth work and mental health models including a drop-in centre, a counselling service and individual support offering either generic support (one-to-one) or personal development planning (My Plan).

Established in 1989 following a consultation with local young people, the Market Place project developed from the Market District Boys’ Club which was founded in 1896 by Leeds Parish Church. Young people in a school counselling service and other local organisations expressed a need for support, information and counselling geared specifically to young people and available in a generic setting in the city centre, not in school.

Initial funding was provided equally by Leeds City Council and the Paul Getty Trust. More diverse funding streams have subsequently been found for the project, currently including Child and Adolescent Mental Health Services (CAMHS), Safer Leeds and Leeds Youth Service. Maintaining The Market Place’s service goals despite pressures from different funding streams is crucially important to the Market Place. Central to consideration of any new service development are the reasons why young people access the organisation.

Service development work carried out as part of the Mental Health Foundation project
Service development at the Market Place has concentrated on developing consultation and service user involvement practises.

Firstly, a Young Person’s Advisory Group has been established to more fully involve young people in the development of the service. The group has been named ‘Helping Young People Through Experience’ (HYPE) by the young people and its first session was held in July 2005. Some sessions are used as ‘think tank’ slots, where The Market Place asks the group for advice and input on particular issues. Under the guidance of a dedicated Participation Worker, the rest of the work is young person led and has included producing a magazine, and making a short film.

The Market Place had also developed a young person friendly tool to evaluate its one-to-one services. Researched and designed by service users, the ‘rate your life’ tool is based on emoticons which are drawings of faces used to denote emotions. Young people are sent one sheet of emoticons along with a set of self assessment scales before accessing the service and another when they have completed a block of sessions, asking them to rate how they feel. The tool uses language that is
not technical and which avoids pathologising and stigmatising. This tool enables The Market Place to assess the impact of its one-to-one support and has been in use since July 2005.

**Service catchment area**
Young people from the Leeds area can access the Market Place.

**Referrals**
The Market Place accepts referrals from all sources. Self referrals are actively encouraged, although the organisation also receives referrals from a number of statutory services, including GP and Child and Adolescent Mental Health Services (CAMHS). All young people at the Market Place have the same rights of access. Staff working within different parts of the project also make internal referrals; if a young person attending counselling was in need of more practical support, for instance, they can refer themselves to either the Drop-in, One-to-one or My Plan services.

**Referral details in January-March 2006**
During this three-month period, there were a total of 161 referrals to The Market Place. Self referrals accounted for 59% of initial appointments, with a further 20% being referred by a parent or friend, and 19% by various professionals in the statutory sector. Individual reasons for referral were not recorded for this period as these are instead collected annually to provide a snapshot of the diversity and complexity of the issues raised at the point of referral.

**Referred young people’s details in January – March 2006**
In this time period, 52 young people age 16 and under were offered an appointment of which 36 (70%) attended. 58 young people between 17 and 19 were offered an appointment of which 37 (64%) attended. 37 young people between 20 and 25 were offered an appointment of which 25 (68%) attended. Gender data was not available.

The majority (84%) of the young people were of White British origin. Of the 16% who identified as being from a minority ethnic group, 2% were of Indian and Pakistani origin, 1% of British Asian, 2% White other, 1% Black other, 1% other mixed race and 3% Black British. The largest of the minority groups were of Caribbean origin, with 2% identified as Black Caribbean and 4% as mixed White and Black Caribbean.

**What the service offers**
- drop-in service offering support, information and signposting
- counselling
- individual emotional and practical support
- ‘My Plan’ personal development
- early intervention in crisis
- long-term support
- the opportunity to join a participation group.

**Family/carer involvement**
The Market Place often supports parents making referrals to the organisation. There is also often an impact on the family circumstances when supporting young people. However, The Market Place does not work directly with families or carers, helping to ensure that the project’s position as a confidential, young person centred space is retained. If a young person were though to request that the service take a more active role in supporting their family relationship then staff would suggest a more appropriate organisation that was experienced in working with the whole family unit.
Current programme priorities

i. Internal structure
The Market Place is a growing and changing organisation, meaning that some structures and procedures are still in place that need to catch up with increase in demand. Finding a balance between retaining the core of what has made the organisation successful whilst developing new ways to allow sections of the organisation to work more independently is a key challenge. The Market Place is keen to retain a service that is informal, flexible and places equal weight on its youth work and more formal, appointment based mental health elements in order to continue to successfully engage with a wide range of service users and their variety of needs.

ii. Increasing staff numbers
Staff are currently overstretched as there are not enough paid or voluntary staff to satisfactorily cover the number of young people who access the project. Negotiations are ongoing for funding to employ more staff.

How the project addresses gaps in local service provision
The funding that the project receives from Leeds CAMHS reflects the vital role The Market Place plays in fulfilling local needs, particularly for preventative services and those designed specifically for young people. Providing mental health support in a non-stigmatising, generic setting ensures that The Market Place reaches young people who would be less likely to access statutory services; a holistic approach also means that the complex needs of young people are addressed. High levels of self referrals demonstrate the accessibility of the project and its success in appealing directly to young people.

Barriers and constraints which impede effective provision
The service is stretched to capacity. The three interrelated problems of low staffing levels, insufficient funding and confined space prevent the project from increasing capacity to alleviate their waiting lists.

Contacts
The Market Place
28 Kirkgate
Leeds, LS2 7DJ
Telephone: 0113 2461659
http://www.tmpweb.org.uk/marketplace/
The Market Place – Holistic Service Tree

- Funding from CAMHS, Leeds Youth Service, Connexions, and Safer Leeds (Drug Action Team)
- City-wide, centrally based, providing the largest young person counselling and support centre in Leeds

Consultation of local young people: They requested information, support and counselling from a city centre base not in school

- Historical context of church ethos - support for underprivileged young people since nineteenth century
- Holistic, young person-centred support provided by a multi-disciplinary team. Designed to be open-ended, non-judgemental and easily accessible
Case Study 7: Streetwise, Newcastle

Mission statement
“We believe that young people have a right to high quality professional services that are responsive to their needs, promote their wellbeing and actively seek to be accessible and open to all young people.”

Overview of the service
Streetwise is an open access service used each year by over 6,500 young people aged between 11 and 25. It was set up in 1991 when two youth workers found that young homeless people in the centre of Newcastle were not accessing health services. The focus of the project was to move away from the medical model of service and provide an approachable, integrated service to the vulnerable young people who were being failed by the existing system. Initial funding for the service was provided by the local health authority, with some additional funding from Comic Relief and the Tudor Trust.

Today, the focus of the work lies within three key areas: mental health; sexual health; and drug and alcohol misuse. In addition, the service offers advice and information on housing, debt, benefits, training/education and careers. The majority of Streetwise services are delivered from the city centre premises, but the project does have an extensive outreach programme working with schools, providing counselling and sessions on drug and alcohol misuse. Preventative work such as smoking cessation and the condom distribution scheme is combined with counselling and other crisis interventions, with the aim of offering a complete service that caters to all the needs of young people.

Service development work carried out as part of the Mental Health Foundation project
Thirty-three percent of counselling sessions run by Streetwise involve work with self-harm. Work has therefore been focused on developing services for young people who self-harm or have suicidal thinking. Streetwise has forged strong links with the Child and Adolescent Mental Health Services’ (CAMHS) self-harm team, working with them and accepting regular referrals of young people to Streetwise for longer-term work. Streetwise has developed a self-harm and suicide risk assessment tool which incorporates a therapeutic action planning process for the young person.

Streetwise has also worked in partnerships with CAMHS and Newcastle Social Services in providing outreach services to 90 unaccompanied minor and young refugees in Newcastle. This, alongside other work at Streetwise with Black and Minority Ethnic (BME) groups, aims to ensure that the service proactively targets young people from a range of backgrounds.

Service catchment area
Streetwise will accept any young person who is able to travel to its location in the centre of Newcastle. The majority of young people are from Newcastle, although clients do travel from the surrounding areas of Gateshead, Northumberland and North Tyneside.

Referrals
Referrals are accepted from any source, whether voluntary or statutory agencies, families, carers, or the young person themselves.

Referral details in January-March 2006
In this period, 75 young people were referred to the Streetwise counselling service. Of these, 36% self referred, while 15% were referred by their families. Referrals from statutory services accounted for 40% of young people, while 9% were referred by voluntary agencies.
Referred young people’s details in January – March 2006
The majority (63%) of the young people were aged between 16 and 21, with 28% being under 16 and 9% aged between 22 and 25. 84% of those referred to Streetwise were female and 16% were male. Ethnicity data was not available for all young people in this time period. Of the 55 young people who did state their ethnicity, 93% identified as White (British/European). One young person stated they were of Pakistani origin, one of Black African origin, and two young people were of mixed ethnic origin.

What the service offers
- one-to-one counselling
- counselling and group work in schools
- drop-in service
- information and advice
- sexual health advice
- self help library
- social activities
- smoking cessation clinic
- drugs and alcohol awareness.

Family/carer involvement
As a young person-centred organisation, Streetwise has not traditionally involved parents and carers, as the confidentiality of the service has been a major factor in young people deciding to access it. At present, staff will talk to families where necessary or appropriate, although only with the permission of the young person.

However, as the service has grown, so has the acknowledgement that working directly with families can be useful for young people. The project is now beginning to develop therapeutic work involving families.

Current programme priorities

i. Accreditation
Streetwise aims to become accredited as a counselling training provider.

ii. Integration with statutory services
The service is in the process of combining premises with the Young People’s Participation Team, which will be brought under the Streetwise umbrella, plus the integrated Young People’s Drug and Alcohol Service. This will provide young people in the area with a single, integrated site where they can access a range of services from advice and counselling to detoxification from drugs and alcohol. A new building needs to be found to enable this change.

iii. Disabled access
A failing of Streetwise’s current location is the lack of disabled access; this will be a key priority in choosing the new site.

iv. Online counselling
An online counselling service is planned to further expand accessibility.

v. Training programme for parents
Funding has been sourced from CAMHS to develop a training programme to equip parents with the skills to support and help their children.

vi. Group provision
The service would like to create a stronger culture of peer support through expanding the number of support groups it offers; currently the majority of its services are one-to-one.
How the project addresses gaps in local service provision
Streetwise was originally set up to counter the under-use of health services by young people in the area. Expansion of the service has similarly been governed by identifying gaps in provision. The two main areas of work, as described above, are providing services for young people who self-harm, and making services accessible to all young people, from every ethnic background. As part of this second area of work, a monthly ‘positive’ hip hop event, called ‘CRUNK’, has been set up. This has an attendance of over 100 young people (70% are BME) and is managed by a group of 20 young people, known as the CRUNKERZ, who meet on a weekly basis. This has helped to increase the number of BME young people who use the service.

Barriers and constraints which impede effective provision
Insufficient funding is the first major constraint on the nature of the service that Streetwise is able to offer. The counselling service, for instance, is currently only able to operate four days a week, including one late-night session. Better flexibility for young people could be achieved by having the service available more often.

The service has expanded greatly in the past few years but the project is still housed in the same small building. A lack of space not only constrains the number of workers, but also leads to overcrowding in the waiting room.

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Streetwise – Holistic Service Tree

- **ART & CREATIVITY**
  - Creative exercises with young people
  - Art materials in counselling rooms
  - Chill out CD and DVD

- **CAPACITY BUILDING**
  - Policy and procedures development
  - Staff consultation/advisory role
  - Links with external services
  - Access to self-help materials

- **POSITIVE HEALTH & WELLBEING**
  - Leaflets/access to self help materials
  - Promoting young peoples awareness
  - Crisis card

- **STRATEGIC WORK**
  - Crisis card
  - Leaflets/access to self help materials
  - Staff training internal and external
  - Integrative approach
  - Service easily accessible
  - Leaflets in other languages, access to interpreters
  - Volunteer counsellors

- **INDIVIDUAL SUPPORT**
  - Self referral/joint referral
  - Open access to notes
  - Self-harm consultation
  - Promotion of Streetwise to the statutory sector
  - Ongoing individual and service accreditation

- **HOLISTIC APPROACH**
  - Supporting staff need through providing supervision and reassurance as well as information and the opportunity to develop skills
  - Young people presenting with problems in their mental health and emotional and behavioural difficulties
  - Proactively challenging stigma
  - Promoting messages of optimism, recovery and change with an emphasis on personal responsibility
Mission statement
“To assist young people in living healthy, secure and satisfying lives, by enabling and supporting them in making informed choices.”

Overview of the service
The Zone was established in 1990 and provides a wide range of services delivering holistic support in the Plymouth area to around 5,000 young people a year. Services are available six days a week and divide into three main areas: community, education and health. The health stream concentrates on mental health support and initially consisted of a counselling service. In the year 2000, the Insight project was established to deal specifically with young people having their first experience of psychosis aged between 14 and 25. However, there was still a lack of support for those young people who were experiencing emotional distress without psychosis, in particular those who could be labelled as having a personality disorder. Although many of these young people were accessing the drop-in service, the need for more structured, targeted and long-term support led to the establishment of the IceBreak project in 2004.

An early intervention service, IceBreak supports young people aged 16 to 25 who are experiencing emotional and behavioural problems such as self-harm, depression, attachment issues and suicidal tendencies. Support is mainly delivered through a wide range of group work, covering three areas: expressive, such as art groups; personal development, which include physical activities like rock climbing; and emotional literacy groups which combine dialectical behaviour therapy, which is used with adults diagnosed with personality disorders, and a group programme developed by the Foyer (a voluntary sector organisation) to help young people develop skills for living.

To gain funding for the project, the Zone went into partnership with Plymouth Primary Care Trust; they were successful in gaining Department of Health funding for the first 18 months of the project. The project has now secured funding until March 2008.

Service development work carried out as part of the Mental Health Foundation project
One of the main areas of development has been on the group work programme. A range of groups are run at the Zone in Plymouth and funding from the Mental Health Foundation has been used to pay for equipment and other resources, and to run activities and fund trips.

A second stage of this was the commissioning of an evaluation of the group work programme during early 2006. The survey included questionnaires completed by young people using the groups, young people who were accessing other parts of the Zone, and staff. In addition, interviews were carried out with staff and young people, documentation reviewed, and groups observed. A full report was written up with recommendations, including: the ongoing consultation of young people within this programme; the development of a standard means of assessing and evaluating groups; the need for additional funding to support groups work including facilities; changes in timeslots for certain groups to improve attendance; and the need for a group work co-ordinator.

Service catchment area
The city of Plymouth, plus Tavistock and Ivybridge, form the catchment area for the project.
Referrals
IceBreak accepts referrals from any source, whether professional agencies, friends, family or the young person themselves.

Referral details in January-March 2006
A total of 24 young people were referred to IceBreak during this period for a variety of reasons. Many had more than one reason for referral with the most common reasons being: self-harm (71%); drug and alcohol misuse (46%); and emotional difficulties (50%). Some were also referred because of eating problems (8%). A third of these young people were referred by voluntary services, including the Zone, while the majority (63%) came through statutory services.

Referred young people’s details in January – March 2006
71% of the young people were aged between 16 and 21, with the remaining 29% being aged between 22 and 25. 46% of the young people were female and 54% were male. All of the young people accessing the service were of White British origin.

What the service offers
• provision of care co-ordination for young people entering the service
• drop-in service
• group work
• personal development, emotional literacy and expressive groups
• dialectical behaviour therapy
• development of life skills
• links with other local activities and youth groups
• flexible support.

Family/carer involvement
If a young person is comfortable with the involvement of their family or carer, then this is actively encouraged. Direct requests from families are also considered. The form the involvement will take depends on the individual’s situation and their preference. Families could be consulted on the progress of the young person and whether there are further actions that IceBreak could take, or the family may be brought into the project itself for sessions with a family therapist.

Current programme priorities
i. Referrals
At present, only approximately half the referrals made to the project are appropriate. As an early intervention service, the project is not set up to cope with high numbers of young people who are already experiencing crisis. A priority of the service is to reassess and more tightly define its referral criteria to ensure that the group of young people who access the project can be helped by it. This process is constrained by the funding environment; if the project continues to be funded as a mental health project, then they have a duty to support young people presenting with suicide tendencies, self-harm and serious emotional and behavioural problems. To pursue a more generic approach, funding would have to be sought as part of a supported people programme or within a social services or education setting.

ii. Linking with schools
IceBreak’s personal development team is planning to develop work in schools, focusing on topics such as building confidence and self-esteem.
iii. Service user participation
Currently funding is being sought for a participation worker to formalise service user involvement and ensure that it has a central and consistent role in the organisation.

iv. Funding
The Zone is aiming to establish a consortium of local mental health agencies working within the voluntary sector to jointly bid for funding. This will enable these smaller agencies to better compete with large national organisations which have more resources available to devote to tendering for money. It is also hoped that a more supportive local culture will be created as agencies will no longer be in competition with each other for funding.

How the project addresses gaps in local service provision
A considerable gap in local service provision is the existence of an accessible safety net for isolated or socially-excluded young people who have perhaps dropped out of the education system, have emotional or behavioural problems, histories of abuse or neglect or other difficulties with the mainstream working or social environment. IceBreak has been founded to begin to meet this need, particularly for those young people who have had these kinds of problems over the long term.

Barriers and constraints which impede effective provision
A lack of sufficient resources and funding are the major barriers that the project faces to ensuring effective provision. Although social inclusion is a priority of the government, it is still difficult to find and then adequately support appropriately trained and skilled people to deliver programmes. In addition, whilst it is imperative for services to secure their funding streams, the insecurity of funding for voluntary services means they are forced to focus a large part of the project’s energy into securing funding for the next year as opposed to delivering services.

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The Zone project provides young people-focused services specifically designed to support a range of mental health problems including IceBreak.

Young people presenting with psychosis, personality disorders or other mental health, emotional and behavioural difficulties.

Funding from the Department of Health.
Bibliography


About the Mental Health Foundation
Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

If you would like to find out more about our work, please contact us.

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