



## **The evidence about the INTEGRATE approach Centre for Mental Health, October 2018**

Excluded and vulnerable young people, including those in contact with the criminal justice system, often experience multiple risk factors for poor mental health, exacerbated by services that are experienced as 'hard-to-reach', leading to wide health inequalities.

The MAC-UK INTEGRATE approach harnesses the power of young people themselves to be part of the solution. INTEGRATE seeks to wrap holistic and responsive support, including mental health and emotional wellbeing provision, around excluded young people.

The INTEGRATE model was developed at the very first MAC-UK project, Music & Change, in Camden, in 2008. From the very outset Music & Change incorporated co-production with young people and this is a key feature of all of the subsequent projects.

### **Evaluation**

Centre for Mental Health evaluated all four INTEGRATE projects: two in Camden and one each in Southwark and Haringey (Durcan et al 2017 and Stubbs et al 2017). In this process, the Centre identified the key features and principles that make the approach effective:

#### *Reaching young people, engaging and peer referral*

Engagement and relationship-building with excluded young people is put front and centre; to build trust is the only agenda and if young people ask for support later that is then responded to.

#### *Co-producing activities and relationship-building*

Young people choose, design and run a range of activities from music or sport to drama based on their passions and interests. Their help is actively requested in all aspects of the activities and young people can take up explicit leadership roles such as 'Head of Music' or 'Gym Project Lead', promoting a sense of ownership and responsibility. Young people can be employed on an ad hoc and part time basis to carry out some of the project work.

#### *Psychologically-informed environments*

INTEGRATE projects have mental health and wellbeing support built in by supporting a psychologically-informed environment and a 'Streetherapy' approach. INTEGRATE teams are led by mental health professionals and made up of workers with lived experience and other professional staff, such as youth workers, all of whom are trained in mental health. The teams apply evidence-based psychological theory to their everyday practice with young people. The teams regularly draw on the Adolescent Mentalization-based Integrative Treatment (AMBIT) (Bevington et al, 2012) framework for their clinical practice.

### *Building Bridges*

The projects provide help with a range of practical matters requested by the young people, including housing support, benefits or job applications, applying for passports and bank accounts. As part of meeting these needs, the team will draw on the project's wider partners and relationships, building bridges between these resources and the young people. All of this helps to prepare young people to 'bridge out' of the project, becoming more stable, independent and able to access and use other services.

### *Creating systems and social change*

Often young people find they can trust their relationships with the INTEGRATE team enough to express their frustrations with their social worlds. This is encouraged and facilitated by the team, understanding that community and social context factors contribute vastly to young people's mental health. Through dialogue with young people, INTEGRATE teams can find ways to work in partnership with young people to create social change. This may involve young people co-producing training, campaigns and lobbying activities.

### **Impact**

The Centre's evaluations used a range of methods to assess the impact of the INTEGRATE approach. Our research sought evidence about the ways in which the projects had made a difference in young people's lives and in their communities.

### *Engagement*

All of the projects were incredibly successful in engaging with groups of young people who were marginalised, and who were engaged in offending or at risk of offending. Participants were typically facing multiple and complex challenges in their lives, such as housing, education, employment, offending and poor mental health.

### *Mental wellbeing*

The young people engaged in the project had high levels of need relating to mental health and wellbeing, many of which would warrant referral to a mental health service.

A consistent finding across all sites was that mental health awareness increased in young people and that stigma around it reduced during their involvement with the projects. Young people and staff across all four projects reported that young people's mental wellbeing improved through contact with them.

Clinician-rated measures of mental wellbeing confirmed young people's reports, showing significant improvements in needs associated with mental wellbeing over the course of young people's engagement.

### *Employment, education and service use*

The projects successfully increased the proportion of young people who engaged in education, employment and training.

## *Offending*

Most of the young people Centre for Mental Health spoke to stated that they had been in trouble with the police and that their involvement in INTEGRATE was having a significant role in keeping them "away from trouble".

Young people described how the support regarding offending at INTEGRATE enabled them to think about the choices in their life, opening up different options.

## **References**

Bevington, D., Fuggle, P., Fonagy, P., Asen, E., & Target, M.(2012). Adolescent Mentalization-Based Integrative Therapy (AMBIT): A new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, 18, pp. 46–51.

Durcan G et al (2017) *Meeting us where we're at*. London: Centre for Mental Health

Stubbs J et al (2017) *Unlocking a different future*. London: Centre for Mental Health