REPORT

Centre for Mental Health

Someone to talk to

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

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Centre 33
Supporting young people

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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.

Introduction

Centre 33 is a registered charity founded in the early 1980s, working across Cambridgeshire and Peterborough. Centre 33's vision is of a future where all young people are listened to, respected and supported. They offer young people support with emotional issues and practical needs that is free, confidential, empowering and easy to access. They work within a number of local cross-sector partnerships, and strive to amplify the voices and experiences of young people. The Centre 33 mental health offer includes counselling and guided self-help, and is delivered in five hubs throughout the county, as well as numerous community and education venues.

Centre 33's Someone to Talk To pilot ran from 2019 to 2022 and was funded by the VCSE Health and Wellbeing Fund. It allowed Centre 33 to adapt their 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. The project involved:

- A pilot of more flexible and longer-term support to young people who are more vulnerable to disengaging with services: Centre 33 employed Engagement and Support Workers and Mental Health Workers who worked proactively to reduce the complexity in young people's lives and support the young person to engage with mental health support
- Small innovation pilots: Centre 33 is a member of Fullscope, a consortium of charities with a shared mission to improve the mental health and wellbeing of children and young people in Cambridgeshire and Peterborough. The overarching aim of Fullscope is to work collaboratively and build strength and capacity by facilitating joined up working. Fullscope developed and trialled smaller pilot projects which aimed to extend their understanding of how best to meet the needs of these young people.

Centre for Mental Health was commissioned to deliver an external evaluation of the larger pilot project. This involved supporting the Centre 33 team to consider the main outcomes of the project and design their monitoring framework, conducting interviews with young people and stakeholders, and sharing emerging findings with Centre 33 for the duration of the project.

Mental health and vulnerable young people

Mental distress is 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. Levels of mental ill health and rates of service access are particularly poor for some groups of young people.

1. The rates of common diagnosed mental health difficulties are high in the 16-24 age group, and this is the highest prevalence age group amongst women. 26% of young women have mental health difficulties, as opposed to 16% of all adults.
2. The association between age and common mental health problems is different for men and women. Young women can now be described as a "high-risk group" (McManus, 2016). The gap in rates of common mental health problems between young men and women has grown over the last decade.
3. There are some key situations that we know increase the rates of mental health problems in young people: living alone, LGBTQ+ identities, unemployment, receiving benefits, leaving care, contact with the criminal justice system, homelessness, being in the armed forces and belonging to certain racialised communities (Khan, 2016).
4. Emerging into adulthood is now a more prolonged developmental stage in western cultures and this period comes with several key risk factors to mental health.
5. In 2014 only 23% of 16-24 year olds with symptoms of a common mental health problem were receiving any form of treatment; the all-age average is 39% (McManus *et al.*, 2016).

Statutory mental health services have been observed to "provide delayed and heavily restricted access to services for a small subgroup of people". Further within these services, needs "are not met in a holistic manner across the age range, with the artificial boundary at age 18 years a major barrier" (McGorry, 2013).

> *"Despite the evidence showing that young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan and bear a disproportionate share of the burden of disease associated with mental disorder, their access to mental health services is the poorest of all age groups. A major factor contributing to this poor access is the current design of our mental health care system, which is manifestly inadequate for the unique developmental and cultural needs of our young people. If we are to reduce the impact of mental disorder on this most vulnerable population group, transformational change and service redesign is necessary."*
>
> (McGorry, 2013)

McGorry goes on to suggest a set of key features, principles and targets for the redesign of services to better meet the needs of young people. These may be summarised as follows:

- Youth participation at all levels, essential to create youth-friendly, stigma-free cultures of care
- A holistic, preventive and optimistic stance with care governed by risk/benefit and shared decision-making principles
- Early intervention, social inclusion and vocational outcomes as core targets
- Care reflecting both the epidemiology of mental ill health in young people and the new developmental culture of emerging adulthood in the early 21st century
- Ensuring there is consistent care at transition ages (i.e. at age 17/18 when children transition to adult services)
- Positive and seamless linkages with services for younger children and older adults.

Nationally there have been some examples seeking to work differently with groups of young people who find it more difficult to engage with mental health support:

Adaptive Mentalization-Based Integrative Treatment (AMBIT) is one of several emerging adaptations of Mentalization Based Treatment (MBT). It has been used as an approach to help reach people who are excluded or labelled as 'hard to reach'. In AMBIT approaches, practitioners focus as much on relationships around the client as on the client relationship itself. For example, an AMBIT practitioner would be focused on scaffolding and improving relationships between the client and others in their lives – both agencies and family and friends, and also trying to form strong relationships with their clients. A lot of energy is put into integrating networks around the client.

MAC-UK is a London-based young people's charity that delivers mental health interventions to marginalised young people at risk of antisocial or gang-related activity. MAC-UK has developed a model called INTEGRATE that is effective in engaging groups of marginalised young people at risk of offending (for more on this, see Stubbs *et al.*, 2017). The model is characterised by engaging young people through co-designing and co-delivering projects, and by securing referrals through peers. INTEGRATE projects have mental health and wellbeing support built in by supporting a psychologically informed environment and a 'street therapy' approach. INTEGRATE teams are led by mental health professionals and made up of workers with lived experience and other staff, such as youth workers, all of whom are trained in mental health.

The impact of the Covid-19 pandemic

It is over two years since the UK entered its first lockdown to control the spread of Covid-19. This resulted in unprecedented changes for young people and for the services that support them.

We are now starting to access reliable data about the immediate impact on young people's mental health, though we have no way of predicting the longer term impact of any changes, or what the effects of trauma and loss may be.

In the previous section we drew largely on data from the 2014 Adult Psychiatric Morbidity Survey. This survey is done every decade and has not been updated or reviewed. However, the equivalent *Mental Health of Children and Young People Survey 2017* (NHS Digital, 2021), also completed in full once a decade, has been reviewed in 2020 and 2021 with follow-up contacts with the same children and young people. This gives a useful insight into how the mental health of young people has changed since the global crisis. Because the same young people were included, the 2021 data now includes 17-23 year olds.

These surveys aimed to compare mental health between 2017 and 2021 and to describe life during the pandemic. The key findings were:

- Rates of probable mental health difficulties have increased since 2017, from one in nine to one in six in 6-16 year olds, and from one in ten to one in six in 17-19 year olds. Rates in both age groups remained similar between 2020 and 2021
- 39% of 6-16 year olds had experienced deterioration in their mental health since 2017, and 22% experienced improvement. Among 17-23 year olds, 53% experienced deterioration, and 15% experienced improvement
- Girls (aged 11-16) were more likely to have experienced deterioration in mental health than boys of the same age (43% versus 34%)
- Among 17-23 year olds, young women were more likely to have experienced deterioration (62%) than young men (44%)
- In 2021, 13% of 6-16 year olds with a probable mental health difficulty lived in households that had fallen behind with bills, rent or mortgage during the pandemic, and 9% had become less able to afford food, or had used a food bank. This compares with 7% and 3% respectively of those unlikely to have a mental health difficulty
- More than half of children with a Special Educational Need and Disability (SEND) had a probable mental health difficulty (57%), compared with 13% of those without SEND; this was an increase from 44% and 8% in 2017 for these respective groups

- A quarter of parents who were concerned about the mental health of their child (aged 6-16) had not sought help or advice between summer 2020 and spring 2021. In 17-23 year olds with a probable mental health difficulty, 42% had not sought help during this time (NHS Digital, 2021).

A special edition of the Office for Health Improvement and Disparities' 2021 Covid-19 mental health and wellbeing surveillance report highlighted the following about the impact of the pandemic on young people, taken from several reliable research resources:

- While some children and young people coped well, girls and young women and those with pre-existing mental health difficulties experienced more negative impacts
- Overall, there was a decline in wellbeing and an increase in anxiety
- Lifting of restrictions eased mental health symptoms
- However, there is evidence to suggest that some young people with pre-existing mental health needs have found the return to school difficult. Some secondary aged pupils had struggled with pre-existing mental health difficulties during the lockdown, and this continued into the return to school in Autumn 2020
- There was an increase in children with Special Educational Need and Disability (SEND) experiencing worsening mental health. This includes higher levels of anxiety, feeling unhappy and being more isolated. However, lockdown appeared to have been beneficial to some children with SEND
- Some disadvantaged young people and children, such as children in care or those who are disadvantaged financially, reported poorer mental health and wellbeing including anxiety and loneliness
- Young people (aged 17-19) who identified as having mental health difficulties pre-pandemic also reported experiencing higher levels of stress, conflict, loneliness, and lower levels of perceived social support than other young people early in the pandemic
- A greater proportion of LGBTQ+ respondents (aged 11-18) reported that their mental health had worsened since the start of the pandemic, compared to non-LGBTQ+ respondents (Office for Health Improvement and Disparities, 2021).

As the pandemic passes, we are starting to observe data showing rising referrals to children and young people's mental health services nationally, causing a concern that deferred and additional demand for mental health support will continue to put high pressure on the mental health system for years to come.

Centre 33 and the Someone To Talk To pilot project

Centre 33 operates from five community-based hubs across Cambridgeshire and Peterborough. It has 85 paid staff and over 50 volunteers, operating from these bases and across community and education settings. The key service offers are:

- Drop in information and support
- Mental health services
- Young carers support
- Housing advocacy
- Support with money, jobs and benefits
- Sexual health services.

Centre 33's Someone To Talk To (STTT) pilot project is funded by the VCSE Health and Wellbeing Fund to adapt their Someone to Talk To service (which includes mental health, housing and financial inclusion), to better meet the needs of young people who are at risk of not engaging with, or disengaging from, mental health support.

Centre 33's STTT pilot project included funds to seed-fund, test and evaluate new mental health offers. The following new work streams were either fully or in part funded by VCSE:

- Creative Care package, working with Cambridge Imagination and Curiosity (an arts and mental health charity) to provide young people with creative activities to do at home
- Commissioning The Kite Trust (an LGBTQ+ charity) to explore the client journey of young people across mental health services, to learn how to ensure that LGBTQ+ young people have a smooth pathway of support
- The Fullscope & CAMH/SPA joint Pilot 40 project – working in partnership to look at referrals through to Child and Adolescent Mental Health Service (CAMHS) which do not meet thresholds for CAMHS support.
- The Romsey Mill (a children and young people's charity) supported housing project, to engage 16-25 year olds living in two hostels and encourage them to take part in creative and sporting activities that serve to develop emotional wellbeing. This project is launching in June 2022.

Findings from monitoring and evaluation data

This chapter considers what we can understand about the progress of the project from the data routinely collected by Centre 33 staff. The Centre 33 data team provided us with complete data for the duration of the project (between 2019 and 2022). It included monitoring and evaluation data for all young people who came to the Someone To Talk To service for help and who then asked for mental health support, regardless of whether they went on to access the VCSE funded service (referred to in this report as 'STTT pilot') or the traditional counselling model (referred to as 'traditional').

Centre for Mental Health interrogated this data to understand more about the STTT pilot cohort, and also to test for differences in presenting needs, access to help and outcomes between the STTT pilot and traditional cohorts.

About the young people

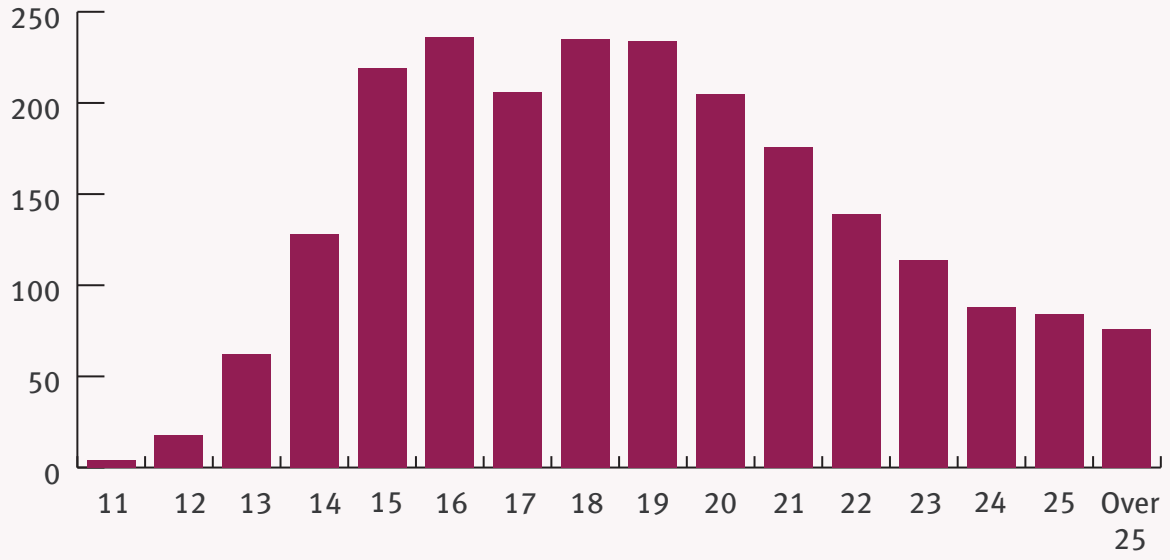
We analysed data for 2,286 of the young people who came to Centre 33 for help with their mental health between October 2019 and March 2022.

Young people are allocated to either the STTT pilot or the traditional model based on an Engagement and Support Worker's assessment on the day they are first in contact with Centre 33. This does not involve any threshold criteria, but rather the worker and young person's shared 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. Prior to the project start, Centre 33 had predicted that 44% of young people would access the STTT pilot offer, and this result shows their modelling of young people's needs to have been remarkably accurate, particularly considering that the project launch was disrupted by the Covid-19 pandemic.

Age

Figure 1 below shows the age range of the young people coming to Centre 33 for help with mental health, regardless of the model of support they accessed. The mean age was 19. We can see the need for mental health support peaking between 15 and 20. It is interesting to note a lower reach at age 17, an age when NHS services approach the adult/child service threshold. With large proportions of young people coming to Centre 33 at the recommendation of a professional, this may reflect some confusion amongst professionals and young people about how to signpost 17 year olds to mental health support.

Figure 1: Age profile of young people attending Centre 33 for mental health support



Gender

61% of the young people coming for help with their mental health were female, 31% were male, 2% were trans/non-binary and 1% were questioning their gender identity. Some young people preferred not to share their gender identity or chose to give their own description.

This gender split reflects national data which indicates that young women are the most vulnerable group in terms of mental ill-health.

Looking beyond binary gender categories, the best estimate that we could identify is that around 1% of the population might identify as trans, including people who identify as non-binary (Stonewall 2022). National mental health prevalence studies in the UK unfortunately fail to offer non-binary gender categories or capture trans identities, but research tells us that young people that have gender identities that are not cis are significantly more at risk of mental ill health. For example, in a report pulling together the main research on mental health inequalities experienced by LGBTQ+ adults and young people, the authors found that 96% of transgender people experienced some kind of mental health issue, 63% experienced suicidal ideation and 59% had self-harmed (LGBT Health and Wellbeing, 2018). This suggests that Centre 33 is achieving good engagement with non-binary and questioning young people as compared to their overall numbers, but that they should continue to anticipate that trans/non-binary young people are likely to have more need of mental health support than their cis peers.

Sexuality

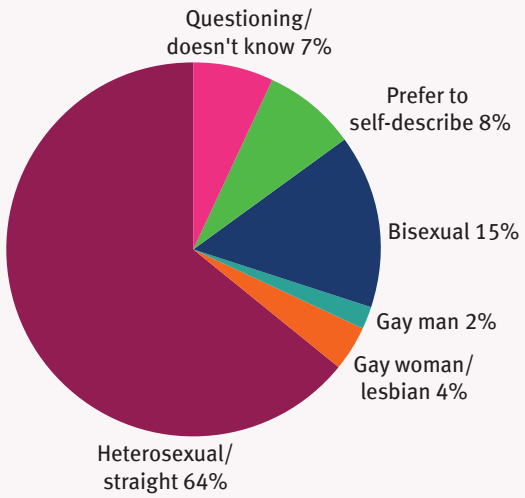
In this data analysis 25% of the young people did not have a sexual orientation recorded, were recorded as having declined to answer or had not been asked due to their young age. However, throughout the period of time that we worked with Centre 33, there were significant improvements on recording sexuality. Of those where sexuality was recorded, figure 2 shows their responses.

The Office of National Statistics estimates the proportion of LGB+ people aged 16-24 to be 7% (ONS, 2019). Research has found that 84% of LGBTQ+ people (including trans people) experienced some kind of mental health issue, 50% experienced suicidal ideation and 43% had self-harmed (LGBT Health and Wellbeing 2018). Again, this suggests a good reach to lesbian, gay, bisexual and questioning young people by Centre 33, though it is important to continue to improve monitoring practice.

We found that young people in the STTT pilot cohort were more likely to:

- Be slightly older
- Be white British
- Be from East Cambridgeshire
- Have a disability or chronic illness
- Be unemployed or be employed part-time
- Report mental health difficulties as a main disability
- Identify as non-binary or prefer to self-describe their sexual orientation.

Figure 2: Sexuality, where recorded, of young people attending Centre 33 for mental health support



Comparing the STTT pilot and the 'traditional' cohorts of young people

The average age of the STTT pilot cohort was 19 and the average age of the traditional cohort was 18 years. Young people who identified as white British made up 68% of the entire cohort. A significantly larger proportion of young people within the STTT pilot group identified as white British (73%), compared to the traditional group (64%).

We tested whether the young people who accessed STTT pilot support were different to those accessing the traditional model.

The young people's needs

Young people who self-refer to the Someone To Talk To service are initially offered a comprehensive assessment of their needs. The questions the worker asks about needs are clustered into these six need domains:

1. Complex (mental health and other)
2. Work/study/money/housing
3. Relationships
4. Legal/justice
5. Health
6. Mental health

The STTT pilot cohort had, on average, needs within three domains compared with two among the traditional cohort. The total number of needs were significantly higher for the STTT pilot cohort (an average of 12) compared to the traditional cohort (an average of 7).

Historical needs

Within the six domains described above, there are a possible 52 categories that describe needs that young people had in their past (referred to as historical needs). We did an analysis to identify any significant differences.

Young people in the STTT cohort were more likely to have these historical problems:

- **Mental health:** More likely to have a history of needing to access treatment, help to access positive activities, behavioural conduct or hyperactivity, problems with eating, hallucinations or delusions, self-harm, isolation or loneliness, and trauma
- **Health:** More likely to have a history of substance and alcohol misuse
- **Legal or justice:** More likely to have a history of being exploited by others and being a victim of crime
- **Relationships:** More likely to have a history of abuse from others, conflicts with partners, discrimination, domestic abuse, and familial mental health difficulties
- **Work, study, money or housing:** More likely to have a history of needing support with aspirations, housing or homelessness, jobs, and money or benefits
- More likely to have a history of other needs.

Current needs

Centre 33 also records the needs that a young person has currently. There are a potential 29 needs that could be recorded as being assessed on the day of contact. The different cohorts were compared for significant differences of presenting needs.

Young people in the STTT cohort on the day of contact were more likely to have suicidal thoughts, be self-harming or thinking of self-harming, be neglected, be hurt or controlled by someone, have recently used alcohol or gambling as a coping mechanism, have received less support from family, have been in care or a care leaver, and be currently or previously homeless.

About the STTT pilot offer

Centre 33 has an advanced system for monitoring the work they do with young people. They gather information about the role of the worker, the work done, the means of contact, outcome of contact and time spent. This means we were able to conduct a thorough analysis of how Centre 33 is supporting both the traditional and STTT pilot cohorts. We also sought to find out whether different patterns or kinds of support are more successful.

Number, type and duration of contacts

A total of 2,283 young people contacted Centre 33 between October 2019 and March 2022. A total of 41,431 contacts were made in that time, meaning that the STTT pilot cohort had significantly more contacts per young person.

Contacts were grouped into five groups:

- Administrative – organising and reorganising sessions, generally done by administrative staff
- 'Engagement and Support' – offering direct support to young people around practical and emotional issues including first contact assessments, ongoing practical help and support
- Mental health – all Centre 33 mental health interventions including counselling, guided self-help, check in calls, mental health assessments and risk support/safety planning
- Young carers support – assessments, one-to-one, group and advocacy support offered by Centre 33's specialist Young Carers service
- Other – all other work with a young person i.e. any work with parents, professionals, any cancellations, DNAs, and all letters, texts and emails to a young person, that are not purely about organising sessions.

The STTT pilot group had significantly more admin and Engagement and Support contacts than the traditional group, whereas the traditional group had significantly more mental health support contacts.

Young people's engagement

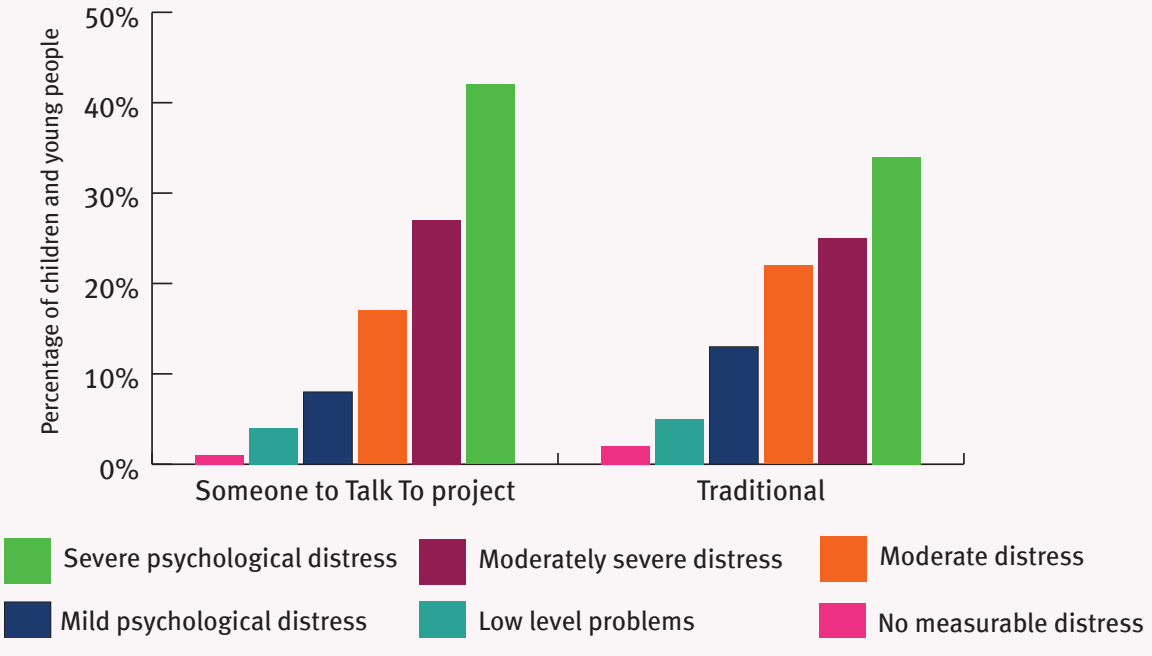
Engagement was measured by attendance, absences, and cancellation rates and these were compared between the STTT pilot and the traditional group. There were no significant differences in engagement between the two groups, with 95% of contacts attended.

Outcomes for young people

Centre 33 uses two main ways of tracking mental health outcomes for young people:

1. Clinical Outcomes in Routine Evaluation (CORE), a system of tools to support monitoring of change and outcomes in routine practice in psychotherapy, counselling and any other work attempting to promote psychological recovery, health and wellbeing
2. Goal-based outcomes (GBO), a tool for evaluating progress towards a goal in clinical work with children, young people, and their families and carers.

Figure 3: Initial CORE scores



Psychological health and wellbeing at assessment

There were 2,286 young people in total, of which 1,749 (77%) had at least one CORE score. CORE scores range from 0 to 40, and a higher score means the person has worse psychological health and wellbeing. We compared initial CORE scores between the STTT pilot and traditional cohort. A significant difference was found; initial CORE scores were, on average, higher for the STTT pilot group than the traditional cohort (meaning young people on the STTT pilot generally had worse mental health at the beginning of their contact with Centre 33).

In both groups, the young people predominantly had higher scores than the general population, meaning they were coming to the service with high levels of distress (see figure 3 on previous page).

Comparing the cohorts, there were significantly more young people with "mild psychological distress" in the traditional group, and there were significantly more young people with "severe psychological distress" in the STTT pilot group.

Improvement in psychological recovery, health and wellbeing

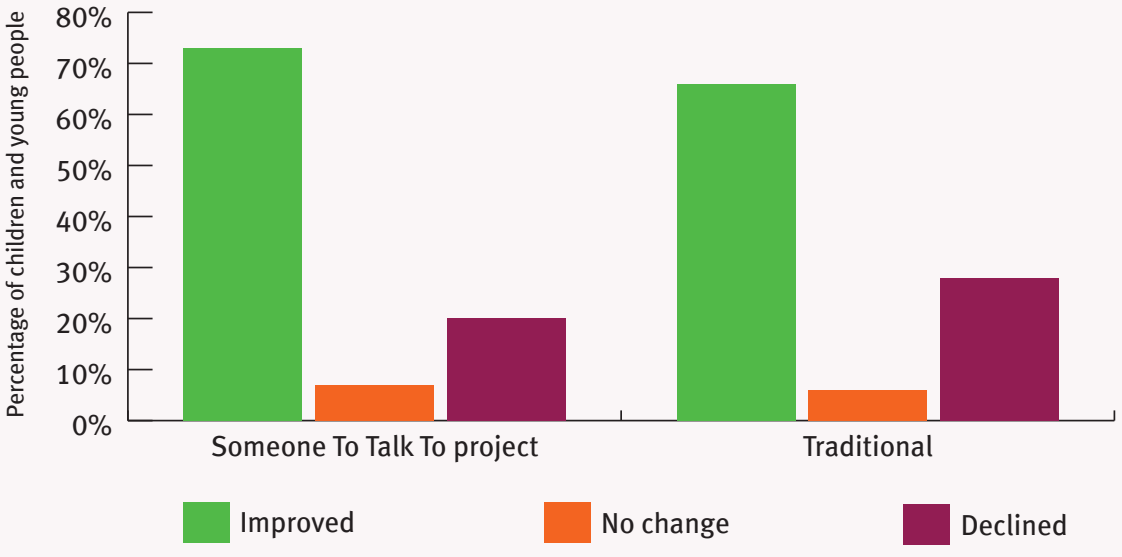
In total, 913 young people (40%) had two or more CORE scores; change in score was calculated from the first and last score of each young person. On average, the difference between first and last scores for the STTT pilot cohort was an improvement of 6 and the traditional cohort improved by a score of 5; this was statistically significant. On average, the STTT pilot cohort had a greater improvement in their psychological recovery, health and wellbeing than the traditional cohort (see figure 4).

Movement towards young people's goals

Early in their support from Centre 33 in either pathway, young people set themselves one to three goals. They are asked to rate themselves on each goal and this is repeated before they leave Centre 33. For each goal, the difference between the first and last scores were calculated, and the young people were separated into three groups: improved, no change, and declined.

In total, 852 young people (37%) set goals. We noted that more young people in the traditional group set goals than those in the STTT pilot group. Changes in goal-based outcomes were calculated from the first and last scores. Both groups improved in their goals by an average of two points.

Figure 4: Change in CORE scores



Mental health outcomes in relation to young people's number, type and length of contacts

Looking now only at the STTT pilot cohort, we sought to discover any relationship between level of engagement and improvement in CORE scores or GBO outcomes.

We found that the more contacts young people had with the STTT pilot project, the more their mental health outcomes improved. Young people in the "improved" CORE group had, on average, nine mental health contacts, whereas young people in the "no change" and "declined" group had seven mental health contacts.

We found that those young people in the STTT pilot cohort who had an improvement had more "Engagement and Support" and administrative contact than the young people in the traditional cohort whose mental health improved.

Overall average length of support was related to the likelihood of mental health improvement.

Conclusion

These analyses do not allow us to draw conclusions about effective patterns of different kinds of support at Centre 33. The very nature of the flexible offer of support means that workers who see that a young person's mental health is not improving or is declining will often respond by offering more sessions.

We can see an association between time spent and improved mental health, and we note the significantly better improvement if more time is spent doing administrative tasks that support the young person.

What we learned from talking to young people

We supplemented our learning from project data with insight and reflections gathered from young people.

Across the lifetime of the project, a representative sample of young people who had accessed the STTT pilot project were interviewed.

We were interested to know, in their own words, why young people came to Centre 33, what kind of support they remember getting and what impact that support had. We also invited comment from young people about how Centre 33 might change or develop its offer.

What young people said they needed

Young people were asked what had brought them to Centre 33, how their first contact with the team had come about, and what they remembered hoping for from the contact.

Young people often identified themselves as having a mental health problem, though did not tend to describe particular symptoms or feelings. Mental health problems were generally their first motivation for coming to Centre 33 for help. It was notable that the term "mental health" was commonly used and did not seem to carry any stigma or concern for the young people.

While many of the young people later described more complexities in their lives (such as housing problems, financial worries, family problems), only one of the interviewees cited such problems as their primary motivation for coming to Centre 33.

Some of the young people identified their sense of isolation and not having an outlet for their mental health concerns as being a motivation for coming to Centre 33. The idea of reaching out and connecting was important. Some young people described previous failed attempts to do so, or having a sense of not feeling able to speak about their mental health within other relationships in their lives.

> *"I'm at college and, well there they know I don't talk to anyone. I needed someone to talk to. I needed to get it out"*
>
> *"CAMHS and other services were not really helping me so they suggested I do a self-referral to Centre 33"*

More than half of the interviewees had been signposted or supported by another person to Centre 33. These included Early Help workers, social workers, NHS mental health staff, GPs, family members and friends. It was noticeable that the young people moved from deciding they needed help to accessing Centre 33 quite rapidly, without extended deliberation and consideration of different options, despite often being unsure of what kind of a service they were accessing. Rather, in a moment of crisis, or once feeling they had reached a threshold of "needing help now", they followed the guidance of a trusted person and often came to Centre 33 with little planning or thought.

> *"College – [I] had a lot of mental health issues that came up suddenly and one of the teachers there referred me"*
>
> *"I kind of just went there!"*

We asked young people what they had been hoping for from the support at Centre 33. Most commonly, young people were not picturing outcomes, rather a feeling of connection and outlet. Support, letting feelings out and "making sense of things" were the most common hopes. Some young people had a particular goal related to a mental health symptom (e.g. anger) or a past experience (e.g. trauma).

> *"Someone to talk to so I wasn't keeping it all bottled up"*
>
> *"Just general progression, I guess I didn't really understand what was happening at the time"*
>
> *"controlling my temper"*
>
> *"someone to tell you that you are not on your own"*

What support young people said they received

The STTT pilot project aimed to give young people an individualised, flexible support package. We asked young people to describe the support they received in their own words. We enquired about pattern and location of sessions and how they felt about the support they got.

Young people described a very diverse pattern of support. Most young people described a mix of types of contact from drop-ins, texts and calls to pre-arranged appointments. This mix of approaches was either welcomed, or seen as neither positive nor negative.

We noticed a shift in the comments by young people about models of support over the two and a half years. The year one interviewees were less sure of the model of support they were to receive and were at times confused by the changes in patterns of contact. They saw the main focus of the contact to be facilitating access to talking therapies. By year three, it was clear that young people understood that there would be a flexible pattern of sessions and method of contact, and so were making more positive use of the flexibility. This confidence in the model appeared to come from a growing ability of the staff team to present the model to young people and to reassure them that it was alright, and in fact intended, for the pattern of contact to shift and change.

> *"Then March [first lockdown] happened and threw all my expectations out of the window. So in April… X was giving me a weekly call just to check in on me, see how I was doing. I hadn't talked to her before. There was that, not actual counselling, just to kind of check in"*
>
> *"First of all I had some phone appointments that was just for them to understand what was going on. Then I had check-in calls every week while I was on the waiting list. Those were cool – [I] WhatsApp and ask for a specific person and then they contact me… Then I had six weeks of counselling. That was every week at the Centre. Now I just drop in if I need."*

Young people's agency

The most important feature of this flexible offer was the agency the young person had. Choice over the model was not generally exercised in a formal way, rather through experimentation and feedback. The young person and staff would try different ways of being in contact, review informally, and settle on a pattern that suited them best. Important in this process was the level of curiosity and empathy shown by the staff, about the best engagement method for each young person. At times young people relied on the staff to offer reflections on how the engagement was going and what kinds of contact appeared to be effective.

> *"I liked the person listening to me"*
>
> *"I liked that the drop-in was open all day and you could go any time you liked"*
>
> *"talking about options and ideas on how to go forward"*

A blended approach to waiting times

A clear indicator of this growing confidence in the flexible model was the level of concern expressed about talking therapies' waiting lists. Year one and even year two interviewees were more concerned about the wait for talking therapies, and they perceived check-in calls to be a holding measure before their "actual" support began. At times they were confused (especially during the first lockdown) about what would happen next. By year three, interviewees understood the check-in calls and other 'Engagement and Support' help to have a mental health value in itself, and in some cases decided to only have this help and not go on to talking therapies. By year three there was a stronger impression of a wraparound service where the engagement was secure, but the pattern of sessions and approaches would inevitably shift and change with changing needs. As such, it was noticeable that young people's level of confidence in the model grew over the duration of the project.

> *"was immediate, there wasn't any waiting list. I didn't have to be referred and hear back and go through a questionnaire and be told you are too ill or not ill enough"*

> *"I got very individual support. The support was just for me, not for other people and what they wanted"*

Kindness and "checking in"

Young people commented about what the service was like. The most common comments were about the general warmth and kindness of the staff. "Kind" was the most common word in response to this question. The most appreciated aspect of the support overall was the check-in calls. This practice was solidified in the model partly in response to the Covid-19 lockdown in March 2020, but has remained a successful feature of the STTT pilot model ever since. Young people see it as a demonstration of care for and interest in them. They used the calls to learn to communicate about mental health, and to monitor themselves. They varied in their preferences in relation to having a single consistent worker, or having a range of different contacts, the most important factor here being their ability to choose.

> *"The way they check in with you. Like if you miss an appointment they text to check if you are okay. Everyone I spoke to was really caring and reassuring. Mental health services are usually so dismissive and rude but this was not like that"*
>
> *"it was always a friendly open conversation"*

Blurred lines between open and closed

Another successful feature was a blurred line between being "open" and "closed". Especially by year three, young people saw themselves as connected to Centre 33 from the first day of contact, and thanks to the check-in calls or other regular contacts, felt monitored and supported from this stage onwards, even if contact was sporadic or very brief. They also identified a "tapering off" of support as valuable, as well as an open invitation to return, even though most did not intend to.

Access to additional help, for example with housing, finances, education or work, were a feature for a significant minority of the interviewees. This tended to be about housing or finances. For those that did not access this help, there was an awareness that it was available, and this was appreciated.

Very few concerns were raised about the model, the only consistent ones being a lack of clarity about what the offer was (exclusively in Spring 2020) and a shortage of opening times in some hubs.

The outcomes young people described

Young people were asked to reflect on the extent to which they thought the support from Centre 33 had helped them, and in what way. This question was quite difficult for young people to give detail on, and a common response was that they simply "felt better".

The first changes that young people noticed were:

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

> *"able to process stuff – knowing that I wasn't going crazy"*
>
> *"[I] am more self-aware about what is going on in my head. I can observe what's happening inside myself. Like I have words for what is happening"*

Young people were also asked to identify longer term outcomes, now looking back at their progress. The more common outcomes here were:

- 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.

> *"I was coping a lot better. Was not having so many crises. In school I felt more secure and safer"*
>
> *"I was open… about my struggles. That's the biggest change, that I am open to talk. Also, more self-love and better relationships. More easy on myself."*
>
> *"Before I didn't really feel like I can speak to my family but now I can. I feel like they understand what's going through my head more."*

Young people were invited to comment on any other outcomes they had reached. The most common additional outcome was a move to more appropriate housing. This was generally to assist with moving from a difficult family home. Two young people had financial help, and one had help with accessing education.

Young people's suggestions

Interviews closed with a request that young people offer some advice to Centre 33. They were asked to imagine having control over the services and to consider what was the most important thing to protect, and what should change.

The important elements that young people wanted to protect were:

- The approach of the staff should remain non-judgmental, warm and friendly
- The open accessibility
- Flexible models of support
- Specifically, check-in calls.

> *"Them being nice people – calm, listening, comforting"*
>
> *"knowing you are not judged and you are understood"*

In terms of what should change, most young people commented that they would make no changes. Some commented on the wait they had for talking therapies, while others felt that the hubs needed to be open for longer hours. There were two comments about ensuring there is a clarity of offer – so that young people could understand the model of support better.

Pilot projects to drive systemic learning and change

As part of the STTT pilot project, Centre 33 established a fund to deliver smaller scale pilot projects which would respond to the needs being identified in the evaluation of the main project. These projects were coordinated and governed by the Fullscope consortium of mental health charities.

This section describes the projects delivered from this fund and gives an overview of their impacts and outcomes. Please note that some projects are ongoing, and their evaluations are therefore not yet available.

Creative Care

The Creative Care Programme was conceived in response to the Covid-19 pandemic and lockdown. Four of the seven organisations within the Fullscope consortium were involved and seven additional organisations were involved through delivering creative resources to their participants. The programme consisted of the production of twelve artist-created 'invitations to create' – creative workshops in written form, targeted at children, young people and adults respectively.

The Creative Care Programme has been valued by Fullscope partners, delivery partners and participants alike, and recognised nationally and internationally. It has provided the impetus for substantial creative activity and resulted in new collaborations and new ways of working. For the Fullscope consortium, there was learning about establishing a consortium-based approach and understanding its potential for future projects.

Navigating mental health support as an LGBTQ+ young person

The purpose of this project was to improve the experiences of LGBTQ+ 16-25 year olds attempting to access mental health services in and around Cambridgeshire and Peterborough. It sought to identify and find solutions to significant or recurring barriers to accessing mental health services.

This was done through literature review, young people's interviews and focus groups, holding of a small caseload of LGBTQ+ young people needing help navigating the system, and pilots of best practice solutions within local mental health services.

The full findings will be published in 2022, but some early findings have been shared. Experiences of mental health support for LGBTQ+ young people were described as poor overall, being difficult to access and inappropriate for young people's needs.

When reviewing the barriers and supportive factors, we noted that these were not necessarily specific to young people's LGBTQ+ identities – in other words, LGBTQ+ young people were (perhaps disproportionately) affected by the same barriers that other young people experience. These barriers included a lack of clarity about referral pathways or poor communication from NHS services.

There were barriers and supportive factors which were specific to LGBTQ+ young people, and these ranged from factors influencing the young person's ability to reach out for help, to the appropriateness of service models, spaces and staff skills and aptitudes, to contextual factors such as friends, families, schools, colleges and communities. The projects makes recommendations for improvement to mental health services for LGBTQ+ young people.

The Single Point of Access pilot

The CAMHS Single Point of Access (SPA) and Fullscope Joint Pilot 40 Project emerged from the desire to reassess current systems of mental health service provision for children, young people and their families and to work toward a more integrated 'front door' where referrals can be directed to the right support. It was known that approximately 40% of CAMHS referrals do not meet the service threshold, and referring agencies and families are advised to seek help elsewhere. This project proposed to look more closely into the closed referrals to understand why they were rejected, and what happened next for these families.

The project was carried out through data analysis of the closed referrals, interviews with families whose referrals were closed, and communications with the SPA clinical team.

Learnings from the project led to several recommendations. Firstly, better communication is needed, both internally in health and social care systems and externally to school communities and families, about the wide range of mental health services and resources that are available. Resources need to be allocated for experts in the mental health system to be embedded in key hubs such as surgeries, schools, and social care teams who can support both professionals such as GPs and family workers, as well as families, to navigate pathways to care.

Mental health and housing support project

The final VCSE-funded project is launching in June 2022. It will fund a partnership between a youth organisation, a mental health provider and two supported housing projects to cocreate and pilot creative approaches to meeting the mental health needs of young people living in supported housing.

The embedding of pilot and research projects within the STTT pilot project has allowed the emerging findings from targeted work with young people who were previously less well reached by services to drive innovation and a better understanding of different ways of reaching young people across the mental health system. This work continues. Findings from the first three pilot projects include these themes:

- The potential of creative and other less traditional offers of mental health support is recognised, and such approaches should be embedded in the local system to better meet the needs of young people who are at risk of disengaging with mental health support
- The value of partnership approaches
- The level of fragmentation and complexity in pathways to support, the need to simplify these and, in the meantime, the importance of ensuring that young people have support to navigate the mental health system
- The importance of all services recognising and responding appropriately to the needs of marginalised young people.

What we learned from talking to people in strategic roles

The VCSE project had an ambition to achieve outcomes for the wider mental health system in Cambridgeshire and Peterborough, by impacting:

- Joint working structures and systems across the local ecosystem of mental health services
- Understanding of, and capacity to deliver proven responses to, young people at risk of not being engaged with the local ecosystem of mental health services.

To track progress across these goals ten stakeholders were selected and interviewed every year. They included health commissioners, heads of service and leaders from the voluntary and community sector.

Monitoring vulnerability and complexity of need

A key enabling factor for the establishment of the VCSE project was Centre 33's ability to use their extensive monitoring data to compare these three data groups:

- Young people's vulnerability factors
- Young people's engagement with support
- Young people's mental health outcomes.

We wanted to know whether other services were able to use data in similar ways, and so asked each stakeholder whether the services they were responsible for gathered and used this level of data.

In all cases, at least some of this kind of data was recorded in client management systems by practitioners (local authority, NHS and voluntary sector). However, all stakeholders commented that these kinds of analyses had not been done consistently across their services, apart from within this VCSE project. The most common reason for not doing the analysis was a perception that data systems did not allow for it, though most commented that there had not been a concerted effort to do so. The mental health trust told us they had attempted to analyse data according to some demographic factors (such as deprived postcodes) but had not been able to make any conclusions due to complexity of data systems. Across the years of the evaluation, voluntary sector organisations were seen as examples of good practice in monitoring health inequality, service use and outcomes.

> *"Centre 33 is the go to place for answering these sorts of questions [about overcoming barriers to access]"*

Mental health support for young people at risk of disengaging from support

Centre 33 hoped to promote a better response to the mental health needs of young people who are less likely to engage with support across the mental health system. To understand the shifting scale of provision, interviewees were asked to list any projects or services that worked specifically with less well reached young people.

The STTT pilot project was cited by most interviewees as the only open access, no-threshold service that offered mental health support in a different way for young people who could not engage with other models. Previous successful pilots in the region have tended to be discontinued.

Often mentioned was Cambridgeshire and Peterborough councils' Early Help service. Being district-based and delivering whole family assessments, it was seen as well placed to offer a more bespoke, individualised response. However, commentators noted the lack of capacity in Early Help to offer mental health interventions.

There were several services and projects discussed which used approaches aimed at overcoming barriers to getting help, in all cases targeted at particular groups of young people. These included drug and alcohol services for young people, supported housing projects, youth offending services and targeted youth provision. However, the larger scale combination of specialist mental health support

and flexible approaches to engaging any young person facing barriers to access remained unique to the Centre 33 STTT pilot project.

During the latter half of the evaluation, we began to hear more about an emerging YOUnited service (which supports children and young people with their mental health through therapies, counselling and guided self-help), and the work of Fullscope. In both cases, Centre 33, from within both partnerships, was seen as influential in driving a responsiveness to young people who were at risk of disengagement.

Coordination of services and joint working

In relation to questions about coordination and joint working, we noted the changes to working practices prompted by the Covid-19 pandemic. Interviewees were asked to comment on coordination of both commissioning and delivery, joint working across agencies and teams, and specifically how waiting lists were being managed.

Across the interviewees and years there was an improving picture, attributed largely to the "kick start" delivered by the Covid-19 pandemic plus the emergence of the Fullscope consortium. The sudden lockdown had prompted new working practices such as regular coordination meetings and more proactive information sharing. Over the three years this emerging good practice, initially perhaps between two or three agencies, was drawing in more people and becoming more established. In 2021 particularly, there was a real sense of optimism that a step change had taken place.

A key barrier identified to joint working was the presence of competition in the mental health system and specifically competitive tendering, which prompted organisations to be protectionist about their information.

By 2022, there was a new note of pessimism. Stakeholders were concerned that the receding pandemic and a high level of demand for mental health services might prompt organisations to retreat back to their "silos".

Interestingly, several interviewees commented that the improving coordination and joining up of services was having a less positive impact on young people who are at risk of not engaging with mental health support. This was because their needs may present in an atypical way, meaning that the ways that services had designed their "joined up response" was missing their particular needs.

> *"They are a group that is hard to define and so don't sit well in our tier system – their presentation may not clearly signpost them to a response – health are not holistic enough to recognise them"*

Centre 33, positioned centrally to a number of new initiatives to work differently in Cambridgeshire and Peterborough, were seen as well positioned to advocate for those young people who the STTT pilot project sought to engage better.

Discussion and recommendations

The Someone To Talk To pilot came about because some of the young people who came to Centre 33 for help with their mental health were being less well engaged by the services on offer. In this evaluation we wanted to understand whether offering a different model of mental health support to any young person at risk of becoming disengaged from mental health services can improve their engagement, and so their mental health outcomes.

The young people

In order to avoid creating bureaucratic barriers to getting the right help, there were no rigid eligibility criteria for accessing the STTT pilot project. This contrasts with other projects working with young people labelled as "hard-to-reach", where young people need to fit preconceived profiles of need – which risks creating barriers to access.

Instead, the pilot trusted in a shared assessment of engagement needs between the worker and young person. We were therefore able to identify a profile of young people who believe themselves, or are believed by a worker, to be less likely to engage with mental health support.

The young people who were identified for the STTT pilot were in greater mental distress and had a wider range of both historical and current needs. When we spoke to some of them about their hopes for Centre 33, they were clear that their main need was their mental health, but they often found it difficult to articulate exactly what was wrong. Young people had histories of trauma and deprivation, and often presented with complex mental health needs. However, the complexity of their lives and histories often emerged over a number of conversations with Centre 33 staff.

The proportion of all young people coming to Centre 33 seeking mental health support who were selected for the VCSE project matched the team's modelling based on 2018 data. Our analysis suggests that using young people's and workers' combined judgement on the appropriate model of support was successful in identifying a group of young people who might be judged to be more at risk of poor mental health by virtue of their complex needs, without the need for eligibility criteria. Anecdotally, young people suggested that they had not immediately recognised their own complexity of mental health or other issues, and so would not necessarily feel empowered to ask for different kinds of help immediately.

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

Young people told us that the aspects of the STTT pilot that they particularly valued were:

1. Having agency and control over location, length, frequency and content of their sessions
2. There being a blended approach to waiting times, with waiting times being offset by other support such as check-in calls
3. The kindness of the organisation, particularly evidenced by staff regularly and proactively "checking in", even if this was for brief text or phone contacts
4. A blurred line between being "open" and "closed", with support flexing with level of need and tapering off towards the end.

Young people in the STTT pilot had more contacts with workers than those in the traditional model, but these contacts were of similar duration. This reverses the situation Centre 33 was concerned about before the pilot, when young people with more complex needs were receiving less contact and experiencing worse mental health outcomes.

The contacts were with a wider range of workers, including engagement and support workers, mental health workers and administrators. Overall, they spent more time with them.

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

Young people told us that they felt heard and validated and had a better insight into their emotional world. They had a better sense of entitlement to mental health support and felt more able to reach out to people and talk about their emotions. Longer term, they reported better mood and ability to cope, and fewer crises. They felt their relationships with others had improved and said they would be more open to asking for help in future.

The STTT pilot cohort had a greater improvement in their psychological health and wellbeing than the traditional cohort, meaning that the pilot not only improved young people's engagement with support but also their mental health. Young people saw an improvement in the goals they had set for themselves.

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.

Impact on the wider mental health system

The STTT pilot project included some additional pilot and research projects to drive innovation and a better understanding of different ways of reaching young people across the mental health system. Evaluations of the first three projects highlighted:

- The potential of creative and other less traditional offers
- The value of partnership approaches
- The level of fragmentation and complexity in pathways to support and the need to simplify these while also ensuring that young people have support to navigate the mental health system
- The importance of all services recognising and responding appropriately to the needs of marginalised young people.

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.

Partly thanks to its connection to the Fullscope consortium, and partly thanks to Centre 33's strong reputation in the region, the STTT pilot was well known and highly regarded throughout its duration. Over the course of the pilot there was an increasing understanding of the new model of working and recognition of its value. For most strategic stakeholders, Centre 33 cemented its role as the "go-to" organisation for any partners who needed a better understanding of the needs and experiences of the young people this pilot was working with.

However, the stated ambition to influence other agencies (NHS, councils and other voluntary sector) to change their working practices in order to also respond to the needs of young people who may disengage from mental health support has not yet been realised. Stakeholders described ambitions to improve monitoring of risk factors such as childhood trauma, homelessness or financial deprivation, or of offering more flexible and responsive mental health support. But we observed no such changes in practice, and by the end of the pilot there had been no additional rise in the capacity of services (aside from Centre 33's pilot) to work differently with these young people.

Centre 33 intended to influence better joined up and coordinated working across the mental health system. Stakeholders felt that this had changed over the timespan of the pilot, but attributed this improvement largely to the pandemic. There were concerns that services may put less emphasis on coordination and

joined up working in future. We recognise that this could be particularly damaging for young people who are less well reached, as they are more likely to 'fall between' services.

Centre 33 and the STTT pilot were considered by stakeholders to have been instrumental in the development of a new cross-sector mental health service in Cambridgeshire and Peterborough, YOUnited. It was felt that this service, if it was influenced by the findings of the pilot, has potential to better meet the needs of young people who are at risk of not engaging with mental health support.

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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