

# Youth Work as Initial Mental Health Support?

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# What are we doing and Why (now)?

- Pre-pandemic, only one third of YP able to access MH support they needed (Burstow et al., 2018)
- Low-income YP experiencing most acute levels of mental distress (Goldman-Mellor et al., 2016)
- These trends intensified during the Pandemic
- During lockdowns YP experienced intense loneliness and isolation (Danese & Smith, 2020)
- Youth work is an external infrastructure which bolsters MH and wellbeing of YP and provides much needed support
- **Are youth workers currently providing MH support to YP across Scotland and England?**



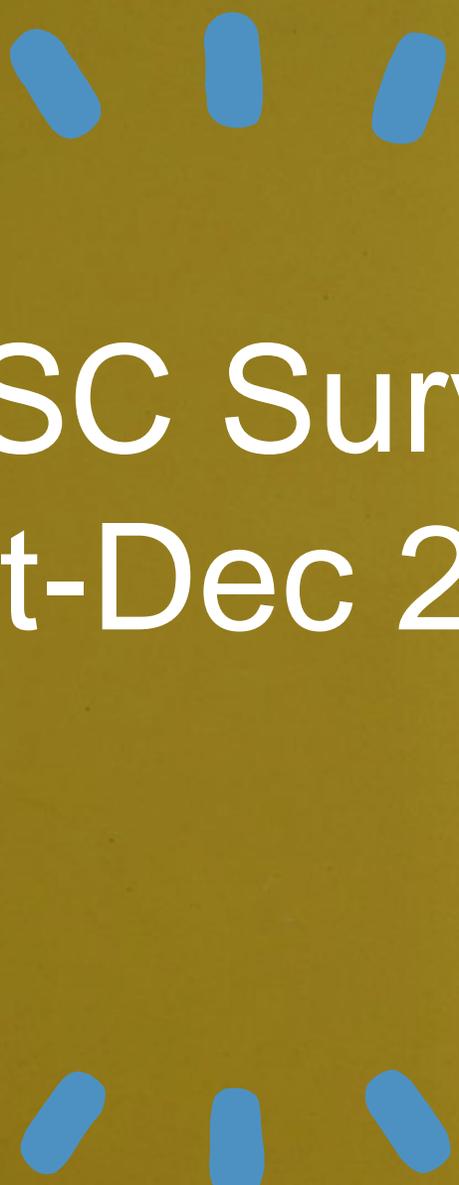
# What is Youth Work

- Rich history in the UK (late 19th and early 20th century)
- Delivered by a range of organisations (philanthropic, radical / socialist, religious and quasi-militaristic)
- Works predominantly with working-class and marginalised groups but also universal youth work
- Youth work approaches tend to be holistic and bottom-up in design, regarding YP as autonomous agents - starts from where the YP is at
- Employs distinctive methods and associated with informal education (incl voluntary association)
- Value and principle based - caring relationships lie at the heart of youth work
- Changes to CYP policy means work with YP is delivered by a range of agencies where disciplinary boundaries are increasingly porous

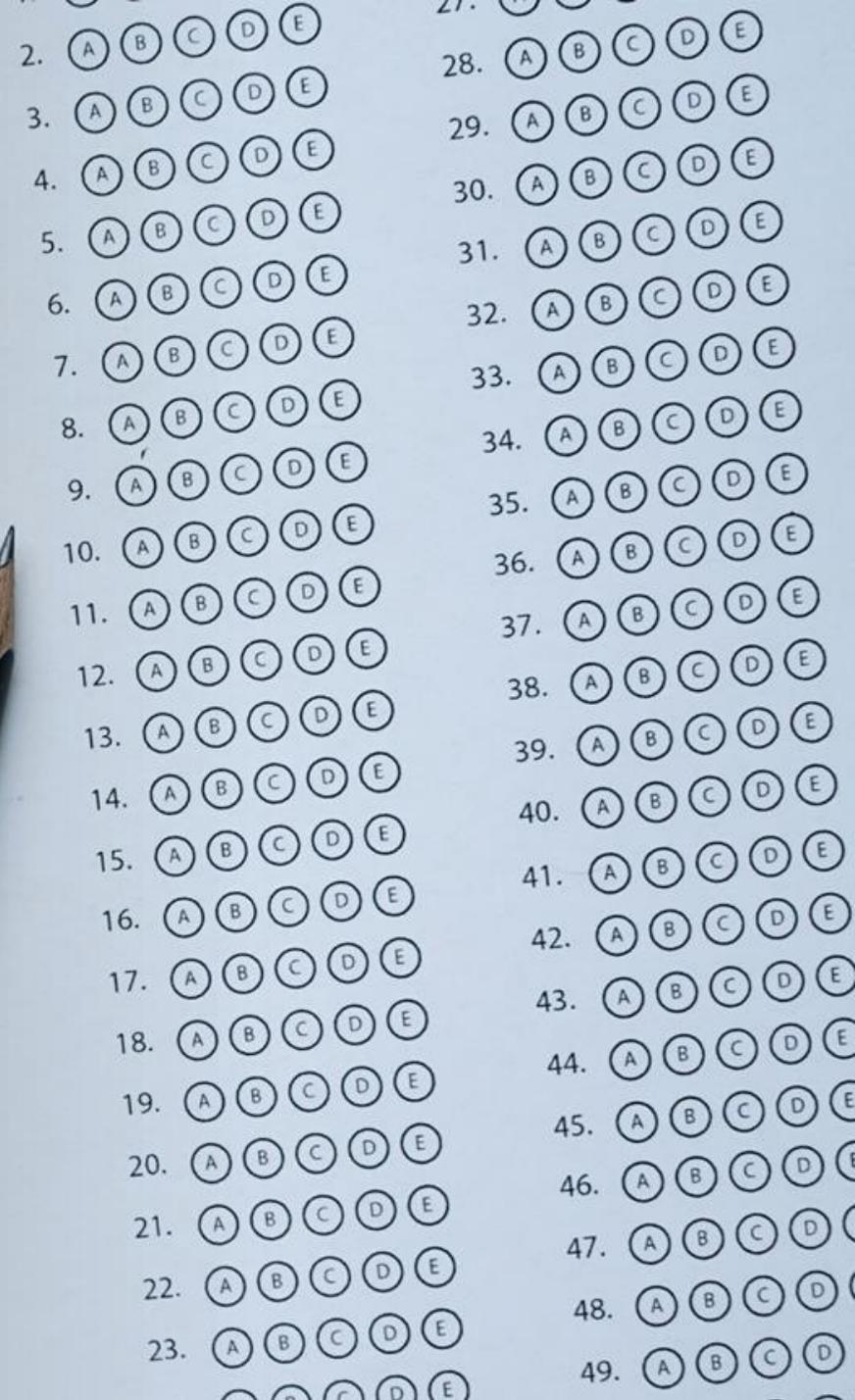
# What is Initial Mental Health Support

What do you think about Youth Workers providing initial mental health support ?

*(this includes: active listening; non-judgemental approach; helping young people find resources from appropriate websites; making safety plans; referring young people to specific and appropriate dedicated mental health services)*



# JISC Survey Oct-Dec 2022





# Headline Findings



# Participants



Average years of experience	
Scottish	12
English	13

64% of respondents were educated to degree level at least, most being in Youth Work or Community Education.

27% were in a 'managerial' position (as well as engaging in face to face practice)

94% worked in the Charitable (Third) Sector

97% were paid workers (either full-time or part-time)

# Presenting Issues from Young People

Anxiety/Social Anxiety	88%
Depression	42%
Self-Harm	42%
Isolation/Loneliness	30%
Eating Disorders	27%
Low Mood	24%
Suicidal Ideation	21%
Family relationships	18%
School related issues	15%
Bereavement	15%

(Less than 10%)  
Peer relationships  
Low Self-esteem/self worth  
ADD/ADHD/ASD/Autism  
Sexuality/gender Identity

# Initial Support from Youth Workers

51% of our respondents told us their Project or organisation offers 'in-house' support.

This ranges from specialist Counselling Services for young people, to 'Mentoring' support; 'group work' and 'one-to-one' general support work.

In terms of referrals, most (64%) were to CAMHS/SAMHS or GPS .

45% of workers told us they would signpost to online sites or Apps - such as Kooth; Childline or Young Minds

42% would refer on to 'other' mental health organisations, especially those in the Voluntary sector specialising in work with young people eg, 'The Junction' in Scotland, or 'Streetwise' in NE England.

# Skills & Knowledge



How confident do you personally feel in responding to young people and supporting them with their mental health needs?



*Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)*



# Youth Work Skills used in providing initial mental health support

Main YW skills used in conjunction with Mental health support (NB respondents may have listed more than one)	
Active Listening/Listening	60%
Communications Skills	39%
Active engagement	24% Using the outdoors /Signposting/ Group work
Being non-judgmental	21%
Empathy/Understanding	30%
Developing Positive relationships with YP	21%
Building Trust	12%
Person-centered practice	21%
Promoting and creating change & Participation: Problem solving /resilience	27%



# Training Undertaken

Main forms of Training/Support Workers have had (NB respondents may have listed more than one type of training)	
General 'mental health support' training	13(39%)
Various CPD	9(27%) ACE/Anxiety management/Substance Use/Grief/Autism awareness/Emotional/Sexual abuse/Violence/LGBTQ issues/Trans issues/Anger Management/Eating Disorders/Bullying/Gambling/Covid-19 and mental health
Suicide prevention training (eg ASSIST)	9(27%)
Mental health First Aid	9 (27%)
Outside Organisation provided training(eg Young Minds/NHS/CAMHs)	8 (24%)
Child-Protection/Safeguarding	7(21%)
Trauma (Informed practice)	6(18%)
Self-harm	3(9%)
Counselling / Therapeutic Skills	4 (12%)



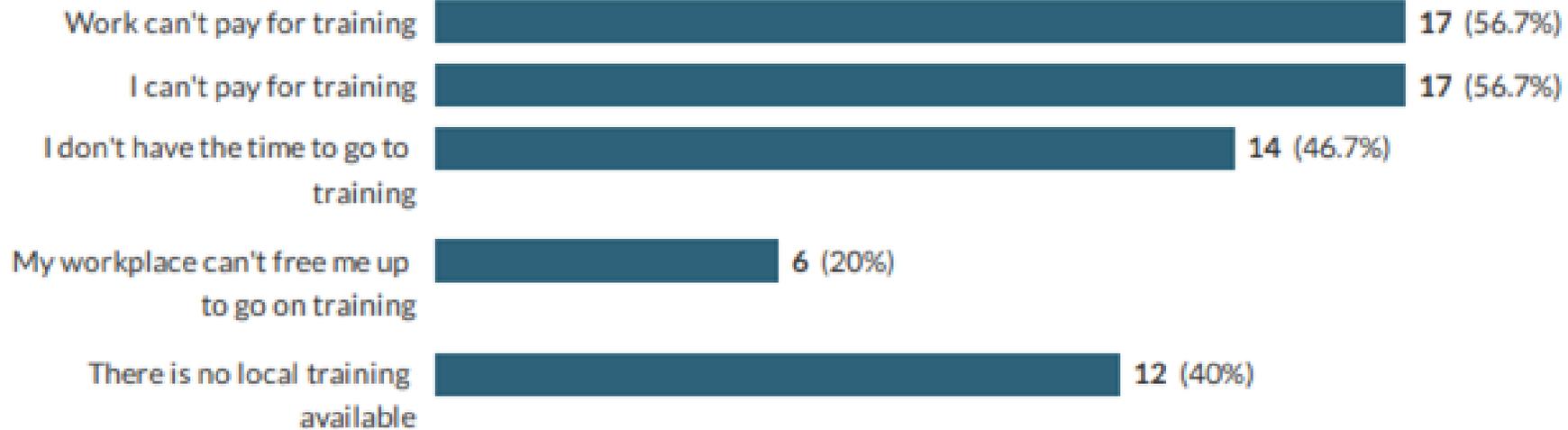
# Training that would be helpful



(General) Mental health training	39%	<i>“Youth work sector wide training specific to our role as informal educators. Most training is aimed at teachers”.</i>
Training on Specific issues	33%	Self-harm; Isolation;OCD; Neurodivergence; Men’s mental health; Anxiety; stress management; mental health first-aid
Specific Counselling training	21%	<i>“<b>Specific counselling training would be very useful although would take significant time/resources to put in place”.</b></i>
Becoming more familiar with how to refer, and where to refer	6%	<i>“Knowing more about the process for CAMHS and how we can work better with CAMHS to support young people who may not need clinical support. “</i>
Practical Training	6%	<i>“Train the trainer-type practical tools that we can share with young people, rather than "awareness raising".</i>

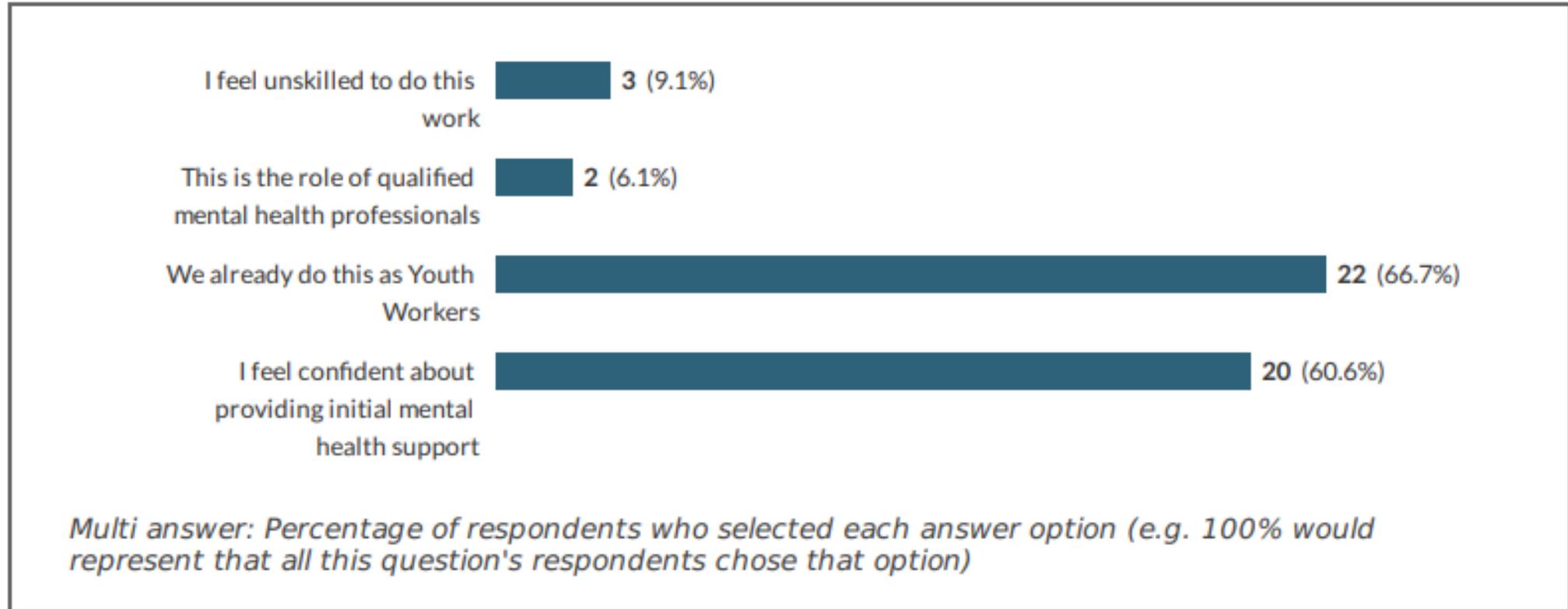
## Reasons for NOT accessing training

What would be a barrier to you accessing training



*Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)*

## Subjective views of providing initial mental health training



# Initial Themes

Professional Identities / Core Purpose of Youth Work?

Mental Health Literacies

Funding and Resources - Policy post-Covid

Scotland

England

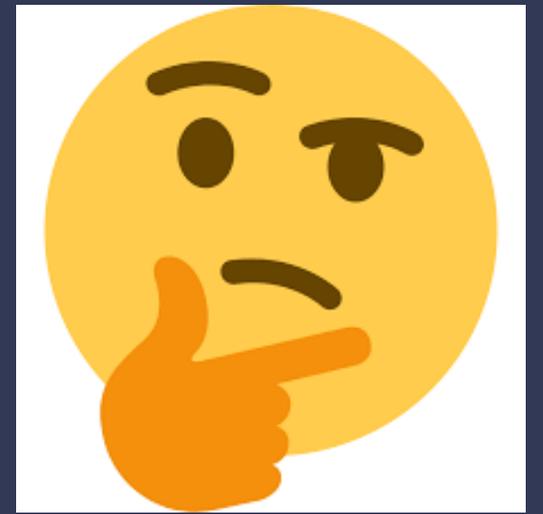
# Professional identity

42% of respondents said providing 'initial mental health support' was already part of a Youth Worker's role:

*"As youth workers with a solid relationship with young people, they already discuss these mental health issues/concerns with us".*

*"I think for many people who work in Youth Work these skills come naturally or at least the desire to help other people comes naturally often the above is such a part of our role it's easy to overlook it as mental health support it's just 'our job' ".*

*"I think the role of youth workers has changed over the last few years, especially after Covid and I think a lot of our work is now around exploring mental health, what has happened or is going on that contributes to it, and what we can do to support good mental health".*



thoughts?

what next?

# References

- Burstow, P., Newbigging, K., Tew, J. and Costello, B. (2018) *Investing in a Resilient Generation - Keys to a Mentally Prosperous Nation*. Birmingham: University of Birmingham.
- Danese, A. and Smith, P. (2020) 'Debate: Recognising and responding to the mental health needs of young people in the era of COVID-19.' *Child and Adolescent Mental Health*, **25**(3), 169-170.
- Goldman-Mellor, S., Caspi, A., Arsenuit, L., Ajala, N., Ambler, A., Danese, A., Fisher, H., Hucker, A., Odgers, C., Williams, T., Wong, C. and Moffitt, T.E. (2016). 'Committed to work but vulnerable: Self-perceptions and mental health in NEET 18-year-olds from a contemporary British cohort.' *Journal of Child Psychology and Psychiatry*, **57**(2), 106-203.