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Talent Match Case Study Theme Report:
Mental Health and Wellbeing

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Talent Match Case Study Theme Report

Mental health and well-being

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Summary

About the research

- Talent Match (TM) is a Big Lottery Fund strategic programme investing £108 million in 21 Local Enterprise Partnership (LEP) areas which have experienced particularly high levels of youth unemployment. This report presents the findings from case study research on the theme of "mental health and well-being" within TM partnerships.

- The report draws on a focused literature review and the findings from qualitative interviews across three TM partnerships conducted in July 2015: Leeds city-region, Liverpool city-region and New Anglia. A total of 34 individuals took part in the research (including 16 beneficiaries).

- The key difference across the three partnerships relates to the fact that Merseyside Youth Association has a history of engaging young people with mental health and well-being issues. As a result far more extensive support and resources were devoted to addressing mental health issues from the outset (e.g. counselling).

Literature review: young people, mental health and the labour market

- There is a shift away from seeing mental health as mental illness to thinking about mental health as also encapsulating the notion of 'positive mental health' or well-being.

- The prevalence of selected diagnosed mental health conditions in the UK youth population is not measured regularly. This shortage of good, up-to-date data is a major barrier in understanding the changing picture nationally.

- Any child or young person can experience mental health problems. Risks and protective factors can be related to the child's personality, family, socio-economic status and environment.

- Emotional well-being and mental health 'problems' have increased over the last quarter of a century. People with mental health problems are much less likely to be in paid employment; and people who have been unemployed for at least six months are more likely to develop depression or other mental health conditions.

- There is evidence of an increasing incidence of mental health problems among young people not in education, employment or training (NEETs). Recent research has found that 35 per cent of NEET young people suffer from mental health problems compared with 14 per cent of non-NEETs (Pleasence *et al.*, 2015).

- Key barriers to employment identified in the literature include: the low expectations of mental health workers; the loss of social security benefits and the perceived risks; a lack of knowledge among employers around mental health issues; and the fear of being stigmatised and discriminated against.

- There are two main approaches to supporting people with mental health problems into employment: vocational training (or "train and place") and supported employment (or "place and train").

- It is well established by numerous robust studies that the Individual Placement Support (IPS) model is more effective than any other form of intervention in helping those with **more severe**

mental health problems gain and sustain employment - although the evidence specifically on young people is relatively limited.

- Other positive evidence on interventions relates to work experience, volunteering, mentoring and peer support.

Qualitative findings from case study partnerships

- The approaches to mental health across the three case study TM partnerships differ. While TM Leeds and TM New Anglia have struggled to get their beneficiaries access to therapeutic support (e.g. counselling), TM Liverpool incorporated these interventions into their delivery programme.

- All areas were affected by cuts to mental health services locally. All areas identified mental health issues as a much bigger barrier than they had first anticipated.

- Social anxiety and depression were by far the most common issues cited by key workers and mental health specialists. Low levels of self-worth and self-confidence were a consistent theme which featured in the narratives of all respondents.

- Difficulties with referrals, waiting lists and thresholds for support were a cause of great frustration for young people facing mental health issues: the demand for professional support seemingly far outstrips supply.

- Welfare conditionality and the Jobcentre Plus benefit sanctions regime were key contributory factors to mental health issues among young people. The impact of what was deemed excessive and "pointless" job search activities also took its toll on young people in terms of a very negative impact on self-confidence, labour market outlooks and aspirations.

- In contrast, engaging with TM was a much more positive experience in the main. Young people valued the fact they could speak to someone "on their own level" who listens, understands and is interested in them.

- Most beneficiaries reported some positive change since joining TM in terms of their mental health and well-being, though many were in the early stages of engagement. This positive impact is also supported by monitoring data from the evaluation which shows positive improvements in well-being over time.

- Stakeholders reported that many young people with mental health issues were some distance from the labour market and would require intensive, holistic, one-to-one support to move them closer to employment. Key workers were central here and crucial in terms of the improvements that many young people had experienced.

- Large scale cuts and a huge demand for counselling services meant it was extremely hard to access specialist support for beneficiaries, especially in Leeds and New Anglia. This was a major barrier in assisting people with mental health issues to address them and move into work and represents the greatest threat to delivery and progress for many young people.

- There is a clear and urgent need for TM partnerships to address the gap in youth mental health service provision. In contrast TM Liverpool had incorporated therapeutic support into their TM programme from the outset and benefitted from referral links with specialist organisations and mental health professionals.

- TM Liverpool offers a genuinely innovative, needs-led approach that places young people at the centre. The partnership has been central in the shift towards adapting mental health provision models to the needs of young people. This shift has been driven by the existence of a discernible gap in provision targeted at young people making the often difficult transition to adulthood.

- TM Liverpool incorporates, and often co-locates, counselling and other specialist services including: Young Persons' Advisory Service; specialist substance misuse support (OKUK); early intervention in psychosis; and a GP drop-in service.

- The innovative approach to youth mental health at TM Liverpool is everything that Talent Match is about: it addresses a clear and distinct gap; it responds directly to the needs of young people; it is dependent on partnership working and the VCS; it's strategic; it's innovative; and it has the potential to influence approaches to youth mental health far beyond Liverpool.

- Despite the difficult landscape of service provision, partnerships had responded to challenges through changes in delivery. This included: use of TM bursaries as a means of subsidising counselling services (Leeds); recruiting an additional counsellor (Liverpool); and the development of a drop-in service (New Anglia).

- Most respondents also had fairly low labour market aspirations, dampened by the experience of constantly applying for jobs that they felt they were not qualified or experienced enough for.

What more can be done?

- Unsurprisingly, the most often cited means of improving support within TM Leeds and TM New Anglia was the provision of counselling services. This probably applies to many more TM partnerships too and was the most prominent issue in the responses of both beneficiaries and stakeholders.

- Given the lack of counselling currently available one recommendation from respondents was to provide mental health first aid training to *all* TM key workers.

- There was widespread support, especially from beneficiaries, for the idea of sharing experiences with others who have faced similar issues. Consequently, TM Leeds and TM New Anglia were seeking to develop a peer mentoring programme specifically for people with mental health issues.

- There was also widespread support for group activities related to socialising and meeting new people facing similar experiences. This should not be underestimated.

- Ultimately, however, youth mental health appears ripe for the longer-term, ambitious and strategic approach that TM tries to encourage. The massive investment in mental health service provision required is not going to be forthcoming from central government anytime soon. In this context the approach of TM Liverpool offers a blueprint for a major shift in youth mental health service provision.

Introduction

Talent Match (TM) is a Big Lottery Fund strategic programme investing £108 million in 21 Local Enterprise Partnership (LEP) areas which have experienced particularly high levels of youth unemployment. The focus of the programme is on developing holistic approaches to combating worklessness amongst long-term NEETs, aged 18-24. A key aspect of the programme is to help people with significant barriers to employment move closer to the labour market. TM therefore focuses on young people who have been unemployed for 12 months or more and who are "furthest from the labour market".

This report presents the findings from case study research on the theme of "mental health and well-being" within TM partnerships. From very early on in the programme it became apparent that the number of young people facing issues related to their mental health and well-being was a major concern. For example, during the last round of partnership visits conducted in winter 2014/15 many partnerships reported that the level and incidence of mental health issues among beneficiaries was far higher than had been anticipated.

The term "mental ill health" covers a huge range from low levels of anxiety and stress through to severe conditions such as schizophrenia or personality disorder. This is acknowledged in many of the experiences of TM partnerships but particularly prevalent across the 21 appear to be anxiety and depression, which are often linked to low self-esteem and a lack of confidence. Other partnerships have cited more severe conditions and related factors such as self-harming.

At the same time, mental health support services in many areas have been affected by recent cuts as a result of central and local government austerity measures (Gilburt, 2015). This highlighted a range of challenges for partnerships and delivery partners in terms of the availability of mental health provision locally (referral routes) and the requisite specialist expertise and knowledge of delivery partner staff. The case study research sought to develop an understanding of these issues, the experiences of TM beneficiaries facing mental health issues, support services available through TM and how partnerships were responding.

This research used qualitative methods and drew on the experiences and perspectives of interviewees from across three TM partnerships, both beneficiaries and stakeholders. The report focuses on the key issues to emerge from this discrete research and particular aspects of learning of relevance to the wider TM Programme.

The remainder of the report is divided into four sections. Section two provides a brief account of the research methods used and the rationale for case study selection. Section three presents findings from a focused literature review on young people, mental health and work. Section four represents the main body of the report and presents the qualitative findings under specific themes to emerge from the discussions and analysis. Section five highlights and reflects upon key learning points to emerge from the research in terms of what more could be done.

Methods

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The report draws on the findings from qualitative interviews across three TM partnerships conducted in July 2015:

- Leeds city-region
- Liverpool city-region
- New Anglia.

A total of 34 individuals took part in the research: 12 in Leeds; ten in Liverpool; and 12 in New Anglia. Interviewees typically involved a mix of:

- TM beneficiaries experiencing mental health issues (16 in total)
- TM partnership Leads
- Key workers (or equivalent i.e. those providing one-to-one support)
- representatives from core partnership organisations
- delivery partners
- specialist mental health service providers and stakeholders.

Most interviews were one-to-one and face-to-face, although several interviews were conducted with more than one respondent present. In one case, a focus group was conducted with beneficiaries as this was more preferable than a one-to-one interview to those involved. All the interviews were recorded and the majority were fully transcribed. Information from the remainder was captured through notes and re-visiting interview recordings where necessary.

In what follows the term "TM beneficiary" is used to denote responses from beneficiaries of the TM programme who have experienced mental health and well-being issues; and the generic term "TM stakeholder" is used to signify responses from all other respondents. Where stakeholder quotes are used the TM partnership is also given. The specific TM partnership is not given for beneficiaries to ensure their anonymity. All TM partnerships provide one-to-one support. TM staff fulfilling this role have different job titles in different partnerships e.g. mentors, youth advocates, key workers. In the interests of brevity the term "key worker" is used to refer to TM staff performing this function across all three partnerships.

The partnerships were selected on the basis of a number of key characteristics, as well as other pragmatic criteria such as: their willingness to be involved as a case study; and that the TM partnerships selected had not been involved previously in National Evaluation thematic case study work. Table 2.1 below sets out the other criteria informing their selection.

Table 2.1: Rationale for inclusion of partnerships

LEP area	Rationale
Leeds	Urban area; large grant award; varied approach towards spatial targeting; local partnership research highlighted mental health as a major issue; local evidence suggested the DWP Work Programme and conditionality were having a detrimental impact; key workers reported that more than half of TM beneficiaries had some form of mental health issue.
Liverpool	Urban area; large grant award; spatially targeted; explicit focus on mental health issues from the planning stage; wide range of referral routes; much higher demand for therapeutic/counselling services than predicted; youth organisation with a history of engagement around mental health and youth involvement.
New Anglia	Mixed area - predominantly rural beyond Ipswich and Norwich; smaller grant funding; young people with mental health issues not a target group; unexpectedly high numbers of clients facing severe mental health issues; limited experience within the partnership of engaging young people with mental health issues.

Table 2.2 below presents some of the key characteristics of the three partnerships. This gives an indication of the variation across them in terms of resources, delivery targets and spatial focus. Given this variation it is reasonable to expect some differences in terms of local experiences. However, the key difference across the three partnerships for what follows relates to the fact that Merseyside Youth Association have a history of engaging young people with mental health and well-being issues. There was a high degree of awareness about these issues and a specific targeting of young people facing mental health barriers. As a result far more extensive support and resources were devoted to addressing mental health issues from the outset (e.g. counselling). This is an important consideration for the findings presented in section four and is also discussed in section five on learning points.

Table 2.2: Context - key characteristics of partnerships

Characteristic	Leeds	Liverpool	New Anglia
Lead organisation	Your Consortium	Merseyside Youth Association	Prince's Trust
Dedicated TM staff (FTEs)	8	14	5
No. of partners	21	19	11
Stage 2 grant award	£6,869,797	£6,599,958	£2,534,975
Beneficiary target	2,300	1,625	1,500
Employment target (%)	39	20	25
Cost per beneficiary	£2,987	£4,062	£1,690
Urban-rural classification	Urban	Urban	Mixed
Geographic targeting	Mix of whole LADs and targeted wards	Spatial targeting: wards	Mix of whole LADs, or parts of LADs
Job creation	Yes	Yes	Yes
Mental health issues as a specific target group	Varies by LAD	Yes	No

Literature review: young people, mental health and the labour market

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This section sets out key findings from a focused review of the existing evidence on young people, mental health and the labour market. It begins with an overview of young people's mental health before considering evidence related to labour market engagement and strategies for intervention. The focus here is very much on young people, mental health *and* work. It should be noted however that there is a large literature on young people and mental health that does not mention or address employment. For example, evidence on cognitive behavioural therapy (CBT) interventions and studies into Improving Access to Psychological Therapies (IAPT) type services. Given the focus of TM we concentrate here on interventions specifically related to employment.

It is important to note the wider context of mental health service provision in England in recent years in terms of **a sector under huge pressure** (Gilburt, 2015). Recent research by the King's Fund chimes with the views and experiences of many of the research participants presented in section four. Many mental health providers have implemented transformation programmes designed to reduce costs but these changes have come at the expense of the quality of patient care, which is described as a 'systemic issue'. There is also evidence pf significant variation in care as well as reduced access to services. For example, 'only 14 per cent of patients say that they received appropriate care in crisis' (Gilburt, 2015, p.1) and in a 2014 survey 53 per cent of early intervention teams reported a decrease in the quality of their services in the previous. This context and the likelihood of further significant changes to mental health trusts in the future, represent a major challenge to Talent Match partnerships.

3.1. Definitions

Mental health is defined by the World Health Organisation as:

> *"A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."*

Good mental health does not only involve the absence of mental illness but can be seen as a resource for reaching ones full potential. **Emotional well-being** is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion. Emotional well-being has been defined by the UK Department of Health as:

"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."

There is a shift away from seeing mental health as mental illness to thinking about mental health as also encapsulating the notion of 'positive mental health' or well-being. In practice, professionals from the 'education' and 'health' sectors often have different understandings of what is meant by 'emotional well-being and mental health', which in turn can lead to alternative approaches to meeting the needs of children and young people. Implicit in these different understandings are varying perspectives on where the difficulties reside, but also where and how interventions should be focused (Maxwell, *et al.*, 2007).

3.2. Prevalence

The prevalence of selected diagnosed mental health conditions in the UK youth population is not measured regularly. This **shortage of good, up-to-date data is a major barrier in understanding** the changing picture nationally. Two large scale surveys by the Office for National Statistics in 1999 (Meltzer *et al.*, 2000) and 2004 (Green *et al.*, 2005) (referred to as the British Child and Adolescent Mental Health Surveys or B-CAMHS) are the most recent sources of information, but they have not been repeated since and are now a decade old. This is particularly problematic given that youth organisations and medical professional bodies report a rapid growth in mental health issues among the youth cohort in recent years.   The B-CAMHS study found that ten per cent had a clinically diagnosable mental disorder (i.e. a mental health problem associated with significant impairment). Among five to ten year olds, ten per cent of boys and five per cent of girls had a mental disorder while among 11 to 16 year olds the prevalence was 13 per cent for boys and ten per cent for girls.

In these two surveys the prevalence of conduct disorders was around 5 per cent, anxiety disorders 2–3 per cent, hyperkinetic disorder (severe ADHD) 1.5 per cent, depression 0.9 per cent, and autism spectrum disorders also 0.9 per cent. Rarer disorders - including selective mutism, eating disorders and tics disorders - occurred in just 0.4 per cent of children. Conduct disorders, hyperkinetic disorder and autism spectrum disorders were more common in boys, and emotional disorders were more common in girls.

In a 2007 survey of adults in England (McManus *et al.*, 2007), in the 16–24 year old age group:

- 16 per cent experienced anxiety disorder
- five per cent screened positive for post-traumatic stress disorder (PTSD)
- two per cent experienced a depressive episode
- two per cent had a diagnosable personality disorder
- 0.2 per cent had a psychotic illness.

A study commissioned by The Priory Group (2005), which surveyed 1,000 demographically representative young people aged 12 to 19 years old, found that 54 per cent reported feeling stressed about their school work. The authors estimated that 15 per cent of all young people in Britain are likely to have considered suicide, and 13 per cent will have actually self-harmed. The Priory Group figure appears to be higher than that found by other studies which have specifically examined self-harming and suicide ideation (i.e. suicidal thoughts) or behaviours.

Any child or young person can experience mental health problems, but some children and young people are at greater risk of developing them than others. Conversely, certain factors can act as protection. These risks and protective factors can be related to the child's personality, family, socio-economic status and environment. In the 2004 B-CAMHS survey, the prevalence of mental disorder was higher in children and young people:

- in lone-parent (16 per cent) compared with two-parent families (eight per cent)

- in reconstituted families (14 per cent) compared with families containing no stepchildren (nine per cent)

- whose parents had no educational qualifications (17 per cent) compared with those who had a degree-level qualification (four per cent)

- in families with neither parent working (20 per cent) compared with those in which both parents worked (eight per cent)

- in families with a gross weekly household income of less than £100 (16 per cent) compared with those with an income of £600 or more (five per cent)

- in families where the household reference person (i.e. head of household) was in a routine occupational group (15 per cent) compared with those with a reference person in the higher professional group (four per cent)

- living in areas classed as 'hard pressed' (15 per cent) compared with areas categorised as 'wealthy achievers' or 'urban prosperity' (six per cent and seven per cent respectively).

Harden *et al.* (2001) reviewed twelve UK studies of young people's views on emotional well-being and mental health published between 1990 and 1999. The studies suggest that young people experience a wide range of concerns which affect their emotional well-being. These include academic expectations, friendship and family difficulties, violence and bullying, boredom, environmental pollution and poverty. Similarly, Roose and John's (2003) research among young people in West Sussex found that four main factors were seen by those interviewed as contributing to sound mental health:

- family and friends

- having people to talk to

- personal achievements

- feeling good about oneself.

Family and friends were seen as central to affecting how young people felt: if families could provide a sense of security, be a source of support and offer a positive sense of self-worth, then young people identified families as protective to their mental health. Young women were found to be more likely to approach family and friends for support, while young men described 'bottling their emotions up' and internalising them. Some young people in this same study described taking out their anger and frustration through aggression towards inanimate objects, and sometimes siblings or peers (Maxwell *et al.*, 2007).

Statistics compiled from various sources by Young Minds suggest that:

- between one-in-12 and one-in-15 children and young people deliberately self-harm

- there has been a large increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by a massive 68 per cent

- more than half of all adults with mental health problems were diagnosed in childhood and less than half were treated appropriately at the time.

- nearly 80,000 children and young people suffer from severe depression

- over 8,000 children aged under 10 years old suffer from severe depression

- 72 per cent of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society

- 95 per cent of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder.

- the number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s

- the proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999.

The long-term consequences of mental health problems in childhood are considerable. At 33 years, adults who had conduct disorder in childhood are more likely than their peers to be on benefits or homeless, to have been a teenage parent, and to suffer poorer health. At age 33, nearly 11 per cent of adults who had conduct disorder in childhood are unemployed; this compares to less than four per cent for those without a conduct disorder (Collishaw *et al.*, 2004).

Collishaw *et al.* (2004) found that **emotional well-being and mental health 'problems' had increased over the last quarter of a century**, with increasing trends in behavioural difficulties noted between 1974 and 1999, and increased emotional problems found between 1986 and 1999. West & Sweeting's (2003) longitudinal study in West Scotland found a similar trend of increasing emotional difficulties among some groups of young women (those who might be considered 'middle class'), but not for young men. Reasons for increasing emotional well-being and mental health difficulties are likely to be related to family and socioeconomic changes, but also broader societal transformations and generational effects (Collishaw *et al.*, 2004).

3.3. Mental health and the labour market

Unemployment and mental health problems appear to have a causal link both ways (Centre for Mental Health, 2013). People with mental health problems are much less likely to be in paid employment and people who have been unemployed for at least six months are more likely to develop depression or other mental health conditions. Data on welfare benefit claims shows that mental health problems are keeping large numbers of people out of the workforce. In February 2013 over 724,000 people were claiming employment and support allowance (ESA) because of mental and behavioural disorders. People with mental health problems are less likely to be employed than any other group of disabled people (Iriss, 2010).

There is evidence of increasing incidence of mental health problems among young people not in education, employment or training (NEETs). Using data from the Labour Force Survey (LFS), the proportion of those reporting a health problem citing depression/bad nerves almost doubled from 8 per cent in 2001 to 15 per cent in 2011. The proportion of those with a health problem reporting other mental illnesses, phobias or panics also rose during this period (from 6 per cent to 10 per cent). The growth in the size of the NEET cohort over this time means a large growth in the

absolute number of NEETs reporting mental health problems (The Work Foundation, 2012).

A study commissioned by Youth Access (Pleasence *et al.*, 2015) analysed data from the 2010 and 2012 English and Welsh Civil and Social Justice Panel Survey to look for links between mental health issues, NEET status and social isolation. The research found that 35 per cent of NEET young people suffered from mental health problems compared with 14 per cent of non-NEETs, while 33 per cent of young people classed as socially isolated suffered mental health problems compared with 16 per cent of those who weren't. Young people who were socially isolated and NEET were the most likely group to suffer mental health issues, especially when they had experienced welfare and legal problems, linked to debt, benefits or access to housing (Pleasence *et al.*, 2015).

According to the Centre for Mental Health (2013) few job outcomes for people with mental health problems have been reported by Work Choice, the DWP programme designed for people with additional needs. From October 2010 to March 2013 (33 months) Work Choice supported a total of 16,840 people into paid work representing 31 per cent of those using the programme. However, only 2,060 job starts were recorded for people with mild to moderate mental health conditions and just 130 for people with severe mental health problems.

3.4. Barriers to employment

The key barriers identified in the literature in terms of achieving employment for people with mental health issues are:

- the low expectations of mental health workers

- the loss of social security benefits and the perceived risks

- a lack of knowledge among employers around mental health issues

- the fear of being stigmatised and discriminated against (either in the process of job seeking, or within employment).

Research has found that while employers have sympathy towards people with disabilities, mental health problems, or those who had recovered from serious illness, they were also concerned that their disability or illness might lead to future difficulties and financial pressures for the business. When people with mental health conditions experience discrimination and therefore difficulty in finding and keeping work, it can reduce expectations that future employment experiences will be happier and more successful. Low expectations can also be reinforced by health professionals. Many people with mental health conditions report that their doctor, psychiatrist or nurse saw their illness as a genuine barrier to employment (Centre for Mental Health, 2013; O'Toole, 2014). A survey conducted in one London borough in 2000 found that 44 per cent of people with mental health problems in paid employment had been advised by their health professionals not to work (Rinaldi *et al.*, 2008; Iriss, 2010).

A young person's ability to gain and sustain employment is also affected by relapse, the side effects of medication and the continuing symptoms of his or her illness. Most importantly, the skills central to a successful job search (such as communication skills, social skills, decision making and time management, and the ability to motivate oneself or demonstrate initiative) are severely diminished (Bassett, *et al.*, 2001). As a consequence people with mental illness are severely disadvantaged in the workforce. Research evidence suggests however that there is little relationship between employment outcomes and an individual's diagnosis or

social skills (Bond *et al.*, 2008). Motivation and self-efficacy are seen to be the best predictors of work outcomes (Rinaldi *et al.*, 2008).

3.5. Strategies for intervention and prevention

Supported Employment

With regard to the evidence on what works to support people with mental health problems in general into employment, Dickson and Taylor (2012) refer to two main approaches: the 'train and place' approach, also known as pre-vocational training; and the 'place and train' approach, which supports individuals to learn 'on the job'. This distinction is also referred to as 'vocational training' and 'supported employment' (Iriss, 2010).

Examples of vocational training (or train and place) approaches include sheltered workshops, transitional employment, skills training and other preparatory activities. The approach works on the assumption that people with severe mental health problems require a period of preparation before entering into competitive employment (Crowther *et al.*, 2001). Such approaches however have been shown to perpetuate low expectations and to be largely ineffective in assisting people to enter open employment (Rinaldi *et al.*, 2008).

By contrast, the assumption underpinning supported employment is that anyone is capable of working competitively if the right kind of job and work environment can be found and the right kind of support provided. It is a personalised approach and recognises that people with mental health issues will face complex, ongoing support needs and that there may be other barriers to employment including substance misuse, homelessness, and contact with the criminal justice system. These latter issues are tackled at the same time as vocational issues (Scottish Government, 2010). Supported employment or place and train methods provide rapid placement in paid employment and time-unlimited support for both employees and employers. The primary goal of this model is 'not to change the individual, but to find a natural match between the individual's strengths and experiences and a job in the community' (Rinaldi *et al.*, 2008, p.52). It views work as an essential part of an individual's recovery and recognises its central role in social inclusion (Scottish Government, 2010).

Individual Placement and Support (IPS) is a form of supported employment and involves people with a more severe mental health problem working in open employment with support from a job coach. The client is paid the market rate for the job. It is well established by numerous robust studies into its efficacy, that **the IPS model of supported employment is more effective than any other form of intervention in helping those with more severe mental health problems gain and sustain employment**. The employment rate of people with severe and enduring mental health problems is the lowest of all disability groups at just seven per cent. Yet the research evidence on what works in supported employment for this group is particularly strong.

An evaluation of 15 randomised controlled trials using IPS (Bond *et al.*, 2012) found that 60 per cent of people with severe mental health issues recruited on to the IPS approach obtain competitive employment, compared to 25 per cent of those on other types of vocational preparation. Rinaldi *et al.* (2010) conducted a review of literature - including qualitative studies - to explore approaches to support people with first episode psychosis into employment. They found that the IPS approach was the most suitable and identified seven evidence-based principles important in determining success in assisting people into, and in retaining, work (Rinaldi *et al.*, 2010, p.152):

- competitive employment as the goal

- job search occurs rapidly

- eligibility is based on client choice

- job choice follows client preference

- support is ongoing and based on client need

- vocational and mental health services are integrated

- personalised welfare benefits advice is provided.

The IPS approach is considered to be more effective than 'train then place' and other types of employment support where there has been no clear evidence of effectiveness in helping people obtain employment: 'The number, consistency, and effect sizes of studies of evidence-based supported employment establish that it is one of the most robust interventions available for persons with severe mental illness' (Bond *et al..*, 2008: 288).

It is reasonable to assume that the findings from the studies into IPS are applicable to young people (NDTi, 2014). Moreover, there are approaches which have adapted the IPS model for young people with an additional focus on educational as well as employment outcomes, in recognition that for young people completion of education is of equal priority to gaining employment (Rinaldi *et al.*, 2010). Although this research is more limited, the evidence indicates that the established and proven IPS model benefits from being adapted to include supported education for young people.

While there is an established body of literature on supporting people with mental health problems in general into employment, **the evidence specifically on young people is relatively limited**. This is despite the fact that young people's needs might be quite different to those of older people with mental health needs:

- they may be entering into paid employment for the first time

- they may not have the work history or work contacts that older people may have

- and they may be considering education in order to improve employment opportunities (NDti, 2014).

Alongside this, developments in models of youth mental health services reflect awareness of the limitations of "traditional" mental health provision to engage with young people and the need for more responsive and flexible, non-stigmatising approaches to delivering care (Thomas *et al.*, 2012). These issues are addressed by Talent Match Liverpool in their pioneering approach towards youth mental health in the city-region and are discussed in more detail in section 4.9 below. A review by NDTi suggests that additional methods of support may be particularly relevant for young people. This might include work experience, schools, peer support and the family.

Work experience/volunteering

A strong predictor of positive work outcomes for adults with mental health problems is having a good work history. It has been suggested that this is less important for young people as employers may not have the same expectations regarding their employment history. However evidence suggests that part-time work and organised work experience prior to leaving education, may lead to better employment outcomes (NDTi, 2014).

Related to this, structured volunteering arrangements are seen by many as a way to help young people with mental health problems access and retain employment. Supporting volunteering opportunities can also help to break down perceived barriers from the perspective of the host institution. Working with the National Youth Agency and YMCA, the Prince's Trust has developed an accredited programme introducing young people from a range of support programmes to volunteering in youth work. Allen has found that these activities have improved attitudes amongst staff towards the involvement of the young people in the working environment (Allen, 2009).

There is no *strong* evidence that voluntary work acts as a pathway towards paid employment however. There can be a stigma around volunteering work (as if the individual is admitting that they are not equal to paid work) and a positive experience in a voluntary placement may not give individuals the skills and confidence they need to actually progress to competitive, paid work. A report by the Scottish Government (2010) however suggests that voluntary programmes have had most success when supporting younger people with mental health problems into employment.

Peer Support and mentoring

Peer support, "mentoring" or "buddying" are recognised as alternative ways of supporting people with a range of impairments, including those with mental health issues and learning disabilities. It might be carried out on an informal and ad hoc basis, or be organised (paid and unpaid). The focus is on the sharing of experiences to provide help and support. This can be provided to assist people in a number of ways including securing and maintaining employment. 'Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful' (Mead, 2003 cited in Mental Health Foundation briefing, 2012). A briefing paper by the Mental Health Foundation (2012) provides an example of the value of peer support in enabling young people to move into employment:

> *'Those people who have used either the peer support service run by the charity or by the NHS Trust here in [English city] have found it of great help. They are seen as a person rather than as a patient with a diagnosis. Particularly beneficial has been the hope engendered by seeing people who have been hospitalised with psychosis doing well and in work and also being able to talk with someone who really knows what you are going through as they have experienced similar things. We also find that the activities that are organised by the peer support workers are things that the young people really want to do.'*

Peer support is a popular strategy and has been identified in numerous studies as an important factor in recovery. They have the advantage of encouraging people into employment as they operate in a culture that actively employs people with a mental health problem, or a history of mental health issues (as peer mentors). Whilst these programmes are extensive, rigorous empirical evaluation of their efficacy is limited and some evaluations have highlighted negative consequences to peer support that occur when mentors blur their relationship and undermine their role as service provider (O'Toole, 2014; Scottish Government, 2010). Nevertheless, there was a great deal of support for this approach among respondents to the Talent Match case study research, including both beneficiaries and stakeholders. This is discussed in section five below.

The role of schools

Most discussions about mental health and well-being perceive a key role for education, not just in addressing academic under-achievement but also helping young people with mental health problems make the transition from school to work.

Indeed, as a result of the onset and progression of the illness, young people's secondary and tertiary education are most likely to have been interrupted, or to have come to an end. More than 65 per cent of people with a psychotic illness have not completed Year 12 (Waghorn, *et al.*, 2012). The evidence from case study research, presented in section four below, supports the notion of school experiences as a major factor in the incidence of mental health issues among Talent Match beneficiaries.

The importance of the school for mental health, and the opportunities it provides for interventions have been evident for some time, and the last two decades have seen considerable growth in mental health research and interventions. There are thousands of school mental health interventions in operation across the world, some of which have been evaluated. These go under many names such as: 'social and emotional learning' (SEL), 'emotional literacy', 'emotional intelligence', 'resilience', 'lifeskills' and 'character education' (Weare, 2010).

The evidence about school-based programmes shows that whole-school approaches involving changes to the school environment, personal skills development in class and parental participation are on the whole more effective than purely classroom-based programmes. Interventions aimed at mental health promotion are also found to be more effective than those targeting mental health problems and lifestyle factors such as substance misuse. There is also strong evidence to suggest the value of universal approaches to promoting emotional well-being and mental health, combined with more targeted behavioural and cognitive-behavioural therapy work with those children and young people with identified emotional well-being and mental health needs. Reviews have also found that working with parents can not only substantially complement work undertaken with children and young people, but importantly, it can form a promising, stand-alone intervention by altering parental perceptions and improving parents' skills to cope with their children's emotional well-being and mental health needs (Maxwell, 2008).

The role of family

Research on the employment aspirations of disabled young people (including young people with mental health problems), has emphasised the strong influence of parents, and found that people relied on parents and other family members for advice, practical support and lobbying power during their time at school and beyond (NDTi).

In their guidance for commissioners, NDTi identify a number of general areas to focus on in order for employment support to work well for young people with mental health problems:

- recognise that many of the young people for whom employment support at age 16-25 would be most valuable may not be eligible for formal children's social care or CAMHS support, nor adult social care services

- identifying a mental health need in a young person at an early stage can help responses address topics like employment and other wider outcomes, as well as any clinical needs there may be

- have a clear focus on employment as a good outcome in the fields of health and social care

- better coordination at transition between children's and adult social care; working in an integrated way underpinned by good quality information and clarity can support young people to know what to expect when they reach adulthood

- better coordination to support working together in areas where mental health services sit in health-based provider trusts and not social care provision

- clarity regarding who should commission employment support for young people aged 16-25.

Many of these areas and principles are addressed directly in the approach adopted by TM Liverpool discussed in section 4.9 below.

In summary, although there is a lack of reliable and consistently published data, there is clear evidence of a recent and increasing incidence of mental health problems among young people not in education, employment or training. At the same time, the mental health sector is under huge pressure with increasing evidence that austerity-driven cuts to services are impacting on the availability and quality of care (Gilburt, 2015).

The IPS model of supported employment has proven most effective in helping those with more *severe* mental health problems gain and sustain employment, but the evidence specifically on young people is limited. There is positive evidence on interventions related to work experience, volunteering and peer support and mentoring however.

Qualitative findings from case study TM partnerships

<div style="text-align:right">4</div>

This section presents findings from the qualitative research conducted across the three partnership case studies. It focuses on the key issues to emerge from interviews with beneficiaries and stakeholders. In particular it explores:

- the different approaches of TM partnerships

- the experiences of TM young people with mental health issues

- factors which impact on mental health

- support received through TM

- the response of partnerships to a challenging landscape of mental health provision

- labour market experiences and aspirations.

4.1. Differing approaches to mental health and well-being

Across the 21 TM partnerships, 17 focus on young people with mental health issues as an explicit thematic group of TM beneficiaries. That said there is acknowledgement across partnerships that mental health issues cut across many of the other prominent thematic groups such as carers, lone parents, ex-offenders, young homeless people etc.

A question on mental health was added to the TM monitoring tool, the Common Data Framework (CDF), in October 2014. Based on a baseline sample of 4,199 cases across the 21 partnerships, 18 per cent of beneficiaries had experienced "mental ill health". However, this is undoubtedly a significant under-recording for two reasons. Firstly, many beneficiaries do not disclose their mental health issues in the early stages of engagement (the baseline CDF is completed within the first few weeks of initial engagement), if at all, for a complex range of reasons (see section 4.4 below). Secondly, many partnerships report that young people are unaware of their mental health issues, or would not identify or label them as "mental ill health".

Of the three case study partnerships, New Anglia are the only one that did not *explicitly* identify young people with mental health issues as a discrete target group in the development stage. As was noted:

> "The initial remit was to work with the hardest to reach, the furthest away from the labour market and obviously the mental health issue is part of that, but

there's nothing in black and white to say we'll target mental health…none of the people delivering are specialists in that area" (TM New Anglia stakeholder).

TM Leeds had included young people with mental health issues as one of their thematic groups, but there was an acknowledgement of a key learning phase in the early stages. Your Consortium's previous experience in the management and strategic coordination of large employment projects meant that they were less well versed in the specific complexities of mental health issues.

"As a lead provider we've really had to clue ourselves up on mental ill health and make those links with doctors and services…the main thing I've learnt is that everyone is on the spectrum of mental health" (TM Leeds stakeholder)

However, in both partnerships staff and delivery partners had quickly identified mental health issues as a much bigger problem than previously anticipated. This had led to the facilitation of training sessions for staff, attempts to establish links with specialist organisations and develop referral routes to access professional support for beneficiaries (these responses are discussed in more detail in sections 4.9 and 4.10 below). For example in Leeds, mental health cropped up time and time again at the quarterly meetings of key workers:

"So in those meetings we talk about development needs, responses needed for young people and from very early on both in Leeds and Calderdale, key workers kept saying 'mental health'" (TM Leeds stakeholder)

As a result TM Leeds were seeking to develop a more strategic approach and were considering alternative uses of the bursary they offer to beneficiaries as part of TM.

"We're looking strategically now at ways to utilise the bursary cos mental health is coming through a lot, so we want to have more of a strategic approach to offering counselling and subsidising it through Talent Match" (TM Leeds stakeholder)

The relative prominence of mental health within initial partnership plans is to some extent a reflection of the different nature and experiences of the three lead organisations. In contrast to Leeds and New Anglia, Merseyside Youth Association (MYA) has a long-standing interest in the mental health and well-being of children and young people. Indeed mental health has been one of MYA's stated priorities for a number of years.

"MYA has got a history of being well-connected with services in Liverpool for children and young people who are experiencing mental health issues…mental health's always been one of the issues that we felt is a priority for children and young people in Liverpool" (TM Liverpool stakeholder)

This prior experience, rooted in the Merseyside context, meant that TM Liverpool was starting from a much sounder base in terms of knowledge of the complex pathways and referral routes for mental health services. This includes links to those services and, crucially, the buy-in of specific support delivered internally within TM Liverpool i.e. incorporated within TM delivery. As well as the buy-in of professional support from the outset, much of the TM staff base also have experience of engaging young people with mental health issues and therefore have an in-depth knowledge of signs, symptoms, referral options and therapies. Furthermore, New Anglia and Leeds city-region appear to be less well served for mental health support services in general terms, although all areas had experienced cuts to mental health services. This is a crucial context for the evidence and discussion that follows.

4.2.   Defining "mental health"

There was a broad consensus across all interviewees that mental health and mental *ill* health are very difficult concepts to pin down. It means different things to different people at different times. As such, there was no one definition of mental health prevalent across interviewees.

> *"I think everyone's got a different understanding of what mental health is even down to different mentors or organisations…I don't think there's one definition"* (TM Liverpool stakeholder)

> *"Everyone uses the term mental health nowadays but actually what do we mean by it? Is it something permanent, temporary? Is it a medical condition, social condition, a mixture?"* (TM Leeds stakeholder)

Some respondents made distinctions between mental health and mental ill health based on diagnoses from medical professionals. Others also distinguished mental health from mental well-being, with the latter distinct from mental illness and relating more to the way in which individuals feel about themselves.

> *"Whether you have mental ill health or mental good health is defined by the doctor, the medical model, so to have mental ill health you have to have a diagnosable mentally ill disorder, whereas when we look at well-being, that's more about how the person feels within themselves, so does that young person have extremely low self-esteem, are they feeling that they're struggling to cope with the pressures of everyday life?"* (TM New Anglia stakeholder)

The differing understandings and interpretations were often put down to a lack of awareness, but sometimes just a different viewpoint based on experiences and interactions. It was also noted that these differences are perhaps more pronounced when applied to 18-24 year olds given the transition stage from childhood/adolescence to adulthood.

> *"We know that stage between the age of around 14-21, your brain's going through a lot of changes so it's a very vulnerable time for things like psychosis and anxiety, depression to come in"* (TM New Anglia stakeholder)

The most common understanding however, true to the ethos of Talent Match, was one that put the individual beneficiary at the centre in assessing their needs and barriers and how these might be addressed. Emphasis was also placed on the idea of mental health as a spectrum on which everyone is placed.

> *"All of us deal with mental health at some point in our lives it's just about how far along that track and how much support you get"* (TM Leeds stakeholder)

4.3.   The nature of mental health issues within TM partnerships

As noted, a key aspect that surprised many of the 21 TM partnerships in the early stages of programme delivery was the prevalence of mental health issues among beneficiaries. This is all the more alarming given that many of the individuals reporting surprise at such high incidences have been engaged in youth work for a very long time. This would suggest a fairly recent trend in increases in mental health issues among the youth cohort.

It is clear that the mental health of young people is a growing national problem, but a particularly prominent one for young people who have experienced difficulties in engaging with, and getting on in, the labour market (see section three). There was a

widespread view that the majority of beneficiaries suffered some issue related to mental health and well-being, and that this was perhaps to be expected given that most have been out of work for over 12 months. There was a wide range of reported diagnoses, conditions, triggers and circumstances however with some more prevalent than others. It is not possible to capture the full range and complexity of the mental health issues presented to the TM partnerships within the confines of this report, but some prominent examples are detailed below.

Mental health conditions and issues

Most respondents reported a wide range of diagnosed conditions among TM beneficiaries.

> *"We've had young people with bipolar and psychosis, agoraphobia where key workers have to do home visits, young people who don't want to travel, OCD"* (TM Leeds stakeholder)

By far the most common cited issues reported by key workers and mental health specialists engaged in TM were social anxiety and depression. Sometimes more low level anxiety was said to develop into more severe bouts of depression.

> *"I would think the main one is around depression, social anxiety. Sometimes there is more of a mental illness. If you're socially anxious you end up very isolated and then you feel depressed"* (TM Liverpool stakeholder)

> *"I would say depression and anxiety combined are definitely the biggest mental ill health that we see across the ages actually…If you're suffering from anxiety and it is stopping you from doing things in everyday life then depression is going to come in very quickly after that, you're likely to be more isolated and feel less connected with the people around you"* (TM New Anglia stakeholder)

Depression was consistently cited by interviewees alongside a huge range of triggers and causal factors that were difficult to disentangle, including: housing insecurity and homelessness; substance misuse; bereavement; dyslexia/learning difficulties leading to anger management issues; neglect; deprivation; domestic violence; and sexual abuse.

> *"Other barriers that young people have can cause mental health issues as well so if you have got a problem with housing and having to stay in a hostel that can be quite an anxious, depressing time for an individual"* (TM Leeds stakeholder)

> *"The other thing we're looking at is the mental ill health caused by severe substance misuse, some young people have been using substances since they were teenagers so they've done significant damage to the brain whilst they've been growing, so you're looking at how you undo that paranoia"* (TM New Anglia stakeholder)

> *"What I find quite a lot is there are a lot of individuals who have dyslexia or undiagnosed dyslexia or problems with their English and reading and writing and it causes so much frustration, so much anger and it also puts people on the back foot"* (TM Liverpool stakeholder)

> *"Another interesting thing is the link to speech and language development, you find a lot of young people who've had neglect in their lives, they physically don't have the words to express how they're feeling and therefore they get frustrated and then act it out or act it in"* (TM Liverpool stakeholder)

Despite the complexity of individual circumstances and triggers that could manifest in mental health and well-being issues, there appeared to be one consistent theme which figured prominently in the narratives of respondents: **low levels of self-worth and self-confidence**. Many beneficiaries spoke of feelings of "self-worthlessness" and a lack of self-confidence.

"I'm always trying to do my best for everybody else and I don't really think about myself cos I've got no self-confidence, so I try and make everybody else happy and then it doesn't all project onto me, doesn't really work like that but you try" (TM beneficiary)

The extent of these issues is difficult to quantify but some stakeholders were of the view that self-confidence issues were more or less universal among TM beneficiaries. For many this was inevitable in the context of long-term unemployment, persistent welfare cuts affecting young people and a constant media discourse that vilified and blamed young people for their own predicament. In terms of support this has significant implications in terms of an often longer-term process of engagement and building self-belief prior to employment-related activity; and a large demand for counselling services (see sections 4.8 and 4.9).

"It's quite debilitating, they're very emotional, very lethargic, all the physical symptoms that go with depression but it's their judgement of themselves, they lack confidence and if they don't believe they're good enough and capable how are they ever going to sustain employment or sell themselves in a job interview? So once you've got to the issues, they've released whatever it is they've been supressing, with a lot of them then it's about working on empowering themselves, self-belief" (TM Liverpool stakeholder)

4.4. Talking about mental health

During interviews (and one focus group) with TM beneficiaries a key theme to emerge was talking about mental health. For many of the young people interviewed this could be a very difficult undertaking and it was often not something that they would speak openly about. For several respondents speaking to parents and family members was not really an option:

"My parents are really proud people…I couldn't even talk to them about it, they'd just be 'shut up about it, we don't talk about that, it's a weakness'" (TM beneficiary)

"Well my dad has depression, he's got suicidal depression so he's got his own thing, I've got my own thing and he's normally upstairs in his bedroom and I'm downstairs on my tod really so I don't really speak" (TM beneficiary)

Other respondents spoke of developing particular trusting relationships with specific professionals and close friends. This was very positive in the main but could then become problematic if contact was lost with that particular person, continuity being central to the trusting relationship developed.

"I tend to talk to the housing worker more than anyone else, I will talk about it but not to the full extent, I talk about it to my close friends but mainly my housing worker" (TM beneficiary)

"There's only one worker I trust which is my old key worker and she's the only one I can talk to even though I've been assigned a new worker, it's just a trust issue cos once you've made a bond with someone but you're supposed to talk to someone else it's quite hard" (TM beneficiary)

This highlights the importance of one-to-one support and continuity on the TM programme for those experiencing mental health issues. Beneficiary respondents were "tired" and "bored" of being asked to recount their experiences in great detail and go into depth about their life story. In some cases this reflected a large number of referrals and engagement with a range of services and professionals from a relatively early age. Continuity in support with an understanding individual would mean that this only had to happen once and, crucially, on their terms.

> *"Yeah cos you wouldn't want to go through all your experiences all over again, it just brings it back and makes it worse"* (TM beneficiary)

> *"Talk about all the details about 20 million times, get referred and have to tell another story and another story and it gets so boring. I never really talk about it in-depth, I'm really blasé about it, I'll just say I'm fine, it's a lot easier for everybody"* (TM beneficiary)

While such sentiments support the TM key worker, one-to-one approach, in the case of beneficiaries with more severe or long-standing and deep-rooted issues there was an obvious need for specialist, professional support in helping young people themselves to understand their feelings. The quote from the beneficiary below being a case in point:

> *"If I try and get someone to understand it, I have such complicated thoughts, it's even too much complication for me to understand, just trying to describe a feeling is the most difficult thing in the world"* (TM beneficiary)

Difficulties in articulating feelings and emotions were sometimes an inherent part of the issues young people were facing and were compounded by issues of self-confidence and anxiety. For many beneficiaries this manifested in a reluctance to disclose their mental health issues when first engaging with TM partnerships. For others however, they were quite happy to talk about it openly.

> *"It does vary, I've had people tell me in the first meeting and quite happily divulge a lot of information and experiences and some won't mention it at all"* (TM New Anglia stakeholder)

> *"We found quite often people talked about it themselves without bringing it up, a lot of young people are aware of the phrase mental health cos it's out there in the media and generally people feel comfortable about discussing it"* (TM Leeds stakeholder)

There were no discernible patterns or characteristics in relation to those individuals more likely to disclose than others. Although, several respondents suggested that it may be the case that people who have engaged with mental health support services previously are able to talk more freely.

> *"I think the ones that have been open from the start have generally been those that have been engaging with another organisation, so they're quite used to talking about it"* (TM New Anglia stakeholder)

It is important to note however that emphasis was consistently placed on the fact that each individual is different. As the beneficiary below stated, making light of the situation and not really discussing her mental health issues in a serious manner was one of the ways she sought to cope with it.

> *"I'm really never serious about the situation, even I'm talking to a psychiatrist who's trying to diagnose me I'll be so funny…that's how I deal with it cos I can't*

speak honestly about it, it's something I've never really been taught to do" (TM beneficiary)

Such diversity around the willingness to discuss mental health and emotional well-being and disclose conditions underscores the particular challenge for TM partnerships. It is crucial that rapport and trust is developed and this may take considerable time for some individuals (see sections 4.7 and 4.8 below).

4.5. TM beneficiary experiences of mental health issues

Despite the above, the majority of the beneficiaries involved in the research spoke openly about their experiences of mental health issues. In several cases this was due to a hope that their insights and experiences could perhaps help other young people on TM in similar circumstances. For some respondents these issues were quite long-standing and had been with them since childhood. For others the onset was much more recent. The following quotes provide an illustration of the diversity and range of experiences of TM beneficiaries.

"I'll go first. I suffer from depression, it was really quite bad when I first got involved, I wouldn't come out of my room, the thought of everyone looking at me and judging me, like they could look inside me, it was horrible. I also hear voices so that on top of everything else, it was horrible. Going outside there was people in the back of my head telling me that someone's going to get me, someone's after me. I couldn't go on buses, if someone looked at me I'd have to go an entirely different route in case they're following me" (TM beneficiary)

"I had real bad social anxiety and I have a personality disorder where I find it hard to interact with other people and communicate, which is hard to then be put into a work placement cos I'm out of my element and no-one takes for granted what mental health is doing to that person so I've always felt like I've been pushed away into the corner and people see it as an excuse" (TM beneficiary)

"I've had hints of hyper paranoia, well like stress, and they kind of just go away, like when I went to hospital, that was drug-induced so it was quite a permanent thing so I'm probably, I'm allergic to drugs, that's what my psychiatrist said" (TM beneficiary)

"That always happens around college time, that extra stress completely throws you, especially if you've had a history of mental health, it can seem more magnified at a time when you're meant to be doing your best in your life, thinking about your future, all you can think about, you're just trying to survive through the day. I totally identify with that, my experience of college was awful, I couldn't even go to college half the time, I had multiple breakdowns, it just wasn't for me" (TM beneficiary)

Diagnosis

Interviewees who were experiencing, or had experienced, mental health issues were sometimes ambivalent about the idea of being diagnosed. Some had a diagnosis that they agreed with, others disagreed with theirs, and others still had never been diagnosed.

"I haven't really been given a name, I know I've got depression but I've also got psychotic tendencies with the voices and stuff" (TM beneficiary)

Beneficiaries expressed a degree of caution about receiving a diagnosis for fear of being "stuck with a label" which might impact on their identity and their sense of who they are.

"It's hard to pinpoint it, I get diagnosed with this quite a lot, you can get labelled with something you've never heard of and that's it" (TM beneficiary)

Another key consideration however was **stigma**. This related specifically to the idea that a diagnosis would be recorded on medical records forever and that the label was something that would always be with you. This would then impact on future job prospects and life chances (this is discussed in in section 4.11 below). The respondent below clearly articulated this sentiment as a very real fear which led to her ambivalence about the idea of being diagnosed.

"I was too scared to get a diagnosis cos I didn't want that label cos that would be on your medical records and when you go for jobs and stuff you've got to say what you have and I was scared of people judging me for that label cos there's so much stigma about mental health issues and people don't understand so I wanted to avoid getting a diagnosis so much but it's coming to the point where I actually want to get a diagnosis cos I'm on anti-depressants but they kind of help with my depression but they're not helping my voices and it's the voices that are getting quite bad now" (TM beneficiary)

Experiences of treatment and support services prior to TM

Many of the young people interviewed for the research had a history of engagement with various medical professionals and support services before joining TM. These experiences were decidedly mixed and highlight the fact that there is no standard, set approach towards addressing issues of mental health and well-being. Treatments that had worked for one person had been a negative experience for others. There was general agreement however that continuity in care and seeing the same professional on a regular basis was crucial.

"When I was 15 and 16 I did see a counsellor but it didn't work, I don't think counselling works…Psychiatrist is all right, but the counselling, I didn't like it" (TM beneficiary)

"I've had a psychiatrist who diagnosed me and that were the only doctor who'd ever actually continually wanted to see me and get to the bottom of things" (TM beneficiary)

Beneficiaries were particularly critical of GPs. There was a sense that many GPs did not take their issues seriously. On the contrary, many people spoke of being "fobbed off" by GPs with medication - that they often did not wish to take - or with what they deemed as patronizing advice such as that relating to sleep, diet and exercise.

"Most of the time it's hard to get a genuine GP that wants to help you and listen and like if I walked into a doctor's now and said 'this and that's happening, what's going on?' I think most of the time they just try and fob you off, it's just depression and just give you tablets" (TM beneficiary)

"My doctor basically just went 'try looking after yourself a bit better, some tender, loving care should work'" (TM beneficiary)

On the other hand, finding the correct medication had also served as a major breakthrough for some respondents in terms of managing their condition and symptoms. The respondent below had been diagnosed with bipolar disorder and had struggled for several years in controlling his extreme highs and lows. The

medication he had previously been on had also made him very tired and altered his body clock, which had a profound impact on his everyday life. Since being put on an alternative medication the situation had improved dramatically and had a positive impact on his overall outlook.

> *"About four months ago I got new medication which is really, really good…completely different pretty much…whereas before I was either one extreme or the other, now I'm just in the middle so now I'm awake during the day times and stuff cos my medication before would just put me out and now it's the opposite"* (TM beneficiary)

Referrals and waiting lists

Of most frustration for beneficiaries however, were the constant difficulties they had experienced in accessing professional, specialist help. **Waiting lists for referrals were a common cause of anger and frustration** for young people and, in some cases, contributed to a perception that society did not really care about them. These issues and perceptions were particularly common among TM Leeds beneficiaries and pre-dated engagement with TM.

> *"Once I was on a waiting list for just a normal counsellor called X and I was on the waiting list for nine months"* (TM beneficiary)

> *"I got referred to X and when they told me they said up to a year"* (TM beneficiary)

> *"For CBT [cognitive behavioural therapy] the waiting list is a year and a half now"* (TM beneficiary)

> *"Doctors take a long time, referrals take six months average"* (TM beneficiary)

The impact of being told to wait several months before seeing the appropriate mental health professional was often striking. Young people spoke of the immense uncertainty this could produce at a time when they were searching and longing for a sense of stability and control.

> *"I have to plan everything in my head, I have to tell myself every day what I'm going to do and I'll think I'm going to go to the doctor's this week and I like to know what I'm doing and where I stand with everything and stuff like that [being on a waiting list] wouldn't be good for me"* (TM beneficiary)

The notion of stability and control figured strongly in the accounts of young people experiencing mental health issues. The majority reported that their conditions and feelings fluctuated from day to day, or even from hour to hour.

> *"Yeah there are days I don't want to get out of bed…Yeah there'll be days that I have to surround myself with people that I know and express it and days when I stay by myself. Which is also a pain when it comes to work cos I can't guarantee I'm going to be feeling 100 per cent every day"* (TM beneficiary)

> *"I can stay on an even plane for a while where it's still there but I'm able to cope and then I'll just crash and I'll stay crashed for a few weeks up to a few months"* (TM beneficiary)

> *"Generally throughout the day and it wavers in and out, if I'm more proactive and getting into the world I find it dissipates rather than just staying in my room and I can feel it catching up with me"* (TM beneficiary)

Coping tactics and strategies

A range of coping tactics and strategies had been developed by those experiencing fluctuations in their conditions and feelings. Sometimes these could be destructive. Of the more damaging responses, alcohol and cannabis use and self-harm were the most common used by respondents. Shockingly, *'the rate of hospital admissions for self-harm amongst children and young people in Norfolk is 39 per cent higher than the East of England and 10 per cent higher than England'* (Hayhoe and Ohaeri, 2014). In all cases beneficiaries reported that self-harm was driven by a desire for control and power.

> *"So much feel of self-worthlessness bottled inside, when you're slowly destroying yourself, for me with self-harm it was more about regaining power, cos the pain that's happening inside I could inflict it on myself and I could get it out and I'd self-harm until all the pain had gone"* (TM beneficiary)

> *"The self-harm aspect of it [bulimia] - I knew it was harming me and could be detrimental to my health so I felt like in control. Couldn't control my emotions so I thought I could control my life with it more"* (TM beneficiary)

The majority of young people we spoke to however seemed to have striven to search out less harmful coping mechanisms. These tactics and strategies were often developed of their own accord, or through speaking to other people who had experienced similar issues.

> *"My way of dealing with it was really bad, I'd drink excessively, smoke a hell of a lot of weed, cos that always made me feel normal again…I started scaring myself so I had to try and find other ways to deal with it. I started doing art a lot more, painting, drawing, getting all my feelings out on paper…it's easier to get it out on paper than it is to talk about"* (TM beneficiary)

> *"I think with coping mechanisms, one big thing, for years I've always thought it was a good idea with self-harmers, just using ice from your freezer, quite a few people I've met who are self-harmers who are really bad, now have moved on to using ice, they'll get a block of ice out of the freezer and literally put it between their legs just for 10 minutes and that symbolises that pain threshold and it's just coping techniques for people and I think it's a lot of things that other people wouldn't know unless they'd been through it themselves"* (TM beneficiary)

The learning of more positive coping mechanisms from people in similar positions and peers was something that many beneficiaries felt TM could capitalise on. These issues are discussed in more detail in section five below.

4.6. Jobcentre Plus and welfare conditionality as an obstacle to mental health

Since the introduction of the Department for Work and Pensions (DWP) Work Programme and the hardening of welfare conditionality, there has been a great deal of controversy about the impact of benefit sanctions on welfare claimants. While this is central government policy and beyond the control of TM partnerships, almost all interview respondents cited welfare conditionality as a negative factor impacting on the mental health and well-being of TM beneficiaries.

Recent research by the housing charity *Crisis* shows that Jobseekers Allowance (JSA) claimants aged 18-24 are disproportionately sanctioned: *'in the year to March 2014, 39 per cent of all sanctions were given to 18-24 year olds'* (Beatty *et al.*, 2015), yet the 18-24 age group accounts for only 23 per cent of all JSA claimants (as at

February 2015). Furthermore, over ten per cent of JSA claimants aged 18-24 are sanctioned every month. The report also highlights 'mental health problems' for affected claimants as a negative outcome of the sanctioning regime.

These findings will probably come as no surprise to those involved in the delivery of the TM programme. Two aspects of the more punitive welfare regime in particular had widespread negative consequences for TM beneficiaries with mental health issues: job search and sanctions.

Job search

As noted above, issues of self-confidence and self-worth for young people with mental health issues are major barriers not only to labour market engagement, but also everyday activities. TM staff and key workers spoke of the crucial importance of addressing those issues prior to engaging in employability activities, which could set people back.

> *"People take a couple of steps forward and a couple of steps back, so they might start off with the therapeutic intervention and then get into employability and then think I haven't sorted it and need to go back, or they might not be able to cope with a work placement and then come back"* (TM Liverpool stakeholder)

In contrast, Jobcentre Plus and welfare conditionality rules require a very different response.

> *"They've talked about having to apply for 45-50 jobs a week and applying for jobs in London, Manchester knowing they've got no chance of getting an interview but to keep up with the conditionality, so they know they're pointlessly applying for these jobs just to get their benefits and that's getting them down. And the longer you're applying the more effect it has on your mental health, I would say generally once you get six to 12 months I would say it would affect you and it's everyone"* (TM Leeds stakeholder)

Beneficiaries reported having to apply for jobs they had no interest in, and were clearly not qualified to fill, just in order to satisfy Jobcentre Plus advisers. Many felt under pressure to engage in job search activities that seemed "pointless", when they could have been doing something "more productive". This was particularly distressing for those who were quite desperate for a job but who felt they were being judged and stigmatised.

> *"Even if they said 'we've got a part time job for you' it would be brilliant, at least I'm off certain benefits…Cos I don't like being on JSA, I hate it cos your life is not yours, you have to budget everything…and they just keep pressuring you and pressuring you, I'm surprised loads of people haven't gone down with a nervous breakdown to be honest"* (TM beneficiary)

For many stakeholders interviewed the process of constantly applying for jobs and "never hearing back" from employers was viewed as a key contributory factor to mental health issues. This emerged strongly from extensive local research conducted in TM Leeds (Blake and Sutton-Hamilton, 2015). In particular it was deemed to have a very negative impact on self-confidence and contributed to "labour market pessimism": the view amongst individuals that they would never get a job.

> *"But there isn't no job, they go 'there's loads of jobs out there' but you go on the direct.gov website and painters and teachers and stuff like that and I'm thinking I'm not qualified for any of them, what am I meant to do?... cos I've been on it*

[JSA] so long at the moment I feel like I've never going to find a job cos I'm 23 now, I should be working, I want to work" (TM beneficiary)

In some cases it was also reported that beneficiaries that should have been on Employment Support Allowance (ESA) - a sickness and disability-related benefit with much less conditionality attached to it - were being pushed wrongly onto JSA.

"A lot of them are on JSA and have been pushed onto it from ESA and clearly shouldn't be on JSA and got quite serious challenges around mental health and the conditionality is making things worse" (TM Leeds stakeholder)

One beneficiary who was clearly not fit for work, and struggling with the expectations around job search tied to JSA, was only moved onto ESA once she had had a breakdown.

"Yeah on JSA it was job search, weekly meetings with the advisor, it was voluntary but if you didn't attend that appointment you'd get sanctioned, it even though it was a voluntary thing that you committed to do or not and you have to do job searches, you had to go to the job centre and that felt like a real hard task and a lot of pressure...During that time I had a really low point which landed me in hospital and that's when my floating support worker came to see me and I moved onto ESA that way" (TM beneficiary)

Benefit sanctions

Given the relatively small number of beneficiaries who took part in the research (16 participants), it was striking how many had direct experience of benefit sanctions - many of whom stated that they were not yet ready for the world of work at the time of interview. This had caused severe economic hardship, especially for those who lived independently.

"During that time I started to get really depressed...I didn't turn up for my job centre appointments, I got sanctioned and I didn't even know at the time there was a hardship payment, so for about a month and a half I was without any financial support. At the time I still had no contact with my family" (TM beneficiary)

One common response to the experiences of welfare conditionality and being sanctioned was to withdraw from engagement with Jobcentre Plus altogether. The stress of hassle, financial hardship and the sense of being judged and looked down upon were all too common themes in the narratives of young people. And for many, particularly those with extremely low self-confidence, this was just not considered worth it and led to them dropping out of the benefits system. There was also some evidence, as in the quote below, that young people were making ends meet through engagement in the "grey economy". Other stakeholders spoke of young people who had been sanctioned surviving on food banks and support from other local charities.

"A lot of them talked about being sanctioned and thinking it's not worth the hassle, I'm going to find another way to live, but generally didn't mean they went out and got a job, quite often they went to the grey economy or find another way to make income" (TM Leeds stakeholder)

One beneficiary reported struggling to keep up with job search expectations on account of his dyslexia. On being sanctioned he disclosed this to his Jobcentre Plus adviser but received very short shrift and a worryingly common lack of empathy.

"I've got dyslexia…I told her [Jobcentre Plus adviser] that I struggle with stuff like writing, memory and she just looked at me point blank and went 'that's no excuse'…they just want you to get off it basically" (TM beneficiary)

Experiences of Jobcentre Plus were very negative on the whole and there was a clear perception that benefits advisers had little desire to help and support them in finding suitable training and employment opportunities.

"They're headless in the job centre…There's no support really, they want you to do to what they want, there's no choice for you whatsoever" (TM beneficiary)

This had led to a discernible anger and resentment among some beneficiaries, many of whom got understandably animated when sharing their experiences and perceptions of welfare conditionality. Indeed, as one stakeholder noted:

"The big thing that shocked me was how many young people feel angry, to society, that they've been let down by society" (TM Leeds stakeholder)

4.7. "Someone who listens and understands": engaging with Talent Match

In sharp contrast to the negative Jobcentre Plus experiences encountered by the majority, engaging with TM was a far more positive experience for beneficiary interviewees. A central factor in this positivity was the way in which TM staff engaged with young people. In contrast to Jobcentre Plus advisers they were non-judgemental, more relaxed, they listened and they understood.

"Cos she's not judging me unlike the job centre, she's there just to help, she isn't there to undermine or think you're small, they know you're human. They know people have problems, they're not like the job centre who are basically looking down at you all the time" (TM beneficiary)

To many beneficiaries this came as quite a shock. It is difficult to over-emphasise the importance of the unique TM approach in engaging people with mental health issues. Many of the young people we spoke to did not really have any other support that they could rely upon. Some stated that they had never even been listened to before, or at least believed. Extensive local research at TM Leeds also underlined the extent of this (Blake and Sutton-Hamilton, 2015).

*"Two words kept coming up when they talked about support, they want support from someone that **understands** them and someone who's **interested** in them"* (TM Leeds stakeholder)

The sense that TM staff could engage young people "on the same level" - that their views and perspectives were taken on board and respected - was a massive factor for young people facing mental health issues. Young people basically felt that they could communicate with them. This simple notion, that someone had taken the time to listen and cared, was an extremely positive experience for the beneficiaries interviewed.

"It shows that someone's willing to make the effort and it kind of makes you feel better…she's [Key Worker] kind of more understanding, she knows where I want to go and she looks for course and goes the extra mile, they're really great people and push the boat out for any young person" (TM beneficiary)

"X's [The key worker] given me help with one to ones with him any time I like, I can use the computer if I want to job search, just basic really good support in getting me back into work. And it's nice cos he can communicate on a level with

us, he doesn't put anyone down, it's completely on the level which is necessary…They hear me, they respect what I have to say, I'm noticed" (TM beneficiary)

"whereas Talent Match, they are professional in what they do but they're more laid back and I felt like I could communicate more effectively with a Talent Match worker than a job centre worker really" (TM beneficiary)

A key aspect of the TM programme is one-to-one support. This approach was crucial to the continued engagement of young people with mental health issues. As noted above continuity in support was valued very highly by many beneficiaries and was something they had often struggled to secure through family, friends and other support agencies. Beneficiaries that had progressed since joining TM spoke of how the one-to-one support they had received, and were receiving, was fundamental to that progress. Again, the personal touch, listening to and giving young people the time of day in a non-judgemental manner were met with great appreciation.

"It's good, he's supportive, he's not judging you or anything, very supportive…I think the thing that's appreciated the most by people like me is time from other people and he gives a lot of that" (TM beneficiary)

"They've listened to me and believed me and asked what I'm going to do, without forcing me into doing it" (TM beneficiary)

Other key factors which attracted people with mental health issues to engage with TM included the voluntary nature of the programme, the relatively stress free (and "non-aggressive") environment in which TM staff were based, and the fact that they were given options: they didn't have to do anything they didn't want to.

"Yeah it's voluntary so it's quite stressless so you don't have to worry if you're getting paid or you can just leave if you want or stay if you want" (TM beneficiary)

"You don't feel you have to rush into doing anything, job centre they want you to dive into stuff and make you feel like you've got to do it" (TM beneficiary)

"It's better for people who have learning difficulties and stuff like that and other people who might have problems they can come here, it's more relaxed, it's not an aggressive situation, there's no-one demanding you to do this…sometimes when I leave the job centre I feel more disheartened than when I went in" (TM beneficiary)

The difference that Talent Match has made to mental well-being

Across all three partnerships beneficiaries reported that their engagement with Talent Match had resulted in positive impacts on their mental health and emotional well-being. This is also supported by evidence from the Common Data Framework, the mechanism for collecting monitoring data across the 21 TM partnerships.
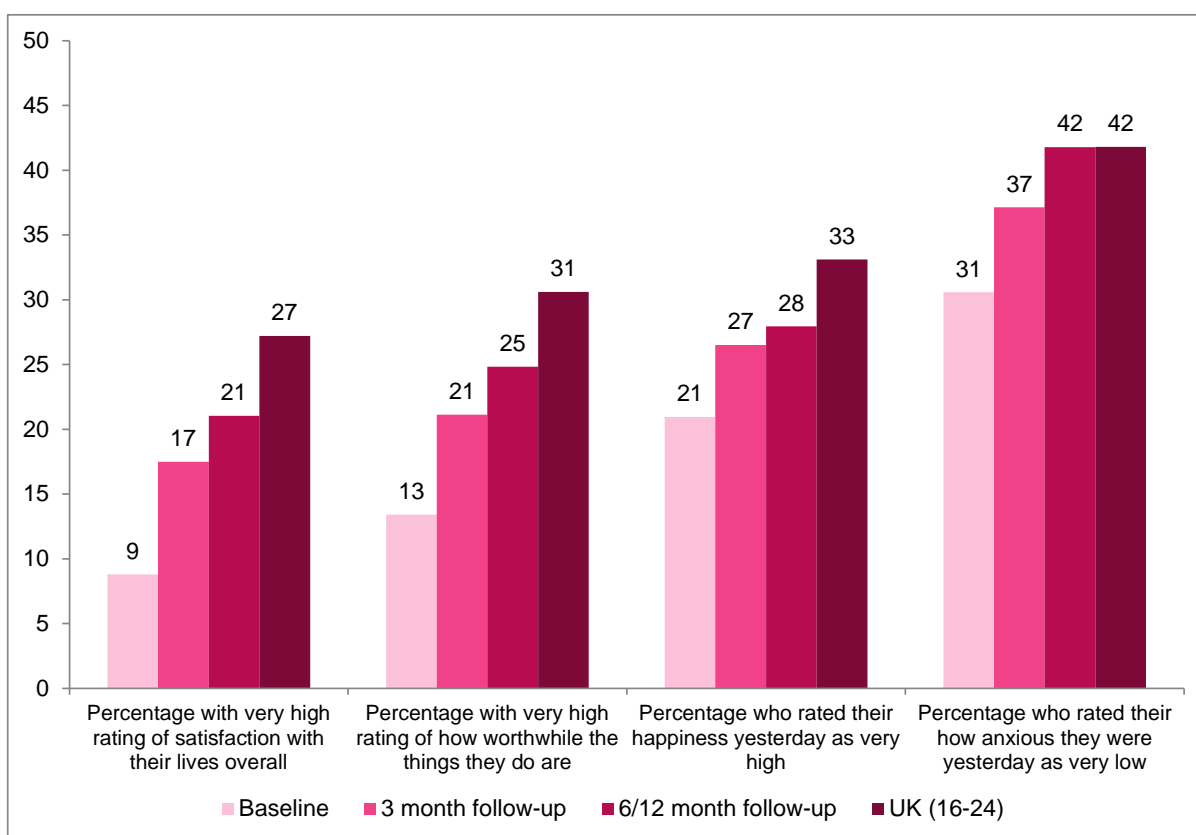
At each wave of the survey young people are asked four subjective questions regarding their well-being. These questions are taken from the Annual Population Survey and have been designed by the Office for National Statistics to provide an alternative and consistent indication of how society is faring, beyond the usual socio-economic measures.

Figure 4.1 below shows these four measures and compares the well-being of Talent Match beneficiaries at the baseline, three month and subsequent follow-up stages with that of UK adults aged 16-24. Although not a direct comparison it is a close approximation. Figures are for the TM Programme as a whole i.e. across the 21

partnerships, not just the three case study areas which are the focus of this report. At the time of analysis the baseline sample is 6,748; the three month follow-up 2,226; and the 6/12 month follow-ups combined comprise 958 TM beneficiaries.

Levels of well-being are startlingly lower among those completing a baseline survey when compared to UK adults aged 16-24. Most notably the percentage giving a very high rating for "satisfaction with their lives nowadays" and the percentage giving a very high rating of how "worthwhile they think the things they do are" are both 18 percentage points lower than the national score respectively. However, this gap narrows significantly when looking at those completing a three month follow-up survey and then again for those surveyed subsequently, meeting the national scores on the fourth measure. This would suggest that TM is having a major impact in terms of addressing the very widespread and often "debilitating" issues of self-confidence and self-worth experienced by a large proportion of beneficiaries.

Figure 4.1: Well-being

Most interview respondents were fairly early on in terms of their engagement with TM but still reported positive changes.

"Yeah I can say I do feel better, more supported, but it's still early days" (TM beneficiary)

"I wouldn't say it's changed me, I've still got the problems but it's a little bit better when you've got more one on one support" (TM beneficiary)

For others TM offered a vital source of stability and access to someone to talk to "who cares".

"It's like support, X always messages me and are you all right, I've not seen you for a few days, he's not going to cure anything but it's nice to have somebody who cares" (TM beneficiary)

Other respondents spoke of the benefits in terms of activities and opportunities to socialise provided by Talent Match - from yoga to squash to volunteering - while some just welcomed the opportunity to do something and to get out of the house.

"There's loads of stuff, they provide you with quite a lot of opportunities throughout the week, cos I'm not working right now so I've got week days where I'm not doing anything but they gave me loads of chances to go to stuff like yoga, X music project which I still do, squash" (TM beneficiary)

"I like the way Talent Match is connected to [voluntary organisation] cos voluntary work, you can be ill but you can still do stuff. One of my friends…he doesn't get paid for it but it's filling his time, doing something useful for other people" (TM beneficiary)

"At the end of the day you're not at home sitting doing the same thing, it's a break, like I said I really loved the job trial that I had" (TM beneficiary)

For one particular beneficiary interviewed however, he felt that an engagement with a Prince's Trust project followed by enrolling on Talent Match had been the catalyst for turning his life around (see the box summary below).

POSITIVE CHANGE THROUGH TALENT MATCH ENGAGEMENT - DANIEL

Daniel was bullied at school from an early age and has a history of anger management issues. At 16 he suffered a relationship breakdown with his family and lost contact with them. He lived in hostel accommodation for a couple of years but "fell in with the wrong crowd". After falling into financial difficulties he began to suffer from depression. This caused him to miss his Jobcentre Plus appointments and he was sanctioned, further deepening his financial troubles. He first engaged with a Prince's Trust project for 12 weeks and then got onto the TM programme.

"I did counselling, I got anti-depressants, I refused to take them cos I thought I'm not getting hooked on it and gradually over time I worked with the Prince's Trust first and then and Talent Match and since coming to this programme it's been like a big dysfunctional family (laughs), so I've been getting loads of support and I feel like I'm not depressed anymore"

Gradually Daniel began to address practical issues such as housing and his financial situation. As a result his health improved and he began to feel happy in himself.

"I just feel happy, I'm confident, I don't care what anyone thinks, I know where I want to go and how to get there and now I've got my flat, making it my own so I feel a lot better, like someone else, someone better than before"

With those practical support issues now behind him his attentions had now turned to work. Previously he had not known what he wanted to do and felt pushed into something he did not really enjoy. Through TM he is exploring training and work opportunities and has decided which direction he wants to take.

"I want to do retail cos I always loved fashion and since Talent Match I've been looking at retail courses and opportunities, it's like the light bulb's clicked, it's made me realise that's what I want to do".

Disengaging: "dropping off the radar"

Despite the positivity expressed by many beneficiaries, it was still very difficult in many cases for TM partnerships to maintain engagement with young people dealing with mental health issues. Fluctuations in conditions, feelings and thoughts reported by young people coupled with other things going in their lives made it difficult for many to engage consistently. This was often despite the best efforts of key workers.

"I've been surprised by how difficult it's been to engage with some of mine cos you try and build that relationship and then for whatever reason…a lot of the time they go off the radar and they might have changed their phone number and maybe moved addresses" (TM New Anglia stakeholder)

"You can build up a great rapport with that young person and you think everything's going great and then suddenly something happens to them and they don't want to know for weeks on end" (TM New Anglia stakeholder)

While this was a source of frustration for some key workers where obvious progress had been made, the fact that some people would simply "drop off the radar" had to be expected as a realistic response for some people on a voluntary programme. Sometimes these individuals came back after several weeks or months, in other cases they had not returned at all.

4.8. Holistic and long-term support through Talent Match

Talent Match is designed to engage and support long-term unemployed 18-24 year olds who are **furthest from the labour market**. Many of the cases of individuals with mental health issues certainly speak to that aim. A large number of young people were a long way from the labour market when they first engaged with TM and the idea of entering the workplace was a much longer-term goal for many.

"The thought that they can do a couple of sessions with me and they'll be ready for work, on the whole I don't think that's true for most of them. There are some fairly entrenched mental health conditions" (TM Liverpool stakeholder)

This is where the holistic, person-centred approach of TM came into its own: there was recognition that many young people experiencing mental health issues would need long-term, intensive support before they were to engage in employability activities. It was first crucial to address underlying issues and build self-confidence, which would then make tackling other barriers easier.

"I think before you can get them going for job interviews you have to look at their mental health and if it's poor you have to look at why…And when they're at a more stable time in their life I think all the other areas to get support, accommodation, college, employment, you could do all of that but if they don't care about themselves it's just a waste of time so you've got to get them to feel good about themselves and then the rest will fall into place" (TM Liverpool stakeholder)

Central to this approach were the key workers providing one-to-one support.

The key worker and one-to-one support

It is difficult to overstate the role of key workers in assisting young people with mental health issues. They are absolutely crucial to the progress of those who are extremely disengaged, often isolated and who sometimes find social situations (or even leaving the house in many cases) very difficult. A key part of that role was just being there: being available to people and being willing to listen and empathise, often at inconvenient times and at very short notice.

"I'm quite empathetic and maybe that's why they're quite open and feel they can come and talk to me, cos I am interested in what they have to say and I genuinely like to listen and if I can help I will" (TM Leeds stakeholder)

"There are times when you're in the middle of doing something and one of them comes in in absolute meltdown and you drop everything and that's just the way it is" (TM Liverpool stakeholder)

The youth work experience and interpersonal skills of key workers, coupled with time and commitment, were essential in the early stages of engagement for people with mental health issues. This required a particular skill set in adapting to the particular needs of each individual and in communicating with them on their level. It also requires a great deal of patience.

"It's about talking to them in their language, but I think that's just a skill you develop as a youth worker…and it's knowing what to say, what not to say to someone who's suffering from depression" (TM Leeds stakeholder)

"Especially with depression, it takes a lot longer to get to the longer term goals, it's very short term, very small bits to do…they can't see into the future, it's just now, they're so stuck in what's going on now" (TM New Anglia stakeholder)

Some key workers expressed surprise at the level and intensive nature of support required for some individuals - clearly those "furthest from the labour market". This necessitated a fairly long period of intensive, "wrap around" support aimed at building up self-esteem and confidence and addressing the practical barriers in people's lives.

"The kind of support I offer, with the clients who have mental health issues…a lot of my time is taken up by home visits and getting them from a to b and sorting out problems that are not really in relation to jobs" (TM Leeds stakeholder)

There was an acknowledgement from many stakeholders that some beneficiaries had significant "distances to travel" on the pathway to employment. But this was particularly rewarding when young people had made significant strides from when they first engaged. The point at which they were able to take on responsibility for aspects of their own lives, engage in society and feel empowered was a particularly positive sign of progression on the road to employment.

"When she first came the level of support I gave her was so intense cos it was taking her to the doctors, checking she understood what he was saying, asking him to explain it differently, really small baby steps, where now I feel she's in a place where I can delegate to her and say 'you need to phone the housing, ask them for that letter' and I know she'll do that. So it's not about continuing to take the responsibility, it's about empowering people" (TM Liverpool stakeholder)

"If they're not severe, if they're sort of borderline, with the support structures we have in place it's getting them back into society to realise they are an important part of society and a cog in the mechanism and when they realise that what they had before tends to drop off quite dramatically" (TM New Anglia stakeholder)

Distance from the labour market and the need for longer-term support

There was a degree of ongoing learning involved however, in terms of assessing the right time for young people with mental health issues to progress towards employability activities. Partnerships acknowledged that they had underestimated how long this would take in some cases.

"Also our expectations on the length of time to get some of those young people employment-ready, so we've put young people on the employability part of the course when maybe they weren't ready" (TM Liverpool stakeholder)

"It can be really frustrating, if you're with somebody that regularly attends meetings but isn't giving you anything…so it is just perseverance and just tackling from different routes" (TM New Anglia stakeholder)

Added to that, many young people had undertaken various pre-employment, employability and training programmes previously and did not want more of the same. As one stakeholder put it:

"We've identified that the employability bit isn't working very well. A lot of the young people are a bit 'employabilitied' out …'we've done this before', so we're in the process of negotiating with those providers" (TM Liverpool stakeholder)

Indeed, a particular concern for all TM partnerships was that the extent and intensive nature of support required for people with mental health issues would impact upon employment targets and outcomes. There was a sense that despite the commitment and efforts of partnerships in engaging those furthest from the labour market, this may reflect badly on them.

"It's very hard to show the difference you've made to a young person with a severe mental health problem…it's not a job outcome" (TM Liverpool stakeholder)

It is important to reiterate here that were it not for Talent Match it is difficult to see where many of the young people with mental health issues would get support. That is, in relation to youth mental health TM appears to be an important programme fighting against a national crisis at the very time that statutory support services are being cut (see Gilburt, 2015). In this regard the value of TM's engagement with this particular group cannot be over-emphasised. It would be the greatest irony of all if TM partnerships were seen to be ineffective due to the fact that they were moving individuals with multiple and complex barriers to employment closer to the labour market, but perhaps not securing employment outcomes in many cases. Moreover, given the broad consensus from partnerships that issues of mental health are far more prevalent than anticipated - and that many more beneficiaries than expected require intensive and holistic support - there is the need to account for this in terms of evaluation and perspective. Indeed, the greatest barrier to supporting young people with mental health issues into work is actually the lack of specialist and professional mental health services.

4.9. Specialist support and referrals

Specialist mental health support and referral routes were a key distinguishing factor for TM Liverpool. As noted above, they had incorporated counselling and therapeutic care into the design of TM from day one and therefore had much easier access to counselling services and professional expertise. In contrast, Leeds and New Anglia were struggling in this regard. Neither partnership had built therapeutic support into the design of Talent Match. This is not a criticism of those partnerships, but more a reflection of the innovative and joined up nature of TM Liverpool and MYA (and indeed the VCS in Merseyside in general) with regard to youth mental health provision; and the current context of austerity involving massive cuts to mental health services.

"We've always held a beacon about children and young people's mental health and the voluntary sector have been very involved for more than 10 years in those conversations…we're probably more advanced in a lot of this thinking around mental health because it's not just left to statutory providers…as a result can do fantastic partnership working" (TM Liverpool stakeholder)

Access to external services

Unlike TM Liverpool both New Anglia and Leeds were frustrated in their attempts to access counselling services and other specialist support for their beneficiaries presenting with mental health issues. Services had been cut extensively and waiting lists were lengthy as demand outstripped provision. This left key workers with few referral options, if any.

> *"More young people would be accessing mental health support if it was available, cos if they want counselling it just doesn't happen… It's just not accessible…They've got so many on their caseload already they just can't take anyone"* (TM New Anglia stakeholder)

> *"I'm not sure as to where do I direct them if I can't support them, if I'm not trained to support them as much as they need in the mental health aspect what do I do, where do I go? There are things available like Mind however the waiting list, it's not really accessible"* (TM Leeds stakeholder)

Stakeholders reported that it was virtually impossible to access mental health services for 18-24 year olds unless they had a medical diagnosis and their condition was "severe". This perspective also chimes with the frustrated experiences of beneficiaries (see section 4.5 above). In West Yorkshire recent cuts to services meant that TM beneficiaries could only access specialist support if they were considered "high risk"; and in New Anglia services were so overstretched that the same principle applied. Cuts and increasing demand had thereby reduced many services to a kind of "crisis management" approach, as opposed to intervention and prevention. This was seen to be sending the wrong message to young people in need of support.

> *"I've been surprised at…the amount of provision that's been cut back, there's literally nowhere in West Yorkshire if you're not highly at risk, there's no real treatment apart from probably medical treatment"* (TM Leeds stakeholder)

> *"We've got the early intervention service for young people with the first symptoms of psychosis, we've got CAMHS and a counselling and well-being service. The problem is these services are so overstretched that when a young person comes with that first initial stage they're told 'I'm sorry you're not unwell enough for us to treat you' so you're telling young people to go away and get more ill before they can access a service"* (TM New Anglia stakeholder)

This was a particularly frustrating situation given that the lucky few who had been able to access counselling support had responded very positively.

> *"We've had positive stories of where young people have accessed a bit of counselling funded through Talent Match or other organisations and it's having a massive impact, even just two or three sessions"* (TM Leeds stakeholder)

The lack of specialist referral routes was a major concern for key workers. Some beneficiaries became disengaged as a result and there were grave fears that the situation may deteriorate in the absence of professional input.

> *"He was doing really well and then he had one knock back and he said to me 'I've started drinking a bit more as a coping strategy, I know it's a problem, I don't know how to cope with it, where do I go?' so I referred him to X and Y…I was told X has a five month waiting list, Y never got back to us, so he disappeared off the radar and not heard from him since"* (TM New Anglia stakeholder)

This situation gave rise to a sense of "hopelessness" and brought key workers and other stakeholders to the conclusion that the only approach was to bring in counselling services to TM partnerships in-house, *a la* TM Liverpool.

> *"I can't necessarily provide all the support a young person needs but if I could say we've got a counsellor as part of Talent Match would you like to have a chat with them, fill that gap…it doesn't work outside, it's hopeless"* (TM New Anglia stakeholder)

> *"Absolutely, I think it [specialist mental health provision] would be really beneficial. It's just knowledge and knowing what to do to offer the right support"* (TM Leeds stakeholder)

COUNSELLING SUPPORT THROUGH TALENT MATCH

It is clear that there is massive demand for counselling support within the TM programme. The entrenched nature of issues, which have often been present since childhood and never properly addressed, required specialist support. In Liverpool, the combination of intensive one-to-one support and counselling was an essential and early part of the journey to employment for a large number of beneficiaries. So much so that an additional counsellor was being recruited to aid the transition from initial engagement and intensive support to employability and work-related activities.

However, counselling was not suitable for all. Stakeholders were at pains to emphasise that everyone is different. This is why the counsellors interviewed as part of this research were so keen to engage with TM and its person-centred approach.

> *"It is all about their choice, counselling has to be voluntary, it's got to be something they want to engage in cos they will take from it what they need and it has to be right for them"* (TM Liverpool stakeholder)

It therefore follows that progress from counselling may take longer for some individuals than others.

> *"It depends on the individual. Obviously some take longer, we need to build up a relationship of trust. There's layers with people, we have to deal with what's on the surface before we can get to the root of the main issues…One girl had a few sessions and she got out of what she needed…I think I saw her six sessions and that was enough"* (TM Liverpool stakeholder)

Though not suitable for all, interviewees across the three partnerships felt that counselling was an essential component of TM for many. In Liverpool where access issues were circumvented at the design stage, counselling was proving both popular and successful in many cases.

> *"One young person who was referred from Talent Match, he did amazingly well and came to me every week and at the end in our final session he burst into tears and he said 'I just didn't think I'd be able to achieve it'…his development was amazing through the process and he was the epitome of what counselling is supposed to be and he was so proud of himself"* (TM Liverpool stakeholder)

There were also positive stories of counselling in TM Leeds and TM New Anglia and both partnerships were exploring ways to better integrate that support within TM. The ability of TM partnerships to do so is likely to prove a critical factor in their ability to help certain individuals move towards employment.

This lack of specialist support put key workers in TM Leeds and TM New Anglia in a very difficult position and was a cause of great concern. All had undergone mental health first aid training, which proved extremely beneficial, but there were cases and situations that were beyond their expertise and called out for professional intervention. This also raises safeguarding issues.

"It's just there's things I'm not sure about sometimes when she's talking, she doesn't make sense in what she's saying and she'll go off track and I don't really know what to do…if there was more services readily available it would be easier, I would feel they're getting the correct support for their needs" (TM Leeds stakeholder)

"Our main focus is going towards employability, we're not trained counsellors and that's why it's so key to find somebody quite quickly and be able to signpost… it can be that you find yourself in a situation where you're 'I've got to respond to this but how do I respond?" (TM New Anglia stakeholder)

The landscape of poor provision in New Anglia and West Yorkshire represents the single most significant threat to the delivery of TM services for young people with mental health issues. Despite the mammoth efforts of TM staff there is only so much they can do. As one stakeholder in Liverpool noted:

"I think you need to be quite an experienced practitioner to be able to work with the Talent Match project, or at least you need a lot of support" (TM Liverpool stakeholder)

There is a clear and urgent need for TM partnerships facing similar issues to address the gap in youth mental health service provision. For individuals with more entrenched issues mental health professionals consistently reported that it is imperative that they receive some form of therapeutic support, such as counselling, prior to embarking on the road to employment. TM Liverpool offers a genuinely innovative, needs-led approach that places young people at the centre. This provides an exceptional model for other TM partnerships to emulate and has the potential to bring about a major shift in the delivery of mental health services.

Specialist support and referrals: the case of TM Liverpool

TM Liverpool had far more accessible referral routes and support. This included links to (and often co-location with):

- **OKUK** - therapeutic interventions for young people (up to the age of 19) affected by substance misuse, including:
    - person-centred therapy
    - cognitive behavioural therapy
    - narrative therapy
    - creative therapies
    - brief therapies
    - motivational interviewing
    - group work.
- **Young Persons' Advisory Service (YPAS)** - provision of a wide range of support and therapeutic services (also a CAMHS provider) including:
    - counselling
    - psychotherapy
    - Information Advice and Guidance (IAG)
    - family work
    - parent / carer support
    - group work programmes

- drop-ins.

- **Early intervention in psychosis** - service that supports young people aged 14-35 who have had a psychotic experience and raises community awareness, in order to improve access

- **GP** drop-in service

- **Citizens' Advice Bureaux** - housing and benefits advice and support in addressing practical barriers

Conversely, having an established and mature mental health network meant that services could refer into TM Liverpool with awareness raising happening at a very strategic level.

> *"I've got no direct involvement [in TM] but at a very basic level it's to make sure that services out there are aware of Talent Match and have got it as an option"* (TM Liverpool stakeholder)

INCORPORATING THERAPEUTIC CARE IN DESIGN: LEARNING FROM TM LIVERPOOL

Consideration of specialist mental health service provision was central to the design of TM Liverpool.

> *"I think it was assumed that if they were going to work with young people who'd been out or work or training, education that there may possibly be some need for therapy which I think was good forward thinking"* (TM Liverpool stakeholder)

Engaging with mental health providers from such an early stage enabled services to be embedded within TM delivery and ensured organisations were bought into the same approach and ethos. There was a remarkable sense of partnership working, pulling together and getting young people heading in the right direction across all TM stakeholders.

> *"I just feel that Talent Match put the young person's needs first, our counselling service puts a young person's needs first and it's wonderful that there are services like that cos they're overlooked"* (TM Liverpool stakeholder)

> *"YPAS, they're fantastic, not just the counsellors, the organisation as a whole, how they work with the young people, with us as mentors, they just go above and beyond…not just for a therapeutic service but empowering people to move forward"* (TM Liverpool stakeholder)

Many of the TM Liverpool key workers also had direct experience in the field of mental health and therefore had a very good awareness of the issues, as well as local services and referral routes and options.

> *"In my previous role, I was an employment coordinator for mental health services…working with individuals who have diagnosis and also that don't have diagnoses as well. It means I'm quite well linked in with services within Liverpool"* (TM Liverpool stakeholder)

The extent of professional support and knowing how to access it at TM Liverpool gave key workers confidence that they could help anyone, regardless of the severity of their condition and issues. This also enabled key workers to assess when a beneficiary was in need of professional help, beyond what they themselves could provide, thereby limiting safeguarding issues.

> *"Sometimes they say too much, I'm not a counsellor…so sometimes I've gone 'I know you really want to carry on talking to me but I do think you'd benefit from some counselling' and we get that ball rolling and refer them to the right organisations"* (TM Liverpool stakeholder)

> *"If there's a young person that they feel would benefit from counselling they refer to us and likewise…if I feel a young person has accommodation needs or*

educational needs, any issues like that I will signpost them to Talent Match" (TM Liverpool stakeholder)

The extent of professional support to key workers was a major benefit. This enabled a clear demarcation between issues that they were more suited to addressing, and others that required counsellor intervention.

"I'm not a mentor, I'm a counsellor and it's a completely different relationship. So I think it's quite a nice balance to have both those services" (TM Liverpool stakeholder)

This had produced very positive results in terms of TM Liverpool being able to respond to very complex needs and issues in a very timely fashion (timeliness being a key factor in the response of beneficiaries in section 4.5 above), with key workers able to call on an extensive network of support.

"I spoke with the early intervention team to get the psychosis team in and they were fab…They told me a bit about how to prepare him and what to expect…and they allowed me to sit in cos he requested that and felt more comfortable and I was able to help support him to answer a couple of the questions…It was really good, it was quite an easy process" (TM Liverpool stakeholder)

However, even with such a well-developed and integrated approach, stakeholders from TM Liverpool still expressed concerns about being able to meet demand should it increase.

"We've got a waiting list but…people aren't going to be waiting a long time. If mentors suddenly started referring in a lot more that could change cos on the whole a lot of the young people do need quite long term support" (TM Liverpool stakeholder)

Impacts beyond the Talent Match programme

TM Liverpool had originally planned for around 30 per cent of beneficiaries requiring therapeutic support. In reality this was even higher and speaks to the notion of *a national youth mental health crisis*. In this regard TM Liverpool and partners are genuinely leading the way in terms of influencing the make-up and principles of youth mental health services. The long history of engagement in mental health provision within the core partnership meant TM Liverpool were acutely aware of the fact that many young people would not meet the thresholds for adult mental health care. Their approach to building their youth mental health service provision was a direct response to that gap (see the box summary below).

"In adult mental health it's a lot more around a diagnosis of clinical depression or borderline personality disorder and the young people that we're working with don't reach those thresholds. So the idea was if we put direct support in for that age group we were addressing a gap within the system to get immediate access to mental health support, so instead of sitting on someone's waiting list we bought in immediate support" (TM Liverpool stakeholder)

These developments were not confined to TM however but had significant backing at a strategic level and the approach was recognised as something that could bring about real lasting change and improvement.

"On a strategic level…they're really behind us to give us the time and space to think about business case development for proposals to CCGs [Clinical Commissioning Groups] cos if we intervene at this stage with people it makes

the services in community mental health teams later on more likely to be successful" (TM Liverpool stakeholder)

INFLUENCING CHANGE: YOUTH MENTAL HEALTH IN LIVERPOOL

TM Liverpool has been central in the shift towards adapting mental health provision models to the needs of young people. This shift has been driven by the existence of a discernible gap in provision targeted at young people making the often difficult transition to adulthood. Presently, young people of Talent Match age have difficulties in accessing mental health services. These difficulties are complicated by the different approaches to young people and adult mental health services.

"Culturally, they're incredibly different. CAMHS will view mental health from one perspective in relation to the network around the child, the social situation, whereas adult mental health is more about you as a person" (TM Liverpool stakeholder)

The mental health support needs of young people were simply not catered for.

"Traditionally adult mental health services have been set up for people with a severe, enduring mental illness…but we know for young people there's interventions you can offer that are somewhere in between those two things, it might be more outreach, it might be group based, there's all different ways of changing your intervention that might be more attractive to young people" (TM Liverpool stakeholder)

TM Liverpool has played a crucial role in evidencing that gap in provision, which is illustrated starkly by the limited access to mental health services in other TM partnerships

"That's what Talent Match is helping us identify and prove that that gap is there and if we don't bridge that things are never going to get better downstream and the social impact and economic impact is massive" (TM Liverpool stakeholder)

The new approach seeks to bridge the gap between child and adult provision and respond directly to that key transition phase in the lives of young people

"Instead of CAMHS going from 0-18 and adult going from 18 upwards, what we want to do is produce a model that works for 11-25 year olds so there would be an integration between CAMHS and adult mental health up to the age of 25" (TM Liverpool stakeholder)

There is widespread support for the model within Merseyside and for the shift towards a youth mental health service, both nationally and internationally. TM Liverpool is central to these developments.

"The Talent Match model of looking holistically at not just the mental health issue but at other aspects of their lives and their employability, they want that to be integrated into the new youth mental health model so they want us to be part of that model and that's quite an important development" (TM Liverpool stakeholder)

The innovative approach to youth mental health at TM Liverpool is everything that Talent Match is about: it addresses a clear and distinct gap; it responds directly to the needs of young people; it is dependent on partnership working and the VCS; it's strategic; it is innovative; and it has the potential to influence approaches to youth mental health far beyond Liverpool. Most importantly, from the evidence presented here, it works.

There was a clear vision in Liverpool driven by the needs of young people and informed by expert knowledge and experience across the Third Sector in addressing youth mental health. Here we take the liberty of quoting one respondent at length who comprehensively set out that vision.

"We've got a vision in Liverpool, there's a couple of arms to the youth mental health service. The first is one stop shops, so we're probably going to have three across the city and you would have interventions available such as drop ins, staffed by IAG workers so based on the model of youth work: housing support, benefits support, legal advice, addiction support and within that would be lower level counselling and IAC support, primary care psychological interventions. The second level is secondary mental health service where

specialist workers, psychologists etc. can do assessments. So the young person might have come in for benefit advice, but the IAC worker identifies their problems are way over that, they need a specialist service. So rather than it being referrals and waiting times I'll be there to see people that day, and there will be quick assessments and all these third sector organisations will be able to offer a lot of interventions. So by the time they get to have the therapy they're ready for it, they're not dealing with the crisis in their life at that point. So you should walk through the door or be referred by the GP or been in A&E and one of our IAC workers saw you there, you should just go in and get what you need, you shouldn't have to navigate anything…Talent Match would be within that one stop shop as a diversion option, or they can refer to specialist mental health" (TM Liverpool stakeholder)

4.10. Learning and delivery responses from TM partnerships

Despite the difficult climate in which partnerships were operating there were several examples where they had responded, or were responding, to challenges through changes in delivery. This is a key element of Talent Match: testing and learning and doing things differently. It was therefore encouraging that in the face of external constraints in the form of severely limited mental health service provision, partnerships were striving to improve the support they offered as best they could.

In response to the high prevalence of mental health issues among beneficiaries TM Leeds had set-up and organised **mental health first aid training** for key workers and delivery partners. This had proved very successful and was now being provided to other VCS and public sector organisations in seeking to raise awareness of youth mental health issues more broadly.

> *"I think generally we need to raise awareness but hopefully key workers feel quite confident, we've had good feedback from those [training] days and we'll be tracking to make sure every key worker has accessed it"* (TM Leeds stakeholder)

TM Leeds were also thinking more strategically about mental health service provision and seeking to develop a more integrated approach. Use of the beneficiary bursary available through TM Leeds was being explored as a means of **subsidising counselling services**. At the time of interviews it was also reported that Leeds City Council were seeking to establish a **single point of access**.

> *"What we're working on in Leeds is trying to develop a single point of access, so if you've got a young person with a mental health issue this is the number you ring and you tell them their situation, age, where they live, and from that they will refer that person to the most appropriate service"* (TM Leeds stakeholder)

The TM Leeds partnership were also developing **drug awareness training** for key workers specifically in response to new legal highs which were proving popular amongst young people but about which little is known.

In the case of TM Liverpool, they had identified employability activities as a particular weakness in their support to young people with mental health issues. As a result they sought to draw in an **additional counsellor who would sit within the TM team** to provide therapeutic support and build confidence in individuals before they were transferred to another employability-type service.

> *"We're in the middle of recruiting our own counsellor to be part of the Talent Match team and work closely with YPAS so we've got somebody to do some of that immediate work before they transfer over"* (TM Liverpool stakeholder)

TM Liverpool had also found it was very difficult for beneficiaries to maintain appointments with counsellors. It was not always possible to book the same slot every week and it sometimes proved difficult to contact beneficiaries. As a result they established a closer collaboration with mentors in a bid to get beneficiaries to appointments.

> *"Trying to arrange an appointment for the same time every week can sometimes be difficult, even trying to contact them can be difficult…So we've worked out an arrangement where when our clinical admin contacts a young person for a first session he'll contact the mentor and we try and get the mentors to bring them so they're supported in that"* (TM Liverpool stakeholder)

TM New Anglia had also experienced difficulties in terms of young people with mental health issues struggling to keep appointments. Sometimes they just turned up and staff felt that it was important that they could be seen at any time. As a result a **drop-in service** was being developed to ensure people had access to a key worker throughout the day, whenever they needed it. They were also seeking to develop a peer mentoring service specifically for young people with experiences of mental health (this was also an approach advocated by beneficiaries and stakeholders at TM Leeds and is discussed in section five below).

> *"What we're finding at the minute is we're booking appointments and people don't turn up or they turn up when they don't have an appointment so we're trying to change it so we've got more of an open drop in facility as well and that would be where the peer support fits in"* (TM New Anglia stakeholder)

As well as the practical responses and changes that partnerships had implemented there were also many other ideas related to future provision and learning, from both beneficiaries and TM stakeholders. These are set out in section five.

4.11. Labour market experiences and aspirations

Although the majority of beneficiaries with mental health and emotional well-being issues were considered to be some distance from the labour market, several did have experience of work. Some also reflected on the disclosure of their conditions within a work setting, the kind of work they felt they could do, and their labour market aspirations. Stakeholders were also asked about the labour market experience and aspirations of beneficiaries with mental health issues. Many stakeholders reported that, in most cases, these issues had prevented people from finding work.

> *"It tends to be that the mental health has prevented them from getting work, most of my caseload have never worked at all"* (TM New Anglia stakeholder)

Disclosure at the workplace

As noted above beneficiaries were extremely cautious about who they spoke to about their mental health issues. Those who had worked in the past were very cautious about what they revealed to employers. This was usually articulated as a fear of being judged and the negative implications this might have.

> *"I had a proper job and I've done work experience as well…work didn't really know anything, I haven't opened about things…I didn't want to be judged so I never said anything"* (TM beneficiary)

For others, they simply did not want anyone to know. In the case below, the questioning of extended periods off work led this individual to retreat altogether and withdraw from work.

"I got sacked from three jobs…and I had two employers turn around to me and say 'we've noticed a pattern here, over the last year every couple of months you'll have two weeks of not wanting to come into work' and I was 'yeah' a couple of employers were really understanding with it, but it was also down to me thinking now that I've been kind of worked out I don't want to be here anymore" (TM beneficiary)

Beneficiaries were very much aware of being judged by employers and the stigma that sometimes went along with that. This often appeared to relate to negative experiences of school and a sense of under-achievement which impacted on self-confidence and fed into views on employment and labour market aspirations.

"[Employers think] that we're going to take a load of time off work and we're going to probably get sick pay until we get back on our feet and cos of how we are we can't do our job properly, that's what goes through my mind when I think about working" (TM beneficiary)

There was said to be a crucial role here for key workers in supporting employers as well as beneficiaries. Stakeholders also reported that it was important that beneficiaries went at their own pace and were not pushed towards work too soon.

"It's building up that trust that we're not going to be setting up a situation with someone that doesn't fit, our job is to get a good fit cos we want it to be consistent and achievable for both parties" (TM New Anglia stakeholder)

"I always say to the employer I'm not just here to support the young person, I'm here to support you too, cos ultimately if you're not getting supported you're not going to want to keep this young person on" (TM New Anglia stakeholder)

Labour market aspirations

A handful of beneficiaries had fairly clear ideas as to what line of work they would like to pursue. These included: social work, youth work and a nutritionist for example. Most however had fairly low aspirations which were said to be significantly dampened by experiences of applying for countless jobs, getting nowhere and not even hearing back. The local research conducted by TM Leeds was instructive here.

"At first they go through a period from day one of 'when am I going to hear back?'…then they move into stage 2 which is 'what have I done wrong?', cos they don't get any feedback so they don't know what they've done wrong, and then they start thinking 'what's wrong with me?' and then 'I'm never going to get a job and people then get disengaged" (TM Leeds stakeholder)

These persistently negative experiences would no doubt have a detrimental impact on anyone, but for someone already suffering from low self-esteem and self-confidence the effects were far more pronounced. As a result, many beneficiaries sought minimum wage jobs.

"When we asked what job they want they were all look at entry jobs, customer service, retail, warehouse, factory work, then we asked what wage are you looking for, everyone would talk about working for minimum wage" (TM Leeds stakeholder)

Beneficiaries sometimes had a clearer idea of work they could not do, or that would not be suitable given the issues they were currently facing. Jobs that involved a lot of customer interaction were often cited as unsuitable. Some people said they would do any work at all - often to escape the perceived hassle and pointlessness of

Jobcentre Plus conditionality - but zero-hours contracts were usually to be avoided for the lack of stability that came with them.

> *"If I was offered a job in bar work or something like that I'd immediately feel anxious working around so many people"* (TM beneficiary)

> *"Any at the moment, I wouldn't care, just any to get me off the thing, even if it's just part time, but the only one I won't do is zero hours cos I need constant stability"* (TM beneficiary)

Limits to the work that people could do

Employment options were also sometimes limited by the kind of medication people were on and the side effects that sometimes came with it

> *"Sometimes if people are on specific medications that might mean they can't get up early or they're not able to drive or operate machinery so there's practical barriers sometimes but it's about working with the individual to find a role that's going to help with that"* (TM Liverpool stakeholder)

Transport issues were also cited as a significant barrier for young people suffering from social anxiety, this was particularly prominent in New Anglia given the rural nature of much of the sub-region.

> *"It's the transport, the transport links are atrocious, the amount of anxiety that the buses can trigger, the amount of time we plan routes, sorting out tickets, they feature quite heavily"* (TM New Anglia stakeholder)

In a minority of cases particular conditions were deemed as beneficial to certain roles and key workers recognised the need to help beneficiaries arrive at this perspective.

> *"We've got a young man…at the start it was 'my Asperger's is the reason I can't get a job', but the key worker had turned it round to say 'these are your strengths' and he's actually gone into more security but it's cameras and he's got a job and progressed…so I think sometimes it can be a mind-set thing"* (TM Leeds stakeholder)

Other beneficiaries had begun to assess what was suitable for them with the help of TM key workers. They particularly valued the IAG they received and the fact that they could access most things through TM.

> *"I've done quite a few jobs and I think through Talent Match, it's working out exactly what's right for me and what I'm going to stay at really…My route forward is part time work but the rest of my time is going to be spent trying to get a career like working as a young support worker"* (TM beneficiary)

It is worth noting that several interviewees reported an interest in supporting people with mental health issues. Often this related to the fact that they found it much easier to speak to people who had been through similar issues to themselves. Indeed, peer support for young people with mental health issues emerged time and again in the interviews with beneficiaries. This is discussed in more detail in the following section.

What more can be done?

<div style="text-align: right; font-size: large;">5</div>

As part of the case study research both beneficiaries and stakeholders were asked about the kind of things they would like to see delivered through TM - specifically in support of people with mental health and emotional well-being issues. This section details those responses. The most common areas for improving support related to:

- counselling services
- mental health first aid training
- peer mentoring
- social activities and "fun stuff"
- raising awareness among employers.

Each of these is discussed in turn below.

Unsurprisingly, the most often cited means of improving support within TM Leeds and TM New Anglia was the provision of **counselling** services. This probably applies to many more TM partnerships too and was the most prominent issue in the responses of both beneficiaries and stakeholders.

"Yeah I reckon that would be quite a good thing to provide people with on Talent Match, the opportunity to speak to somebody about counselling and stuff" (TM beneficiary).

"In terms of other services…really it's the counselling, the CBT, that's what the key workers are saying is missing" (TM Leeds stakeholder)

Given the lack of counselling currently available one response of partnerships was to provide **mental health first aid training** to all key workers. This had taken place across all three partnerships. Though not a substitute for counselling, it did provide key workers with a higher level of awareness and the tools with which to respond more appropriately to young people experiencing mental health issues. This should be something that all key workers across TM undertake.

"As a mentor I think everybody who works with young people should have mental health first aid and mental health awareness to equip people to be able to support people in those circumstances" (TM Liverpool stakeholder)

Such training also enabled key workers to better read the signs of emotional distress and mental ill health and could contribute to **earlier intervention**. This of course requires timely referrals, but it was something that a particularly reflective and astute beneficiary had picked up on during his long experience of severe mental ill health.

"A lot of it could have been seen early and I think if you can try and get it in early before people do go in that regressed stage then you can probably help quite a lot, before it gets worse, but I've noticed that just in myself and with people that I've met" (TM beneficiary)

There was widespread support, especially from beneficiaries, for the idea of **sharing experiences with others experiencing similar issues**. This was also one of the key findings to emerge from the local research conducted by TM Leeds.

"Every young person I spoke to was very positive about an opportunity to share experiences but also about listening to other people share their experiences and then suddenly they realise they're not all alone…so I think something Talent Match should be looking to develop is some peer support programme" (TM Leeds stakeholder)

Consequently, TM Leeds were seeking to develop such a programme. Likewise, so were TM New Anglia with the idea being that **peer support** would be tied into the drop-in centre being established.

"At the moment I'm working on a work plan for youth engagement in Leeds and Calderdale and part of that will be about looking to develop peer mentoring type support" (TM Leeds stakeholder)

Peer support figures prominently in the approaches of many TM partnerships and was a near universal presence in the original business plans of TM partnerships. There was also support for the approach set out by the St Giles Trust, pioneered with prisoners, at the TM event in Amersham hosted by London Youth.[1] It was also a recurring theme from the case study research on the involvement of young people published last autumn.[2] However, monitoring data from the CDF shows that just 593 young people on Talent Match have received peer mentoring support from a total sample of 6,910: less than nine per cent.

This approach was something that many respondents felt could be adapted specifically for individuals with mental health issues. In particular it was deemed to be of great help in assisting and encouraging people to get out of the house and counter isolation.

"Maybe just people that support you for whatever you want. I'd really appreciate just someone who could go swimming with me, just like a buddy or something. Someone who could walk me through the bad days. I have friends who support me but there are some things you can't really say, you don't want to put that on someone else and obviously someone that's employed to do so would be helpful" (TM beneficiary)

"Something Norwich MIND try to broach is more of that social stuff so instead of telling people what they need to do to get better it's about 'what do you think you need to feel better?' And the peer support can help the person, say 'I want to go swimming'. 'Ok, we'll take you swimming'" (TM New Anglia stakeholder)

It was felt that such support could be quite informal but it was potentially a lot more attractive to beneficiaries if it was someone who had been through what they had and come out of the other side in a positive way (see also section 4.5). This was

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[1] http://site.stgilestrust.org.uk/what-we-do/peer-advisor-programme
[2] http://www.shu.ac.uk/research/cresr/talent-match-case-study-theme-report-challenge-status-quo-early-experiences-involving-young-people-t

seen as a valuable means of learning coping strategies as, again, everyone is different.

> *"My first two years of spending away I definitely felt that, I felt more, I call it being in the dark, cos I kind of thought there was no-one else, so there was only me going through that and it was really difficult then going to get help. But meeting other people in the same situation actually made me feel a lot easier cos it was actually the people who are trying to help me have been through it before, so I know it can't be all wrong so to speak"* (TM beneficiary)

> *"When you get someone who's not actually telling you, is just saying 'I did this and this is how I cope with it' you think 'ok, I can see how that could work'. I think you feel a bit more relaxed about it"* (TM beneficiary)

> *"With situations like with depression you don't want to go out but if you know you've got someone you can talk to and can go 'if you're feeling low we can meet up for a coffee and talk' it doesn't have to be all formal and if you need any extra help I'm here, someone you can talk to like that and rely on"* (TM beneficiary)

This could also be a **group activity related to socialising and meeting new people**. Indeed, there was as much support for the facilitation of outdoor and fun activities among beneficiaries as there was for counselling. This was also a means of addressing isolation imposed as a result of financial hardship. That is, many young people simply can't afford to do the things that they think are fun.

> *"Just something different, cos it can be really clinical most of the doctors and sometimes you don't want to say anything"* (TM beneficiary)

> *"Things to do on activities cos often if you're left by yourself and you're having difficulty and you think, well, being on benefits is really difficult to go out and do things"* (TM beneficiary)

> *"Having plans is really important cos you feel really down to the point where you're suicidal, you need something to look forward to"* (TM beneficiary)

> *"Like getting people with similar experiences going bowling then you can start making friends and talking to people again"* (TM beneficiary)

The inclusion of such activities was also seen as a crucial aspect of the innovative approach at TM Liverpool and was definitely not to be overlooked.

> *"Alongside the therapeutic stuff is just doing some stuff that's fun, that you enjoy, that you're good at and building on that"* (TM Liverpool stakeholder)

Case study partnerships had taken these views on board and were now seeking to develop **a programme of activities tied specifically to mental health issues**.

> *"We met with Talent Match London and we were talking about how we use engagement and they said they do these socials…it's more getting young people together to talk about what their barriers are, they've formed friendships through it"* (TM Leeds stakeholder)

> *"We've talked about running workshops and more group activities to get people socialising more and maybe covering taboo subjects that they wouldn't normally have the opportunity to talk about"* (TM New Anglia stakeholder)

However, as always, the need to tailor responses to specific individuals is an important consideration. Peer mentoring and group activities may not be suitable for all, or may at least take some preparation and priming beforehand, as in the case of the beneficiary below.

> *"It's more trust issues that I've got and friends that I've known for ages I talk to, that's why I don't really like counsellors and I get nervous in group situations as well"* (TM beneficiary)

There was also a key **role for employers** in support for young people with mental health issues. This related both to raising awareness among employers and addressing issues of stigma, but was also about getting young people to meet employers in an informal setting. Given that most of the interviewees had very limited and negative experiences and ideas about the employment sector, often driven by Jobcentre Plus experiences, there was a reported need to try and tackle the fears and apprehension related to employers and about what they thought of young people.

> *"What would be good is more engagement with employers to understand mental health"* (TM Leeds stakeholder)

> *"More needs to be done to help young people to engage with the employment sector. Have you been to the job centre here? It's horrible, it's quite an aggressive environment"* (TM New Anglia stakeholder)

The suggestions from interviewees all address important factors and can help improve TM delivery. Ultimately, however, youth mental health appears ripe for the longer-term, ambitious and strategic approach that TM tries to encourage. The massive investment in mental health service provision required is not going to be forthcoming from central government anytime soon.

> *"I think it's a big issue and is probably going to get worse cos of the cutbacks on the provision out there for young people"* (TM Leeds stakeholder)

In this context **the approach of TM Liverpool offers a blueprint** for a major shift in youth mental health service provision.

> *"There's an idea about youth mental health being extended up to 25, so when there's other transitions happening in young people's lives that are unavoidable, school, university, leaving home, brain development, actually you'd be better having a service that more met the needs of young people. So we've been looking more locally at how to develop a service that is specific to the needs of young people under 25, which we call youth mental health"* (TM Liverpool stakeholder)

Clearly such a strategic and integrated approach does not happen overnight and is dependent on the existence and development of working partnerships and a critical mass of Third sector organisations all singing to the same tune. However, the case of TM Liverpool offers a framework that could be of huge benefit to other TM partnerships who have been frustrated in their efforts to link with providers.

> *"I think what would be really good is more a joined up approach…And just to know if any other organisations across Talent Match are using a specific approach that's beneficial"* (TM Leeds stakeholder)

It also provides a concrete evidence base for influencing services beyond TM on a national scale.

"I think that's a national lesson and I think Talent Match should be integrated in all of those CAMHS and adult mental health transitional plans. I think there are a couple of things the Lottery could do on a national footprint. One is around that link in with these plans in CAMHS and the other one is to advocate nationally for a different model of ongoing employability support from the government, because the work programme doesn't work for this group" (TM Liverpool stakeholder)

References

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Bassett, J., Lloyd, C. and Bassett, H. (2001) 'Work Issues for Young People with Psychosis: Barriers to Employment', *British Journal of Occupational Therapy*, 64(2) pp.66–72.

Beatty, C., Foden, M., McCarthy, L. and Reeve, K. (2015) *Benefit Sanctions and Homelessness: A Scoping Report*. London: Crisis.

Blake, G. and Sutton-Hamilton, C. (2015) *Young Lives Leeds NEET Research 2015*. Leeds: Voluntary Action Leeds.

Bond, G., Drake, R. and Becker, D. (2008) 'An update on randomized controlled trials of evidence-based supported employment', *Psychiatric Rehabilitation Journal*, 31, pp.280-290.

Crowther, R, Marshall, M. and Bond, G. (2001) 'Helping people with severe mental illness to obtain work: systematic review', *British Medical Journal*, 322, 27, pp.204-208.

Centre for Mental Health (2013) *Barriers to Employment: What works for People with Mental Health Problems.*

Murphy, M. and Fonagy, P. (2012) 'Mental health problems in children and young people: Our Children Deserve Better', in the *Annual Report of the Chief Medical Officer 2012 - Our Children Deserve Better: Prevention Pays*. London: Department of Health.

Egan M., Daly, M., and Delaney, L. (2014). *Childhood psychological distress and youth unemployment: Evidence from two British cohort studies.* National Development Team for Inclusion.

Gilburt, H. (2015) *Mental Health Under Pressure.* King's Fund Briefing Paper. http://www.kingsfund.org.uk/publications/mental-health-under-pressure

Green, H., McGinnity, A., Meltzer, H., Ford, T, and Goodman, R. (2004) *Mental health of children and young people in Great Britain, 2004.* A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan.

Harden, A., Rees, R., Shepherd, J., Brunton, G., Oliver, S., and Oakley, A. (2001) *Young people and mental health: a systematic review of research on barriers and facilitators*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

Hayhoe, R. and Ohaeri, C. (2014) *Health Needs Assessment: Norfolk Healthy Child Programme for Children and Young People (5-19)*. Norfolk County Council.

Iriss (2010), Assisting Those with Mental Health Problems into Employment. Available at: http://www.iriss.org.uk/sites/default/files/iriss-insight-1.pdf

Knapp, M., McDaid, D. and Parsonage, M. (2011) *Mental Health Promotion and Mental Illness Prevention: the economic case*. London: Department of Health.

Maxwell, C., Aggleton, P., Warwick, I., Yankah, E., Hill, V., Mehmedbegovi, D. (2008) 'Supporting children's emotional well-being and mental health in England: a review", *Health Education*, 108(4), pp.272-286.

Maxwell, C., Yankah, E., Warwick, Ian., Hill, V., Mehmedbegov, D and Aggleton, P (2007). *The emotional well-being and mental health of young Londoners: A focused review of evidence*. Government Office London.

McManus, S., Meltzer, S., Brugha, T., Bebbington, P. and Jenkins, R. (2009) *Adult Psychiatric Morbidity in England 2007. Results of a household survey*. Leeds: The Health & Social Care Information Centre.

Mental Health Foundation (2012). *Peer Support in Mental Health and Learning Disability* http://www.mentalhealth.org.uk/content/assets/PDF/publications/need_2_know_peer_support1.pdf

NDTi (2014) *Supporting young People with Mental Health Problems into Employment: A Rapid Review of the Evidence.*
http://www.ndti.org.uk/uploads/files/Supporting_yp_into_employment_-_Final.pdf

National CAMHS Support Service (NCSS) (2011) *Better Mental Health Outcomes for Children and Young People: A resource directory for commissioners.*

Newman, T (2004) *What works in building resilience?* London: Barnardo's.

Office for National Statistics (1999) *The mental health of children and adolescents in Great Britain*. London: Office for National Statistics, 1999.

O'Toole, G (2014) *Review of different approaches to work skills development for disabled young people (14-25) and disabled working adults in the UK and internationally*. London Metropolitan University.

Patel, V. et al. (2007) 'Mental health of young people: a global public-health challenge', *Lancet*, 369, pp.1302–13.

Pleasence, P., Balmer, N., Hagell, A (2015). *Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues.*

Young Minds Mental health statistics. Available at:
http://www.youngminds.org.uk/training_services/policy/mental_health_statistics

Schubotz, D and McArdle, E (2014). *Young People and Mental Health, Policy and Research Review*. Belfast: ARK.

Sissons, P. and Jones, K. (2012). *Lost in Translation: The changing labour market and young people not in employment, education or training*. London: The Work Foundation.

Wells, J., Barlow, J., Stewart, and Brown, S (2003) 'A systematic review of universal approaches to mental health promotion in schools', *Health Education*, 103(4), pp.197-220.

Rinaldi, M., Perkins, R., Glynn, E. *et al.* (2008) 'Individual placement and support: from research to practice', *Advances in Psychiatric Treatment*, 13, pp.50-60.

Scottish Government (2010) *Third sector approaches to bridging the distance from the employment market for people with multiple and complex needs: an evidence review.* Edinburgh: Scottish Government.

Tennant, R., Goens, C., Barlow, J., Day, C., Stewart-Brown, S. (2007) 'A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people', *Journal of Public Mental Health*, 6(1), pp.25-32.

Thomas, N., Pilgrim, D., Street, C., Larsen, J (2012) 'Supporting young people with mental health problems: lessons from a voluntary sector pilot', *Mental Health Review Journal*, 17(1), pp.14-25.