



# CREATE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Copyright © and Moral Rights for this thesis are retained by the author and/or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder/s. The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given e.g. Lane, Carla (2015) Youth offending teams: a grounded theory of the barriers and facilitators to young people's help seeking from mental health services. D.Clin.Psych. thesis, Canterbury Christ Church University.

Contact: [create.library@canterbury.ac.uk](mailto:create.library@canterbury.ac.uk)



# **MAJOR RESEARCH PROJECT**

CARLA LANE BSc (Hons)

## **YOUTH OFFENDING TEAMS: A GROUNDED THEORY OF THE BARRIERS AND FACILITATORS TO YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES**

**Section A:** In what way do important adults in young people's lives influence their process of help seeking from professional mental health services? A review of theoretical and empirical literature (word count: 7, 996)

**Section B:** Youth Offending Teams: A grounded theory of the barriers and facilitators to young people's help seeking from mental health services (word count: 7,999)

Overall Word Count: 15, 995

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of  
Doctor of Clinical Psychology

May 2015

SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY

June 2015 Board of Examiners

## **Acknowledgements**

Thank you to both services who took part, particularly those who took the time to meet with me. Your time and efforts were very much appreciated and I learnt a lot from you. Thank you also to my internal supervisor for his support, and his encouragement to make my own decisions which helped me to learn throughout the process.

To my peers who have been a continued source of strength and joy throughout the whole course but particularly over the recent months...you kept me “grounded”....thank you. And a big thank you to my friends and family who have shared the whole journey and share in this accomplishment.

## **Summary of MRP Portfolio**

This Major Research Project focuses on young people's help seeking.

**Section A:** This section reviews theoretical and empirical literature related to the influence that adults have on the process of young people's help seeking from mental health services.

Gatekeepers experience many of the same barriers and facilitators as young people.

Gatekeepers' experiences of barriers and facilitators appear to have more of an influence on the young person's process of help seeking than characteristics related to the young person.

Gatekeeper training programmes devised to overcome barriers have a limited evidence base.

Further research is needed to more fully understand how gatekeepers influence young people's complex process of help seeking.

**Section B:** This study aimed to develop a theory about the barriers and facilitators that Youth Offending Team workers experience when supporting young people to access mental health services. Eight workers, two young people and a mental health worker were interviewed about their views and experiences. Transcriptions of interviews were analysed using Grounded Theory. Workers appeared to play a crucial role in supporting a young person's help seeking. A preliminary model was developed which demonstrated the complex relationships between six influential factors.

**Section C:** Tables, Figures and Appendices.

## Contents

### Section A

Abstract.....	09
Introduction.....	10
Definitions of help seeking .....	11
Impact of unmet need.....	12
Rates and patterns of professional service use .....	12
Perceived barriers and facilitators to mental health help seeking in young people .....	13
Gatekeepers .....	14
Help seeking models .....	15
Dominant models.....	15
Dynamic/process models.....	15
Help seeking models for YP.....	15
Rickwood et al. (2005) theory of young people’s help seeking.....	15
The Revised Network Episode Model (Costello, Pescosolido, Angold & Burns, 1998). .....	16
Biddle et al. (2007) ‘Cycle of Avoidance’ .....	17
Murray’s (2005) Alternative Model .....	17
Summary of models .....	18
Aims and rationale .....	18
Review .....	18
Overview of review.....	20
Level of influence.....	20
Externalising behaviours .....	20
Normalising and managing distress.....	263
Gatekeepers personal help seeking intentions.....	24
The meaning of help seeking .....	25
Role Identity and Confidence.....	26
Relationships .....	27
Gatekeepers understanding of young people’s barriers .....	29
Gatekeeper training .....	30
Methodological critique.....	34
Strengths and weaknesses of the empirical literature .....	34

Quantitative designs.....	35
Qualitative studies.....	37
Combining quantitative and qualitative research.....	37
Gatekeeper intervention studies.....	38
Discussion.....	39
Clinical implications.....	39
Gatekeeper interventions.....	40
Acceptability of mental health services.....	41
Future research.....	41
Conclusion.....	43
References.....	43

## **Section B**

Abstract.....	51
Introduction.....	52
Definitions of help seeking.....	52
Patterns of help seeking in children within the youth justice system.....	53
Risks of non-help seeking.....	53
Theoretical models of help seeking.....	54
Social models of help seeking.....	55
Rationale for the current study.....	56
Research questions.....	56
Method.....	57
Design overview.....	57
Epistemological stance.....	57
Participants.....	58
Ethical considerations.....	59
Procedure.....	59
Data analysis.....	60
Quality and validity.....	62
Results.....	63

Overview of the model.....	63
Beliefs about CAMHS .....	65
The relationship between YOT workers and the young person.....	68
YOT workers sense of role and responsibility .....	70
Becoming ready to accept a referral.....	72
CAMHS not engaging .....	76
Facilitators to a successful referral to CAMHS .....	78
Discussion.....	80
Outline .....	80
Links to previous theory and research .....	81
Clinical implications .....	83
Research limitations.....	83
Future research.....	84
Conclusion .....	85
References.....	86

## Section C. List of Appendices, Tables and Figures

### **List of Tables**

#### Section A: Literature search

Table 1. Key search terms

Table 2. Summary of research articles

### **List of Figures**

#### Section A: Literature search

Figure 1. Rickwood, Dean, Wilson and Ciarrochi's (2005) Theoretical Model of Help seeking

#### Section B. Empirical paper

Figure 2. Theoretical model of the influence of YOT workers on young people's help seeking

## **List of Appendices**

Appendix A – Inclusion of papers decision process

Appendix B – Table of study summaries

Appendix C – Ethics and R&D Approval

Appendix D – Interview Schedule

Appendix E – Information sheets

Appendix F – Consent forms

Appendix G – Leaflet

Appendix H – Quality Assurance Guidelines

Appendix I – Full transcript

Appendix J – NVIVO codes

Appendix K – Categories – quotes

Appendix L – Process of category development

Appendix M – Model Development

Appendix N – Abridged research/reflective diary

Appendix O – Bracketing interview partial transcript

Appendix P – Sample memo's

Appendix Q – Summary of research for NRES, R&D departments and services

Appendix R – Summary of research for young participants



## **Section A**

**In what way do important adults in young people's lives influence their process of help seeking from professional mental health services? A review of theoretical and empirical literature.**

Word count: 7,996 + 127

## **Abstract**

Understanding the process by which young people do and do not access mental health services is important given their high rates of distress and reluctance to seek help. This review begins by describing the mental health needs of young people, risks of non-help seeking and their mental health help seeking patterns before moving on to describe theoretical help seeking models. In comparison to empirical literature that investigates characteristics associated with the young person that influence their help seeking, the literature exploring the influence of factors associated with adults around a young person is limited. Therefore, using a systematic search of electronic databases and a range of key terms, this review aimed to explore the available empirical research to gain a clearer understanding of what can be learned about their influence. From the available evidence, a number of influential factors associated with adults around young people were identified. These included; their ability to recognise distress, knowledge of mental health services, fears about seeking help, confidence in making referrals and relationships. To increase young people's help seeking from mental health services, barriers related to adults around the young person need to be overcome. Training packages which include courses in topics such as mental health awareness, offer a solution, but their current evidence base is limited. Further qualitative and quantitative research is required to improve our understanding of the influence of adults on young people's help seeking for mental health problems, particularly for vulnerable populations. (242)

Keywords: Gatekeeper, help seeking

## Introduction

Mixed anxiety and depression is the most common mental disorder worldwide, effecting almost one fifth of the population in high earning countries, including the UK (Gulliver, Griffiths, Christensen, 2010). Despite the UK government's emphasis on improving wellbeing nationally (Department of Health [DOH], 2011), mental health disorders are increasing (Rickwood, Dean, Wilson, & Ciarrochi, 2005) with diagnoses of depression, anxiety, eating disorders and psychosis reaching their peak period of prevalence between the ages of 12-26 (Gulliver et al., 2010).

The associated social, emotional and cognitive changes that occur with mental health problems at this life stage can have a profound impact on a young person's (YP) life (Rickwood et al., 2005). However, young people (YP) are the least likely group to seek help from mental health services (Biddle, Donovan, Sharp, & Gunnell, 2007).

A range of disciplines have sought to investigate the factors that influence mental health service use and explain the high levels of unmet mental health needs in both the general and youth population. There has been a shift from a focus on static, socio-demographic characteristics of the individual towards the development of models which focus on the 'dynamic', social processes that influence help seeking (Biddle et al., 2007). In particular, there has been a recent emphasis on the influence that adults have on a YP's help seeking process, a role commonly referred to as "gatekeepers" (Mazzer & Rickwood, 2012).

In comparison to research on the young person's intrapersonal factors, there appears to be a lack of research seeking to understand gatekeepers' influence on young people. Therefore, this review aims to explore the theoretical and empirical literature relating to gatekeepers' influences on YP's help seeking for mental health difficulties.

Firstly, definitions of help seeking, help seeking patterns of YP and the impact of unmet mental health need will be discussed. Recent and dominant theoretical models of help seeking for YP will then be described. The empirical research directly investigating gatekeepers' influence on help seeking will be reviewed, with an emphasis on their relation to theoretical models. Finally, clinical and research implications will be discussed in light of a critique of the literature.

### **Definitions of help seeking**

“Help seeking” is a complex construct with no clearly agreed definition or measurement (Rickwood & Thomas, 2012). The World Health Organisation study of adolescent help seeking (Barker, 2007) defined help seeking as:

“Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way”. (p.2).

Rickwood, et al. (2005) emphasised the need for social interaction with another person in order to obtain support, advice, information or treatment. Similarly, this review conceptualises help seeking as not only the act of the individual needing assistance, but a reciprocal social relationship whereby gatekeeper's play an important role in a young person's process of accessing support. The help received can be informal (e.g. family, friends), formal (e.g. those specially trained, such as mental health professionals, teachers, youth justice workers) or indirect (e.g. internet) (Rickwood & Thomas, 2012). This review will focus on the influence of gatekeepers on help seeking from mental health services.

## **Impact of unmet need**

Childhood and young adulthood are critical periods in the developmental lifespan (Rickwood et al., 2005). In particular, during adolescence, key roles include autonomy and separation from parents, making vocational choices and forming peer and intimate relationships (Erikson, 1963). Diagnosable mental health disorders in childhood have high levels of persistence (Child and Adolescent Mental Health Services [CAMHS] Review, 2008) and even mild mental health problems during adolescence are associated with social, emotional and cognitive changes that can have a major impact on later adult life. Changes include poor quality of life, social-isolation, poor physical health, premature death and suicide (O'Connor, Martin, Weeks, & Ong, 2014; Rickwood et al., 2005).

In the UK, and other countries such as Australia, there has been a greater emphasis upon early intervention and multi-agency working to prevent and treat mental health problems in YP before they become severe (Farrand, 2007).

Key areas for continued development are in the early intervention and prevention, primary care and bed provision. There has also been an emphasis on better services for children with complex, severe and persistent conditions, for looked after children, CAMHS and youth justice (CAMHS Review, 2008).

## **Rates and patterns of professional service use**

The main determinant of YP's help seeking for mental health problems from a health professional, appears to be the severity of their symptoms (Bebbington et al., 2000).

However, even being considerably distressed is not sufficient for professional help seeking in many YP (Wahlin & Dean, 2012). Only 18 to 34% of YP with high levels of depression or anxiety symptoms seek professional help (Gulliver et al., 2010) and approximately 1.1

million children in the UK under the age of 18 would benefit from specialist mental health services (The Mental Health Foundation, 2007).

In general, research has found that boys are less likely than girls to seek professional help for mental health difficulties (Vaswani, 2011) and both genders prefer informal sources of support such as family and friends (Leavey, Rothi, & Rini, 2011). Across genders, individuals from ethnic and minority groups and those experiencing specific difficulties with suicidal thoughts or self-harm are less likely to seek/receive any source of help (Rickwood et al., 2005; Horwitz & Scheid, 2010).

More specifically, the rates of mental health problems for YP within the criminal justice system have been estimated to be at least triple that of the general adolescent population, rising to 90% for those in custody (DOH, 2007). Looked- after children also have much greater mental health needs (The Mental Health Foundation, 2007). Despite high levels of need, both YP within the youth justice system and looked-after children find it difficult to access support from social care or CAMHS (CAMHS Review, 2008).

### **Perceived barriers and facilitators to mental health help seeking in young people**

Although there are some clear patterns of help seeking, the research is inconsistent about which demographic characteristics predict help seeking (Rickwood et al., 2005). Therefore, research has sought to explain patterns of mental health help seeking by exploring young people's barriers and facilitators, with the aim of finding effective ways to engage YP into services.

Gulliver et al., (2010) conducted a systematic review of both the qualitative and quantitative literature on the perceived barriers and facilitators to YP's help seeking for mental health difficulties. The majority of the research focused on factors associated with the young person. Barriers included; perceived stigma associated with help seeking; lack of knowledge, trust or

accessibility of the care provider; difficulty recognising symptoms of mental ‘illness’; a reliance on the self, and a preference for informal sources of support. They found that the research on facilitating factors was limited. However clear facilitators included; a positive past experience of help seeking; encouragement from others; positive relationship with staff; education and awareness, and an ease of expressing emotion.

## **Gatekeepers**

In addition to the focus on individual factors that influence help seeking, more recently there has been an emphasis on theorising about social influences, in particular, the role of “gatekeepers”. The term ‘gatekeeper’ was first defined in 1971 and was used to refer to any person that a distressed person may turn to for help (Lipson, 2014). More recently, the term “gatekeeper” has been used to describe the people in the community who facilitate professional help seeking for YP in distress (Mazzer & Rickwood, 2012). Other terms used in the literature to describe the same role include, “social influences” (Rickwood et al., 2005) and “important adults” (Draucker, 2005).

## **Help seeking models**

A wide range of theoretical models have been proposed over time to understand the complex help seeking process within the general and youth population which vary in the extent to which they focus on the individual or incorporate the influence of gatekeepers.

**Dominant models:** Three early influential models include Andersen’s (1968) Healthcare Utilisation Model, Rosenstock’s (1966) Health Belief Model and Ajzen and Fishbien’s (1980) ‘Theory of Reasoned Action’. These three theories describe a set of contingencies that can affect an individuals’ decision to seek help and use services, based on individual psychological or demographic variables and broad structural factors. Although they offer useful explanations for why individuals seek help, they have been criticised for

being static and deterministic, implicitly assuming that individuals make rational decisions to seek help and fail to explain the processes involved in help seeking from a social and phenomenological perspective (Biddle et al., 2007; Pescosolido, Gardner, & Lubell, 1998).

**Dynamic/process models:** Pescosolido's Network Episode Model (NEM) (1992) expands upon more dominant models by incorporating the 'process' of when and how individual's receive care (Costello, Pescosolido, Angold, & Burns, 1998). The NEM is a stage-process model which conceptualises service use beyond a simple yes-no, one time decision. It emphasises the need to take into account not only the 'rational' choice that individuals may make to seek help, but how the decision may be made by family members or people in the community such as the police. The power, structure and content of social networks and the treatment system influence each other dynamically and can push a person into or deter them from mental health treatment.

### **Help seeking models for young people**

Neither dominant nor dynamic models have tended to take into account the specific circumstances that surround YP such as differences in influence, power and knowledge between adults and YP (Costello et al., 1998). YP almost never refer themselves to mental health services (Costello et al., 1998) demonstrating the influence that adults around them have in facilitating a referral.

**Rickwood et al. (2005) theory of young people's help seeking:** Rickwood et al. (2005) conceptualised YP's help seeking for mental health problems as a process whereby the "personal becomes increasingly interpersonal" (p.8).



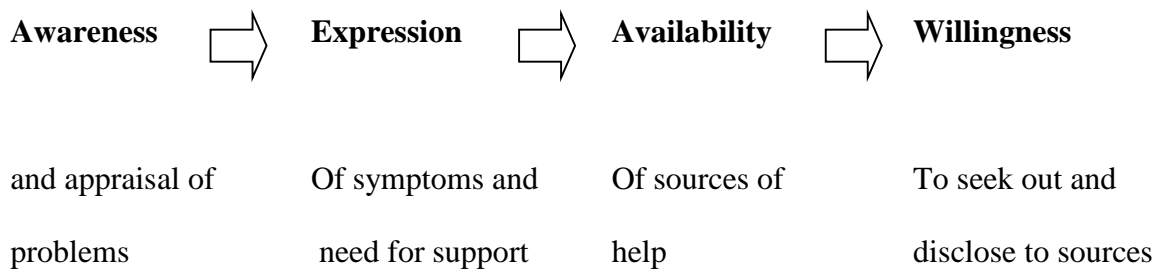


Figure 1. Rickwood, Deane, Wilson, and Ciarrochi, (2005). Theoretical Model of Help Seeking for young people.

Help seeking begins with an awareness of their difficulties and an appraisal that help is needed. YP must then be able to articulate their difficulties to others, and sources of help must be available that the young person is willing to disclose their difficulties to. Although not obvious from the model, Rickwood et al. (2005) emphasised social influences on help seeking and the critical role that ‘gatekeepers’ play in supporting a YP in distress and encouraging them to seek appropriate help.

**The Revised Network Episode Model (Costello, Pescosolido, Angold & Burns, 1998):** Costello et al. (1998) revised Pescosolido’s NEM (1992) to create the Revised NEM (RNEM) which aimed to describe the process by which YP come into contact with professional services. Costello et al. (1998) highlighted that children have little access to information or advice and are therefore much more influenced by family beliefs and attitudes and the strength of family ties. In the RNEM, many of the features that were used to characterise the ‘patient’ in adult models were mainly replaced by the ‘family’ but also included the influence of the community and the school network.

Less emphasis was placed on ‘decision making’, which is emphasised in more dominant models, as Costello et al. (1998) recognised that YP are often coerced, forced or taken into treatment without a full understanding or agreement to having mental health difficulties. In

addition, the key role of 'recognition' was emphasised because Costello et al. (1998) felt that adults must recognise that a child has mental health problems before anything can be done about seeking help. Organisational and parental burden were proposed as key factors that influenced recognition of mental health problems.

**Biddle et al. (2007) 'Cycle of Avoidance':** Biddle et al. (2007) aimed to extend other models by exploring the experiences of individuals who had come into contact with professional services and those who had not. It was conceptualised that YP experience an "on-going cyclical process of lay diagnosis" (p.989), whereby they struggle to assess whether their experiences are "real" or "normal". Biddle et al. (2007) hypothesised that YP are reluctant to arrive at a diagnosis of real distress due to the negative meanings and outcomes they associate with this category such as stigma and a need for help. Seeking help is regarded as an act that can transform distress into something real. Therefore, YP continually push the threshold for tolerable distress by normalising and avoiding help until they reach crisis point, realisation or outside intervention.

**Murray's (2005) Alternative Model:** Murray (2005) proposed two key additions to traditional help seeking models; 'problem legitimisation' and 'prior help seeking pathways'. Murray argued that the lack of a consistent answer to the question of 'what sort of person does or does not seek help?' (p.485) is unsurprising. This is because help seeking is not only related to the help seeker but influenced by both the individuals' previous experiences of help seeking and whether or not adult help givers legitimise their distress as an issue for which help should be sought. What is considered a legitimate issue is constantly being negotiated by individuals and society.

## **Summary of models**

These models of help seeking for YP overlap and complement each other, yet differ in terms of how much they incorporate social influences on YP's help seeking, from an emphasis on the YP's experience of seeking help (Rickwood, 2005; Biddle et al., 2007), to the influence of family and schools (Costello et al., 1998), to the legitimisation of problems at a societal level (Murray, 2005).

## **Aims and rationale**

Research investigating the intrapersonal factors associated with professional mental health help seeking in YP and their relation to theoretical models, is fairly extensive. In comparison, the empirical literature investigating the social influences on help seeking appears to be limited. Therefore, this review aims to gain a clearer sense of the literature investigating what influence gatekeepers have, and how they influence YP.

## **Review**

A systematic search of electronic databases (PsycINFO, Ovid, & Web of Science) was conducted to identify qualitative and quantitative research exploring the influences of gatekeepers on YP's help seeking. Google Scholar was also used and all relevant articles were hand searched for relevant citations. Where access to articles was not permitted, authors were personally contacted (Lipson, 2014).

The recently developed term "gatekeeper" is used throughout this review, and relates to the influence of adults on YP's help seeking process. To ensure that a thorough search was conducted on all research pertaining to this, a number of key search terms were combined, covering various possibilities;

Table 1. Key search terms.

Gatekeeper terms	Young people terms	Help seeking terms	Mental health terms
“Gatekeepers” “social influence” “teachers” “parents”. “GP”	”Young people”, “adolescents/ce” “child/ren”	* “help seeking” “seeking help” “service use”	“mental health”

\*where limited results were found, the term “help seeking” was ‘exploded’ to include other search terms including, “help seeking behaviour”, “health care utilisation” and “health care seeking behaviour”. See Appendix A for when this was included.

Peer reviewed journal articles that were written in English, and reported the influence of gatekeepers on YP’s help seeking were assessed as to whether they met inclusion criteria.

**Inclusion criteria:**

- To have directly explored the experiences, beliefs, knowledge, views or attitudes of gatekeepers.
- The target age of the YP who gatekeepers were aiming to influence needed to be between 4 and 18 years old.
- To include the influence that gatekeepers had on help seeking from mental health services.
- To have involved a qualitative or quantitative investigation of gatekeepers influence.

Due to the paucity of research in the area, research that was published but where the method or analysis were unclear, were included within the review. However, their results were interpreted with caution.

**Exclusion criteria:**

- Those which did not recruit gatekeepers directly into the study.
- Those which only included YP’s perspectives on the influence of gatekeepers.
- Studies which included YP’s views to provide a direct comparison were included, but the results from the YP were excluded.

Seventeen papers met criteria. See Appendix A for decision making strategy and process for papers included in the review. The research articles that are to be reviewed are summarised in Table 2 below and in further detail within Appendix B.

Table 2: Summary of research articles

Author/s and date	Participants	Research question/aim	Method and analysis	Key findings	Critique
Boydell et al. (2013)	10 young people aged 14-18 (clinical sample)  30 significant others	What factors advance or delay young people with psychosis from accessing mental health services?	Multiple case study Two interviews  Thematic analysis	A range of factors influence help seeking including: -stigma -relationships -school -family experience	-good reflexivity -audit trail -clinical sample -no respondent validation
Cartmill, Dean, and Wilson (2009).	47 Australia Youth Workers	How do personal help-seeking practices impact professional practice.	IV – workshop training DV-various  Various pre and post measures – difference and correlation on measured factors	-Post workshop intentions to seek help for personal-emotional problems significantly increased. -No change in referral skills	-no control group -measured actual help seeking? -self report -limited validity -social desirability effect
Collins and Holmshaw (2008)	130 Teachers from 3 secondary	Investigated the knowledge	Pilot conducted	-Teachers were able to recognize	-Self-report -limited exploration

	schools and a pupil referral unit	and experience secondary school-teachers have about psychosis	Cross sectional survey Self-report questionnaire  Percentages	psychotic symptoms -A third had contact with a young person with psychosis. -Confusion about their role and who and where to refer.	-basic analysis -Fair sample size -focus on psychosis
Drauker (2005)	52 young people aged 19-21  4 parents, 8 professionals	What are the interaction patterns between adolescents who are depressed and adults in their lives?	Interviews  Grounded theory	Interaction patters: -maintaining and breaking a façade -poking holes -dynamic process	-good reflexivity -audit trail -representative sample -triangulation
Flink, Beirens. Butte, and Ratte (2013)	41 Dutch, Moroccan and Turkish mothers	How do mothers with different ethnic backgrounds perceive the issue of help seeking for internalising problems?	Focus group and SDQ questionnaire  Deductive Content Analysis	-Themes: problem recognition and perceived severity; decision to seek help; ethnic differences; facilitating factors; selection of services; formal services.	-based on valid/tested theory and models -inter-rater reliability -biased and limited sample -language barrier -limited audit trail
Gilchrist and Sullivan (2006)	-21 young people (non-clinical)  -6 parents 14 youth service providers	Aim: Exploring the attitudes and behaviours of young people towards help-seeking when distressed.	Semi-structured interviews  Thematic analysis	Themes: relationships and trust; stigma and esteem; community knowledge and responsibility -parents regard themselves as approachable	-representative sample -audit trail -very general -no respondent validation
Knowles, Townsend, and Andersen (2012)	8 case managers, YOT team	The first to explore community youth justice staff attitudes towards, and perceptions of, screening for self-harmful behaviour.	8 semi-structured interviews  Interpretative Phenomenological Analysis	Dimensions: -‘Active/passive’ -‘positive/negative’  -barriers to screening must be tackled at individual and organisational levels.	-thorough procedure and analysis -small sample -little reflexivity - specific to self-harm/ suicidality -no respondent validation
Lipson (2014)	21 Gatekeeper studies	Comprehensive review of gatekeeper studies to investigate how actions of trained gatekeepers impact help seeking behaviours of young people.	Systematic electronic search Inclusion and exclusion criteria Used Oxford Centre for Evidence-based medicine to review studies.	-Positive training effects diminished over time -Lack of RCTs and high quality research.	-easy to read and assess whether met the aims -clear inclusion and exclusion criteria and rationale -systematic and clear search strategy

					-clear conclusions drawn
Mazzer and Rickwood (2012)	92 youth workers 47 coaches	What factors influence the advice Youth Workers and Sports Coaches give to young people for depression	Used Theory of Planned Behaviour (TPB) to make predictions.  Self-report questionnaires  Correlation and path analysis Cronbach alpha	-Theory of Planned behaviour did not predict gatekeepers referral behaviour -past referral behaviour, perceived helpfulness and own help seeking intention did.	-large sample -small locality -lack of standardised measures
Mojtabani and Olfson (2008).	7, 036 parent-child pairs	What are the rate and predictors of young people's self-harm?	-Development and Wellbeing Interview -self report questionnaires  Logistic regression	Parents more likely to seek help when: -parent rates distress as high -distress exhibited behaviourally -child not acknowledging distress  1 in 4 parents did not recognise self-harm.	-large sample -Actual help seeking explored -significant clinical and demographic differences between the pairs that were excluded -self report
Robinson et al. (2013)	12 out of 46 studies reviewed were of gatekeeper training studies.	Aimed to comprehensively review empirical literature pertaining to suicide prevention programmes in secondary schools	Systematic electronic search Inclusion and exclusion criteria -Medline; Psycinfo; Chocrane; and hand search.	Gatekeeper training: -Increased knowledge of suicide/attitudes and confidence in supporting young people/ reported improvements in practice  Lack of RCTs and measurement of actual help seeking behaviours of young people	-Systematic and clear search strategy -Clear results for different types of intervention programmes -Restricted to programmes specifically aimed to reduce suicide whereas other programmes may have this impact but were not included
Sayal et al. (2010)	34 parents from non-specialist services	What factors influence parental help-seeking for children with emotional or behavioural difficulties	Focus groups Strengths and Difficulties Questionnaire (SDQ)  Grounded theory	-Parents normalise distress -Parent's prefer informal sources of help -Negative past experience impacts help seeking -Fear of stigma	-excellent thorough methodology -triangulation -all groups were followed by validation groups or semi-structured interviews -no reflexivity

Stiffman et al. (2001)	792 young people aged 14-18  -222 Gatekeepers	Aimed to test and compare individual and gatekeeper models	Semi structured interviews with young people  Surveys with gateway providers  Structural equation modelling	-Client perspective only accounts for 24% of variance -Provider model predicts 55% of service use and is a much simpler model.  -supports RNEM -supports influence of gatekeepers	-clear aims, method and analysis -comprehensive description of measures -clear clinical implications -unable to establish causal direction -limited generalisability
Wahlin and Dean (2012).	119 parent-child (14-18-years-old) dyads (clinical sample)	Examined the influence and perception of parents and others in facilitating the help seeking of young people.	SDQ Questionnaire about help seeking using Likert scale.  Tests of difference and correlation	-94% were influenced by gatekeepers – parents were strongest influence -parent had influence when there was disagreement -unlikely that YP will self-refer	-non-parametric test used. -self report -large sample -clinical sample -sampling bias
Wilson and Dean  Cited in; Dean, Wilson, Ciarrochi, and Rickwood (2002).	1 – 18 teachers  2 – 21 school counsellors	What gatekeeper factors influence mental health help seeking in young people?	Help seeking questionnaires Focus groups  Analysis was unclear: Percentages Themes	-Teachers had similar attitudinal barriers to help seeking as young people -School counsellors were more likely to seek help for mental health problems	Unclear method and process of analysis -no discussion of reflexivity -unpublished studies -small sample
Zwaanswijk et al. (2005)	Parents of 246 Dutch children aged 4-11  Also explored GP and teacher input	To create one comprehensive help seeking model and test it to measure influence.	Interviews Self-report measures  Structural equation modelling.	- GPs had limited role as gatekeeper -School personnel play a key role -Parents should be educated about child pathology and services.	-range of measures used with good reliability and validity -large sample -some limits to generalisation -unable to establish causal direction

## Overview of review

This section will begin by discussing the influence of gatekeepers generally, then explore more specifically, if and how, gatekeeper's perceptions, attitudes, beliefs and behaviours influence the process of help seeking for YP.



## **Level of influence**

Stiffman et al. (2001) and Zwaanswijk, Ende, Verhaak, Bensing, and Verhulst (2005) analysed data from their research using structural equation modelling (SEM), to test the associations between various stages of the help seeking process and their hypothesised determinants (within the child, their family and wider context).

Stiffman et al. (2001) compared and combined data from two studies; the first of which investigated the views and experiences of adolescents on mental health services; the second extended this project by collecting data about the characteristics, training, resources and referral practices of the adolescents' gatekeepers. Stiffman et al. (2001) found that need for support was only one of many factors that influenced service use in adolescents. The inclusion of gatekeeper's perspectives explained approximately twice as much of the variance in service provision (55%). More specifically, Stiffman et al. (2001) found that gatekeeper perception of youth mental health was the largest predictor of service use, followed by gatekeeper knowledge of mental health services and organisational burden.

Zwaanswijk, et al. (2005) randomly selected parents from a GP surgery who completed a health interview survey. Parents of YP with mental health problems (N=246) participated in a help seeking and a diagnostic interview. Teachers who knew the child well were approached to complete a Teacher's Report Form (TRF; Achenbach, 1991b), of which 974 responded.

Offering support to Stiffman et al.'s (2001) study, Zwaanswijk et al. (2005) found that the impact of child characteristics on the help seeking process appeared to be marginal. The parent's perception of the child's mental health problems predicted service use, closely followed by their teachers' perceptions.

These findings demonstrate that an understanding of the provision of mental health services for YP goes beyond an objective assessment of need or individual factors associated with the

young person. They offer support to more social models such as Costello et al.'s (1998) RNEM model and Murray's (2005) Alternative Model. In addition, both studies demonstrated the influential role of the school setting, which nearly equalled the influence of parental influence. These findings indicate that the RNEM could be revised by placing more emphasis on the school rather than mainly on the family network.

### **Influences on parental perceptions**

**Externalising behaviours:** Mojtabani and Olfson (2008) combined two studies to explore the rate and predictors of parental detection of self-harm in YP by examining 7,036 parent-child pairs. Children and parents completed a self-harm questionnaire (Development and Well-Being Assessment structured interview; and the Strengths and Difficulties Questionnaire [SDQ], Ford et al., 2003; Goodman, 1999, as cited in Mojtabani & Olfson, 2008). Parents were also given a structured interview about professional help seeking.

Wahlin and Dean (2012) aimed to examine the influence of parents on YP's formal help seeking for mental health problems by also examining parent-child pairs (N=119). Parents completed the SDQ (Goodman, 1997) and both children and parents answered questions using a Likert scale, regarding who and what influenced the young person to seek help.

To assess the relationship between factors both Mojtabani and Olfson (2008) and Wahlin and Dean (2012) used correlational designs. Both found that parents recognised, sought help and placed more influence on their child to access help when they rated their child's level of difficulties as high (on the SDQ), when their child exhibited their problems behaviourally or when the child was not acknowledging that they needed help and there was therefore a disagreement between the parent and child.

Worryingly, Mojtabani and Olfson (2008) found that one in four parents did not know about their child's self-harm behaviour. Consequently the child was less likely to receive professional support even if they met criteria for childhood disorders.

These findings support theoretical literature (e.g. Costello et al., 1998) which emphasise the influential role of parental burden and gatekeeper "recognition"; it is not until the YP's behaviour impacts the parents themselves or that they recognise that there is a problem, that they seek help from mental health services for their child.

**Normalising and managing distress:** Flink, Beirens, Butte, and Raat, (2013) and Sayal et al. (2010) both conducted focus groups with parents of YP.

Flink et al. (2013) conducted seven focus groups with 41 Dutch, Moroccan and Turkish mothers of adolescent daughters. They aimed to investigate how maternal perceptions of internalised problems and ethnic background could influence the help seeking pathways for adolescent girls specifically.

Sayal et al. (2010) conducted eight focus groups with 34 parents recruited from community organisations who had worries about their child's (aged 2-17) mental health but were not receiving CAMHS involvement. Sayal et al. (2010) wanted to investigate parent's perceived barriers and facilitators to accessing primary care for their child/adolescent's difficulties. Parents also completed the SDQ (Goodman, 1997) and were asked to participate in a follow up focus group or telephone interview to validate the themes.

Flink et al. (2013) analysed their data using content analysis and Sayal et al. (2010) used grounded theory. Both studies found that internalised/emotional expressions of distress were recognised but often perceived by family members as a normal part of development that would pass in time and that therefore did not warrant professional intervention. Parents who

did recognise that there was a problem, expressed preferences for informal help sources including themselves as the parent. In both situations, professional interventions were therefore delayed or not received at all.

These findings could extend Biddle et al.'s (2007) COA, as they indicate that it is not only children who normalise distress in an attempt to avoid 'real' distress, but that adults around them do this also and this makes it less likely that YP seek professional support. In addition, like Stiffman et al. (2001) and Zwaanswijk et al. (2005), both studies found that the influence of the child's characteristics were minimal and exerted their influence only through their impact on parents' perception and recognition of mental health problems, offering further support to Costello et al.'s (1998) RNEM as well as the key role of gatekeepers on YP's help seeking generally.

### **Gatekeepers personal help seeking intentions**

Rather than focusing on gatekeepers' fears and beliefs about help seeking for YP, some researchers have started to explore how gatekeepers' experiences and intentions to seek help for themselves may influence young people. Deane, Wilson, Ciarrochi, and Rickwood (2002) conducted a number of studies with various gatekeepers. In one study, they conducted three focus groups with 18 teachers and asked them to complete a General Help Seeking Questionnaire (GHSQ; Deane et al., 2002). Wilson and Dean (2005) found that teachers had similar attitudinal barriers to seeking help as students; they were reluctant to seek help and preferred informal sources of support for themselves. In contrast, they had greater personal intentions to seek help from mental health services for suicidal ideation.

In a separate study, 21 school counsellors were also asked to complete the GHSQ. In comparison to other samples, these school counsellors' willingness to seek help for

themselves was relatively high, indicating their potential for being good role models to students.

To investigate how these personal attitudes influenced referral behaviours, Mazzer and Rickwood (2012) explored the factors that influenced the advice that youth workers and sport coaches gave YP concerning help seeking for mental health problems. Both groups completed a self-report questionnaire. Gatekeepers showed low levels of intention to seek professional help for themselves and perceived mental health professionals as the least helpful source of support for YP. Informal sources of support or GPs were preferred. A path analysis of their data found that the gatekeepers own help seeking intentions were the strongest predictor of intentions to refer YP to mental health services.

### **The meaning of help seeking**

Gatekeepers' personal help seeking intentions and their intentions to seek help for YP appears to be related to gatekeepers' previous experiences of help seeking. In both Flink et al. (2013) and Sayal et al.'s (2010) studies, negative previous experiences of delayed, ineffective or inappropriate help for themselves or their children contributed to the parental participants avoiding seeking help from professional services. Some parents reported positive experiences of being well supported by their GP, however, most described having not been listened to or taken seriously by them.

Interestingly, Sayal et al. (2010) found that many parents had experienced friends or family having had children removed from their care. As a consequence, they feared that seeking help would mean that they were 'not good enough parents' and result in them having their own children removed.

This evidence extends Murray's (2005) Alternative Model by demonstrating that YP's help seeking is not only influenced by the prior help seeking experiences of the young person but also by the experiences of the adults around them. The evidence also supports the extension of Biddle et al.'s (2007) COA, whereby feared negative consequences of gatekeeper's as well as YP, create barriers to help seeking.

Boydell, Volpe, Gladstone, Stasiulis, and Addington (2013) used a multiple case study approach to identify the factors that advance or delay YP at "ultra-high risk" for psychosis accessing mental health services. Ten YP from early intervention services in an urban Canadian city were interviewed twice. Thirty adults that the young person identified as facilitating or creating barriers to their access into services were interviewed once. Boydell et al. (2013) analysed transcriptions of interviews.

Both Boydell et al. (2013) and Sayal et al. (2010) found that gatekeepers feared that stigma and labelling associated with a diagnosis of mental illness would stick and potentially jeopardise their child's future, although they did not say how. Flink et al. (2013) found that most Moroccan and Turkish participants would fear telling anyone outside their immediate family in case they experienced negative judgements and gossiping.

Boydell et al. (2013) stated that the RNEM did not fully explain the help seeking process for YP with psychosis and like Zwaanswijk et al. (2005), they suggested that the school context plays a much more influential role than the RNEM suggests.

These findings are consistent with Biddle et al.'s (2007) COA which postulates that social meanings and consequences attributed to mental 'illness' and 'being helped' influence help seeking behaviour. However, yet again, it is the gatekeepers' beliefs that are impacting YP's help seeking. It appears that many adults who are ideally positioned to act as gatekeepers

share similar stigmatising ideas and fears about the YP seeking professional help for mental health problems, creating a barrier to the gatekeeper facilitating the YP to seek help.

### **Role Identity and Confidence**

Stiffman et al.'s (2001) also found that gatekeepers knowledge of available mental health resources was the second most influential factor on YP's access to professional mental health services; the more knowledge the gatekeeper had, the more likely they were to assess the YP as having mental health difficulties and make a referral to services. Similarly, Boydell et al. (2013) found that gatekeepers' perceived lack of available mental health services presented a barrier to a YP's service use.

Knowles, Townsend, and Andersen's (2012) research appears to shed further light on these findings. They interviewed staff from a Youth Offending Team, analysing their interviews using Interpretative Phenomenological Analysis (IPA). Knowles et al. (2012) found that staff acknowledged organisational barriers when making a referral to mental health services. However, they responded differently depending on how they viewed their role and level of responsibility for this, as well as their own skills and ability to support a YP in the process of referral.

Consistent with this, Collins and Holmshaw (2008) found that even though teachers' knowledge of available mental health services was high, 52% of teachers felt that it was someone else's responsibility to make a referral and their role perception presented as a barrier. In addition, Mazzer and Rickwood (2012) found that the role identity and confidence of the professionals strongly affected their willingness to accept any responsibility for intervening or making referrals for YP with identified mental health problems.

In summary, gatekeeper knowledge of mental health services varies. However, increasing awareness of mental health services may not be enough. It appears that a gatekeeper's beliefs about their role and their confidence in their own skills and abilities to support a young person with a referral need to be targeted also.

## **Relationships**

Many of the articles described ways in which gatekeepers interacted with YP or each other, which facilitated or created barriers to the YP seeking help.

Although primarily focused on the help seeking experiences of YP, Drauker (2005) interviewed a number of gatekeepers including; parents, teachers, a coach, a paediatric nurse and a case manager. Drauker (2005) described a number of processes by which gatekeepers went through to influence YP to seek help for depression including being actively vigilant to problems, being available to talk and by listening non-judgementally; "having an open eye, an open door, and an open ear" (p. 956). Drauker (2005) also described the actions of 'steadily pushing' and 'breaking down the façade', in which the parents risked stigma to the family and gatekeepers stood by a depressed adolescent, even when feeling rejected by them.

Other effective actions described within the research included; giving support, information, advice, coordinating action, liaising between services and taking responsibility for making referrals to services (Collins & Holmshaw, 2008; Boydell et al., 2013, Knowles et al., 2012). These actions were facilitated by demonstrating genuine care and respect, making significant efforts and by being flexible and broad within job roles (Boydell et al., 2013).

Interestingly, coercion appeared to be a useful tactic, something recognised by Costello et al. (1998) in their RNEM. Boydell et al. (2013) found parents that "yelled, cried and dragged" or "pushed" their children to professional services (p.176). Wahlin and Dean, (2012) argued the



importance of extending research to understand how YP reached services and the impact that this has on engagement with the therapeutic process.

Relationships between gatekeepers around a YP were also extremely important in facilitating a referral for the YP. Sayal et al. (2010) for example found that for parents, building a relationship and trust with their GP facilitated help seeking for their child whilst Mazzer and Rickwood (2012) found that gatekeepers tended to refer to the sources of help in which they felt most familiar.

Quality of the support from the gatekeeper obviously influences YP's help seeking and is particularly highlighted within Murray's (2005) Alternative Model. Any model of help seeking would need to incorporate the quality of the relationships not only between YP and gatekeepers but also between gatekeepers and gatekeepers and services, as these indirectly influence YP's help seeking.

### **Gatekeepers understanding of young people's barriers**

Research has found that many gatekeepers misunderstand the barriers that YP face when seeking help.

Gilchrist and Sullivan (2006) interviewed 21 YP from a non-clinical population, six parents and 14 youth service providers, about their understanding of youth suicide and effective interventions. It was unclear about what method of qualitative analysis was used but it appeared to be a thematic analysis.

Dean et al.'s (2002) study with school counsellors asked them to rate barriers that they anticipated their students would have to seeking help for mental health difficulties, by completing the Barriers to Adolescents Seeking Help questionnaire (BASH, Kuhl, 1997, as cited in Dean et al., 2002).

In both studies, parents, youth providers and counsellors did not accurately rate the barriers that YP identified as their main barriers. They attributed difficulties with accessing services to dislike and lack of knowledge about services whereas YP expressed fears of embarrassment or shame. Many parents viewed themselves as approachable and did not recognise how difficult it was for YP to trust and confide in adults, including themselves.

Gilchrist and Sullivan (2006) argued that a YP's inability to identify someone to trust originates as much in the community as it does in the YP and that "communities need to own this problem and be responsible for young people" (p.83). Gilchrist and Sullivan (2006) did not have a solution to this problem but recognised that an important factor would be improving gatekeepers' ability to recognise YP's barriers to help seeking.

### **Gatekeeper training**

Gatekeeper training (GKT) programmes aim to overcome barriers discussed within this review by targeting community workers who are in a natural position to act as gatekeepers and increasing their knowledge, ability to recognise mental health problems and skills to intervene effectively (Lipson, 2014). GKT programmes are in widespread use however, evidence of their effectiveness is limited (Lipson, 2014; Robinson et al., 2013). Lipson reviewed 21 GKT studies with inclusion criteria that included; quantitative measures for training effects on non-mental health professionals, with a target population of adolescents. Robinson et al. (2013) reviewed 12 GKT studies that were specifically targeted at suicide prevention in secondary school children. Both Lipson (2014) and Robinson et al. (2013) found a limited number of high quality randomised controlled trials (RCTs). Lipson (2014) described many of the cohort studies as 'low quality'. Improvements in the knowledge, attitudes, self-efficacy and referral intentions of gatekeepers were found across a number of intervention programmes. Indeed, Robinson et al. (2013) concluded that intervention

programmes aimed at gatekeepers appeared to hold more promise than programmes aimed at young people themselves. However, outcomes and effects were found to diminish over time (Lipson, 2014). In addition, the impact training had on; gatekeepers' referral behaviour and skills, or YP's help seeking behaviours, were rarely researched and therefore remained inconclusive (Lipson, 2014; & Robinson et al., 2013).

A study that was not included in either review which did investigate actual help seeking behaviour was conducted by Cartmill, Dean, and Wilson (2009). They investigated 47 youth workers personal help seeking attitudes and intentions prior to and after a training workshop. Only 24 completed post-test measures. Of those, they found increased levels of personal help seeking intentions, actual help seeking behaviour and problem solving skills. However these did not translate into practice with YP; with no changes in self-reported referral intentions.

In summary, despite the widespread use of GKT, there is very little empirical evidence to support their efficacy, particularly long term. The studies reviewed demonstrate that GKT impacts gatekeepers' attitudes, beliefs and knowledge however, more research is needed to investigate the effectiveness of GKT on increasing YP's help seeking.

## **Methodological critique**

### **Strengths and weaknesses of the empirical literature**

Ten out of the 17 papers reviewed used quantitative research methodologies. Two studies (Lipson, 2014; Robinson, 2013) conducted systematic reviews. Guidelines and criteria published by Long, Godfrey, Randall, Brett, and Grant (2002) and Schulz, Altman, and Moher, (2010) were used to review their quality and assess the validity of their findings (Appendix H).

Five of the 17 papers reviewed used a qualitative research design. There are no agreed set criteria for the evaluation of qualitative research. However, flexible standards and guidelines for the process and reporting of qualitative research are available. The current review uses guidelines taken from Yardley, (2000) and Mays and Pope (2000) (Appendix H).

### **Quantitative designs**

More than half of the research used quantitative designs to test theoretical models and investigate the level of influence of various gatekeeper factors on YP's help seeking.

Dean et al., (2005) and Collins and Holmshaw (2008) explored a range of gatekeeper factors (personal help seeking barriers; knowledge of YP's barriers; and level of knowledge about mental health services) and discussed the possible implications of these factors on YP's help seeking. Flink et al. (2013), asked gatekeepers to discuss how they would support a YP in distress and drew their conclusions from these discussions. These designs highlighted gatekeeper factors that may be relevant to YP's help seeking, however, they did not test their influence directly. Therefore, conclusions about the impact of these factors should be taken cautiously.

The use of more complex statistical designs, meant that the remaining quantitative studies were able to test the extent to which factors were associated with or could predict YP's help seeking. Using a path analysis, Mazzer and Rickwood (2012) provided evidence to support Dean et al. (2005), finding a positive correlation between gatekeeper's personal help seeking intentions and their intentions to support a referral for YP. However, one of the measures they used was not standardised, limiting the validity of their conclusions. Wahlin and Dean (2012) discussed the lack of standardised measures for many of the concepts relating to help seeking (such as "attitudes" and "emotional competence") as a weakness for their own and other help seeking studies. Findings are only as reliable and valid as the measures used to

assess the constructs. Wahlin and Dean's (2012) data however, was supported by Mojtabani and Olfson, (2008), who used a range of measures, including actual help seeking rather than hypothetical, and found a positive correlation between a young person expressing their distress externally, gatekeeper "recognition" of behaviours, and the likelihood of a YP receiving help from professional services.

Zwaanswijk et al. (2005) and Stiffman et al. (2001) offered particularly compelling evidence of the influence of gatekeeper's perceptions and knowledge of mental health services by using complex statistical designs that investigated the predictive relationships between a range of gatekeeper characteristics. Both studies used large sample sizes and measures which demonstrated internal and external consistency and good levels of validity, strengthening the reliability and validity of their findings (Schulz et al., 2010).

**Using closed assessment measures:** In general, quantitative designs, with their focus on closed assessment tools may limit further exploration of information that was not already anticipated, increasing the risk of researcher bias. In addition, research which asks people to reflect on past experiences, rely on accurate self-report. These challenges may have impacted the validity and therefore the generalisability of the findings of the quantitative research overall (Schulz et al., 2010). However, the use of questionnaires enabled the quantitative studies to gather large quantities of information which some triangulated with qualitative data (Dean, et al., 2002; Sayal et al., 2001; Flink et al., 2013). In addition, as a socially sensitive topic; particularly for parents; being able to complete questionnaires anonymously, may have overcome any social desirability or researcher effects, which increases the internal and external validity of research findings (Schulz et al., 2010).

## **Qualitative studies**

Although all of the quantitative and qualitative research was cross-sectional in design, the exploration of help seeking using qualitative research designs allows for a consideration of processes over time (Pistrang & Barker, as cited in, Cooper, 2012). In addition, qualitative research lends itself to understanding complex social processes such as those suggested by the theoretical and empirical literature, and offer the opportunity to expand upon and generate further theory (Cooper, 2012).

**Reflexive processes:** When conducting qualitative research in this area, it is important for researchers to not impose their own views and experiences or knowledge of literature or theory onto participants' data as this would limit the exploration of participants' experiences and bias the findings (Mays & Pope, 2000). Sayal et al. (2010); Gilchrist and Sullivan (2006), Knowles et al. (2012) made very limited or no reference to any reflexive processes, leaving the validity and credibility of their results somewhat under question (Reid & Gough, 2000). However, Sayal et al. (2010) did use respondent validation checks; checking results with participants to validate and extend them. In addition, Boydell et al. (2013) and Draucker (2005) used a reflexive process including memo's and inter-coder reliability checks (Mays & Pope, 2000).

## **Combining quantitative and qualitative research**

Mojabaini and Olfson (2008), and Flink et al. (2013) found that gatekeepers tend to act more on externalised expressions of distress than on internalised distress. Combining their findings with those from Sayal et al.'s (2010) and Boydell's (2013) qualitative studies, offer an insight into the potential of gatekeepers experiencing a cycle of avoidance much like how Biddle et al (2007) hypothesised YP experience their own distress. In particular, the influence of

stigma and fears of negative consequences was triangulated across studies, demonstrating the generalisability of this factor across gatekeeper and youth populations.

In addition, Sayal et al. (2010) found similar results to Mazzer and Rickwood (2012) offering support to each other's findings that the development of relationships, not only between YP and gatekeepers (Draucker, 2005) but between gatekeepers and professional mental health services, may play a key role in facilitating YP's help seeking for mental health problems.

### **Gatekeeper intervention studies**

Cartmill et al. (2009) used an experimental design with pre and post intervention measures. This study and the majority of the studies within Lipson's (2014) or Robinson's (2013) reviews did not include a control group and sample sizes were low reducing the reliability, validity and generalisability of the findings (Schulz et al., 2010). In addition, the post intervention measures in both studies included "intentions"; to refer (gatekeepers) or to seek help (YP).

Mazzer and Rickwood, (2012) also correlated their factor; gatekeeper's personal help seeking intentions, with referral intentions and described this as a weakness due to the discrepancy between intentions and actual behaviour. The validity of the results would have been increased had they measured actual referral behaviour or the success or appropriateness of referrals post intervention.

**Sample:** In three of the studies, gatekeepers were identified by those YP who participated (Boydell et al., 2012; Stiffman et al., 2001; & Zwaanswijk et al., 2005).

Gatekeepers' responses were used to triangulate the responses of YP. This allowed for some interesting comparisons and similarities to be made between YP's and gatekeeper's beliefs, perceptions and fears. However, given the potential level of influence that gatekeepers may

have on YP's help seeking, it will be important in future research to explore gatekeepers' influence in its own right.

Knowles et al. (2012), Boydell et al. (2013) and Wahlin and Dean (2005) focused solely on gatekeepers of a clinical sample of YP. Other studies recruited participants from non-mental health services; four of which were recruited by advertising using posters, leaflets and newspaper articles in the communities in which gatekeepers lived (Sayal et al., 2010; Draucker, 2005; Gilchrist & Sullivan, 2006; & Flink et al., 2013). Evidence from research investigating both help seekers and non-help seekers will need to be combined to develop a comprehensive understanding of help seeking. When considering the validity of the findings, it is important to hold in mind that those who are more likely to take part in psychological/clinical research may be more likely to seek help from clinical services.

## **Discussion**

### **Clinical implications**

The research investigating the influence of gatekeepers on YP's help seeking is at the beginning stages. This review discussed research demonstrating a range of quality, investigating the influence of a number of different gatekeepers and youth populations. A range of factors were identified. When combined, these factors could not fully account for YP's help seeking. However, some factors appeared more influential than others. In particular, the available research highlighted; gatekeepers' ability to recognise the YP's distress; knowledge of mental health services; fears about seeking help; relationships with YP and with service providers; and beliefs about and confidence in referring to services. Factors such as personal help seeking intentions and knowledge of YP's barriers may also have an influence, but the evidence to support this was less clear. The research suggests an interaction



of gatekeeper factors and characteristics of the young person in a dynamic, complex process over time.

The evidence offers empirical support to a number of recent policy developments focusing on a more systemic approach to promoting mental health and psychological well-being in YP (CAMHS Review, 2008). Families, employers, educators and communities are all expected to play a role in maintaining the well-being of YP (DOH, 2011).

### **Gatekeeper interventions**

For gatekeepers to effectively facilitate YP's help seeking it appears that they may need some support. The current research indicates factors which may be clinically relevant to target in gatekeeper training programmes. However, the research is still in its early stages and a clear understanding of if, how and when these factors influence a YP from a particular population, at a particular developmental stage (Erikson, 1963) is unclear. Without a clear evidence base by which to base GKT programmes, it may be difficult for practitioners to devise effective programmes. However, the continued development and the opportunities these pose for conducting practice based research to further investigate the relationship between factors, offer hope for the development of a better understanding of gatekeepers influence and for the development of effective interventions. The evidence from the current research would highlight; tackling stigma; increasing gatekeepers' knowledge and awareness of mental health services and practices; improving the quality of relationships between YP and gatekeepers and between gatekeepers; and increasing gatekeeper's knowledge of the barriers that YP experience. In addition, considering the confusion and lack of confidence some gatekeepers have in their role, making the gatekeeping role more explicit and making support and supervision available for gatekeepers would be beneficial.

## **Acceptability of mental health services**

Rickwood (2005) argued that seeking help from professional mental health services offers more protection against a range of risks to mental health in comparison to seeking help from indirect or informal sources which have a limited evidence base. However, a lack of evidence is not synonymous with ineffectiveness. In addition, there continue to be social and ethnic disparities in mental health care and outcomes because many young people and adults prefer seeking help from friends, family, religious leaders or charities specific to their social or cultural groups. These sources of support are perceived as more appropriate, acceptable and accessible (DOH, 2009). Alongside an awareness of the value of these less formal sources of support should be the development of more culturally and age appropriate services.

Moving mental health support into the community may be one way of accomplishing this.

The influence of the school has been particularly highlighted within the research and supports recent government policy around increasing professional mental health input within schools (CAMHS Review, 2008). This work could be extended by providing regular evidence based GKT programmes to teachers and other school professionals. Clinical psychologists within CAMHS services would be well placed to offer these types of interventions. Primary care and CAMHS workers are expected to provide more consultation and support to schools (CAMHS Review, 2008) or could perhaps have a regular base within them. The research skills of clinical psychologists could also support the development and evaluation of adaptations to services to better meet local needs.

## **Future research**

The main help seeking models for YP need to be extended to incorporate gatekeepers' influence. These then need to be tested on a range of populations, help seekers and non-help seekers, using both quantitative and qualitative research designs, to consolidate and extend

the research to date. Models may need to be made specific to younger children and adolescents, due to the changes in relationships adolescents experience including the increasing influence of peers during this life stage (Costello et al., 1998). Research investigating the influence of peers and other informal sources of support would provide evidence to support the development of such models.

The current research used mainly retrospective, cross-sectional or correlational designs. Longitudinal studies are now needed to establish any causal directionality of factors influencing the help seeking process and to provide more information on the sequence of help seeking stages. Longitudinal studies would also help to shed more light on how services and support are experienced by YP and the important adults in their lives without needing to rely solely on respondents' reconstruction of their experiences.

Further research, with the inclusion of Randomised Controlled Trials, are needed to determine the effectiveness of GKTs and which types of programs are the most effective to which gatekeepers and YP. Instead of self-reported referral skills, actual referral rates and success of referrals could be measured. GKT are also useful experimental opportunities to test the relationship between gatekeeper factors, skills and YP's help seeking.

A National Service Framework progress report in 2008 (CAMHS Review, 2008) highlighted key populations for commissioners and service managers to focus on improving their access to mental health services. These included; YP with complex conditions, looked-after children and children within the criminal justice system. These YP may have had very few positive relationships with adults. Given the lack of theory and research focusing on these vulnerable YP with high unmet mental health needs, qualitative research investigating who, when and how gatekeepers influence their help seeking would be useful areas for future research.

## **Conclusion**

The research base is still developing, but overall it appears that factors related to gatekeepers indeed play a key role in YP's help seeking from professional mental health services, perhaps an even more significant role in fact, than factors related to YP themselves. Gatekeepers experience many of the same barriers, facilitators and processes that YP experience, as well as particular reactions to YP's distress. Beliefs and attitudes towards their role as a gatekeepers may also influence YP's process of help seeking. Theoretical models such as those described at the beginning of the review, need to be expanded to incorporate these associations. However, further research will be needed to develop a more full understanding of how gatekeepers facilitate or hinder the complex process of young people's help seeking and what may be the most effective ways to intervene, with a particular need to focus on the most vulnerable populations.

## **References**

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior.*

Englewood Cliffs, NJ: Prentice-Hall

Andersen, R. (1968). *A behavioral model of families' use of health services.* Centre for

Health and Administration Studies Research Series 25. Chicago: University of Chicago Press

Barker, G. (2007). *Adolescents, social support and help seeking behaviour: An international literature review and programme consultation with recommendations for action.*

Geneva, Switzerland: World Health Organization. Retrieved from

[http://whqlibdoc.who.int/publications/2007/9789241595711\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595711_eng.pdf)

Bebbington, P. E., Meltzer, H., Brugha, T. S., Farrell, M., Jenkins, R., Ceresa, C., & Lewis, G. (2000). Unequal access and unmet need: neurotic disorders and the use of primary care services. *Psychological Medicine*, 30, 1359– 1367

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness*, 29, 983-1002

doi: 10.1111/j.1467-9566.2007.01030.x

Boydell, K. M., Volpe, T., Gladstone, B. M., Stasiulis, E., & Addington, J. (2013). Youth at ultra high risk for psychosis: using the Revised Network Episode Model to examine pathways to mental health care. *Early Intervention in Psychiatry*, 7, 170-186

DOI: 10.1111/j.1751-7893.2012.00350.x

CAMHS Review. (2008). Children and young people in mind: The final report of the national CAMHS review. Retrieved from

<http://www.dcsf.gov.uk/CAMHSreview/downloads/CAMHSReview-Bookmark.pdf>

Cartmill, T., Dean, F. P., & Wilson, C. J. (2009). Gatekeeper training for youth workers: Impact on mental health help-seeking and referral skill. *Youth Studies Australia*, 28, 5-12

Collins, A., & Holmshaw, J. (2008). Early detection: a survey of secondary school teachers' knowledge about psychosis. *Early Intervention in Psychiatry*, 2, 90-7

doi: 10.1111/j.1751-7893.2008.00063.x

Cooper, H. (2013). *APA Handbook of Research Methods in Psychology: Volume 2*. Washington: Magination Press

- Costello, E. J., Pescosolido, B. A., Angold, A., & Burns, B. J. (1998). A family network-based model of access to child mental health services. *Research in Community Mental Health, 5*, 165-190
- Deane, F. P., Wilson, C. J., Ciarrochi, J., & Rickwood, D. (2002). Mental health help seeking in young people. (Report for National Health and Medical Research Council of Australia, Grant YS060). Wollongong, NSW: University of Wollongong, Illawarra Institute for Mental Health.
- Department of Health. (2007). Promoting mental health for children in secure settings: A framework for commissioning services. London: DH.
- Department of Health (2009). Delivering Race Equality in Mental Health Care: A Review. London: DH. Retrieved from <http://www.mentalhealthequalities.org.uk/silo/files/delivering-race-equality-in-mental-health-care-a-review.pdf>
- Department of Health. (2011). No health without mental health: A cross-government mental health outcomes strategy for people of all ages. London: DH Retrieved from <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- Draucker, C. B. (2005). Interaction patterns of adolescents with depression and the important adults in their lives. *Qualitative Health Research, 15*, 942-963
- Erikson, E. H. (Ed.). (1963). *Youth: Change and challenge*. Basic books
- Farrand, P., & Parker, M., & Lee, C. (2007). Intention of adolescents to seek professional help for emotional and behavioural difficulties. *Health and Social Care Community, 15*, 464-473

- Flink, I. J. E., Bierens, T. M. J., Butte, D., & Raat, H. (2013). The role of maternal perceptions of ethnic background in the mental health help-seeking pathway of adolescent girls. *Journal of Immigrant Minority Health*, 15, 292-299  
doi 10.1007/510903-012-9621-7
- Gilchrist, H., & Sullivan, G. (2006). Barriers to help-seeking in young people: community beliefs about youth suicide. *Australian Social Work*, 59, 73-85
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10, 1-9.
- Horwitz, A., & Scheid, T. (2010). A handbook for the study of mental health, social contexts, theories and systems. *The British Journal of Forensic Practice*, 4, 2
- Knowles, S. E., Townsend, E., & Anderson, M. P. (2012). Youth justice staff attitudes towards screening for self-harm. *Health and Social Care in the Community*, 20, 506-515  
doi: 10.1111/j.1365-2524.2012.01061.x
- Leavey, G., Rothi, D., & Rini, P. (2012). Trust, autonomy and relationships: the help-seeking preferences of young people in secondary level schools in London (UK). *Journal of Adolescence*, 34, 685-693
- Lipson, S. K. (2014). A comprehensive review of mental health gatekeeper-trainings for adolescents and young adults. *International Journal of Adolescent Medical Health*, 26, 309-320  
doi: 10.1515/ijamh-2013-0320.

- Long, A. F., Godfrey, M., Randall, T., Brettle, A. J., & Grant, M. J. (2002). Developing evidence based social care policy and practice. Part 3: Feasibility of undertaking systematic reviews in social care. Leeds: Nuffield Institute for Health.
- Mazzer, K. R., & Rickwood, D. J. (2009). Community gatekeepers' advice to young people to seek help from mental health professionals: Youth workers and sport coaches. *The International Journal of Mental Health Promotion*, 11, 13-23
- Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *British Medical Journal*, 320, 50-52
- Mojtabani, R., & Olfson, M. (2008). Parental detection of youth's self-harm behavior. *Suicide and Life Threatening Behaviour*, 38, 60-73.
- doi: 10.1521/suli.2008.38.1.60.
- Murray, C. (2005). Young people's help-seeking: an alternative model. *Childhood*, 12, 479-494.
- doi:10.1177/0907568205058607
- Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociology*, 97, 1096–1138.
- Pescosolido, B. A., Brooks-Gardner, C & Lubell, K. M., (1998). "How people get into mental health services: Stories of choice, coercion and 'muddling through' from 'first-timers.'" *Social Science and Medicine* 46, 275-286.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4, 1-27



Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research Behaviour management*, 5, 173-183

. doi: 10.2147/PRBM.S38707

Rosenstock, I. M. (1966). Why people use health services. *Milbank Memorial Fund Quarterly*, 83, 1-32.

O'Connor, P. J., Martin, B., Weeks, B. C., & Ong, L. (2014). Factors that influence young people's mental health help-seeking behaviour: a study based on the Health Belief Model. *Journal of Advanced Nursing*, 70, 11, 2577-2587

doi: 10.1111/jan.12423

Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 34, 164-82.

doi: 10.1027/0227-5910/a000168.

Sayal, K., & Taylor, E. (2004). Detection of child mental health disorders by general practitioners. *British Journal of General Practice*, 54, 348-352

Schulz, K. F., Altman, D. G., & Moher, D. The CONSORT Group. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *BMC Medicine*, 8, 18-26.

[doi: 10.1186/1741-7015-8-18](https://doi.org/10.1186/1741-7015-8-18)

Stiffman, A. R., Striley, C., Horvath, V. E., Hadley-Ives, E., Polgar, M., Elze, D., & Pescarino, R. (2001). Organizational context and provider perception as determinants of

mental health service use. *Journal of Behavioural Health Service Research*, 28, 188-204

The Mental Health Foundation. (2007). *The Fundamental Facts*. Retrieved from

<http://www.mentalhealth.org.uk/publications/fundamental-facts/>

Vaswani, N. (2011). Encouraging help seeking behaviours in vulnerable young men: A review of the literature. *Focus, Evidence for youth justice practice*.

[http://strathprints.strath.ac.uk/50756/1/Vaswani\\_CYCJ2014\\_help\\_seeking\\_behaviours\\_among\\_vulnerable\\_young\\_men.pdf](http://strathprints.strath.ac.uk/50756/1/Vaswani_CYCJ2014_help_seeking_behaviours_among_vulnerable_young_men.pdf)

Wahlin, T., & Deane, F. (2012). Discrepancies between parents and adolescent perceived problem severity and influences on help seeking from mental health services.

*Australian and New Zealand Journal of Psychiatry*, 46, 553 - 560

Yardley, L. (2000). "Dilemmas in qualitative health research." *Psychology and Health*, 15, 215-228.

Zwaanswijk, M., Ende, J. V. Verhaak, P. F. M., Bensing, J. M., & Verhulst, F. C. Help-seeking for child psychopathology: Pathways to informal and professional services in the Netherlands. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 1292-1300

## **Section B**

**Youth Offending Teams: A grounded theory of the barriers and facilitators to young people seeking help from mental health services.**

Word Count: 7,999 + 465

## **Abstract**

### **Background**

Young people within the youth justice system experience three times higher rates of mental health problems than the general youth population yet are one of the least likely groups to seek help. Very little theory or research is available within this population to explain these high rates of unmet need.

### **Aims**

The study aimed to develop a theory about the barriers and facilitators that Youth Offending Team workers experience when supporting young people to access mental health services.

### **Method**

Eleven semi-structured interviews were conducted with participants; eight Youth Offending Team workers, two young people and a mental health worker. Interviews were audio-recorded and transcribed verbatim before being analysed using “grounded theory”. This method was chosen to allow the in depth exploration of participants experiences and the development of theory within an under researched area.

### **Results**

Youth Offending Team workers appeared to play a crucial role in supporting a young person’s help seeking from mental health services. A preliminary model was developed which demonstrated the complex relationships between six identified factors which influenced this role.

### **Conclusions**

Youth Offending Team workers would benefit from more support, training and recognition of the key role they play in supporting young people to become ready for a referral to mental health services. Mental health services could be well placed to provide this. Clinical implications are discussed. Further research is needed to develop our understanding of what influenced the help seeking of this vulnerable population.

(240)

## **Introduction**

One in ten children aged between five and fifteen experience a diagnosable mental health problem at any one time, with one in five experiencing more than one disorder (Child and Adolescent Mental Health Services [CAMHS] Review, 2008). However, only 18 to 34% of young people (YP) seek professional support (Gulliver, Griffiths, & Christensen, 2010).

Research suggests that YP within the youth justice system (YJS) experience at least three times higher rates of mental health problems than the general youth population, increasing to 95% for those YP who have attended secure services (NACRO, 2007). Common diagnoses include conduct disorder and emotional and attentional disorders (NACRO, 2007).

Despite high rate of distress, YP within the YJS are one of the least likely groups to seek help for their mental health needs (CAMHS Review, 2008).

### **Definition of help seeking**

The World Health Organisation study of adolescent help seeking (Barker, 2007) defined help seeking as:

“Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way” (p.2).

Rickwood, Dean, Wilson, and Ciarrochi (2005) emphasised the need for social interaction with another person in order to obtain support, advice, information or treatment.

### **Patterns of help seeking in children within the youth justice system**

Severity of mental health symptoms and level of functional impairment do not appear to predict professional mental health help seeking (Wahlin & Dean, 2012; Lopez-Williams, Stoep, Kuo, & Stewart, 2006). Instead, a range of other factors appear to have an influence. Those aged between 16-18 years old are at particularly high risk of non-help seeking (Campbell, 2013). In the UK and North America, demographic factors such as being male, from an ethnic minority, having low socio-economic status or low education level, are further risk factors for non-engagement in mental health services (Feitsma, 2010; Lopez-Williams et al., 2006).

Youth Offending Teams (YOTs) were established as a result of the implementation of the Crime and Disorder Act (1998), with the aim of moving away from punishment towards addressing factors that led to YP offending (King, Brown, Petch, & Wright, 2012). To improve access to health services for this population, YOT teams have at least one health professional who can conduct assessments and interventions and support referrals to specialist mental health services. However, despite having a legal obligation to attend a YOT, many YP do not fully engage with services that these teams offer (King et al., 2012; Naylor, Lincoln, & Goddard, 2008).

### **Risks of non-help seeking**

Unmet mental health needs in adolescence predict chronic disorders in adulthood (The Mental Health Act Foundation, 2007) and are associated with poor quality of life, social-isolation, poor physical health, early death and suicide (O'Connor, Martin, Weeks, & Ong, 2014; Rickwood et al., 2005). For YP within the YJS, disengagement or discontinuity of forensic outpatient care has also been associated with reoffending and (re)conviction (Feitsma, 2010).

Non-attendance at CAMHS appointments has also been described as having an impact on the cost effectiveness of services by wasting time and resources that could have been utilised by clients more likely to take up or continue with interventions (Feitsma, 2010; Dalton, Mjor, & Sharkey, 1998).

### **Theoretical models of help seeking**

Although not extensive, a number of theoretical models have been developed to explain patterns of mental health service use in YP. The models range in focus from factors relating to the young person (Biddle, Donovan, Sharp, & Gunnell, 2007), to more dynamic and social models of help seeking (Rickwood et al., 2005; Costello, Pescosolido, Angold, & Burns, 1998; Murray, 2005).

Rickwood et al. (2005) described a model in which a young person's help seeking process begins with the young person developing an awareness of their difficulties, then articulating it to others if there is an available source of help that the young person is willing to disclose to; a process whereby the "personal becomes increasingly interpersonal" (p.8).

Research exploring the experiences of YP within YOTs appear consistent with Rickwood et al.'s (2005) model. Walsh (2010) found that YP were most likely to seek support from people they had long lasting relationships with. Barriers to developing relationships with people included issues with confidentiality, stigma and not feeling understood. King et al. (2012) found that YP saw talking and help seeking as a beneficial coping strategy but were reluctant to talk about their feelings due to difficulties with trusting others.

Research with YP within the YJS more generally have found a number of other barriers that may impact on such a help seeking process including; previous trauma (Paton, Crouch, &

Camic, 2008), negative experiences of services (Vaswani, 2011), stigma (Howerton et al., 2007) and low emotional competence (Rickwood et al., 2005).

### **Social models of help seeking**

A growing body of theory and research is moving away from a focus on YP towards exploring the influence of systemic and organisational factors on their help seeking processes.

Costello et al.'s (1998) Revised Network Episode Model (RNEM), emphasises the influence of family beliefs and attitudes on YP's help seeking and the role that an adults' recognition of problems has on whether help is received or not. Murray (2005) contributed to theoretical models by describing a process of 'problem legitimisation'; whereby adult help givers not only need to recognise, but need to legitimise distress as an issue for which the young person can seek help.

Recent research offers support to social theoretical models by demonstrating that factors associated with adults around a young person may actually have more influence on YP's help seeking than factors associated with YP themselves (Stiffman et al., 2001).

How and when other people influence YP within the YJS is not well understood (King et al., 2012). What is known is that many do not regularly attend school, have poor parental supervision and tend not to be registered with a GP (Campbell, 2013). Therefore, it is a requirement of youth offending professionals to have sufficient knowledge, training, and support to be able to support YP with mental health needs and their families (Youth Justice Board, 2008). They are expected to be sensitive to YP's barriers to accessing mental health services and to work to reduce negative perceptions of them (Abram, 2007). However, available research has shown that YOT workers can feel unsure about how to assess and



support a young person with mental health problems (Lopez-Williams et al., 2006). Staff vary in the perception of their role and responsibility for making referrals as well as in their confidence in their own skills and abilities to support the process and manage organisational barriers (Knowles, Townsend, & Andersen, 2012).

### **Rationale for the current study**

In summary, despite an increase in emphasis on supporting the mental health needs of YP within the YJS, there continues to be high levels of unmet need and very little research conducted to explore what may be influencing their help seeking for mental health problems (Stallard, Thomason, & Churchyard, 2003; King et al., 2012). In particular, there appears to be a lack of research in YOTs, where young people are least likely to engage with services (King et al., 2012).

Research suggests that factors related to both the young person and key adults around YP influence YP's help seeking. Therefore, the present study aimed to explore the process of help seeking in YP within YOT's by exploring the experiences and perspectives of both YP and YOT workers, to develop a better understanding of the factors which facilitate or create barriers to YP seeking help for mental health difficulties.

### **Research questions**

This study aimed to develop a grounded theory of YOT workers barriers and facilitators to supporting YP to access mental health services. Sub-questions included:

1. How do these factors influence the young person's help seeking process for mental health problems?
2. How do YOT workers overcome barriers to YP's help seeking?

## **Method**

### **Design overview**

A qualitative approach was chosen, to allow the depth exploration of participants' experiences. More specifically, a Grounded Theory methodology (Urquhart, 2013) was chosen as available data for the general youth population, indicates a process of help seeking over time. Grounded Theory is particularly useful for an analysis of process (Glaser, 1978) and it also allows for the exploration and development of theory in under researched and under theorised areas such as this one (Bistrang & Charmaz, as cited in Cooper, 2012).

Interviews were conducted using a semi-structured interview schedule. This method gave a focus to the interviews whilst allowing participants the freedom to describe their subjective experiences and beliefs in their own language (Cooper, 2012).

This method, along with line by line analysis of the data, aimed to give a voice to those who use and work within youth offending services.

### **Epistemological stance**

The researcher used a critical realist stance (Urquhart, 2013) to the data collection and analysis. Within this, the researcher was viewed as a social being who had influence on the data collection and analysis. This influence was perceived as data to be constantly compared with participant data, and interwoven as part of the analysis (Glaser, 2002).

## **Participants**

**Inclusion and exclusion criteria:** The YP recruited into the project needed to be aged between 16 and 18 and have been referred to mental health services (whether they engaged or not). Exclusion criteria included; risk of physical or verbal aggression to the researcher, high risk of distress or harm to the young person and a diagnosis of moderate or severe learning disability or autism. YOT workers needed to have experience of referring a young person on their caseload to a mental health service. Both groups needed to be fluent in English.

**Recruitment:** Participants were recruited from two YOT's. One was within the London area and the other within a semi-rural part of Southern England.

YOT teams were approached through a project supervisor or through direct contact with YOT management. The project researcher attended YOT team meetings and made direct email contact to a number of YOT workers. Inclusion and exclusion criteria, leaflets and information sheets for both YP and professionals were distributed within a variety of YOT's (Appendix G & E).

**Sample:** Eleven participants were recruited in total. This included, two YP (one male, one female, both aged 17), one mental health worker (MHW) (male) and eight YOT workers (female). It was unclear how many YP were asked to participate by YOT workers. YOT workers described many YP as not wishing to participate. The main barrier expressed, alongside other reasons for not taking part, was a reluctance to discuss their experiences to a stranger. In addition, four YP who were put forward were deemed inappropriate as they were not formally assessed to have had a mental health problem or their risk of distress was too high.

Service structures between YOT teams differed in the profession of their MHW; a forensic psychologist and a social worker.

## **Ethical considerations**

The research study was approved by the University Ethics Committee and then by the National Research Ethics Service. Research and Development (R&D) approval was gained from two NHS Trusts and two social care departments (See appendix C for all approvals). Ethical practice was also guided by the BPS Code of Ethics and Conduct (2009) and the Health Care Professionals Council Code of Ethics and Conduct (2008).

Given the vulnerability of the project population, the researcher considered the main ethical issues carefully. These included; risk management, capacity to and informed consent, confidentiality and data protection.

The content and the layout of YP's information sheets and leaflets were scrutinised by nine YP aged 13-18 from an inner city youth club. The feedback was used to increase the attractiveness, relevance and readability of the information; taking into consideration a range of levels of ability.

## **Procedure**

A flexible interview schedule was devised in accordance with the research questions. The length of interviews varied between 15 minutes and 65 minutes in duration.

The comfort of the participants was of primary importance to the researcher (Charmaz, 2006). To ease participants into the interview process, the first questions were closed and information seeking. In accordance with grounded theory (Charmaz, 2006), intermediate questions aimed to be open ended to allow for exploration of participant experiences and the avoidance of the imposition of researchers' preconceived ideas. Prompts and clarifying questions were also offered throughout as ideas and issues emerged which allowed the researcher to pursue various leads and gather full and rich data. Final questions steered away

from personal experiences to allow the interview to end in a normal conversational level (Charmaz, 2006), which was deemed particularly important for the young participants.

All interview questions were shared with two project supervisors and amendments were made accordingly. Interview questions for YP were scrutinised by YP within the youth club and amended by simplifying words, shortening some sentences and clarifying acronyms, improving their acceptability and validity.

### **Data analysis**

Grounded theory is an inductive method of data analysis and theory development which begins as soon as data has been collected (Urquhart, 2013) and continues using a process of “constant comparison” which involved an iteration between the gathering and analysis of data.

The process of analysis and theory development followed the practice described by Urquhart (2013) which particularly emphasises the work of Glaser (1978, 1992).

1. Interviews were audio-recorded and transcribed verbatim. The original recordings were occasionally referred back to which allowed the implicit meanings of the words in context to be analysed which may have been missed when reading the plain text (Urquhart, 2013).
2. Line by line open coding was conducted for the first seven interviews after which focused coding was used to analyse larger segments of data (sentences and paragraphs) (Glaser, 1978). NVIVO 9 was used to support the coding and analysis of the data (see appendix L for examples). In-vivo codes were used where possible to

preserve participant's meanings and actions in the coding, increasing the "grounding" of the analysis in the data (Charmaz, 2006).

3. Selective coding; whereby focused codes that were relevant to the research question were organised into more conceptual categories and sub categories. The process of "constant comparison" was employed between data and codes and codes and codes to begin to theorise about the processes in the data (Bistrang & Charmaz, as cited in Cooper, 2012).
4. The interview schedule was reviewed at this point taking into consideration conceptual gaps and theoretical leads that were emerging in the data (see appendix D for changes). Theoretical sampling also directed the recruitment of a mental health worker, which particularly allowed for the elaboration of the category "CAMHS facilitators".
5. Theoretical memo's (Glaser, 1978) were written throughout data gathering and analysis and constantly compared with other data to aid the process of theory development and explore how issues within the research may have influenced this process.
6. Theoretical coding. As patterns were developed, the relationships between categories were developed into theoretical codes. The researcher referred to memo's, coding families and semantic relationships (Glaser, 1978, 2005; Spradley, 1979) and developed initial integrative diagrams (Strauss, 1987) to develop the theory.

Theoretical sufficiency (Dey, 1999) guided the end of recruitment whereby no further codes or categories in line with the research question were suggested by the data.

### **Quality and validity**

There are no agreed set criteria for the process and evaluation of qualitative research.

However, flexible standards are available. The research used guidelines taken from Mays and Pope (2000) and Yardley (2000) (Appendix H).

**Reflexive processes:** In keeping with a critical realist position, the researcher was aware that the collection and interpretation of evidence could not be conducted independently of the researcher (Urquhart, 2013). Therefore, the researcher engaged in a bracketing interview towards the beginning of the research process and kept a reflexive research diary (Appendix N & O). This process allowed for an honest examination of the influence of the researcher's own beliefs, actions, values, behaviour, motives and personal characteristics which could then be used within the analysis of the data (Ahern, 1999; Glaser, 2002).

**Credibility checks:** Sections of data were independently coded by one project supervisor and comparisons were discussed until they were agreed upon. The development of theoretical categories were also discussed with a project supervisor and with peers, until all parties were satisfied that the developing theory offered a "useful" model of help seeking that was "grounded" in the data, supporting its validity (Charmaz, 2006).

**Independent audit trail:** A clear account of the data collection and analysis was recorded and included; coded transcripts (appendix J), memo's (appendix P), data analysis from open coding to theoretical coding (see appendix K &L) and quotes corresponding to each focused code to demonstrate the fit between participant experiences and the researcher's interpretation of them (Mays & Pope, 2000).

## Results

### Overview of the model

In total, 79 focused codes were created. These formed 24 subcategories, which in turn generated six categories; “beliefs about CAMHS”, “the relationship between the YOT worker and young person”, “preparing YP for CAMHS”, “YOT worker role and responsibility”, “CAMHS barriers” and “CAMHS facilitators”.

The barriers and facilitators described by participants, influenced if, when and how YOT workers referred YP to mental health services, and whether or not YOT workers believed that this would result in a successful referral.

The diagram on page 65 contains the categories and subcategories in a preliminary model. This model represents a process over time beginning from; YOT workers initial assessment of need, to factors which influence where YOT workers direct YP for support, to a process whereby YOT workers utilise a range of strategies to prepare a YP for a referral to CAMHS, and finally to participants’ experiences and perceptions of factors associated with CAMHS that may facilitate or create barriers to this process.

For a comprehensive description of how participants’ data informed the analysis and the development of the model, the six categories and their sub categories are described in detail below along with quotations from the interviews. Not all relevant quotations could be included in the description but can be found, along with focused coding, in appendix K.



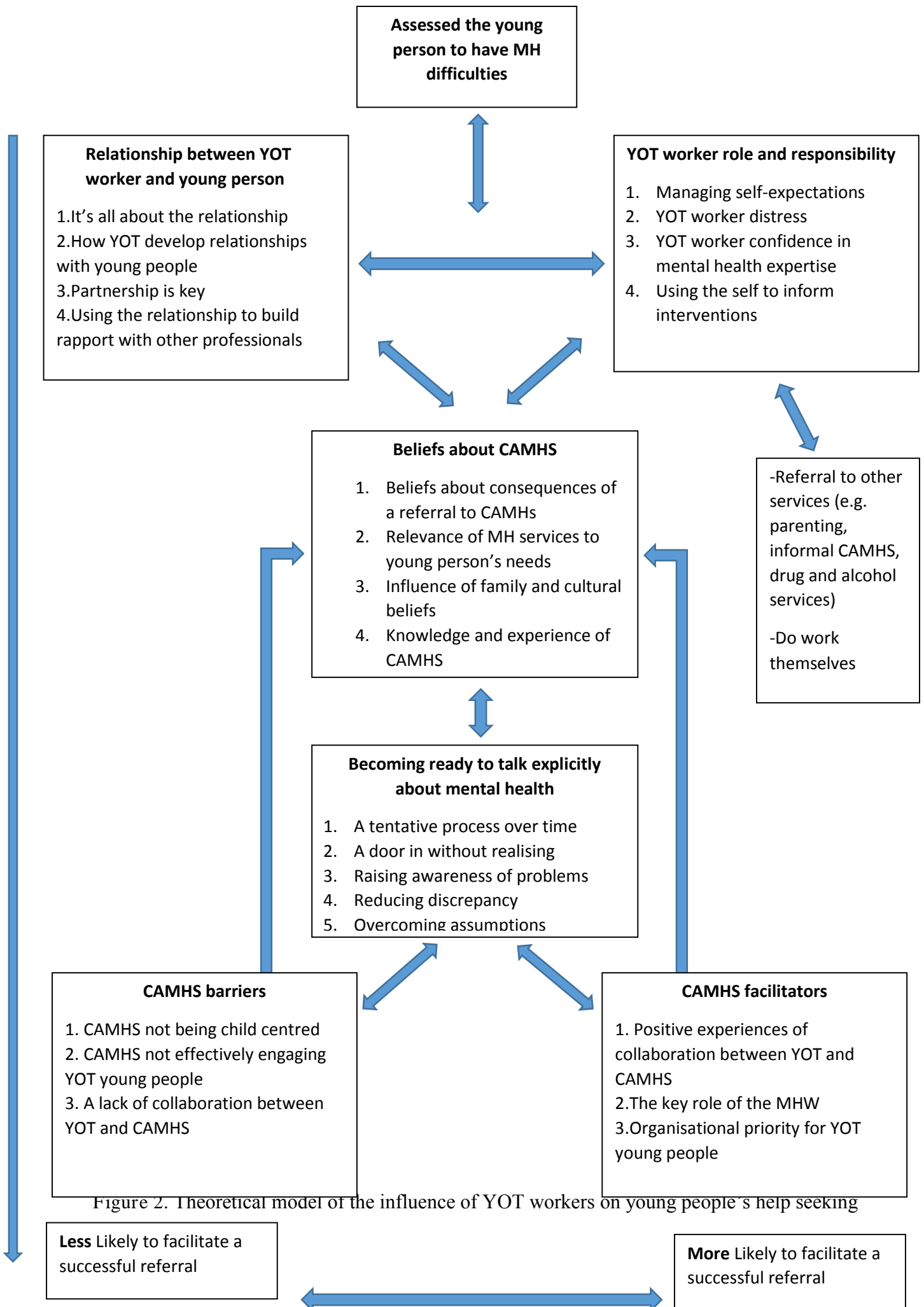


Figure 2. Theoretical model of the influence of YOT workers on young people's help seeking

## **Beliefs about CAMHS**

YOT workers held a range of beliefs about CAMHS. These beliefs interacted with their sense of role and responsibility for the YP, as well as their perception of the quality of their relationship. This influenced whether they supported a YP to accept a referral to CAMHS, did the work themselves, or they supported a referral to non-NHS mental health services.

**Beliefs about the consequences of a referral to CAMHS:** All participants felt that YP actively avoided being associated with mental health difficulties, labels or services for fear of being stigmatised;

“He wouldn’t engage, because he felt that by engaging he would just be dismissed as mental” (YW1).

Many YOT workers had concerns themselves about discussing and referring YP to CAMHS as they too feared negative consequences associated with stigma;

“oh people, teachers, everyone else is calling them mad, saying you’re mental, but actually having to go to CAMHS, would just confirm that” (YW2)

“that’s when the labels come in and that’s when the YP start behaving even more like that” (YW4)

Despite the fears and negative beliefs that appeared to be prevalent, all of the YOT workers described ways in which CAMHS could benefit YP;

“The YP I work with who work with CAMHS have found it really useful. And have built quite good working relationships with people they work with. And I think it brings, a whole new awareness I guess of themselves” (YW7).

The more negative the beliefs about CAMHS, the less likely the YOT worker’s were to encourage YP to accept a referral.

**Relevance of mental health services to their needs:** Many YOT workers felt that YP believed that mental health problems and service were for people with severe difficulties and were therefore unrelated to their needs;

“I’m not lying, I’m not crazy, you know, I don’t need so see a quack” (YW2)

One young person, who said he had been having psychological therapy for depression, did not associate mental health problems with his own difficulties;

“Yeah, I’m, when it comes to mental health, I don’t think I have very much to talk about on it, because, I am pretty sure I am sane” (YP 1).

If YP did not perceive services as relevant to them, they were less likely to accept a referral.

**Influence of family and cultural beliefs about mental health services:** All participants felt that the topic of mental health was “a bit of a taboo subject” (YW1). Many believed that because “mental is a negative word in society”, and CAMHS has the word “mental” in it, that YP perceived CAMHS with the same negative stigma.

In particular, engagement with mental health services was believed to be strongly influenced by the culture and beliefs of the YP’s family;

“It very much depends on the family background” (YW2).

In general, YOT workers felt that parents had a negative view of CAMHS and that;

“You can’t really make progress with the child if the parent is resistant or against it”  
(YW6)

However, positive experiences of parental support were discussed, including by the young person whose mother had encouraged him to attend therapy;

“basically I think that was what lead to me going to therapy was, she (mother) found out about this project and then after I didn’t get into that she decided, she talked to me about going to therapy” (YP1).

**Knowledge and experience of CAMHS:** Many YOT workers felt that many YP and families did not understand the purpose of CAMHS appointments and that they lacked enough knowledge needed to be able to clarify this for them;

“That whole appointment, what it is for and what it is about. So they just see it as another appointment” (YW1).

“we have conversations about what CAMHS is, and what they do and what might happen when you go there, but until they go, I think, yeah I think, it’s quite difficult to” (YW1).

Without knowledge, YP and YOT workers were left to rely on assumptions based upon previous experiences or negative stigma which negatively influenced the likelihood that they would seek out a referral to CAMHS;

“when you get a young person referred to a service, they are coming with that baggage with whatever their experience of services has been in the past” (YW 3)

Interestingly, one YOT worker had worked closely with CAMHS in the past whilst another had increased their knowledge of mental health services during a previous career. They held more positive views and fewer fears about referring a young person to CAMHS;

“So I spent a good two years going to CAMHS meeting monthly as my YP would go two or three times a week...I learnt through CAMHS, a sort of a bit about what they did....I do believe that it can do nothing g to them but benefit” (YW7)

“I come from a counselling background anyway, so it always fascinates me going to the CAMHS appointments” (YW6).

### **The relationship between YOT workers and young people**

**“It’s all about the relationship”** (YW6): All participants described how the relationship between a young person and a professional was a key to facilitating the strategies by which YOT workers supported YP to overcome stigma and become ready to talk about mental health;

“I think once you have built that relationship, they are more likely to it...rather than you meet them for the first time and then say, you have got to do this, and you have to do that or I am referring you here” (YW3)

However, if the YOT worker perceived their relationship with the YP to be good and held negative beliefs about CAMHS, they were less likely to encourage a referral to CAMHS and more likely to do the mental health work themselves. If a working relationship had not developed, they appeared to refer on despite any negative beliefs.

**Developing relationships with young people in YOTs:** All YOT workers made reference to knowledge, skills and values that enabled YOT teams to effectively engage YP;

“Open and transparent, and “we really do want to help people, and if we can help we will. We haven’t got a magic wand, but, you know, we’re here. We’re not here because we want to be mean and we don’t like you, we’re here because we want to help, and because we have a job to do. And if we can, we will”. It’s as simple as that really” (YW4)

“There is only a few people who actually care about their job and the work that they are doing it for and the majority of them are doing it for the money and the image. And young people notice that more than older people, no one thinks us young people do” (YP2).

“Fair, firm and realistic is my way of working” (YW2).

“Getting to know them, gets you comfortable”. (YP1).

**Partnership is key:** Although YP were ordered by the court to work with YOT, all YOT workers and the MHW described how YP were more likely to engage in discussions about their mental health and a referral to mental health services, if they had been a part of the process of decision making;

“If you can bring them alongside, that is half the battle” (YW7)

“You can’t do any of this work without them” (YW5).

“It’s got to be their identified referral, not mine, really, that’s how I see it” (MHW).

This need to “bring alongside” (YW6) and develop collaborative relationships, appeared to drive the type of strategies used to support a young person to become “ready” for a referral to CAMHS and was also related to how YOT workers perceived their role and responsibility for YP.

**Using the relationship to build rapport with other professionals:** All participants discussed the importance of introducing the young person to other professionals. The relationship between the YOT worker and the young person seemed to facilitate a faster engagement with the other worker. This seemed particularly important in overcoming any negative beliefs that a YP may have had about CAMHS;

“when they first come we will do a meeting with us all, like us, the young person and them... So it’s like, they know us already, hopefully have a positive relationship and hopefully some of that will spill over to the other worker I guess” (YW3).

### **YOT workers sense of role and responsibility**

Ways in which YOT workers perceived and managed their role, seemed to influence the likelihood of them seeking advice from or making a referral to CAMHS, doing the work themselves or referring to other services. This was also associated with their relationship with the young person and their beliefs about CAMHS;

**Managing self –expectations:** YOT workers varied in how responsible, either professionally or personally, they felt they were for YP’s needs;

“They have had a lot of underlying ADHD, welfare, all the ingredients for offending – all the underlying stuff and we are expected to address it all” (YW2)

“I had to accept was that there was a limit to what I could do” (YW6)

If they felt that they were not expected or were unable to do the work themselves, they were more likely to refer onto specialist services;

“When you don’t have time to do all of those things so then it’s just about, signposting I guess to other agencies really” (YW3)

**YOT worker distress:** Some YOT workers expressed distress from working closely with YP with mental health problems and looked to the expertise of CAMHS to help them to manage their own needs.

“He’d tied a ligature around his neck... so just horrendous. So at that time I was like,

I can't have any more like this" (YW6).

"Just more training, kind of how to look after ourselves...especially lately we have had a lot of more the complex ones coming through" (YW1).

**YOT worker confidence in mental health expertise:** Many YOT workers wanted further mental health training to enable them to assess and intervene more effectively. Those with less confidence in their skills were more likely to refer onto specialist services;

"Staff, we have had basic mental health training, but it is always good to have professional training for that, just to keep up to date...cos then if you know what you are talking about, then a bit more" (YW4).

"Is important that they get the most appropriate support that we can find and that they will engage in. Than us trying to do something and maybe not doing it 100%" (YW3).

Whereas others felt that the relationship they had with YP meant that they knew what YP needed and were best placed to offer interventions;

"Especially with people that we have known for a long time...they don't have to explain all of that to you, so sometimes you are probably, one of the better people to talk about that with" (YW3).

For many YOT worker's, if they were distressed or lacked confidence in their abilities, even if the relationship between them and the YP was good, they were still likely to refer onto CAMHS. However, if they held negative beliefs about CAMHS, then they were more likely to refer onto other non NHS mental health services.



**Using the self to inform need for interventions:** As well as using their relationship with a young person, a number of YOT workers described using empathy with YP to inform the most appropriate way to work with them, which at times, appeared to include avoiding a referral to mental health services;

“I just think you have got an experienced bunch of social workers who know things when things aren't right” (MHW)

“Because if someone's got my information, I like to know what they're going to do with it. Why should anyone be any different to me?” (YW4)

### **Becoming ready to accept a referral**

YOT workers all described a process whereby young people became “ready” to talk about mental health difficulties and to accept a referral to mental health services. YOT workers used a range of strategies to facilitate this process, which were commonly described as “stepping stones” (YW2) or “steps we can take to get them to engagement” (YW1). The strategies used appeared to be influenced by beliefs held about CAMHS, YOT workers sense of their role and responsibility for YP and the strength of the relationship between YOT workers and YP as described below;

**A tentative, gradual process over time:** All participants described how YP needed to learn to talk about mental health problems before they were ready to accept a referral to mental health services;

“It takes time, it's not just something you will say and they will say, oh yeah alright then” (YW4).

“Once you learn to be able to talk to people, it is a lot easier to talk to them about it, it’s a bit like training” (YP1).

YOT workers described needing to sensitively time discussions about mental health or a referral to services with YP;

“So if you just drop it in the conversation or drop it in to when they come to our meetings...so just lightly mention it every couple of weeks until, and you can do it more frequently, until they are ready to have a full conversation on it”. (YW4)

“You have to pick your moments...You don’t offer it to them until you feel they are going to say yes” (YW7).

If a trusting working relationship had developed, this process was made easier and the process moved more quickly.

**“A door in without realising” (YW1):** If YOT workers assessed YP as not being ready to explicitly discuss their difficulties as mental health problems, then they would conduct mental health assessments and interventions without letting the YP know and more likely to refer to non NHS mental health services which some felt would support YP to eventually accept a referral to CAMHS;

“You are just doing it as part of your job, it’s just YP then, they don’t see it as mental health, it’s just part of their normal YOT appointments and they feel comfortable with that and they are ok with that, you are doing it bit by bit...without them realising” (YW2)

“Discretely doing it, it’s kinda a bit more easier” (YW4)

“we also use like another agency that is not CAMHS, it does more informal CAMHS type work...so sometimes what we do is refer to them, get them talking a little bit and then, then they may be willing to, so it’s sort of a stepping stone” (YW3).

**Raising awareness of their difficulties:** YOT workers talked about needing to support YP to become aware of having problems. To be able to do this, it was necessary at times for YOT workers to explore their difficulties without relating them to mental health;

“So you can kind of see things, from your perspective but you are helping them to begin to see it” (YW5)

“And its them recognising their behaviours before you can even kind of say well what is it, is it mental health, is it emotional, is it, what can be done to help”. (YW6).

**Reducing discrepancy:** If a YOT worker held beliefs that CAMHS could effectively support a YP with their particular needs, then they spent time supporting the young person to see how CAMHS could be relevant and beneficial to them. YOT worker’s described this as a key facilitative strategy which enabled YP to accept a referral to CAMHS;

“It depends what they want...being able to see his problems and how CAMHS can help him” (YW5)

“Say they burgled, I would say, I wouldn’t have burgled someone, it wouldn’t have even occurred to me, why did you think that, and of course it invites that openness and then they reflect, yeah well you didn’t have a shit mum or whatever. Oh well what do you mean by that, and they almost answer their own question, and through that work, you then identify their need perhaps for a CAMHS referral because you

can see it would be of benefit” (YW7)

“So I think a lot of them would benefit from it, but it’s about encouraging them to know that they’ll benefit” (YW8).

**Working with negative assumptions:** Throughout this whole process, YOT workers described how they were “trying to pull them out of the stigma of mental health” (YW6). Normalising, avoiding stigmatising language and explaining terminology, were key methods that supported the various strategies;

“Just saying mental health is a massive barrier. I think exploring that with them first. And that this is something that everyone might have an issue, that everyone has at different points in their life have different emotions and your mental health will go up and down. So normalising a bit” (YW3).

“Labels...being stigmatised. I have to explain what that really means...’oh I am stupid’ and it is not like that at all, but it’s getting the support she needs” (YW6)

Again, if YOT workers held stigmatised views of mental health, wanted to avoid the possibility of reinforcing a YP’s stigmatised views of themselves, or had not developed a working relationship, then they were more likely to avoid discussing mental health and more likely to refer to non-mental health services, like drug and alcohol services.

Most felt that increasing awareness of mental health in society would be key to facilitating YP’s access to mental health services in the future;

“increasing their awareness of it, cos if they understand it then, the more easier for us, cos when they come to us, they haven’t got a clue what it is, you know, it’s what they assume, it’s their assumptions” (YW1).

## **CAMHS not engaging**

All YOT workers described beliefs and experiences of barriers that they faced at the point in which they referred a young person to CAMHS. These were barriers associated with CAMHS, rather than the YP themselves;

**CAMHS not being child centred:** Five YOT workers described ways in which they believed CAMHS's approach and protocols did not take YP's needs and perceptions into consideration;

“If you asked YP to come up with a title for CAMHS, they wouldn't come up with that, definitely not” (YW1)

“It's that the approach has been very clinical and it's not been very young person centred and it's so clinical, it's out of a text book, to the point that the young person is struggling” (YW6).

“And CAMHS because they are so busy and high in demand, that they will offer one appointment and if the young person does not turn up then they are taken off the list” (YW5).

These barriers impacted on YOT workers efforts to support YP to 'become ready to talk about mental health' and eventually accept a referral to CAMHS.

**CAMHS do not effectively engage YOT young people:** Most YOT workers described ways in which CAMHS did not take into consideration the specific needs of YP within YOTs. This risked disengagement which YOT workers associated with negative consequences;

“it is just the way that they're approached and worked with, um, fortunately, it is quite a generic system so you apply and they work in a way that is one size fits all, whereas, our YP have different needs and different ways of communicating, and I don't feel that...not tailor made for them” (YW6).

“Some are being assessed by CAMHS but it is taking too long, so they have ended up in A&E for self-harm and stuff like that” (MHW).

Many YOT workers felt that CAMHS were not fulfilling their responsibilities to YP;

“So I know they haven't got time to keep sending out loads of appointments...But maybe there should be more efforts made to build a relationship or pursue a relationship with the young person” (YW8).

It appeared that YOT workers had worked hard to support YP to get to a stage where they were ready to accept a referral to CAMHS and were therefore frustrated with what they perceived as CAMHS not fulfilling their responsibility to YP within YOTs. This reinforced negative beliefs about CAMHS which, depending on the YOT workers perception of their role and their relationship with the young person, increased the likelihood that they would refer to other services or do the work themselves.

**A lack of collaboration between YOT and CAMHS:** YOT workers felt that YP perceived CAMHS as being both physically and clinically separate from YOT;

“I think that's what it is, they see it like that's the ivory tower and everyone's, we have to go there, they never come to us” (YW4)

“You know, different venue, different setting. Different kind of stuff” (YW1).

YOT workers also perceived CAMHS as separate from them;

“I mean I think it seems to be up there somewhere, doesn’t it?” (YW2)

YOT workers described having to “put a bit of **pressure** on to get in their quicker” (YWX) when making a referral to CAMHS. The MHW felt it was his “job to try and **push it up**” (MHW). Descriptions like these gave an impression of having to fight a resistance from CAMHS instead of experiencing collaboration and clear pathways between services.

### **Facilitators to a successful referral into CAMHS**

**Positive experiences of collaboration:** Although most YOT workers described a lack of collaboration between services, the development of close working relationships between YOT and CAMHS workers appeared particularly effective at facilitating referrals;

“I used to go on training courses with the organisations, then I could make referrals quite quickly afterwards, because they were already susceptible to the role I am in” (YW7).

Those with experience of collaborative working experiences were positive about the impact this had on YP;

“I’ve learnt a lot through the assessments of the young person, what the psychiatrist has been doing with them, what the worker’s going to do with them, and then if we can all work together with the young person, that’s got to be better for them than all working in different ways” (YW6).

“CAMHS were fantastic, because we just liaised with them...so it was upsetting, but the support in the team was really good” (YW7)

**The key role of the MHW:** The MHW within the YOT teams were viewed as having a key role in facilitating collaboration between services and providing effective mental health interventions and support to the YOT. Being based within the YOT service and getting to know the worker was seen key to their success;

“And they (MHW) obviously know more about what they (CAMHS) can do and things, as we don't know so much, I mean I do know a bit, but when you have to ring somebody or you are trying to get hold of someone its difficult.” (YW8)

“They don't associate MHW with CAMHS, it's completely different...they would see them as part of YOT, even though they know what they do, but they would see them under the YOT umbrella, rather than the CAMHS umbrella” (YW7)

“I think they just see (name), inside of them, that they are just another person, you know” (YW4).

However, YOT workers and the MHW felt that having one health worker in the team was not enough;

“CAMHS sits on its own and so do social services sits on its own, YOT sits on its own. Alright I link in with CAMHS, but it is just me” (MHW)

**Priority for YOT young people:** In both services, YOT workers described having priority access to CAMHS for YP. Both described using the MHW to facilitate this process and support YP in the interim;

“so they don't have to go through the GP, the normal route, and wait 6 to 8 weeks, we can do it quite quicker” (YW2)



“if there is likely to be CAMHS involvement, the MHW will quite often come and meet the young person. So that, it almost acts as an interim, so that it happens quicker” (YW3).

Faster access into CAMHS appeared to improve YOT workers beliefs and the likelihood of referring YP to CAMHS in the future.

## **Discussion**

This study offers a preliminary model of the barriers and facilitators that YOT workers experience which appear to influence YP’s help seeking from specialist mental health services. Below is an outline of the theory and a discussion of the model and what appear to be the key relationships between factors. This will be followed by a discussion about how these relate to and extend current help seeking theory and empirical research and clinical implications.

### **Outline**

The findings demonstrate that a number of factors appear to influence YP’s help seeking from mental health services such as CAMHS. It appeared that if YOT workers had confidence in their mental health skills or held more negative beliefs or fears about CAMHS, then they would be more likely to do the work themselves or refer to other services. Those who had less confidence, or more positive beliefs, or perceived there to be fewer barriers, would be more likely to refer to CAMHS.

All YOT workers described how YP needed to become ready for a referral to CAMHS and that the development of their relationship with YP allowed them to successfully support this process. However, for many of the participants, CAMHS was experienced as imposing

barriers to this process which reinforced negative beliefs about them. Closer working relationships between YOT workers, YP, CAMHS and mental health workers appeared to overcome these types of barriers and were associated with more positive beliefs about CAMHS.

### **Links to previous theory and research**

The findings indicate that YOT workers play a key role in the process of help seeking for mental health problems experienced by YP within their services, providing empirical support to social theoretical models of young person's help seeking more generally (e.g. Costello et al., 1998; Rickwood et al., 2005) and offering an insight into the particular factors which may influence YP within the YOT services specifically.

**Becoming “ready”:** It was interesting to note how the strategies YOT workers used to support YP to become ready for a referral to CAMHS ranged along a spectrum from implicit to more explicit mental health assessment and interventions. These findings appear to demonstrate ways in which YOT workers were responding and attempting to overcome the hypothesised “cycle of avoidance” that YP experience (Biddle et al., 2007); whereby they are reluctant to assess their experiences as “real” or “normal” and need support to move towards “realisation”.

Some of the strategies used were similar to those described within other help seeking models such as “problem recognition” (Costello et al., 1998) and “problem legitimisation” (Murray, 2005). This process was experienced as challenging for both YP and YOT workers. Many of the workers described a lack of acknowledgement, training or support in this role and there were mixed views as to whether it was their role at all.

**Influence of beliefs:** Many YOT workers described using empathy to inform them when to conduct certain interventions which were based upon how they believed they would

feel in a similar situation. Generally, this was perceived as a positive and sensitive way to support YP. However, if the YOT worker held fears or stigmatised views of mental health or CAMHS, then mental health interventions or a referral to CAMHS were vulnerable to delay or avoidance through referrals to other services. These findings support research and theory which highlight how the beliefs, preferences and fears of adults around YP can influence YP's process of help seeking (Costello et al., 1998; Flink et al., 2013). Importantly, research has also demonstrated that adults around YP often make inaccurate assumptions about YP's barriers to help seeking (Gilchrist & Sullivan, 2006), which indicates that a reliance on the use of empathy could be ineffective.

However, the findings also indicate that for some YOT workers, their preference for referring to informal services was actually a strategy for preparing YP for a referral to CAMHS rather than a way to avoid it. These differences highlight the importance of using qualitative methods to explore the beliefs behind particular actions, as the same action may influence a different help seeking outcome.

**Building relationships:** Research has shown that young people within the YJS are often untrusting and wary of adults around them due to negative experiences of relationships in their past leading to the development of insecure attachment styles (Walsh et al., 2010; Paton et al., 2008). YOT workers appeared to use a number of techniques to gradually build trusting and collaborative relationships with YP within their services. Harder, Knorth, and Kalverboer (2013) found that the use of similar techniques by care workers with young offenders in a secure facility allowed them to become a secure attachment base which promoted the YP's healthy development. In the presence of a secure base, an individual feels safe enough to express distress and explore the world, including building relationships with others (Holmes, 2014). It is likely that insecure attachment styles and consequent difficulties with trust, as well as on-going difficult life experiences of YP within YOTs, could go some

way to explain why engaging with CAMHS is difficult, and also why the recruitment to the study was so challenging.

### **Clinical implications**

The key findings from this study suggest implications for improving the working relationships between YOT teams and CAMHS, taking into consideration the specific needs of YP within YOTs.

Mental health workers were highly valued as members of YOT teams. Building upon this role may be a useful way forward. In addition, it may be helpful for CAMHS to provide more training, support and advice to YOT workers about mental health and mental health services. Formal training would be one way to provide this. Improved collaboration between YOT and CAMHS may be another useful way. On the basis of the current findings, joint care planning/working whilst YOT workers are preparing a young person for CAMHS, may; provide YOT workers more reassurance in their role; allow for more reflection on the strategies used; improve clarity and accuracy of information provided to YP, and provide more streamlined and timely access to mental health services which may improve engagement. Joint working during this process may also improve YOT workers' sense that their efforts are being acknowledged, improving working relationships between them and CAMHS.

### **Research limitations**

Although Grounded Theory does not aim to generalise to wider populations or contexts, it is worth noting that the sample of YOT workers were self-selected which may represent an interest in improving practices. It would have been informative to include YOT workers who

may hold different views about how the current systems are working and of the mental health needs of YP in their care.

In addition, whilst recruiting YP into the project, it appeared that researcher experienced the very same barriers that YOT workers experience when engaging YP into mental health services. As a consequence, after much effort, only two YP were recruited and both had already accepted referrals to CAMHS. Recruitment of more YP into the study who had and had not engaged with CAMHS, may have provided a useful insight and comparison of experiences and beliefs about their help seeking processes and YOT workers' role within this. Given the time pressures within the project, it was not possible for participants to feedback on the results of the project which would have increased the validity of the findings.

### **Future research**

More research is needed to fully investigate which factors influence young people within YOTs, and the youth justice system more generally, seeking help for mental health problems.

Creative ways to engage this population are needed; perhaps through the building of relationships with them. Methods such as focus groups may be a useful way to capture a wider range of professional views and experiences. Incorporating CAMHS professionals into future research would allow for a broader conceptualisation of YP's help seeking process from their initial contact with YOTs, to their engagement with CAMHS.

It may also be useful to utilise quantitative designs in future, to identify the strength and direction of the influence of particular factors. Results from such investigations may inform the focus of any specific interventions aiming to improve the engagement of YP from YOTs accessing appropriate mental health support.

Future qualitative research should also endeavour to approach participants for their feedback on findings to improve the validity of developing theories and the acceptability and appropriateness of any suggested clinical implications.

## **Conclusion**

The help seeking process for mental health difficulties of YP who attend YOT's appears to be greatly influenced by YOT workers who take on the role of preparing a young person to become ready for a referral to mental health services. YOT workers would value closer working relationships with mental health services to support them during this process which may increase the likelihood of the young person's engagement. Considering the high level of unmet needs within this population, there is a need to continue to develop a better understanding of what and who influence their process of help seeking. Future research should attempt to include more YP and incorporate the views and experiences of CAMHS professionals.

## References

- Abram, K. M., Paskar, L. D., Washburn, J. J., & Teplin, L. (2008). Perceived barriers to mental health services among youths in detention. *Journal of Academic Child Adolescent Psychiatry*, 47, 301-308
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9, 407-411  
doi: 10.1177/104973239900900309
- Barker, G. (2007). Adolescents, social support and help seeking behaviour: An international literature review and programme consultation with recommendations for action. Geneva, Switzerland: World Health Organization. Retrieved from [http://whqlibdoc.who.int/publications/2007/9789241595711\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595711_eng.pdf)
- Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness*, 29, 983-1002  
doi: 10.1111/j.1467-9566.2007.01030.x
- British Psychological Society (2009). Code of Ethics and Conduct. Leicester: British Psychological Society
- Campbell, S. (2013). *Same old...the experiences of young offenders with mental health needs*. Young Minds. London. Retrieved from: [http://www.youngminds.org.uk/assets/0000/9472/Barrow\\_Cadbury\\_Report.pdf](http://www.youngminds.org.uk/assets/0000/9472/Barrow_Cadbury_Report.pdf)
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks, CA: Sage.

Cooper, H. (2013). *APA Handbook of Research Methods in Psychology: Volume 2.*

Washington: Magination Press

Costello, E. J., Pescosolido, B. A., Angold, A., & Burns, B. J. (1998). A family network-based model of access to child mental health services. *Research in Community Mental Health, 5*, 165-190

Dalton, R., Major, S., & Sharkey, M. (1998). Non-attenders and attrition from a forensic psychology outpatient service. *International Journal of Offender Theory and Comparative Criminology, 42*, 114-180

Dey, I. (1999). *Grounding grounded theory.* San Diego: Academic Press.

Feitsma, W. N., Popping, R., & Jansen, D. E. (2010). No-show at a forensic psychiatric outpatient clinic: risk factors and reasons. *International Journal of Offender Therapy and Comparative Criminology, 56*, 1, 96-112

doi: 10.1177/0306624X10389435

Flink, I. J. E., Bierens, T. M. J., Butte, D., & Raat, H. (2013). The role of maternal perceptions of ethnic background in the mental health help-seeking pathway of adolescent girls. *Journal of Immigrant Minority Health, 15*, 292-299

doi 10.1007/510903-012-9621-7

Gilchrist, H., & Sullivan, G. (2006). Barriers to help-seeking in young people: community beliefs about youth suicide. *Australian Social Work, 59*, 73-85

Glaser, B. G. (1978). *Theoretical Sensitivity: Advances in the methodology of grounded theory.* Mill Valley, CA: The Sociology press

Glaser, B. G. (1992). *Basics of Grounded Theory analysis: Emergence vs forcing.* Mill Valley, CA: The Sociology Press



Glaser, B. G. (2002). Constructivist Grounded Theory? *Qualitative Social Research*, 3, 3

Glaser (2005). *The Grounded Theory perspective III: Theoretical coding*. Mill Valley, CA:  
The Sociology press

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10, 1-9.

Harder, A. T., Knorth, E. J., & Kalverboer, E. (2013). A secure base? The adolescent-staff relationship in secure residential youth care. *Child and Family Social Work*, 18, 305-317

doi: 10.1111/j.1365-2206.2012.00846.x

Health and Care Professions Council. (2012). *Standards of Proficiency for Practitioner Psychologists*. London.

[http://www.hpc-k.org/assets/documents/10002963sop\\_practitioner\\_psychologists.pdf](http://www.hpc-k.org/assets/documents/10002963sop_practitioner_psychologists.pdf)

Holmes, J. (2014). *John Bowlby and Attachment Theory: Makers of Modern Psychotherapy*.  
Routledge: New York

Howerton, A., Byng, R., Campbell, J., Hess, D., Owens, C., & Aitken, P. (2007).

Understanding help seeking behaviour among male offenders: qualitative interview study. *British Medical Journal* – online first

doi: <http://dx.doi.org/10.1136/bmj.39059.594444>

King, E., Brown, D., Petch, V., & Wright, A. (2012). Perceptions of support-seeking in young people attending a Youth Offending Team: An interpretative phenomenological analysis. *Clinical Child Psychology and Psychiatry*, 19, 7-22

- Knowles, S. E., Townsend, E., & Anderson, M. P. (2012). Youth justice staff attitudes towards screening for self-harm. *Health and Social Care in the Community*, 20, 506-515
- Long, A. F., Godfrey, M., Randall, T., Brettle, A. J., & Grant, M. J. (2002). *Developing Evidence Based Social Care Policy and Practice. Part 3: Feasibility of Undertaking Systematic Reviews in Social Care*. Leeds: Nuffield Institute for Health.
- Lopez-Williams, A., Stoep, A. V., Kuo, E., & Stewart, D. G. (2006). Predictors of mental health service enrollment among juvenile offenders. *Youth Violence and Juvenile Justice*, 4, 266
- Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *British Medical Journal*, 320, 50-52
- Murray, C. (2005). Young people's help-seeking: an alternative model. *Childhood*, 12, 479-494.
- doi:10.1177/0907568205058607
- NACRO. (2007). *Effective mental healthcare for offenders: the need for a fresh approach*. Mental Health and Crime Policy Briefing. Retrieved from <http://www.nacro.org.uk/publications/publications-archive.html>
- Naylor, C., Lincoln, J., Goddard, N. (2008). Young people at risk of offending: their views on a specialist mental health service in south east London. *Clinical Child Psychology and Psychiatry*, 13, 277-286
- O'Connor, P. J., Martin, B., Weeks, B. C., & Ong, L. (2014). Factors that influence young people's mental health help-seeking behaviour: a study based on the Health Belief Model. *Journal of Advanced Nursing*, 70, 2577-2587

doi: 10.1111/jan.12423

Paton, J., Crouch, W., & Camic, P. (2009). Young offenders' experiences of traumatic life events: A qualitative investigation. *Clinical Child Psychiatry*, 14, 43

doi: 10.1177/1359104508100135

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4, 1-27

Sayal, K., & Taylor, E. (2004). Detection of child mental health disorders by general practitioners. *British Journal of General Practice*, 54, 348-352

Schulz, K. F., Altman, D. G., & Moher, D. The CONSORT Group. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *BMC Medicine*, 8, 18–26.

doi: 10.1186/1741-7015-8-18

Spradley, J. (1987). *The ethnographic interview*. Fort Worth, TX: Harcourt Brace Jovanovich.

Stallard, P., Thomason, J., & Churchyard, S. (2003). The mental health of young people attending a Youth Offending Team: a descriptive study. *Journal of Adolescence*, 26, 33-43

Stiffman, A. R., Striley, C., Horvath, V. E., Hadley-Ives, E., Polgar, M., Elze, D., & Pescarino, R. (2001). Organizational context and provider perception as determinants of mental health service use. *Journal of Behavioural Health Service Research*, 28, 188-204

The CAMHS Review. (2008). Children and young people in mind: The final report of the national CAMHS review. Retrieved from

<http://www.dcsf.gov.uk/CAMHSreview/downloads/CAMHSReview-Bookmark.pdf>

The Mental Health Foundation. (2007). The Fundamental Facts. Retrieved from

<http://www.mentalhealth.org.uk/publications/fundamental-facts/>

Urquhart, C. (2013). Grounded Theory for qualitative research: A practical guide. Sage Publications: London

Vaswani, N. (2011). Encouraging help seeking behaviours in vulnerable young men: A review of the literature. Focus, Evidence for Youth Justice Practice.

[http://strathprints.strath.ac.uk/50756/1/Vaswani\\_CYCJ2014\\_help\\_seeking\\_behaviours\\_among\\_vulnerable\\_young\\_men.pdf](http://strathprints.strath.ac.uk/50756/1/Vaswani_CYCJ2014_help_seeking_behaviours_among_vulnerable_young_men.pdf)

Walsh, J., Scaife, V., Notley, C., Dodsworth, J., & Schofield, G. (2010). Perception of need and barriers to access: the mental health needs of young people attending a Youth Offending Team in the UK. Health and Social Care Community, 19, 420-429

doi: 10.1111/j.1365-2524.2011.00991.x

Wahlin, T., & Deane, F. (2012). Discrepancies between parents and adolescent perceived problem severity and influences on help seeking from mental health services.

Australian and New Zealand Journal of Psychiatry, 46, 553 - 560

Yardley, L. (2000). "Dilemmas in qualitative health research." Psychology and Health, 15, 215-228.

Youth Justice Board, (2008). Key Elements of Effective Practice: Keep Engaging Young People Who Offend. London.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355760/KEEP  
\\_EYP.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355760/KEEP_EYP.pdf)

## Appendix A, Decision Flow Chart

Decision diagrams of search terms, results and exclusion decisions.

Other main configurations of key words did not result in any other papers that met criteria than those already found within searches below.

Search	Results	Read title	Read Abstract	Included
Gatekeeper AND Young people	32	Excluded – 28  -Not about gatekeepers	Excluded – 2  -Theoretical paper  - included in systematic review	Mazzer & Rickwood (2012)  Robinson et al. (2013)

Search	Results	Read title	Read Abstract	Included
Help seeking AND Young People	324	Excluded – 276  -Not about gatekeepers	Excluded –  -Not about mental health (75)  -young people’s experience (202)  -not about help seeking from mental health services (41)  -included in Systematic review (4)	Boydell et al. (2013)  Gilchrist & Sullivan (2006)

Search	Results	Read title	Read Abstract
Help seeking* AND Gatekeeper AND Adolescents	10	Excluded – 8  -about young people	Lipson (2014)  Cartmill, Dean & Wilson, (2009)

Search	Results	Read title	Read Abstract	Included
Help seeking* AND Young People AND Parent	48	Excluded – 44  -Not about gatekeepers	Excluded – 0	Flink et al. (2013)  Wahlin & Dean (2012)  Sayal et al. (2010)  Mojtabani & Olfson (2008)

Search	Results	Read title	Read Abstract	Included
Help Seeking* AND Young People AND Teachers	9	Excluded = 6  -not about mental health (2)  -participants are young people only (4)	Excluded = 2  -young people's preferences (1)  -intervention on young people (1)	Collins & Holmshaw (2008)

Search	Results	Read title	Read Abstract	Included
Help seeking AND Child AND Mental health	591	Excluded =  -not about young people's mental health help seeking  -not about seeking help from mental health services (41)  -about young people only (425)	Excluded =  Already found in other searches (3)  (Mojtabani and Olfson,; Flink,; Wahlin & Dean,)	Zwaanswijk (2005)  Stiffman (2001)

#### Google Scholar

Search	Results
Help seeking AND Young people OR	Dean et al. (2002)  Knowles (2012)  Drauker (2005)

Adolescents	
AND	
Gatekeepers	
OR	
Social influences	
OR	
Mental health	



## Appendix B. Table of study summaries.

### Qualitative studies

Author and date	Setting/participants	Research question/Aims	Method/measures	Key findings	Strengths and weaknesses
Boydell, Volpe, Gladstone, Stasiulis and Addington (2013)	10 young people (clinical sample) aged 14-18 30 significant others	What are the factors which advance or delay yp with high risk psychosis from accessing mental health services.  -tested aspects of RNEM	-multiple case study -two interviews with young people, one with matched sig others.  Analysis: -thematic analysis	Factors influencing help seeking: <ul style="list-style-type: none"> <li>• Prior health care system experience</li> <li>• Family's past and current experience of mental illness</li> <li>• Normalising distress</li> <li>• Stigma</li> <li>• School</li> <li>• Knowledge of mental health services</li> <li>• Relationships between gatekeepers and yp</li> <li>• Rev NEM needs amending for this population.</li> </ul>	-strict inclusion criteria SAMPLE: recruited from one service, all participated -retrospective -good reflexivity -good description of analysis -close to data – transcribed verbatim -inter-coder reliability/reflexivity, team analysis -experts in their field -audit trail -no respondent validation
Draucker (2005)	Ohio 52 YP (clinical and non-clinical) aged 19-21 4 parents 8 profs: youth workers school and community workers	What are the common interaction patterns between adolescents who are depressed and the important adults in their lives?	Method: Interviews  Analysis: Grounded theory	<ul style="list-style-type: none"> <li>• Maintaining a façade = negative impact on depression.</li> <li>• Poking holes</li> <li>• Breaking down the façade.</li> <li>• Dynamic process</li> <li>• Need to promote facilitative interaction patterns between teens and adults</li> <li>• Need awareness of stigma</li> </ul>	-retrospective -good detail of sampling method, ethnic and socio-economic representation -clear audit trail = confirmability -transcribed verbatim -inter coder reliability -triangulation -demonstrated reflexivity

					<ul style="list-style-type: none"> <li>-only 4 parents</li> <li>-quotes</li> <li>-no respondent validation</li> </ul>
Gilchrist and Sullivan (2006)	21 young people (non-clinical) 6 parents 14 youth service providers	Aim: Exploring the attitudes and behaviours of young people towards help-seeking when distressed.	Method: Semi-structured interviews  Analysis: thematic analysis	<ul style="list-style-type: none"> <li>• Themes – community relationships and trust; stigma and esteem; community knowledge and responsibility;</li> <li>• Parent and service providers are inclined to regard themselves as approachable, in contrast to young people’s views.</li> <li>• Communities are responsible for building yp’s trust in them.</li> </ul>	<ul style="list-style-type: none"> <li>-very general</li> <li>-purposive sampling, posters etc bias</li> <li>-iterative approach to questions</li> <li>-team discussion</li> <li>-transcription</li> <li>-representative economic, sex, ethnicity</li> <li>-quotes</li> <li>-no respondent validation</li> </ul>
Knowles, Townsend and Andersen (2012)	8 case managers, YOT team	The first to explore community youth justice staff attitudes towards, and perceptions of, screening for self-harmful behaviour.	Method: 8 semi-structured interviews  Analysis: IPA	<ul style="list-style-type: none"> <li>• ‘Active / passive’ dimension related to perceived confidence in dealing with self-harm</li> <li>• ‘positive / negative’ dimension related to perceptions of the benefits of screening and the effectiveness of mental health provision for YO.</li> <li>• barriers to effective screening must be tackled at both individual and organisational levels.</li> </ul>	<ul style="list-style-type: none"> <li>-opportunistic sampling</li> <li>-small sample = limited generalisability</li> <li>-not ethnically diverse</li> <li>-theoretical saturation</li> <li>-close to words</li> <li>-details of thorough procedure and analysis</li> <li>-little detail of reflexivity</li> <li>- specific to self-harm/ suicidality</li> <li>-no respondent validation</li> </ul>

Sayal et al (2010)	34 parents from non-specialist services  -posters and flyers in community	-To explore the factors influencing parental help-seeking for children with emotional or behavioural difficulties	Method: -focus groups -grounded theory -Strengths and Difficulties Questionnaire (SDQ)  Analysis: Grounded theory	<ul style="list-style-type: none"> <li>• Parents normalise distress</li> <li>• Parent's prefer informal sources of help</li> <li>• Negative past experience impacts help seeking</li> <li>• Fear of stigma</li> <li>• Organisational barriers</li> <li>• Relationships</li> </ul>	-posters and flyers = bias -ethnically diverse -transcribed verbatim -excellent thorough methodology -triangulation using other measures -negative cases sought -inter-rater reliability -only relevant to non-specialist populations - All groups were followed by validation groups or semi-structured interviews -no reflexivity
--------------------	---	---	--	---	--

### Correlations/factor analysis/structural equation modelling

Mazzer & Rickwood (2012).	92 Youth Workers  47 coaches – working with young people aged 12-25	To examine the factors that influence the advice Youth Workers and Sports Coaches give to young people concerning help seeking for depression	Used Theory of Planned Behaviour (TPB) to make predictions.  GHSQ Self-report questionnaire Attitude to Professional Psychological Help Scale  Analysis: -correlations and path analysis -cronbach alpha	<ul style="list-style-type: none"> <li>• TPB constructs did not effectively predict gatekeepers' referral intentions</li> <li>• Past referral behaviour, perceived helpfulness and own help-seeking intentions accounted for 39% of variance in gatekeepers' intentions to refer.</li> <li>• Youth workers refer to professionals whilst sports</li> </ul>	-self report -retrospective -based on the TPB = limited exploration to pre-defined constructs -large sample but from small locality -checked for screwiness of data -results of model based on reliability and validity of measures = lack of standardised measures
---------------------------	---	---	--	--	--

				coaches encourage informal support.	-needed bootstrapping
Stiffman et al (2001)	-792 14-18yr olds YP -222 Gateway providers (education, child welfare, primary health, justice, mental health).  America	-aimed to contract client and gateway provider models (Anderson and prosc)	- interviews with young people  -surveys with gateway providers  Structural equation modelling	<ul style="list-style-type: none"> <li>• Client perspective only accounts for 24% of variance</li> <li>• Supports RNEM</li> <li>• Provider model predicts 55% of service use and is a much more simple model.</li> <li>• Organisational predisposing and enabling factors of burden and resource knowledge predict service use more than client problems.</li> <li>• Andersons main constructs have far more explanatory power when gateway provider perceptions are provided</li> </ul>	-clear research question and methodology -comprehensive description of measures = assessment of validity -clarity over models to be tested -detailed comparison of two models allowed for clear clinical implications -unable to establish causal direction -closed and quant assessment limited exploration -sample was specific to socio-economic and cultural group = limited generalisability
Wahlin & Dean (2012).	-Australia -119 parent-child (14-18-years-old) dyads (clinical sample)	-examines the relative influence and perception of influence of parents and others in facilitating the help seeking of young people.	Method: -SDQ -questionnaire about help seeking using Likert scale.  Analysis: tests of difference and correlation	<ul style="list-style-type: none"> <li>• 94% were influenced by gatekeepers – parents were strongest influence</li> <li>• parent self-report of influence was not related to parent perception of the young person having internalizing problems – but they did influence</li> </ul>	-non-parametric test used. -self report -parents did not recognise their own influence. -clinical sample -sampling bias

				<p>when there was disagreement</p> <ul style="list-style-type: none"> <li>• unlikely that YP will independently self-refer to mental health services.</li> </ul>	
<p>Wilson and Dean</p> <p>Published within Dean, Wilson, Ciarrochi &amp; Rickwood (2002).</p>	<p>1 – 18 teachers</p> <p>2 – 21 school counsellors</p>	<p>What gatekeeper factors influence mental health help seeking in young people?</p>	<p>Method: General help seeking questionnaire (GHSQ)</p> <p>-Barriers to Adolescents Seeking Help Questionnaire (BHSQ)</p> <p>-focus groups</p> <p>Analysis – unclear Percentages Themes</p>	<ul style="list-style-type: none"> <li>• Teachers had similar attitudinal barriers to help seeking as young people</li> <li>• Teachers were more likely to seek help for suicidal ideation</li> <li>• School counsellors were more likely to seek help for mental health problems</li> </ul>	<p>Unclear method and process of analysis</p> <p>-no discussion of reflexivity</p> <p>-unpublished studies</p> <p>-small sample</p>
<p>ZWAANSWIJK et al (2005)</p>	<p>Netherlands – Parents of 246 dutch children aged 4-11.</p> <p>-explored GP and teacher input</p>	<p>Aim was to combine several existing help seeking model's and findings on determinants of help seeking into one comprehensive model and test it to measure influence.</p>	<p>Method: Interviews, Child Behaviour Checklist Teachers Report Form Help Seeking Questionnaire</p> <p>Analysis: Structural equation modelling.</p>	<ul style="list-style-type: none"> <li>• Dutch GPs = limited role as gatekeeper</li> <li>• School personnel play a key role</li> <li>• Parents should be educated about child pathology and availability of care.</li> </ul>	<p>-clear research question and method</p> <p>-range of measures used with good reliability and validity</p> <p>-large random sample of GP patients</p> <p>-very complicated</p> <p>-some limits to generalisation; to different health care systems and some socio-economic groups</p> <p>-unable to establish causal direction</p>

## Other quantitative designs.

Author and date	Setting/participants	Research question/Aims	Method	Key findings	Strengths/weaknesses
Cartmill, Dean & Wilson (2009).	47 Australia Youth Workers	This study investigated the personal help-seeking practices of youth workers to investigate the impact that personal help-seeking may have on professional practice.	Design: Work shop training  IV – workshop DV-various  Analysis: various pre and post measures – difference and correlation on measured factors	<ul style="list-style-type: none"> <li>• Pre-post workshop intentions to seek help for personal-emotional problems significantly increased.</li> <li>• No change in referral skills</li> <li>• The more the problem-solving approach of youth workers was automatically patterned, the poorer were their referral skills.</li> </ul>	<ul style="list-style-type: none"> <li>-no control group</li> <li>-bias sample?</li> <li>-measured actual help seeking?</li> <li>-self report</li> <li>-likert scale = limited validity</li> <li>-social desirability effect</li> </ul>
Collins & Holmshaw (2008)	London – 130 Teachers from 3 secondary schools and a pupil referral unit	To establish how much knowledge and experience secondary school-teachers have about psychosis, sources of help available and how to access help.	Pilot conducted  Method: Cross sectional survey KESEDY Questionnaire  Analysis: Percentages	<ul style="list-style-type: none"> <li>• The majority of teachers were able to recognize psychotic symptoms</li> <li>• A third had been in contact with a young person with psychosis.</li> <li>• Confusion about their role and who and where to refer.</li> </ul>	<ul style="list-style-type: none"> <li>-Self-report</li> <li>-possibly rushed</li> <li>-Quantitative – limited exploration</li> <li>-basic analysis</li> <li>-Fair sample size</li> <li>-focus on psychosis</li> <li>-didn't discuss limitations</li> </ul>
Flink, Beirens. Butte and Ratte (2013)	41 Dutch, Moroccan and Turkish mothers	How do mothers with different ethnic backgrounds perceive the issue of help seeking for internalising problems?	Design: Focus group and SDQ questionnaire  Analysis: deductive content analysis	<ul style="list-style-type: none"> <li>• Themes: problem recognition and perceived severity; decision to seek help; ethnic differences; facilitating factors; selection of services; formal services.</li> </ul>	<ul style="list-style-type: none"> <li>-recruited using flyers and posters</li> <li>-those more shy may not have participated</li> <li>-based on valid/tested theory and models</li> <li>-inter-rater reliability</li> </ul>

				<ul style="list-style-type: none"> <li>• Parents normalised distress</li> <li>• Past experience</li> <li>• Organisational issues</li> </ul>	<ul style="list-style-type: none"> <li>-limited sample = low generalizability</li> <li>-language barrier</li> <li>-lack of quotes</li> <li>-limited audit trail</li> <li>-good theoretical background</li> </ul>
Lipson (2014)	21 Gatekeeper studies	Aimed to comprehensively review gatekeeper studies to investigate how they affect the abilities and actions of trained gatekeepers and subsequent help seeking behaviours of young people.	Method: -systematic electronic search -inclusion and exclusion criteria -used Oxford Centre for Evidence-based medicine to review studies.	<ul style="list-style-type: none"> <li>• Positive training effects diminished over time.</li> <li>• Knowledge, attitudes and self-efficacy were commonly measured constructs</li> <li>• Behaviours, skills and population-level outcomes were not.</li> <li>• Lack of RCTs and high quality research.</li> </ul>	<ul style="list-style-type: none"> <li>-specific to gatekeeper interventions making it easy to read and assess whether met the aims</li> <li>-clear inclusion and exclusion criteria and rationale</li> <li>-systematic and clear search strategy</li> <li>-clear conclusions drawn based on quality of results</li> </ul>
Mojtabani and Olfson (2008).	7, 036 parent-child pairs  -from survey of Mental health of young people in GB.	What are the rate and predictors of young people's self-harm?	Method: -Development and Wellbeing Interview (DAWBA) -SDQ -General Health Questionnaire -structured parent interview  Analysis: logistic regression	<ul style="list-style-type: none"> <li>• Parents more likely to seek help when:</li> <li>• rated their child's difficulties as high</li> <li>• child's distress exhibited behaviourally</li> <li>• -when child not acknowledging distress</li> <li>• 1 in 4 parents did not recognise self-harm.</li> </ul>	<ul style="list-style-type: none"> <li>-cross sectional</li> <li>-self report</li> <li>-large sample</li> <li>-significant clinical and demographic differences between the pairs that were excluded</li> <li>-Actual help seeking explored</li> <li>-complex design</li> <li>-small design effects</li> </ul>

Robinson et al (2013)	12 out of 46 studies reviewed were of gatekeeper training studies.	Aimed to comprehensively review empirical literature pertaining to suicide prevention programmes in secondary schools	Method: -systematic electronic search -inclusion and exclusion criteria -Medline; Psychinfo; Cochrane; and hand search.	<ul style="list-style-type: none"> <li>• Increased knowledge of suicide</li> <li>• Improved attitudes and confidence in supporting young people</li> <li>• Increased self-reported improvements in practice with young people exhibiting suicidal thoughts and behaviours</li> <li>• Lack of RCTs</li> <li>• Lack of measurement of actual help seeking behaviours of young people</li> </ul>	<ul style="list-style-type: none"> <li>-Clear aims</li> <li>-Systematic and clear search strategy</li> <li>-Clear results for different types of intervention programmes</li> <li>-No information about referral intentions or impact on mental health service help seeking</li> <li>-Restricted to programmes specifically aimed to reduce suicide whereas other programmes may have this impact but were not included</li> </ul>
-----------------------	--	---	--	---	--



## **Appendix C**

University ethics approval

This has been removed from the electronic copy

NHS R&D approval – service 1 and 2

This has been removed from the electronic copy

Local Authority R&D Approvals

This has been removed from the electronic copy

## **Appendix D – Interview schedule (with development of questions)**

Introductions.

### Young people

1. Ice breaker. How long have you been in contact with your youth offending team?
2. What kind of things do you and your case manager do together?

Prompt: how often do you see them, what do you talk about, what's it like to work with them?

3. How were you referred to mental health services?

Prompt: who did you talk to about it? Did your case manager talk to you about it? What happened then?

4. How did you feel about your referral?
5. Can you remember what influenced your decision to accept/not accept the referral?

Prompt: did you agree with the referral? Did you talk to anyone else about the referral? What did they say? Views of mental health services?

6. What has happened since that time?

Prompt: Changes in situation/relationship with case manager/opinion of mental health services.

7. Finally, overall, what has been helpful or unhelpful about the support you have received from your YOT?
8. Anything you would like to add that I have missed?

Staff:

1. Icebreaker: How many young people do you tend to have on your caseload?
2. What percentage do you think have mental health difficulties?
3. How do you discuss a referral to mental health services with a young person?

Prompt: in what ways do they tend to respond? What do you do then? What is that like for you?

4. What are your thoughts on what makes a difference to whether a young person engages with mental health services or not?

Prompt: How long have you worked together, how do young people perceive the relationship, your role, how do you get on generally? How do young people understand their mental health needs?

5. What has facilitated or hindered your efforts to help a young person accept a referral to mental health services?
6. How do you feel about supporting a young person with mental health difficulties?

Prompt: support and supervision, limits of their role, managing risk and distress

7. In an ideal world, what do you think would be most helpful to the young people on your case load with mental health problems right now?
8. Anything you would like to add that I have missed?

- I am getting an impression of young people needing to be ready for a referral to CAMHS. Do you have any thoughts about this? (can you tell me more about it?)
- What is your role or the role of others within this? (What do you think about that?)
- (If they observe a process) Is there anything that helps or gets in the way?
- What are your thoughts about the role of the mental health worker in your team?

## Appendix E – Information sheets



Salomons Centre for Applied Psychology

Image of service

Image of service

### Information about the research project

#### Professionals

*Youth Offending Teams: A grounded theory of barriers and facilitators to mental health help seeking for young people who offend*

**Hello,**

Thank you for taking the time to read this information sheet.

My name is *Carla Lane* and I am a trainee clinical psychologist at Canterbury Christ Church University.

I am inviting you to take part in a research project. So that you can make the right decision for you about whether to take part, please take your time to go through this information. It is divided into two parts.

Please ask if you have any questions.

#### **Project summary**

In this project, we would like to speak to both young people who are being supported by youth offending services and case managers who work in these services, to find out a bit more about how young people access support when they are having mental health difficulties.

In particular, we would like ask you about what you think may help or get in the way of young people accessing mental health services. We would also like to know about what it is like for you to support young people who may be having mental health problems.

The reason why we are seeking your views is because we feel that they are extremely important for the development of a theory of help-seeking for young people from Youth Offending Teams.

## **Part 1.**

### **Why have I been invited?**

You have been invited to take part in this project because you are a case manager working directly with young people and you have experience of referring a young person to a mental health team.

### **Do I have to take part?**

No, you do not have to take part. Participation in this project is completely voluntary.

### **What will I have to do?**

If you decide this is something you would like to be involved in then a convenient time will be arranged for you to meet with the researcher at your team base for an informal interview.

You will meet with them in a private meeting room for up to one hour. She will come prepared with some questions but there will also be time to talk around these questions about topics that are important to you.

### **Expenses and payments**

Your travel expenses will be paid in full up to the value of £10.

### **Potential disadvantages**

You may find it upsetting to talk about any concerns or challenges you have experienced when supporting a young person with mental health difficulties. You will be offered support and supervision from your team leader which you can use at any time after meeting with the researcher.

### **Potential benefits**

We hope you enjoy talking to the researcher and having your views heard. We also hope you will feel proud of the contribution you are making to the project. Talking about our experiences can also sometimes help us to understand them better and therefore be a positive experience in that way too.

### **What happens if the research project stops?**

If the project stopped for any reason, then your information will be kept by the University for 10 years (University Policy) and then destroyed.

### **What if there is a problem?**

Any complaints or concerns you have about the experience you have had taking part in the project or any possible harm you might experience will be addressed. Please see **Part 2** below for detailed information about this.

### **Will taking part be confidential?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details about this are included in **Part 2**.

*If the information in Part 1 has interested you and you are considering taking part, please read the additional information in Part 2 before making any decision.*

## Part 2.

### **What will happen if I don't want to carry on with the project?**

Once you have decided you take part in the project you can change your mind at any time and you do not have to give a reason. For example, you can leave the meeting at any time and you can also ask to have the information you provided during the meeting to be taken out of the project. Your information will then be destroyed.

### **What if there is a problem?**

If you have a concern about any aspect of this project, you should ask to speak to me and I will do my best to answer your questions [number] or to speak to your manager. If you remain unhappy and wish to complain formally, you can do this by contacting:

- Details of each Trust and Council complaints departments.

### **Will my taking part in this study be kept confidential?**

#### *How your information will be kept*

During the meeting, the conversation you have with the researcher will be audio-recorded. The recording will be written out word for word (to create a 'transcript') so that the researcher can analyse what has been said. The tape recordings and transcripts will be kept on a memory stick that needs a password to access the information. Only the researcher will have access to this password. All data from the study will be kept by Canterbury Christ Church University for 10 years and then destroyed.

- **All information that might make your identity obvious will be removed and all names and names of places will be changed.**

#### *Who else will see what I have said?*

Identifiable information may be seen by the organisation who monitors the quality of the research and those directly involved in the research (as named below). However, your information will not be seen by those who you work with directly.

Some sections of the anonymised written up transcripts will be looked at by a professional who is not connected with the project. This is to check that the researcher's understanding of the information makes sense.

Your manager will be informed that you are taking part in the project however they will not have access to any information that you give the researcher. The only information that they will see will be the final write up of the project which will include other professional's views too and therefore it will not be possible to identify what you have said.

- **The only time that the researcher may tell someone about what you have said is if you describe anything that may concern the researcher about harm to yourself or others.**

### **What will happen to the results of the research project?**



All the information from the different interviews will be analysed together. The researcher might contact you again to talk to you about the results to check that they have understood what you have said. Please tick the box giving permission for this on the consent form. You can change your mind at any time.

The results of the project will then be written into a final report.

#### *Quotes*

Some of the things that you say in the meeting may be quoted in the final write up. However, these will be carefully chosen so that it will not be possible to identify you from the quote. If you would not like to have carefully chosen quotes included, please make sure that you do not tick the box giving permission for the researcher to do this on the **consent form** or let the researcher know now.

#### *Publishing the results*

So that as many people as possible can use the results of the project, we hope to publish the final report in a range of academic journals. The researcher will also present the findings to the teams that take part, as well as to management within services. You are welcome to have a copy of the final report.

#### **Who is organising and funding the research?**

Canterbury Christ Church University are funding the research and it is being organised by Name (trainee clinical psychologist), Dr. Name (position) and Name (Chartered Forensic Psychologist at Service).

#### **Who has reviewed the project?**

This project was approved by the research team at Canterbury Christ Church University. All research in social care and the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This project has been reviewed and approved by X Ethics Committee.

Once you have read the information sheet and consent forms and you feel that you understand what the project entails and are happy to take part, we would like you to sign the forms. You will be given a copy to keep.

#### **Further information**

*If you would like to speak to me and find out more about the study or have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 0333 011 7070. Please say that the message is for me [Carla Lane] and leave a contact number so that I can get back to you. Or speak to your manager who can pass me your contact details and I will email/call you.*

Thank you.

*Carla Lane*

**NB: FONT SIZE AND FORMAT CHANGED TO FIT APPENDICES**



Salomons Centre for Applied Psychology

Image of service

Image of service

## **Information about the research project**

*Youth offending Teams: Young People's views on Youth Offending and Mental health services*

***Hello,***

**Thank you** for taking the time to read this information sheet.

My name is **Name** and I am a trainee clinical psychologist at Canterbury Christ Church University.

I am inviting you to take part in a **research project**. So that you can make the right **decision** for you about whether to take part, please take your time to go through the information. It is divided into two parts.

You can ask me any **questions** about the project at any time and **talk** with me about the project to help you make up your mind.

### **Project summary**

In this project, we would like to speak to both young people who are involved with youth offending services and case managers who work in these services.

It has been found that young people in youth offending services can often feel distressed but that they rarely ask for any help or accept help from professional services like mental health services. We would like to understand a bit more about why that might be by asking you and other young people about their opinions and experiences.

### **Part 1.**

#### **Why have I been invited?**

You have been invited to take part in this project because you are involved with the youth offending team and have at some point in the past, been referred to a mental health team.

#### **Do I have to take part?**

No you do not have to take part. Participation in this project is completely voluntary. Not participating will have no effect on the support you receive from any services.

### **What will I have to do?**

If you decide this is something you would like to be involved in then a time will be arranged for you to meet with the researcher at your youth offending team base. You will sit in one of the meeting rooms and have a conversation with the main researcher. She will come with some questions and there will also be time to talk about topics that are important to you if you wanted to say more.

You are welcome to bring someone with you or have someone from your team to accompany you if you would like. The meeting will take up to one hour and can be made across two separate occasions if you would prefer.

### **Expenses and payments**

Your travel expenses will be paid in full up to the value of £10. You will also receive a £10 Amazon voucher as a thank you for your time.

### **Potential disadvantages**

Sometimes talking about our experiences, especially any difficulties we have had in the past or are currently having, can be a bit distressing. You will not be expected to talk about anything that is too upsetting or that you do not want to talk about. The researcher will help you to think about this throughout your conversation with her. You will also have the opportunity to meet with someone from your youth offending team after the meeting or at a later date if you would like to.

### **Potential benefits**

Your views are extremely important and the information you will give may be used to help to inform the way services work in the future. We hope you will feel proud of the contribution you are making. We also hope you enjoy talking to the researcher and having your views heard. Talking about our experiences can also sometimes help us to understand them better and therefore be a positive experience in that way too.

### **What happens if the research project stops?**

If the project stopped for any reason, then your information will be kept by the University for 10 years (University Policy) and then destroyed.

### **What if there is a problem?**

Any complaints or concerns you have about the experience you have had taking part in the project or any possible harm you might experience will be addressed. Please see **Part 2** below for detailed information about this.

### **Will taking part be confidential?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details about this are included in **Part 2**.

*If the information in Part 1 has interested you and you are considering taking part, please read the additional information in Part 2 before making any decision.*

## **Part 2.**

### **What will happen if I don't want to carry on with the project?**

Once you have decided you take part in the project you can change your mind at any time and you do not have to give a reason. For example, you can leave the meeting at any time and you can also ask to have the information you provided during the meeting to be taken out of the project. Your information will then be destroyed. This is your right and will not impact on the support you receive from your youth offending team. Please feel free to speak to someone from your youth offending team at any time if you have any concerns about this.

### **What if there is a problem?**

If you have a concern about any aspect of this project, you should ask to speak to me and I will do my best to answer your questions [number]. If you remain unhappy and wish to complain formally, you can do this by contacting:

-details of complaints departments for NHS Trust and Social Care department.

### **Will my taking part in this study be kept confidential?**

*How your information will be kept*

During the meeting, the conversation you have with the researcher will be audio-recorded. The recording will be written out word for word (to create a 'transcript') so that the researcher can more easily look at what has been said. The audio-recording and write up will be kept on a computer in a password protected file so no one else can access it. The data from the project will be kept by Canterbury Christ Church University for 10 years before being destroyed.

### **All information that might make your identity obvious will be removed and all names and names of places will be changed.**

*Who else will see what I have said?*

The only people who may be able to access identifiable information will be those involved in the research (as named below) and the organisation who monitors the quality of the research.

Some sections of the anonymised written up transcripts will be looked at by a professional who is not connected with the project. This is to check that the researcher's understanding of the information makes sense.

The only information that they will see will be the final write up of the project which will include lots of other people's views too and therefore they will not be able to identify what you have said.

**The only time that the researcher may tell someone about what you have said is if they are worried about you because you tell them about wanting to hurt yourself or if someone else was at risk of harm.**

**The researcher may also need to tell someone else if you describe a serious crime you have taken part in in the past that the criminal justice system does not know about or if you have plans to commit a crime in the future.**

**The researcher will help you to think about what would be appropriate to tell them throughout the meeting.**

### **What will happen to the results of the research project?**

All the information from the different interviews will be put together. The researcher might contact you again to talk to you about the results to check that they have understood what you have said. Please tick the box giving permission for this on the consent form. You can change your mind at any time.

The results of the project will then be written into a final report.

#### *Examples*

Some of the things that you say in the meeting may be used as examples in the final write up. However, these will be carefully chosen so that it will not be possible to identify you from the example. If you would not like to have carefully chosen examples of what you have said used, please make sure that you do not tick the box giving permission for the researcher to do this on the **consent form** or let the researcher know.

#### *Publishing the results*

So that as many people as possible can see the results of the project, we hope to publish the final report in academic journals. These are like books in which other people's research are also published. People who work in the same or similar services, can look for research like this project, to help them to improve the way that they work. If the project is published, you may be able to find it on the internet.

You are welcome to have a copy of the final report and you will be invited to a presentation of the findings by the researcher at your youth offending service.

### **Who is organising and funding the research?**

Canterbury Christ Church University are funding the research and it is being organised by Name (trainee clinical psychologist), Dr Name (position and address and Name (Chartered Forensic Psychologist at address).

### **Who has reviewed the project?**

This project was approved by the research team at Canterbury Christ Church University. All research in social care and the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This project has been reviewed and approved by the Integrated Research Application System (X Ethics Committee).

Once you have read the information sheet and consent forms and you feel that you understand what the project entails and are happy to take part, we would like you to sign the forms. You will be given a copy to keep.

**Further information**

We feel it may be beneficial for you to discuss your participation in this study with a parent or guardian.

*If you have any further questions or would like to find out more about the study you can leave a message for the main researcher on a 24-hour voicemail phone line at (number) Please say that the message is for Name and leave a contact number so that she can get back to you.*

Or

Please speak to someone within your youth offending team.

*Thank you*

**Photo removed**

*Carla - Main researcher*

## Appendix F – Consent forms

(NB – formatting changed when moved to appendix)

Young people

### Consent form – ( Number)

*Youth offending Teams: Young People's views on Youth Offending and Mental health services*

Please tick

1. I have read and understood the 'Information about the research' leaflet for this study. I have had the opportunity to consider the information and ask questions.
2. I understand that taking part is entirely voluntary and that I am free to change my mind and withdraw at any time, without giving any reason.
3. I agree to being interviewed and the interview being audio recorded.
4. I agree that (anonymous) examples from my interview may be used in the write up of the study and may be published.
5. I agree to being contacted to check if the researcher has understood what I have said.
6. I would like to receive a summary of the results.
7. I understand that my name will not appear in any reports, articles or presentations.
8. I agree to take part in this study.

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Researcher Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

(1 for participant and 1 for researcher)

Professionals

## Consent form – (Participant Identification Number)

*Youth Offending Teams: A grounded theory of barriers and facilitators to mental health help seeking for young people who offend*

**Please tick box**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I agree to being interviewed and the interview being audio recorded.
4. I give consent for information given by me, including anonymised quotes, to be used in future reports, articles or presentations by the research team.
5. I understand that my name will not appear in any reports, articles or presentations.
6. I agree to being contacted to check if the researcher has understood what I have said.
7. I would like to receive a summary of the results of the study.
8. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **Appendix G – Leaflet advertising the project**

This has been removed from the electronic copy

## Appendix H – Quality Assurance Guidelines

Guidelines to conducting and evaluating qualitative research:

### **Mays and Pope (2000)**

Assessing validity –

- Triangulation
- Respondent validation
- Clear exposition of methods of data collection and analysis
- Reflexivity
- Attention to negative cases
- fair dealing

Relevance

### **Yardley's Evaluative Criteria**

- Sensitivity to context - is the analysis and interpretation sensitive to the data, the social context, and the relationships (between researcher and participants) from which it emerged?
  - What was the nature of researcher's involvement (prolonged engagement, immersion in data)?
  - Does the researcher consider how he or she may have specifically influenced participants' actions (reflexivity)?
  - Does the researcher consider the balance of power in a situation?
- Completeness of data collection, analysis and interpretation
  - Is the size and nature (comprehensiveness) of the sample adequate to address the research question?
  - Is there transparency and sufficient detail in the author's account of methods used and analytical and interpretive choices (audit trail)? Is every aspect of the data collection process, and the approach to coding and analyzing data discussed? Does

the author present excerpts from the data so that readers can discern for themselves the patterns identified?

- Is there coherence across the research question, philosophical perspective, method, and analysis approach?
- Reflexivity - does the researcher reflect on his or her own perspective and the motivations and interests that shaped the research process (from formulation of the research question, through method choices, analysis and interpretation).

Is the research important - will it have practical and theoretical utility?

Guidelines to evaluating quantitative research

**Schulz et al. (2010) & Long et al. (2002)**

Systematic reviews:

- Did the review address a clearly focused question?
- Did the authors look for the right type of papers?
- Do you think all the important, relevant papers were included?
- Did the reviewers authors do enough to assess the quality of the included studies?
- If the results of the review have been combined, was it reasonable to do so?
- What are the overall results of the review?
- How precise are the results?
- Can the results be applied to the local population?
- Were all important outcomes considered?
- Are the benefits worth the harms and costs?
- 

Other quantitative designs – main headings

- Study overview – purpose, key findings, evaluative summary
- Study
- Setting
- Sample
- Ethics
- Outcome measurement
- Group comparability
- Timescale and measurement
- Policy and practice implementation and implications
- Review

## **Appendix I– Full transcript**

This has been removed from the electronic copy

## Appendix J – Coding

21/04/2015 09:22

### Coding Summary By Source

MRP

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Document** **NB to examiners – last cod7**

Internals\\CM3 transcription

Node

**Nodes\\60 to 65 percent do not have formal involvement with mental health services**

No	0.0007	1
----	--------	---

1 CL 10/01/2015 13:20

unmet need, I would say probably, 60%, 65%

**Nodes\\Being referred to CAMHS is the final thing that confirms to a YP that they are mental\\YP fear what they are going to come away with from CAMHS**

No	0.0026	1
----	--------	---

1 CL 10/01/2015 19:16

I think some of that fear of, what does that, what is that going to mean for me, wen I have gone there and what am I going to come away with

**Nodes\\Being referred to CAMHS is the final thing that confirms to a YP that they are mental\\YP fear what they are going to come away with from CAMHS\\YP fear that they will recieve a label from CAMHS**

No	0.0024	1
----	--------	---

1 CL 10/01/2015 19:15

what having a mental health problem might mean. Its part of going there and thinking I might come out with some sort of label on me

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\Being referred to CAMHS is the final thing that confirms to a YP that they are mental\YP feel like CM is saying they are mental like their parents**

No	0.0022	1		1	CL	10/01/2015 14:18
----	--------	---	--	---	----	------------------

So discussing mental health, they think you are trying to say I am like my mum, I am not like my mum, I am not like my dad

**Nodes\Building the relationship is key...YOT approach\Difference between YOT and CAMHS perspective and ways of working**

No	0.0104	1		1	CL	10/01/2015 15:42
----	--------	---	--	---	----	------------------

Whereas from my point of view and other professionals involved with him, it was, it is still, and I know we are not experts but he is very low in mood, he quite often says he wants to kill himself and things like that, so, we would quite often re-refer to CAMHS, they would offer another psychiatric review, he maye didn't attend and then they would close the case. And I think we did that a few times before they just said, he ust needs to go to his GP now. And that's when the gap gets bigger, do you know, the, if you go to your GP it

**Nodes\Building the relationship is key...YOT approach\have a chat like together**

No	0.0004	1		1	CL	10/01/2015 16:13
----	--------	---	--	---	----	------------------

have a chat like together

**Nodes\Building the relationship is key...YOT approach\have a chat like together\CM does not read from form but knows the areas and discusses them like a conversation**

No	0.0023	1				
----	--------	---	--	--	--	--

1 CL 10/01/2015 13:53

what I do, is have it with me and know what the other question is. But don't look at it, try to make it more of a conversation

**Nodes\\Building the relationship is key...YOT approach\\have a chat like together\\CM does not read from form but knows the areas and discusses then like a conversation\\I try to not read form the form**

No 0.0005 1

1 CL 10/01/2015 13:52

I try to not read form the form

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Building the relationship is key...YOT approach\\have a chat like together\\CM does not read from form but knows the areas and discusses then like a conversation\\If both the CM and YP are comfortable, the YP shares**

No 0.0019 1

1 CL 10/01/2015 13:55

I think that is more comfortable for me and for them. So I think you tend to get more information that way.

**Nodes\\Building the relationship is key...YOT approach\\have a chat like together\\CM does not read from form but knows the areas and discusses then like a conversation\\If both the CM and YP are comfortable, the YP shares more information\\Making the discussion more like a conversation invites the**

No 0.0047 2

1 CL 10/01/2015 13:56

I think sometimes when you do it like that, they have questions then, that they will ask you.

2 CL 10/01/2015 13:56

it is not like you interviewing them, its more about if they have got anything they want to ask or don't understand about, I think they are more inclined to ask it.

**Nodes\\Building the relationship is key...YOT approach\have a chat like together\CM does not read from form but knows the areas and discusses then like a conversation\If both the CM and YP are comfortable, the YP shares**

No 0.0009 1

1 CL 10/01/2015 13:53

I don't think it feels like a natural conversation

**Nodes\\Building the relationship is key...YOT approach\have a chat like together\CM does not read from form but knows the areas and discusses then like a conversation\If both the CM and YP are comfortable, the YP shares more information\The form uses closed questions and therefore invites less**

No 0.0051 1

1 CL 10/01/2015 13:55

I think the form almost invites yes and no answers because there are some things where you score it one or ten or have you used these substances, yes or no, and I think it almost, those closed questions almost gives them permission to just not give you much more information, yes

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Building the relationship is key...YOT approach\The informal delivery of informal CAMHS helps engagement**

No 0.0005 1

1 CL 10/01/2015 16:09

the way that it is delivered

**Nodes\\Building the relationship is key...YOT approach\The informal delivery of informal CAMHS helps engagement\Informal CAMHS work hard on the relationship before talking about mental health**

No 0.0020 1

1 CL 10/01/2015 16:11

they really work hard building a relationship without, before delving into talking about their mental health



**Nodes\\Building the relationship is key...YOT approach\\The informal delivery of informal CAMHS helps engagement\\Play therapists and art therapists that**

No 0.0021 1

1 CL 10/01/2015 16:10

play therapists and art therapists and stuff. So its very, its quite creative, they are all a bit sort of quirky

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\CM believes that the relationship CM have with yp is a biggest agent for change in them**

No 0.0052 1

1 CL 11/01/2015 18:32

the relationship, like no matter what the work is you are doing with them, actually, the relationship you build with them is the biggest thing to change anything for them. So, I think we're, I think that is one thing we are really good at and I think that really helps them move on

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\Defending the value of using the relationship to affect change rather than using specialist services**

No 0.0018 1

1 CL 11/01/2015 18:33

I think sometimes, that is what ends up happening and I think it isn't necessarily a negative thing

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\relationship with case managers**

No 0.0016 1

1 CL 11/01/2015 18:34

just being there to just work through things with them does really help them with their

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\relationship with case managers\\CM feels able to be more explicit about why they are making**

No 0.0036 2

1 CL 05/02/2015 07:52

they know us already, hopefully have a positive relationship and hopefully some of that will spill over to the other worker I guess

2 CL 10/01/2015 16:31

once you have built a relationship you can be more frank with them

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\relationship with case managers\\CM feels able to be more explicit about why they are making referral once relationship is built\\CM does not tell the yp what to do when**

No 0.0023 1

1 CL 10/01/2015 16:30

Rather than you meet them for the first time and then say, you have got to do this, you have to do this and you have to do that

**Nodes\\Building the relationship is key...YOT approach\\Without the relationship you will never affect any change\\relationship with case managers\\consistency\\Inconsistent staffing teaches yp that no one is going to**

No 0.0016 1

1 CL 11/01/2015 18:36

those people have learnt that nobody is going to stick around, that nobody is going to, so

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\CM believes that CAMHS is not young offender centred\\a CLINICAL mental health place\\CM thinks that YP PERCEIVE CAMHS as a clinical, formal setting which is a barrier**

No	0.0025	1
1		

CL 10/01/2015 16:11

rather than going into more of a, clinical setting and talking about it in more of a, with someone they see as being, more formal, I guess

**Nodes\\CM believes that CAMHS is not young offender centred\\CAMHS choose to work in a way that means that no young people will attend\\CAMHS protocol does not meet YOT family needs**

No	0.0010	1
1		

CL 05/02/2015 07:48

he maye didn't attend and then they would close the case

**Nodes\\CM believes that CAMHS is not young offender centred\\CAMHS choose to work in a way that means that no young people will attend\\CAMHS protocol does not meet YOT family needs\\CM would like CAMHS to be a bit**

No	0.0006	1
1		

CL 11/01/2015 18:57

a bit more flexibility I suppose.

**Nodes\\CM believes that CAMHS is not young offender centred\\CM unsure but thinking on the spot about why yp prefer informal CAMHS**

No	0.0005	1
1		

CL 10/01/2015 16:12

Yeah, I think its about that.

**Nodes\\CM does CBT with yp for three or four weeks\\CM ends up covering a lot of the mental health work**

No	0.0015	1
1		

CL 12/02/2015 17:11

So you end up doing quite a lot of that, work, like talking with them about things

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\CM does CBT with yp for three or four weeks\\CM ends up covering a lot of the mental health work\\Doing mental health work distracts from CM doing YOT work**

No 0.0031 2

1 CL 11/01/2015 18:14

But it also distracts from what, it almost over takes what you are supposed to be doing in the YOT

2 CL 11/01/2015 18:15

our role, gets diverted a little bit from what it should originally be.

**Nodes\\CM does CBT with yp for three or four weeks\\CM ends up covering a lot of the mental health work\\Doing mental health work distracts from CM doing YOT work\\CM gets caught up in a yp presenting mental health needs**

No 0.0015 1

1 CL 11/01/2015 18:23

you get so caught up in, in what you think is what they need, their presenting needs.

**Nodes\\CM does CBT with yp for three or four weeks\\CM ends up covering a lot of the mental health work\\Important for CM to try not to take on all the work with a yp**

No 0.0017 1

1 CL 11/01/2015 18:29

yeah its important to not try and take it all on as the YOT worker as you can't do everything.

**Nodes\\CM does CBT with yp for three or four weeks\\CM ends up covering a lot of the mental health work\\Important for CM to try not to take on all the work with a yp\\CM feels that they don't have the time to do the work with a yp**

No 0.0021 1

1 CL 10/01/2015 13:32

So you might see what needs they have, but you can't actually do that work with them because you don't have the time

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\CM does CBT with yp for three or four weeks\CM ends up covering a lot of the mental health work\Important for CM to try not to take on all the work with a yp\CM finds it difficult knowing that they cannot 100 percent**

No	0.0020	1	1	CL	11/01/2015 18:12
----	--------	---	---	----	------------------

Its quite difficult because I think you are always aware that you are not 100% meeting what you think they need

**Nodes\CM does CBT with yp for three or four weeks\CM ends up covering a lot of the mental health work\Mental health work is addressing criminal behaviour of yp and is therefore part of CM role\CM believes that offending**

No	0.0015	1	1	CL	11/01/2015 18:15
----	--------	---	---	----	------------------

although their emotional mental health is really closely linked to their offending

**Nodes\CM does CBT with yp for three or four weeks\CM ends up covering a lot of the mental health work\Signposting to other agencies if they do not have time to do work themselves**

No	0.0012	1	1	CL	10/01/2015 13:33
----	--------	---	---	----	------------------

then its just about, signposting I guess to other agencies really

**Nodes\CM experienced a YP who had positive view of CAMHS and that changed**

No	0.0039	1	1	CL	10/01/2015 15:47
----	--------	---	---	----	------------------

he didn't go to that first appointment, but then, yeah, we went through a pattern where, fairly regularly, they would offer him one psychiatric review, he wouldn't go and they would be like no, we are closing him.

**Nodes\\CM finds it hard to know what service made the difference\\Working with other services**

No	0.0005	1			
			1	CL	10/01/2015 19:30

you are working together  
Yeah.

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\CM has lots of suggestions about what will help to make it easier for yp to engage with mental health services**

No	0.0092	1			
			1	CL	11/01/2015 18:55

worker that they could just stay with the whole time. And just some practical, sort of, like when I was saying about really basic practical, making it really easy to access. Like, knowing somewhere, like they know where it is, where they can become familiar with, maybe use of buildings that are not just for, for CAMHS. Being in a building like, the X, where there are a number of agencies that work out of there so somewhere

**Nodes\\CM takes a coordination role with yp\\Having one person coodinating is helpful\\Keeping an overview of what the YP is doing and reminding them**

No	0.0041	1			
			1	CL	10/01/2015 19:28

And I think that is one thing that is really good, is that we get sent copies of their appointment letters so, so that, it means even if it is not somebody you would go with, you can, like prompt and remind them and stuff.

**Nodes\\CM takes a coordination role with yp\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\using the text usually works.\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\First appointments are more successful when the CM introduces the YP to a new person\\Belief that a multi agency building would be better than one**

No	0.0022	1			
			1	CL	11/01/2015 18:54

Being in a building like, the X, where there are a number of agencies that work out of there so somewhere that they know

Nodes\\CM takes a coordination role with yp\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\using the text usually works.\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\First appointments are more successful when the CM introduces the YP to a new person\\Belief that a multi agency building would be better than one solely for mental health\\CM believes that a clear pathway would break down

No	0.0005	1			
			1	CL	11/01/2015 18:51

breaks down some of that fear

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

Nodes\\CM takes a coordination role with yp\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\using the text usually works.\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\First appointments are more successful when the CM introduces the YP to a new person\\Belief that a multi agency building would be better than one solely for mental health\\CM believes that a clear pathway would break down

No	0.0017	1			
			1	CL	11/01/2015 18:50

I have met this person and then I am going to do this and this and so, a very clear pathway.

Nodes\\CM takes a coordination role with yp\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\using the text usually works.\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\First appointments are more successful when the CM introduces the YP to a new person\\Offering to accompany yp to appointments seems to be

No	0.0015	1			
			1	CL	10/01/2015 19:25

just have an appointment and they are just told to go somewhere at a certain time

**Nodes\\CM takes a coordination role with yp\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\using the text usually works.\\Most YP text or text and ask CM to call them...RELATIONSHIPS AND CC ROLE\\First appointments are more successful when the CM introduces the YP to a new person\\Offering to accompany yp to appointments seems to be going the extra mile\\Having an appointment and being told where to be and**

No	0.0014	1			
			1	CL	10/01/2015 19:20

I just had to take him there, cos I know if I don't take him he just won't go

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role**

No	0.0006	1			
			1	CL	10/01/2015 19:26

Really simple like practical things

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role\\A lot of yp are left to take ownership of their care on their own**

No	0.0012	1			
			1	CL	10/01/2015 19:25

a lot of them are taking on the ownership of this for themselves,

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role\\Belief that being reminded of appointments by parents helps**

No	0.0006	1			
			1	CL	10/01/2015 19:24



or will remind them of appointments

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role\\Belief that being reminded of appointments by parents helps\\Many yp do not have parents who will go to appointments with them**

No	Coverage	Number Of Coding References	Reference Number	Coded By	Modified On
	0.0002	1	1	CL	10/01/2015 19:25

or go with them

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role\\CM expereinces yp as not very proactive in finding out where an appointment is**

No	Coverage	Number Of Coding References	Reference Number	Coded By	Modified On
	0.0015	1	1	CL	10/01/2015 19:27

And they are not very proactive in terms of phoning and checking how to get there or

**Nodes\\CM takes a coordination role with yp\\Taking a parenting role\\YP need encouragement to go**

No	Coverage	Number Of Coding References	Reference Number	Coded By	Modified On
	0.0004	1	1	CL	10/01/2015 19:26

encouraging them to go

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\CM thinks that YP think that they are being too reassuring because they just want them to go**

No	Coverage	Number Of Coding References	Reference Number	Coded By	Modified On
	0.0025	1	1	CL	10/01/2015 19:19

I think they think that we, just because we want them to go (laughs) we might Say anything Say, like yeah its ok, don't worry about it,

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CAMHS as 'up there' and 'them'\other services hold sessions at the YOT where they are used to coming anyway**

No 0.0012 1

1 CL 10/01/2015 16:13

they hold sessions at the YOT, where they are used to coming anyway.

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\CM not feeling that they are experts in mental health. CM Uncertainty**

No 0.0004 1

1 CL 10/01/2015 15:36

I know we are not experts

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\CM not feeling that they are experts in mental health. CM Uncertainty\\CM believes if they try to do mental health work they may not do it 100 percent correctly**

No 0.0010 1

1 CL 11/01/2015 18:30

Than us trying to do something and maybe not doing it 100%

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\CM not feeling that they are experts in mental health. CM Uncertainty\\Cm believes**

No	0.0016	1
<hr/>		
		1 CL 11/01/2015 18:30

although we have skills, we are not like, we are not trained mental health professionals

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\CM not feeling that they are experts in mental health. CM Uncertainty\\CM feels she**

No	0.0016	1
<hr/>		
		1 CL 10/01/2015 15:39

he is very low in mood, he quite often says he wants to kill himself and things like that

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\Difference between YOT and CAMHS perspective of need**

No	0.0104	1
<hr/>		
		1 CL 10/01/2015 15:46

Whereas from my point of view and other professionals involved with him, it was, it is still, and I know we are not experts but he is very low in mood, he quite often says he wants to kill himself and things like that, so, we would quite often re-refer to CAMHS, they would offer another psychiatric review, he maye didn't attend and then they would close the case. And I think we did that a few times before they just said, he ust needs to go to his GP now. And that's when the gap gets bigger, do you know, the, if you go to your GP it

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\\Difference between YOT and CAMHS perspective of need\\CM wants advice from CAMHS**

No	0.0026	1
<hr/>		
		1 CL 10/01/2015 14:59

especially for advice and things as well. Errm, where you are not really sure where to go with it. Making sure referrals are appropriate I guess

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\COMMUNICATION between YOT and CAMHS and other services\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\Difference between YOT and CAMHS perspective of need\CM wants advice from CAMHS as not always sure what service would be appropriate\Services thresholds are changing so CM is not always sure what is an appropriate referral**

No 0.0051 2

1 CL 10/01/2015 14:59

when thresholds are high, things like that, sometimes things can be an issue so checking out issues but like whether things are appropriate first

2 CL 10/01/2015 15:00

I think, its, there are a lot of, there has to be significant issues now, for CAMHS referrals to be, in this area, from my experience

**Nodes\COMMUNICATION between YOT and CAMHS and other services\CM seeks advice from CAMHS about how to get a YP ready for CAMHS\Difference between YOT and CAMHS perspective of need\CM wants advice from CAMHS as not always sure what service would be appropriate\YOT disagree with**

No 0.0040 1

1 CL 10/01/2015 15:36

. Whereas from my point of view and other professionals involved with him, it was, it is still, and I know we are not experts but he is very low in mood, he quite often says he wants to kill himself and things like that

**Nodes\COMMUNICATION between YOT and CAMHS and other services\YOT and CAMHS working together breaks down barriers of CAMHS being mental**

No 0.0037 1

1 CL 10/01/2015 19:31

It becomes, again, it breaks down some of those, those barriers about it being CAMHS and it being about mental health, it becomes just part of the package of what everyone is doing together I guess.

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\YOT and CAMHS working together breaks down barriers of CAMHS being mental health\\Being aware of CAMHS appointments makes is less seperate from YOT**

No 0.0021 1

1 CL 10/01/2015 19:29

Rather than it being so separate that is it something that is happening over there and we are not really aware of it

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\YOT and CAMHS working together breaks down barriers of CAMHS being mental health\\Being aware of CAMHS appointments makes is less seperate from YOT\\Being aware of appointments means CM can ask yp how it went**

No 0.0043 1

1 CL 10/01/2015 19:29

also, you can be like, ohh, when they come back, like, how did it go? Sort of reflect on it with them a little bit. Rather than it being so separate that is it something that is happening over there and we are not really aware of it.

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\YOT and CAMHS working together breaks down barriers of CAMHS being mental health\\YOT and CAMHS working creates a package of what everyone is doing**

No 0.0069 2

1 CL 05/02/2015 07:44

And they always, and quite often we invite them to, or we have review meetings, we will invite CAMHS workers so it becomes part of a, the whole plan I guess, of what we're doing

2 CL 10/01/2015 19:32

It becomes, again, it breaks down some of those, those barriers about it being CAMHS and it being about mental health, it becomes just part of the package of what everyone is doing together I guess.

**Nodes\\COMMUNICATION between YOT and CAMHS and other services\\YOT and CAMHS working together breaks down barriers of CAMHS being mental health\\YOT and CAMHS working together give the yp the impression that**

No 0.0013 1

1 CL 10/01/2015 19:32

Like these people are all here for me, and helping me with what I need

**Nodes\\Easier to build RELATIONSHIPS with some young people than others**

No 0.0009 1

1 CL 10/01/2015 16:15

definitely easier with some young people than others

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Easier to build RELATIONSHIPS with some young people than others\\Building a relationship takes time**

No 0.0004 1

1 CL 10/01/2015 16:21

Over a little bit of time

**Nodes\\Easier to build RELATIONSHIPS with some young people than others\\CM believes that different yp respond to different ways of working**

No 0.0009 1

1 CL 10/01/2015 16:16

Different people respond to different ways of working

**Nodes\\Easier to build RELATIONSHIPS with some young people than others\\CM knows it can take a long time to build relationship with some**

No 0.0008 1

1 CL 10/01/2015 16:16

some young people it takes a really long time

**Nodes\Easier to build RELATIONSHIPS with some young people than others\CM understands that YP behave in ways that makes other people keep their distance from them**

No 0.0021 1

1 CL 10/01/2015 19:09

cos quite a lot of them have got experiences, especially behaving in a way that makes people distance themselves

**Nodes\Easier to build RELATIONSHIPS with some young people than others\The CM is one of the better people for the yp to talk to about mental health because they know them best**

No 0.0014 1

1 CL 11/01/2015 18:35

sometimes you are probably, one of the better people to talk about that with.

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\Easier to build RELATIONSHIPS with some young people than others\The CM is one of the better people for the yp to talk to about mental health because they know them best\CM finds it really difficult to work with a**

No 0.0032 1

1 CL 11/01/2015 18:49

Especially as it doesn't happen very often, so when you meet people you sort of go down thinking this is going to be fine, you don't even have to think about it, and then some

**Nodes\Easier to build RELATIONSHIPS with some young people than others\The CM is one of the better people for the yp to talk to about mental health because they know them best\The longer the CM works with someone the better they can understand what is happening for them without them**

No 0.0032 1

1 CL 11/01/2015 18:35

if they talk about a certain person, you know who that is and what that means for them and what that relationship is and why that might be upsetting them or, affecting them.

**Nodes\\Easier to build RELATIONSHIPS with some young people than others\\The length of time a CM works with a YP varies**

No 0.0005 1

1 CL 10/01/2015 13:18

it varies quite a lot I suppose

**Nodes\\Having a caseload number which feels pressured**

No 0.0041 1

1 CL 10/01/2015 13:19

it's a higher caseload. I think, the originally, the youth justice board suggested number was between 12 and 15, so anything above, when you are above 20, definitely it feels a bit, there is pressure there, its quite high

**Nodes\\Its very tricky to work with families\\CM is distinguishing between her perspection and what YP say**

No 0.0009 1

1 CL 10/01/2015 15:55

that is from my opinion, he has not really said that

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Knowing who does what and when is complex\\Believe it is important for yp to get the most appropriate support from other services**

No 0.0014 1

1 CL 11/01/2015 18:29

it is important that they get the appropriate, or the most appropriate support



**Nodes\\Knowing who does what and when is complex\\CM knows that they have informal CAMHS when yp is presenting with needs**

No	0.0019	1
----	--------	---

1 CL 11/01/2015 18:24

that's when we tend to use that, we use that for X, that service we were talking about, the counselling.

**Nodes\\MHW can do work instead of CM which eases their pressure\\The psychologist from CAMHS meets the yp and explains what a referral would**

No	0.0036	1
----	--------	---

1 CL 10/01/2015 14:10

psychologist can come and meet them and discuss a bit more about what that would mean and make an informal, like a bit of an assessment himself, and they have got more of a face to put to that then.

**Nodes\\MHW can do work instead of CM which eases their pressure\\The psychologist from CAMHS meets the yp and explains what a referral would mean\\The psychologist from CAMHS meets the yp and does a smaller**

No	0.0036	1
----	--------	---

1 CL 10/01/2015 14:09

psychologist can come and meet them and discuss a bit more about what that would mean and make an informal, like a bit of an assessment himself, and they have got more of a face to put to that then.

**Nodes\\MHW can do work instead of CM which eases their pressure\\The psychologist from CAMHS meets the yp and explains what a referral would mean\\Working closely with CAMHS helps the yp make sense of their referral**

No	0.0043	1
----	--------	---

1 CL 10/01/2015 19:33

I think it helps them see why that's helping them or what the aim is, cos what the area is that they need help with, what the aims are and how they are going to address it. So it sort of, makes it sort of makes sense for them I guess.

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM feels that they are working with YP's past**

No	0.0018	1
----	--------	---

---

1	CL	10/01/2015 14:57
---	----	------------------

they are coming with that baggage with what ever their experience of services has been in the past

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM feels that they are working with YP's past experiences of services too\\So they associate it with their past experience\\YP who had CAMHS when they were young think they will do the same activities**

No	0.0066	2
----	--------	---

---

1	CL	11/01/2015 17:53
---	----	------------------

I think the ones, that, the other issue is the ones that are having problems at the beginning are the people that had CAMHS when they were young and then, need it again when they are 16. And they see CAMHS as these are the people that made me sit there and draw things

2	CL	11/01/2015 17:54
---	----	------------------

they are going to get the same intervention at 16 as they did when they were much younger.

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM feels that they are working with YP's past experiences of services too\\YP expectations of CAMHS is based upon their**

No	0.0038	1
----	--------	---

---

1	CL	10/01/2015 16:01
---	----	------------------

I still think he has got needs that need addressing but he is not in need of someone going to his house every day from CAMHS. But I think, that is how he see's CAMHS. Because that was what his experience was

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM feels that they are working with YP's past experiences of services too\\YP expectations of CAMHS is based upon their past experience\\CM believes that YP expect their worst fears from CAMHS,**

No	0.0023	1
----	--------	---

---

1	CL	10/01/2015 14:28
---	----	------------------

its like they go to the worst case scenario rtahter than something that, could be managed quite easily, or might not be anything

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Need to learn to talk to people\Painful past experiences of seeking help and being dismissed\CM feels that they are working with YP's past experiences of services too\YP expectations of CAMHS is based upon their past experience\YP's perception of what CAMHS should be**

No	0.0008	1	1	CL	10/01/2015 16:01
----	--------	---	---	----	------------------

almost their perception of what it should be

**Nodes\\Need to learn to talk to people\Painful past experiences of seeking help and being dismissed\CM knows that YP have been let down in the past and so take time to see if they are someone to trust**

No	0.0034	1	1	CL	10/01/2015 13:45
----	--------	---	---	----	------------------

sometimes maybe feel that they have been let down by people in the past, so that I think they take a long time to suss you out and see if you are someone they think they can trust or not.

**Nodes\\Need to learn to talk to people\Painful past experiences of seeking help and being dismissed\CM knows that YP have been let down in the past and so take time to see if they are someone to trust\saying no to the process**

No	0.0012	1	1	CL	10/01/2015 13:47
----	--------	---	---	----	------------------

saying no to the process just so that, to avoid being let down again

**Nodes\\Need to learn to talk to people\Painful past experiences of seeking help and being dismissed\CM knows that YP have been let down in the past and so take time to see if they are someone to trust\saying no to the process just so that, to avoid being let down again\CM believes yp is asking**

No	0.0012	1	1	CL	10/01/2015 13:47
----	--------	---	---	----	------------------

am I willi ng to put myself out there again. To be let down again.

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM knows that YP have been let down in the past and so take time to see if they are someone to trust\\YP feels that at first, YP**

No 0.0019 1

1 CL 10/01/2015 13:39

So you know that there is something, but at that stage they are not willing to, they don't trust you yet

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\CM knows that YP have been let down in the past and so take time to see if they are someone to trust\\YP told CM that they have asked for and been promised help a lot of times but not got it**

No 0.0023 1

1 CL 10/01/2015 13:46

He feels he has asked for help a lot of times, people have made promises that things will happen and they have not happened.

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\they just think whats the point of telling another person who is just going to leave anyway**

No 0.0016 1

1 CL 11/01/2015 18:39

they just think whats the point of telling another person who is just going to leave anyway

**Nodes\\Need to learn to talk to people\\Painful past experiences of seeking help and being dismissed\\they just think whats the point of telling another person who is just going to leave anyway\\YP less likely to invest in a**

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0.0017	1	1	CL	11/01/2015 18:37

less likely to invest in that relationship I guess cos they are expecting them to just be gone

Reports\\Coding Summary By Source Report

Page 21 of 49

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Parental influence\Mum got a therapist contact from her own therapist\Easy to access therapists**

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0.0042	1	1	CL	11/01/2015 18:50

something easily accessible, where almost like where they could walk in, or where you can get an appointment quite quickly, where they could, or almost, be seen straight away and then, so they know how things are going to happen

**Nodes\\Parental influence\Parents perception of the process influences yp's view of it**

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0.0084	2	1	CL	10/01/2015 14:33
			2	CL	10/01/2015 14:33

And I think actually their home environment makes a massive difference. Because if they have go parents that are supportive of a process, I think that makes a big difference on how the young people view it. So if a parent is positive about something and how it might improve things for them, I think it massively effects their view of it. Whereas we do also have young people who's parents are resistant to working with all

it almost filters down

**Nodes\\parents can be sometimes a barrier\Belief that the support of parents is important**

No	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
	0.0010	1	1	CL	10/01/2015 19:24

a lot of them don't have parents who are that supportive

**Nodes\\Processes to make access to CAMHS QUICKER**

No	0.0050	1			
			1	CL	10/01/2015 14:08

it's a process that we all go through here, and what I try to do is take SQUIFFA to the X meeting and if there is likely to be CAMHS involvement, psychologist will quite often come and meet the young person. So that, it almost acts as an interim, so that it happens quicker.

**Nodes\\Processes to make access to CAMHS QUICKER\\Battle to get yp seen in CAMHS**

No	0.0104	1			
			1	CL	10/01/2015 15:42

Whereas from my point of view and other professionals involved with him, it was, it is still, and I know we are not experts but he is very low in mood, he quite often says he wants to kill himself and things like that, so, we would quite often re-refer to CAMHS, they would offer another psychiatric review, he maye didn't attend and then they would close the case. And I think we did that a few times before they just said, he ust needs to go to his GP now. And that's when the gap gets bigger, do you know, the, if you go to your GP it

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Processes to make access to CAMHS QUICKER\\CM put pressure on for quick access into CAMHS\\YOT staff believe that it takes longer for yp to get referral when CAMHS suggesting GP referral route**

No	0.0025	1			
			1	CL	10/01/2015 15:41

he ust needs to go to his GP now. And that's when the gap gets bigger, do you know, the, if you go to your GP it then takes a lot longer

**Nodes\\Processes to make access to CAMHS QUICKER\\its important to get that in early so that we can get the work done**

No	0.0012	1			
			1	CL	10/01/2015 13:33

its important to get that in early so that we can get the work done

**Nodes\\Processes to make access to CAMHS QUICKER\\YP tend to stop CAMHS before any progress is made because change is slow\\A yp waiting and not knowing why is a barrier**

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
<p style="text-align: right;">No      0.0020      1</p> <hr/> <p style="text-align: right;">1      CL      10/01/2015 14:11</p> <p>So if they ask for help and they don't see what is going on in the background in terms of referrals and waiting</p> <hr/> <p><b>Nodes\\Processes to make access to CAMHS QUICKER\YP tend to stop CAMHS before any progress is made because change is slow\Even short waiting time can make a difference</b></p> <p style="text-align: right;">No      0.0037      2</p> <hr/> <p style="text-align: right;">1      CL      10/01/2015 14:11</p> <p>even a very short gap can be enough for them to be like, no I don't want to do that any more</p> <hr/> <p style="text-align: right;">2      CL      10/01/2015 14:15</p> <p>I know, it can't, we cant be an immediate thing always but I think the gap can make a massive difference.</p> <hr/>						
<p>Reports\\Coding Summary By Source Report <span style="float: right;">Page 23 of 49</span></p> <p style="text-align: right;">21/04/2015 09:22</p>						
<p><b>Nodes\\Processes to make access to CAMHS QUICKER\YP tend to stop CAMHS before any progress is made because change is slow\I also think delay for young people could be a massive barrier</b></p> <p style="text-align: right;">No      0.0011      1</p> <hr/> <p style="text-align: right;">1      CL      10/01/2015 14:10</p> <p>I also think delay for young people could be a massive barrier</p> <hr/> <p><b>Nodes\\Processes to make access to CAMHS QUICKER\YP tend to stop CAMHS before any progress is made because change is slow\To start working with young people in a crisis and not wait</b></p> <p style="text-align: right;">No      0.0008      1</p> <hr/> <p style="text-align: right;">1      CL      11/01/2015 18:57</p>						

crisis, where if you could start at that point

**Nodes\\Processes to make access to CAMHS QUICKER\\YP tend to stop CAMHS before any progress is made because change is slow\\To start working with yp when they are in a crisis and not wait\\A YP threatening to kill himself**

No 0.0037 1

1 CL 10/01/2015 15:48

he would end up in a police cell saying he was going to kill himself or something and emergency person would come to the police station, take him to hospital, and then we would do the same thing again.

**Nodes\\Processes to make access to CAMHS QUICKER\\YP tend to stop CAMHS before any progress is made because change is slow\\To start working with yp when they are in a crisis and not wait\\When yp is not in crisis**

No 0.0004 1

1 CL 10/01/2015 14:13

your mood calms slightly

**Nodes\\Relationship with YOT worker\\Changing case managers a lot\\Keeping the same worker is important**

No 0.0020 1

1 CL 11/01/2015 18:35

consistency I think. Keeping the same worker, as much as possible, if the young person keeps the same worker

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\Relationship with YOT worker\\Changing case managers a lot\\Value of consistent worker**

No 0.0027 1

1 CL 11/01/2015 18:52

Like a worker that they can then work with like the entire time, so not changing worker, one worker that they could just stay with the whole time.



**Nodes\\Relationship with YOT worker\\Sessions with YOT workers help him to understand himself and others better\\Making programmes specific to his needs, problems and convictions\\Talking about problems is not what session workers are supposed to be doing\\CM should be focusing on offending rather**

No 0.0033 1

1 CL 11/01/2015 18:14

we should just be focusing on their offending behaviour and although it is really closely linked, you tend to end up picking up a lot of more emotional and safeguarding type work.

**Nodes\\Sometimes some people can't work together**

No 0.0029 1

1 CL 11/01/2015 18:45

yeah I think sometimes things just don't click, the way some people, you work, might not fit with what their, or where they are at in their life or whatever

**Nodes\\STEPS into and being READY for CAMHS services\\Balance between wanting to get work done but also not overwhelming the yp**

No 0.0026 1

1 CL 10/01/2015 13:34

its important to get that in early so that we can get the work done but also when you first meet someone, and it's a form, and lots of questions

**Nodes\\STEPS into and being READY for CAMHS services\\Balance between wanting to get work done but also not overwhelming the yp\\CM feels that they don't have the time to do the work with some YP**

No 0.0021 1

1 CL 10/01/2015 13:32

So you might see what needs they have, but you can't actually do that work with them because you don't have the time

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\STEPS into and being READY for CAMHS services\Balance between wanting to get work done but also not overwhelming the yp\its important to get that in early so that we can get the work done**

No 0.0012 1

1 CL 10/01/2015 13:33

its important to get that in early so that we can get the work done

**Nodes\\STEPS into and being READY for CAMHS services\Experience that generally, yp give very little information at first**

No 0.0017 1

1 CL 10/01/2015 13:35

I would say that in general, when you first do that form, people give very limited information.

**Nodes\\STEPS into and being READY for CAMHS services\Experience that generally, yp give very little information at first\At first, YP do not elaborate**

No 0.0020 1

1 CL 10/01/2015 13:39

there is a section about traumatic events. And they will say, yeah there are things but they won't elaborate

**Nodes\\STEPS into and being READY for CAMHS services\Experience that generally, yp give very little information at first\Reliant on information from family or other sources rather than YP at first**

No 0.0029 1

1 CL 10/01/2015 13:37

SO you are quite reliant on information you are getting from other sources or family members so that you can sort of, even though they have answered these things

**Nodes\\STEPS into and being READY for CAMHS services\Experience that generally, yp give very little information at first\Totally avoidant of dealing with their problems**

No 0.0016 2

1 CL 10/01/2015 14:28

almost like burying your head in the sand, I guess

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

2 CL 10/01/2015 14:28

Totally avoidant of dealing with it

**Nodes\STEPS into and being READY for CAMHS services\Experience that generally, yp give very little information at first\YP are resistant at the start**

No 0.0004 1

1 CL 10/01/2015 16:21

resistant at the start,

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.**

No 0.0010 1

1 CL 10/01/2015 13:23

that form I guess is where we discuss possible referrals

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.\Belief that young people don't like forms**

No 0.0006 1

1 CL 10/01/2015 13:52

I don't think young people like forms

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.\CM believes that asking YP questions on the form the first time they meet them is**

No 0.0016 1

1 CL 10/01/2015 13:25

it can be a bit overwhelming for them, its usually quite near to when you first meet them

---

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.\CM believes that asking YP questions on the form the first time they meet them is overwhelming\Feeling that questions about psychosis and hearing voices is**

No 0.0031 1

1 CL 10/01/2015 13:27

there are some around psychosis and hearing voices and things like that and that's probably not something they would want to disclose to you the first time they meet you.

---

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.\CM believes that asking YP questions on the form the first time they meet them is**

No 0.0015 1

1 CL 10/01/2015 13:26

for somebody when you are meeting them for the first few times, its very personal

---

**Nodes\STEPS into and being READY for CAMHS services\How to discuss a referral to mental health services, using form as a tool.\CM believes that asking YP questions on the form the first time they meet them is**

No 0.0007 1

1 CL 10/01/2015 13:24

think is both a good thing and a bad thing

---

Nodes\\STEPS into and being READY for CAMHS services\\How to discuss a referral to mental health services, using form as a tool.\\CM believes that asking YP questions on the form the first time they meet them is overwhelming\\Mixed feelings about the effectiveness of the form\\I find the

No	0.0010	1			
			1	CL	10/01/2015 13:52

I find the form quite a barrier in themselves to be honest

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

Nodes\\STEPS into and being READY for CAMHS services\\How to discuss a referral to mental health services, using form as a tool.\\CM believes that asking YP questions on the form the first time they meet them is overwhelming\\Uncomfortable asking personal questions to YP as imagine

No	0.0034	1			
			1	CL	10/01/2015 13:52

Yeah it can be quite uncomfortable sometimes because, I know that is I was them and this was the second time I had met someone, I probably wouldn't want to be telling them that either

Nodes\\STEPS into and being READY for CAMHS services\\How to discuss a referral to mental health services, using form as a tool.\\CM expects to discuss emotional and mental health and wellbeing in an assessment session

No	0.0044	2			
			1	CL	10/01/2015 13:22

although you would discuss, in your assessment, their emotional and mental health and well being

			2	CL	13/02/2015 08:53
--	--	--	---	----	------------------

so its broken down, so there is emotional and mental health sections, and alcohol, so it is discussed in conjunction with a lot of other referrals

Nodes\\STEPS into and being READY for CAMHS services\\How to discuss a referral to mental health services, using form as a tool.\\The CM assesses mental health using ASSETT\\Going through the form indicates where a YP

No	0.0017	1			
			1	CL	10/01/2015 13:25

you are saying, if you have needs in this box you might be referred to this person and this one

Nodes\\STEPS into and being READY for CAMHS services\\How to discuss a referral to mental health services, using form as a tool.\\The CM assesses mental health using ASSETT\\Going through the form indicates where a YP may be referred to\\The form may recommend referral to more than one

No	0.0005	1			
			1	CL	10/01/2015 13:26

to this person and this one

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems

No	0.0028	1			
			1	CL	11/01/2015 18:38

extremely hard to get then to a point where they're, well it take a lot longer to get to a point when they're open or willing to speak about those things

Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems\\CM finds it hard to get a yp to a place where they

No	0.0028	1			
			1	CL	11/01/2015 18:39

extremely hard to get then to a point where they're, well it take a lot longer to get to a point when they're open or willing to speak about those things

Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems\\CM tells yp that they have gone away and thought

No	0.0032	1			
			1	CL	10/01/2015 16:32

we have spoken about this and that's made me, I have gone away and I have thought about that a little bit and, I think ou might need some support with this what do you think

Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems\\Role of CM to support YP in process of being READY for CAMHS\\CM believes that it is possible to get most young people to accept

No	0.0027	1			
			1	CL	10/01/2015 16:06

I think, most young people you can work with them to get them to a point where they will accept it again, but it just takes different lengths of time.

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems\\Role of CM to support YP in process of being READY for CAMHS\\CM finds it hard to get a yp to a place where they will talk

No	0.0028	1			
			1	CL	11/01/2015 18:39

extremely hard to get then to a point where they're, well it take a lot longer to get to a point when they're open or willing to speak about those things

**Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Feeling that CM gets a yp to a point where they can talk about problems\\Role of CM to support YP in process of being READY for CAMHS\\Feeling that CM gets a yp to a point where they can talk about**

No 0.0028 1

1 CL 11/01/2015 18:38

extremely hard to get them to a point where they're, well it take a lot longer to get to a point when they're open or willing to speak about those things

**Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Ready to work explicitly on their mental health\\CM believes that it is possible to get most young people to accept a**

No 0.0027 1

1 CL 10/01/2015 16:06

I think, most young people you can work with them to get them to a point where they will accept it again, but it just takes different lengths of time.

**Nodes\\STEPS into and being READY for CAMHS services\\The process of a YP becoming ready for CAMHS\\Ready to work explicitly on their mental health\\YP have barriers to stop others from digging deeper**

No 0.0013 1

1 CL 10/01/2015 14:14

they don't want anyone to dig deeper again, their barriers come back up

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\STEPS into and being READY for CAMHS services\\Until the yp has been to CAMHS, they are ambivalent about the appointment**

No 0.0014 2



	1	CL	10/01/2015 19:23
until they have been			
<hr/>			
	2	CL	05/02/2015 07:50
I think it is the beginning stages, its right at the start.			
<hr/>			
<p><b>Nodes\\STEPS into and being READY for CAMHS services\\Until the yp has been to CAMHS, they are ambivalent about the appointment\\Even if a yp wants support from CAMHS, something stops them from getting to first</b></p>			
	No	0.0024	1
<hr/>			
	1	CL	10/01/2015 19:21
even though he was the one who asked for this, wants that himself, he gets to the day and something about him can't get himself there,			
<hr/>			
<p><b>Nodes\\STEPS into and being READY for CAMHS services\\Use the informal CAMHS as a stepping stone to CAMHS</b></p>			
	No	0.0025	1
<hr/>			
	1	CL	10/01/2015 16:07
sometimes what we do is refer to them, get them talking a little bit and then, then they maybe willing to, so its sort of a stepping stone			
<hr/>			
<p><b>Nodes\\STEPS into and being READY for CAMHS services\\Use the informal CAMHS as a stepping stone to CAMHS\\Informal CAMHS gets the YP talking a</b></p>			
	No	0.0025	1
<hr/>			
	1	CL	10/01/2015 16:08
sometimes what we do is refer to them, get them talking a little bit and then, then they maybe willing to, so its sort of a stepping stone			
<hr/>			
Reports\\Coding Summary By Source Report		Page 32 of 49	
		21/04/2015 09:22	

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
<b>Nodes\\STEPS into and being READY for CAMHS services\\YOT uses an informal version of CAMHS that does not have such high thresholds for</b>						
No	0.0026	1				
			1		CL	10/01/2015 16:07
for people like I was saying about thresholds and stuff, we also use like another agency that is not CAMHS, it does more informal CAMHS type work						
<b>Nodes\\STEPS into and being READY for CAMHS services\\YOT uses an informal version of CAMHS that does not have such high thresholds for</b>						
No	0.0002	1				
			1		CL	08/02/2015 21:08
the informality						
<b>Nodes\\The CM thinks that the young person thinks they are calling them MENTAL\\Feeling that the term mental does not apply to them, denying its</b>						
No	0.0023	1				
			1		CL	10/01/2015 14:26
rather than explore his own issues, he prefers to just, say that no I am fine, I am not like my dad, I don't need any support						
<b>Nodes\\The CM thinks that the young person thinks they are calling them MENTAL\\Increasing YP mental health awareness would make it easier for CM\\needs to be a bit more explored, a bit more open\\If yp talk about mental</b>						
No	0.0020	1				
			1		CL	11/01/2015 18:56
they don't build up into this big thing that they are more comfortable talking about from when they are younger.						
<b>Nodes\\The CM thinks that the young person thinks they are calling them MENTAL\\Increasing YP mental health awareness would make it easier for CM\\needs to be a bit more explored, a bit more open\\More people talking</b>						
No	0.0024	1				
			1		CL	11/01/2015 18:55

more people being, more people speaking about it. So like, it not being just professionals, people at schools speaking more about it

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\Stereotypes about mental health come from the way parents talk to their children\YP believe they are mental if their parents tell them they are**

No 0.0047 1

1 CL 04/02/2015 21:54

his dad had schizophrenia and his mum and dad are separated and his mum, the whole time he was growing up was, mums got severe depression, but said throughout his whole life you are just like your dad, you are just like your dad, you are just like your dad.

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\The CM is careful not to use the words mental or MENTAL health\CM uses different phrases including, emotional, mental health and**

No 0.0017 1

1 CL 10/01/2015 13:22

although you would discuss, in your assessment, their emotional and mental health and well being

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\the stigma of mental health\CM beliefs about diagnosis\CM believes that labelling a child makes them behave more like that label\If YP think**

No 0.0037 1

1 CL 11/01/2015 18:41

So if they are meeting people who they think are coming with quite a negative perception of them, they just behave, they almost give people what they think, you think I am like that so I will be that

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\the stigma of mental health\CM beliefs about diagnosis\CM does not know what will happen to the yp until they have been**

No 0.0003 1

1 CL 10/01/2015 19:17

until they have been

Reports\Coding Summary By Source Report

Page 34 of 49

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\the stigma of mental health\CM beliefs about diagnosis\YOT is different as YP just talk and do not receive medication or a diagnosis**

No 0.0022 1

1 CL 10/01/2015 19:16

Whereas they come here and they can just talk and they don't walk out of here with medication or a diagnosis of something

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\the stigma of mental health\CM believes that YP perceive LABELS negatively\Being associated with schizophrenia is negative for YP**

No 0.0047 1

1 CL 10/01/2015 14:19

his dad had schizophrenia and his mum and dad are separated and his mum, the whole time he was growing up was, mums got severe depression, but said throughout his whole life you are just like your dad, you are just like your dad, you are just like your dad.

**Nodes\The CM thinks that the young person thinks they are calling them MENTAL\YP believe they will develop mental illness if their parents have got mental health problems. take out\Having parents with mental health**

No 0.0039 1

1 CL 10/01/2015 14:17

even though it is their parent, because they have grown up experiencing or what things have been like with their parents, I think they almost build up a stigma for themselves, because they see that, my mum's mental.

**Nodes\\The CM thinks that the young person thinks they are calling them MENTAL\YP believe they will develop mental illness if their parents have got mental health problems. take out\Having parents with mental health problems creates stigma about mental health problems in YP\YP fears**

No 0.0027 1

1 CL 10/01/2015 14:24

He has got a real fear, of, cos his dad's life is quite difficult, his dad is quite an isolated man, he has got a real fear of becoming like that.

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\The majority of caseload with varying levels of mental health problems**

No 0.0007 1

1 CL 10/01/2015 13:20

Probably the majority. At different levels

**Nodes\\There is a page to see if info about a YP matches with CM experience of them at beginning**

No 0.0027 1

1 CL 10/01/2015 13:38

there is a page on the back for additional notes and to say whether you think whether what they are saying matches up to your own experience of them

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS**

No 0.0016 1

1 CL 10/01/2015 14:57

that young person with that, pre judged view of what professionals are going to be like

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS\Belief that yp will engage when they remember the service being there for them when they needed it**

No	0.0018	1			
			1	CL	11/01/2015 18:59

Yeah and you were that person that they, you were that service that was there when they needed it

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS\CM believes that YP expect to be judged by mental health services about what they know about them**

No	0.0033	1			
			1	CL	10/01/2015 19:10

Cos they feel massively judged and they imagine that walking into like a mental health service or something, they think that these people already think all of these things about me

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS\YP with experience of CAMHS assumptions about what CAMHS will do with them now**

No	0.0018	1			
			1	CL	11/01/2015 17:59

Maybe. Initially until you speak with them, maybe it is that they wouldn't, didn't, won't understand

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS\YP with experience of CAMHS assumptions about what CAMHS will do with them now\CM tries to help yp see the difference between now and when they were younger to encourage them to**

No	0.0068	2			
			1	CL	11/01/2015 17:57

we talk about, how old were you then, like, how did you understand things then. How would have been a good way for you to learn then and express yourself then but how is that different now.

2 CL 08/02/2015 20:32

best way to work with them then. Cos similarly, what did you use to do when you were at school at that age, oh yeah a lot of it was like drawing things and writing things down.

**Nodes\\transparency\YP have a pre-judged view of what professionals are going to be like ASSUMPTIONS\YP with experience of CAMHS assumptions about what CAMHS will do with them now\YP do not want to do draw**

No 0.0034 2

1 CL 11/01/2015 17:53

I'm not doing that, I'm not going to sit and draw pictures

2 CL 05/02/2015 07:54

the first thing they say is that, oh yeah, they used to make me draw pictures. Its funny how, that's just what they remember

**Nodes\\What yp say and how CM thinks yp experience CAMHS\CM has experience of yp finding CAMHS useful**

No 0.0014 1

1 CL 10/01/2015 14:50

The young people I work with who work with CAMHS have found it really useful.

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\What yp say and how CM thinks yp experience CAMHS\CM has experience of yp finding CAMHS useful\CM has experience of CAMHS helping us build a whole new awareness of ourselves**

No 0.0013 1

1 CL 10/01/2015 14:51

I think it brings, a whole new, a whole new awareness I guess of themselves

**Nodes\\What yp say and how CM thinks yp experience CAMHS\\CM has experience of yp finding CAMHS useful\\CM has experience of yp building good working relationships with CAMHS**

No 0.0013 1

1 CL 10/01/2015 14:51

And have built quite good working relationships with people they work with.

**Nodes\\What yp say and how CM thinks yp experience CAMHS\\CM has experience of yp finding CAMHS useful\\CM has noticed CAMHS helps yp be**

No 0.0009 1

1 CL 10/01/2015 14:52

a bit more comfortable with that side of themselves

**Nodes\\What yp say and how CM thinks yp experience CAMHS\\CM has experience of yp finding CAMHS useful\\Having acces to CAMHS improves a yp**

No 0.0031 1

1 CL 10/01/2015 14:53

which in the future will be great for them bcause in terms of accessing services, they are more able to be open with people they will get things that are more appropriate

**Nodes\\What yp say and how CM thinks yp experience CAMHS\\CM repeating what the YP says**

No 0.0015 2

1 CL 11/01/2015 17:53

I'm not doing that, I'm not going to sit and draw pictures

2 CL 11/01/2015 17:54

I am too old to do that now

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\What yp say and how CM thinks yp experience CAMHS\\YP are experienced differently by different people**



No	0.0013	1			
<hr/>					
			1	CL	11/01/2015 18:40

Its interesting how differently they can be experienced by other people

**Nodes\\What yp say and how CM thinks yp experience CAMHS\YP can find the end of their involvement with CAMHS difficult**

No	0.0101	1			
<hr/>					
			1	CL	10/01/2015 14:35

he worked really intensively with CAMHS for over two years and they were like seeing him daily and when times were difficult and he built a really really close relationship, and that work was massive for him. And I think, it almost brings on another issue because he really, that support was massive for him, and when it ends, I think that is another difficult time for them. I think they become almost a bit reliant and they like

**Nodes\\when they first come we will do a meeting with us all,**

No	0.0010	1			
<hr/>					
			1	CL	10/01/2015 16:13

when they first come we will do a meeting with us all,

**Nodes\\when they first come we will do a meeting with us all,\First appointments are more successful when the CM introduces the YP to a new person\Belief that a multi agency building would be better than one solely for**

No	0.0022	1			
<hr/>					
			1	CL	11/01/2015 18:54

Being in a building like, the X, where there are a number of agencies that work out of there so somewhere that they know

**Nodes\\when they first come we will do a meeting with us all,\First appointments are more successful when the CM introduces the YP to a new person\Belief that a multi agency building would be better than one solely for mental health\CM believes that a clear pathway would break down the fear**

No	0.0005	1			
<hr/>					
			1	CL	11/01/2015 18:51

breaks down some of that fear

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\when they first come we will do a meeting with us all,\\First appointments are more successful when the CM introduces the YP to a new person\\Belief that a multi agency building would be better than one solely for mental health\\CM believes that a clear pathway would break down the fear**

No 0.0017 1

1 CL 11/01/2015 18:50

I have met this person and then I am going to do this and this and so, a very clear pathway.

**Nodes\\when they first come we will do a meeting with us all,\\First appointments are more successful when the CM introduces the YP to a new person\\Offering to accompany yp to appointments seems to be going the extra mile\\Having an appointment and being told where to be and when, is**

No 0.0015 1

1 CL 10/01/2015 19:25

just have an appointment and they are just told to go somewhere at a certain time

**Nodes\\when they first come we will do a meeting with us all,\\First appointments are more successful when the CM introduces the YP to a new person\\Offering to accompany yp to appointments seems to be going the extra mile\\Having an appointment and being told where to be and when, is**

No 0.0014 1

1 CL 10/01/2015 19:20

I just had to take him there, cos I know if I don't take him he just won't go

**Nodes\\Whether yp express their views depends on other factors than the ENFORCEMENT of sessions\\CM does not think that making CAMHS statutory**

No 0.0029 1

1 CL 10/01/2015 19:35

I tend not to use it as a statutory appointment because, you can't, well I could force them to go there but what benefit in terms of treatment does that have.

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\Whether yp express their views depends on other factors than the ENFORCEMENT of sessions\CM does not think that making CAMHS statutory will benefit them in terms of treatment\CM chooses not to send warnings or**

No	0.0015	1	1	CL	10/01/2015 19:36
----	--------	---	---	----	------------------

I don't tend to send them warnings and stuff for not attending CAMHS appointments.

**Nodes\Whether yp express their views depends on other factors than the ENFORCEMENT of sessions\CM does not think that making CAMHS statutory will benefit them in terms of treatment\Let the yp think they have to go in the**

No	0.0026	1	1	CL	10/01/2015 19:35
----	--------	---	---	----	------------------

I think it can be quite, so, it can help engagement because its associated with the YOT they think they have to go and hopefully they will buy in

**Nodes\Whether yp express their views depends on other factors than the ENFORCEMENT of sessions\CM does not think that making CAMHS statutory will benefit them in terms of treatment\YOT enforces informal CAMHS**

No	0.0004	1	1	CL	11/01/2015 18:25
----	--------	---	---	----	------------------

we do enforce those. At X

**Nodes\Working through difficult relationships teaches yp a lesson that will help them in relationships in the future**

No	0.0050	1			
----	--------	---	--	--	--

1 CL 11/01/2015 18:45

Yeah, I think it teaches them sometime really important, like you can't just pick and choose people all the time, and you will come into situations where there are people you don't get on with, but you have to learn, its what life is like, you have to learn to deal with it

---

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\Working through difficult relationships teaches yp a lesson that will help them in relationships in the future\Experience of yp reflecting back on their experience and seeing how the CM helped them through a difficult**

No 0.0083 1

1 CL 11/01/2015 18:47

a great environment to first meet someone anyway, but he was slumped in his chair and he was like abusive and clearly didn't want to talk to me. And at the end he was like, oh my god do you remember the first time I met you, I was so rude. And like, he was able to like, look back and see how he, how our relationship I guess had developed over time, yeah it can teach them something quite important, especially

---

**Nodes\Working through difficult relationships teaches yp a lesson that will help them in relationships in the future\Focusing on the aims of the work**

No 0.0037 1

1 CL 11/01/2015 18:46

focus on what the aim is, like why are we here, what are we trying to achieve and just working towards that. I think after a while, quite often you see, especially at the end you do see an improvement.

---

**Nodes\Young people's RESPONSE to the word MENTAL, is to close down\go back into themselves**

No 0.0004 1

1 CL 10/01/2015 14:13

go back into themselves

---

**Nodes\\Young people's RESPONSE to the word MENTAL, is to close down\\Words used to discuss mental health triggers complex emotions**

No	0.0015	1			
			1	CL	10/01/2015 14:18

so I think it brings up some quite complex emotional stuff for them really, the words

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\CM perceptions of mental illness and emotional difficulties\\Difference between yp with behavioural and mental health issues**

No	0.0022	1			
			1	CL	10/01/2015 15:00

its been more behavioural than mental health, we have got a lot more young people where its more behavioural issues I guess

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\CM perceptions of mental illness and emotional difficulties\\Difference between yp with behavioural and mental health**

No	0.0056	1			
			1	CL	10/01/2015 15:35

he, at that point, so they stayed involved even after that for probably another year so they attend professional meetings just cos they had a lot of knowledge about him. But after that, it was like, we think he has come through that episode now, its just behavioural now, its not a mental health issue.

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\CM understands that YP get confused with lots of other people working with them as well\\YP have had lots of people asking them questions**

No	0.0044	1			
			1	CL	10/01/2015 13:45

I think that generally the young people that we work with have met thousands of professionals, most of them have had social workers or people like behaviour mentors at school or they have had a lot of different people asking them questions

Nodes\\YP and their families UNDERSTANDING why their appointment is important\\Trying to understand what the difference is between YOT and CAMHS\\CM explains to YP and parents why CAMHS appointment is

No	0.0002	1			
			1	CL	10/01/2015 13:23

what that means

Nodes\\YP and their families UNDERSTANDING why their appointment is important\\Trying to understand what the difference is between YOT and CAMHS\\CM explains to YP and parents why CAMHS appointment is important\\Helps yp to understand the aims of CAMHS and how these will be

No	0.0010	1			
			1	CL	10/01/2015 19:33

what the aims are and how they are going to address it

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

Nodes\\YP and their families UNDERSTANDING why their appointment is important\\Wanting a sense of clarity or certainty about what happens at CAMHS\\CM finds it hard to talk about CAMHS with yp as they don't know

No	0.0019	1			
			1	CL	10/01/2015 19:17

think that it is really hard, until they have been, like we don't know what might come out of them going,

Nodes\\YP and their families UNDERSTANDING why their appointment is important\\YP do not know if their needs are appropriate for CAMHS

No	0.0047	1			
----	--------	---	--	--	--

1 CL 10/01/2015 16:02

Even though there are still issues, he probably thinks, well last time I had CAMHS they did all of this, he doesn't recognise that actually, he hasn't got, his issues are not as complex and he has developed quite good coping strategies for some things now

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\YP do not know if their needs are appropriate for CAMHS involvement\\CM experience of YP not understanding why referrals are not**

No 0.0003 1

1 CL 10/01/2015 15:56

I don't understand

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\YP do not know if their needs are appropriate for CAMHS involvement\\CM experience of YP not understanding why referrals are not accepted makes them dismissive of CAMHS\\SomeYP cannot understand why**

No 0.0022 1

1 CL 10/01/2015 15:57

he was very different when he first became involved to how he is now and I think maybe he doesn't see where he has moved on

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\\YP and their families UNDERSTANDING why their appointment is important\\YP do not know if their needs are appropriate for CAMHS involvement\\CM tries to help YP to see how far they have come and that they**

No 0.0044 1

1 CL 10/01/2015 16:03

that I will try and explore with him, but where were you at then when they would come in every day, what was life like then, compared to now and try to encourage him to see, that that intensive work helped him to move on to where he is now

**Nodes\\YP can have awareness but still struggle\\YP that are able to recognise a problem need cm to broach idea of therapy\\CM NORMALISING mental health**

No	0.0003	1			
			1	CL	10/01/2015 13:59

So normalising a bit

**Nodes\\YP can have awareness but still struggle\\YP that are able to recognise a problem need cm to broach idea of therapy\\CM NORMALISING mental health\\Being more comfortable with their mental health needs makes it**

No	0.0026	1			
			1	CL	10/01/2015 14:52

then are more willing to talk about that with other people cos they understand it a bit more and they become a bit more comfortable with it.

**Nodes\\YP can have awareness but still struggle\\YP that are able to recognise a problem need cm to broach idea of therapy\\CM NORMALISING mental health\\CM explores what mental health means to a yp before making a**

No	0.0007	1			
			1	CL	10/01/2015 13:59

I think exploring that with them first.

**Nodes\\YP can have awareness but still struggle\\YP who are willing to accept that they need support are more likely to engage with CAMHS**

No	0.0004	1			
			1	CL	10/01/2015 14:32

willing to accept that

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------



**Nodes\\YP can have awareness but still struggle\\YP who are willing to accept that they need support are more likely to engage with CAMHS\\YP who know**

No 0.0033 2

1 CL 10/01/2015 13:35

some people know, or feel that they need support and they are a lot more open

2 CL 10/01/2015 14:31

I think it comes to a point where some of them own, or acknowledge that they need some sort of support

**Nodes\\YP get help from other sources and then do not want help from CAMHS**

No 0.0005 1

1 CL 10/01/2015 14:13

get support from other sources

**Nodes\\YP get help from other sources and then do not want help from CAMHS\\CM believes that the yp still needs CAMHS after a wait but is**

~~minimising their needs. CAMHS is far more than crisis~~

No 0.0105 2

1 CL 10/01/2015 14:12

I think quite often they come in here in crisis, when something has happened and they are like, when they are in that, they know that they need help with this, I need help with this, my head is messed up, I need someone to help me and, but you come up with a plan and in that small gap, something can happen, your mood calms slightly, they go to, get support from other sources and then, sort of, go back into themselves and try to minimise what they went through before. And minimise the need for help really, um, because

2 CL 10/01/2015 14:12

no they are not fine now

**Nodes\\YP have to quickly give CM lots of personal information which receives mixed responses**

No 0.0010 1

1 CL 10/01/2015 16:33

they have to give you loads of really personal information

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\CM knows a lot about a yp yet continues to work with them which is important for yp to learn, non judgmental approach**

No 0.0027 1

1 CL 10/01/2015 19:09

Learning that they can, people can know things about them and still work with them and have a good relationship with them is quite an important thing

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\CM knows a lot about a yp yet continues to work with them which is important for yp to learn, non judgmental approach\And**

No 0.0055 2

1 CL 10/01/2015 19:08

And you are still there

2 CL 11/01/2015 18:44

That you are still, like working through it, like showing that they can't be like ahh, I don't like you, that's fine, kind of build, get through it, and sort of model, there will be people that you don't instantly like but you can still work with people, work towards something

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\Having a lot of personal information about a young**

No 0.0067 1

1 CL 10/01/2015 16:32

forced to build a relationship really quickly cos straight away they have to give you loads of really personal information, so it breaks down quite a lot of barriers and they know that you know a lot about them, so we will say we have read things from the police and things from the social workers. So they know that you

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\Some yp hate it that the CM already has lots of information about them**

No 0.0005 1

1 CL 10/01/2015 16:34

Some of them really hate it

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\The yp gives a lot of information to the CM in a short amount of time in preparation for court**

No 0.0073 1

1 CL 10/01/2015 19:14

cos it happens so quickly, we could get a young person in court and we have got, 2 weeks to write a report on them and in that two weeks they basically, we talk to everybody that, all their, everyone that works with them, all their family, everyone that knows them and get a lot of info, so in two weeks, they sort of just feel

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\The yp knows that the CM has lots of information about them**

No 0.0040 1

1 CL 10/01/2015 16:35

open up conversations and sort of take away some of that worry about saying things cos they are not worried about telling you something that is going to shock you or suppose you cos you know quite a lot of it already

**Nodes\YP have to quickly give CM lots of personal information which receives mixed responses\YP is not worried about shocking the CM which can**

No 0.0040 1

1 CL 10/01/2015 16:35

open up conversations and sort of take away some of that worry about saying things cos they are not worried about telling you something that is going to shock you or suppose you cos you know quite a lot of it already

**Nodes\YP not being accepted to CAMHS changed their view of CAMHS**

No 0.0031 1

1 CL 10/01/2015 15:49

that massively changed his view of, cos he had seen them as such as nurturing and supportive service. To then not engage with him again, I think he took it quite hard.

---

Reports\Coding Summary By Source Report

Page 48 of 49

21/04/2015 09:22

Classification	Aggregate	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
----------------	-----------	----------	-----------------------------	------------------	-------------------	-------------

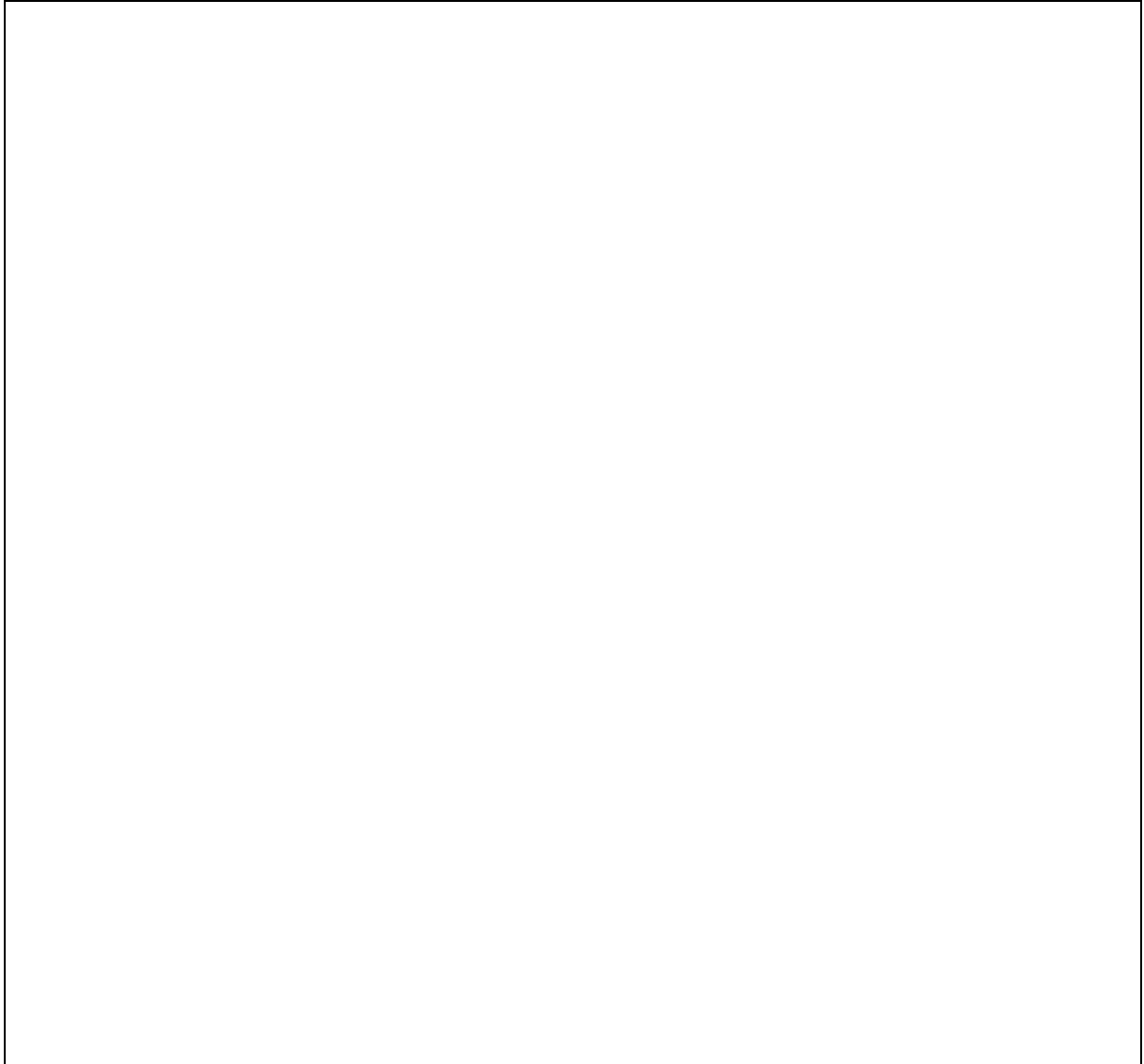
**Nodes\YP not being accepted to CAMHS changed their view of CAMHS\CAMHS not accepting a referral to CAMHS changed a YP's view of CAMHS (Nodes)**

No 0.0031 1

1 CL 10/01/2015 15:55

that massively changed his view of, cos he had seen them as such as nurturing and supportive service. To then not engage with him again, I think he took it quite hard.

---



## Appendix K

### Categories, sub-categories, focused codes and quotations.

Category	Sub-category	Focused code	Quote
Beliefs about CAMHS	The stigma of mental health	YP perceive mental health labels as something negative	"the label is seen as negative and the parents don't realise that" (YW2)
		-Mental health has a negative social stigma	"Trying to get rid of the stigma of mental health." (YW1).
	Beliefs about the consequences of a referral to CAMHS	-Referring a yp to CAMHS will confirm a stigmatising self-concept	"Going to CAMHS, would be for them, like, mum is right, I am, oh yeah, they think I have got ADHD or they think I have got this" (YW1)
		-beliefs about young people's fears of exposure	"he believes that its a label and that there is something wrong with him and everyone would know about it. So he won't be assessed" (YW6)
		-YOT workers fears about negative consequences of labelling by CAMHS	"we were just very concerned that people, once your kids get diagnosed with ADHD, it's that's it then...they get medicated, it changes their whole life" (YW4)
		Young people are avoiding negative associations with mental health	"Their struggle of trying to stay away from it to try and prove them wrong" (YW3)
		CAMHS can be helpful for some young people.	"The young people I work with who work with CAMHS have found it really useful" (YW3)
	Relevance of MH services to young person's needs	-Mental health services are for mental people with diagnoses	"Negative straight away, CAMHS is this, it is for mental people" (YW3)
		-YP do not see their difficulties as mental health problems	"They usually are not so willing to CAMHS, because a lot of young people, especially cannabis users don't see it as the onset of the paranoia so they won't, they still won't accept that (referral)" (YW5)

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

		-Discrepancy between what yp want and what CAMHS offers	"I am trying cos I want to get this medication. But every time I am going it is pointless and I don't like it" (YP2)
		-YP expectations based on past experience	"he is not in need of someone going to his house every day from CAMHS. But I think, that is how he see's CAMHS. Because that was what his experience was" (YW3)
	Knowledge and experience of CAMHS	-CM finds it hard to know what happens at CAMHS	"I think with CAMHS, cos they have got different kind of therapists as well so it is like, which one is doing what and who is doing what, that can get a bit messy" (YW6)
		-CM finds it hard to see the effect that CAMHS has specifically on young people	"Even us, whether we can say it's cos of CAMHS, its hard" (YW1).
		YP and families do not understand the difference between CAMHS and other services	"That whole appointment, what it is for and what it is about. So they just see it as another appointment" (YW1).
		Previous negative experiences of help seeking	"sometimes maybe feel that they have been let down by people in the past, so that I think they take a long time to suss you out and see if you are someone they think they can trust or not" (YW3).
	Influence of family and cultural beliefs	-Young people believe what their parents believe	"If a parent is positive about something and how it might improve things for them, I think it massively effects their view of it. Whereas we do also have young people whose parents are resistant to working with all services" (YW3)
		-Negative perceptions of parents is a common barrier	"I think some parents do more damage than good" (YW7)  "there is a negative attitude amongst parents about CAMHS" (YW1).
		-YP's stereotypes about mental health are caused by others	"Some parents you do get say, yeah you're mad, your mental, and that's when you get that stereotypes from" (YW4)

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

<b>&gt;Becoming ready to accept a referral</b>	A gradual tentative process over time	-Process of becoming ready to receive support from mental health services	"Some it can take a long, long time to get to that stage of being ready" (YW2)
		-Challenges to becoming ready	"It's a bit like training" (YP1)
		-Need to tentatively discuss mental health	"The thing is though, I think, as a worker, because every young person is different, kind of through, experience knowing when to break it with that young person" (YW8)
		-Less formal versions of CAMHS help YP learn to talk	"If there is a need but they do not want to do stuff, I get the stepping stone of MHW is the way to gradually get into that" (YW7)  "The drug and alcohol worker is also qualified in counselling" (YW)
	A door in without realising	Mental health interventions can be conducted without the young person realising	"...it was the context she was talking about, kind of made it a bit more easier to talk about it, rather than 'when I am on my own I hear voices'..." (YW1).
		-YW believes yp do not realise that talking helps	"a lot of young people they don't realise that just talking is enough" (YW1)
		-Avoiding stigmatising language – words and professional names	"You have to be careful cos although the assessment is about mental health...I don't like to use that word with young people" (YW2)
	Raising awareness of their difficulties	-Need for young people to recognise they have a problem first	"Are they recognising that there is a problem – do they know what that problem is" (YOT 5)
		-Supporting a YP see they have a problem for themselves	"It's got to be their identified referral, not mine, really, that's how I see it" (MHW)
		-Young people do not understand their mental health	"It is hard, because they don't understand it" (YW1)
		-Helping young person to understand their difficulties without the use of a label	"How do you feel, why are you doing what you are doing. Yeah you get a better response to that. Rather if I just say, its mental health" (YW7)



YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

	Reducing discrepancy	-YW helps young person to see how their problem can be helped through CAMHS	"It depends what they want...being able to see his problems and how CAMHS can help him" (YW8)
		-YW takes on role to explain the value of CAMHS	"I'm taking you to CAMHS and they are going to help you with anger management because I can't do that work, that's not my special area" (YW6)
		-YW put in role to explain reasons why CAMHS operate like they do	"they come out and the go "why do they want to know that? Why did they ask me about them? Why did they ask about my brothers and sisters?", and things like that" (YW6)
	Working with negative assumptions	-Increasing awareness of mental health in society	"maybe the schools teaching people about mental health services when they're younger, so that they don't have that entrenched fear" (YW8)
		-Describing mental health services using non-stigmatising language	"I have been careful about using it (the word mental). Other people might feel differently. I just think if I wanted to refer someone to CAMHS, I would say to them that I was worried about how they presented, or what they'd told me, and that, you know, there is people that could help" (YW4)
		-Normalising mental health	"what we usually say is, everyone who come to us for cannabis, or who has got an issue with cannabis has to be seen...so that is like a, normal, blanket kind of thing so they accept that" (YW5)
		-YW tries to work with young people's assumptions	"Ask them what their fear is" (YW6)

<b>The relationship between YOT and young people</b>	"It's all about the relationship" (YWX)	"Without the relationship you will never affect any change" (YWX)	If you are going to affect change, the young person needs to be able to relate to you" (YW4)
--	---	---	--

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

		-The CM has more explicit conversations about mental health when the relationship is good	"Now we are building up a relationship and he is open to talk about his medication and his ADHD" (YW7)
		-Building relationships facilitate engagement with mental health interventions	"She is more likely to say yes because of the relationship" (YW8)
	Partnerships is key	Transparency about CMHT purpose and process	"What happens is before they meet me, the care worker will explain what I do, so they say I am a health worker, I work for CAMHS, I also work for YOT. So if there is any problems I will refer them to CAMHS, so they know, before they have met me, what I do" (MHW)
		-Clear boundaries	"they are on a court order and if they take the mickey get somebody out to take enforcement, but this will only happen if you do XYZ, so get in transparency from the beginning" (YW2)
		-Keeping the young person involved in the process with the YW	"And being involved in the process and kind of knowing what happened, so if there is a delay, letting them know" (YW1)
		-Need for collaborative relationships	"You can't force young people to do the work, they need to participate" (YW7).
	Developing a relationship with YOT young people	Get to know young people well	"She knows the ins and outs of me, cos I speak about everything with her" (YP2)
		Demonstrating care	"Care workers are really good at explaining to them, look, we are here to help" (MHW)
		Persevering with the relationship	"We keep trying, that is our role, we don't give up" (YW5).
		Informality to conversations	"You just have a quick chat with them and do like a general 40 minute chat" (YW2)
	Using the relationship to build relationships with others.	YW introduces young people to new people	"introducing them to a CAMS worker because they have already built the relationship up with you" (YW5)
		MHW are accepted as part of YOT	"they don't associate MHW with CAMHS" (YW8)
		Relationship facilitates initial assessments with CAMHS	"helpful, because sometimes they've said something and they say "oh, I can't explain it, but xxx knows", and then I say

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

			to them "would you like me to explain how you've said it to me?", and then I've just had to give a bit and I go "no, you know now, and you can carry it on" (YW7)
--	--	--	---

<b>CAMHS facilitators to engagement</b>	Positive experiences of collaboration between YOT and CAMHS	YOT and CAMHS work as a team	"if I am not around, they ring up another member of the team...or they ring up CAMHS cos most of them know where CAMHS is and know the number" (MHW)
		Working together ensures that nothing is missed	"It helps having links, or otherwise things get lost" (YW7)
		Seeking expertise from CAMHS	"we go back to MHW and take advice from them; the case has pulled out from CAMHS but what can we do to kind of support or stable them" (YW2)
		Valuing reassurance from CAMHS	"quite often we invite them to, or we have review meetings, and we will invite CAMHS workers so it becomes part of a, the whole plan I guess, of what we're doing...I think it is really helpful" (YW3).
	The key facilitative role of the mental health worker	MHW can facilitate faster referrals to CAMHS	"mental health worker can pass the young person onto CAMHS avoiding the threshold" (YW1)
		MHW's meet young people's needs more than CAMHS	"MHW worker will see anyone, they won't say no" (YW4).
		Young people can get to know the MHW personally	"I think they see X, inside of them, that they are just another person you know" (YW8)
	Organisational priority for young people	YOT have processes to access CAMHS quickly	"We jump the queue, we have got a CAMHS worker on call (laugh)" (YW2)

<b>CAMHS not engaging</b>	CAMHS are not child centred	CAMHS not thinking what YOT young people need	"because often, you know, they're taking cannabis and they're presenting with mental health problems as well, and so therefore they won't be assessed or seen because they're on drugs" (MHW)
		CAMHS is formal and clinical	"It's just too clinical, too clinical" (YW1)

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

		Negative consequences of delay	"even a very short gap can be enough for them to be like, no I don't want to do that anymore" (YW3)
	CAMHS do not effectively engage young people	CAMHS do not communicate effectively with YOT young people	"this is classic isn't it. You talk to me, I'm a CAMHS worker, I sit back like this – so how did you feel about that, what was going through you mind" (YW6)
		CAMHS does not engage YOT young people	YW6: I think that's a problem with adolescents, isn't it, "oh, they didn't engage", we often get that, "well they didn't engage"  I: From CAMHS?  YW6: Yeah, and we say "well, why would they? They need to gain your trust and they need to feel it's somewhere that they can – it might take a few attempts to get them to engage"
		CAMHS's responsibility to YOT young people	"They need a little more coaxing, but CAMHS do not have the time to do that" (YW5)
		CAMHS protocol is a barrier to engaging YOT young people	"It's very stringent in that, if you miss your appointment, they offer you a second one and if you miss that one it's closed" (YW2)
	A lack of collaboration between YOT and CAMHS	There is a clinical distance	"Is it something that is happening over there and we are not really aware of it" (YW3)
		Being in separate buildings is a barrier	"the set up of the building, everyone knows, that's CAMHS, so straight away the young person knows they are going into it" (YW2)
		Fight to get young person seen by CAMHS	"we have to push it through" (YW1)

<b>YOT workers sense of role and responsibility</b>	Managing expectations to meet young people's needs	Finding ways to manage expectations	"It's important to not try and take it all on as the YOT worker as you can't do everything" (YW3).
		Feeling like they need to take a parenting role	"A lot of them don't have parents who are that supportive, or will remind them of appointments or go with them" (YW3)

YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

	YW distress	Impact of young people's distress	"I worked with somebody who was sectioned, which was horrific" (YW6)
		Distress at not meeting young people's needs	"It's quite difficult because I think you are always aware that you are not 100% meeting what you think they need" (YW3).
		Wanting support for own mental health	"Looking after our own mental health and emotional needs as well, cos its quite deep stuff sometimes". (YW1)
	YW confidence in mental health expertise	YW confidence in their mental health knowledge	"although we have skills, we are not like, we are not trained mental health professionals" (YW3)
		Conducting mental health interventions	"CBT...it is part of my role and it is part of the plain, I do it a lot. The contracted work that we are going to do" (YW2)
		Facilitating a referral to CAMHS	"cos facilitating a referral, we got that, the YOT is quite tight, it's just supporting young people and how to cope with those needs" (YW2)
		Wanting more training	"we have had basic mental health training, but it is always good to have professional training for that, just to keep up to date" (YW1)
	Using the personal rather than the professional to inform work with young people	YW can do work better because they have the relationship	"Whereas from my point of view...and I know we are not experts but he is very low in mood, he quite often says he wants to kill himself and things like that, so, we would quite often re-refer to CAMHS" (YW3)
		Using self-reflection to inform interventions	"Yeah it can be quite uncomfortable sometimes because, I know that if I was them and this was the second time I had met someone, I probably wouldn't want to be telling them that either" (YW3)

## Appendix L – process of category development

(Open codes – focused codes – subcategories – category).

### Process of becoming ready to receive support from mental health services

Different lengths of time to get to a stage of being **ready** for therapy

YW experiences change in the yp from being offish to being open about their experiences

It takes different lengths of time for a young person to accept a referral

Until they are ready to have a full conversation on it

YP not being ready to accept mental health help

### Challenges of becoming ready

YW finds it hard to get a yp to a place where they will talk

Talking is good advice but hard for him to follow

Talking all the time to YOT workers helped him to talk about problems

YP experiences CAMHS as pushing her to talk about difficult things

CAMHS is explicit mental health work which is harder

### Need to tentatively discuss mental health

Mentioning it a number of times, delicately, until he gets used to it

Just drop it in the conversation

Talk about it just lightly

Trying to catch them at a time when they are open to new ideas

YW does mental health work a bit at a time

YP that are able to recognise a problem need YW to **broach** idea of therapy

If you preach to them they will completely close off

The YOT team encourage talking about problems but do not enforce it

### Less formal versions of CAMHS can facilitate referral to CAMHS

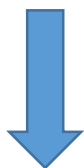
Use the informal CAMHS as a stepping stone to CAMHS

Informal CAMHS gets the YP talking a little bit

For young people who do not want to engage, YW see's MHW as stepping stone

YW knows that they have informal CAMHS when yp is presenting with needs

That helps cos they know that she is the stepping stone to where they need to be I guess



## Subcategory - A gradual tentative process over time

**Mental health interventions can be conducted without the young person realising**

When doing mental health work as part of role of YW, young people do not know that it is being done

YP does not realise that YW had been working on their mental health until afterwards

Professionals can conduct mental health interventions whilst doing other interventions

YP talk about hearing voices when talking about the context in which it happens

When reminded that they mentioned hearing voices when telling their story, they remember

**YW believes yp do not realise that talking helps**

YP attribute change to something they can see

YP do not realise that talking makes a difference to their mood

YP do not attribute changes to talking in CAMHS

YW believes that CAMHS does work but YP do not realise how

**Avoiding words associated with mental health**

YOT are talking to YP about emotions and finding that YP do not perceive that as negative

YP respond better when the YW describes the mental health assessment without the word mental

The YW is careful not to use the words mental or MENTAL health

The YW describes the assessment as about feelings, emotions and behaviours instead of mental health



**Subcategory - “A door in without realising”.**

**Need for yp to recognise they have a problem first**

- Some YP do not know what their problem is
- Talking about mental health and what can be done about it comes after helping YP to recognise problem behaviours
- YP who know they need support are more open
- YP who have been seen in CAMHS before are more open
- YP who recognise they have a problem want to see CAMHS

**Helping YP see they have a problem for themselves**

- YW can see things and go help the YP to begin to see it by breaking it down
- Seeing the MHW helps the YP see they have a problem
- Being on a court order helps yp's awareness that they have a problem
- Asking them questions so they come to the realisation themselves rather than telling them

**Young people do not understand their mental health**

- It's hard to work with YP's mental health because they don't understand it
- YP do not understand their experience of hearing voices
- YP perceptions of what mental health is are based on assumptions
- YP get confused between thinking aloud and hearing voices

**Helping yp to understand their difficulties without the use of a label**

- YW explores with the YP the reasons they are behaving like they are, without using diagnostic labels
- YW explores with the YP where their label came from
- YW explores with the YP why they are like they are
- Helping the YP to think about what their life would be like without a label
- YW see's what yp need and explains her non stigmatising version of labels to yp



**Subcategory - Raising awareness of their difficulties**



**YW helps yp to see that their problem can be met at CAMHS**

YW believes that the yp is more likely to engage if they know what they will gain from it

It's about encouraging them to know that they'll benefit

YP are fine about a referral if it is what they want

Need to sell the benefits of therapy to YP

YP do not know if their needs are appropriate for CAMHS involvement

**YW takes on role to explain the value of CAMHS**

YW explains to YP and parents why CAMHS appointment is important

Explaining why YOT cannot do the mental health work

Explaining to YP that mental health is not YOT area of speciality

MHW recognises the importance of explaining roles of different professionals to YP

**YW put in role to explain reasons why CAMHS operate in particular ways**

YW role of explaining CAMHS feels key to engagement

YW left to explain the relevance of CAMHS questions to yp

YP asks the YW why CAMHS were asking so many questions

YP asks the YW why they asked about her childhood



**Subcategory - Reducing discrepancy**

**Need to increase awareness of mental health in society**

More people talking about mental health

If yp talk about mental health earlier then it would avoid it being built into a big thing

Increasing YP mental health awareness would break down negative assumptions

Schools teaching about mental health may avoid influence of parent's stigma

Education about mental health may reduce fear and stigma

(Increasing YP mental health awareness would make it easier for YW)

**Describing mental health services and professionals using non-stigmatising language**

Describing the service before saying what it is

Using people's names

**YW tries to work with young people's assumptions**

Exploring fears

If they can disassociate with social services and other things, then it is helpful

YW tries to help yp see the difference between now and when they were younger to encourage them to try CAMHS

Breaking cultural barriers down

You are trying to pull them out of the stigma of mental health

Breaking down the stigma that they automatically attach with it

**Need to normalise mental health**

Normally say to a YP that every YP with their issue gets a particular intervention

YW explores what mental health means to a yp before making a referral - exploring

Being more comfortable with their mental health needs makes it easier for them to talk about it

Making their difficulties understandable

Helping YP to see the wider systemic influences on their mental health

Thinking systemically



**Subcategory - Working with negative assumptions**

A gradual tentative process over time

A door in without realising

Raising awareness of their difficulties

Reducing discrepancy

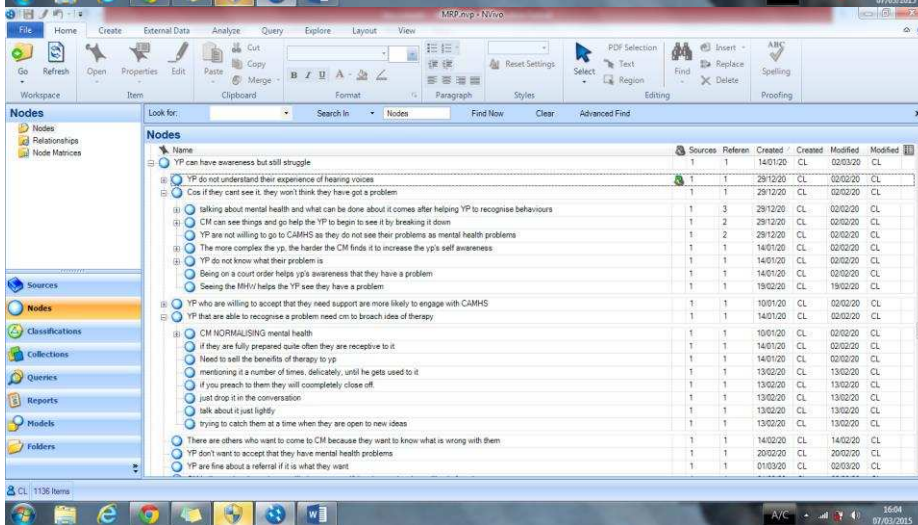
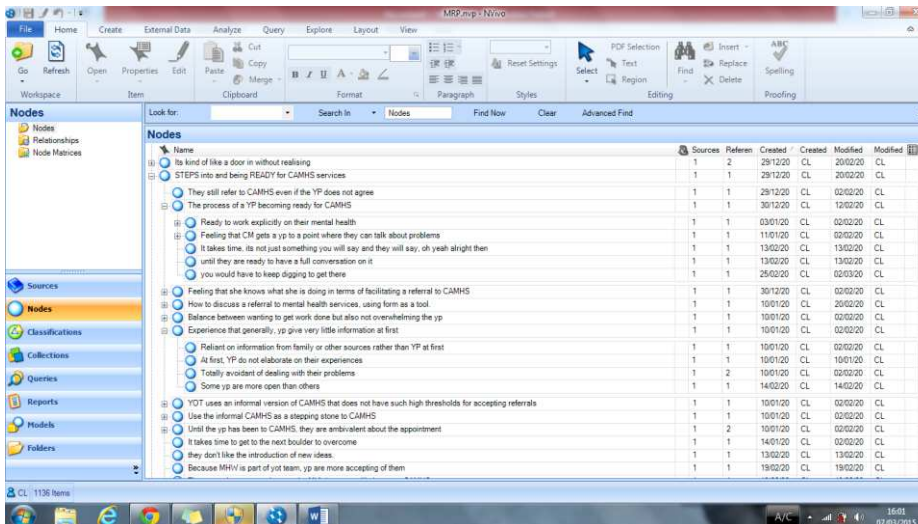
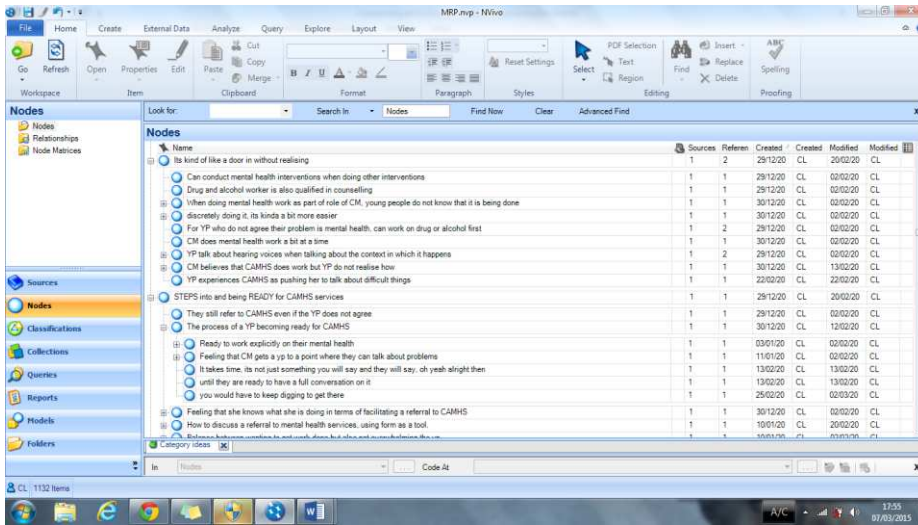
Working with negative assumptions



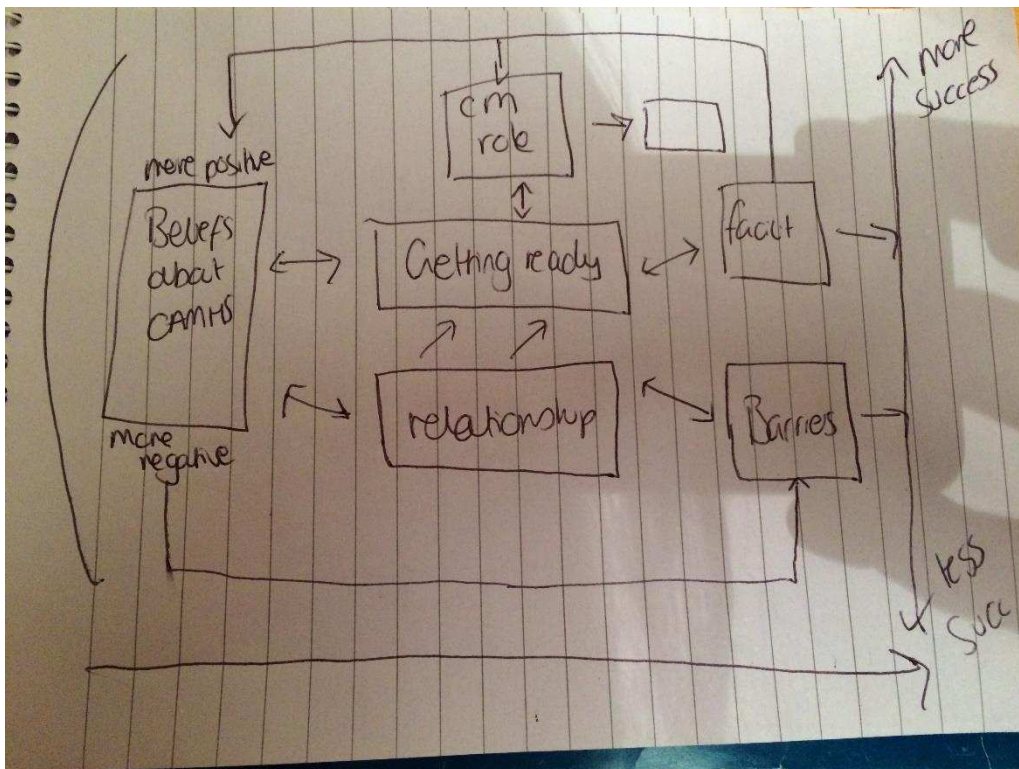
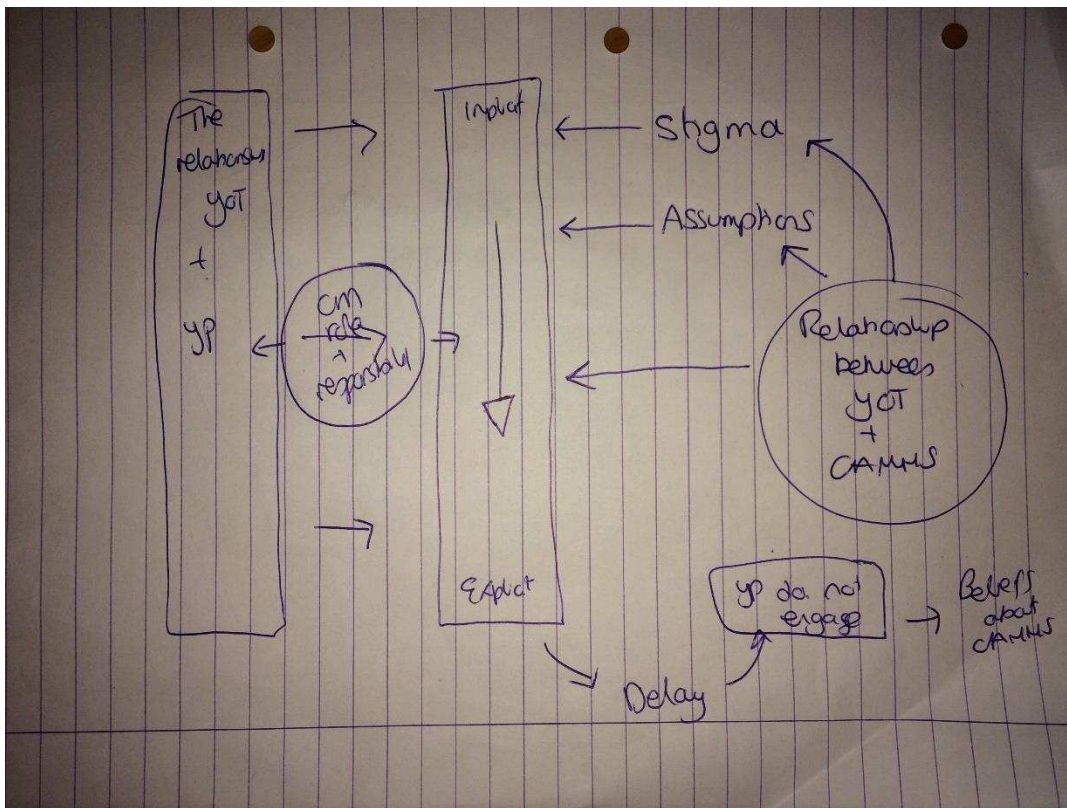
**Category: Process of supporting a young person to become ready to accept mental health interventions**

# YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

Screen shots from NVIVO for the development of this category.



## Appendix M – Model development

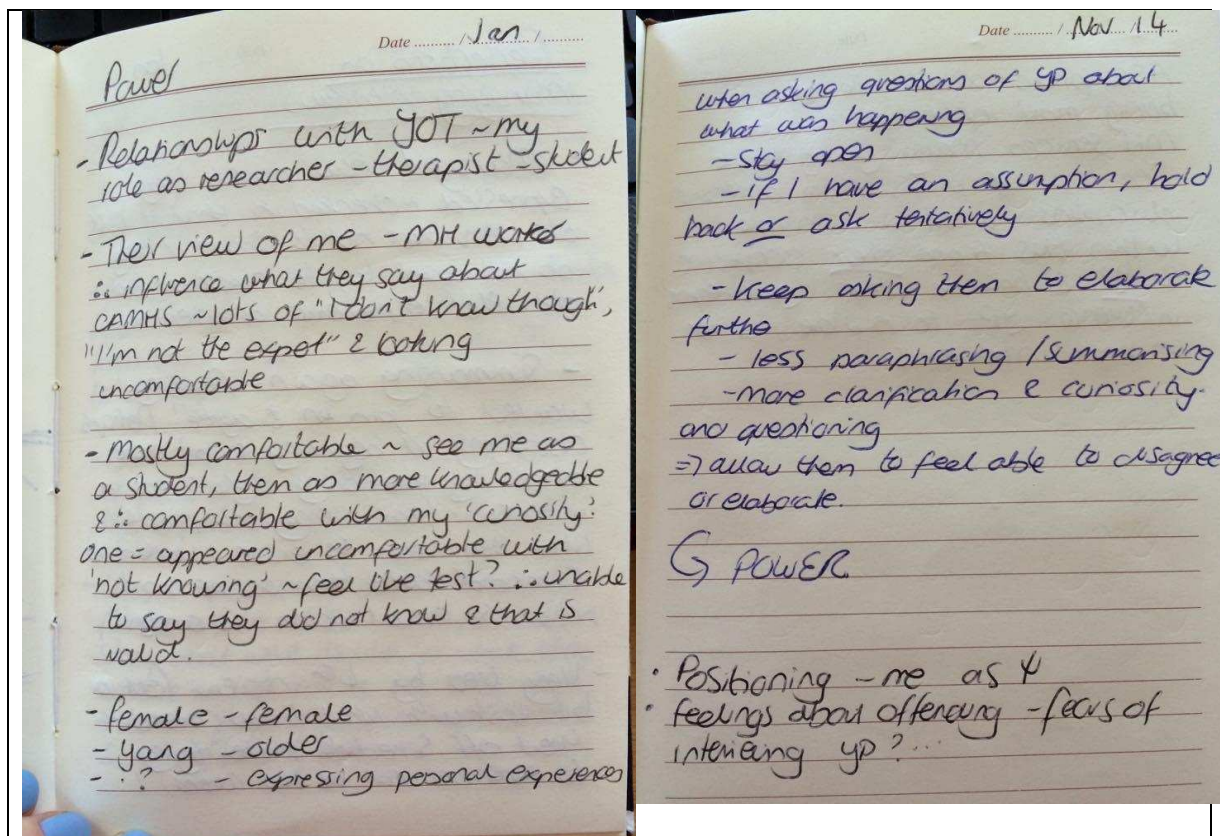


## Appendix N

### Abridged research diary.

This has been removed from the electronic copy

<p>Reflections on my own beliefs, experiences, responses and assumptions and how these may have influenced and informed interview questions and data analysis.</p>	<p>Some have been removed from the electronic copy</p>
--	--



## **Appendix O – sections of bracketing interview**

This has been removed from the electronic copy

## Appendix P

### Sample of memo's from NVIVO and research diary.

Which ones stand out to be made higher categories

#### Early memo's.

*Making sense of the data and generating initial focused codes.*

#### YOT workers beliefs and experiences about CAMHS.

30.12.14.

(After interviews with YOT worker 1)

MY SENSE FROM CM1 = CAMHS is not a part of the system of services around a YP - separate somehow and not as effective as it could be. Irritation with CAMHS - the way that they practice, e.g. not enforcing, means that young people say no – does this mean then that YOT are left to pick up the pieces? Is that where the strong feelings come in?

CM is not clear about what is happening at CAMHS and who is doing what = "messy" - does it work? What is working? Seems like a NEED FOR CERTAINTY AND CLARITY. Keep this in mind as an early focused code/subcategory whilst analysing the next few interviews.

#### Steps/stages of help seeking

Obvious process happening.

Very interesting how every participant talks about stages or steps that young people need to take before being ready for a referral. This maps so neatly into the first young person's experiences and descriptions of learning to talk which was like training for him. May be worth asking the next CM's more about this.

#### Advanced memo's.

Further thoughts about YOT workers role in supporting young people to become ready for a referral to CAMHS.

#### Subcategory – using the relationship to engage other professionals

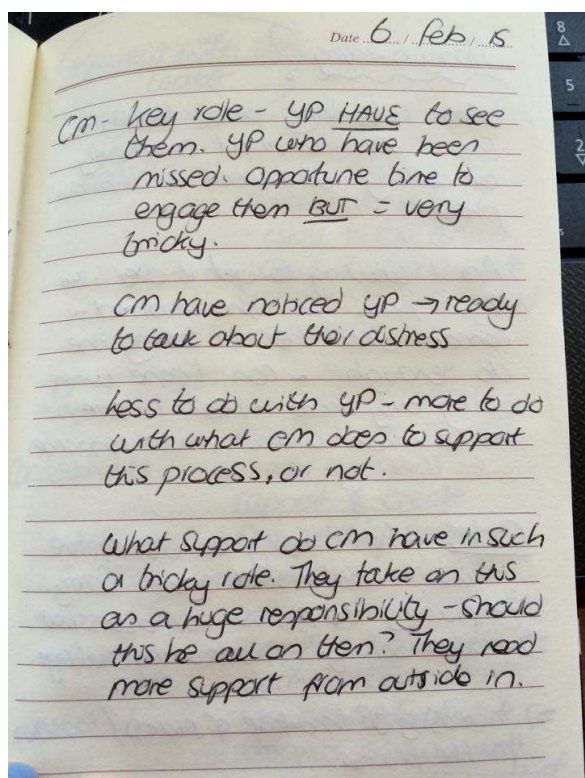
06.03.15

Most CM felt that going with a yp to a CAMHS appointment helped facilitate engagement with CAMHS - two levels - one = something about transferring that good relationship from the YOT worker to the CAMHS worker. If the YOT worker demonstrates trust in the CAMHS worker, then the YP trusts in the process. The YOT worker and YP together. Two = CM feels it is their job to help a yp to talk in CAMHS sessions. Speeding up that process of being "ready" to talk. They are now "ready" to talk to the YOT worker, but this process starts again



with a new person (perhaps not entirely as having had the opportunity to talk, demystify, destigmatise etc with the YOT workers prepares them for CAMHS). The YOT worker can transfer some of that "readiness" to talk to the CAMHS worker so that CAMHS can skip having to do the same level of engagement - they do not have the time or the resources to do this. Therefore, YOT workers have fallen into that useful role of preparing a yp to talk - what is that like? How do they feel about that? Is that an explicit part of their role? What is CAMHS's responsibility with this? How does this impact relationship between CAMHS and YOT - where does this leave the MHW in the teams?

### Theorising about the category – “becoming ready for a referral to CAMHS”



### Medicalising distress or learning to talk about distress

08.01.15

Process of yp becoming ready to talk about problems - is this in a way that meets the needs of CAMHS or the young person? Is it really a process of getting young people to feel comfortable to talk about their problems as "mental health" problems, using service lingo. CM notice that young people feel comfortable talking about problems in context - or is it that they need support to recognise their difficulties, whilst the CM normalises and demonstrates non judgement, to support the YP process of feeling able to talk. Then there is a separate process of becoming ready for CAMHS - with the assumption of the explicit use of diagnosis and medical interventions etc...that the CM is on this journey too? Do I need to ask about this to get clarification?

**“Young people do not understand their mental health”**

10.02.15

The young person does not understand their own experiences to be able to answer the questions. The CM has to be attuned to pick out from what the YP is saying, and feed this back to the young person, educating them about what is a mental health need and what is not. What happens if the CM does not feel able to do this - is confused themselves, or imposes their own views - it appears that CM are very sensitive to exploring and breaking down pre imposed concepts to develop a shared understanding with YP

*Theorising about the possible relationships between developing categories.*

The CM describes ways to keep the young person involved in the process - transparency of the process, outcomes, purpose etc. Why? It appears that this may be to do with relationship building. There have been a number of times where CM's have described the way that they and the young person are working together and going through the process together at the same time - both being discharged from CAMHS or not accepted, both having to work out the system, in it together – us..(YW and young person) them (CAMHS)? Feelings of power that CM has in managing the situation - their knowledge and power in relation to getting a young person into CAMHS. They also talk a lot about wanting to use the MHW's expertise and power to PUSH through a referral to CAMHS - is it a fight? Is the CM on the side of the YP, fighting to get noticed/heard/seen by CAMHS, to understand the system? Is it a way to manage the difficult feelings of YP, to make it about 'them' rather than the CM, deflect/project negative feelings to imaginary outsider which is easier when know less about how they are working, what they are doing. The MHW is in the team - all good. CAMHS outside - bad and non-young person/CM centred.

**Reflecting on the developing category – “YOT workers sense of role and responsibility”, and how this relates to the other categories.**

10.02.15

CM issue with “us and them” – is this related to their distress with the uncertainty and their sense of responsibility for a young person (taking the parent role) – feeling that they are “being left with” a young person and that “us and them” means that they feel unsupported by CAMHS?

Wanting more joined up working to avoid this.

What if they did not have such a sense of responsibility? What if they could cope with anxiety? Would they feel so angry with CAMHS? Would they feel so separate?

Because they recognise that the relationship is important – but then refer quickly to CAMHS whereby the young person is not “ready” to engage explicitly with their mental health.

Am I keeping enough distance to observe their experiences – what voice am I analysing this from?

Subcategory – YOT workers seeking reassurance?

12.03.15

CM seeking reassurance from MHW – MHW giving them reassurance, even if he thinks that they don't need to be seen, he gets the sense that CM need to know that they have checked and then be reassured that they have not missed anything. Reassurance in their role.

Instead of a sense of certainty like I previously thought, it appears that for some YW's, even if they don't agree with the outcome, there is a sense that they have done everything they can and therefore, they do not have to feel personally responsible if anything happens to the young person. So their sense of role and contact with CAMHS, is not only related to their professional sense of responsibility, but their personal sense of responsibility. Seems very powerful. The last worker said to me, that she acknowledges that many social workers go into the role because of a personal drive – which may be true for most caring professionals. Where does the personal and the professional begin/end? How is this related to my model...how does it impact young people's help seeking?

Sense of things being missed – CM and MHW

### **Interviewing the mental health worker**

03.03.15.

Interesting interview. How CAMHS and YOT work together – or don't. He talked a lot about there not being enough resources in CAMHS. Had a lot of good things to say about YOTs and their ability to work with young offenders. How does he influence YOTs and their beliefs about CAMHS? He said that he was always supporting YOT workers in their role and that they were a team which is what YOTs said. He is a CAMHS worker...but YOTs do not see him that way? YOT workers never said they felt they and CAMHS felt like a team...but that they would like to be more so. MHW felt stretched as not enough of him to be able to link services. He suggested increasing the number of CAMHS staff as a facilitator...is that it? Just more resources? He felt that it was easy for young people to meet with him...and talked about how he then talked to young people about why they would not meet with CAMHS now that they have met with him. He described similar strategies to YOT workers...getting young people ready. Team work...careful transition towards CAMHS referral...handing over to each worker..up up up.

*Differences between beliefs about CAMHS and CAMHS barriers.*

## Appendix Q – Summary of research for ethics and R&D

Dear X Research Ethics Committee

Re: Youth Offending Teams: A grounded theory of the barriers and facilitators to mental health help seeking of young people who offend

Reference:

I am writing to inform you that this study has now been completed. Please find enclosed a brief summary of the findings of the research. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Carla Lane

Trainee clinical psychologist

Dear X R&D department,

Re: Youth Offending Teams: A grounded theory of the barriers and facilitators to mental health help seeking of young people who offend

Reference: X

I am writing to inform you that this study has now been completed. X number of participants from your service kindly took part. Please find enclosed a brief summary of the study method, findings and implications. These will be disseminated to the service in writing and I will also offer to attend a meeting to describe the findings in more detail should they wish.

Thank you for your approval. Please do not hesitate to contact me if you would like any further information.

Yours sincerely,

Carla Lane

Trainee clinical psychologist

Dear X (team leader/manager),

Re: Youth Offending Teams: A grounded theory of the barriers and facilitators to mental health help seeking of young people who offend

Thank you for your participation in the above research project. I am now writing to let you know that the project has been completed. Please find enclosed a brief summary of the research and the findings.

Your participation and your efforts to encourage young people to take part in the research were much appreciated and some interesting and valuable results have been found as a consequence.

If you would like any more information about the findings please do not hesitate to contact me. I would be happy to provide this in writing or in person.

Thanks again and my very best wishes to you and your team,

Carla

Trainee clinical psychologist

### ***Research summary***

**Title:** Youth Offending Teams: A grounded theory of the barriers and facilitators to young people's help seeking from mental health services

**Research context:** Research suggests that young people within the youth justice system experience at least three times higher rates of mental health problems than the general youth population, increasing to 95% for those young people who have attended secure services. Despite high rate of distress, these young people are one of the least likely groups to seek help for their mental health needs leaving them at a higher risk of social, emotional and physical health problems.

What we know from the developing evidence base from research conducted within the general youth population, is that young people's help seeking is influenced by factors associated with the young person *and* factors associated with adults around the young person, which interact in a complex and dynamic process over time.

In comparison to the research on the general youth population very little research has been conducted to investigate what may be influencing the higher rates of non-help seeking in young people within the youth justice system. In particular, there is a paucity of research within youth offending teams (YOTs).

**Research aims:** The current research project aimed to develop a theory about the barriers and facilitators that YOT workers experience when supporting young people to access mental health services. The project aimed to ask YOT workers and young people what their experiences were and what they thought would help to overcome any barriers.

**Method:** After advertising the project within two YOT services, 11 semi-structured interviews were conducted with participants who included; eight YOT workers, two young people and a mental health worker. All participants had read information about the project and had agreed to the interviews being audio-recorded. The interviews were then transcribed and analysed using the qualitative method "grounded theory". This method ensures that the findings are based on or "grounded" in what participants have said.

**Results:** Six main factors were identified which appeared to facilitate or create barriers to young people's help seeking. These included; young people and workers beliefs about mental health services, the relationship between young people and workers, workers beliefs about their role, young people becoming "ready" for a referral to mental health services, perceptions and experiences of service barriers to young people's engagement and what mental health services do which facilitates a referral.

Overall, it appeared that workers from youth offending teams played a crucial role in supporting a young person to access mental health services. This was influenced by their beliefs about CAMHS and about "ready" young people were to discuss mental health problems or a referral to services. Workers utilised a number of skills and strategies to support young people to become ready. Many YOT workers felt that mental health services did not effectively meet the needs of young people in the youth justice system and did not do enough to engage young people. Others held more positive views. Young people's views were also mixed. The role of the mental health workers within YOTs was a valued resource. They were seen to support workers and young people towards a referral to more formal mental health services and could support those young people who refused to engage. However, one mental health worker was not viewed as enough to support the mental health needs of this vulnerable group.

**Implications for clinical practice and future research:** This was a small, in depth research project and the results are specific to those who took part. However, the findings indicate that workers from youth offending teams would benefit from more support, training and recognition of the key role that they play in supporting young people towards accessing mental health services. Mental health professionals would be well placed to provide this. Future research could aim to include more mental health professionals to gain a broader perspective of the factors that influence young people's help seeking from their initial contact with offending services to their engagement with mental health services. In addition, more creative ways to engage young people who have and have not engaged with mental health services is needed.

**Relevant references**

Rickwood, D., Deane, F. P., Wilson, C. j., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4, 3, 1-27

Murray, C. (2005). Young people's help-seeking: an alternative model. *Childhood*, 12, 4, 479-494.

doi:10.1177/0907568205058607

Costello, E. J., Pescosolido, B. A., Angold, A., & Burns, B. J. (1998). A family network-based model of access to child mental health services. *Research in Community Mental Health*, 5, 165-190

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness*, 29, 7, 983-1002

doi: 10.1111/j.1467-9566.2007.01030.x

Department of Health (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

The Mental Health Foundation, (2007). *The fundamental facts*. Retrieved from

<http://www.mentalhealth.org.uk/publications/fundamental-facts/>

The CAMHS Review, (2008). *Children and Young People in Mind: The Final Report of the National CAMHS Review*. Retrieved from

<http://www.dcsf.gov.uk/CAMHSreview/downloads/CAMHSReview-Bookmark.pdf>

## **Appendix R - Summary of research - letter to young participants**

Dear X,

**Title:** Youth Offending Teams: What helps and what gets in the way of young people seeking help from mental health services.

Thank you for your participation in the above research project. The project has now been completed and I am writing to give you a summary.

### **Research background**

Studies show that young people who are in the youth justice system experience at least three times the amount of mental health problems than young people in general. However, it has been found that these young people are very unlikely to seek help from mental health services if they are distressed.

There has not been a lot of research conducted into why this is. Therefore, this project aimed to develop a better understanding by asking young people and case manager's from youth offending teams about their beliefs and experiences. Eleven participants in total were interviewed; two young people, eight case managers and one mental health worker.

### **Results**

Six main factors were found that appeared to influence whether young people were likely to receive help from mental health services or not.

The key finding was that case managers made a big difference to whether young people said yes to a referral to mental health services. It seemed that case managers worked hard to get to know young people and that young people were more likely to say yes to a referral if they had a good relationship. Some case managers were more likely to refer a young person to other services or do the work themselves if they had concerns about mental health services or they felt confident to do the work.

All participants' views and experiences about mental health services were mixed, with lots of people having negative views. It seemed to help if the mental health workers got to know young people and case managers well.

### **What can we learn from this?**



## YOUNG PEOPLE'S HELP SEEKING FROM MENTAL HEALTH SERVICES

It seems that some case managers would like more support and training about supporting young people who are distressed. It also seems that case managers would like mental health professionals to spend more time in youth offending teams to get to know young people and themselves better. They felt that this would make it more likely for young people to seek help from mental health services.

**If you would like more information about the results of the research project or you have any questions about it, then please speak to your case manager who can email me with your questions and I will be very happy to reply to you.**

*Thank you again for your participation, your contribution is extremely valued.*

Photo removed

*Carla Lane*

*Trainee clinical psychologist*