No help in a crisis?

- Developing mental health services that meet young people’s needs

"We just want people to be able to understand and listen."
- Young person consulted in Phase One of the Youth Crisis Project¹.
### Contents

- Executive summary Page 2
- Introduction Page 9
- No help in a crisis? Page 10
- What’s wrong with mental health services for young people – and how can problems be put right? Page 11
- A vision for new community-based mental health services Page 13
- From vision to reality: the Youth Crisis Project Page 14
- Youth Crisis in action Page 15
- How successful has the Youth Crisis Project been? Page 17
- Young people speak out: the findings of the Youth Crisis Project Page 19
- Outcomes of the Youth Crisis Project Page 26
- Lessons learned Page 30
- Recommendations from Phase One of the Youth Crisis Project Page 31
- Proposals for Phase Two of the Youth Crisis Project Page 32
Introduction

The United Nations Convention on the Rights of the Child (UNCRC) states that all young people have the right to express their views on matters affecting them. This includes mental health, and Article 24 says:

“Health is the basis for a good quality of life, and mental health is of overriding importance in this.”

Yet research in recent years, including the Mental Health Foundation’s Bright Futures (1999) and Turned Upside Down (2001) reports, show that not only are young people between 16-25 poorly served by mental health services, they are rarely consulted about these services. This is especially the case for young people who are at risk of experiencing, or have had, a mental health crisis.

Both reports concluded that it’s time for a radical rethink of crisis mental health services for 16-25-year-olds: they can no longer simply be tagged onto the end of children’s services, or dealt with unsatisfactorily by adults’ services. Instead, new services need to be designed that draw on the experience of young people and recognise the value of what they have to say. To do this, the Mental Health Foundation set up its national Youth Crisis Project in 2002, funded by The Diana Princess of Wales Memorial Fund and the Department of Health.

This report focuses on Phase One of the Project. It highlights the Project’s findings, the outcomes so far, the lessons that have been learned, and plans for Phase Two. Further information can be found in the Mental Health Foundation’s Executive Report and Report for The Diana, Princess of Wales Memorial Fund, both available on request.
Most importantly, perhaps, the report gives readers the chance to hear the views of the 192 young people across Great Britain who took part in Phase One.

**No help in a crisis?**

Current mental health services for 16-25-year-olds are failing to meet their needs.

The transition from adolescence to adulthood is a critical time in young people’s lives. It’s a period of great change that can have a psychological impact, which may lead to a mental health crisis. If that happens, a young person may need support and intervention.³

But, because of the way statutory mental health services are currently structured, there are very few services specifically for 16-25-year-olds. Young people fall between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). So the level and type of service they get varies widely, depending on where they live and the resources available. In some areas, for example, CAMHS ends at 16 and AMHS begins at 18, so 16-18-year-olds who aren’t in education may well have no access to any statutory mental health services.⁴

As a result, growing numbers of young people experience mental health difficulties as crisis points in their lives. At a time when they may desperately need support, young people may just disappear, and may only come to the attention of adult services much later, by which time they may well have developed serious and lasting mental health problems.⁵
What’s wrong with mental health services for young people – and how can problems be put right?

*Turned Upside Down* asked both young people and mental health service professionals how and why statutory services let down 16-25-year-olds. It also asked what new mental health services could be developed that took into account young people’s views, and, consequently, met their needs.

In times of mental health crisis, young people said they needed to be able to talk about their difficulties, to be listened to and understood. And they particularly valued talking to someone who’d had some similar personal experience.

Young people were critical of long waiting lists, and of medical professionals and others who were unsympathetic to their needs. The lack of appropriate services left many feeling extremely isolated.

They had ideas both for making services better, and for ways contributing to new crisis services. They said that mental health services for 16-25-year-olds should:

- listen to and encourage young people to talk and explain their situation
- provide help and advice
- be respectful
- provide and facilitate support groups
- offer confidentiality
- involve young people, for example, through peer support and ongoing consultation, and in running services.
The young people also made specific recommendations, that:

- services should listen to and actively work with young people in drawing up treatment plans
- there should be more adolescent in-patient units, which should be more accessible to young people
- mental health services should actively seek to recruit staff who have experience and understanding of the mental health issues affecting young people
- there should be more staff in Accident and Emergency (A&E) to respond to young people presenting with a mental health crisis, and staff should receive training on self-harm.

Professionals’ criticisms of mental health services for young people included:

- lack of resources
- lack of communication between services
- lack of specialist knowledge
- the complexity of problems young people face.

Their suggestions for improving services included:

- secure funding for staff and research
- partnerships to develop new ways of working and involving young people
- agencies working together (particularly voluntary and statutory)
- better communication between agencies
- strategic planning
- working with young people with mental health problems as young people first.
A vision for new community-based mental health services

As a result of this research with young people and professionals, the Mental Health Foundation drew up nine conceptual models of community-based crisis services for young people, and a number of ways that young people with mental health problems could be involved in developing new services.

They were:

- a crisis intervention team
- a crisis house
- a respite service
- a respite centre
- a mental health-focused resource for young people
- mental health workers working within existing advice and information centres for young people
- a floating support project
- a service designed by young people
- a virtual crisis service.

These were underpinned by nine principles, to be used as a starting point for designing services for young people experiencing a mental health crisis.

The principles were:

- a service specifically for 16-25-year-olds
- young people with mental health problems are young people first
- incorporating young people’s definition of crisis
- accessibility
- working together
- rapid response
- range of support
- involvement of young people
From vision to reality: the Youth Crisis Project

The Mental Health Foundation’s Youth Crisis Project was the direct result of Bright Futures and Turned Upside Down.

The two-year national Project finished in 2004. Its aims were to:

- develop replicable models of involving young people who are experiencing mental health crises, or are at risk of doing so, in debates about future action
- support young people in influencing the development of community based services which are responsive to young people’s needs
- work with young people to address the problems they experience in making the transition between adolescent and adult mental health services
- disseminate these models to service providers nationally
- support in Phase Two the development of a range of new services – or adaptations to existing services - based on the Consultation Programme.

Organisations and agencies across the country were invited to apply to host this Project. From the 40 applications received four sites were chosen. These were judged to have the ability and vision to focus on the issues of transition that are central to young people’s experience of mental health services, and were also able to show the support and commitment of the local partners to carry through the findings and to create new services.

The sites chosen were:

- MIND in Brighton and Hove
• Barnardo’s Marlborough Road Project in Cardiff
• The Mental Health Foundation in Glasgow
• Streetwise in Newcastle-upon-Tyne.

The Youth Crisis Project was committed to external evaluation of its work, to ensure that its processes and findings were disseminated as widely as possible. Barnardo’s National Research Unit was appointed to carry out the evaluation over a two-year period on the basis of commitment to involving young people in the evaluation, and willingness to share their findings and observations in an ongoing way with the Consultation team, to improve the learning and outcomes of the work.

**Youth Crisis in action**
At the heart of Youth Crisis Project was a commitment to trying to engage with as wide a range of young people as possible, to show and better understand the complexity of their mental health crisis needs. So although centrally managed, each of the four sites took a different approach to consulting young people and developing new services, based on the principles and models outlined in *Turned Upside Down*.

In **Brighton and Hove**, the Project developed a strong youth work perspective, engaging with different groups of young people across the community. Because the Project was based in a radical mental health agency, the worker was able to develop a clear mental health perspective of the needs of young people. She successfully contacted young people through an extensive community network and gave them the opportunity to meet and share their experiences and ideas.

In **Cardiff**, the Project drew on the worker’s experience of developing advice and counselling services for students and training volunteers.
Based in Barnardo’s Marlborough Road Project, she had direct access to young people who approached Barnardo’s for help. A significant proportion had experience of mental health issues, and the worker’s presence enabled the Barnardo’s Project as a whole to highlight concerns, particularly about self-harm and suicide issues. The worker also targeted a range of other local organisations and developed an extensive groupwork programme across the city.

In Glasgow, the Mental Health Foundation’s worker used her extensive counselling, peer support and training experience to develop a wide-ranging consultation programme. Her work also related to a number of significant health initiatives in the city, through which young people and mental health were high on the political agenda. Suicide and self-harm were central in the work in Glasgow and the surrounding area.

In Newcastle-upon-Tyne, the worker was based in Streetwise, a lively and accessible city centre advice and counselling centre used by large numbers of local young people. Streetwise is particularly well-known for its innovative sexual health provision model, and recently extended its counselling programme.

It was also successful in increasing its mental health work, mainly as a result of hosting the Mental Health Foundation’s worker. The worker brought extensive experience of advocacy approaches, linked to a commitment to innovative and creative group work methods. He worked with some of the young people who make use of Streetwise, and developed wide-ranging contacts with voluntary and statutory services in Newcastle and beyond.
How successful has the Youth Crisis Project been?
Overall the Project has been a success. Key achievements are:

1. Involving young people in the presentation of the Project’s findings
In possibly the most successful aspect of the Project, young people helped to organise local seminars in each of the four sites. The range of impressive outcomes included:

- the local Health Authority in Brighton and Hove agreeing to investigate ways of reducing waiting lists for young people needing mental health services
- Brighton and Hove MIND agreeing to develop proposals to involve young people in training professional workers, and in peer support
- Barnardo’s in Cardiff developing plans for a new range of mental health services
- national Barnardo’s making mental health one of its key priorities for the future
- in Glasgow, raising awareness of the mental health needs of young people with physical disabilities – an area all too often neglected within mental health provision
- in Newcastle, discussions with the local Adolescent Unit (led by the senior psychiatrist there). These highlighted the value of a closer working relationship between the Unit and Streetwise (the host organisation), particularly for staff exchanges, and joint training programmes involving young people’s input - an important model of good practice nationally
- a final event involving 20 young people and the Project workers to reflect on the Project’s achievements.
2. Drawing up good practice models for future mental health services and implementing the models locally and nationally

This has been achieved through:

- a national residential event, where for the first time 17 young people from four major cities met to share their experiences of mental health services, and their ideas for future provision. The event resulted in the production of *Out of our Minds*, a magazine by and for young people. It has already had a significant impact on young people’s services around the country.

- the Glasgow Suicide and Self-Harm Open Event held in 2002. This focused on the changes needed to make A&E Departments more young people-friendly. Ideas from the event have been disseminated in each of the four sites.

- each site producing ideas for work in the next stage of the Project. These are: the continued support for a group of young people to train professional staff and develop peer support programmes; the development of a new mental health community-based service; work on early intervention in young people’s mental health difficulties through a partnership programme between Streetwise and the Newcastle Adolescent Unit; and the proposed development of counselling services for young people across Glasgow.

- the Mental Health Foundation securing grants to undertake Youth Crisis Phase Two, to be launched in September 2004.

Barnardo’s interim evaluation report\textsuperscript{10} also commented favourably on the range of both traditional and innovative consultation methods used. Some examples of these are given in *Outcomes of the Youth Crisis Project*. 


3. Producing external evaluation reports by Barnardo’s National Research Unit and disseminating the findings
This has been a central component of the Project’s work.

4. Involving hard-to-reach young people in the final phase of the Project
Youth Crisis successfully consulted hard-to-reach young people, particularly lesbian, gay and bisexual (LGB) young people, who played a central role in planning and implementing the final phase of the Project, and continue to do so through the Mental Health Foundation’s national inquiry into self-harm.

The Project has been less successful in targeting young people from black and minority ethnic (BME) communities - an area that needs to be explored further in the future. However, the 16 BME young people who took part in the Project have played an active role.

There have been similar problems in contacting young people with disabilities, although one young woman played a highly active role in the Project. The specific problems faced by young people with disabilities in getting their mental health problems acknowledged and taken seriously will be addressed in Phase Two of the Project.

5. Supporting young people to effectively contribute to the final stage of the Project, and helping them find ways of moving on
Encouraging full participation in a project like Youth Crisis, without becoming dependent on it, is particularly important when working with young people with mental health problems.

The Project Manager’s experience and support of the other workers enabled them to develop strategies to help young people participate and move on. As a result, the young people gained specific personal and therapeutic benefits from Youth Crisis, and some want to play a role in Phase Two of the Project.
6. The extent that young people feel their work and ideas have been taken on board in policy and dissemination processes

The young people involved in the Project feel a lot has been achieved, largely because of their personal investment, and enthusiastic and committed input. They are determined that, as a result of their work, a subsequent generation of young people will avoid the generally negative experiences of accessing mental health services that Project members have had.

Despite the disappointment over the cancellation of a national seminar to mark the end of the Project (due to lack of funds), the young people’s overall Project assessment is remarkably positive. They know that many of their thoughts and ideas will be set out in a variety of publications, from Out of our Minds to the Barnardo’s evaluation reports. And they are optimistic that the Mental Health Foundation will explore the new ways of working that Project members have suggested.

Young people speak out: the findings of the Youth Crisis Project

The extensive consultation carried out with young people resulted in a wealth of views and recommendations, highlighting young people’s great desire to influence and improve mental health services for 16-25-year-olds.

A series of local and national events culminated in a young people’s Top Ten Wish List. The most important changes and improvements to mental health services highlighted by young people were:

1. A place to go

Young people want more places in the community where they can go when they need help and support. These need to:

- be informal
- be accessible in terms of:
o cost – how about a “cheap and cheerful” café?
o location – they should be community-based (for example, in school buildings or community facilities), and open to all: there’s a particular issue for young people in rural areas who can feel isolated
o opening hours – there need to be evening and possibly night time services, as well as daytime ones
  • be comfortably furnished: somewhere you can sit, relax and chill out - not like a doctor’s surgery
  • employ skilled staff who like young people and communicate well with them
  • be adequately funded. Services could be run on voluntary basis, but there needs to be a lead agency, such as a Children and Young People’s Partnership, or a local authority
  • tackle stigma by changing the name “mental health”.

2. Peer support
Peer support is very valuable, and it can take some of the pressure off health professionals. But young people need training and support to counsel one another effectively.

Youth peer support network are a good idea, and would be particularly useful in youth clubs and schools. There’s an urgent need for more help in schools for pupils under stress, who may be heading for mental ill-health. And schools in general need to be more aware of mental health issues and recognise the role that peer support can play.

3. A choice of worker
Young people want to choose their support worker, so it’s someone they’re comfortable with. They particularly want to be able to choose either a man or a woman. If it’s not possible to choose then young people should be told why.
Workers supporting young people need to have specific skills (you can’t assume that someone who’s good at working with adults will be good at communicating with young people). Personal skills, such as warmth and friendliness, are needed, as well as academic qualifications.

There are also gaps in basic competencies such as knowing the rights of children and young people: in part this problem can be solved by involving trained young people in staff recruitment. They often have a gut instinct that should be respected.

4. Separate Services
16-25-year-olds need specific services (as with, for example, Youth Justice), because existing provision doesn’t meet their needs. Young people often fall between adults’ and children’s services, so, for instance, you can be 16 and feel like a child, but be referred to a specialist adult psychiatrist.

An umbrella group should oversee CAMHS, AMHS and 16-25’s services, so young people get seen earlier and in a more consistent way. More dialogue is needed, too, between the health service and voluntary service providers, to guarantee sustainable project funding.

There should be more flexible service provision. For example, young adult psychiatric wards, so young people don’t end up on an adult ward with severely, long-term ill older patients, as this can further harm young people’s mental health.

And there should be more fluidity between the tiers of services to stop young people getting locked into the wrong tier, and failing to get the help they need.
Young people also recommend a One Stop Shop, staffed by both voluntary and statutory sector workers to cover housing, drug, and sexual health
issues. And in GP practices there should be nurse-led drop-in services, so one person can deal with all the issues, and young people feel more comfortable and less stigmatised.

5. Staff training
The Youth Crisis project members believe that training is essential to improve mental health services.

They want to be involved in training staff (particularly front line staff like A&E nurses, psychiatrists, community psychiatric nurses, GPs and the police), so they are not patronising or dismissive. Often staff says they want to help but that they don’t know how to relate to young people.

Some young people feel there’s a need to “go right back to what is taught and then go all the way through the training”, and they’re encouraged that young people from the Cardiff project are currently involved in developing audio material for an Open University module on mental health.

Young service users could approach curriculum designers (for example, the Care Standards Council) with their views, and input at this level would ensure consistency, uniformity, and the development of a service informed by users’ opinions and needs. They could also be involved in interview panels.

Young people need training too if they are to do peer support or recruitment interviews, and they could be trained alongside staff.

6. Telephone helplines
There need to be more round the clock, specialist mental health telephone helplines for young people. These should ideally be free and either locally-based, or national but with local knowledge (so they know what’s available in the area). There could also be internet-based helplines to give more flexibility.
Helplines could have different roles, including referring people, and giving advice and counselling. Some people would prefer an anonymous service, with just a voice at the end of a phone.

There are also:

- issues of control - young people should not have to tell their story if they don’t want to
- cost implications - particularly for staffing a 24 hour helpline
- challenges in reaching the most vulnerable, for example, homeless young people, and
- the challenge of “selling” a mental health helpline without stigmatising the service and those who use it.

7. Crisis services
People need to be careful how they use ‘crisis’, as the word can be interpreted in different ways. It can be unhelpful, for example, making young people feel that the stress they’re experiencing is too minor to be worthy of attention.

Professionals try to judge different levels and types of crisis (for example, housing), but if it’s a crisis to the individual, then it’s a crisis. Therefore it might be better to have all the aspects of a youth-centred service together, rather than separating out crisis services. Service providers also need to consider what funding priorities should be.

It’s important that young people’s views of crisis services are heard, and there should be systems in place so this can happen.
8. A&E departments

It’s difficult for young people to cope with A&E departments, which are usually busy and scary. Young people usually visit them at a crisis point, so it’s essential that the service young people get meets their needs.

The Youth Crisis Project members recommend that:

- staff should:
  - be trained and made more aware of social care issues, so they’re more sensitive to the needs of vulnerable young people
  - get support themselves, so they in turn can support patients effectively
  - visit agencies working with young people and talk to both staff and young adults there
  - continue to develop contact liaison psychiatry so that young people can be assessed
- young people should be seen:
  - separately, in a less stressful and more welcoming environment, for instance, in small rooms. There should be someone to wait with them, and counsellors should be available
  - by specialist staff, and should get a referral to a specialist community-based service after self-harming or a suicide attempt.

9. Waiting lists

Young people often get stuck on long waiting lists for services, which can be frustrating and further harm their mental health.

There should be:

- more services, including 24/7 services and on-call services
• more early intervention, preventing the need for less specialist services later
• more specialist workers, such as psychiatrists
• robust, flexible and more accessible primary care services: if GPs/health workers could point young people in the right direction (for example, housing advice), the person might not develop a problem, or need to go on a waiting list
• better and more resources, such as listening services, and information about services and access to them
• training for those who work with children (for example, in schools) in the early recognition of emotional distress
• a less “enclosed” mental health service, with more inter-agency work, skill sharing and partnerships, and better use of scarce resources. For example, psychiatrists are expensive and in short supply, so it could be useful to look at the roles of other staff such as nurses; youth workers could have access to a psychiatrist to consult for advice.

10. Complementary treatments
Mental health service providers should be more creative in the range of support offered to young people. Many young people “don’t want tablets as the only response”, and would like the opportunity to try alternative treatments like massage and aromatherapy.

Service providers should seriously consider making complementary therapies like these available on the NHS, as they can be helpful and cost effective.

Outcomes of the Youth Crisis Project
As well as providing an in-depth insight into young people’s views of mental health services, the Project yielded many examples of best practice, and provided a platform for the development of new services.
A selection of these is included here:

**Examples of best practice**

**Headstart, Brighton and Hove**

Headstart is a group of 18-25-year-olds who meet bi-weekly. Facilitated by a worker and a volunteer, members feel the group is a safe space where they can feel ‘normal’ and share feelings and ideas.

“There is a real sense of equality and respect within the group: everybody’s different - we all express ourselves in different ways,” says one group member.

They have contributed to the design of questionnaires, a photography campaign and a regional young people’s directory. Building on this, young people have become more involved in the consultation process, including organising a young people’s event which focused on alternative therapies. One of the young people sits on a local mental health forum.

Headstart appears to have contributed to the personal and professional development of those who attend. Being part of a group with a shared understanding is valued by all group members, as is the opportunity to develop new skills and take part in training.

Their involvement in Headstart has motivated members to look further at their career development: some have enrolled on youth work courses and one young person wants to set up her own young people’s support group.
Theatre Pie Workshops, Newcastle-upon-Tyne

Theatre Pie (Participation In Education) is a young people’s theatre group. Members stage issue-driven performances with in-built opportunities for audience participation and debate.

The Youth Crisis Project consultation worker and the Streetwise service worked with the theatre group to develop and deliver a workshop on mental health, aimed at young people. They also provided training on mental health issues and service provision, and the material used drew largely on the findings of the Youth Crisis Project consultation work. The process took one year to develop, from idea to finished performance.

The group aimed produce a piece of theatre which sensitively explored young people’s personal experiences of mental ill health and of accessing mental health services, in addition to generating broader discussion on these issues.

According to one of the consultation workers: "In profiling these issues through theatre, Theatre Pie highlighted some of the problems and barriers statutory services create, and offered alternatives in a safe fictional environment, drawing parallels with, but providing a distance from, reality.

The workshops have been presented to a range of mental health professionals, and there are plans to deliver the workshops to young people in the near future.

Presentation Group, Cardiff

Members of the Youth Crisis Project based at Barnardo’s have joined forces with other young people to form a presentation group. They wanted to tell others about young people’s experiences of mental health services, as well as to gain new skills and confidence.
Most of the young people didn’t know each other before joining the group, but bonded through shared experience and understanding.

The idea of producing and delivering a presentation came from the worker, but the young people selected and developed all the presentation material. Young people pointed to the worker’s strengths as a group facilitator, particularly her ability to include everyone’s views in the work they’ve produced. It’s clear that young people have formed a strong relationship with the worker, and are gaining much from their involvement with the project.

Membership of the group is flexible; some young people have been involved with the work since it started, whereas others have made a contribution and then moved on. For some members, involvement has led them to consider their career and educational aspirations.

The young people have adapted the presentation for a range of audiences including: the Health Improvement Board (Cardiff), Barnardo’s health theme and participation conferences (Birmingham and Leeds), MHF Bright Futures conference (London) and a Young Minds conference (Cardiff).

There’s been widespread interest in the group, and they are currently producing audio material for the Open University.

**Intensive consultations, Glasgow**

The Youth Crisis Project worker in Glasgow has staged a series of intensive consultations with both individuals and small groups of young people.

These focus on the young people’s experience of stress and distress, and their attempts to make the transition from adolescence to adulthood. They clearly reveal the often unacknowledged degree of distress experienced, and
the resilience of (extra)ordinary young people in their battles to cope with crisis and pain in their lives.

An Open Space Event in Glasgow has also been held, which highlighted the suicide and self-harm issues experienced by increasing numbers of young people. It brought together a large audience of young people and professional workers in a series of workshops suggested and run by participants. Young people particularly valued the chance to hold an open dialogue with professionals.

**Lessons learned**

Phase One of the Youth Crisis Project has highlighted a number of learning points, which will be taken into account in Phase Two.

These include:  

- flexibility when consulting young people, based on an understanding that sometimes young people may not feel able to take part, and that the chaotic nature of some young people’s lives means that they may have sporadic attendance at meetings. These are not necessarily an indication of a lack of commitment or enthusiasm

- varied consultation methods and approaches, as, for example, group work is not appropriate for all young people

- the time it takes to involve young people meaningfully in the process. Feedback suggests that one to one and sustained group work is resource intensive and quite restrictive in a part-time post

- difficulties accessing young people when the Project is not based in a practice organisation
• consulting young people through questionnaires in a group session on mental health, rather than sending out questionnaires to individuals, as often these aren’t returned

• the benefit gained in spending time getting to know a partner organisation, through planned visits and other contact. It’s also helpful to be specific in requests for information, access and joint working.

Recommendations from Phase One of the Youth Crisis Project
Based on its direct work with young people through the Youth Crisis Project, the Mental Health Foundation has made these recommendations:17

• More user consultation/participation is needed
• A wider spectrum of need should be addressed by existing services
• Independent advocates should be available in all statutory services
• There should be an end to placements on adult wards
• More preventive services should be available
• More youth-friendly services should be available
• There’s a need for appropriately located transitional services
• There should be a greater variety of service provision
• Confidentiality policies need to be clear and explicit
• More peer support groups should be available
• Time and timing is important in terms of services offered
• Discriminatory practice needs to be addressed
• Language and stigma need to be addressed
• There need to be improvements to A&E departments
• Information and support services should be better co-ordinated
• The priority of young people’s mental health services should be raised
• The role and significance of Youth Counselling Services needs to be recognised
• There is a call for national strategies for the training and development of professionals.

Proposals for Phase Two of the Youth Crisis Project
Phase Two of the Project will be launched in September 2004.

It will focus on the development of a forum of good practice sites around the country, to explore some of the lessons from Phase One. The learning from the sites will be disseminated through a National Learning Network.

Alongside this, the Mental Health Foundation is planning to support the development of specific services within the existing sites, based on what young people would like to see in their local areas.

Central to all this will be the commitment to taking the voices of young people seriously, and to ensuring that they continue to influence the development of mental health services that are better able to assist young people in making that often complex transition from adolescence to adulthood.

---

1 Turner, C, Scott, S (2003), Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report, Barnardo’s
2 Smith, K, Leon (2001), Turned Upside Down, Mental Health Foundation
3 Smith, K, Leon (2001), Turned Upside Down, Mental Health Foundation
4 Smith, K, Leon (2001), Turned Upside Down, Mental Health Foundation
5 Cox, A (2003), Executive Report – Mental Health Foundation Youth Crisis Project
6 Smith, K, Leon (2001), Turned Upside Down, Mental Health Foundation
7 Smith, K, Leon (2001), Turned Upside Down, Mental Health Foundation
8 Turner, C, Scott, S (2003), Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report, Barnardo’s
9 Cox, A (2004) Report for The Diana, Princess of Wales Memorial Fund, Mental Health Foundation
10 Turner, C, Scott, S (2003), Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report, Barnardo’s
11 Cox, A (2003) Top Ten Wish List, Mental Health Foundation
12 Turner, C, Scott, S (2003), *Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report*, Barnardo’s
13 Turner, C, Scott, S (2003), *Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report*, Barnardo’s
14 Turner, C, Scott, S (2003), *Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report*, Barnardo’s
15 Cox, A (2003), Executive Report – Mental Health Foundation Youth Crisis Project
16 Turner, C, Scott, S (2003), *Community-based crisis services for young people: a Mental Health Foundation Programme – Second interim evaluation report*, Barnardo’s
17 Cox, A (2003), Executive Report – Mental Health Foundation Youth Crisis Project