

WE ARE JIGSAW...

Supporting Young People's Mental Health in a Covid Context: Engaging Young People in Therapeutic Support Using Telehealth

Chy 17439 | Jigsaw©

Learning Outcomes

- Gain a further understanding of Jigsaw service
- Gain insight into the journey toward a blended service model (including telehealth) that Jigsaw have undertaken
- Gain insight into some of the considerations taken by Jigsaw prior to implementing blended model of therapy
- Understand some of the benefits and challenges of working via telehealth



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jigsaw.ie | jigsawonline.ie



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Follow us on:   

We are Jigsaw...

Our vision

An Ireland where **every young person's** mental health is valued and supported.

Our mission

We advance the mental health of young people in Ireland (aged 12-25) by **influencing change, strengthening communities, and delivering services** through our evidence-informed prevention and early intervention approach.



JIGSAW Young people's health in mind

Our strategy



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The Jigsaw way...

Prevention and Early Intervention

Services available for 12-25 year olds

Young people are centrally involved

Mild to moderate mental health difficulties

Brief, goal focused intervention (1-8 Sessions)

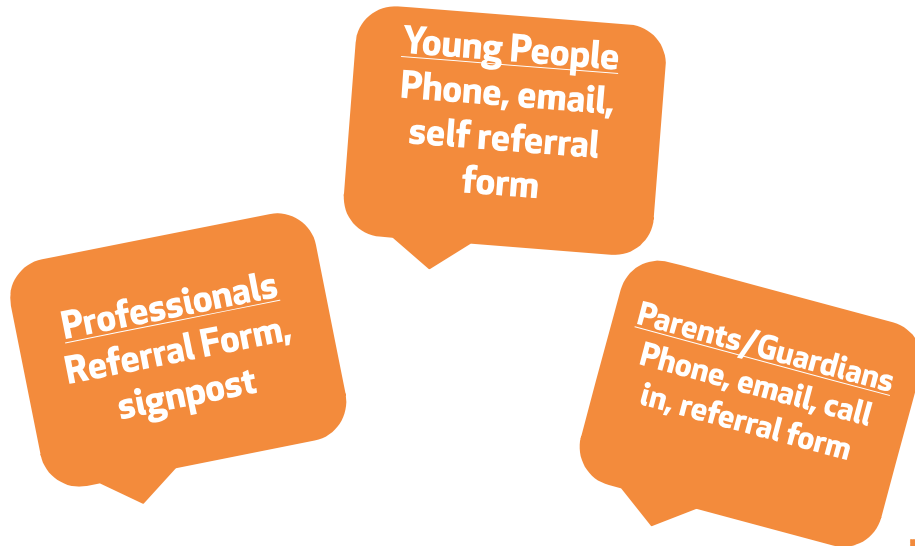
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'The right help, at the right time, in the right place'

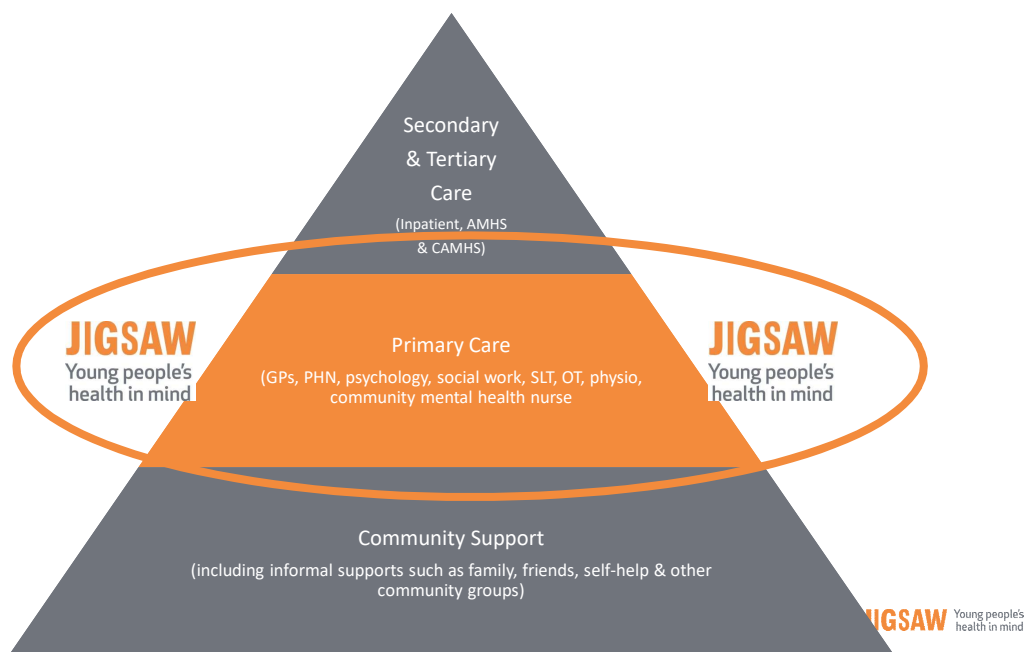


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Who can refer & how?



The Mental Health Service Framework



Jigsaw Referral Guidelines

| | Suitable for Jigsaw | Not suitable for Jigsaw |
|---|--|---|
| Emotional & Behavioural Difficulties | Relationship or interpersonal difficulties, bullying, stress, low self-esteem, body image issues, shyness, anger etc. which would benefit from a brief intervention. | Complex and/or chronic emotional & behavioural difficulties. |
| Mental Health Difficulties | Mild to Moderate presentations of low mood, anxiety, panic etc. | Moderate-Severe & enduring, e.g. recurrent depression, bipolar disorder, psychosis, anorexia, bulimia or chronic anxiety. |
| Self-harm | Self harm without suicidal ideation. | Self harm accompanied by suicidal ideation and/or intent. Young people at immediate risk of harm to themselves should be referred to crisis services. |
| Suicidal ideation | Suicidal ideation without suicidal intent. | Suicidal ideation accompanied by suicidal intent. Young people at immediate risk of harm to themselves should be referred to crisis services. |
| Substance Use (Drugs & Alcohol) | Experimental and/or recreational substance use which is secondary to a young person's mental health difficulties. | Moderate to severe substance misuse/ substance dependence. |

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How Jigsaw was supporting Young People through Brief Intervention up until March 2020

- Exclusively face to face support delivered in Jigsaw Services
- Staff from backgrounds of Mental Health Nursing, Occupational Therapy, Psychology (Clinical , Counselling, Educational) , Psychotherapy (ICP) and Social Work
- Initial screening appointment (IPS) to determine whether Jigsaw is the most helpful support at this time.
- Full psychosocial assessment (HEADSS) leading to formulation of presenting concerns
- Goal setting
- Delivery of interventions to support young person in meeting their goal
- Use of clinical modalities including CBT, ACT, CFT, Narrative Therapy, Solution Focused Therapy and Strengths Focused.
- Use of psychometrics (CORE) , Goal based outcomes and satisfaction surveys to identify helpfulness of intervention

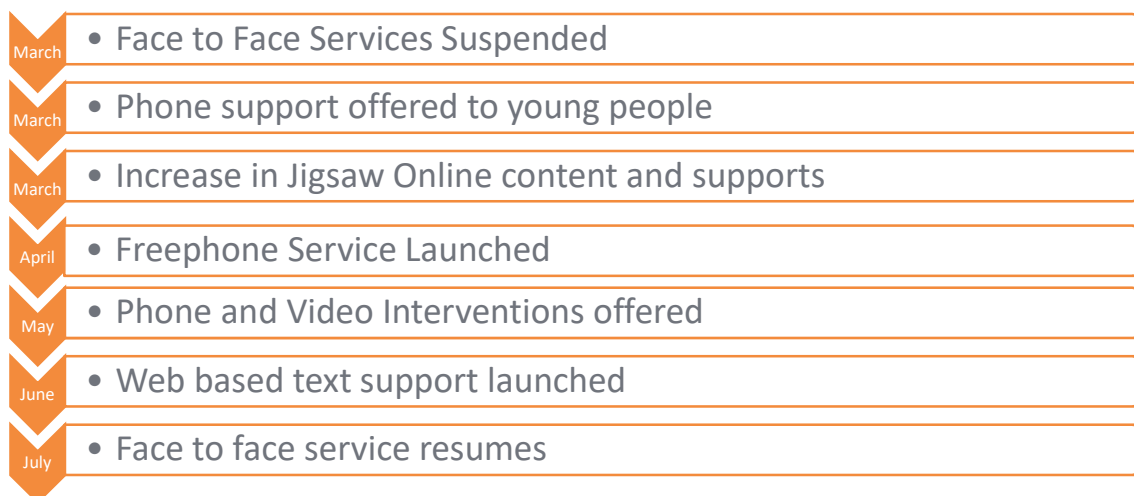
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Response to lockdown in 2020

- Priority given to young people who were actively engaged with the Jigsaw service
- Contact established with all Young People/parents on Brief Intervention to offer phone support (delivered by CM/SJC)
- Some staff redeployed to HSE, and others internally to our Freephone and Jigsaw Online supports. Many staff engaged in development on online content for Jigsawonline
- Freephone support established offering once off support to YP/Family Members/Professionals
- Jigsawonline output increased, and new one to one webchat intervention launched
- Extensive planning to establish how we develop our services in a Covid context

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Timeline March to July 2020



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Considerations when moving toward Phone and Video Therapy Supports

Operational

- Technology- choosing the right platform
- DocuSign- gaining signed consent
- Supporting staff and YP/Families to switch to telehealth platforms
- Staff planning where there is a blended approach (i.e. face to face and telehealth)

Clinical

- Managing risk where YP is located somewhere other than the service
- Engagement through telehealth
- Staff training and support in shift in practice
- Ensuring YP and clinician have confidential space to engage in telehealth
- Using psychometrics (such as CORE) via telehealth
- Engaging with parents

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Benefits and Challenges of Phone and Video Therapy

Benefits:

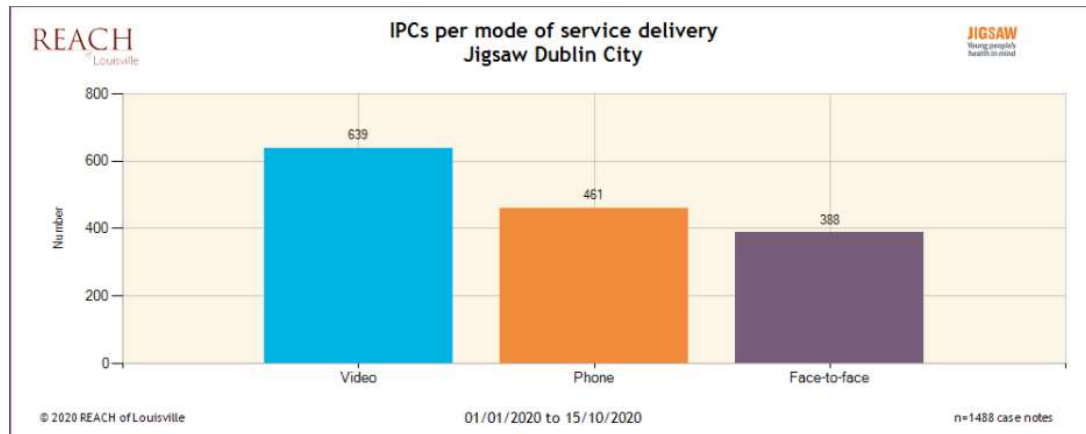
- More accessible for some young people
- Can help young person feel more secure as they are in their environment
- Young person can really bring us into their world
- Share screen can be a really useful feature
- Allows us to maintain continuity of support in a Covid context

Challenges:

- Some limitations (particularly with phone work) on the non verbal information we have to work with
- Technical difficulties can be frustrating
- Some young people may not have access to confidential space or adequate technology
- Some young people find it more anxiety provoking to be on camera or talk on the phone

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Jigsaw Dublin City Blended Service Model



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Jigsaw Online

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Jigsaw support

Choose the service that suits you best

Jigsaw face-to-face services

Information and eLearning

Talk online

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Q&A

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**WE ARE
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Thank you!

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