



THE Mind-It PROJECT

An Independent Review of "Mind-It" – A Dublin City North Youth Support Pilot Project



Rialtas na hÉireann
Government of Ireland

I Feel
Anxious

Is there
something
on your
mind?



Contents

Acknowledgements	4
Executive Summary	5
Chapter 1: Introduction	10
Chapter 2: Policy Context	16
Chapter 3: Mind-It Model of Practice	22
Chapter 4: Findings of Review	34
Chapter 5: Conclusions & Recommendations	50
Appendix 1: References	56
Appendix 2: Questionnaire	60

Acknowledgements

Independent review and report completed by
Aoife Collins and Aoife Dowling, Research Consultants.

With thanks to all the stakeholders who have been involved in the development
and evaluation of this project.

The Mind-It Project – a Dublin City North Youth Support Project
supported by the following organisations



Funding for the pilot project was provided through the
Community Mental Health Fund (2020 – 2022),
supported by the Department of Health and the following:



Rialtas na hÉireann
Government of Ireland

Published August 2022

Executive Summary

About this Review

- This report provides an independent review of the Mind-It Project, which was a free youth counselling pilot programme that ran from June 2020 to March 2022 in the Dublin City North (DCN) area of Dublin.
- The purpose of this research was to record, review and evaluate the work and services carried out by the Mind-It Project and its stakeholders. It is envisaged that the results of this review will be used to inform the future funding, design and delivery of sustainable youth counselling services in the DCN area and potentially beyond.
- **The objectives of this review were to:**
 - Review relevant youth mental health policy and supports (Chapter 2)
 - Document the model of practice of the Mind-It Project and its outputs for the research period (Chapter 3)
 - Gather data on and assess the effectiveness, accessibility and availability of the Mind-It Project for the research period (Chapter 4)
 - Provide recommendations for the Mind-It Project and for mental health supports for young people in the area (Chapter 5).

Research Methods

- This review was conducted using a mixed-methods qualitative approach. The Mind-It Steering Group guided the research process and the DCN Children and Young People's Services Committee Coordinator (DCN CYPSC) liaised with the independent researchers.
- **Secondary research carried out for this review included:**
 - Review of literature on youth mental health needs and policies;
 - Analysis of data, records and documentation received from Sphere17 Regional Youth Services, the Clinical Oversight Coordinator and the Mind-It Project Steering Group
 - Analysis of the young people's responses to a self-assessment tool called 'Distance Travelled tool' tracking their own changes over time.
- **Primary research carried out included:**
 - A semi-structured online survey (see appendix) completed by 11 professionals who referred young people to the Mind-It project, as well as school representatives;
 - Six 1-1 interviews with professionals who referred young people to the project;
 - Five 1-1 interviews with members of the Mind-It Project Steering Group/key stakeholders;
 - A focus group with counsellors who delivered counselling sessions with young people on behalf of the Mind-It Project (n=6).

Ethical Considerations

- All participants in the review were informed of the purpose of the research, that their participation was entirely voluntary and were assured of anonymity.
- After careful consideration, it was decided not to conduct direct research with young people who had availed of the service or their parents due to the sensitive nature of the service, the importance of protecting privacy, and prevention of any harm that may result.
- Young people's perspectives were still included in the review however, as the researchers were able to include the views of the young people who received counselling on changes they felt they had experienced as a result of their participation in the Mind-It Project. This was done through an analysis of a 'distance travelled' self-assessment tool that some of the young people and their counsellors completed both at the beginning and end of their engagement with the service (see Chapter 4).

About the Mind-It Pilot Project

- The aim of the Mind-It Pilot Project was to increase the availability and accessibility of community-based; early-intervention counselling for young people aged 12 - 21 in the Dublin 5, 7, 13 and 17 areas.
- The project was established in response to an identified need for more accessible, preventative mental health supports for young people in the region, in the context of long waiting lists and high thresholds for access to existing mental health services (see Chapter 2).
- The project was funded through the Community Mental Health Fund supported by the Department of Health and was run through an inter-agency collaboration between statutory and non-statutory agencies: Dublin City North Children and Young People's Services Committee (DCN CYPSC) and the HSE Connecting for Life/Mental Health Service, and two youth organisations: Sphere17 Regional Youth Service and Cabra for Youth CLG.
- Key stakeholders in the Mind-It Project included: 1) an inter-agency Steering Group (made up of the four organisations above) which was responsible for strategy and management of the project; 2) an Action-Coordinator (Sphere17) which was responsible for implementation in cooperation with Steering Group members; 3) qualified, accredited counsellors who provided the service to young people on a self-employed basis; 4) an external Clinical Oversight Consultant whose role was to set up and maintain clinical governance best practices; 5) a part time 'Referral Administrator' who processed referrals via a free phone service that was manned weekdays from 4-6pm.
- The Mind-It Project was set up based on some of the learnings and existing infrastructure of the Listen youth counselling project that is located within Sphere17, such as having the use of an existing free phone service and a CRM database. Mind-It covered some of the areas covered by Listen in addition to areas that were not covered by the Listen project – e.g. Cabra.
- The Mind-It Project offered young people in the DCN area up to 9 sessions of free counselling. The focus of the counselling was to provide young people with a safe, confidential space to talk about issues of concern, reflect on their experiences and articulate their feelings. It also helped them to identify their own solutions to challenges, set goals and make changes, recognise their own strengths, and develop resilience and coping skills.
- Between June 2020 and December 2021 85 young people were provided with 482 counselling sessions through the Mind-It Project.
- The project was delivered in both the community (local youth services and online/phone) and later in school settings. Sixty-four (64) young people accessed the counselling in community settings and 21 accessed it within their own school.
- In the community there was an open referral system through a free phone service, while in schools' young people were referred internally, with parental consent, by school management/teachers/well-being teams.

Findings & Conclusions of the Review

Need for mental health services for young people

- There is a clear need for local early-intervention, preventative mental health supports for young people in the DCN region. This review and previous research in the region has shown that prior to the Mind-It Project there was limited affordable, accessible and preventative mental health supports for young people who are not yet at a crisis stage in this area.
- This was variously due to a lack of capacity in existing services, cost, waiting times and high-thresholds, location/travel time and stigma. The Listen Project and some other youth service supports were available, but didn't cover all areas. For example, Cabra was noted as being an area of significant need which had no free youth counselling service available.

Outcomes from the Mind-It Project

- This research has found that the Mind-It Project successfully met its objective of providing accessible, early intervention youth counselling supports for young people in parts of DCN during the time it operated.
- The project was found to have increased the availability of youth counselling supports in the region while it operated, and was effective in supporting the mental health needs of young people who engaged with the service.
- Those who referred young people to the Mind-It Project in both schools and community settings described the positive impact that it had on the young people and how valuable it was to have a free counselling service in the locality where young people are on a day-to-day basis. They praised its accessibility in terms of location, low waiting times, low (no) cost, easy referrals process and that it was youth friendly.
- From the point of view of young people themselves, the project was also successful. About half of the young people who received counselling completed a self-assessment worksheet called the 'Distance Travelled Tool' at both the beginning and end of their counselling programme.
 - Analysis of this 'Distance Travelled' tool shows that young people made substantial improvements in various areas of their lives (such as family, friends, feelings about myself, feelings about the future) from the beginning to the end of the programme.
 - On average, they rated themselves as 40% higher in various areas of their life by the end of the counselling compared to the beginning.
- Across the school settings the project was particularly effective and demand for the service exceeded availability. School representatives found it very beneficial and accessible to have the counselling available within the school setting as it was easy to access without the need for transport, was discreet, and provided young people with a safe space to deal with challenges or trauma and prevent worse outcomes longer term. Outcomes for young people who had engaged in the service according to referrers, included: better behaviour in class, increased school attendance and engagement, and improvement in social skills among others.
- Having Mind-it sessions available through youth organisations in the community provided young people with a safe, familiar place outside of school to get support, and was particularly valuable for those not in training, education or employment. According to referrers, outcomes for young people within the community settings included better anger-management, coping skills and resilience, better ability to deal with anxiety and stress and more confidence.
- In addition, both teachers and youth workers reported that Mind-It provided a welcome support to them when they often didn't have the time, capacity or specialised training/skills to support young people in difficulty themselves.

Structure and Management

- The inter-agency structure of the Mind-It Project and its Steering Group brought a variety of perspectives, experience and expertise which benefitted the pilot. The Steering Group was solution-focussed and agile in the way it responded to challenges that arose and made changes when required.
- While the project was successful overall, some challenges emerged in relation to implementation. These included:
 - The substantial difficulties that Covid-19 lockdowns presented in starting up a new community-based face to face 1:1 support service;
 - Challenges with recruitment and retention of counsellors, in part due to low rates of pay and inconsistent hours at times;
 - In the absence of a dedicated worker to coordinate the project and manage operations, the workload for some Steering Group members and the Clinical Oversight Consultant exceeded available resources in the context of their other work commitments at times, and caused a lack of clarity on roles and responsibilities for some members.
- Comprehensive governance practices and clinical policies and procedures were put in place for the pilot project by the Clinical Oversight Consultant with input from the Steering Group, as well as clinical support for counsellors such as CPD and external supervision. This focus on quality and good practice benefitted the service, particularly as it was targeting a vulnerable cohort. However, it also brought additional work for counsellors and key stakeholders.
- The management and coordination of the project benefitted in many ways from fact that it was set up using existing systems from the Listen project, such as access a free phone service and an existing customer relationship database, however there were some challenges with separating the data from Mind-It and Listen Projects afterwards.

Recommendations

Need for these services

- Ongoing, accessible (free/low cost and local) early-intervention mental health support services are needed across the DCN region.
- This review recommends that the Mind-It Project be continued beyond its pilot phase, or that a similar one is set up, and that this be funded appropriately to ensure sufficient staff and other resources are in place to manage and scale it effectively.
- Services should be funded by organisations responsible for young people's mental health regionally or nationally. Additional funding could potentially be sought from philanthropic sources.
- A research/mapping exercise should be completed before the establishment of any long-term services in order to further identify areas of particular need and avoid duplication of services.
- The design, roll-out and evaluation of any such project should also be shaped by young people, as they are the recipients of the service and would have unique insights to share.

Model in Practice

- The inter-agency structure and collaborative approach of the Mind-It Project should be continued in a future roll out. The project could be set up/managed by statutory organisations with responsibility for young people's mental health and/or community organisations in conjunction with organisations working on the ground with young people such as schools, youth groups and community groups.

- As was the case with the Mind-It Project, future mental health supports in the region and beyond should:
 - Be accessible for young people and their families, in terms of cost (free ideally), delivery location, waiting times and ease of referrals and access;
 - Be run in both community and school settings;
 - Provide easy access to the service through a free phone referral service;
 - Be delivered by qualified, accredited counsellors who are focused on early-intervention and prevention;
 - Be monitored on an ongoing basis and then evaluated after a period of time to assess how effective the project has been.

Management & coordination

- If Mind-It or a similar project is rolled out in future (and particularly if other areas are included in its reach), sufficient resources for co-ordination should be put in place. Ideally a dedicated Coordinator or Project Manager should be employed to manage the operations and implementation of the project in cooperation with the Steering Group and clinical governance consultant.
- The retention of counsellors and availability and accessibility of counselling sessions within community settings and schools could be improved where necessary by increasing counsellors hourly fees to closer to the market rate, providing some guaranteed hours to counsellors and/or agreeing blocks of sessions in advance, either with a larger panel of self-employed counsellors or by employing some counsellors on a part-time basis.

Governance

- The extensive work to put in place governance practices, external clinical oversight and external supervision for counsellors was valuable and added to the quality and safety of this service for young people. If the project is rolled out again in future, it should maintain its focus on quality and governance practices and build on existing work in this area.

Chapter 1

Introduction

This chapter gives an overview of the context of Mind-It, including description of the research, methodology and structure of the report.



1.1 Overview

According to Article 24 of the UN Convention on the Rights of the Child every child has the right to high quality healthcare in regards to mental and physical health well-being. ESRI (2021), through the Growing Up in Ireland study has highlighted how the wellbeing of both children and young people influences their mental health wellbeing as adults. It is widely recognised that mental health challenges in children and young people should be appropriately supported as left untreated it can have long term implications in adulthood (Rutter, 1995, Fraser et al 2007). Radez et al (2020) detail how mental health supports for young people should be freely available and accessible. The rationale for this is to breakdown the many barriers, such as financial strain and social stigmas, that stop young people from accessing such services when they need them.

Children and Young People's Services Committees (CYPSC) are key inter-agency structures established by Government in every county in Ireland with the aim of improving outcomes for young people aged 0 - 24 by planning and coordinating services at a local level. CYPSCs provide a structure and a collaborative environment for both statutory and non-statutory agencies to work together to identify and act on emerging needs, under *Better Outcomes, Brighter Futures* overarching outcomes such as mental health and wellbeing, youth participation, safe from harm etc. CYPSC's are therefore well placed to promote and support interagency initiatives aimed at improving outcomes for young people within the community.

The Mind-It pilot project was a youth counselling initiative, run through an interagency collaboration between statutory and non-statutory agencies. This was made up of Dublin City North Children and Young People's Services Committee (DCN CYPSC) and the HSE Connecting for Life/Mental Health Service, as well as two youth organisations: Sphere17 Regional Youth Service (Action Co-ordinator for the initiative) and Cabra for Youth CLG.

The aim of the Mind-It Project was to increase the availability and accessibility of community-based mental health supports for young people in the Dublin City North area. The project was established in response to an identified need for more accessible, early-intervention and preventative mental health supports in the region, in the context of long waiting lists and high thresholds for access to existing mental health services.

The project was initially set up as a pilot in June 2020 and was funded through a grant from the Community Mental Health Fund supported by the Department of Health. The project aimed to provide up to 9 free counselling sessions with qualified counsellors for up to 200 young people aged between 12 and 21 years of age in the Dublin 5, 7, 13 and 17 areas. There are approximately 37,000 children and young people in these areas, which is 40% of the population of children and young people in the DCN CYPSC area. Some of these areas have high levels of deprivation (-22 in some Small Areas) and high numbers of vulnerable children and young people (Source: Pobal HP Deprivation Index, 2017)

A key focus of the Mind-It Project was to provide early-intervention mental health support by providing young people with a safe space to talk about issues of concern to them, to reflect on their experiences, articulate their feelings, recognise their own strengths, and depending on their situation, set goals, make some changes and develop new coping skills.

1.2 Research aims and objectives

The purpose of this review was to record, review and evaluate the work and services carried out by the Mind-It-project and its stakeholders for the period: June 2020 to December 2021. It is envisaged that the results of this review will be used to inform the future funding, design and delivery of sustainable youth counselling in the Dublin City North area.

The objectives of the research were to:

- Review relevant youth mental health policy and supports
- Document the model of practice of the Mind-It Project and its outputs for the research period.
- Gather data on and assess the effectiveness, accessibility and availability of the Mind-It pilot project for the research period.
- Provide recommendations for the future of mental health supports for young people in the area and for the Mind-It Project itself.

The following were some of the questions that informed the research:

- What were the outcomes for young people who used the service in the opinion of professionals who referred young people to the service?
- Did the project meet its goal of increasing the accessibility and availability of mental health services in the area?
- How could the project and/or the model of practice be developed if rolled out after the pilot phase?

1.3 Structure of the report

This report is divided into five chapters:

- Chapter 1 provides an introduction and outlines the methodology of the research.
- Chapter 2 is a review of relevant policy and literature on the mental health needs of young people and support in community and school settings.
- Chapter 3 utilises data collected through the primary and secondary desk research to explore and describe the Mind-It model of practice and the outputs from the pilot project.
- Chapter 4 examines and evaluates key areas of the service based on the findings from the primary research which included: an online survey and one-to-one interviews with professionals who referred young people to the service including youth workers and school representatives; one-to-one interviews with steering group members and the Clinical Oversight Consultant; and a focus group with counsellors.
- Chapter 5 sets out conclusions from the review and recommendations for the future.

1.4 Methodology

This review was conducted using a mixed-methods qualitative approach. A research advisory committee was made up of key stakeholders from the steering group and the Co-ordinator of DCN CYPSC was the main contact point for the researchers. The following primary and secondary qualitative and quantitative research was carried out for this review:

Desk based research:

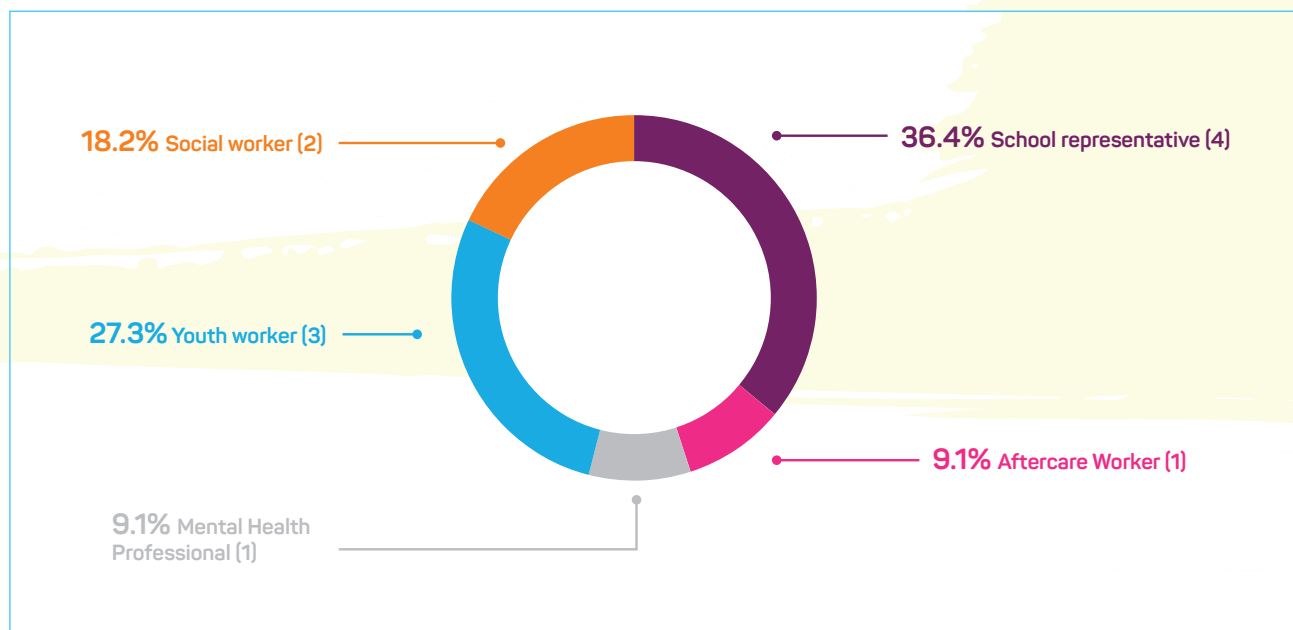
1. A review of the literature on youth mental health needs and policies relating to young people and mental health support.
2. A review of Mind-it project documentation including: funding application, Steering Group Terms of Reference and meeting minutes, Clinical Oversight Consultant's report, Counsellor Induction Pack, Mind-It Project promotional materials etc.

3. An analysis of data from the 'Distance Travelled' tool, which was a youth-friendly worksheet that young people and their counsellor completed at the beginning and end of their sessions to self-assess and identify any developments or changes over time as a result of the counselling.
4. An analysis of data from Sphere 17 Youth Services' database on service users, specifically:
 - Number of sessions carried out
 - A profile of young people that attended the sessions

Primary research:

1. Survey:

A semi-structured questionnaire was completed by 11 professionals that referred young people to the Mind-It Project including youth workers and school representatives ('referrers'). This was carried out via an online survey platform and made available for a three-week period. The aim was to gather respondents' views on the impact of the Mind-It Project on young people who availed of counselling sessions, the effectiveness of the Mind-It Project, and its impact on the availability of youth counselling in the region. The majority of survey respondents were school representatives followed by youth workers or social workers (Graph 1.1).



Graph 1.1 Survey respondents by type

2. One-one Interviews:

Eleven in-depth semi-structured interviews were carried out over a four-week period with stakeholders representing 10 organisations via an online meeting platform. This included steering group members and 'referrers', i.e. school representatives and others who referred young people to the project. The interviews resulted in over eight hours of recordings, which were transcribed and coded in detail to identify recurring themes. Table 1.1 shows participants' organisations and roles.

Organisation	Number of Interviews
Steering Committee	
Dublin City North CYPSC	1
Sphere 17	1
HSE Mental Health Services	1
Cabra for Youth	1
Clinical Oversight Supervisor	1
Referrers (youth workers)	
Cabra for Youth	1
School Completion Project	1
Kilmore West Youth Project	1
School Representatives (incl Principals)	
Colaiste Dhulaigh, Darndale	1
Ard Scoil De La Salle	1
Cabra Community College	1

Table 1.1 Interview participants

3. Focus Group:

An hour-long focus group with the four counsellors involved with the Mind-It Project was also carried out. The focus group was facilitated via an online meeting platform and was also transcribed and coded afterwards to identify recurring themes.

Both the interviews and the focus group were guided by the following themes and questions:

- **Mind-It Project in practice:**
 - How the project worked and how it was to be involved
 - Benefits and challenges of the project from their/their organisation's point of view
- **Impact of the project:**
 - The need for the project/availability of services beforehand
 - Impact of the project in terms of accessibility/availability of services and on young people they work with (where known)
- **Looking to the future:**
 - Learnings for the future? What could be improved?
 - Any suggestions/ recommendations for the project if it were to continue after the pilot phase?

1.5 Ethical Considerations

All participants of the focus groups, interviews and surveys were assured of anonymity. All participants were informed of the purpose of the review and the fact that it was being conducted by independent researchers, and acknowledged that their participation was entirely voluntary and they could step away from the process at any time.

1.6 Limitations of the Review

A higher response rate to the survey was desirable to capture a more comprehensive opinion of all of those that had referred into the service. However, the researchers were satisfied with the distribution of responses in the research overall, when considering the roles of people involved, including steering group members, referrers to the service and school representatives.

Youth participation is of central importance to all organisations that were involved in the Mind-It Project and it was originally hoped that young people's views would be included in this review process. After careful consideration by the research advisory group, it was decided not to conduct direct research (interviews or survey) with young people who had availed of the service or their parents. This decision was made due to the sensitive nature of the Mind-It Project, the importance of protecting the privacy of the young people who were involved, and to prevent anyone from being harmed or triggered in any way by asking them about their involvement in such a personal service.

While the direct experience and views of young people on the Mind-It Project were not available for this review as a result of this decision, the researchers were able to include the young people's own views on changes they themselves experienced as a result of their participation in the Mind-It Project. This information was sourced from an analysis of a 'distance travelled' self-assessment tool that some of the young people and their counsellors completed both at the beginning and end of their engagement with the service. In addition to this, the views of the counsellors in the project and professionals from both the community and schools who referred young people to the service were also sought and analysed for the purposes of assessing the impact of the service on the young people involved.

Chapter 2



Policy Context

This chapter provides a review of relevant policy and literature on the mental health needs of young people and support in community and school settings. It looks at research carried out on young people's mental health in Ireland, service provision, and how local and national policy has placed importance on the availability of accessible mental health support at a local level for young people.



2.1 What is the extent of mental health issues among young people in Ireland?

The extent of mental health issues among young people in Ireland has been well documented (Cleary et al 2007). Many factors and challenges affect young people's mental health, including in recent times, the impact of a rise in the use of social media and the effect it has on depression and anxiety in young people (Coynes 2019). There is also growing pressure on students in post-primary education settings (Pascoe et al 2019). According to Jigsaw (2019) a young person's mental health and wellbeing stressors reach their highest in late teens as there is a reduction in protective factors such as self-esteem and positive coping strategies.

Cannon et al (2013) highlight how 'stressful life events' amongst other factors such as sexual orientation and family functioning are significant risk factors associated with mental health challenges among young people. Health and safety restrictions put in place as a result of the Covid-19 pandemic can be viewed as a 'stressful life event' amongst most of the population, particularly young people.

Recent research has been carried out on the detrimental impact of restrictions put in place due to the Covid-19 pandemic on young people. Life in Lockdown (Roe 2020), a study funded by Dublin City North and South CYPSC, found that the periods of lockdown had a harmful impact on most young people. Young people reported being worried about their learning as well as extensive social media use while feeling sad and lonely. Research released in 2022, funded by the Office of the Ombudsman for Children (2022), also showed how young people were negatively impacted during the Covid-19 pandemic by missing out on significant events in their lives and losing contact with friends.

2.2 What is the long-term impact of not addressing mental health problems at a young age?

It is recognised (Yoshikawa 2012, Feinstein 2004, Evans 2013) that there can be long-term negative impacts if mental health problems among young people are not addressed. Studies have highlighted how young people with untreated mental health problems are more likely to live in deprived areas, have less access to resources, and be exposed to more risk factors such as violence, family turmoil or substandard housing.

Cannon et al (2013) recommend prevention and early intervention as well as accessible school age support. The establishment of prevention and early intervention programmes for young people has been linked with reducing mental ill-health among adults as well as impacting on the overall wellbeing of young people.

2.3 Current availability of mental health services

The DCN CYPSC 2018 - 2020 Plan identified the need for more accessible early intervention mental health supports in Dublin City North, and planned to, 'continue to advocate for needed mental health and wellbeing services and develop a community based, accessible support service for children/young people'. In addition, the Fingal CYPSC Plan (2019-2021), highlighted that there are not enough accessible youth counselling services in the region.

Statutory and Voluntary Services

The HSE website (2022) outlines a number of youth mental health supports. These include:

- ChildLine – a free listening service
- Jigsaw – an early intervention service for young people with regional offices
- BeLonGTo – a support service for the LGBTI+ community in Ireland
- Reachout – an information portal

- SpunOut.ie – an information portal
- My Mind.org - Online and face to face counselling. Some free/low-cost counselling available to adults however counselling for young people and adolescents is full cost
- Child and Adolescent Mental Health Services (CAMHS) - a HSE based service to treat children with moderate to severe mental health concerns. Access to referrals is by referral from a General Practitioner.

The services outlined by the HSE include online information portals and a listening service as well as referral to multi-disciplinary teams designed to treat children and young people in crisis or with high/severe needs. Apart from Jigsaw there are limited free services offering preventative or early intervention programmes or services for children and young people at a national level. Some counselling services can be accessed at a local or regional level around the country through youth and other community-based services however this is ad hoc and depends on local service provision and funding availability.

There are increasing barriers to young people accessing professional support through the State (Salaheddin et al 2016, Valesco et al 2020). This can be due to a lack of availability of suitable supports, cost, embarrassment or stigma, or young people's needs not being serious enough to meet the thresholds for eligibility and access. This can lead to negative long-term impacts and highlights a need for alternative services to be made available to young people (King et al 2019). Alternatives to statutory mental health supports include in-school mental health supports and community-based counselling services.

Community-based Services

The positive impact of early intervention, preventative youth counselling has been well recognised, particularly in a community-based service (Lalor et al 2005). Community based services are seen as more accessible and less threatening for young people when compared with statutory services. Guiding principles (Hughes 2017, Salt et al 2018) that should be central to the development of community based and accessible mental health supports for young people include:

- Accessibility;
- Young people should be consulted with;
- Young people should feel safe; and
- The care must be person focused and community based with clear referral pathways when required.

The National Youth Council of Ireland has a Youth Mental Health Signposting tool that provides information on youth mental health supports and services around Ireland. It is available at: <https://www.youth.ie/programmes/youth-health/youth-mental-health-signposting-tool>

Some examples of community-based accessible and free or low-cost youth counselling services in Ireland include:

KYSS - Kinsale Youth Support Services in County Cork (www.kyss.ie)

- Established in 2010, KYSS is a registered charity that was set up by representatives from the local community to respond to the needs of young people and promote positive mental health in the region.
- KYSS is run by a voluntary board and inter-agency management committee made up of a variety of relevant stakeholders including medical professionals, Gardaí, JLO, teachers, mediators, youth workers, other community and voluntary sector representatives, statutory representatives and local business people. Up until 2020, KYSS had one part time youth worker funded by the HSE and now it has three part time staff (youth and family workers funded through grants from the HSE and Tusla).

- The organisation provides a free and accessible drop-in information and support service to young people and their family members in the region, operating in the evenings as well as the day time and they also do school talks and other outreach in the community. KYSS also runs a low-cost counselling service in collaboration with a large panel of over 30 qualified private counsellors who work in the region on a self-employed basis and accept referrals from KYSS. KYSS subsidises half or more of the counsellor's regular fee so clients pay half or less (to a minimum of €10 per session). As counsellors are paid their regular fee in most cases, they are able to commit to KYSS when required, and KYSS can choose to work only with qualified and accredited counsellors. In cases of particular financial hardship, KYSS may pay the full fee and/or counsellors sometimes charge a low-cost fee themselves.

No 4 Youth Service, Galway (www.no4.ie)

- Established in 1980 (formerly Galway Diocesan Youth Services), No 4 Youth Service is a charity that supports young people in Galway who are going through challenging times or at risk. No 4 Youth Service provides a range of services including youth work, homelessness prevention, career guidance, tuition and counselling. Counselling services are provided to young people on a minimum donation basis of €5 per session.
- No 4 Youth Service is governed by a voluntary Board of Directors and is funded by the Department of Children and Youth Affairs and by some grants from the HSE West and Tusla Child & Family Agency.

The National Youth Mental Health Task Force Report (2017) recognises that significant steps in the provision of youth counselling have been taken at a local level, however there is little consistency in the provision of these services. The report recommends that local governments should work with local agencies and services to provide accessible spaces where young people can access mental health support in the community.

Schools-based Services

In jurisdictions such as Northern Ireland, Wales and Scotland, there is recognition of the relationship between a young person's emotional health and their development and learning. The UK's Children & Young People's Mental Health Coalition (2015) has established a set of Principles to inform a 'whole school or college approach' to mental health support as it plays a key role in 'protect(ing) and promot(ing) mental health well-being' among young people. The principles include:

- Social and emotional learning to be included within the syllabus
- Students to be empowered to make decisions
- Staff development
- Identifying needs and monitoring the impacts of interventions
- Working with parents and carers
- Targeted supports when needed and a transparent referral system
- A diverse environment

According to the Scottish Government (2020), when establishing counselling services in a school environment it is critical that:

- Counselling services should be affiliated with local policies and procedures;
- Counselling should be undertaken by counselling professionals and in accordance with a strict code of ethics;
- Not all children or young people will be suitable or find the counselling appropriate for their needs. Consultations should be carried out with a parent or guardian to determine if this is the appropriate service for the child or young person;
- Supervision should be provided to all counsellors and educational authorities;
- Spaces where the counselling service is carried out should be appropriate; and
- Counselling services should be linked with a wider community.

An evaluation (Hill et al 2011) carried out on school-based counselling services in Wales showed that there was a significant reduction in mental health issues among young people in the areas where the school counselling was put in place. The report called for the establishment of consistent funding to ensure that counselling services were embedded within schools throughout Wales. In addition, Dooley Judge (2017), who conducted extensive research on the provision of counselling services in primary schools, found that when accessing counselling services in school, children returned to the class 'calmer, more confident and better able to engage with learning' (2017;1).

2.4 What are the positive outcomes?

It has been recognised that school based mental health supports are effective (Sanchez 2017). The provision of mental health support in educational settings has been found to significantly support children and young people in accessing supports when they require it. Teachers and other educational support roles found in school settings have on-going relationships with young people which play an effective role in being able to identify young people who may require additional mental health support.

Community-based counselling services play a significant part in breaking down systematic barriers that impact young people accessing counselling services. According to Settapani et al (2019) community-based mental health services have been proven to be more accessible to young people, particularly as having a community base makes mental health services less disjointed from other day to day services that young people are familiar with.

2.5 What does current policy say we should be doing?

In 2013, the Psychiatric Epidemiology Research across the Lifespan (PERL) Group within the Royal College of Surgeons highlighted the need for progressive early intervention and prevention initiatives in the field of youth mental health. Among other things, they called for the development of school-based interventions that promote and support help-seeking skills among young people. They highlighted the importance of ensuring that, 'when young people do seek help, quality, youth-friendly mental health services and supports will be available and accessible to them' (Cannon et al 2013;37).

The National Youth Mental Health Task Force Report (2017) stresses the vital role that schools have to play in promoting mental health awareness and providing information on referral pathways for young people in need. Saint Patrick's Mental Health Services and the National Parents Council (2022) called for the addition of schools-based mental health supports in light of the challenging period of the Covid-19 pandemic. The Suicide Prevention Action Plan (Connecting for Life Dublin North City and County) published by the HSE Community Healthcare Organisation (2018-2020) also identified the need for the incorporation of 'suicide prevention into the delivery of the range of youth services'. When combined, all of these reports support a model of both community and school-based prevention and early intervention supports.

2.6 Conclusion

Studies have shown that young people are experiencing a variety of mental health challenges in Ireland and if left untreated, young people are far more exposed to risk factors in adulthood. Currently there are statutory mental health services and supports available to young people through the HSE. However, these are not accessible to all young people as they may not be available in their locality, may have long waiting lists, or may not be accessible due to high thresholds of need before a person is eligible to access the service.

Alternatives to statutory health services include community-based counselling and providing mental health supports within educational settings. These models have been shown to have positive outcomes for young people and have been called for by a variety of expert bodies both in Ireland and abroad.



Chapter 3



The Mind-It Model of Practice

This chapter describes the Mind-It Project's origins and model of practice and provides a summary of the outputs from the Mind-It pilot in terms of service users, including their gender and location. The Model of Practice is explored under the following headings:

- Origins of and rationale for project
- Establishment of project
- Structure and management
- Governance
- Counsellors
- Service delivery and referrals processes
- Overview of model of practice



3.1 Origins of & Rationale for Project

The Mind-It Project was established in 2020 through an inter-agency collaboration of statutory and non-statutory organisations under the aegis of DCN CYPSC. The pilot project was established in direct response to an identified need for more accessible, community-based mental health supports for young people in the Dublin City North region and more statutory and community co-operation in the delivery of these supports.

A number of research reports in recent years had highlighted the lack of accessible, early intervention mental health and wellbeing supports for young people in the region; the inaccessibility of existing services due to long waiting lists and high thresholds; and the need for more inter-agency collaboration and mental health supports in schools.

These reports are summarised below:

1. In 2016 DCN CYPSC carried out a mapping of services as well as a community consultation with over 300 services providers and members of the public (including young people and parents). The research identified that Cabra was the area where there was the lowest availability of mental health and wellbeing services and it also identified the following issues:

Extract from DCN CYPSC Community Consultation & Services Mapping

- *There is a need for better interagency communication on mental health and wellbeing*
- *There are insufficient mental health and wellbeing services for children and young people*
- *There is insufficient local mental health and wellbeing service provision*
- *There is a need for increased parental support in relation to children and young people's mental health and wellbeing*
- *There is a need for more outreach by mental health and wellbeing services*
- *There is a need for further early intervention for mental health and wellbeing*
- *There are concerns regarding dual diagnosis*
- *Waiting lists are too long*
- *(There is a) need to improve health services in schools¹*

2. In 2018 a consultation with 140 service providers, 185 members of public as well as specific interest groups and medical professionals in the Dublin North City and County was undertaken to inform the 'Connecting for Life' suicide prevention action plan for the region. It identified a lack of accessible counselling support for young people in the region due to the high thresholds and long waiting lists for free statutory services as well as the cost of private services.

¹Dublin City North Community Consultation & Services Mapping (2017), pg. 6

Extracts from Connecting for Life Consultation for Dublin North City & County

*"...due to waiting lists, severe cases of mental illness often have to be prioritised, which means those with moderate needs get little support until they get worse. Community and voluntary services try to fill this gap, but the sustainability and consistency of this model was questioned."*²

~

*"The value of providing support in local communities was highlighted by many consultation respondents... there were calls for more capacity building, oversight, guidance and support for local community and voluntary services to ensure governance and quality for those in need. Some respondents questioned the sustainability of relying on local community services ... in the absence of an adequate statutory response."*³

~

*"(Regarding) where to target efforts for priority groups; schools were an overwhelming feature of responses."*⁴

~

*"There was strong support for interagency working, specifically recommendations that services work together to strengthen referral pathways... This was strongly reflected by the education sector who reported tangible benefit of interagency working."*⁵

3. In 2020, Dublin City North and Dublin City South CYPSC asked 218 young people about their life during the Covid-19 pandemic. Key findings in relation to mental health included the following:

Extracts from Life in Lockdown 2020, Consultation with Young People

- 91.2% of young people reported feeling sad some or most of the time since Covid-19.
- 72.7% of young people reported feeling nervous or lonely some or most of the time.
- Girls were more likely to request counselling in schools than boys.
- The most commonly identified mental health and well-being supports and services young people need at the moment are:
 - counselling in schools (60%)
 - face-to face counselling (50%)
 - workshops on mental health in schools and youth services (49.5%)
 - Online information on mental health and wellbeing (45%)
 - Online counselling (33.5%)⁶

²Connecting For Life Dublin North City and County Consultation Report (2018), pg. 8

³Connecting For Life Dublin North City and County Consultation Report (2018), pg. 5

⁴Connecting For Life Dublin North City and County Consultation Report (2018), pg. 7

⁵Connecting For Life Dublin North City and County Consultation Report (2018), pg. 6

⁶Life in Lockdown 2020, Consultation with young people (12-17 years) in Dublin city on impact of Covid-19, pg. 18

DCN CYPSC's 2018 - 2020 Children and Young People's plan highlighted that despite 60 mental health and wellbeing services for 0-24-year-olds being identified, 'provision for children and young people are inhibited by long waiting lists for assessment/treatment; lack of awareness of appropriate referral pathways; and lack of localised, community based early intervention/prevention services'⁷.

Priorities that were identified in the plan included:

- Increased community and localised service provision in pockets where access is lacking.
- Increased parental support in relation to children and young people's mental health and wellbeing
- Increased clarity on referral pathways for children and young people's mental health services
- Increased early intervention services for mental health and wellbeing
- Increase dual diagnosis services for under 18s.

In response to these key priorities, one of the key actions that DCN CYPSC committed to implementing was, 'continu(ing) to advocate for needed mental health and wellbeing services and develop(ing) a community based, accessible support service for children/young people.'⁸

3.2 Establishment of Project

The Mental Health and Wellbeing Subgroup of DCN CYPSC was tasked with implementing this DCN CYPSC action within the mental health and well-being theme. In 2019 DCN CYPSC brought various service providers together and explored different existing models of community counselling that could provide learning for the development of an accessible youth counselling service in the region.

One youth organisation in the area, Sphere 17 Regional Youth Service, was already running a free youth counselling service called the 'Listen Project' for young people aged 12-21 years in the Dublin 17, 13 and 5 areas in collaboration with the Northside Partnership and the New Life Centre. The Listen Project focuses on well-being and early intervention and runs a free phone service which young people, parents or professionals can call to request counselling. The Listen Project offered some useful learning and existing systems; however its geographic remit did not cover some of the areas of high need which did not have access to free counselling at the time, including Cabra.

Based on these discussions and consultations it was decided to set up a pilot project that would be based on some of the learnings and existing infrastructure of the Listen project, but with a wider geographic remit and some additional aspects such as clinical governance oversight. Selected areas of high need were identified within the DCN catchment area (Dublin 5, 7, 13 and 17) and funding was secured for a pilot project through the Department of Health's Community Mental Health Fund (CMHF) grants scheme. The launch of the Mind-It Project was delayed due to the Covid-19 pandemic, starting up formally in June 2020 and the pilot phase ended in March 2022.

⁷Dublin City North CYPSC, Children & Young People's Plan 2018 - 2020, pg. 49

⁸Dublin City North CYPSC, Children & Young People's Plan 2018 - 2020, pg. 51

3.3 Structure and Management

Steering Group

An inter-agency Steering Group called the 'Dublin City North Youth Support Steering Group' was established in 2019 to oversee the development, implementation and evaluation of the Mind-It Project. The purpose of the Steering group was to ensure the success of the project's local implementation, based on the agreed targets, aims and objectives, in line with and subject to funding guidelines. The Steering Group was made up of representatives of both the community and statutory sector:

- Sphere 17 Regional Youth Services
- Cabra for Youth CLG
- The HSE's Connecting for Life/ Mental Health Services
- Dublin City North Children's and Young People's Services Committee

Staffing & implementation

The Steering Group was responsible for managing the project. This included strategy and problem solving, setting up systems, counsellor recruitment, policies and procedures, day-to-day management, liaison with Clinical Oversight Consultant, the Referral Administrator, counsellors and promotion of the project. Sphere 17 Regional Youth Service was named as Action Coordinator in the Steering group's Terms of Reference. This role was in partnership with Cabra for Youth CLG and supported by the Coordinator of DCN CYPSC and a representative of the HSE Connecting for Life/Mental Health Services.

A Referral Administrator (RA) already employed by Sphere 17 and taking referrals for the Listen Project was given the responsibility of taking Mind-It Project referrals through the existing free phone service on a part-time basis. For Mind-It, the Referrals Administrator gathered information on prospective clients from the referrer (professional or parent etc) and then emailed the counsellors to arrange an initial appointment time for the young person or parent in question. From this point onwards the counsellor took over communication with the young person, parental consent requirements and record keeping.

3.4 Governance

Clinical Oversight Consultant

In 2020 a Clinical Oversight consultant was appointed on a temporary basis to provide advice and ensure quality control in the area of clinical governance for the set up and development of the project.

The Clinical Oversight Consultant role was defined as being responsible for:

- Putting in place documented systems, processes and procedures, with the Steering Group, ahead of rolling out the counselling project.
- Facilitating quarterly meetings with the counsellor group to identify and reflect on practice and/or service issues.
- Facilitating one-to-one verbal supports/advice to counsellors in relation to individual issues that may arise.
- Generating service activity reports on the project.
- Providing written and verbal feedback to the Steering group on a quarterly basis.
- Verifying that the agreed quality controls are in place for counsellors.
- Liaising with the project's Action Coordinator about individual issues arising for counsellors.

In practice as the pilot project was rolled out, the Clinical Oversight Consultant also supported the project with more operational activities such as recruitment and management of the counsellors, liaison with the Action Coordinator and Referral Administrator, setting up training and CPD (for counsellors and monitoring counsellors' compliance e.g. accreditation and ongoing supervision).

At the start of the project, a variety of governance processes, documents and clinical policies and procedures were put in place by the Clinical Oversight Consultant in cooperation with the Steering group. These included:

- A Mind-It Project Counsellor Induction Pack (using the Listen project induction pack as a guide but with additional clinical guidelines and policies)
- A working online policy (due to impact of Covid-19)
- Updated IACP Code of Ethics notification (Parental Consent when working with under 18s)
- Roles and responsibilities of counsellors with regard to communication with young people
- Group supervision guidelines (including the supervisor limits to confidentiality)
- Counsellor Compliance Guidelines (including requirement to submit new documentation when renewing insurance or accreditation or changing supervisor)

3.5 Counsellors

As the Mind-It Project was an early-intervention, preventative service, the role of the counsellor was to provide a safe space for young people to talk and provide a supporting, holding and listening service that helps young people to cope with challenges, develop resilience through listening, psychoeducation and providing the young person with tools and support to come up with their own solutions. Counsellors also supported the young person with a referral to a more specialised service when required, such as self-harm and suicidal ideation, eating disorders, substance misuse and dependence, abuse or moderate to severe mental health issues.

Counsellors were engaged on a self-employed basis and there were some challenges with recruitment and retention of counsellors during the pilot phase of the project. Over the course of the pilot project eight counsellors were engaged with the Mind-It Project - three of these were already with the existing Listen project and five were recruited specifically for Mind-It. The counsellors worked on site in the community (in Sphere 17 and Cabra for Youth), as well as online or by phone, and later in four local secondary schools.

To become a member of the counselling team, counsellors had to be fully qualified, accredited by a professional body, hold professional indemnity insurance and engage in regular external supervision. They were paid according to the number of sessions they carried out. Rates were €30 per 1 hour initially and later €35 per session, payable through a quarterly invoice. They were requested to use 45 minutes for the session and 15 minutes for record keeping. According to the Counsellor Induction Pack, Mind-It Project counsellors were responsible for the following:

Responsibilities of Mind-It Project Counsellors

- Providing counselling to young people face to face, over the telephone, or online.
- Keeping confidential records and adhering to GDPR
- Building a relationship of trust and respect with young people
- Using counselling skills to listen to young peoples' concerns, empathise and help them to see things differently or more clearly
- Helping young people to develop coping tools
- Making appropriate referrals for young people who require more specialised supports
- Adhering to all obligations under Children First Guidelines in the Children First Act 2015.
- Adhering to Child Protection and Safeguarding policies of Cabra for Youth and Sphere 17
- Adhering to local Covid 19 protocol
- Attending Quarterly Team meetings with the Clinical Oversight Consultant
- Maintaining and updating accreditation membership annually
- Attending Supervision with a supervisor that is experienced in working with adolescents and submitting evidence of this
- Engaging in reflective practice through external group supervision on a quarterly basis with other members of the counselling panel (as set up by the clinical oversight)
- Maintaining strong professional boundaries at all times with young people, family members, and with other service users.

3.6 Service Delivery and Referrals Process

Community setting

The Mind-It Project initially provided young people with access to free mental health support sessions with qualified counsellors on an appointment basis, through community settings (i.e., youth organisations). Due to the Covid-19 pandemic counsellors also offered sessions with the young people via phone or video calls. When possible, the young person was able to state their preference in terms of location, however during the lockdown when in-person sessions were not possible all sessions were online or by phone.

Referrals process in community setting:

Referrals came to the community arm of the Mind-It Project through either self-referral from young people (with parental consent), from parents, or from relevant professionals (e.g. youth workers, medical professionals, home school liaison staff etc). The 'referrer' rang a free phone number which was promoted through local networks and was manned from 4 - 6 p.m. Monday to Friday. The Referral Administrator emailed counsellors to check who had availability and sessions were allocated based on counsellor availability and on the young person's preference in terms of location and date.

Schools setting

Due to the challenges of Covid-19 and initially low numbers of referrals within the community settings, a new schools-based service offering from the Mind-It Project was initiated in collaboration with four local secondary schools in early 2021. This was also put in place in response to the Life in Lockdown 2020 consultation report where young people identified a gap of counselling provision in schools. This provided access to free counselling for young people by an external, independent qualified counsellor within the school setting during term time from April 2021 - March 2022. The Steering group reached out to various schools in the area and the service was well received. The four schools that Mind-It Project counsellors operated in on a weekly basis were:

- Colaiste Dhulaigh, Darndale
- Ard Scoil La Salle, Raheny
- Cabra Community College, Cabra
- Mercy College, Coolock

Referrals process in school settings:

Counsellors attended the schools 1 day a week on pre-agreed days and the school arranged the young people's appointments internally. School management (including Principals, wellbeing team, guidance counsellors etc) identified students who needed the support on a case by case basis, and with parental permission they gave the young person a time slot for their session during school hours on the day that the counsellor was in the school.

3.7 Overview of Model of Practice

The following diagram provides a graphic overview of the structure of the Mind-It Project. Orange lines represent the referrals in to the free phone service and then the lines of communication with counsellors who then went to the community or the schools to deliver the service.

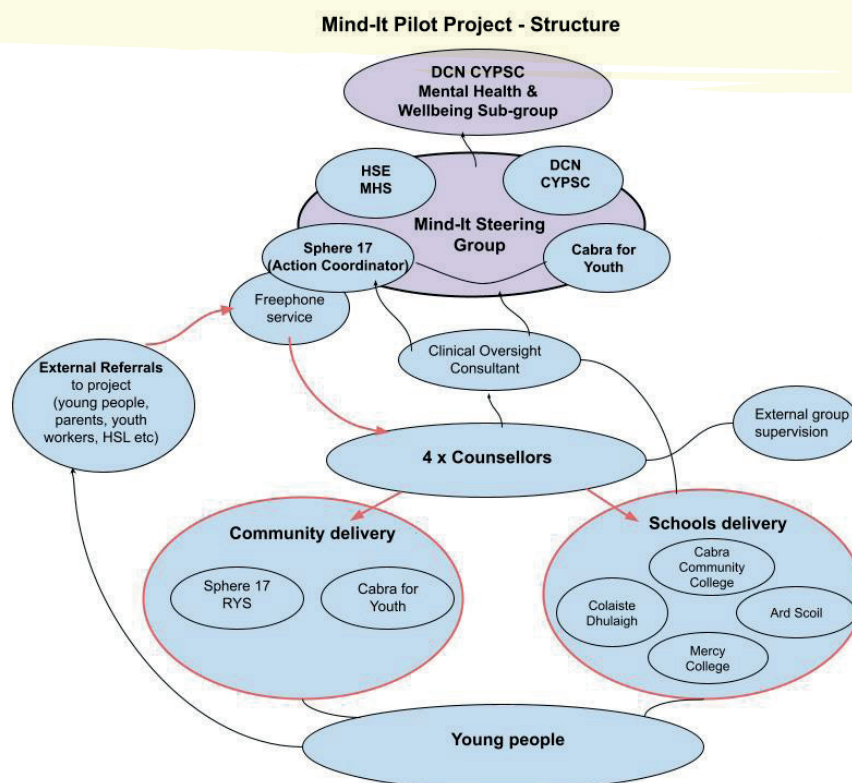


Diagram 3.1 Model of Practice – Mind-It Project

3.8 Outputs from the Mind-It Project

Numbers of service users in different settings

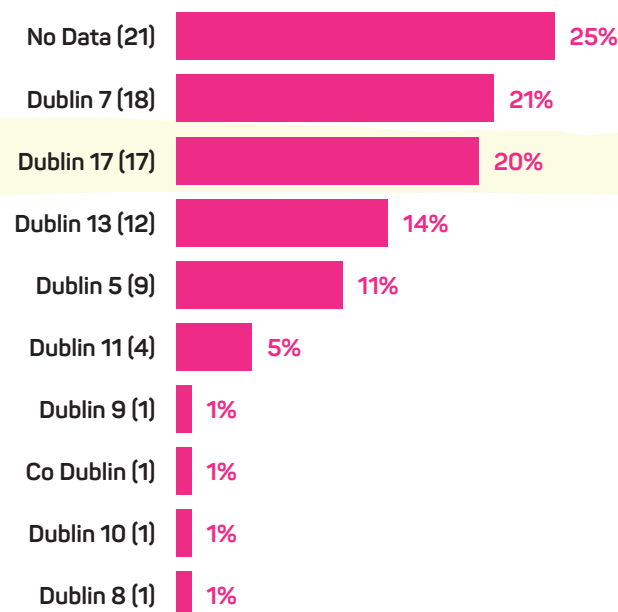
Between June 2020 and December 2021 (the research period) 85 young people accessed youth counselling through the Mind-It Project. Of these 85 young people, 64 accessed sessions in community settings (including online) and 21 young people accessed youth counselling through the schools-based sessions.

Type of counselling	Number of young people
community-based/online	64
Schools-based	21
Total	85

Table 3.1 Type of Counselling

Young people accessing the service

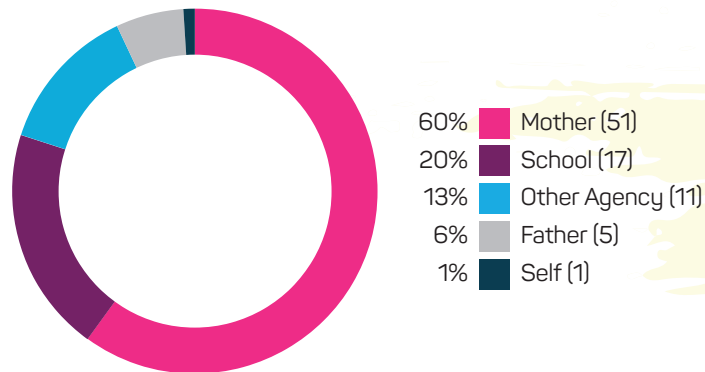
Of the total number of young people that accessed the Mind-It Project, 18 (21%) were from Priorswood and 17 (20%) were from Dublin 17. Twelve young people (or 14%) were from Dublin 13 and 9 (or 11%) were from the Dublin 5 area with the remainder from a mix of Dublin 11, 9, 10, 8 and Co. Dublin. Graph 3.1 below outlines the postcodes of the home addresses of young people that availed of counselling sessions from the Mind-It Project.



Graph 3.1 Postcode of home address of young people

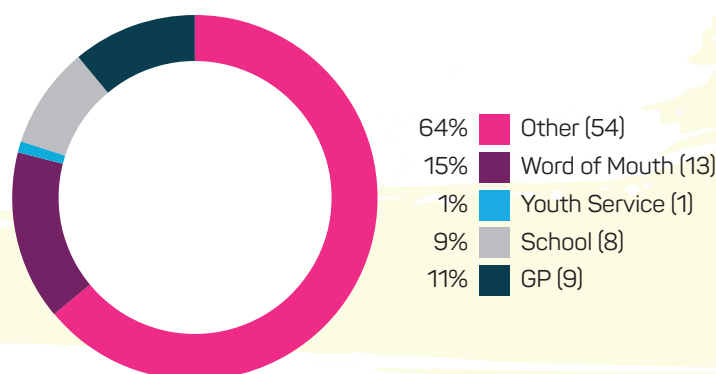
Source of referrals

Some basic data was recorded by the Mind-It Project in relation to the young people that accessed youth counselling sessions. As illustrated by graph 3.2 below, most young people (60%) were referred to the service by their mother and 20% by their school.



Graph 3.2 Source of referral

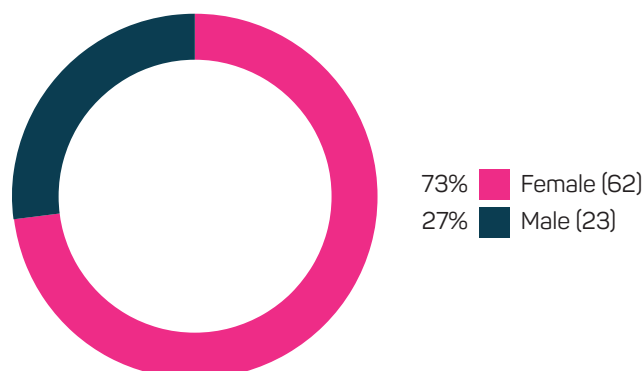
Fifteen percent of respondents found out about the Mind-It Project through word of mouth, and 11% through a GP (graph 3.3). The majority of people found out about the project in a variety of 'other' ways which were not defined.



Graph 3.3 Source of information on the project

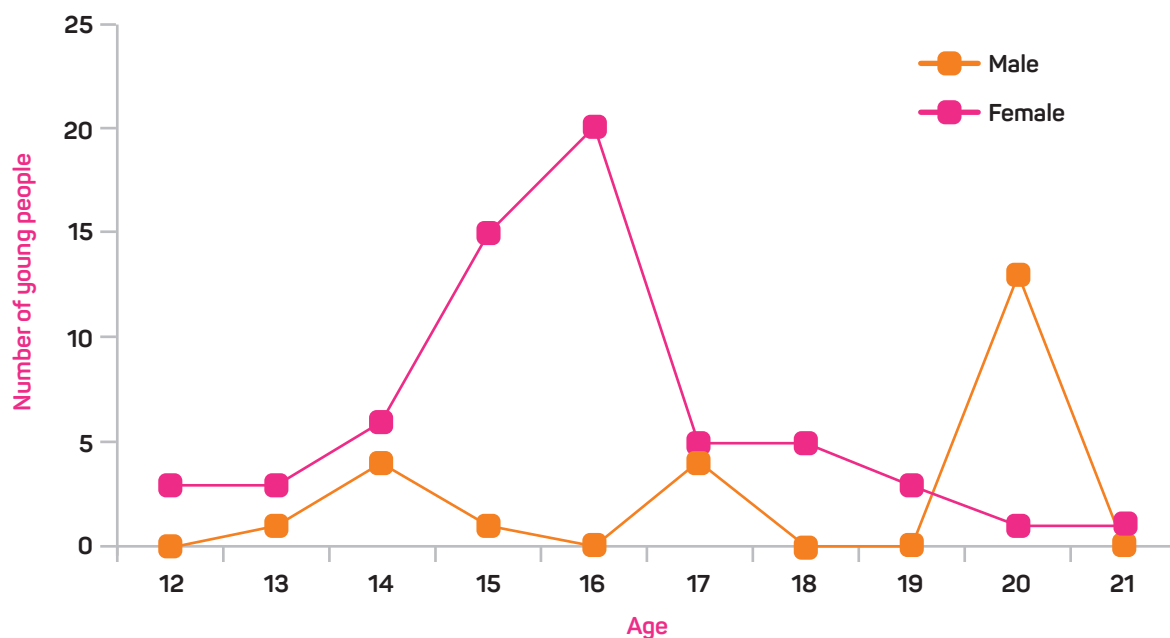
Gender of service users

Overall, more females (72.9%) than males (24.7%) accessed the Mind-It Project.



Graph 3.4 Males and females who accessed the project

The gender of young people was cross-referenced against their age to identify any underlying trends and difference between the two genders was evident (graph 3.4). Females were more likely to access the service between 15 and 16 years of ages, while males were more likely to access the Mind-It Project at an older age (Graph 3.5).



Graph 3.5 Age profile of males and females who accessed the project

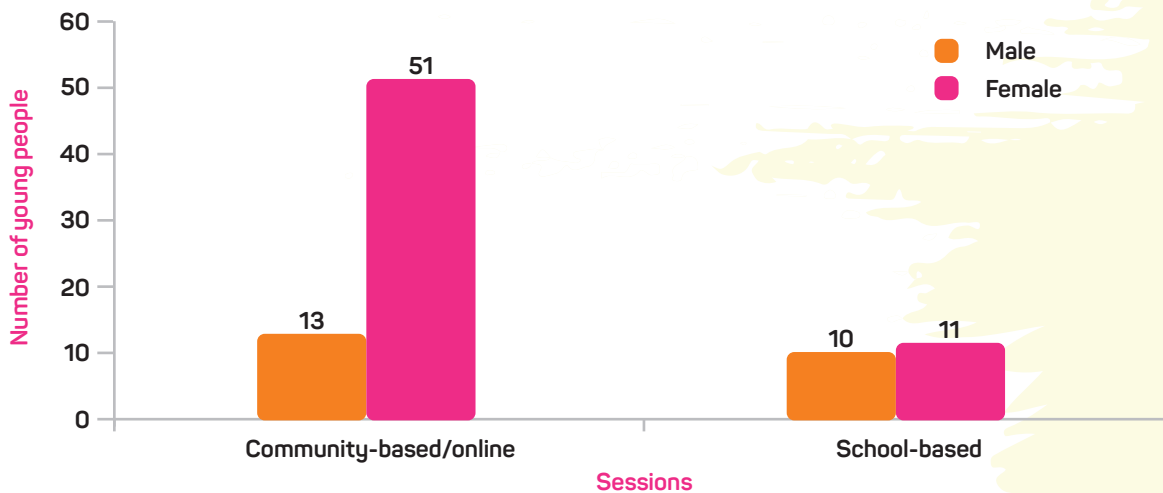
When comparing the different genders (Graph 3.5 and Table 3.2), females aged 15, 16 or 17 years were more likely to be accessing the Mind-It Project. In the case of males those aged 20 years were more likely to be accessing the service.

Age	Community based sessions		School based sessions	
	Male	Female	Male	Female
12	0	3	0	0
13	0	2	1	1
14	0	5	4	1
15	0	14	1	1
16	0	14	0	6
17	0	3	4	2
18	1	5	0	0
19	1	3	0	0
20	13	1	0	0
21	0	1	0	0
Total	13	51	10	11

Table 3.2 Community and School based sessions

Delivery setting

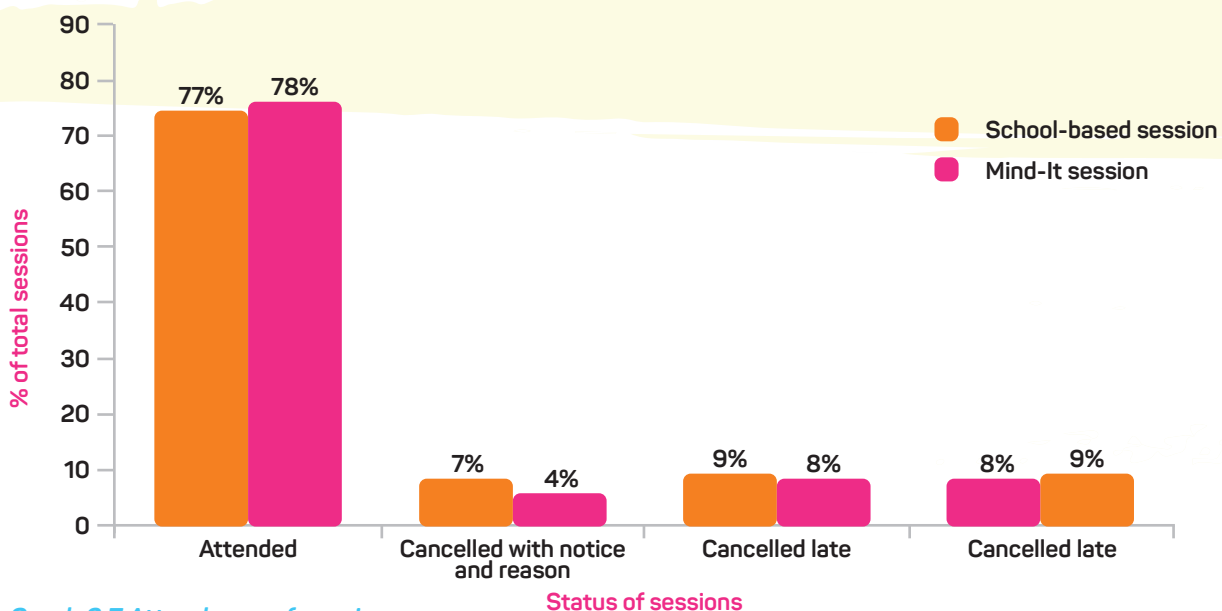
As evident in graph 3.6 below, more females accessed the Mind-It Project sessions in the community while a more equal number of males and females accessed the schools-based sessions.



Graph 3.6 Community and School based sessions by gender

Attendance

For each Mind-It Project session that took place, the status of the session was recorded, either 'attended', 'cancelled with notice and reason', 'cancelled late' or a 'no show'. As evident in graph 3.7, the vast majority of young people attended their sessions as planned, both within the community settings and the schools setting.



Graph 3.7 Attendance of sessions

Conclusion

This chapter has described how the Mind-It Project worked and the model of practice of the service, as well as outputs from the project. The rest of this report will focus on the findings from research conducted with members of the Steering Group, school representatives and professionals who referred young people to the project, as well as an analysis of a self-assessment tool completed by young people themselves on any changes they experienced among other findings.

Chapter 4



Findings of Mind-It Review

In this chapter the findings of the research undertaken for this Review are presented under the following themes and headings:

- Need for mental health services for young people in the area
- Effectiveness of Mind-It project according to practitioners/referrers
- Outcomes for young people – views of professionals/referrers
- Outcomes for young people – through their own self-assessment
- The Mind-It model of practice



The research from which these findings are drawn are as follows:

1. An **online survey** completed by eleven practitioners who had referred young people to the project including four school representatives; three youth workers, two social workers, one mental health professional and one after-care worker.
2. Semi-structured in-depth **one-to-one interviews** with eleven stakeholders:
 - The members of the Mind-It Project Steering group (4)
 - The Clinical Oversight Consultant
 - Referrers (external professionals who referred young people to the project) (3)
 - School representatives (including Principals) (3)
3. A focus groups with the four counsellors who worked in the Mind-It Project.

4.1 Need for mental health services for young people in the area

4.1.1 Mental health issues being experienced by young people

Professionals who had referred young people to the Mind-It Project (including youth workers, mental health professionals and school representatives) were asked about the kinds of mental health issues that young people in the region are dealing with in their experience. A wide range of issues were mentioned as illustrated in Table 4.1 below. Most prevalent issues reported were:

- Family related problems or concerns (highlighted by 73% of respondents)
- Low self-esteem or confidence (highlighted by 73% of respondents)
- Anxiety disorders, behavioural problems, depression, lack of resilience or coping skills and trauma, grief or loss (highlighted by 64% of respondents)
- Feeling unsafe/threat of violence, relationship problems/concerns, stress (highlighted by 64% of respondents)

Mental health issues for young people	% of survey respondents
Family related problems/concerns (8)	73%
Low self-esteem/confidence (8)	
Anxiety disorders (7)	64%
Behavioral problems (7)	
Depression (7)	
Lack of resilience/coping skills (7)	
Trauma/Grief/loss (7)	
Feeling unsafe/threat of violence (6)	55%
Relationship problems/concerns (including friendship) (6)	
Stress (6)	
Bullying (5)	45%
Covid related stress (5)	
School related problems or concerns (5)	
Self harm (5)	
Suicidal ideation (5)	
Body image concerns (4)	36%
Eating disorders (3)	27%
Isolation (3)	
Substance misuse (alcohol/drugs) (3)	
Lack of knowledge about/access to support services (2)	18%
Financial problems/concerns (2)	

Table 4.1 Mental health issues for young people according to referrers

Issues raised in interviews with stakeholders and the focus group with counsellors included:

- Youth workers mentioned anxiety, social anxiety, school pressures, grief, family breakdown, trauma or disfunction, sexual violence and grooming, anger problems (especially among males).
- Counsellors noted low self-esteem, social anxiety, self-harm, suicidal ideation and isolation (due to Covid-19). One counsellor also noted how gender identity issues have been increasingly been discussed by young people recently.
- School representatives mentioned: bullying, self-harm, suicidal ideation, anxiety, family separation, bereavement and other problems.

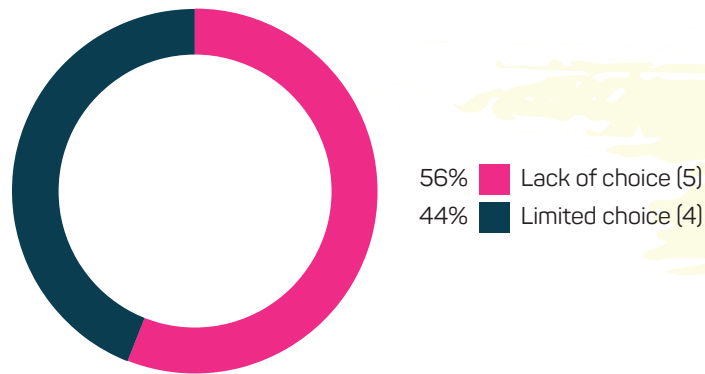
Cabra was identified as an area of need by both youth workers and school representatives due to the level of disadvantage, issues young people are facing and lack of services.

'There's an awful lot of trauma in the area here (Cabra).' (Youth Work Representative)

'There is a lack of services in Cabra and it is a disadvantaged area, so there's a lot of anxiety...a lot of problems. So, any support we can give these kids is important.' (School Representative)

4.1.2 Accessibility of mental health services prior to Mind-It

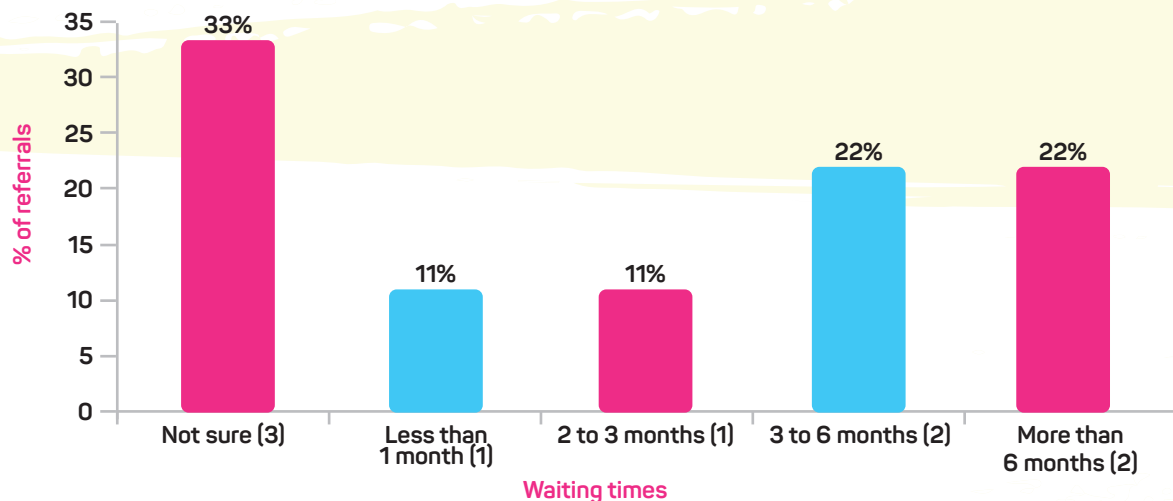
- All survey respondents stated that prior to the Mind-It Project there was either a 'lack of choice' (56%) or 'limited choice' (44%) in the availability of counselling support for young people aged 12+ in their local area. No respondents stated there was 'lots of choice'. (Graph 4.1)



Graph 4.1 Availability of counselling support prior to the Mind-It Project

Waiting times

- Nearly half of survey respondents stated that prior to referring young people to the Mind-It Project, young people would have had to wait either 3 to 6 months (22%) or more than 6 months (22%) to access youth counselling. (Graph 4.2).

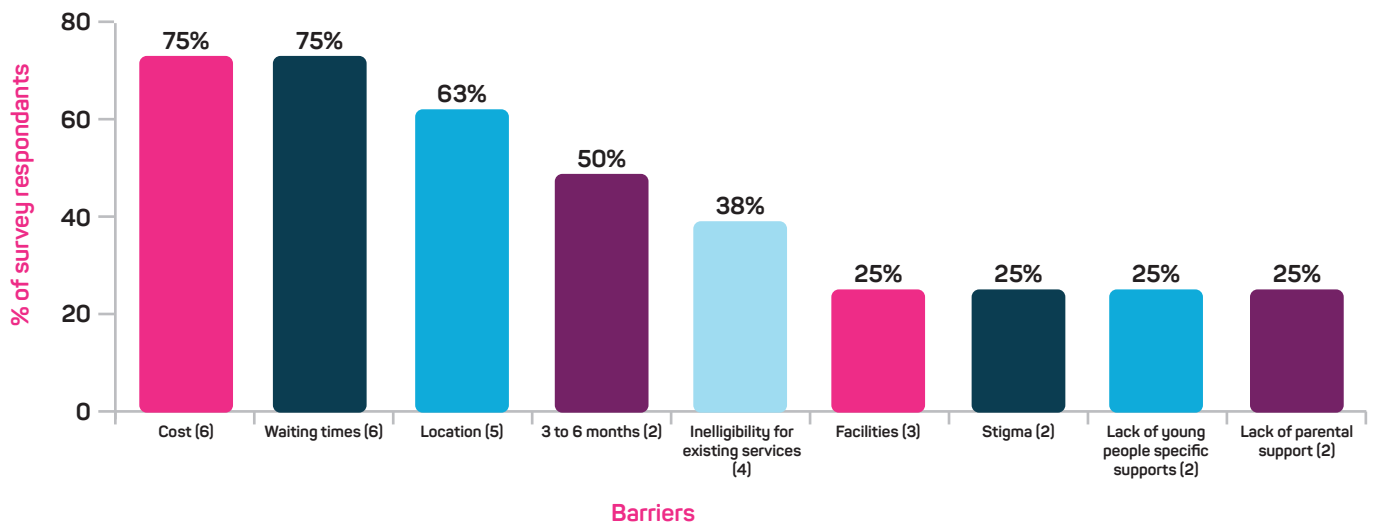


Graph 4.2 Waiting times for mental health services

Barriers to accessing services

Survey respondents were asked to identify the top 3 barriers to young people (aged 12+) accessing counselling in their experience (Graph 4.3).

- Cost and waiting times were top barriers (each mentioned by 75%) and location of counselling services another key barrier (mentioned by 63%).
- 50% stated that ineligibility for existing services is also a barrier for young people accessing services.



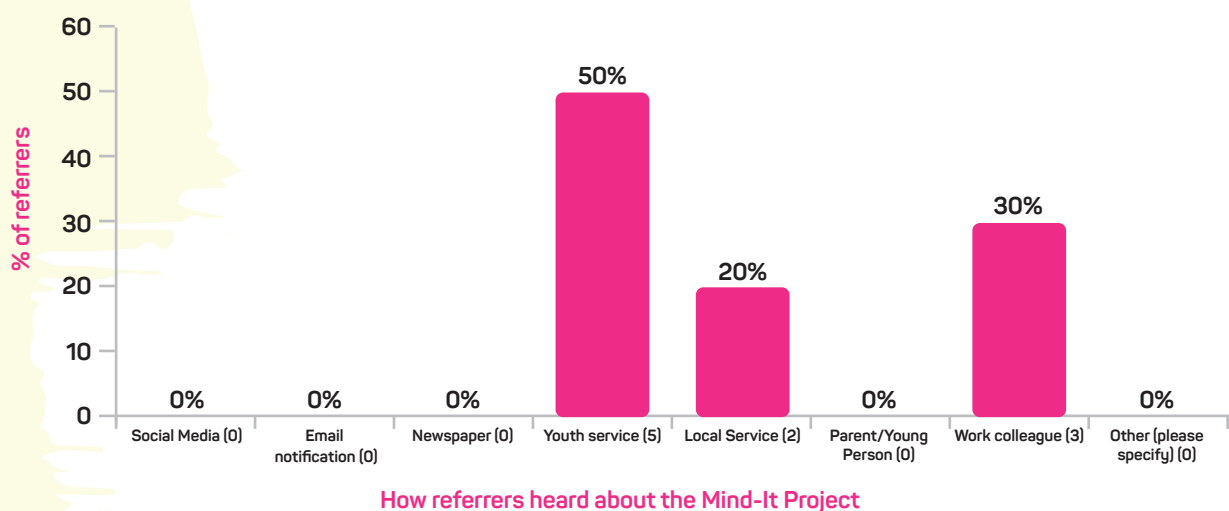
Graph 4.3 Barriers for young people accessing counselling services according to referrers.

'A lot of young people within this area don't have access to counselling services. It's hard for some of them to attend constantly outside of school, due to money, different reasons, so it makes it accessible to have it in schools.' (Schools Representative)

4.1.3 Accessibility of & Demand for the Mind-It Project

Referrals

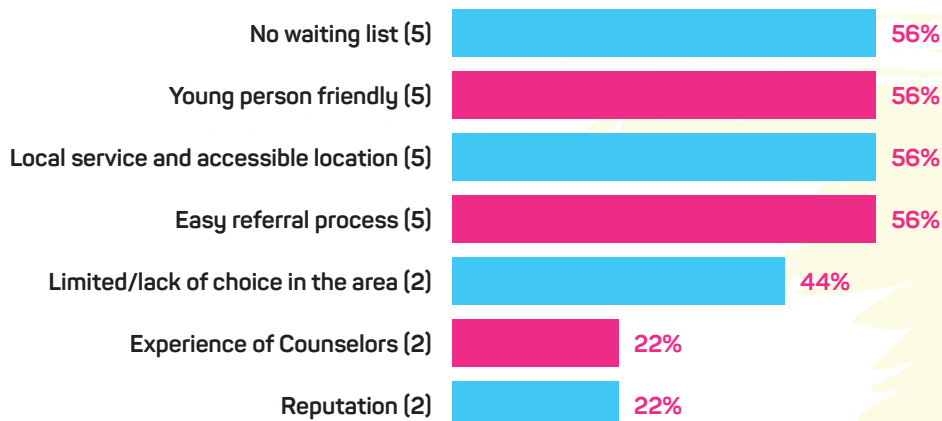
Fifty percent of referrers heard about the Mind-It Project from a youth service, 20% from a local service and 30% from a work colleague (Graph 4.4). No one reported hearing about it from social media campaigns or newspapers.



Graph 4.4 How referrers heard about the Mind-It Project

Reasons for referral to Mind-It Project

- In the responses to the survey, 56% of referrers chose to refer young people to the Mind-It Project for the following reasons: there was 'No waiting list', it is 'young person friendly', it is a 'local service and accessible location' and 'the easy referral process' (Graph 4.5).



Graph 4.5 Reasons for choice of referral to the Mind-It Project

Waiting times for the Mind-It Project

The accessibility of the Mind-It Project was welcomed by referrers to the project, in terms of it being free of charge, with a free phone number, the low thresholds for suitability, and the relatively short waiting time compared to other services.

- When the project was rolled out in community settings (in youth organisations) there were initially low waiting times according to some referrers. However, one youth worker reported waiting a week for a call back and not getting through when he rang during the 4-6pm allotted time.
- In contrast, the schools reported an easy referrals process because they managed it themselves and relatively short waiting times for counselling within the school (1-2 weeks).
- However, two schools mentioned having waiting lists at times due to demand for the service and the limited availability of the counsellors. When a counsellor's weekly slots in the schools were filled, other students had to wait until a client finished their sessions before they could start.

'We feel like three (sessions weekly) isn't enough...we could easily fill six slots on a Wednesday if she (counsellor) was here all day.' (School Representative)

Impact if Mind-It Project was to go

- When asked in interviews what would happen when the schools pilot ended, two school representatives said that some young people will get left behind or fall through the cracks, because of the barriers that exist in accessing other services due to eligibility or waiting times.
- They also said young people will be less likely to attend services out of school due to logistics and the fact that they would not be as accessible location-wise.

'If I was told it was stopped or discontinued, I wouldn't see another therapist fill in that gap at the moment where there is that accessibility and that kind of quick turnaround for the child.' (School Representative)

4.2 Effectiveness of Mind-It Project according to Practitioners/Referrers

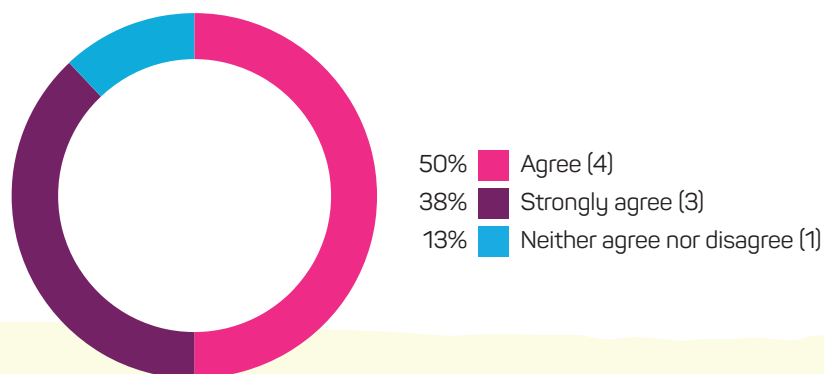
4.2.1 Effectiveness Generally

'I think it's an amazing service... It's brilliant that it's there and it should be in most communities...but it's not, unfortunately.' (Counsellor)

All survey respondents said they would recommend the Mind-It Project to young people and nearly 90% of survey respondents stated that models of local early intervention counselling support like the Mind-It Project, should be made available in other areas also.

Survey respondents were asked, 'to what extent to you agree that the Mind-It Project has met its objective of providing an accessible, early intervention mental health supports for young people in Dublin City North?'.

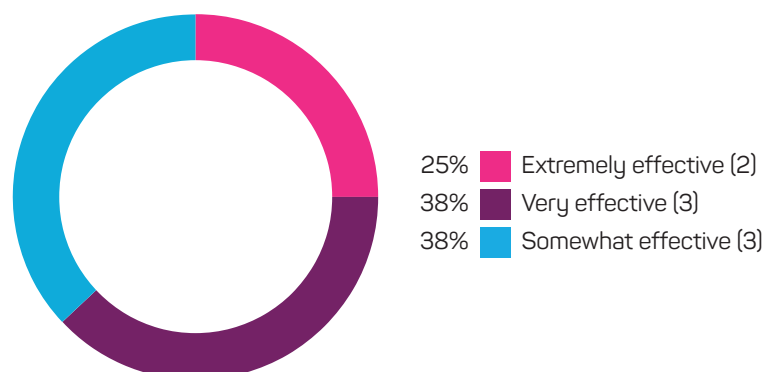
88% of people (7 out of 8 respondents) either agreed (4) or strongly agreed (3) with the statement. One person said they 'neither agree nor disagree'. (Graph 4.6)



Graph 4.6: To what extent do you agree that Mind-It Project has met its objective

Survey respondents were also asked: 'In your experience how effective was the Mind-It Project at meeting the mental health needs of the young people you work with?':

- 63% (5 respondents) said it was either 'very effective' or 'extremely effective' and,
- 38% (3) stated that it was 'somewhat effective' at meeting the mental health needs of young people they worked with. (Graph 4.7).

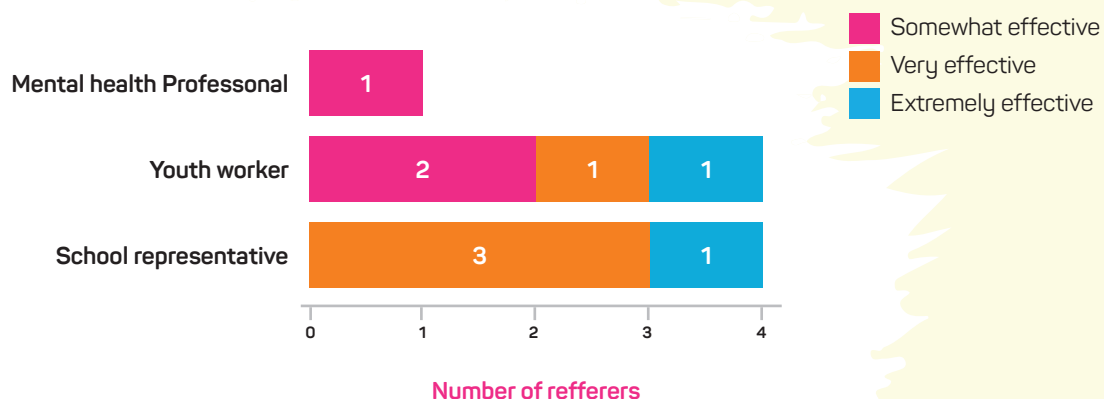


Graph 4.7 Effectiveness of the Mind-It Project according to referrers

4.2.2 Effectiveness in school settings

'It's been invaluable.' (School Representative)

All school representatives were very positive about the effectiveness of the Mind-It Project. As evident in Graph 4.8 below, all four school representatives who responded to the survey said the Mind-It Project was either 'very effective' or 'extremely effective'.



Graph 4.8 Effectiveness of the Mind-It Project according to referrers

All school representatives who completed the survey said they would recommend this model of service for other areas or schools and in both the survey and interviews school representatives said they thought that students are more likely to access counselling when it is in school compared to other settings.

'It's brilliant. It's been needed for so long within the area. I definitely think the fact that (counsellors are) coming into schools is much better than the students having to go to them.' (School Representative)

According to school representatives, some of the benefits of the Mind-It Project running in schools included:

- Appropriate referrals: School care teams are familiar with the students so can prioritise easily.
- Service used to full capacity: The school can fill all appointments weekly as they know times in advance and the need is there, plus there is always someone waiting once a client finishes their sessions.
- Accessibility: Schools arrange referrals in co-operation with the parents; appointments are free and on site in the school therefore higher likelihood of attendance.
- Discreet and confidential: Teachers and students know it is confidential and students go in and out of the classroom for various things so there is no stigma.
- Safe space: If something arises for students during a session they are in a safe, familiar space.

Feedback from all stakeholders indicates that the schools-based delivery of the Mind-It Project was very successful. School representatives were very positive, counsellors were very positive also, although there were some challenges identified that could be ironed out. The main challenge mentioned by schools is the limited time and capacity of counsellors and that they could fill a lot more sessions than they are currently have capacity for if there were more counsellor hours available to them.

4.2.3 Effectiveness in community settings

There were mixed views among survey and interview participants on how effective the Mind-It Project worked in community settings (i.e., when young people received the counselling in the two youth organisations or via online calls), however most were very positive about how accessible and effective the service was.

- Graph 4.9 above shows that 2 of the 4 youth workers who completed the survey thought the Mind-It Project was 'very' or 'extremely effective', and two felt it was 'somewhat effective'.
- One mental health professional also felt it was 'somewhat' effective'.

'I think the project is great. it's an additional tool that we need as a youth worker. Knowing that I have additional support from other counsellors gives me a peace of mind ... But it's difficult to get a hold of the project...so sometimes it is quite difficult, particularly in crisis.' (Youth Work Representative)

Some of the benefits of the Mind-It Project in the community settings that were reported included:

- Accessibility generally: It is free and gives young people who may not be in education, training or employment access counselling in a local setting.
- Accessibility of referrals process: There is a free phone number and being able to talk to a person to do the referral rather than a text or online system to get clear information.
- Accessibility in terms of eligibility: The service fills a gap for young people who need support but aren't serious enough to be eligible for crisis services.
- Relatively short waiting times compared to other services in the community
- Additional layer of expert support in the community where community/youth workers may not have the skills, training or capacity to deal with the issue.
- Flexibility: the service can run through summer holidays and on evenings unlike schools.

'It was a positive experience for us to be able to make a referral and have it go through so quickly...cause if we're waiting a long time, there's a lot of pressure on us to meet the needs but we might not have the skills for that.' (Youth Work Representative)

Some of the challenges of running the Mind-It Project in the community settings included:

- The negative impact of Covid19 lockdowns which meant it was hard to publicise the service in the community and sessions could not be run in person (although the service pivoted and offered counselling online instead)
- Low referrals to the project in community settings initially
- Lack of availability of counsellors at times
- Lack of appropriate venues/spaces for counselling in Cabra
- Lack of clarity or understanding among some referrers that the Listen and the Mind-it Projects were separate.
- Lack of staff time/resources to advertise the project in the community or on social media
- Part time nature of the free phone meant the in-person referral service was less accessible at times but people could leave a message and would get a call back.

- The Mind-It Project is not a crisis service, so the challenge of accessing crisis services in cases of severe mental health issues remains.

‘I think there is huge value in the community delivery...young people need to know that there’s somewhere in their community that they can just walk in and make an appointment. I also think we could do a better job in that...if we had the right funding and the right time.’ (Project Stakeholder)

A number of the stakeholders were disappointed in the low referrals to the community setting as it meant the project didn’t meet its goals in terms of numbers and in case it would create uncertainty about the need for such a service. Potential reasons for this low numbers according to stakeholders, were a lack of awareness of the project in the areas, service closures during periods of lockdown due to Covid-19, high turnover of/lack of availability of counsellors and or issues with how the data and demand was being recorded.

4.3. Outcomes for Young People – views of professionals/referrers

In the interviews, all professionals who had referred young people to the project were very positive about the impact that service had on the service users, particularly school representatives. Various examples were given including descriptions of how the project gave young people:

- A voice and non-judgemental confidential space to talk and really be heard
- Space to feel and acknowledge their feelings, especially when things are hard
- Coping skills and resilience
- A greater ability to attend and engage in school
- Help to identify and go after goals and make progress
- Support without delay when difficult things happen – e.g., bereavement, family breakdown.

4.3.1 Outcomes in Schools settings

Some examples given by school representatives about the changes they witnessed in young people as a result of the Mind-It Project included:

- Better behaviour in class
- Increased school attendance and engagement due to lower anxiety
- Improvement in social skills – mixing more
- Help with putting family supports in place
- Preventing young people from falling through the cracks as they aren’t serious enough for crisis services but teachers don’t have the time or qualifications to support.

‘One particular student really struggled with anger problems... He actually told me:

‘It (the counselling) gave me strategies to deal with my anger’... You could actually see the difference in the classroom and the difference in his behaviour.’ (School Representative)

4.3.2 Outcomes in Community settings

'For those who engaged, it gave young people an opportunity to have their voices heard.' (Youth Work Representative)

Some examples of outcomes for those who accessed the service in community settings included:

- Better anger management skills
- Better coping skills when in difficult, stressful or traumatic situations
- A greater ability to manage anxiety and panic attacks
- More confidence and feeling happier

One youth worker mentioned a case where a young person recommended the Mind-It Project to another young person, indicating the young person's positive experience. Another youth worker acknowledged that although it had sometimes been hard to get an appointment quickly within the community setting, once they did, it had a good impact.

The counsellors and the Clinical Oversight Consultant highlighted benefits of counselling and the positive impact it has on young people from their perspective, such as giving them a safe space to talk about things, to learn some coping mechanisms and to realise that they are not alone.

"I think it's a very valuable service, (and) makes a big difference in a young person's life, even if we're just giving them a small coping skill, some small change that will help them in the future, you know?" (Counsellor)

4.4 Outcomes for Young People – Self-Assessment

Monitoring and evaluation of the impact of the service for young people was considered important by the Steering Group. In order to bring the young people's voice into the process a system was put in place whereby the young people (and their counsellor) rated how they felt in a number of areas of their life at both the beginning and end of the counselling sessions, thus indicating any changes over time.

This was done via a 'Distance travelled tool' which is a youth-friendly worksheet that uses smiley faces for illustration, and asks people to rate how well they are coping in relation to the following areas on a scale of 1 – 10 (☹ = not well 5 = okay 10 = very well ☺):

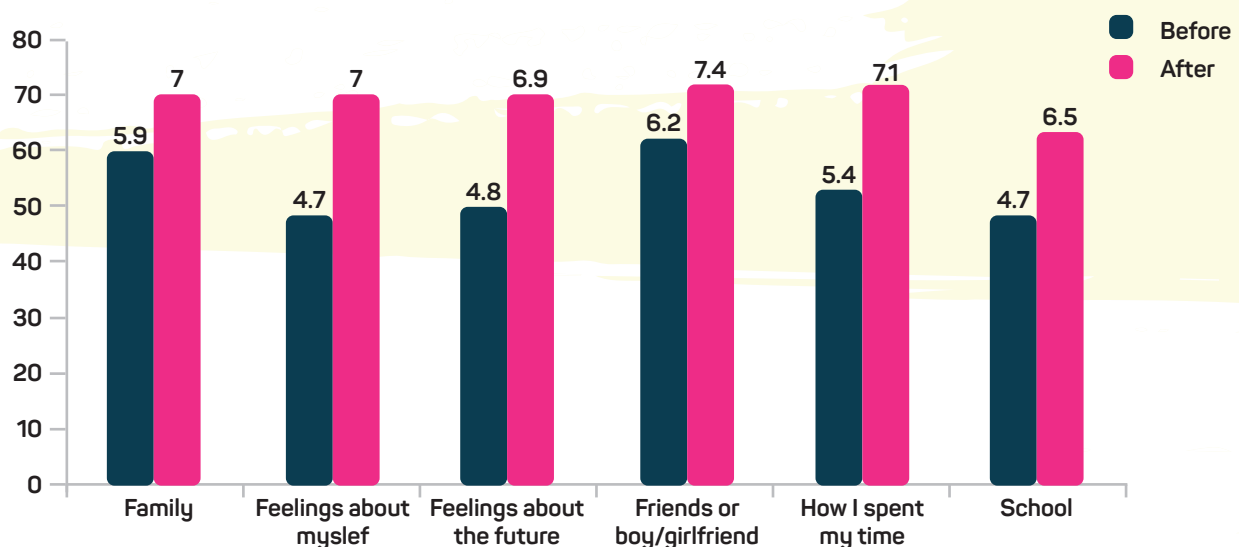
- Family
- Feelings about myself
- Feelings about the future
- Friends or boy/girlfriend
- How I spend my time
- School

'We have a form that we give to them at the beginning. It's called smiley faces. (It asks) how are you feeling in these particular areas. It's lovely because I get them to fill in the last one... then I hand them a copy of the first one...and it's something to see their face.' (Counsellor)

In total 40 (out of 85) young people completed the self-assessment tool both at the beginning and end of their counselling sessions. Some young people only completed it at the beginning and did not complete it at the end due to a variety of reasons. This information was recorded by the counsellors on a content management system, anonymised and accessed for the purpose of this review.

Analysis was conducted on each of the before and after scores of the individual young people. Graph 4.9 below illustrates the average before and after scores across all of the themes.

- When the young people were asked to rate themselves on how they were coping at the beginning of the counselling in each area (family, feelings about myself, feelings about the future, friends or boy/girlfriend, how I spend my time and school) the average score was 5 for each area.
- Whereas when young people were asked to rate themselves on how they were coping in each of the same areas at the end of the counselling the average score was 7 for each area.
- This shows that, on average, the young people's own scores went up by nearly 40%, illustrating the improvement they felt in various areas of their life at the end of the counselling compared to the beginning of the process.

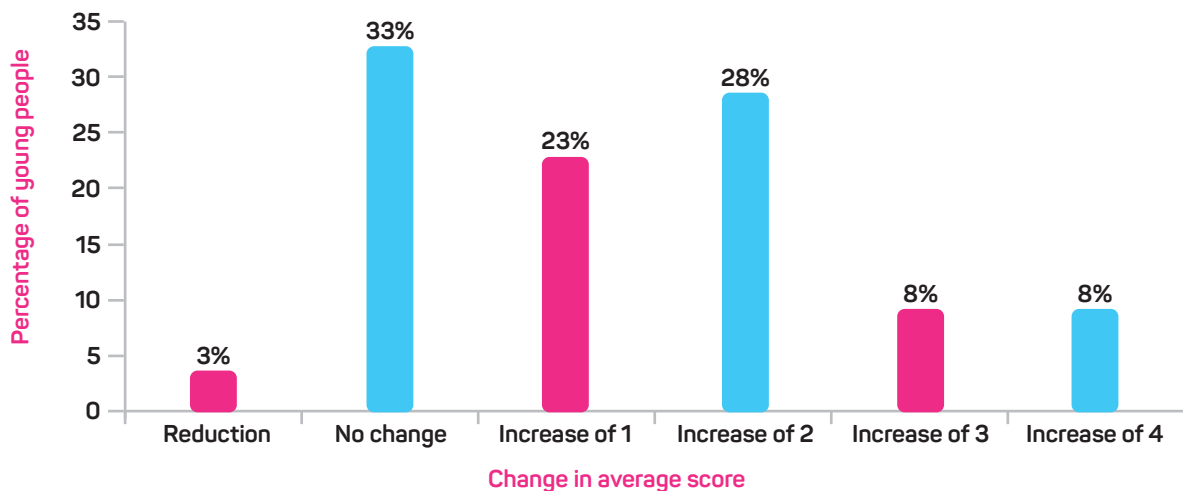


Graph 4.9 Average before and after scores from the 'Distance Travelled Tool'

- The before and after scores for each theme show how that there was a marked improvement in the 'satisfaction' scores across all of the themes.
- Breaking down the scores further, it is evident that the highest area of improvement for young people over time was in relation to their confidence and self-esteem ('feelings about myself'), rising from 4.7 to 7.0 on average over the period.

Graph 4.10 below shows the change in the average scores of the young people before and after availing of the Mind It Sessions

- 14 out of the 40 (or 36%) young people had a reduction or no change in their average scores.
- 20 out of the 40 (or 51%) young people had an increase of 1 or 2 in their average scores
- 6 out of the 40 (16%) young people had an increase of over 3 in their average scores.



Graph 4.10 Change in scores from the 'Distance Travelled Tool' before and after

4.5 The Mind-It Model of Practice

In addition to all the topics outlined above, this research explored the model of practice of the Mind-It Project to get a full picture for this review process. Topics that were covered in relation to this during the interviews with stakeholders and the focus group with counsellors included: the structure of the project, how it was managed and ran in practice, governance processes and procedures, as well as what worked well and what was challenging. A number of themes emerged which are summarised below.

4.5.1 Inter-agency Structure

- The interagency structure worked well in many ways as there was a diversity of experience, expertise and perspectives on the Steering Group, with a combination of organisations involved: two statutory organisations working at a policy/inter-agency level and two non-statutory, community organisations working on the frontlines.
- The member organisations collaborated and were able to pool their expertise, resources and networks to the benefit of the project.
- The Steering Group was agile and solution-focussed, particularly when they pivoted the way the service was delivered when the challenges emerged – such as moving to online provision during Covid-19 lockdowns and adding a school-based service when referral rates in the community were lower than hoped.
- However, there were also some challenges with the way the Steering Group worked at times. There was a lack of clarity for some members on the roles, responsibilities and expectations of each organisation and their representative. For example, some members felt they didn't have the capacity to do what was being expected of them, in terms of the time available to them on top of their other work commitments, while some other group members ended up doing activities that they thought should not be within their remit.

4.5.2 Management and Coordination

- The Steering Group members achieved a lot in managing and co-ordinating a new pilot-project without much staff support, while also having various other roles and responsibilities in their respective organisations.
- Regular meetings of the Steering Group members, a willingness among members to pivot when necessary to overcome challenges and to undertake additional work when required, contributed to a large degree to the success of the project.
- The management and coordination of the project also benefitted from fact that it was set up using existing systems from the Listen Project, such as the free phone number and database. This helped the project to get off the ground more quickly.

'Notwithstanding all the little trials and tribulations, Mind-It has delivered significantly given the amount of money that it was, largely because it was designed on the back of something that was in place and it used the infrastructure and the connections.' (Steering group Member)

- However, some challenges and lack of clarity on outputs resulted from the same systems being used for both Listen and Mind-it to record services users and number of sessions etc.

'It's great to have the electronic database system (already) set up, because otherwise I don't really know how this would have been managed. But it just seemed to be very difficult to be very clear (on what was Listen and what was Mind-It data).' (Steering group Member)

- The limited funding for this project was raised as an issue by most key stakeholders. Without funding for a staff member to co-ordinate and manage the operations of the project, members of the Steering Group had to manage a lot of the day-to-day implementation of the project, in addition to providing oversight, despite having other roles and responsibilities in their jobs. The Action Co-ordinator and Clinical Oversight Consultant took on a lot of this work, with support from others, but this was challenging at times for them also in terms of workload.

'There is certain feedback we got that could be improved locally... and I would have great ambition for where this could go, but if you're not in a position to give it the time then you're not going to be able to do a huge amount more than what's done.' (Steering group Member)

- Limited funding also resulted in low rates per hour for Mind-It counsellors. This was acknowledged by all Steering Group members and considered one possible cause of the low retention/high turnover of counsellors, in addition to inconsistent hours and inconsistent pay due to low demand for the service initially.

'I don't think you can compromise on working with this cohort under 18. You could start looking for a pre accredited, less qualifications or less experience, but I think that's a huge risk. So, I think the funding (pay for counsellors) would have to improve.' (Steering group Member)

- Counsellors were particularly unhappy with the rates of pay themselves, considering the qualifications required for the role and extra administration required for each session. They reported feeling undervalued and a bit demotivated, although they were still keen to support the young people.

'We are being undervalued for the amount of professional hours that we've all gained... and the background work behind us ... to be offered that minimal amount, it's kind of a bit demeaning.' (Counsellor)

- Some Steering Group members highlighted that although they received clinical reports which were useful, there was a gap in the setting of, monitoring and regular reporting on realistic targets and KPIs for the project. This was recognised as a weakness when it comes to identifying why referrals to the community were limited initially.

'We needed formal reports that were coming in every couple of months and that requires a driver such as a coordinator to be able to hold that space.' (Steering group Member)

4.5.3 Governance

There was a strong emphasis on quality, good governance and good practice in the design and roll out of this pilot project. This was considered particularly important by the management team, considering the sensitive nature of the service and the fact that it was specifically for young people. An external Clinical Oversight Consultant was engaged at an early stage and this role put a variety of governance practices and clinical policies and procedures in place in conjunction with the Steering Group, in addition to providing support with recruitment and management of counsellors.

'We hired the clinical governance oversight and that was a really good move, I think in terms of the workload, and in terms of the experience that the clinical governance brought.' (Steering group Member)

Counsellors were recruited for the project on a self-employed basis and had to be qualified, accredited and engaging in ongoing professional supervision. Additional support for counsellors was also put in place, such as supervision meetings with the Clinical Oversight Consultants, some continuing professional development/training sessions and regular external group supervision from a qualified independent supervisor.

'I believe from a clinical perspective; they've got more (support) than they've ever had... with (someone) on board with the clinical supervision, group supervision, and with the training.' (Stakeholder)

This focus on quality was recognised as important by counsellors but they had mixed views on the need for a Clinical Oversight role and felt it brought an additional administrative burden to their work at times.

'I'm not seeing the benefits of the clinical oversight. We have a meeting once every three months. She has to tick so many boxes and then the pressure gets put on to us.' (Counsellor)

It was acknowledged by one stakeholder that although important, further governance work would require more resources:

'I think we need to get deeper into the quality. But those are features that you get to when you mature as a project and you've got resources in hand... and those require some kind of project management or at least administration to coordinate a bit more.' (Steering group Member)

4.6 Summary of Findings

- This and previous research in the region has shown that there is a lack of affordable, accessible and preventative mental health supports for young people in the Dublin City North region who are not yet at a crisis stage. This is variously due to a lack of capacity in existing services, cost, waiting times and high-thresholds, location/travel time and stigma.
- The Mind-It Project was very accessible in a number of ways, in that it was a free service and was located where the young people spend their time – both in youth organisations, schools and also provided online sessions when necessary due to Covid-19 lockdowns.
- Professionals referred young people to the Mind-It Project due to its accessibility in terms of local location, low waiting times, low cost, easy referrals process and that it was youth friendly.
- In addition, teachers and youth workers involved in this research reported that Mind-It provided a welcome support to them when they don't have the time, capacity or specialised training/skills to support young people in difficulty, and the availability of other services are limited.
- Within the school setting the service was very accessible to students as it was within the school grounds where young people are every day, it provided 1:1 support that the teachers do not have the capacity or the skills to provide, and helped prevent some young people from falling through the cracks. According to school representatives, outcomes for young people who had engaged in the service included: better behaviour in class, increased school attendance and engagement and improvement in social skills among others.
- Those who referred young people to the service in community settings described the positive impact that it had on the young people and how valuable it was to have a free counselling service in the community in which young people live and accessible in youth organisations where they feel comfortable. Outcomes for young people within the community settings, according to referrers, included better anger management, coping skills and resilience, better ability to deal with anxiety and stress and more confidence.
- However, there were more challenges rolling out the project in community settings compared to schools for a variety of reasons. This included: the substantial impact that Covid 19 and various lockdowns had on the team's ability to set up and promote a new service in the community, challenges in securing counsellors and suitable counselling locations at times; and a low level of demand/referrals at times. This was in part due to Covid, due to lack of availability of counsellors at times and also to the fact that the Listen project was already operational in part of the region covered by this service.
- The Mind-It pilot project benefitted from the mix of expertise, experience and networks that the inter-agency Steering Group structure brought, including their diverse perspectives and experiences as both front-line and policy/service management organisations. A solution-focussed approach helped the project to pivot online and in to school settings when Covid-19 and low referrals became an issue.
- There was a lack of clarity on roles and responsibilities for some members of the Steering Group, and in the absence of a staff member who was responsible for operations, the Steering group members and the Clinical Oversight Consultant had to undertake a lot of this work in addition to their other work responsibilities which was challenging at times.
- Counsellors were engaged in the Mind-It project on a self-employed basis. They were qualified, accredited, engaging in professional supervision and committed to supporting young people in need. However, there were challenges retaining and engaging counsellors at times. This was due in part to low rates of pay and inconsistency in demand for their services, which in turn was caused by low demand for the project initially and the impact of the Covid-19 pandemic.
- Comprehensive governance practices and clinical policies and procedures were put in place for the pilot project by the Steering Group with input from the Clinical Oversight Consultant as well as support for counsellors such as CPD and external supervision. This focus on quality and good practice benefitted the service, particularly as it was targeting young people. However, it also brought additional work for counsellors and key stakeholders which was challenging at times.

Chapter 5



Conclusions & Recommendations



5.1 Conclusions

This research set out to identify the outcomes for young people who accessed the Mind-It service; assess whether the project increased the accessibility and availability of mental health services within the community; assess how effective the project was at meeting the mental health needs of young people, and to identify how the project could be improved if it is continued after the pilot phase. This review has found:

Need for Project

- There is a clear need for local early-intervention, preventative mental health supports for young people in the Dublin City North region.
- This and previous research in the region, has found that there is a lack of affordable, accessible, early intervention mental health supports for young people who are not yet at a crisis stage. This is due to a lack of capacity in existing services, long waiting times and high-thresholds, location/travel time and stigma.
- Teachers and youth workers involved in this research have reported being under extra pressure trying to support young people with mental health difficulties when they don't have the time, capacity or specialised training/skills to do so, due to the lack of services.

Effectiveness of Project

- This research has found that the Mind-It pilot project successfully met its objective of providing accessible, early intervention youth counselling supports for young people in parts of Dublin City North during the time it operated.
- Teachers and youth workers and others who referred young people to the service in schools and community settings reported that the Mind-It Project was a very valuable and useful service, especially as it was so accessible (both free and available in the locality with low waiting times). The majority would like to see this project, or a similar youth counselling project, continued and expanded further in the region and elsewhere as it fills a major gap in support for young people in the community.
- The Mind-It Project worked particularly well in the four school settings that it ran in and demand for the service in the schools where it was piloted exceeded availability.
- While there were some challenges rolling out the project in community settings due to lack of availability of counsellors, challenges with finding suitable physical spaces, and low referrals initially for a variety of reasons; the provision of counselling in the local groups and communities where young people themselves lived benefitted the young people who engaged with it.
- From the point of view of young people themselves, the project was also successful. About half of the young people who received counselling completed a self-assessment worksheet called the 'Distance Travelled Tool' and on average, rated themselves as 40% higher in various areas of their life (such as family, friends, feelings about myself, feelings about the future) by the end of the counselling compared to the beginning. While these results can't be attributed solely to the counselling as there may have been other factors at play, this does show that the counselling they received as part of the Mind-It Project had a positive impact on them and their lives, which is a significant finding.

Structure & Management of Project

- The inter-agency structure of the project Steering Group brought a variety of perspectives, experience and expertise which benefitted the Mind-It pilot project. The Steering Group was solution-focussed and agile in the way it responded to challenges that arose and made changes when required, especially the substantial challenge of trying to roll out a new pilot project in the middle of a pandemic.
- In the absence of a dedicated staff member who was responsible for operations, the Steering Group members and the Clinical Oversight Consultant had to undertake a lot of operational and implementation work despite other work roles and responsibilities. The time required and operational demands exceeded available resources at times and this led to some challenges.
- Despite these challenges, and particularly the extensive challenges that rolling out a pilot project in the midst of Covid-19 lockdowns brought, the collective commitment and experience of a relatively small number of individuals from different organisations led to this pilot project providing much needed mental health supports for young people in the local community, in two different contexts (schools and communities) which was a great achievement.
- This review has shown the extensive amount of work that was done in the area of governance and quality to ensure the project delivered a high-quality service. The decision to bring on a Clinical Oversight Consultant to advise on and implement some clinical oversight and governance best practices was valuable considering this project's target group but created some extra work for stakeholders involved.
- There were challenges in relation to the retention of counsellors for the project, partly due to low hourly rates of pay, inconsistency/low demand for their services initially and other factors.

5.2 Recommendations

Overall

- Ongoing, accessible (free/low cost and local) early-intervention mental health support services are needed across the Dublin City North region. Considering the need for these services and effectiveness of the Mind-It Project on a small scale, this review recommends that the Mind-It Project be continued beyond its pilot phase, or that a similar one is set up, and that this be funded appropriately to ensure sufficient staff and other resources are in place to manage and scale it effectively.
- The project could be set up/managed by statutory organisations with responsibility for young people's mental health and/or community organisations. Inter-agency collaboration is important in this work, so it would be important that any such project is managed in conjunction with organisations working on the ground with young people such as schools, youth groups and community groups.
- Funding could potentially be sought from statutory agencies and/or philanthropic sources that provide funding for mental health supports for young people, (particularly for projects such as this that are scalable and could potentially be replicated regionally and nationally).
- As was the case with the Mind-It pilot project, future mental health supports in the region and beyond should be:
 - accessible for young people and their families, in terms of cost (free ideally), delivery location, waiting times and ease of referrals and access to the service;
 - running in both community and school settings, as these are the two settings where young people spend most of their time and are most familiar/comfortable with;
 - referrals available easily through a free phone service (ideally extended hours)
 - delivered by qualified counsellors, focused on early-intervention and prevention, and developing coping skills and resilience etc, to prevent more serious issues later.

- A research/mapping exercise should be completed before the establishment of any long-term services, in order to identify what areas currently do and don't have accessible youth counselling services in the region to avoid duplication.
- In addition, the design, roll-out and evaluation of any such project should be shaped by young people themselves, through their participation in consultation processes or perhaps an advisory committee, where their ideas and views on the project and how it could be run can be heard and acted on where possible.

Management & Co-ordination

The inter-agency structure and collaborative approach of the Mind-It Project should be continued in a future roll out. When doing this, it would be important to ensure that:

- There is a mix of statutory and non-statutory/frontline organisations and workers involved in the management of a project due to the variety of expertise and experience they bring (as was the case with the Mind-It pilot);
- Realistic project targets including outputs, outcomes and desired impact (perhaps through the development of a Theory of Change and Strategic Plan) are clarified from the beginning;
- Sufficient staffing and co-ordination resources are available for the management of day-to day operations from the beginning (see below)
- Roles and responsibilities of steering group members and staff and related KPIs are clarified and realistic based on resources available;
- A workplan with timelines and quarterly goals is clarified and reported on regularly;
- The service is promoted widely in the local communities through local networks, service providers, schools and local communities and resources are in place for this;
- The project is monitored on an ongoing basis and then evaluated after a period of time to assess how effective it has been, any challenges or improvements that could be made, and to assess whether the project/model has the potential to be rolled out or duplicated in a wider region, or nationally over time (as was done with the pilot project).

Staffing

- This review has highlighted the large amount of work involved in setting up and managing a project such as Mind-It. If it is rolled out in future (and particularly if other areas are included in its reach), a dedicated Coordinator or Project Manager should be employed to manage the operations and implementation of the project in cooperation with the Steering Group and clinical governance consultant.
- The roles and responsibilities of a potential Coordinator/Project Manager could include:
 - Managing the operations of rolling out the project from the initial pilot project stage to longer-term or wider reach;
 - Liaison with and regular reporting to the Steering group on progress and identifying solutions to challenges that arise;
 - Research to identify additional suitable locations for the counselling in the community and schools, and ongoing liaison with same;
 - Counsellor recruitment and day-to-day management of same, with support from clinical governance consultant;

- Promotion of the service in the local areas through networking with schools and youth/community organisations, social media, meeting with parenting/youth groups etc
 - Ensuring referrals are dealt with in a timely manner, through the operation of a free phone service, in conjunction with admin staff and counsellors.
 - Liaison with the Clinical Oversight Consultant including support with the maintenance of clinical governance practices and setting up counsellor CPD etc.;
 - Administrative tasks such as record keeping on sessions held and profiles of service users; management of counsellor's accreditation and payments, reporting etc.
- The retention of counsellors and availability and accessibility of counselling sessions could be improved where necessary by:
 - Increasing hourly fees for counsellors (particularly as it is important to maintain current policy of engaging fully qualified and accredited counsellors with such a young target group);
 - Providing some guaranteed hours to counsellors and/or agreeing blocks of sessions in advance with counsellors, either with a larger panel of self-employed counsellors or by employing some counsellors on a part-time basis.
 - Ensuring counsellors are located in different delivery settings (e.g. schools and community groups) for blocks of time on a regular basis, thus ensuring the counselling remains community-based and accessible to young people where they are located.

Governance

- This or a future, similar project should maintain its focus on best practice, quality, and clinical governance, and build on the substantial work that has already taken place in this area during the pilot phase.
- The role of the Clinical Oversight consultant should be maintained in an advisory role, in a way that keeps a focus on clinical best practice, while being cognisant of not over-burdening counsellors with too much administrative work where possible.
- Counsellors should continue to be supported with external group supervision and CPD to support their development and maintain best practice.
- As the counsellors are the front-facing staff working on the ground in the school and community settings in a project such as this, they should also continue to be consulted and listened to regularly on areas of potential improvement for the roll out of the project.

Appendix 1

References



- Aguirre Velasco, A., Cruz, I.S.S., Billings, J. *et al.* What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry* 20, 293 (2020). <https://doi.org/10.1186/s12888-020-02659-0>
- Cannon M, Coughlan H, Clarke M, Harley M, Kelleher I (2013): The Mental Health of Young People in Ireland: A report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group. Royal College of Surgeons in Ireland. Report. Available at: <https://doi.org/10.25419/rcsi.10796129.v2>
- Cleary A, Nixon E, Fitzgerald M. (2007) 'Psychological health and well-being among young Irish adults' *Ir J Psychol Med*. 2007 Dec;24(4):139-144. doi: 10.1017/S0790966700010569. PMID: 30290540.
- Coyne S. et al (2019) 'Does Time Spent Using Social Media Impact Mental Health?: An Eight Year Longitudinal Study' Available at: <https://www.sciencedirect.com/science/article/pii/S0747563219303723>
- Department of Health (2017) 'National Youth Mental Health Task Force Report'. Available at: <https://www.gov.ie/en/publication/117520-national-youth-mental-health-task-force-report-2017/>
- Dooley DJ (2017) 'Demand and Provision of School Counselling in Primary Schools in Ireland' *Dublin City University* Available at: [Deirdre_Dooley_Judge_15212244_pdf.pdf](https://www.dcu.ie/~dcu/~dooley_dj/15212244.pdf) (dcu.ie)
- Dublin City North CYPSC (2018-2020) Dublin City North CYPSC Children and Young Peoples Plan 2018-2020. Available at: [Dublin City North CYPSC CYPP 2018-2020](https://www.dcn-cypsc.ie/)
- Evans, B. E., Greaves-Lord, K., Euser, A. S., Tulen, J. H. M., Franken, I. H. A., & Huizink, A. C. (2013) 'Determinants of physiological and perceived physiological stress reactivity in children and adolescents' *PLoS ONE*, 8(4), Article e61724. Available at: <https://doi.org/10.1371/journal.pone.0061724>
- Fraiser, M. Blishen, S. (2007) 'Supporting Young People's Mental Health' *Mental Health Foundation*. Available at: https://www.mentalhealth.org.uk/sites/default/files/supporting_young_people.pdf
- Feinstein L, Bynner J. (2004) 'The importance of cognitive development in middle childhood for adulthood socioeconomic status, mental health, and problem behavior' *Child Dev*. Sep-Oct;75(5):1329-39. doi: 10.1111/j.1467-8624.2004.00743.x. PMID: 15369517.
- Fingal CYPSC (2018-2020) Fingal CYPSC Children and Young Peoples Plan 2018-2020. Available at: [Microsoft Word - FCYPSC plan 17.02.2020 SC edit.doc](https://www.fingal-cypsc.ie/)
- HSE Community Healthcare Organisation Dublin North City and County (2018-2020) Connecting for Life Dublin North City and County. Available at <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-dublin-north-city-and-county.pdf>
- Hill A, Cooper M, Pybis J, Cromarty K, Pattison S, Spong S (2011) 'Evaluation of the Welsh School-based Counselling Strategy: Final Report' University of Strathclyde, Glasgow. Available at: <https://pureportal.strath.ac.uk/en/publications/evaluation-of-the-welsh-school-based-counselling-strategy-final-r#:~:text=The%20Welsh%20Government%27s%20School-based%20Counselling%20Strategy%20%28the%20Strategy%29%2C,qualitative%20interviews%20and%20surveys%20of%20key%20stakeholders%27%20views.>
- Hughes F, Hebel L, Badcock P, Parker A, (2017) 'Ten guiding principles for youth mental health services' HUGHES et al. *Early Intervention in Psychiatry*. 12. 10.1111/eip.12429.
- Jigsaw (2019) *Jigsaw Annual Report 2019* Dublin. Available at: [annualreport2019.jigsaw.ie/pdf/Jigsaw_Annual_Report_Full_Publication_2019.pdf](https://www.jigsaw.ie/pdf/Jigsaw_Annual_Report_Full_Publication_2019.pdf)
- Lalor K, & O'Dwyer S, McCrann D (2006) 'Review of a community-based youth counselling service in Ireland' *Children and Youth Services Review*. 28. 325-345. Available at: [10.1016/j.childyouth.2005.04.011.](https://doi.org/10.1016/j.childyouth.2005.04.011)

Ombudsman for Children (2022) No Filter: A survey of children's experiences of the Covid Pandemic Dublin Available at: No Filter: A survey of children's experiences of the Covid Pandemic | Ombudsman for Children (oco.ie)

Pascoe M, Bailey AP, Craike M, *et al* (2020) 'Physical activity and exercise in youth mental health promotion: a scoping review' *BMJ Open Sport & Exercise Medicine*, **6**:e000677. Available at: doi: 10.1136/bmjsem-2019-000677

Public Health England (2015) 'Promoting children and young people's mental health and wellbeing Guidance on the 8 principles of a whole school or college approach to promoting mental health and wellbeing.' Available at: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing?msclkid=929a4fe8d0a411ec91a5b36105029ece>

Radez, J., Reardon, T., Creswell, C. *et al.* (2021) 'Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies' *Eur Child Adolesc Psychiatry* **30**, 183–211. Available at: <https://doi.org/10.1007/s00787-019-01469-4>

Roe, S. (2020) *Life in Lockdown* Dublin North & South CYPSC. Available at: https://www.cypsc.ie/_fileupload/Documents/Resources/Dublin%20City%20North/Consultation%202020/Dublin%20City%20North%20and%20South%20Life%20in%20Lockdown%202020%20Report.pdf

Rutter M. (1995) 'Relationships between mental disorders in childhood and adulthood' *Acta Psychiatrica Scandinavica*, 91: 73-85. <https://doi.org/10.1111/j.1600-0447.1995.tb09745.x>

Salaheddin K, Mason B (2016) 'Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey' *British Journal of General Practice* 2016; 66 (651): e686-e692. DOI: 10.3399/bjgp16X687313

Salt V, Parker N, Ramage K, Scott C (2017) 'Community-based Mental Health Services Hubs for Youth Environmental Scan. Edmonton: PolicyWise for Children & Families' Children & Young People's Mental Health Coalition (2015)

Sanchez AL, Cornacchio D, Poznanski B, Golik AM, Chou T, Comer JS (2018) 'The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis' *J Am Acad Child Adolesc Psychiatry*. ;57(3):153-165. doi: 10.1016/j.jaac.2017.11.022. Epub 2017 Dec 24. PMID: 29496124. Speatini 2019

Scottish Government (2020) 'Access to counselling in secondary schools: guidance' Available at: <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/>

Settipani C, Hawke L, Cleverley K, *et al.* (2019) 'Key attributes of integrated community-based youth service hubs for mental health: a scoping review' *Int J Ment Health Syst* **13**, 52 <https://doi.org/10.1186/s13033-019-0306-7>

Saint Patricks (2022) Call put out to introduce mental health supports at primary school level. Available at: [Primary school mental health support \(stpatricks.ie\)](https://www.stpatricks.ie/primary-school-mental-health-support)

Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012) 'The effects of poverty on the mental, emotional, and behavioural health of children and youth: Implications for prevention' *American Psychologist*, 67(4), 272–284. <https://doi.org/10.1037/a0028015>

Appendix 2

Copy of Questionnaire for Key Stakeholders



This survey forms part of a review of the Mind-It Project in Dublin City North. It is being carried out by independent researchers Aoife Collins and Aoife Dowling.

The aim of the review is to document and evaluate the pilot phase of the Mind-It Project in order to inform the future funding, design and delivery of accessible youth counselling in the Dublin City North area. The survey is designed to gain feedback on the perspectives and experiences of key personnel, how the service has integrated within the community or school, the outcomes for the young people who have availed of the service and potential development of this service as a model of practice.

We are requesting your participation in this survey as your feedback is valuable, and we are asking for your consent to allow the researchers to use your responses in the review process. Participation in this study is completely voluntary and you can withdraw participation at any time throughout the survey. Please be assured that this survey is anonymous, only aggregate data will be used, and no identifying information will be used in the report.

The researchers will maintain the confidentiality of the research records or data, and all data will be destroyed in ten years. If during your participation in this study you are unhappy about anything, or you feel the information and guidelines that you were given have been neglected or disregarded in any way, please contact Clíodhna Mahony, Dublin City North CYPSC Coordinator at clíodhna.mahony@tusla.ie.

Please be assured that your concerns will be dealt with in a sensitive manner. If you have any questions, or would like a copy of this consent letter, please contact Aoife Dowling at dowling.aoife@gmail.com or Aoife Collins at aoifecollinscc@gmail.com (Independent Researchers). Please complete this survey by Thursday 3rd of March at 5pm.

Thank you in advance for your participation.

Aoife Collins & Aoife Dowling Independent Researchers

By clicking next, you are indicating that you have read the description of the study, are over the age of 18, and that you understand and agree to the terms as described.

Introductory Questions

* 1. Which of the following applies to you?

- School representative
- Social worker
- Aftercare Worker
- Youth worker
- Mental Health
- Professional
- Family Support Worker
- Medical professional

* 2. Where is your primary work location?

- Dublin 5
- Dublin 7

- Dublin 13
- Dublin 17
- Other (please specify)

The Mind-It Project within Schools

This section aims to understand how the Mind It Project has integrated into schools.

* 3. Has the Mind-It Project worked well in the school?

- Yes
- No
- Other (please specify)

* 4. To what extent are students more likely to access counselling because it is in school compared to other settings?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

* 5. In your experience, how effective is the Mind-It Project at meeting the mental health needs of young people in your school?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective

* 6. Would you recommend this model of service for other areas or schools?

- Yes
- No
- Unsure

Young people and their mental health

This section of the survey seeks to gather information on young people's mental health in the Dublin City North area.

* 7. In your experience, which of the following are issues for young people? (Tick all that apply)

- Anxiety disorders
- Behavioural problems
- Body image concerns
- Bullying

- Covid related stress
- Depression
- Family related problems/concerns
- Feeling unsafe/threat of violence
- Eating disorders
- Isolation Lack of knowledge about/access to support services
- Lack of resilience/coping skills Low self-esteem/confidence
- Financial problems/concerns
- Relationship problems/concerns (including friendship)
- School related problems or concerns
- Self-harm
- Stress
- Substance misuse (alcohol/drugs)
- Suicidal ideation
- Trauma/Grief/loss
- None of the above
- Other (please specify)

* 8. What are the top 3 barriers for young people (aged 12+) accessing counselling services in your area?

- Cost
- Location
- Facilities
- Waiting times
- Stigma
- Unsuitable supports
- Ineligibility for existing services
- Lack of confidentiality
- Lack of young people specific supports
- None of the above
- Other (please specify)

The Mind-It Project

This section of the survey is asking, from your experience as key personnel, about the current situation regarding community-based local and accessible counselling in Dublin City North for young people

* 9. How did you hear about the Mind-It Project?

- Social Media
- Email notification
- Newspaper

- Youth service
- Local service
- Parent/Young
- Person Work colleague
- Other (please specify)

* 10. Prior to referring to the Mind-It Project, how would you have described the availability of counselling support for young people aged 12+ years in your local area?

- Lots of choice
- Limited choice
- Lack of choice

* 11. Prior to the Mind-It Project what locally-based youth mental health services were you aware of?

- 1.
- 2.
- 3.
- 4.
- 5.

* 12. Prior to referring to the Mind-It Project, how long would young people have been waiting to access youth counselling?

- Less than 1 month
- 1 to 2 months
- 2 to 3 months
- 3 to 6 months
- More than 6 months
- Not sure

* 13. Why did you choose to refer to the Mind-It Project?

- Easy referral process
- Local service and accessible location
- Young person friendly
- Young person's preference
- Reputation
- Experience of Counsellors
- No waiting list
- Limited/lack of choice in the area
- Not sure
- Other (please specify)

* 14. Do you believe the Mind-It Project has improved access to counselling supports for young people (aged 12+ years) in your area?

- Yes
- No
- Not sure

Outcomes from the Mind-It Project

This section of the survey aims to understand the outcomes for young people that have availed of counselling through the Mind-It Project.

* 15. In your experience, how effective is the Mind-It Project at meeting the mental health needs of young people you work with?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective

* 16. To what extent do you agree with this statement:

The Mind It Project has met its objective of providing an accessible, early intervention mental health support service for young people in the Dublin City North area

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

* 17. Would you recommend Mind-It to other young people you work with?

- Yes
- No
- Not sure

* 18. Do you think a model of local early intervention counselling support, like Mind-It, should be made available in other areas?

- Yes
- No
- Not sure

Suggestions for development for the Mind-It Project

* 19. Do you have any suggestions on how the Mind-It Project can be improved or developed? Please write them below:





I don't
feel Ok

Why, what's
wrong?

THE Mind-It PROJECT

