



Someone to talk to

Evaluating a young people's enhanced
mental health service at Centre 33

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Executive summary

Mental health problems are particularly prevalent in the teenage and young adult years. But young people are less likely to access support for their mental health than other age groups. And there are concerns that rates of mental health problems and access to services are particularly poor for some groups of young people who have more complex lives. Nationally, there are calls for more preventative and holistic responses, particularly for young people who are less likely to sustain engagement with traditional models of mental health support.

In 2018, Centre 33, a young people's charity, recognised that it was seeing a number of young people who had multiple or intersecting needs but were not engaging as well with mental health support as they might, either within Centre 33 or with other mental health services. Using data about the young people's needs, service use and mental health outcomes, the team were able to make a case for an extended pilot project to explore better ways of working with this group of young people.

Centre 33's Someone To Talk To (STTT) pilot project sought to adapt its long-standing mental health service to better meet the needs of young people who are at risk of not engaging with, or of disengaging from, mental health support. They offered more flexible and longer-term support to young people.

Centre 33 employed Engagement and Support Workers and Mental Health Workers who worked proactively to reduce the complexity in young people's lives and supported the young person to engage with mental health support. In addition, a dedicated pot of money seed-funded and tested mental health offers that responded to what was being learned about the young people's needs.

This is the final report of Centre for Mental Health's evaluation of this pilot project. It presents findings gathered over two and a half years during which we worked alongside Centre 33 to track the project's progress and share

learning with them. Each year, we conducted detailed analyses of monitoring and evaluation data and conducted annual interviews with young people and project stakeholders.

The STTT pilot project formally launched early in 2020, just ahead of a global crisis that affected every young person and mental health service in the UK, and presented sudden challenges for Centre 33. Concerns about young people's mental health have risen in the wake of the Covid-19 pandemic. There is worrying evidence that rates of mental distress have risen sharply among young people, and that this, combined with deferred demand from lockdown periods, threatens to overwhelm mental health services. Alongside this, we know that the effect of the pandemic on young people's mental health has disproportionately affected some young people, and this threatens to exacerbate existing inequalities. This is a challenge facing every health system, and it requires new and creative solutions to meet rising levels of distress.

The young people

We analysed data for 2,286 young people who came to Centre 33 for help with their mental health during the pilot period. Young people were allocated to either the STTT pilot or the 'traditional' model, based on an Engagement and Support Worker's assessment on the day they were first in contact with Centre 33. In order to avoid bureaucratic barriers to getting the right help, there were no rigid eligibility criteria. Instead, the worker and young person shared an assessment of how they are likely to best engage with help. Of the 2,286 young people, 41% accessed the STTT pilot offer, and 59% accessed the traditional offer.

Our analysis suggests that using young people and worker's combined judgement on the appropriate model of support helped to successfully identify young people who might be more at risk of poor mental health by virtue of their complex needs, without the need for bureaucratic eligibility criteria.

Young people in the STTT pilot cohort had more presenting needs and a higher level of psychological distress than the traditional cohort. They were:

- More likely to have a history of needing help to access mental health treatment, needing help to access positive activities, problems with behavioural conduct or hyperactivity, difficulties around eating, hallucinations or delusions, self-harm, isolation or loneliness, and trauma
- More likely to have a history of substance and alcohol misuse
- More likely to have a history of being a victim of exploitation or crime
- More likely to have experienced abuse, conflicts with partners, discrimination, domestic abuse, and familial mental health difficulties
- More likely to have a history of needing support with aspirations, housing or homelessness, jobs, and money or benefits
- More likely to have been in care or a care leaver.

In interviews, young people from the STTT pilot cohort told us that their primary motivation for coming to Centre 33 was for help with their mental health. They often came with the support of another person, and often made the decision to seek help rapidly, and with limited knowledge of what to expect. Many felt a need to let out feelings that they had no other outlet for. They wanted to have some support and understanding of their mental health and how to get better.

Recommendation 1: Mental health services seeking to engage young people with complex needs should offer them the help they need without requiring them to meet restrictive eligibility criteria.

The Someone To Talk To pilot service

Young people described to us the service they received. There was a wide range of experiences, often of blended offers of phone calls, text contact, drop-ins, check-in calls, booked appointments and talking therapies.

Often young people came and went from the service and had periods of more intense, and then of less intense, contact. The features young people particularly highlighted in interviews were:

- **Having agency and control:** young people felt that they had a lot of choice about location, length, frequency and content of their sessions and this was very important
- **A blended approach to waiting times:** while there were some waits for talking therapies, the STTT pilot project increasingly provided a seamless offer, where contact was maintained via drop-ins, phone or text from the first day
- **Kindness and “checking in”:** it was very important to young people that they felt that Centre 33 cared for them. Young people told us that the staff offered help that was specific to their needs and that they were regularly contacted “just to see how they are”. This was one of the most important features of the service for young people
- **A blurred line between being “open” and “closed”:** as well as having immediate support while waiting for talking therapies, young people reported that their support “tapered off” afterwards. Young people knew that they could return and valued occasional follow-up contacts from the Engagement and Support team to see how they were.

Young people in the STTT pilot cohort had more contacts with Centre 33 staff than the traditional group. This reverses the situation Centre 33 was concerned about before the pilot, when young people with more complex needs were receiving less contact and worse mental health outcomes.

Centre 33 offers a range of different types of support. The STTT pilot group had a more varied offer. They had significantly more administrative support (to arrange and rearrange appointments) and engagement and support to maintain good life functioning than the traditional group, whereas the traditional group had significantly more mental health support (talking therapies and targeted mental health support).

Recommendation 2: Mental health services seeking to engage young people with complex needs should offer more choice and autonomy in the location, pattern and kinds of help young people receive. Services should be ready to blend the type and intensity of support available to react to the needs of the young person.

Outcomes

When we asked young people to describe the impact of the STTT pilot project, they reported having the following outcomes earlier on in their support:

- Feeling that their experiences were heard and validated, and that they were entitled to help
- Having a better insight into their emotions and how they are triggered
- Feeling able to talk to people about their emotions.

Reflecting back later on the help they had received, they felt they had gained these longer-term outcomes:

- Feeling more able to cope with difficult situations
- Better mood
- Fewer crises
- Better, more open relationships with others
- Open to asking for help in future.

Most young people within both groups saw improvement in their mental health. Data from routine outcome measures proved that, on average, the STTT pilot cohort had a greater improvement of psychological health and wellbeing than the traditional cohort, and the proportion of young people who experienced improvement was higher in the STTT pilot group than the traditional group (i.e. more young people in the STTT pilot group improved).

Young people coming to Centre 33 set their own goals for support and rated these goals at the beginning and end of their contact. Both STTT pilot and traditional groups improved in their goals.

The more contacts young people had with the STTT pilot project, the more their mental health outcomes improved.

Recommendation 3: Mental health services should recognise that complexity of need does not make a young person 'hard to reach'; rather that the right offer, which includes high levels of autonomy and choice for the young person, results in good engagement and outcomes.

The STTT pilot project at Centre 33 was the only mental health service in Cambridgeshire and Peterborough that worked at scale to specifically overcome barriers faced by young people who are at risk of disengaging from mental health support. Over the period of time that the pilot was delivered, it had improved knowledge among other organisations of the needs of these young people and ensured they were proactively considered when services were planned.

Recommendation 4: Mental health services for young people should promote and recognise the value of creative, cross-sector services that provide easy access to help.

Recommendation 5: Mental health services for young people should actively work to put in place:

- Better monitoring and reporting of access to mental health support and mental health outcomes, to uncover inequalities
- More choice of types and patterns of mental health support
- Better coordinated, joined up and streamlined mental health services.

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