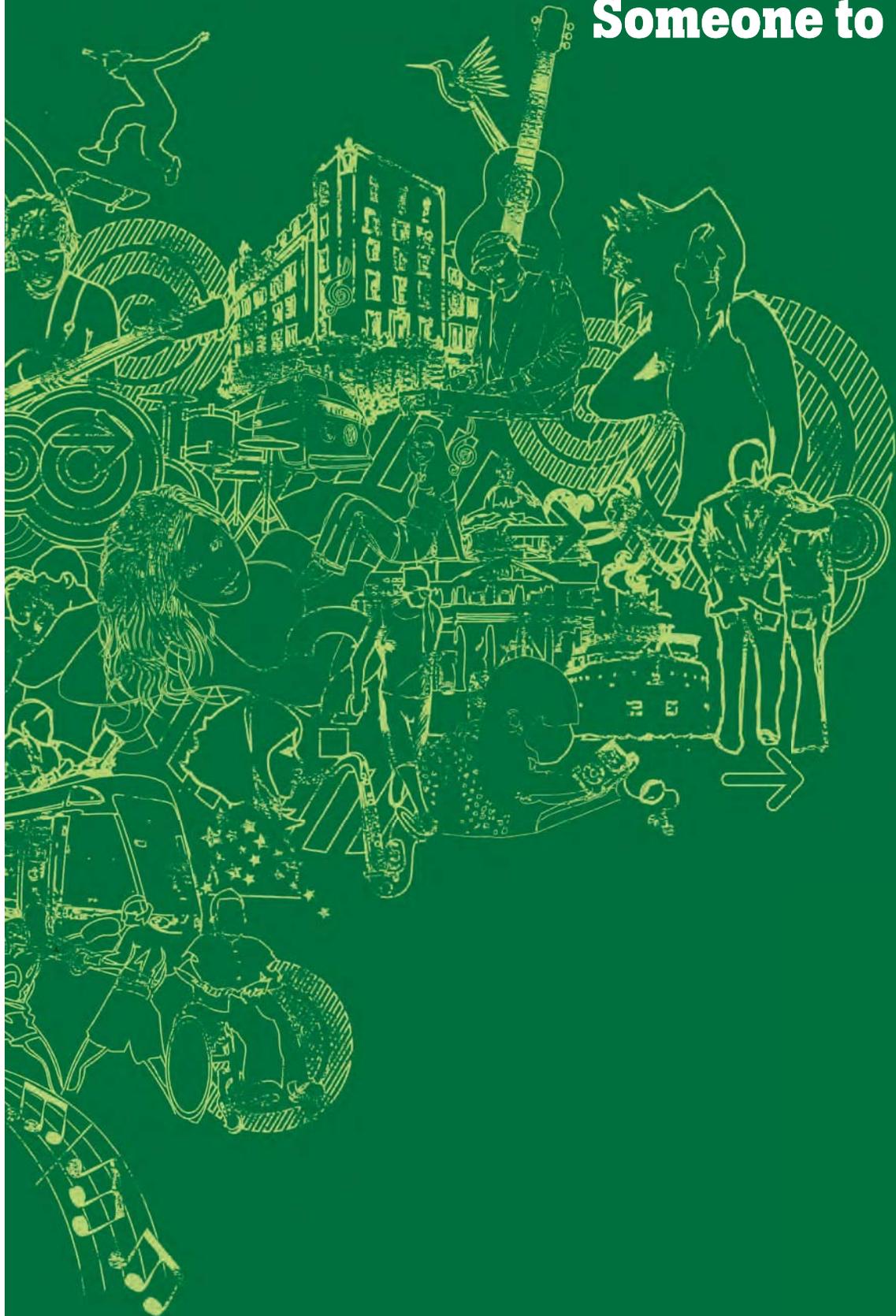
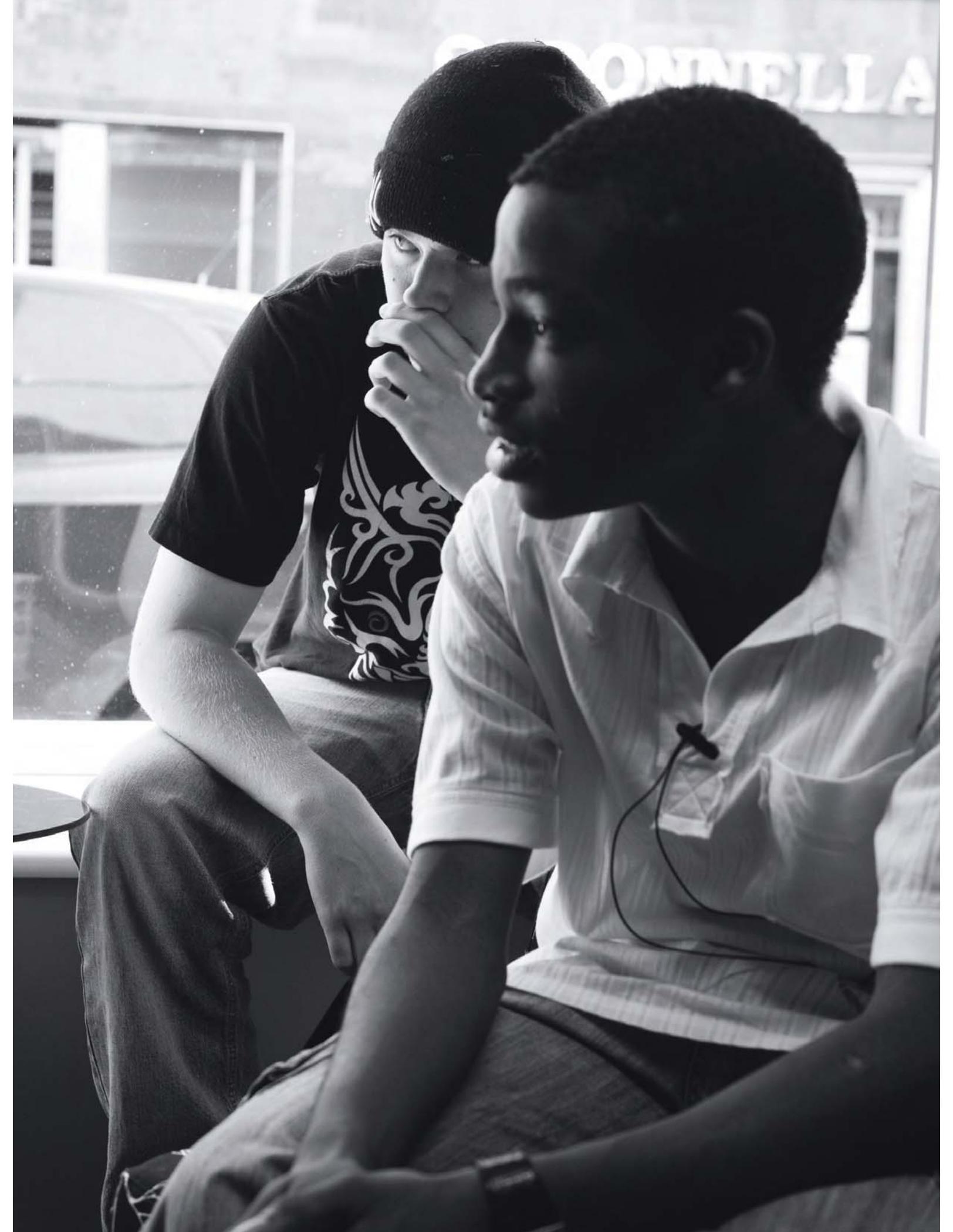


# Somewhere to turn to Someone to talk to...



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The National Centre for Youth Mental Health





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***Never doubt that a small group of thoughtful,  
committed citizens can change the world;  
indeed, it's the only thing that ever has.***

**Margaret Mead**

## Foreword

I am delighted to welcome this imaginative document from Headstrong. The **Jigsaw** model that is described here is a vibrant new vision for mental health provision for young people in this country.

For far too long, we as a nation have neglected to provide adequate mental health services for young people. This inability of ours to deal with the distress and pain of our young people who are facing unbearable psychological pressures in their lives, has been what has led to our tragic youth suicide figures. And for every family devastated by suicide, there are thousands of other young people suffering in anguished silence, whose pain never becomes a national statistic, but which is just as real for them and their families.

That is why it is so wonderful now at last to have something as uplifting and hopeful as the **Jigsaw** model developed by Headstrong to set against all this destruction and grief. For some years now, Headstrong has been working to empower young people who face mental health challenges, and it is out of that experience and out of that commitment that it has drawn up **Jigsaw**.

**Jigsaw** is soundly based on good quality research, professionalism and deep listening. Over a thousand young people were part of the extensive consultative process. But it is not just about research. This is a plan of action for a community-based service that can have profound effects on our mental health provision, if we choose to run with it and make it a reality in all our communities.

**Jigsaw** is already up and running in some areas, and it takes a professional approach to training and up-skilling, supervision, mentoring, monitoring and evaluation. It is now being piloted more extensively, in various areas of the country. It has the potential to be nothing less than a whole new national community-based approach to supporting young people with mental health issues.

What makes **Jigsaw** so different from what has gone before is that it is not about handing down decisions from on high, but about recognising and developing the capacity of communities and, in the process, developing also the

capacity of young people themselves. It respects and values the resilience of young people, and it empowers young people, guided and affirmed by supportive adults, to address their own needs.

Everybody who has contact with young people needs to read this document. Young people themselves, especially young people who face mental health challenges, need to read it too, and I hope they will. What this community action plan needs is lots of support from communities and from people working with and in support of young people. It also needs funding, and I hope that those with funds at their disposal read it too. Those who read it cannot fail to be impressed and cannot allow our neglect of the mental health of our young people to continue.

This initiative needs your support, and we as a nation need **Jigsaw** to be implemented all over the country and to become a systemic part of how we support our young people and their families.



## Preface

Young people represent Ireland's future. As they emerge from childhood to take their rightful place as adults in our families and communities, young people reflect what is nurturing in our society and challenge what is confusing. Young people's successes and achievements validate us and make us feel good about ourselves as parents, teachers and mentors of young people. Sometimes their behaviour reflects the values and memories that help define us as a society. On other occasions, however, their behaviour expresses the frustration with elements of our culture that make little sense to them or from which they feel excluded. They provoke some alarm and raise questions about some of the ways in which we live together in our community.

Today's young people are growing up in a culture that is marked by rapid change, uncertainty over the future, the absence of a clear set of ideals that transcend material prosperity, and contradictory messages regarding what is expected of them. Although advances in digital media have opened up intriguing new possibilities for becoming connected with their peers, many young people report feeling increasingly isolated and alienated. The same generation that appears to have more in terms of education and career opportunities, is finding it harder to experience a sense of meaning, belonging and purpose in life. One in five young people report high levels of psychological distress, which is reflected in disturbing behaviours, including eating disorders, substance misuse, antisocial behaviour, self-harm and suicide.

Adults feel perplexed and uncertain about how best to guide young people, and yet young people have never needed adult mentoring more. They need adults to nurture, challenge, and "hold" them as they discover a positive sense of identity, worth and security in themselves. They need adults to listen and to take time to build relationships with them in settings that impact significantly on their development: homes, schools, youth centres, sports and artistic settings, shelters, the criminal justice system, and training and employment settings. Each of these settings offers unique opportunities for young people to make decisions that will affect the course of their lives and teach them the skills that they will need to develop their potential and make their unique contribution to others.

***Somewhere To Turn To, Someone To Talk To*** documents what we in Headstrong have learned from in-depth focus groups and key informant interviews with young people, teachers, doctors, mental health professionals and community leaders whose work is marked by a passionate commitment to young people. In this report, ***Jigsaw***, a community model of services and supports for young people—designed and developed by Headstrong—is described. This model recognises the strength and the capacity of all who are concerned with improving the mental health and well-being of young people in Ireland.

The public discourse in Ireland regarding young people is more critical than ever, with the reported evidence that more of our youth are dying by suicide than in any other western European state. Key Irish mental health policies have recommended for the needs of adolescents and young adults to be prioritised, and for appropriate supports and services to be established to engage with young people early in their struggles. Whilst this consensus of policy from every corner of society may have increased awareness of youth mental health, it has produced very little improvement in services, from the perspective of young people and their families.

Headstrong was established to change how Ireland thinks about and responds to the mental health needs of young people. Headstrong is committed to engaging young people in the search to build effective supports for their mental health and well-being. The most constant message we have heard in conversations with young people is that they are tired of being seen as the "problem"; what they want is to be given the chance to be listened to, to be heard and to be part of creating new solutions.

***Somewhere To Turn To, Someone To Talk To*** describes a new way of understanding and working with young people in the context of larger systems that impact critically on their mental health. It introduces ***Jigsaw***, an innovative model for working with communities, to design a coordinated network of services and supports that offer timely, accessible and youth-friendly options that work for young people. At the heart of this report is our steadfast belief in the resilience of young people and their ability to engage with the stresses they face, to play a critical part in supporting one another, and to contribute to their community.

Tony Bates  
Founding Director





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## Executive Summary

**Somewhere To Turn To, Someone To Talk To** illustrates the experiences of young people growing up in Ireland today and depicts the mental health challenges and difficulties that they face. This report begins with the story of Headstrong – The National Centre for Youth Mental Health and how it began the journey towards understanding young people and their concerns about their mental health and well-being. We provide a snapshot of the most up-to-date statistics and research findings about young people in Ireland and their mental health, and we present what young people have told us about their experience of the current mental health system in Ireland.

This report introduces **Jigsaw**, an innovative model for systemic change, which was shaped by consultations with young people, service providers and the finest examples of best-practice in youth mental health that could be found around the world. We outline the model and we detail how **Jigsaw** comes to life in a community. We include two case studies, where **Jigsaw** is working in Ireland. Each of these case studies demonstrates how **Jigsaw** adapts to the unique circumstances of young people and their communities.

Headstrong began its work in 2006, with a process of gathering data to understand the nature and scope of the mental health challenges facing young people in Ireland. Extensive consultations and interviews have been carried out with young people, service providers and community leaders across Ireland over a two year period. Supplemented by a review of national and international studies, policies and research from centres of excellence, Headstrong concluded that:

- All young people have mental health needs, not just those in distress or at risk;
- The absence of mental illness is not mental health, and being problem-free is not necessarily being fully prepared;
- Every young person has the capacity to get through tough times, to make a difference, and to contribute to their community;
- Young people are assets in a community, not to be viewed as always having problems, causing problems, or being problems;

- The developmental needs of young people in Ireland have been neglected, and the current system of services and supports is inadequate in meeting these needs;
- Multiple systems affect young people and must be targeted for increased capacity building (e.g., families, peers, schools, youth work, primary & specialised care);
- Systemic transformation is essential in order to bring about meaningful and sustainable change that is required at the community level;
- Communities have substantial untapped resources which require development and coordination, especially in light of fiscal realities in the current economic environment;
- Communities need help in assessing their needs and resources, with planning comprehensive strategies, and implementing, monitoring and evaluating them;
- The active engagement of young people, health, education and social agencies, and of the broad community in planning and implementation, is vital for successful change in order to impact on the experience of young people growing up in Ireland.

Through **Jigsaw**, Headstrong works with communities to identify the particular needs and resources of their young people; to coordinate and enhance existing services and supports; and to develop an integrated network of accessible, best-practice, and creative supports for all young people.

The enthusiasm and the determination and the resilience of young people in communities where Headstrong operates, features throughout this report. Youth is a challenging time and the involvement of young people in **Jigsaw**, in the design of services and supports, in the expression of their views and in the creation of new ways of engaging communities motivates Headstrong to be a pioneer in youth mental health and to strive to develop better ways of supporting our young people and their future in Ireland.

*"I'm 17 and the first time I have got speaking to someone is this year. I have been in trouble since I was five or six"*

Michael, 17, Meath



## Key Terms and Definitions

Throughout this report, key terms are used that are critical to discussions about youth mental health. Definitions of these terms are provided here to clarify Headstrong's perspective, as their meaning can vary across agencies, organisations, professions, and policy documents.

### Young people

The term "young people" is used in this report to refer to all young people rather than any specific sub-group. This is to acknowledge that all young people have mental health needs, including specific vulnerable sub-populations of young people who may be at risk of developing serious mental health problems, or who are already in distress and unable to access appropriate intervention and support.

### Adolescence

Adolescence refers to a period of life during which an individual makes the transition from childhood to adulthood. In keeping with World Health Organisation policy, and also that of countries like New Zealand and Australia (who have been the pioneers in youth mental health), the age range denoted by the adolescent (or "young people") covers the age span from 12-25 years. This period of life is broadly aligned with the developmental stage in life referred to as "adolescence" in most countries.

The mental health service system in Ireland, however, makes a sharp division in service provision between adolescents and adults. Care for adolescents is, in theory, offered until they turn 18 years old. In reality, the majority of child and adolescent teams currently will not accept referrals of young people who have turned 16 years old, after which time they are seen by adult services. Headstrong has elected to choose a more inclusive age range (12-25 years) because adolescents and young adults face challenges and developmental tasks that extend across the full spectrum of adolescence. In opting to include this broader age span, Headstrong seeks to emphasise the need for agencies and services to collaborate across the current divide between adolescence and adulthood and to ensure that vulnerable populations of young people do not get lost in the gap.

### Vulnerable Populations

Vulnerable populations of young people include those with disabilities and special care needs, marginalised subgroups, early school leavers, young homeless people, young people with drug and alcohol issues, and young people in care, in psychiatric hospitals or in detention.

### Resilience

Resilience or resiliency, in mental health literature, has come to mean the human capacity to face, overcome, and even be strengthened by experiences of adversity. Resilience may be found in a person, in a group or in a community. In this report, the word resilience signifies that very quality that allows young people to overcome adversity and thrive. Resilience, however, is not a static quality in a young person's life. Resilience is the balance of risk and protective factors in the ecology of an individual and their surroundings.

### Risk Factors

Risk factors are circumstances, characteristics or hazards that increase the possibility of a person developing a mental health disorder. When these factors are unrelenting, they can have a particularly negative impact on an individual. "At risk" populations of young people are groups where there is a greater than expected number of risk factors impacting on their lives at any given time.

### Protective factors

Protective factors in a young person's life refer to a broad range of assets that improve the likelihood that they will respond to hazards successfully. They include characteristics within the young person, such as talents, strengths, and constructive interests as well as characteristics in their social environment such as family support, parental involvement in their education, supportive relationships with adults in their lives, opportunities to express themselves through creative activities and opportunities to participate in making decisions that impact on their lives.

### **Well-being**

The term "well-being" is increasingly used to refer to a broad and a more positive understanding of mental health. It is a term that many young people prefer to the term "mental health", as they view "well-being" as stigma-free. Well-being is also the preferred term for mental health within the emerging literature of "positive youth development" and the "positive psychology" movement.

### **Positive youth development**

The literature on youth development has traditionally focused on the problems that young people encounter while growing up (e.g., depression, anxiety, substance misuse, antisocial behaviour, psychosis, and learning disabilities). The impression created by this exclusive focus on what can go wrong for young people, has resulted in a widespread view of adolescence as a hazardous landscape full of pitfalls and dangers. In turn, adolescents are commonly perceived as either having a problem or causing a problem.

The field of positive youth development proposes a more affirmative view of young people, where they are viewed as resources rather than problems for society. It acknowledges that young people can and do experience significant mental health challenges but argues that these problems must be placed in the larger context of a young person's unique talents, strengths and future potential. This strengths-based approach to young people holds significant implications for how adults relate to them.

### **Mental disorder**

Mental disorder refers to severe mental health problems that require specialist intervention, such as schizophrenia, bi-polar disorder, eating disorders and anxiety disorders. The term "disorder" implies that these experiences are complex, distressing and temporarily disabling. In the majority of incidences, these conditions have been triggered by the interaction of biological, psychological and social factors in a young person's life. Treatment and intervention should appropriately consider all of these factors, as recommended in *A Vision for Change* (2006)<sup>1</sup>:

**"The artificial separation of biological from psychological and social factors has been a formidable obstacle to a true understanding of mental health. It is now recognised that mental and behavioural problems are the result of a complex interaction of all three causal factors of mental health problems and the biopsychosocial model gives due regard to them. As a result, appropriate emphasis can be given to the interventions in each of the three spheres when developing an integrated care plan for each individual." (p.18).**

### **Support**

Support refers to all of those elements in a young person's life that facilitate and promote their personal development. The term "support" includes natural and informal supports such as family, friends, neighbours, as well as the more formal supports that young people can avail of through settings such as schools, training centres, and the many different community agencies where young people can learn skills to achieve a positive sense of identity and belonging. The emphasis given to "support" in this document is based on the view that relationships are a key determinant of positive mental health.

### **Intervention**

An intervention is an activity, service, or programme designed to assist a young person in making a successful transition to adulthood. These interventions may target the young person directly or may focus on their parents, other significant adults, and/or community organisations and institutions. For some young people, interventions may support or maintain them along already positive developmental pathways. For others, interventions may be required to redirect them to pathways that allow them to experience a more positive sense of self-identity, belonging and purpose.

## Headstrong— The National Centre for Youth Mental Health

Headstrong respects the voice of young people and believes that all young people have mental health needs. Headstrong was established in 2006 as an independent charity, working at both a local and a national level in Ireland, through its work in three programme areas: service development, advocacy, and research (Figure 1).

### **Jigsaw Service development**

Headstrong has designed and developed an innovative model for systemic change called **Jigsaw**. This model provides a framework in which young people, their families, service providers and community agencies engage with one another to construct a comprehensive and responsive system of support and intervention which aims to meet the needs of young people.

**Jigsaw** is Headstrong's solution to the challenges experienced by young people in Ireland who require support and appropriate intervention for their mental health needs. To implement **Jigsaw**, Headstrong partners with young people, local health services, organisations and agencies in a community to develop better ways of working together to support and promote the mental health and well-being of young people.

### **Advocacy**

Listening to young people and advocating for young people's mental health and well-being is a key focus in Headstrong's work. Research has shown that an effective method for influencing policy and tackling stigma is to support young people to advocate for themselves. Headstrong is committed to ensuring that young people's voices are heard and that their needs are respected.

An innovative forum for young people has been set up by Headstrong and is called the Youth Advisory Panel (YAP). This panel is comprised of young people who have an interest and willingness to share their experiences and thoughts about youth, mental health and being young in Ireland today. Participants in the YAP are known

as Youth Advisors and these young people are critical to informing and advising Headstrong, ensuring that the voice of youth is ever present in our work. Each local **Jigsaw** site forms a YAP, which is central to the design and planning processes of each community initiative. It is intended that the local YAPs will link as a national advocacy network. They will work with Headstrong to engage with services, policy makers and organisations where they can safely express what is important to them and where they are actively involved in decision-making relevant to young people.

Headstrong advocates for improved health services and systems regarding young people and mental health in Ireland through direct communication with Government, newspaper and media features, conference presentations and local engagement with each of the communities where **Jigsaw** is being developed and demonstrated.

### **Research**

A fundamental element to Headstrong's work is to aim to deepen our understanding of the experiences of young people living in Ireland today and to communicate this knowledge and awareness in order to improve supports and services to meet the needs of young people.

Focus groups, community fora and extensive consultations are carried out with each community where **Jigsaw** is being introduced. Headstrong believes that it is essential to capture the uniqueness of a community in order to facilitate in the design of an appropriate system suitable to each particular community.

Headstrong has embarked on major research and is conducting a national survey of over 10,000 young people to gain detailed insight into key aspects of their mental health and well-being (e.g., risk and protective factors, resilience, optimism, social connectedness).

## Vision

Headstrong's vision is for an Ireland where young people are connected to their community and have the resilience to meet challenges to their mental health.

Headstrong is an evidence-led organisation which researches and evaluates all of its activities, aiming to challenge, to innovate and to apply best-practice in youth mental health in an Irish context by:

- Recognising that all young people have mental health and well-being needs;
- Involving young people in the design, delivery and evaluation of services and programmes to ensure that these are both appropriate and relevant to their needs;
- Empowering young people, families and the wider community to take ownership of the challenges facing young people in their lives and in their community;
- Promoting the use of best-practice interventions and rigorous evaluation to see what works, what is not working, and what must be adapted or altered.

Headstrong acknowledges that young people, communities and Government all have a role, and a contribution, in the development of a supportive environment for young people's mental health.

Headstrong has received the endorsement of Government and the Health Service Executive (HSE), and **Jigsaw** is currently being demonstrated in five locations in Ireland. Headstrong has secured funding from the Dormant Accounts Fund as a flagship project in mental health and is also supported through philanthropic foundations and charitable donations.



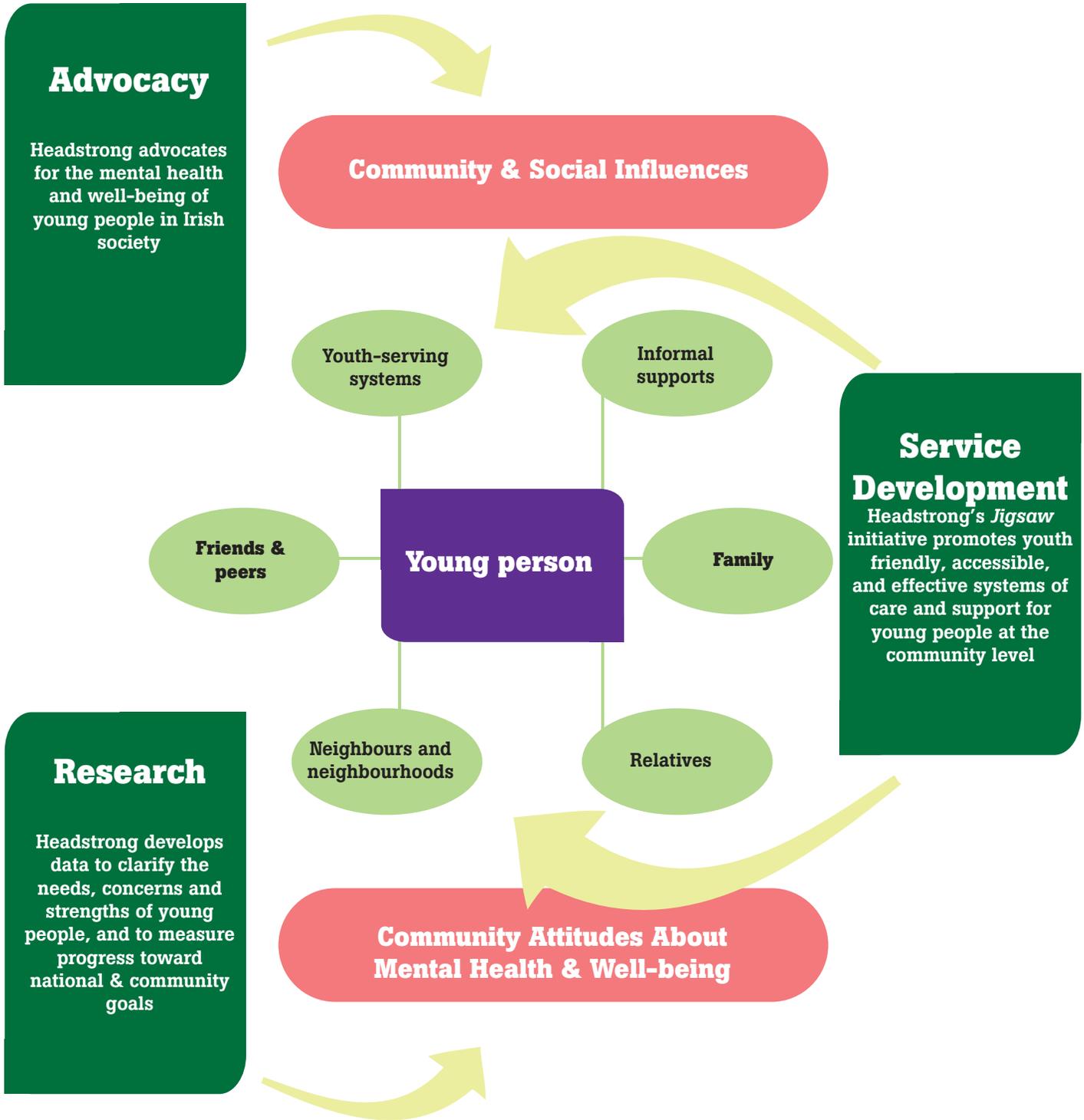


Figure 1: Headstrong’s approach to meeting the mental health needs of young people in Ireland

# **Section One**

## *The Story of Headstrong*



*"Every young person has the capacity to get through tough times, make a difference, and be an asset to their community"*

*Tony Bates*

## Section One— The Story of Headstrong

Growing up is challenging. Adolescence can be an exciting stage in life, when young people are discovering who they are, and what it is that they most value. A young person can feel invincible at one moment, living on the edge of seemingly endless options where nothing is certain and where anything is possible. The same young person can also feel exposed and vulnerable the next moment, when they experience setbacks and frustrations and realise that it is all too easy for them to lose their way. This adventure of growing up can sometimes seem to ask more of a young person than they feel capable of giving.

Whilst the 21st century is proving to be a positive experience for many young people who are coping well in general, or who may be succeeding in sports, education and business, it has become clear that there is also a segment of the population in Ireland who are coming to the public's attention for all the wrong reasons. The experience of these young people is one of confusion, alienation, and distress rather than of self-confidence and well-being.

Most young people are searching for their own answers to the same questions that humans have asked for years: Who am I? How am I? How does my life make any sense? What can I do to experience the world? What can I do to feel that I belong in this world? Without adequate supports and interventions to rely upon, many young people are veering towards problematic lifestyles and behaviours that achieve for them some form of acceptance from their peers, and some sense of personal identity. Adults listen to tales of excess and tragedy spun by the media, while young people search, through their sometimes chaotic behaviour, for whatever it seems to take to make their lives meaningful and more bearable.

Sometimes the solutions that young people choose compound their difficulties, rather than helping to resolve them. Lacking understanding of the long-term consequences of some of the choices they are making, young people can often walk themselves into becoming alienated from others, and from whatever dreams they may at one point have harboured for their own lives. At a point in their journey into adulthood when they most need to reach

out for support, and when they most need guidance in their journey, many young people are retreating into their own inner worlds, where feelings of fear and frustration are often misunderstood as hopelessness, and where confusion is magnified and often becomes very difficult to understand and resolve.

Headstrong was established in 2006 in response to growing national concern that the mental health needs of young people in Ireland were being poorly served. Youth suicide and self-harm statistics were causing increasing alarm across the country, as were drug and alcohol abuse and the daily coverage in the media of anti-social and high-risk behaviours among young people. Families were feeling helpless and frustrated as to how to access help for their young people, and communities were demanding restraint and detention for those who were perceived to be "running with the wrong crowd".

The 'Mental Health and Social Inclusion' report (2007)<sup>2</sup> concluded:

**"...young people, in particular, warrant urgent action at this time. They are a huge demographic group with vulnerabilities to mental ill-health and suicide. There is a window of opportunity where early intervention and support could make a significant impact. Furthermore, there are barriers of access to services for this group, which could be overcome with appropriate action."**  
(p.169)

### **Why did Headstrong decide to focus on young people?**

While the health and well-being of all age groups is important, there were a number of reasons why Headstrong chose to focus on young people:

- **Unique developmental challenges**  
Adolescence is a time of rapid growth that impacts on every young person and makes demands on him or her to adapt physically, psychologically and socially. Dramatic changes are occurring in body proportions, size, weight, sexuality and reproductive functions. There is an emerging

capacity to be acutely self-aware and a related need to define for oneself a sense of identity. Pressure from peers to conform in specific ways that confer a sense of belonging is omnipresent. Young people also feel pressure to succeed academically and make critical decisions regarding one's future. And there is the core developmental "push" to establish oneself as increasingly autonomous and independent of one's family. All of these issues contribute to making this period of the lifespan uniquely challenging

- **Critical stage for adult development**

The adolescent stage of development is a time where many life-long patterns of behaviour are established, including behaviours that can be health promoting, and maladaptive behaviours that can jeopardise one's health and well-being. An example of maladaptive behaviour would be where a young person does not seek or receive appropriate help/support, and this increases their risk of emotional isolation and feeling stuck.

- **The search for meaning and connectedness**

Adolescence is a time of life where idealism and altruism are either fostered so that the young person feels that they are part of a larger story to which they have something unique to contribute, or where their idealism is discouraged as they retreat into a self-protective shell and become increasingly disconnected from any sense of vital participation in their communities.

- **Vulnerabilities**

Adolescence is a time of unique vulnerability for many young people whose early childhood was marred by abuse or rejection, and for those with disabilities or special needs. These young people may find it hard to "fit in" and can experience painful social exclusion, which in turn can lower their self-esteem and reduce their capacity to develop meaningful relationships with others. Sensitivity to the needs of vulnerable populations is critical at this stage of life, in order for them to achieve a belief in their ability to thrive.

- **Relationship to adult mental health**

Adolescence is a time where the vast majority of mental disorders develop. Many of these conditions arise from crises in the young person's life where they required intervention and support, but where the expertise needed was either unavailable or inaccessible. Problems that can be resolved and that can become opportunities for growth and for the development of resilience, can all too easily become chronic conditions in adulthood that disable an individual for much of their life. The evidence in support of early intervention is considerable, and makes youth mental health the most critical and cost-effective strategy for improving the well-being and productivity of the population.

- **Altering the trajectory of adult disorders**

Among adults with mental disorders, recovery can take time. They may expect to find relief, but the chances are that the condition will recur many times and necessitate them re-entering treatment. The situation for young people would appear to be different. The evidence is compelling that for many young people with complex disorders, early intervention is curative and can spare them a lifetime of being disabled, excluded and stigmatised (McGorry et al. 2002; Barasch, 1994; Clarke et al., 2001)<sup>3,4,5</sup>. There are several reasons why early intervention may be so effective. When recurring episodes of a particular disorder are untreated, the disorder can become chronic. Early intervention acts as a protective measure that can reduce the number of episodes related to a particular disorder. Early interruption of the downward spiral that mental disorders provoke can also allow young people to learn key competencies as they become able to engage with the more positive aspects of living and relating to others. In addition, the opportunity to understand and address the stresses that triggered their becoming unwell in the first place, can foster resilience and equip young people with the skills to successfully cope with future stresses and to navigate their journey through life.

***"for many young people with complex disorders, early intervention is curative and can spare them a lifetime of being disabled, excluded and stigmatised"***

### **Gathering data to deepen understanding of the needs of young people**

Headstrong's strategic focus is underpinned by an evidence-led approach. In practice, this has meant engaging in a systematic process of gathering information from a number of key sources and using that information to evolve an effective strategy that works for young people, particularly those who are deemed to be "at risk" or in crisis.

Headstrong's methodology to date has encompassed the following:

- Extensive focus groups with young people across Ireland in urban, suburban, and rural settings, where care was taken to include vulnerable and marginalised populations;
- Key informant interviews with youth and community leaders, health service managers, school principals, statutory mental health service providers (psychiatry, psychology, community nursing and social work);
- Convening several public fora, where data were collected anonymously from participants to identify what they considered to be the key mental health needs of young people and how communities might best respond to these needs;
- Systematic surveys of professional conference audiences, including guidance counsellors, psychologists and youth workers;
- Youth mental health workshops convened by Headstrong, where representatives from every sector pertaining to youth mental health gathered to consider international models of best-practice (with presentations from world leaders in mental health) and to identify key elements of international best-practice that would suit this country.

To understand the contemporary experience of young people, Headstrong has to date, directly interviewed and conducted focus groups with over 1,000 service providers and young people across designated *Jigsaw* demonstration sites and over 200 service providers generally across Ireland.

The service providers who were interviewed work in a variety of areas such as youth, justice, mental health, childcare, community, drugs, education, family, and health care, spanning a diverse range of professions such as psychiatrists, psychologists, teachers, counsellors, development officers, family support workers, probation officers, social inclusion officers, sports managers, juvenile liaison officers, community leaders, and youth sector leaders.

The young people interviewed represented early school leavers, school completion programme students, ethnic minorities, secondary and tertiary school students, participants in youth organisations, and recipients of mental health services across a diversity of communities.

### **What Headstrong learned**

The Ireland that young people are growing up in today bears little resemblance to that of their parents' generation. Over the past decade, Ireland has experienced enormous and rapid social change. A child's journey into adolescence is starting earlier and finishing later than in previous generations. Young people are experiencing many of the personal and social pressures that adolescence brings, at a much younger age, and are taking longer to assume the responsibility of 'adulthood'. Young people are entering marriage and parenthood later, education lasts longer, and many young people in their late teens and 20's explore a variety of activities and experiment with different courses and careers in a way that was not possible for their parents.

**Table 1** illustrates a sample of the themes that emerged in the focus groups comprised of young people. These themes and the quotes that accompany them are taken from transcripts from over 300 young people (aged 14 – 21 years; average age 16.1 years) interviewed throughout Galway city and county.

**Table 1**  
**Selected themes and quotes from youth focus groups**  
*'Issues in young people's lives in Ireland today'*

**1. Problems at home**

- Ma and da have split up – it's hard.
- Brother is on drugs; my parents don't know but I do; he has totally changed and I'm really worried about him.

**2. Pressures outside the home**

- Stress can be really broad. Some people will find some things stressful that others don't. It's just the way they are – some people are just emotionally stronger!
- School is a source of stress sometimes; it depends on the person and depends on the teachers.
- Exams and stuff.

**3. Trust /loyalty issues that inhibit help-seeking**

- I wouldn't go to anyone – I wouldn't like an outsider knowing what was going on in my house. It's private business. I'm just strong headed and I like to keep to myself.
- We wouldn't go to our friends, 'cause you would be scared that they would say it to someone.
- Family is very personal, I don't trust many people. Family stuff is very important.
- Services wouldn't be the first thing you would go to but you could build up to it.
- Word of mouth would be the best way to get trust going.

**4. Non-engagement with professional services**

- I'm 17 and the first time I have got speaking to someone is this year. I have been in trouble since I was five or six.
- You need to know how to find us and us you. That's the thing. I think actually that it's up to the psychologist to put himself out there. He needs to get out into the community and put himself out there. He needs to be in the community making friends. He needs to be making it known that he's there and what's on offer. What's the point in opening something if you're just gonna have it in the corner and no-ones gonna know about it.
- The psychiatrists need to put themselves out there into the community. The only way to get trust is if you're out there in the community.

**5. Misconceptions/stigma in relation to attending services**

- When you think of a psychiatrist you think "God my friend must be mad!" – never mind me not going; I didn't even think my friends should be going!
- Few of my friends had seen a psychologist, and I thought that's not for me, I don't need to see a psychiatrist!

**6. Peer Pressure / Social circles**

- People of 16 or 17 think it's cool having someone younger to do everything for them. I copied everything they did. And I loved hanging around in the company of older guys.
- Girls also like hanging around with older guys and are influenced by them.

- It doesn't have to be someone older than you though to lead you astray. My brother was doing weed and I watched him get torn apart, getting really aggressive, but he couldn't see it at all. He was really angry. But he couldn't see it. He started getting into trouble. It destroyed our family. It's not the age group you hang around with, it's the group you hang around with and you chose that group. It's your choice.

**7. Lack of money**

- Some people shoplift 'cause they are bored but some do it to make a living.
- They rob to sell it on. It's their only means. There needs to be something else.
- Youthreach is a great example, you get money for going back to school and in many cases the parents can't afford to give them money. Other things like that would be great, payment for cleaning up around the estates etc., payment for taking pride in the community.
- I don't have the money to go to the pubs, so my mates and I pick up a few cans and maybe some drugs.

**8. Drugs and alcohol**

- Drugs are a big issue. Even in the schools you can't get away from drugs. People start off using it and it helps as you don't have to deal with the problems you are facing. The drug numbs it.
- People say you don't get addicted to cannabis, but that's a lie. There are side effects, a day or so later without it, you get aggressive if you can't get it, if you can't get it at school, you get frustrated, get into rows, it messes you up in your head and spirals a lack of interest in everything, school, sports, girlfriend etc. People say it's not addictive, it is. We are only getting talked to about drugs in sixth year, should have been discussed in first year.
- You begin to believe that you need drugs to cope with everything but that's a misconception because there are loads of people out there that never relied on it and they get by just fine. Those that take drugs are worse off.
- You don't realise when you start drinking and taking drugs what a hold they can have on you. It's only years later you see it.

**9. Suggestions for making things better**

- We need psychologists in the school, instead of just relying on the teachers. It doesn't always work for everyone though.
- You don't want a stiff in the corner in a suit not able to socialise. This isn't something you can train people to do. Either they are naturally at ease or not.
- You need to find the answers within yourself.
- There are teachers in my school that would tell everyone in this room how bad I am. They would swear on the bible about it. But one person could see something different in me. Young people need that.

# Section One

## Somewhere To Turn To, Someone To Talk To

While there was striking consistency in the themes that emerged from all focus groups across the country, there were features that distinguished the experience of young people as a function of the type of community they lived in. Young people in disadvantaged urban communities, for example, were more likely than their rural counterparts to emphasise problems of unemployment, poverty, crime and delinquency, lone parents, learning difficulties and early school leaving. Young people in rural communities frequently referred to feeling isolated and finding it impossible to access support, either because of the problem of stigma, lack of available transport or simply because they had no knowledge of where they could turn.

The overall impression of young people's current experience of growing up, that emerged from data gathering was that their lives could often be very stressful and that they were actively seeking ways to deal with stress. In the absence of support and guidance, young people are vulnerable to maladaptive coping mechanisms. It is clear that young people are not content to be passive recipients of whatever the health service system chooses to provide for them; they hold strong views on how services should be designed and delivered, and they want those views heard. Young people want to play an active role in their own care and in society at large.

### Summary

Many of the support systems that previous generations relied upon and took for granted are less available to young people today. While Ireland has grown dramatically in terms of wealth over the past two decades, it has lost much of its sense of connectedness and the feeling of belonging to a community. Family structures have changed, and for many, quality family time has diminished or disappeared. With dual-income houses becoming more prevalent, and parents spending significant periods of time commuting, not only are they at home less, but after a hard day's work, they may or may not have the emotional resources to be fully available.

In an increasingly disconnected society, many young people are left feeling isolated in their attempts to cope with emotional turmoil. Drugs, alcohol and high-risk behaviours often provide the easiest, quickest, and most attainable means to numb their pain, and to find some way to connect with their peer group.

Young people in Ireland have significant needs that are unaddressed in the current system of services and supports. Headstrong was established to support and to facilitate more effective and responsive solutions to meet their needs. Section Two of this report explores key concepts and research related to mental health, well-being and mental ill-health for young people.

## **Section Two**

### *Young People and Mental Health*



*"People start off using it and it helps  
as you don't have to deal with the  
problems you are facing,  
the drug numbs it"*

David, aged 18, Galway

## Section Two— Young People and Mental Health

### Mental health and well-being

It is difficult to have a frank discussion about mental health in Ireland. When the conversation moves to young people and their mental health difficulties, it all too often becomes a conversation about suicide. There are few messages of hope and recovery. There is little attempt to 'normalise' mental health difficulties and appreciate that while they can involve great distress, these same experiences can be the means through which we define ourselves and achieve genuine empathy with others.

Part of the problem is that we do not share a common understanding of what the term "mental health" means. Many imagine it to mean the absence of mental illness. They assume this, even though they would never imagine that physical fitness is the absence of physical disease.

Intuitively, we recognise that being problem-free is not the same as being fully prepared for life. As important as it is to reduce distress in a young person's life, it is just as vital to help them thrive, to believe in themselves, and form affirmative connections to the world. These are the markers of mental health and the ultimate goals of any initiative that concerns itself with improving youth mental health.

One of Headstrong's youth advisors, Tim (aged 18 years), defined mental health in this way:

**"If youth is a journey, then youth mental health is the feeling that the road ahead is clear, that you can negotiate whatever obstacles may arise, and that you're on your way towards a definite destination. That destination may change umpteen times by the age of 22 or 23, but the point is that you know you're going somewhere."**

What exactly do young people need in order to feel comfortable with who they are, confident that they can manage their inner and outer lives, and clear as to what they do well and about what they can contribute?

#### - **Developmental assets**

Personal characteristics such as talents, temperament, energies, and strengths and interests, but also social 'assets' including family support, role models, high expectations within the community, and the availability of creative activities;

#### - **Capacity to form secure bonds with others**

Establishing secure attachments within one's family, peer group, school, and community;

#### - **Social, emotional, cognitive, and moral competencies**

The ability to 'read' social situations and respond effectively (e.g. noticing and interpreting interpersonal cues, appreciating the impact of one's behaviour on others); the ability to know, to manage and to relate appropriately to one's own and to other's emotions; problem-solving and decision-making skills, a capacity to focus, to learn, and to become engaged in the "flow" of creative activity; and the development of sufficient empathy for others so as to act ethically out of a sense of fairness, equity, and social justice;

#### - **Self-determination and self-efficacy**

The ability to think for oneself and make decisions consistent with one's values; the belief that one can successfully affect external events and circumstances;

#### - **Positive sense of identity**

An internal, coherent sense of self which emerges throughout development, but is strongly influenced by one's culture and community;

**"Part of the problem is that we do not share a common understanding of what the term 'mental health' means"**

- **Social and community values and contributions to others**

Opportunities to interact with positive peer and adult influences, opportunities to become involved in community life, and to learn the skills of effective and responsible citizenship.

A definition of youth mental health that incorporates many of these ideas is:

**“Having a sense of place, knowing how to initiate and maintain meaningful connections with others, being able to laugh at oneself, failing and not being crushed, rising from the depths of rejection to have hope, having the capacity to influence change and make a difference, being significant because of who you are in the moment, having a purpose for living beyond the moment, and holding on to a dream beyond oneself are all crucial indicators of a balanced mental health”**  
(Denholm, 2006)<sup>6</sup>.

**Mental ill-health among young people in Ireland**

- In Headstrong’s national baseline adolescent mental health survey of 10,000 young people (12-25) **‘My World’**, data have been collected to date on 1,070 adolescents (12-18):
- One in five reported having no one to talk to about their problems, with over 25% reporting that if they had problems with depression, they had no one to turn to.
- Nearly one in ten reported having serious problems but did not seek professional help.
- Only 64% of the sample had an adult they could trust always available to them. However, this was lower for males (56%) than for females (70%).
- One in five had been in trouble with the police force. Levels of personal risky behaviour was high in the 14-16 age category with one in five drinking weekly (up to 50% monthly), and over one ten bingeing weekly (nearly one in three monthly).
- Only 40% felt they could cope well with their problems and over one in three felt they were generally not happy.

Young people experiencing mental health difficulties often imagine that everyone else is somehow managing to cope and that they are in some way different or ‘weird’ for feeling the way they do. The reality is that mental health problems are a lot more common in young people than most of us realise.

**The Lifestyle and Coping Survey**

The Lifestyle and Coping Survey (National Suicide Research Foundation, 2004)<sup>7</sup> was one of the largest studies on youth mental health carried out in Ireland to date. Almost 4,000 school students aged 15-17 were screened in Cork and Kerry. Among the findings of this study were the following:

- Serious personal, emotional, behavioural or mental health problems were experienced by 987 (26.9%) of teenagers who were surveyed. Less than one in five of this group were receiving any kind of professional help. This figure was lower for boys (14%) than for girls (20%);
- Almost 10% reported having harmed themselves at some stage in their lives. This figure rose to 14% in girls, who are known to be much more likely to engage in self-harm than boys;
- When asked whom they would talk to about their problems, young people overwhelmingly reported a preference for talking to friends and then to family. Very few reported they would talk to a teacher and fewer still would talk to professionals.

Lynch et al., (2005)<sup>8</sup> screened 723 twelve to fifteen year olds in Dublin and found that one in five were identified as being at-risk of developing a mental health disorder, 16% met the criteria for a current diagnosis, and, of these, few had come to the attention of the appropriate Child and Adolescent Mental Health Services (CAMHS).

**“One in five reported having no one to talk to about their problems, with over 25% reporting that if they had problems with depression they had no one to turn to.”**

## Section Two

### Somewhere To Turn To, Someone To Talk To

More recently, The Clonmel Project (2006)<sup>9</sup>, screened 3,374 children and adolescents, 1,589 of whom were aged 12-18. Findings of this research concluded that:

- 21% of 12-18 year olds screened met the criteria for at least one psychological disorder;
- Of these, about a fifth had symptoms or problems associated with clinical risk (e.g. thoughts of death or dying or being suspended or expelled from school);
- Typically, the young people who were identified with clinical risk were from more socially disadvantaged backgrounds and had more behavioural difficulties, physical health problems, family problems, life stress and poorer coping skills than those who were screened and who did not meet the criteria for diagnosis;
- The majority of adolescents who were identified as either being at risk or meeting the criteria for a psychiatric disorder were receiving no professional help, and fewer still had had contact with the child and adolescent mental health services;
- These findings are in keeping with a number of child-centred reports by the Educational Disadvantage Centre (2004, 2006, & 2007) which reported that many students said that they had no one to talk to about their problems, and where most children and young people said they that would not trust an adult to talk to about their emotional problems in a school setting.

It is important to realise that the often quoted 'one in five' young people experiencing mental health problems does not represent a fixed group. It does not imply that the same 'one' of the five young people will always experience these problems and that the other four will not. At some point in their journey into adulthood, many (if not most) young people will experience challenging emotional difficulties.

**"What is crucial to realise is that most of us, at some time or another experience depression, think about suicide, feel crushed and rejected and, if given the chance, would go away and hide. These feelings are heightened during adolescence and yet what is more astounding**

**is that an emerging sense of resilience, personal power, control of impulses and a capacity to seek support mitigate against the urge to act on these impulses"** (Denholm, 2006, p.9)<sup>6</sup>

Research by Begley, Chambers, Corcoran, and Gallagher (2001)<sup>13</sup> for the National Office for Suicide Prevention gave additional insight into a slightly older demographic of Irish males. This study surveyed 363 young men aged 18-34 and documented their attitudes to mental health, suicide and help-seeking. The mental health profile of these young men revealed that:

- Of the 363 men who participated in this survey, one in six (17%) reported that they had a serious personal, emotional, behavioural or mental health problem in the past year for which they felt they needed professional help. However 70% of these men did not try to get help;
- Almost 40% indicated that they had at some point felt that life was not worth living. More than one in four had at some point wished that they were dead and a similar proportion had thought of taking their life although not necessarily with any intent;
- 16 men reported deliberately harming themselves. Only 6 of them had been treated in hospital as a consequence of their self-harming behaviour, indicating that the majority of deliberate self-harm acts by young men are not hospital-treated;
- It was clear from the follow-up focus groups that professional help was seen as a last resort with the attitude predominating that "no matter what the problem is you can always sort it out yourself".

These findings were similar to those reported by Russell, Gaffney, Collins, Bergin, & Bedford, (2004)<sup>14</sup> where 71 young men aged 16-30 (average age 20.7 years) in a rural Irish sample were screened. Participants identified school/exam pressure, alcohol misuse and peer pressure as the three most frequent problems that they encounter, and indicated a strong preference for turning to a friend for support, followed by a parent.

The data relating to suicide and self-harm in Ireland indicate:

- Ireland currently has the fifth highest rate of youth suicide (15-24 yrs) in the European Union (NOSP, 2007)<sup>15</sup>;
  - Between 2000 and 2004, more than a quarter (26%) of all deaths by suicide occurred in young adults in their 20's (NOSP, 2007)<sup>15</sup>;
  - Suicide is now the leading cause of death among young people in Ireland (aged 15-24) claiming more young lives than road traffic accidents or cancer (NOSP, 2007)<sup>15</sup>;
  - Almost half of all presentations (46%) in Irish hospitals resulting from deliberate self-harm in 2005 were by people under 30 years of age (HRB, 2006)<sup>16</sup>;
  - While suicide is more common in young men, self-harm is much more common in young women. The peak rate for self-harm across age and gender in 2005 (as in previous years) was in young women, aged 15-19 years age group, at 606 per 100,000 of the population (NOSP, 2007)<sup>15</sup>
- Several key research reports indicate that many young people with significant mental health problems do not come to the attention of the healthcare services (National Suicide Research Foundation, 2004)<sup>7</sup>;
  - Young people are often unsure of who to talk to or where to turn to when a problem arises (Stiffman et al.1997)<sup>23</sup>;
  - The risk for young people is that their problems become unnecessarily compounded through neglect or because they resort to their own solutions to cope with their growing distress, e.g. social withdrawal, substance abuse, abandonment of educational opportunities, self-harm or even suicide (Loeber, Farrington, 1998)<sup>24</sup>;
  - When appropriate support is given early to these young people, there is overwhelming evidence that many recover or at least develop coping strategies to more effectively manage stresses in their lives (Evans, 2005)<sup>25</sup>.

The fact that suicide is now the leading cause of death among young people in Ireland, has meant that this is a very real threat that is never too far from young people's minds. In one Headstrong workshop, 38 young people (12-17 year olds) were asked how many people were known to them who had taken their own lives. The final tally revealed that, collectively, the group knew of 65 individuals who had died in this way.

To summarise the most salient research findings:

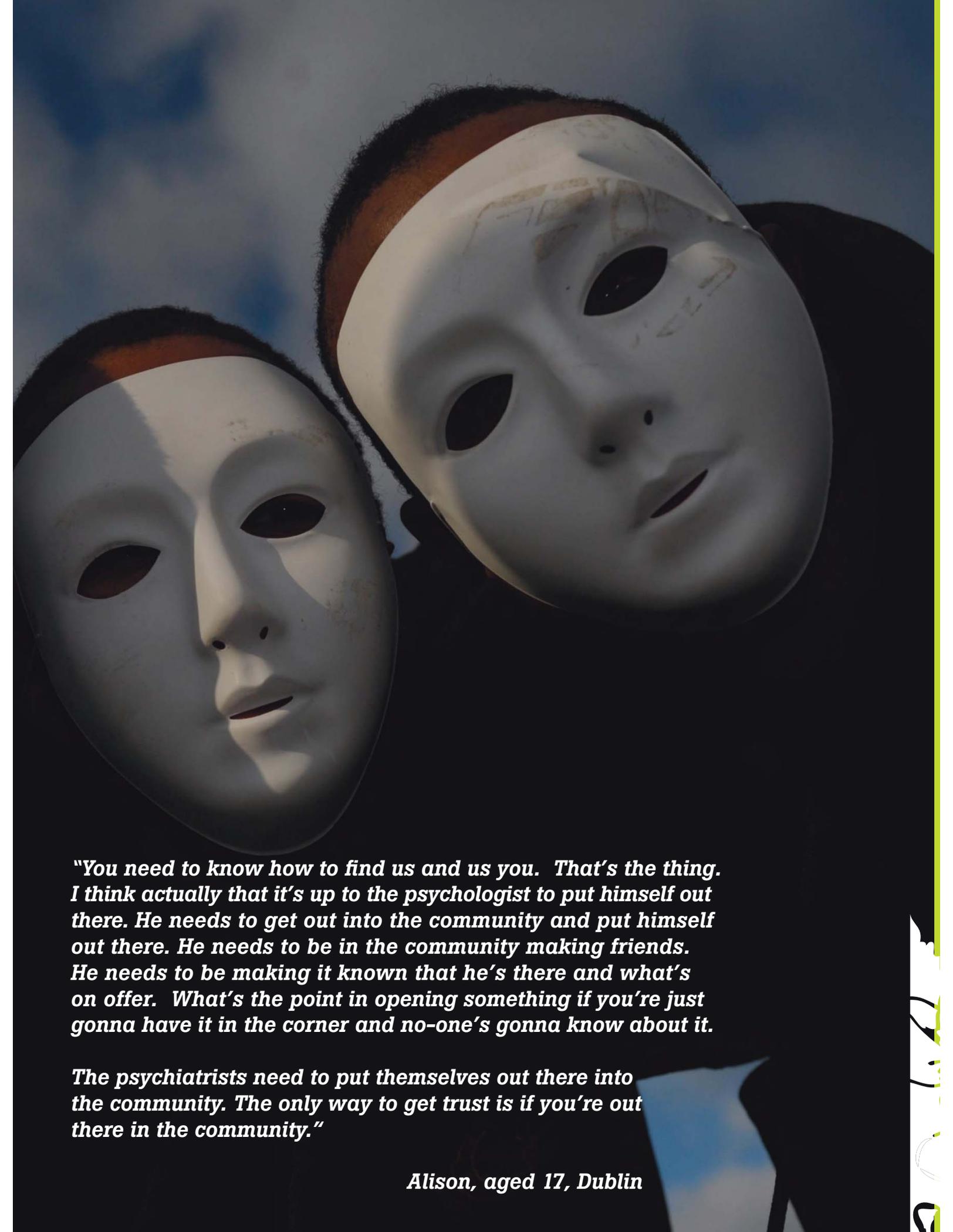
- One in five of Ireland's population falls within the 12-25 year old age bracket, just under 850,000 people (Central Statistics Office, 2006)<sup>17</sup>;
- The best estimates we have suggest that in Ireland, at any given time, one in five young people are experiencing serious emotional distress. Of these, only a small minority is in contact with any form of helping agency (A Better Future Now, 2005)<sup>18</sup>;
- 70% of the health problems of young people and most of the mortality is due to mental and substance use disorders ( McGorry, 2005)<sup>19</sup>;
- Mental health is the number one health issue for young people (McGorry, 2005)<sup>19</sup>;
- 75% of all mental illnesses first emerge between the ages of 15 and 25 (Hickie et al, 2004; Kim-Cohen et al., 2003; Kessler et al., 2005)<sup>20,21,22</sup>;

## Summary

Headstrong was established to support all young people in achieving positive mental health. Our extensive focus group research with young people, and a review of some key Irish studies, confirms that many young people are in significant distress. Whatever the individual reasons for their distress, it also seems clear that they are attempting to cope with vulnerability in a social context that lacks many of the traditional supports available to young people in an earlier time in Irish history. What is of greatest concern, is that young people nowadays, often do not engage with any form of support or professional help.

Young people are navigating their way into adulthood with many pressures to succeed and make critical life decisions. Inability to access appropriate and constructive support when they experience challenges can result in increased frustration, isolation, low self-esteem, and (potentially) alienation. The risk for many young people is that they might gradually lose touch with all that they feel makes their lives worth living and with their own strengths, talents and dreams.

Section Three explores in more detail why it is that in Ireland, vulnerable populations of young people are not being identified and engaged in finding answers to their distress. This next section considers what young people themselves say would increase the likelihood that they would seek help and support.



***"You need to know how to find us and us you. That's the thing. I think actually that it's up to the psychologist to put himself out there. He needs to get out into the community and put himself out there. He needs to be in the community making friends. He needs to be making it known that he's there and what's on offer. What's the point in opening something if you're just gonna have it in the corner and no-one's gonna know about it.***

***The psychiatrists need to put themselves out there into the community. The only way to get trust is if you're out there in the community."***

***Alison, aged 17, Dublin***

## **Section Three**

### *Young People's Experience of the Mental Health System*



*"I just feel so sad that I live in a  
country where no help seems to  
be available to young people.  
This has to change now"*

**Jenny, aged 17, Dublin**

### Section Three— Young People’s Experience of the Mental Health System

The system of mental health services and supports currently in place for young people in Ireland is inadequate. There are deficits in this system from two distinctive viewpoints: (1) it is clear that most young people are not accessing appropriate, timely, and responsive support when they need help; and, (2) community-based service provision is insufficient in scope, is fragmented, and is uncoordinated.

**“You don’t know who to turn to... and when you do go to talk to someone they don’t take you seriously”** (John, Galway, aged 16)

**“The biggest problem for young people is mental health and yet there is nothing out there, there is just this huge gap in the system, where the most important thing for young people has been neglected”** (Emma, Dublin, aged 21)

Interviews and consultations that Headstrong carried out with young people, with agencies and community organisations identified the following core issues:

- Young people are not engaging with services
- Supports and services are inaccessible
- Services are inappropriate to the needs of young people

#### **Young people are not engaging with services**

While some specialist mental health services report that they are successfully engaging young people, many more find that those over the age of thirteen or fourteen years are simply not presenting to these services. Young men are particularly reluctant to seek help; they tend to access services later than women and when their problems have become more chronic. This results in higher levels of referral to specialist services as well as involuntary admissions to psychiatric hospitals (NESF, 2007)<sup>2</sup>.

**“Young men don’t want to be seen as weak or sensitive. They need to be able to get help without anyone knowing”** (Liam, Navan, aged 17)

**“A major opportunity is being lost in working with under-16 year olds. We need to find a way of meeting them in their space, their environment instead of meeting them at 18 or 20 with an entrenched drug problem... there are people willing to work with these groups if they were allowed. We need to get real. Stop pushing them into fields and street corners.”** (Martin, Galway city, Drug and alcohol worker)

There are fine examples of best-practice interventions in communities around Ireland, however, they are sparse and tend to operate in isolation. Service delivery is, at best, fragmented, and even in very small communities, is not integrated. As one family member of a troubled young person commented:

**“You can’t cross the sectors. It’s all islands. It’s an island here and it’s an island there and some islands are better than others, you know?”**

#### **Services and supports are inaccessible**

When a young person approaches a service, it is likely that they will face a number of obstacles such as complex referral pathways, long waiting lists, fees, and an inability to access a service after hours. Professionals and youth leaders working with young people also report being unable to access specialist mental health services on their behalf.

The referral criteria for accessing services exclude many young people in crisis. If a young person has a mild intellectual disability, a history of substance misuse, a diagnosis of a personality disorder, is homeless or between the ages of 16–18, they are prone to “falling between the cracks”.

Traditionally in Ireland, services have been targeted at children (0-16 years) and adults (18 years and over). The Mental Health Act revision (2007)<sup>26</sup> went some way to addressing the gap in services for 16-18 year olds, bringing service provision for this age group under the mandate of child and adolescent mental health teams (CAMHS). However, many CAMHS services do not have fully resourced multi-disciplinary teams, thus minimising the impact of this legislation. Across the country, the situation remains that for many 16-18 year olds, the only route to accessing a mental health team is through A&E.

A Senior Manager of the Health Service Executive (HSE) informally described the mental health service system in Ireland: "It's like going to the doctor with a cold and being told to come back when you have pneumonia". All too often, it is only when a crisis has developed into an emergency that a young person can access and become engaged with mental health services.

Young people also face barriers to accessing non-specialist support services. Within Primary Care, for example, General Practitioners (GPs) play an important role in supporting young people's mental health. GPs are probably better placed than many other health professionals to engage young people in relation to issues concerning their mental health. In fact, specialist mental health services rely on GPs to detect and refer young people who are experiencing serious mental health problems.

Despite their potential to support young people's mental health, GPs are often unable to carry out these roles. A study commissioned by the Irish College of General Practitioners (Copty, 2005)<sup>27</sup> reported that 68% of the GPs surveyed indicated that they had no specific training in mental health. Of the remaining 32%, who had received some training on the job and/or during hospital rotation, the training was only between three and nine months in duration. The Irish College Of General Practitioners (ICGP) report draws attention to the paradoxical structure of the system of mental health care in place in Ireland today, where the responsibility of detection clearly lies within Primary Care, yet where training on assessment

and detection of mental ill health is virtually non-existent. Insufficient training leads to lack of skills and confidence in supporting young people with mental health problems in Primary Care.

From a young person's perspective, the cost of a GP visit alone is often enough to put them off approaching a GP if they are experiencing mental health difficulties.

**"Me and my mates, we can't afford to pay €50 for a GP, a six - pack is a lot cheaper, sometimes you drink just so you can sleep at night."**  
(Tony, Neilstown, aged 17)

### **Services are inappropriate to the needs of young people**

The minority of young people who manage to engage with specialist services have to enter the service by referral to either child or adult services. These settings and the interventions offered within them are often inappropriate to a young person's needs and desires because: (1) they are exclusively child or exclusively adult focused, (2) there is a lack of choice regarding the interventions available, and, (3) many perceive (or fear) an over-reliance on psychotropic medication.

**"There's just nowhere to go. I've had friends who were suicidal, and who did go on to take their lives. They were admitted on to adult wards that sent them on a downward spiral, they felt inadequate, they were on wards with adults with chronic mental illness and disability...they thought they must be losing it themselves. We need somewhere to go, to get professional help without being made to feel like that"**  
(Maeve, Limerick, aged 18)

Currently in Ireland, community-based mental health services that are specifically designed for and exclusive to young people are virtually non-existent (Vision for Change, 2006)<sup>1</sup>. As a result, young people often have negative experiences of help-seeking and services struggle to retain them.

It is of considerable concern that the existing adult services are not resourced to deal with older adolescents.

In this regard, a consultant psychiatrist stated that the greatest challenge her service currently faces is “managing the discrepancy on what can be offered... and what should be offered”.

An unsettling fact about these services is reflected in the recent finding of the Mental Health Commission<sup>28</sup> where it is reported that almost 200 children (under 18 years) were inappropriately admitted or detained in adult psychiatric units in Ireland in 2007.

The Inspectorate of Mental Health Services has stated “It is not good enough to condemn these practices and not give those who are delivering the service the wherewithal to provide alternatives and it is not fair to service users to promote community treatment and rehabilitation and then not provide these services” (p.87 Annual Report of the Inspector of Mental Health Services, 2006)<sup>29</sup>.

### **What supports and services do young people want?**

Contrary to the common perception that young people do not want to talk about mental health, young people throughout Ireland are becoming increasingly vocal in advocating for their mental health needs. One such example was the statement issued at the Annual General Meeting of Dail na nÓg (2008)<sup>30</sup> where youth leaders from all backgrounds, and every region in Ireland, nominated ‘mental health’ as the top priority on their national advocacy agenda for 2008. Their recommendations focused on the need for accessible and safe places for young people to socialise and access support, for positive advertising campaigns to increase their awareness and understanding of mental health, and for increased funding for mental health services.

Advocacy movements within the youth sector are complementing a growing mental health advocacy movement nationwide. The Chairperson of the Irish Mental Health Coalition stated (2007)<sup>31</sup> “In recent times, people who have experienced our mental health services at first hand are no longer willing to tolerate the under-funding, lack of transparency and poor accountability that characterise the management and delivery of these services. People are becoming more vocal and, coupled with increased

media coverage, they are succeeding in making mental health a burning issue for our policy makers”. It may well be that young people and service-users standing together and demanding change will move our society and leaders beyond policy aspirations and into action.

In Headstrong’s focus groups, young people were asked what they wanted in terms of support for their mental health and well-being. The needs that they articulated had more to do with an investment of thought and consideration than intensive capital investment. They asked to be treated with respect, to be listened to, not to be dismissed as ‘going through a phase’ or treated like a child. Reassurance of their confidentiality and anonymity was deemed very important. They want to have someone to talk to and to have a safe place to go to clear their head and access support, without risking being labelled or stigmatised as a result. They do not want to be told to go somewhere else, or to come back during office hours, or in two years when the waiting list has cleared. They want to be able to access support when they need it, in a setting where they feel safe and comfortable. Many feel that their families should also be involved so that they could be supported to develop better ways of communicating. The need for specific interventions that would enable them to learn some key skills (e.g., problem-solving, anger management, coping with bullies, relating to peers) was repeatedly highlighted in Headstrong’s focus groups.

When asked what they wanted in terms of specialist mental health services, young people’s responses were similar to those reported in international studies (e.g. Kefford et al., 2005; Mental Health Foundation, 2007)<sup>32,33</sup>. Young people want health services to foster their growth and development rather than to be solely focused on a diagnosis of illness.

‘Listen Up!’ (Mental Health Foundation, 2007)<sup>33</sup> analysed the responses of 232 young people, aged 16-25, in the UK, who were asked what they wanted from mental health services. Their priorities included the following:

- For services to be available in a friendly, flexible and safe environment;

- Access to non-judgemental support centred on the principles of respect and equality for all young people;
- Opportunities for personal growth, creativity and peer support;
- Opportunities to build self-confidence and coping skills;
- A choice of a diverse and holistic range of support and advice including support with practical issues such as housing and money.

A similar Australian study concluded that young people wanted mental health services to provide someone to talk to, someone they liked and trusted, who would 'listen' and allow them to 'go at their own pace' (Lloyd et al 2005)<sup>34</sup>.

For most young people, there is usually one chance to engage them in supportive relationships. If their help-seeking is unsuccessful, and that opportunity for engagement is lost, they may then revert to coping strategies that tend to compound rather than resolve their difficulties.

Non-engagement of young people, fragmented and inaccessible services, and a limited range of appropriate supports on offer, characterise the core problems in the healthcare services with respect to the mental health needs of young people. Many young people are reluctant to approach a traditional mental health service due to stigma, fears about losing confidentiality and lack of anonymity. Some young people find it difficult to access services due to barriers such as cost, lack of out-of-hours services, and not knowing where to go to get help. Many who attempt to engage with services are turned away when they do not meet specific service referral criteria (e.g., they do not yet exhibit a clearly defined 'psychiatric illness'), and thus go un-served. While indeed it may be true that their difficulties do not indicate the need for a specialist psychiatric service, the inevitable consequence of being turned away is that they are left with no support, or that they become lost in the referral process between agencies.

## Summary

It is clear from Headstrong's research what young people want – respect, confidentiality, and a safe and accessible and supportive environment appropriate to their age and needs. In order to design a more responsive and appropriate system of services and supports, it is critical to involve young people in the planning process, a practice recommended in *A Vision for Change* (2006)<sup>1</sup>.

This short review of system-related problems may sound pessimistic, yet it is important to acknowledge that most healthcare service providers are doing all they can to engage and respond effectively to young people. Headstrong encountered many fine examples of best practice within the mental health system for supporting young people. A major barrier is that there is currently almost an exclusive focus on specialist services, rather than a realisation that a broader range of community-based services and supports is required. Fortunately, in a time of limited resources, Headstrong's experience has also been that many of the resources that are required to accomplish a more balanced and responsive system already exist in the community. These need to be identified, enhanced, and integrated.

Section Four introduces **Jigsaw**, an innovative model of systems transformation, designed and developed by Headstrong, which is focused on developing the strengths and resilience of young people and which also fosters increased community connectedness to create better supports more integrated for young people. Headstrong proposes **Jigsaw** as the solution to the challenges that have been explored in the first three sections of this report, in relation to the mental health needs of young people growing up in Ireland today.



## Section Four

### *Jigsaw: A New Approach to Supporting Young People's Mental Health*



*"It's the first time that I've used a service and they didn't write down everything I was saying, where I was treated as a person and not a number"*

*Anna, aged 18, Galway*

## Section Four— **Jigsaw**: A New Approach to Supporting Young People's Mental Health



**Jigsaw** is Headstrong's solution to the challenges experienced by young people in Ireland who require access to appropriate intervention and support for their mental health needs. The rationale for **Jigsaw** is based upon the following key findings from Headstrong's consultations and research:

- At any one time, one in five young people are in significant distress and the majority of these young people are not receiving any kind of intervention;
- Evidenced-based interventions that can help young people to engage with whatever problems they face do exist, but these interventions are either not easily available to young people or are not being accessed by young people at present;
- The current mental health service system is not equipped to deal with the full range of problems experienced by young people, and should not be expected to;
- Communities need to assume responsibility for "their" young people, to develop new and innovative methods that young people engage with, and to integrate the fragmented services and supports that currently exist;
- Young people and their families should be included in any strategy concerned with improving a young person's welfare.

### **The complex ecology of a young person's life**

**Jigsaw** has been formulated using ecological systems theory (Bronfenbrenner, 1979)<sup>35</sup>, which considers the developing person in relation to the social environment.

The multifaceted ecology of a young person's life is presented in **Figure Two**, showing that there are many factors that

shape the way a young person thinks, feels, and behaves. The family is typically the most immediate and influential system in the young person's world. There are also broader influences that affect a young person's life, including friends, the school environment, the neighbourhood, and the numerous services, organisations, and institutions that make up a community. The systems that surround a young person intersect, but they are not necessarily connected in ways that support a young person in their journey toward adulthood. **Jigsaw** seeks to knit together services and supports for young people in ways that can facilitate their growth and development, and in particular, in ways that will support their mental health and well-being.

This systems-based understanding of the relationships that define a young person's life provides a holistic framework for considering the needs of a young person. It also helps to establish integrative interventions designed to address these needs. Some influences in a young person's life can be modified or enhanced directly through planned interventions (e.g., the support they receive from family and friends), but others (e.g., cultural norms, societal expectations) are more difficult to change.

Headstrong believes that a comprehensive and holistic approach to systems change is required if meaningful and sustainable changes are to occur for young people in Ireland. This approach prescribes that a range of systems need to be targeted for capacity building in communities. (e.g., families, peers, schools, youth work, primary & specialised care, the community as a whole).

Thus, **Jigsaw** is about re-engineering systems of services and supports. The challenge for Headstrong in designing **Jigsaw** was not just to consider an expansion of current services and supports, but rather to think differently about how to address the unique needs of young people in Ireland. The objective of **Jigsaw** is systems transformation.

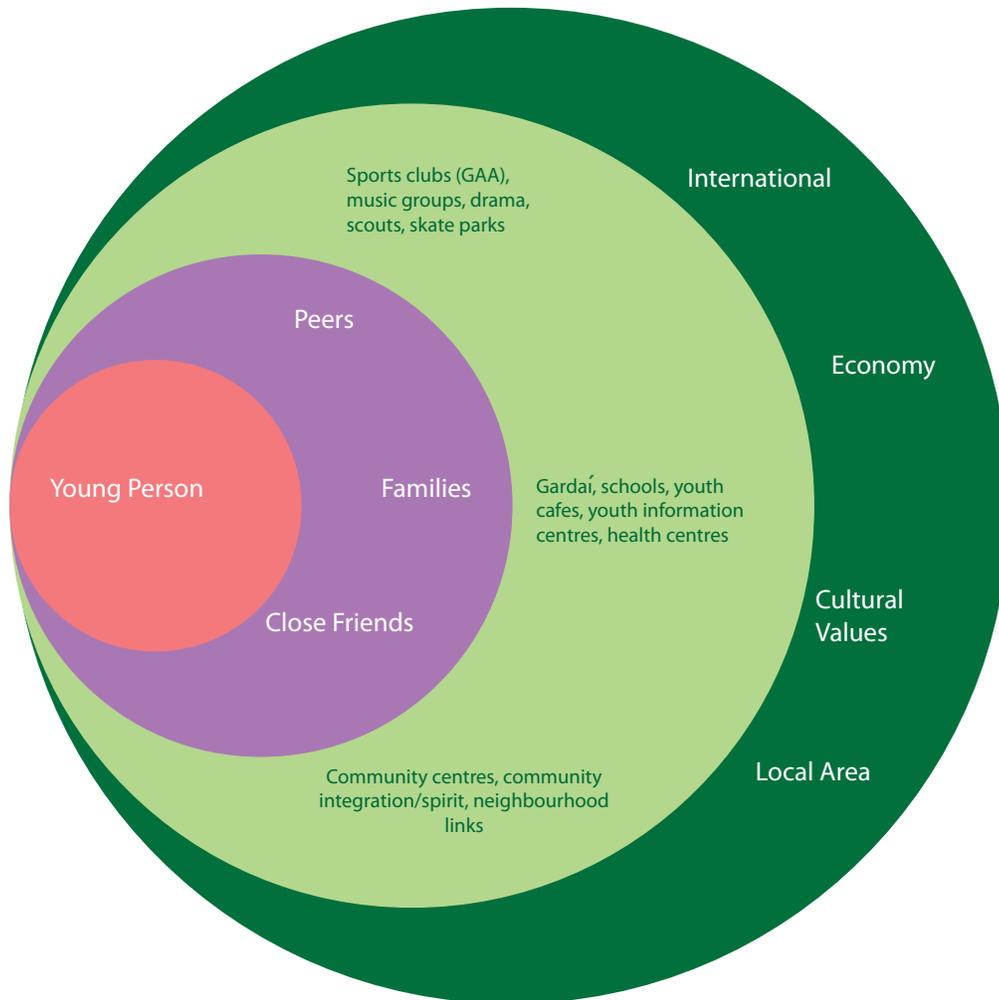


Figure 2: The complex ecology of a young person's life

### Jigsaw: Core ideas

As a result of the extensive research that Headstrong undertook to develop this model, several core ideas were identified as essential to developing and sustaining responsive systems for youth mental health in Ireland. These core ideas can be summarised as follows:

- Every young person has the capacity to get through tough times, make a difference, and be an asset to their community;
- The developmental needs of young people for socialisations, recreation, adult mentoring, and leadership opportunities are an essential element of mental health, and have been neglected by communities and society as a whole;
- The absence of mental illness is not mental health, all young people have mental health needs, not just those in distress or at risk;
- Young people's thoughts, feelings, and behaviour are influenced by multiple factors (e.g., families, peers, media & culture) and systems (e.g., youth work, primary care, sports & recreation, schools), requiring a holistic approach when planning change efforts;
- The current community-based system of mental health services is inadequate, and adding more positions, services, and programmes will not necessarily improve the current system – systemic transformation is needed;
- Communities need to become more aware of their existing strengths and resources so that they are better positioned to develop solutions for young people;
- Supports and services need to focus on the development of the strengths and resilience of young people, rather than focusing on young people as 'problems that have to be fixed';
- Young people need to be actively engaged in the design, implementation and review of programmes, to ensure that these programmes are accessible and non-stigmatising for young people;
- Service providers need to be supported in making evidence-based, best-practice approaches become more available and accessible to young people, by providing clear pathways to appropriate information, support, and expertise;
- Young people in distress must be engaged when their needs first become identified – there may be only one chance to safely connect them with appropriate expertise;
- Partnerships among services engaged in promoting positive youth mental health should be fostered, consistent with principles articulated in *A Vision for Change* (2006)<sup>1</sup>;
- A transformed system of services and supports should be rigorously evaluated, on an on-going basis, to ensure that its intended benefits are being achieved.

### Promoting resilience in young people and across communities

Introduction of the **Jigsaw** model to a community begins a process that seeks to achieve integration of services and supports for young people. Adoption of the **Jigsaw** model strengthens a community's capacity to support its young people in a number of ways:

- By engaging young people in the design and planning of a community-wide integrated system of services and supports for young people, **Jigsaw** increases the likelihood that this system will be sensitive to their needs and perceived as non-stigmatising;
- By building an integrated network across the community through training and support for those immediately connected with young people, **Jigsaw** increases capacity for supporting young people;
- By making programmes and approaches, that teach young people core competencies and resilience, more available, **Jigsaw** creates positive learning opportunities for young people that strengthen their relationships within the community;

- By identifying young people at risk for mental ill-health earlier, **Jigsaw** ensures that their problems do not escalate into more severe crises, thus increasing the chances that they will recover, learn from their problems, and emerge from the crisis with a stronger belief in their inherent resilience;
- By outlining crisis response and stabilisation procedures, **Jigsaw** increases a community's capacity for risk assessment and harm reduction;
- By ensuring that there are clearly defined pathways to care for young people who may be experiencing a mental disorder, including those who need to access specialist help and also those who are exiting the mental health service system, **Jigsaw** increases the likelihood that effective treatment will become a reality for those who need it most;
- By engaging community leaders, **Jigsaw** promotes greater awareness of mental health issues, reduces the stigma associated with help-seeking, and encourages communities to view their young people as valued contributors.

At the end of this section (**Table 2**), a framework for thinking about the intended outcomes of **Jigsaw** is outlined. The list of capacities is organised around the various systems described earlier in this section: the young person, the family, schools, friends and neighbours, services and supports, and the community as a whole. If **Jigsaw** is successful as a broad-based model for sustained improvement in the mental health of young people, change is anticipated across all of these capacities. In effect, this table represents the systemic transformation sought by Headstrong on behalf of young people.

## Summary

Young people do not live in isolation. They live in and transact with a complex world, where their daily lives are embedded in numerous systems that impact on their health and well-being. In addition young people also exert an influence on these systems in which they interact. The problems and challenges experienced by young people, most of which represent normal developmental tasks, have to be understood in relation to the context in which they arise, to ensure that the interventions and support they are offered, are relevant and effective.

Current systems of healthcare services and supports are not working, and that prompts the necessity for systems change. **Jigsaw** represents a set of core principles and ideas that can guide communities in developing comprehensive, holistic, and integrated mental health services and supports for young people in Ireland. **Jigsaw** requires that planners *think differently* about how to address the unique needs of this population, with emphasis on strengthening community capacity across all systems that serve and support young people.

Communities have substantial untapped resources that can and must be developed, especially in light of fiscal realities in the current economic environment. Headstrong's aim is to unlock these capacities, by fostering consensus about the need for change, by assessing community needs and resources, by contributing ideas and information, by forging strategic connections between stakeholders, by identifying and empowering local leadership at all levels, by expanding resources devoted to change, by leveraging systems change, and by rigorously evaluating the impact of **Jigsaw** in communities in Ireland. Section Five outlines the practical steps required to implement **Jigsaw** in a community.

**Table 2**  
**Jigsaw's Aims: Fostering Resilience and Strengthening  
the Capacity of Systems that Influence Young People<sup>1</sup>**

**Young People**

- **Health**—Young person is physically healthy and does not engage in risky health behaviours.
- **Personal power**—Young person feels he or she has control over “things that happen to me.”
- **Self-esteem**—Young person reports having a high self-esteem.
- **Sense of purpose**—Young person reports, “my life has a purpose.”
- **Positive view of personal future**—Young person is optimistic about her or his personal future.
- **Planning and decision-making**—Young person knows how to plan ahead, problem solve, and make choices.
- **Responsibility**—Young person accepts and takes personal responsibility.
- **Caring**—Young person places high value on helping other people.
- **Honesty**—Young person “tells the truth even when it is not easy.”
- **Integrity**—Young person acts on convictions and stands up for her or his beliefs.

**Families**

- **Family support**—Family life provides high levels of love and support.
- **Positive family communication**—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
- **Parent involvement in schooling**—Parent(s) are actively involved in helping young person succeed in school.
- **Family boundaries**—Family has clear rules and consequences and monitors the young person’s whereabouts.
- **High expectations**—Both parent(s) and teachers encourage the young person to do well.
- **Adult role models**—Parent(s) and other adults model positive, responsible behaviour.

**Schooling and Learning**

- **Caring school climate**—School provides a caring, encouraging environment.
- **School Boundaries**—School provides clear rules and consequences.
- **Achievement Motivation**—Young person is motivated to do well in school.
- **School Engagement**—Young person is actively engaged in learning.
- **Bonding to school**—Young person cares about her or his school.
- **Reading for Pleasure**—Young person reads for pleasure.
- **Literacy**—Young person can read, write, think, and communicate effectively.

**Friends and Neighbours**

- **Peer involvement**—Young person has close friends and interacts with them on a regular basis.
- **Positive peer influence**—Young person’s best friends model responsible behaviour.

- **Intimate relationships**—Young person is able to build and sustain an intimate relationship.
- **Interpersonal Competence**—Young person has empathy, sensitivity, and friendship skills.
- **Resistance skills**—Young person can resist negative peer pressure and dangerous situations.
- **Peaceful conflict resolution**—Young person seeks to resolve conflict non-violently.
- **Leisure time**—Young person is out with friends “with nothing special to do”.
- **Caring neighbourhood**—Young person experiences caring neighbours.
- **Other adult relationships**—Young person receives support from non-parent adults.
- **Neighbourhood boundaries**—Neighbours take responsibility for monitoring young people’s behaviour.

**Services, Programmes, and Support**

- **Youth programmes**—Young person spends time in sports, clubs, or organisations at school and/or in the community.
- **Creative activities**—Young person spends time in lessons or practice in music, theatre, or other arts.
- **Vocational preparation and employment**—Young person has access to education and training that supports employability and is assistive in securing employment.
- **Housing**—Young person can get help in finding a place to live.
- **Social services**—Young person and his or her family can access social services and family supports.
- **Health services**—Young person has access to and avails of both preventive and treatment health care.
- **Transportation**—Young person is able to physically access required supports and services.
- **Cross-sector collaboration**—Agencies and providers work together in support of the young person with multiple needs.
- **Counselling & mental health services**—Young person has access to supportive counselling and mental health care if required.

**Community**

- **Safety**—Young person feels safe at home, at school, and in the neighbourhood.
- **Community values youth**—Young person perceives that adults in the community value youth.
- **Youth voice**—Young person feels she or he has a voice in the community.
- **Connectedness**—Young person perceives that she or he belongs to and is connected with the community.
- **Youth as resources**—Young people are given useful roles in the community.
- **Service to others**—Young person serves the community.

1. Many of the goals listed above were adapted from:  
**40 Developmental Assets®**  
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## Section Five

*Bringing **Jigsaw** to life in a community*

*"There is no mental health help... I experienced bad stuff when I was younger and there is nothing there for me to go to where I can talk about what I've been through, experiences. There has to be somewhere where I can go and relate to other people"*

*Justin, aged 20, Roscommon*



## Section Five— Bringing **Jigsaw** to life in a community

Headstrong has proposed the **Jigsaw** model as the operational expression of national policy, *A Vision for Change*. **Jigsaw** embodies the core principles contained in this policy. Headstrong has received the endorsement of Government to demonstrate **Jigsaw** in 5 communities in Ireland. In addition, Headstrong has secured the endorsement of the HSE under the strategy for implementing *A Vision for Change*. Headstrong reports to the HSE’s National Mental Health Clinical Governance Committee on a quarterly basis regarding the progress of each of its **Jigsaw** demonstration sites.

**Jigsaw** is not a “one size fits all” approach to improving supports for young people. Each community where **Jigsaw** is introduced will evolve its own version of the model, according to the unique social and demographic characteristics of the region and the current configuration of services and agencies already working in a community on behalf of young people.

### Community Readiness

Communities initiate contact with Headstrong to explore the appropriateness of **Jigsaw** for their young people. To help communities reach this stage of readiness, Headstrong spends several months visiting community agencies, youth centres and service-provider groups in prospective communities. This serves to familiarise communities with the **Jigsaw** model, and allows for an exploration of its potential benefit to them.

To select communities for field-testing the **Jigsaw** model, Headstrong designed a standardised assessment process to establish whether or not an applicant community is “ready” to fully engage with an initiative as intensive as **Jigsaw**. The achievement of “community readiness” means that a given community has fulfilled certain criteria which indicates that they are in a position to embrace the initiative.

The overall aims of this readiness-building phase are to establish whether there is a mandate from the community to better support the mental health and well-being of young people within the region, and to identify key leaders in the community who are willing to commit to building a community coalition to proceed with implementing **Jigsaw**. These interested parties, once engaged, become known as the **Jigsaw** planning team for that community.

The following is a list of potential community stakeholders that could be actively involved in developing **Jigsaw** in their community, through participation on the planning team. The actual members of the broad based coalition that comprises a local **Jigsaw** planning team will vary from community to community. However, at a minimum, every **Jigsaw** site will have a local planning team comprised of representatives of the following:

- Young people
- Families and community leaders
- Education settings
- Criminal justice system
- Youth sector
- Primary care
- Psychiatric services
- Local Health Manager (HSE)
- Development Partnerships

The engagement of young people in the planning and intervention design process is especially important and merits further discussion at this point.

### Youth Engagement: A Necessary Ingredient For Readiness

Youth engagement plays a key role in every facet of Headstrong, and it is critical to the success of **Jigsaw**. Throughout Headstrong’s engagement with young people, their passion and commitment to change has been constantly evident. Young people express their views simply, directly, and without the skepticism that can often infect conversations about

change. In their contributions to **Jigsaw** planning meetings, young people bring a disarming freshness that grounds the discussion. They remind everyone present that the reason for the gathering is not primarily to benefit services, but to better engage with young people in ways that work for them.

The process of engaging young people in communities has various starting points. Some communities and services will have engaged young people even before contacting Headstrong, while others begin the process of listening to young people in the planning phase through focus groups and community mapping (see step 2 below).

Involving young people in the evolution of a comprehensive community plan can challenge service providers who may have little or no previous experience of engaging with young people in this way. Consideration needs to be given to both the needs of young people and to the natural reticence that service providers and community members may have regarding youth participation.

To support and protect the interests of young people, Headstrong employs a full-time Youth Participation Officer (YPO). This individual works directly with the Youth Advisory Panel (YAP) that advises Headstrong, and with young people in each of the **Jigsaw** sites, to ensure that it is appropriate and safe for young people to be involved in **Jigsaw**-related activities. Care is taken to prepare and up-skill young people for involvement in events and activities they may participate in (e.g., meetings with each other, planning team work, presentations to community groups, media interviews) so that they are not given tasks or responsibilities for which they are unprepared. Care is also taken to ensure that no young person is out of pocket due to the expense of attending a meeting, and that provision is made for each young person to be accommodated, fed and supported in any other way that seems appropriate.

Youth engagement is key to the success of the **Jigsaw** model and to change how Ireland thinks about and responds to the mental health needs of young people. The experience of discovering that they

can have a voice, communicate their perspective, and play a part in change strengthens young people's resilience. This by itself is a significant protective factor that can build self-esteem and strengthen overall mental health and well-being.

### **Community-Based Planning, Development, Interventions, and Evaluation**

In demonstration sites where **Jigsaw** is currently being implemented, Headstrong has followed the seven-step planning and implementation process outlined in **Figure 3**. What follows is a brief description of each of these steps:

#### **Step 1: Review Community Needs & Resource Assessment Data**

**Jigsaw's** community planning process begins with a comprehensive assessment of the needs and resources within the community (a self-defined parameter, typically a county, but sometimes a smaller geographical area depending on size and circumstance). The purposes of this process are to: (1) ascertain the issues and problems that are of greatest concern, as perceived by the broad spectrum of community members, providers, and young people themselves; (2) determine what human, financial, informational, and programmatic resources are already in place and can be built upon; and, (3) establish a baseline from which to assess change over time. The process involves gathering structured information using both quantitative and qualitative methods, and employs focus groups, key informant interviews, community and provider surveys, and geo-mapping of resources. Planners also review geographic, demographic, and service data that may be available from public and private sources, and examine any prior research, evaluation, or needs assessment reports. The needs and resource assessment process culminates in a synthesis of all these data, leading to a comprehensive review by the community's **Jigsaw** planning team.



1.  
**Review community  
needs & resource  
assessment data**

2.  
**Describe the broad-based  
needs of young people  
within the community**

3.  
**Determine comprehensive  
community goals**

4.  
**Consider evidence-  
based intervention  
alternatives**

5.  
**Create logic model &  
theory of change for the  
community initiative**

6.  
**Delineate implementation  
and evaluation plans**

7.  
**Implement and monitor  
the initiative, revise as  
required**

## Step 2: Describe the Broad-Based Needs of Young People within the Community

Through discussions that occur arising from the community's data review, a consensus emerges about the nature and scope of need relating to young people's mental health and well-being. Headstrong's experience has been that, rather than yielding a narrow focus on specific problems or mental illnesses, the process encourages a broader view that considers developmental processes that young people are engaged with, in the context of family, community, and societal influences that affect them. A core concern is almost always that young people in distress need to be able to access services and supports. But planning teams also begin to recognise that emphasis must be placed on strengthening and supporting systems that routinely engage with young people (e.g., family, schools, the youth sector, health and mental health services) and promoting positive mental health and well-being in the community. A community needs analysis therefore reflects needs at multiple levels (e.g., young people, programmes and services, the community as a whole).

## Step 3: Determine Comprehensive Community Goals

The next step in the process involves goal-setting, which is crucial because it grounds the community initiative. Research shows that interventions that have clear and measurable goals are more likely to succeed because they keep participants focused on the purposes of the effort. As needs are examined in relation to resources and requirements, a consensus typically emerges about priorities. These priorities are then transformed into goals, which are statements of intent about outcomes for young people that the community seeks to accomplish. Examples of possible goal statements at three levels are shown below (see also **Figure 4**):

### Young people in distress

- Improve help seeking
- More integrated assessment & person-centred planning
- Engage more young people in brief, effective treatment
- Stabilize crises & link with appropriate resources

- Coordinate smooth transitions into various community environments

### Young people at risk

- Develop positive & supportive adult relationships
- Improve school achievement, motivation & bonding
- Decrease risky behaviour & its consequences, improve decision-making
- Increase constructive use of time

### All young people in the community

- Improved self-esteem, sense of identity
- Positive values & self-expression
- Sense of belonging, connectedness
- Openness to experience & hopefulness

## Step 4: Consider Evidence-Based Intervention Alternatives

As it becomes clear what goals a given community will choose, attention is given to the research and evaluation literature to consider what programmes and practices have already been validated for these kinds of goals in other communities within similar types of initiatives or services (i.e., international best practices). The purpose of this step is not to find one approach that will fit all the needs, but rather to become educated about what other communities and programmes have tried around the world, so as to craft an integrated approach that has a high probability of being successful. To promote the adoption of best-practices, Headstrong has worked to distil youth mental health literature from across the world in the following domains:

- Individual treatments and supports (e.g., psychotherapy, case management);
- Parenting and family support approaches;
- Mentoring interventions (e.g., adult mentoring, peer counselling);
- Classroom and school-based approaches (e.g., positive behaviour supports, school-based mental health services, prevention programmes);
- Social, recreational, and employment interventions;
- Crisis prevention and intervention;
- Education and training of providers and carers

### **Step 5: Create Logic Model & Theory of Change for the Community Initiative**

**Logic models** are graphic representations that seek to answer questions such as: Where are we going? How will we get there? How will we know when we've arrived? In effect, a logic model is like a road map that participants can continuously look at to keep focused and recognise where they are in the long-term process. Logic models typically begin with the end objective in mind and work their way backward to examine how specific planned activities (interventions) will lead to short-term, medium-term, and long-term goal attainment (see **Figure 4**).

For example, a long-term goal would be that the community will have an integrated and appropriately resourced system of services, therefore certain intervention activities might be planned over a specified timescale. These could include a system of communication and coordination among agencies; a system of common information gathering and management; re-deployment and more creative use of current resources; and expanded professional development in knowledge domains such as positive youth development, strengths and risk assessment, and wraparound (see Section 7).

In the short-term, these activities are expected to create higher rates of communication among agencies, greater collaboration in planning, broader coverage across levels of care, greater resource sharing, and enhanced clinical and support skills relevant to working with young people. Mid-range goals for these same interventions could include denser partnership networks, more coordinated responses to young people in need, the application of newly acquired professional skills in working with young people, and reduced stress and isolation among front line workers who engage young people across different community agencies.

**Theories of change** provide the conceptual underpinning for comprehensive community initiative approaches. They ask participants to reflect on what is being proposed, and to link outcomes and activities to explain HOW and WHY the desired change is expected to come about. Some focusing questions that occur in this part of the programme design process include:

- How do we think this proposed activity will lead to the goals we have outlined?
- What are our underlying assumptions?
- What are the strengths and weaknesses in these assumed linkages between goals and activities?
- What are the necessary and sufficient conditions that must occur before we can expect to see community-wide change?

Theories of change and logic models provide a picture of the programme or intervention. They also clarify theories about the problem, its causes and correlates, presumed linkages, resources, activities and validity assumptions, and intended outcomes. And finally, in response to these activities, a common framework of language and a shared set of understandings is established to focus the work that lies ahead.

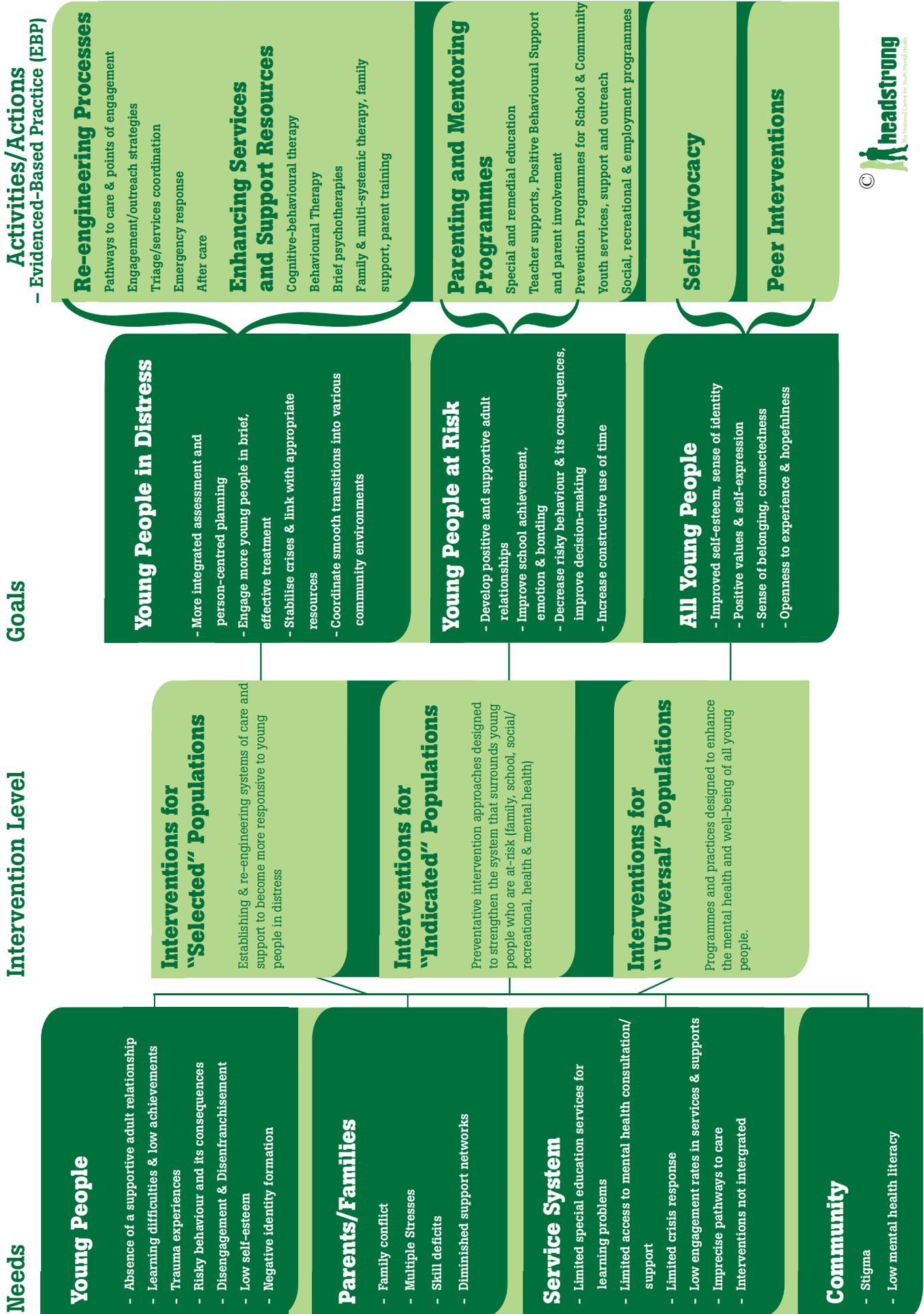


Figure 4: Deciding on Components of the Community Initiative

### **Step 6: Delineate Implementation & Evaluation Plans**

Once the community's tailored *Jigsaw* initiative has been designed, planning proceeds to operational details about how, when, and by whom the programme will be implemented. This part of the process involves activities such as establishing policies and procedures, creating a workable governance structure, assembling and acquiring resources, planning for staffing and supervision requirements, thinking through roles and responsibilities of staff, and creating project timelines and a structure for project management.

**Figure 5** provides a framework for thinking about the most central "drivers" of change that *Jigsaw* promotes. Effective implementation of *Jigsaw* in a community is obviously a complex and multi-faceted endeavour. It requires simultaneous and systematic efforts conducted by a range of participants, to accomplish agreed goals. Specifying a clear implementation plan increases the probability of a coordinated and well-integrated programme.

Headstrong, in tandem with the *Jigsaw* planning team, is committed to rigorous and useful evaluation of implementation and outcomes, and considerable evaluation support will be provided to local communities. Evaluation planning begins by reaching agreement on evaluation questions. In general, the evaluation will focus on questions such as: Which young people with what needs are being served? How are services being delivered? What short-term, medium-range, and long-term outcomes are attained? Is the programme being implemented with fidelity?

A multi-method approach will be used to assess outcomes related to direct services and supports, training and support for providers and carers, prevention and risk reduction programmes, systems development, and community perspectives.



Figure 5: Drivers of System Change Within Jigsaw

### **Step 7: Implement & Monitor the Initiative; Revise as Required**

As *Jigsaw* gets underway, a collaborative process of project management is employed to ensure that each of the elements of the effort is properly supported. It is anticipated that not everything will go as planned, and that mid-course corrections are likely. *Jigsaw* is very much a learning process, and all those involved are part of a “learning community”. Without doubt, the process is complex and challenging, but that is what is required to accomplish meaningful and sustainable change.

What Headstrong has learned from working with communities to implement *Jigsaw* is that:

- The current system of services and supports for young people is insufficient, inefficient, and in need of significant re-engineering;
- There is a need for thoughtful, comprehensive, and multi-systemic community responses to the developmental and mental health needs of young people;
- Each community has unique strengths and challenges, but *Jigsaw* principles and procedures are relevant when applied flexibly in relation to the needs and resources within a given community;
- Young people can have resonant and relevant voice that makes a real difference in the process, if they feel safe and valued;
- Headstrong’s role is most valuable in facilitating planning and evaluating, supporting service and professional development, providing flexible funding, empowering leaders, and encouraging incremental change.

*Jigsaw* stimulates a community to be a “learning community” that field-tests and adapts validated approaches and evidence-based practices to evolve an *integrated model for systems of care* for young people in Ireland.

### **Summary**

Headstrong is currently working in 5 communities throughout the country, to demonstrate *Jigsaw*. While there are common factors that span the planning and implementation process for all communities, there are also notable and unique differences between communities in the resources, populations and services that are available.

Each community works through the seven step process, as outlined above, at its own pace. Obstacles invariably arise at one, or more of these stages, and can delay the implementation process. It is only by working through these obstacles that communities achieve the cohesiveness that is necessary to make *Jigsaw* work. It is often these obstacles that join the community together in the determination to make *Jigsaw* a reality, and in the effort to build a safer and healthier community for the health and well-being of young people.

Headstrong’s ultimate goal is that *Jigsaw* becomes fully embedded in each community, no longer an innovation, but an intrinsic part of how a community operates. Our true aspiration is that the concept of “*Jigsaw*” will fade into the background as the community becomes stronger and more resilient in responding to the concerns and needs of young people.

Section Six and Section Seven describe *Jigsaw in action*, demonstrating in two case studies how Headstrong has initiated and is implementing *Jigsaw* in two different communities in Ireland.





*The staff of Google Ireland help at Jigsaw Galway.*

## **Section Six** *Jigsaw In Action*

**JIGSAW**  
galway YOUNG PEOPLE'S HEALTH IN MIND



*"They helped me get to where I  
wanted to be"*

*Mark, aged 21, Galway*

## Section Six— **Jigsaw** in Action: Countywide Case Study, Galway City & County

### **Jigsaw Galway**

**Jigsaw Galway** opened on 1st December 2008, after two years of planning and development. Following an extensive assessment of community needs and resources, the Galway community (city and county) has entered into a partnership to demonstrate and validate the **Jigsaw** model as a pioneering best-practice model of youth mental health for Ireland. This partnership is led by Headstrong along with the key stakeholders – Galway Primary, Community and Continuing Care (Galway PCCC) and Mental Health Ireland. This community-wide initiative focuses on young people in the 15-24 age range.

**Jigsaw Galway** is based on the underpinning principle that services and supports should be centred on the needs and expectations of the young person. Currently, young people in Galway who experience problems in life find it difficult to access early, appropriate and effective support. A core objective of **Jigsaw Galway** is to create an environment where young people can access supports appropriate to their level of need in a timely fashion. The long-term goals of the initiative are that young people will feel a greater degree of community connectedness and belonging, have an improved sense of well-being and self-worth, evidence lower rates of risky and problematic behaviour, and recover and grow following episodes of acute distress. In order to make this a reality **Jigsaw Galway** embraces the community by:

- Involving young people in every aspect of service design, planning and evaluation;
- Working to ensure that appropriate services and supports are delivered in an integrated manner that is seamless for the young person;

- Providing assessment and brief intervention services to young people in County Galway, on both a centre-based and outreach basis;
- Seeking to develop the skills, confidence and networks of local providers of youth mental health and well-being services;
- Supporting community education and empowerment about youth mental health and reducing the stigma surrounding it;
- Developing and evaluating new resources to address community needs.

### **Needs and resource assessment**

To understand the needs and experiences of young people in Galway city and county, a project planning team was formed in 2006, chaired by the HSE Local Health Manager (LHM), and comprised of representatives of most of the major youth-serving programmes and organisations in the community. The Galway planning team submitted a formal 'Expression of Interest' to Headstrong and was awarded a planning grant in January 2007 to facilitate the work of the project planning team in evolving a community plan to support youth mental health throughout Galway city and county. This group's first task was to conduct a comprehensive community needs and resources assessment. Initially, background data were gleaned from a wide variety of available sources including population and demographic data from governmental agencies (Central Statistics Office, 2002; 2006)<sup>36</sup>, local and regional planning authorities (Galway City Development Board, 2006)<sup>37</sup>, youth programme descriptions and evaluations (Galway City Youth Advocacy Service, 2007)<sup>38</sup>, and prior needs assessments and evaluations (Centre for Child and Family Research, 2007)<sup>39</sup>.

An extensive information gathering strategy was then implemented to estimate the scope of need and to obtain more specific information about the health, mental health, and general well-being of young people in Galway city and county. These data were viewed as critical to designing a responsive and effective system of care. The “voice” of young people themselves was critical to the planning and development process. Several methods were employed to ensure that the process was informed by the young people whom it sought to benefit, including focus groups with a diverse cross-section of individuals throughout Galway city and county and a community meeting of young people. In addition, key informant interviews with service providers and community stakeholders, a focus group with an assemblage of community agency representatives, and a survey of community providers, were carried out.

The initial needs and resource analysis involved focus groups with over 300 young people throughout the city and county, 20 key informant interviews with service, youth and community leaders, and a geo-mapping exercise that captured population shifts across the entirety of the county in the past decade. The current provision of services for young people, including schools, third level training opportunities, youth centres, health services, sports facilities was also a key focus for this analysis.

### **Demographic analysis**

Galway city and county have experienced rapid growth in the last decade, resulting in considerable challenges for service demand and provision. In some areas of the county, there have been double and even triple digit percentage increases in populations. The needs assessment also discovered considerable variability by age range. In particular, it was found that young people tend to migrate into the city from the county in late adolescence, an effect evidenced by the third level student population in the city. There is a higher than average concentration of early-adolescents and mid-adolescents living outside of Galway city. However, the largest concentration of 20-24 years olds is found in Galway city. Young people over the age of 25 tend to migrate back out

into the county and this is due to the lack of affordable properties within the city. This migration contributes to the high proportion of the population that commutes into urban areas.

It was found that 20-24 year olds are much more likely to live to the east of Galway city and 15-19 year olds are more likely to live to the north of the city. 10-14 year olds seem to be distributed more evenly throughout the city and county. The Galway city suburbs of Ballybane, Doughiska, and Westside have experienced dramatic growth, as have several smaller towns and villages across the county. The demographic characteristics of Galway city and county, captured in the needs assessment revealed that:

- There is a significant Traveller community in Galway, concentrated around Ballinasloe, Tuam, Galway, Ballygar and Headford;
- There is a high concentration of lone parents in Connemara, Ballybane, and Westside;
- The number of non-nationals living in Galway has increased in the last decade with at least 47 languages spoken throughout the county;
- Rental or social housing is most common in Connemara, Athenry, Ballinasloe, Ballygar, and the southeast portion of the county. Home ownership is more common closer to Galway city;
- There are a significant number of unemployed males in the county, especially in the Athenry, Ballinasloe, and Castleblakney areas. A contributor to these high unemployment rates may be the decline of agriculture and manufacturing;
- Extreme poverty is heavily concentrated in the west of the county (Connemara). Professional services tend to be concentrated around the city, whereas there are more individuals with manual jobs in the far eastern and western parts of the county;

***“Several methods were employed to ensure that the process was informed by the young people it sought to benefit...”***

## Section Six

### Somewhere To Turn To, Someone To Talk To

- Males are more likely to leave education earlier than females, especially in the county;
- A major problem is that the statutory mental health services tend not to be available in the locations where problems are likely to be most acute. The lack of regular, systematic transportation magnifies this problem;
- The needs of the island population are acute and unique;
- High risk areas within the city include Ballybane, Doughiska & Roscam, Westside (Newcastle, Ragoon, & Shantalla), Knocknacarra, and the Western Distributor Road;
- High risk areas for the county include Athenry, Ballinasloe, Castleblakney, Tuam, Headford, Ballygar, and the Connemara region.

#### Needs analysis

The consultations with young people themselves revealed a high degree of consistency in the emerging themes, despite differences in age, need, and location. The major themes included:

- Boredom – lack of social and recreational opportunities, lack of employment opportunities;
- High levels of stress from both family and school (also the media) related to performance;
- Strong sense of not being connected to the community; disengagement and alienation;
- Stigma of help-seeking;
- Limited knowledge of services;
- Prevalence of antisocial behaviour, substance abuse, suicide, and other problem behaviours.

The recommendations of the young people involved in the consultation process were for more and better information about mental health and mental illness, for more accessible and flexible services, and for places to link into to become aware of resources and options (e.g. the GAF youth cafe, the internet).

The participants of the key informant focus groups criticised the existing health system as lacking coordination between services. Problems cited included inappropriate referrals and complicated pathways to receiving care, lack of triage, poor continuity of care, professionals remaining in individual “silos” and categories of service, general difficulty accessing any kind of professional support, and a tendency towards the over-medicalisation of problems.

A survey of front-line providers working directly with young people in Galway city and county showed that they were largely negative about the responses they received from counsellors, mental health providers, social services and others in cases where mental health interventions were needed. The exceptions were school personnel, a third level institution and about half of the community programmes surveyed, who expressed a general satisfaction in the system response.

#### Guiding principles and goals

As the *Jigsaw* planning team met to organise, synthesise, and integrate the data gathered from the various sources described above, it became apparent that there was a need to outline the core principles that would guide developmental systems change efforts and describe the characteristics of the system of care and support to which the *Jigsaw Galway* planning team aspired. These are shown in **Table 3**.

**Table 3  
Aspirations for Jigsaw Galway**

<b>Universal Service</b>	<i>Jigsaw Galway</i> will be available to all young people in Galway city and county between the ages of 15 and 24 years.
<b>Person Centeredness</b>	Service user involvement at all levels and service users to be “partners” in their own care.
<b>Holistic</b>	Some problems have a clear biological basis, but also have strong developmental, social, and psychological factors. <i>Jigsaw Galway</i> will address all aspects of mental health, biological, psychological and social. It will incorporate a comprehensive range of health care services.
<b>Accessibility</b>	Services must be accessible to young people in a convenient and appropriate setting. Young people must be able to access services through a variety of engagement points at a time and in a manner that suits their needs.
<b>Non-Judgmental</b>	A non-judgmental approach taken by staff in working with adolescents with an emphasis on respecting the confidentiality of the young person.
<b>Multi-Disciplinary Focus</b>	Services delivered by a range of professionals offering a wide range of treatment options in an integrated way.
<b>Recovery Oriented</b>	Care plans will reflect the young person’s needs, goals and potential, addressing community factors which impede recovery.
<b>Community-Based</b>	<i>Jigsaw Galway</i> will address the need to bring services closer to people by providing services in communities where people live including home-based supports and outreach services. Communities will be empowered to own the issue of mental health. Communities will be supported to become more aware of their strengths and resources. <i>Jigsaw Galway</i> will facilitate dialogue at community level in order to increase the capacity of individuals and communities to respond.
<b>Pathways to Seamless Care and Support</b>	There are numerous potential points of engagement (gateways) into the youth services system. Not all young people require high-intensity, specialised mental health services. Services should be welcoming and respectful and provide clear pathways to appropriate help. There is a need for collaboration and coordination between agencies to ensure that no matter which gateway the person enters, she/he is able to access appropriate and responsive service.
<b>Early Identification and Intervention</b>	Identification of early warning signs for mental health problems and taking action against factors that put individuals at risk.
<b>Non-Discriminatory Access</b>	Non-discriminatory access for minority groups.
<b>Stigma Reduction</b>	<i>Jigsaw Galway</i> aims to tackle the stigma and discrimination surrounding mental illness. Stigma acts as a major barrier to young people accessing mental health services and is an added burden on the lives of those experiencing mental ill health.
<b>Outreach</b>	Services will be provided on an outreach basis in a setting most appropriate to the young person’s needs.
<b>Reflective Practice</b>	Thoughtful consideration of the experiences learned by the planning team when applying knowledge to practice. Using data to make decisions.
<b>Service System Planning</b>	Planning for youth mental health services involves achieving an understanding of the complex nature of the needs of young people and the systems within which they are embedded. Planning decisions should be based on community-specific data.
<b>Mental Health Promotion</b>	Promoting well-being of young people and addressing the needs of those at risk from, or experiencing mental health difficulties.
<b>Partnership</b>	<i>Jigsaw Galway</i> will work in partnership with families, carers, and other service sectors to address the mental health needs of young people.
<b>Empowerment</b>	Young people have the power and control over their life including their mental health. Empowerment involves young people taking responsibility for self and advocating for self and others.

## Section Six

### Somewhere To Turn To, Someone To Talk To

#### Programme Design

Following the needs analysis, it became clear that the current system of health and support services is insufficient to meet the needs of young people.

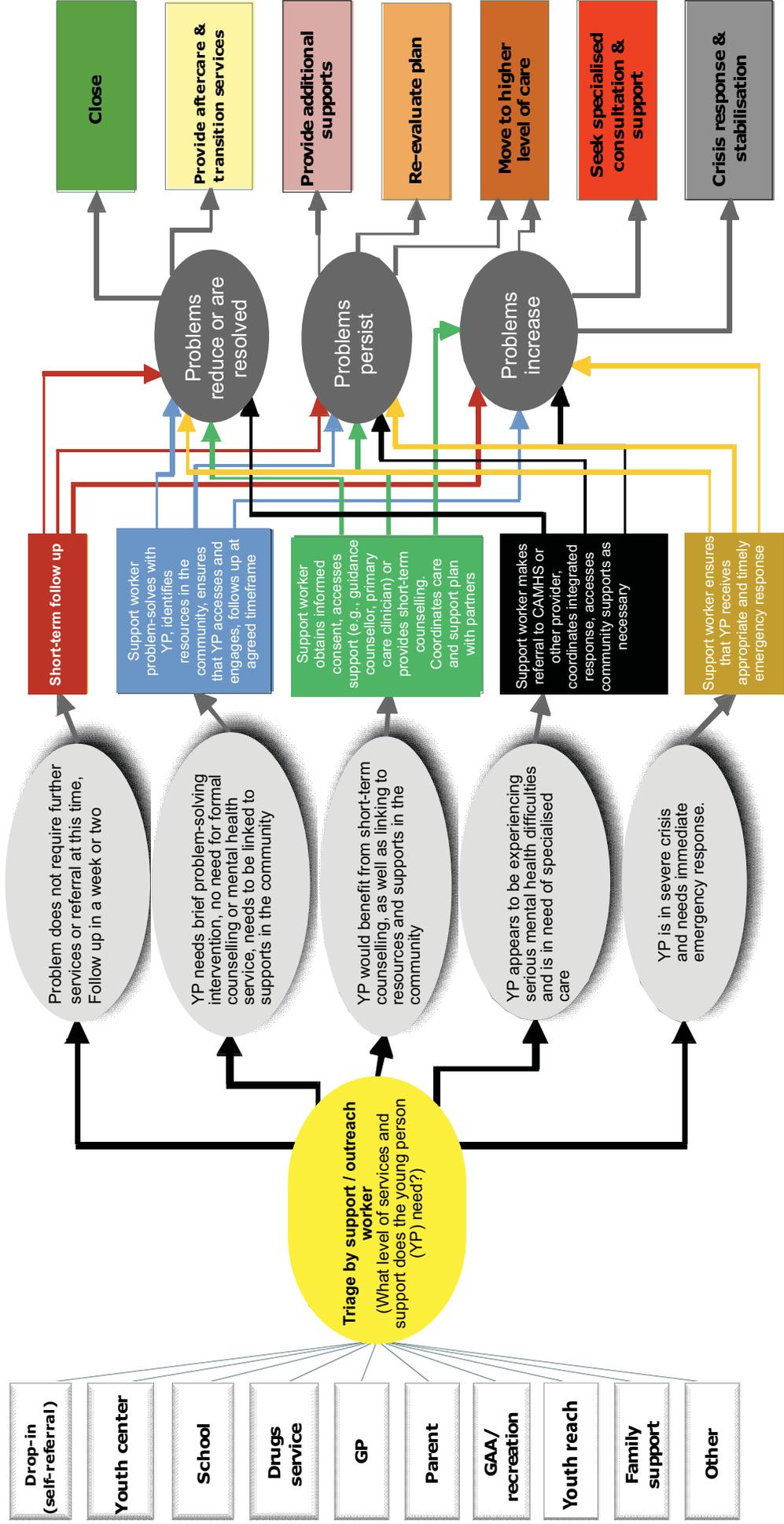
Based on the data analysis, the planning team derived multi-level goals that shaped the *Jigsaw* Galway initiative. The planning team, comprising HSE representatives, clinicians, managers, youth and community leaders, worked with Headstrong to design a community plan that would turn the aspirations in **Table 3** into achievable goals.

#### Young people in Jigsaw Galway.



Photographs by Pascale Meijer

# Jigsaw Galway Pathways to Care



## Section Six

### Somewhere To Turn To, Someone To Talk To

#### The Model : Jigsaw in Action

*Jigsaw Galway* operates from a building in the city centre on Mary Street. This building acts as a hub of service delivery and service coordination. A key function of this central location site is that when young people seek help, they can obtain an immediate response from an individual who listens to them, who can determine what level of assistance may be required, and who can ensure that they receive an appropriate level of response at the time when the young person walks in to the building.

**Figure 6** illustrates the structure of *Jigsaw Galway*. The Mary Street hub is staffed by a range of workers who constitute a Youth Access Team (YAT). This group is coordinated by a clinical team leader and includes a primary care nurse, counsellors, a drug and alcohol worker, a sessional psychiatrist and a sessional GP. In addition to this core team, additional expertise is provided by voluntary and statutory service providers who are critical partners within the *Jigsaw* network. The core activities of *Jigsaw Galway* are direct support, secondary consultation, outreach, sessional inreach, service provider education and training and youth engagement.

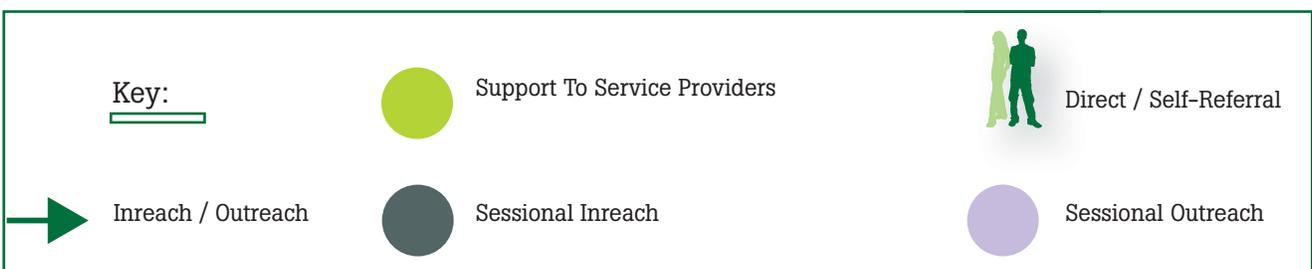


Figure 6: Jigsaw Galway

## Section Six

### Somewhere To Turn To, Someone To Talk To

Most of the contacts made with young people are through community agencies and organisations (e.g., youth cafes, schools and other youth related agencies). These agencies identify young people with emerging mental health issues who require an immediate response. This might result in an outreach support worker going to where the young person is in the community (e.g., the referring agency, a café or youth club) and supporting the young person indirectly through working with the adults who have his or her trust. It may also result in working with the young person directly to assess the nature of the crisis & facilitating a referral of that young person to Mary Street. The most crucial aspect of this arrangement is that the young person sees someone without encountering bureaucratic obstacles, and that the basis for a working relationship is established.

Staff at the Mary Street site perform the critical function of *triage*. With support from others on the team, they make an initial determination about what level of need the person has and what service(s) may be most appropriate. Rather than just making a referral, however, the support worker remains engaged with the young person until such time as the person no longer requires the service or would benefit from other community supports. For some, this may mean seeing a counsellor for brief therapy and crisis management. For others, it may mean advocating that they be seen at a Primary Care or community mental health clinic. In the latter scenario, the sessional psychiatrist or nurse becomes involved in assessing and linking the young person with the appropriate service. In many instances, other community assets are important resources for the young person, including social and recreational programmes, social skills groups, and school counselling.

#### Focus on Engagement, Triage, and Early and Brief Intervention

Given the early intervention focus of *Jigsaw Galway*, there is a need to ensure that young people are able to move in and out of the service, as required, and in a time limited period. *Jigsaw Galway* does not seek to provide long-term counselling or psychotherapeutic interventions. There

are other services in the community with a specific role in providing these types of supports which *Jigsaw Galway* does not wish to duplicate. A key function of *Jigsaw Galway* is to ensure that every young person's needs are assessed and that they are supported in accessing an appropriate level of intervention.

By intervening early and briefly, *Jigsaw* reduces the time a young person is engaged with a service, which allows for a higher number of young people to access the service without the need for a waiting list. It also means that through timely intervention, *Jigsaw* can help to minimize the need for specialist services down the track. Availability of the service should also serve to reduce current waiting lists in the speciality areas.

Fundamentally, the goal for this component of *Jigsaw Galway* is that when a young person is in need, he or she receives a personalised and appropriate response. In the process, *Jigsaw Galway* staff will ensure that a relationship is built with the individual in such a way that supports the young person to sustain engagement in a productive manner. Even when the young person becomes engaged with another service, the support and outreach workers will maintain an advocacy and support role (e.g., follow-up, trouble-shooting).

#### Supporting those Working with Young People

*Jigsaw Galway* recognises that the many professionals and individuals who work with young people have a broad range of skills and expertise and are able to deal with a multitude of issues that young people encounter. Staff at *Jigsaw Galway* are available to increase the capacity of workers in the field by facilitating ongoing training, by organising professional development events and by providing ongoing support and secondary consultation to workers across services and settings.

#### Resourcing Jigsaw Galway

*Jigsaw Galway* is supported primarily through a reconfiguration and re-engineering of resources provided through Galway PCCC. Headstrong

has also provided a grant, secured through philanthropic foundations and through local and national fund-raising, to support the establishment of the model in Galway city and county for the first three years. Mental Health Ireland play a key role in **Jigsaw Galway** through the employment of key staff.

Core staff provision proved to be one of the most challenging aspects in the implementation of **Jigsaw Galway**. From the time that the initial business plan was developed to the time of actual implementation, significant resource restrictions were placed on the HSE. However with the support of the planning team, sufficient resources were identified to ensure that the desired model could be implemented, albeit with slightly reduced staffing.

Critical to ensuring that appropriate staff were selected to work for **Jigsaw Galway** was the involvement of the Youth Advisory Panel. This ensured that those selected were both able to engage and relate to young people and cognisant of their role in advising and supporting the development of **Jigsaw Galway**.

### **Clinical Governance Framework**

**Jigsaw Galway** has developed a comprehensive clinical governance framework specific to the provision and delivery of care to young people that is effective, safe and maximises health and other outcomes. In developing and using the framework, the **Jigsaw** planning team considered a range of organisational and clinical factors that impact on service effectiveness. A clear and shared understanding of the framework is required for all staff.

Clinical governance is different from corporate governance. Corporate governance refers to the processes and procedures that clarify the relationship between partners and stakeholders in the running of the programme. It clarifies how the actual programme is directed or administered by the planning team members. Clinical governance focuses on the clinical aspect of ensuring smooth, consistent and effective delivery of care and does not solely refer to the direct

delivery of clinical care only. High quality care is underpinned by effective organisational structures, points of accountability, clearly defined processes, policies and procedures, and a shared understanding of the clinical model through clear communication.

Clinical governance frameworks often focus on services that are highly specialised towards the more acute end of service provision. **Jigsaw Galway** is unique in its service delivery because it provides care through a range of providers, sectors and funding streams. A clearly defined clinical governance framework allows for learning and reflection in the delivery of care. This leads to service improvement and the development of a more effective system.

### **A Whole of Community Approach**

The hub in Mary Street, is the centre out of which **Jigsaw Galway** operates. This is the base for all staff and where training and service design often takes place. The ultimate aim is to build a seamless service and support system for young people, which uses Mary Street as the operational hub, with a number of support services located throughout the community. At regular intervals through the planning process, the project planning team convened meetings of a wide range of stakeholders from across the county to inform them of developments and to identify specific ways that their agencies could be knitted into **Jigsaw Galway**. A key function of the hub in Mary Street will be to nurture and maintain these community-wide links so that possibilities for engaging young people can be developed and increased. Support for young people in diverse settings will be provided through an active outreach programme and triage.

**Jigsaw Galway** is about ensuring that young people do not 'fall through the cracks' when they need help. It is about ensuring that young people can access help and receive support in an environment which suits them, be it at the hub in Mary Street or at some other location in the county or via another supportive organisation in the community.

***"The ultimate aim is to build a seamless service and support system for young people, which uses Mary Street as the operational hub, with a number of support services located throughout the community."***

### **Training and Support**

Headstrong has developed a training programme which aims to introduce to a broad range of workers a new way of thinking about service provision to young people. Areas of focus include adolescent development; the **Jigsaw** model in action; strengths-based and solutions focused approaches, risk assessment and goal setting, inter-agency working and collaboration and planning and evaluation. Initially this training is provided to those staff working in the hub at Mary Street to ensure that, as a team, they understand the **Jigsaw** philosophy and share the same values and ideals about how the model can work on the ground. The plan is to make the training available to the broader constituency who engage with young people. This ensures that there is a shared understanding of this new way of working and a real commitment to delivering on what has been agreed, by the community as a whole, for **Jigsaw Galway**.

### **Promoting a new way of doing business**

In order for **Jigsaw Galway** to be a success, careful thought has been given to how the initiative should be promoted. Given that the initial focus has been on the development of the hub in Mary Street, promoting the initiative must be done in a way which identifies **Jigsaw Galway** as a 'whole of community' programme, not just the Mary Street hub. Service integration and coordination is a key element of **Jigsaw** and it is with this in mind that **Jigsaw Galway** will be promoted throughout Galway city and county. The staff based in Mary Street will play a critical role in service promotion and will be actively engaged in talking with community agencies and organisations about **Jigsaw Galway** and how everyone holds a piece of the **Jigsaw**. This will be an ongoing strategy which continues to strengthen the connection between services for young people in order to ensure that there is 'no wrong door' for young people in accessing services and receiving support throughout the county.

### **Summary**

Headstrong identified Galway as a demonstration site for **Jigsaw** for a variety of reasons. Galway city is a university town and is recognised as a hive of cultural and social activity for young people. There are a large number of youth-focused organisations that serve young people throughout Galway. The demographics of the city and county are diverse with a variety of urban, suburban, rural and island communities spread through the entire county.

When Headstrong began discussions with people in Galway and introduced the concept of **Jigsaw**, the community listened. After many meetings, lengthy consultations and community events involving young people, families, youth organisations, local businesses, agencies and health services, the Galway community formally requested Headstrong to demonstrate **Jigsaw** in their community. Headstrong then began the planning process with the **Jigsaw Galway** planning team to develop and design a community model of mental health to serve and meet the needs of young people in Galway.

During the period from December 2008 to February 2009, **Jigsaw Galway** engaged with 139 young people. Responses to their needs included consultation with community members and local professionals, and also meeting with young people on an individual basis and in group sessions. Details of the different referral pathways that brought them into the service, the range of problems they were experiencing and the interventions that were provided are included in the appendix to this report.

Headstrong was established to support all young people to achieve better mental health and well-being and to work alongside communities in the development of better systems of care and services to meet the needs of young people. **Jigsaw Galway** demonstrates that communities are willing and able to harness a wide range resources and make them available to young people.

**“Service integration and coordination is a key element of *Jigsaw* and it is with this in mind that *Jigsaw Galway* will be promoted throughout Galway city and county.”**

## Section Seven

*Jigsaw In Action*

**JIGSAW**  
youngballymun  
YOUNG PEOPLE'S HEALTH IN MIND

*"Don't be afraid, don't be afraid to use your voice..."*

Daire, aged 17, Ballymun



## Section Seven **Jigsaw** in Action: Urban Community Case Study, Ballymun, Dublin

### **Jigsaw youngballymun**

Headstrong has been in partnership with *youngballymun* for the past two years, to design and implement the youth well-being component of the *youngballymun* programme as a **Jigsaw** site. **Jigsaw youngballymun** was launched on 12th December 2008.

Jigsaw youngballymun will be delivered in three phases:

The first phase puts in place a streamlined and integrated support system for young people built around current projects and services. A broad spectrum of adults already working with teenagers – including youth workers, community workers, resource staff and teachers – are all being upskilled in assisting young people to manage emotional and behavioural difficulties. These key staff will receive ongoing dedicated mentoring and support from child and adolescent mental health professionals.

The second phase of the service concentrates on expanding youth-friendly facilities in Ballymun and the capacity of young people to support each other. A youth café facility will be developed and peer mentoring and advocacy resourced which will further develop the capacity of young people's support systems. This will be complemented by evidenced-based family and parenting programmes.

The third phase of the service focuses on developing a community crisis response service for young people in significant distress. Research into internationally proven models of community-based crisis response services and a rigorous local case study provide the foundation for this service, advised by educators and youth services in Ballymun, by the juvenile justice system and by Headstrong, the HSE and Mater child and adolescent mental health services.

Headstrong was invited to design and implement **Jigsaw** in conjunction with *youngballymun*. A comprehensive needs and resource analysis was conducted by a Headstrong-led planning team in Ballymun, and these findings were moulded into a creative and comprehensive response to the identified needs of young people. A core element of the plan that emerged, *wraparound facilitation*, demonstrates how application of the **Jigsaw** model can result in a responsive, creative, and practical plan that utilizes resources already available in a community and that is unique and tailored to suit a particular community.

### **The Ballymun community**

Ballymun is a geographical area about 3.88 square kilometers (1.5 square miles) in size. Ballymun is also a neighbourhood in the sociological sense (a place with which people identify themselves). Ballymun has a strong sense of community, a unique history, and holds a special place in the history and development of both Dublin and Ireland as a nation.

The original construction of the Ballymun flats was related to a public housing crisis in Dublin in the early 1960's. Large numbers of poor and dispossessed people were living in unsafe conditions in greater Dublin. Emergence of the need for social housing coincided with a desire to showcase the "new Ireland", as it emerged from a predominantly agricultural state.

However, by the early 1970's, there was already a tenancy turnover rate of 50%, and by the 1980's, the vacancy rate had risen to disturbing levels. The intended population of Ballymun was 12,000 but by 1996 it had ballooned to 20,000.

With the steady deterioration of both the physical and psychological ethos in Ballymun, this community acquired a highly stigmatized reputation as a symbol of urban decay.

Reasons for this deterioration varied, but included that:

- The community was built too far from Dublin city centre, with limited public transport and access to goods and services;
- It was difficult for employed people to get to work;
- There was a high degree of social and physical isolation;
- Many initial residents came from poor communities torn apart by re-settlement, making it difficult to re-create a sense of community;
- Much of the original plan was not realised (services, social and recreational resources, other amenities);
- Rapid expansion elsewhere of corporation house-building and new incentives for house-buying led to couples with children leaving the estate, resulting in high vacancy rates;
- When negative economic and social forces impacted Dublin and the rest of Ireland, they were magnified in Ballymun.

### **Young people in Jigsaw youngballymun.**



*Photographs by Pascale Meijer*



Photo source: Ballymun: A History Volumes 1 & 2 Synopsis, by Dr. Robert Somerville-Woodward  
**Aerial view of Ballymun before regeneration began (c. 1997)**

All of these factors contributed to deterioration of the built environment, disintegration of community cohesiveness, and an enduring distrust of government. The mid-1980's represented a particularly low point in Ballymun's history, with high rates of unemployment, transience, vacancies, and social problems. Much of the stigma associated with the neighbourhood was acquired during that period. At the same time, resilient and determined people and organisations emerged from within the community to advocate for change, setting the stage for community renewal and regeneration.

Ballymun Regeneration Limited (BRL) was established in 1997 by Dublin City Council and the Department of Environment and Local Government, to plan and implement a massive community regeneration effort in Ballymun. BRL published a plan which called for the construction of approximately 6,000 new homes, 2,800 of which would be replacement housing for people in 36 flat blocks being demolished. Several categories of housing were included in the plan, such as public/local authority housing, private housing, voluntary housing, and housing co-ops. At present, the construction effort is considered to be about 50% complete.

The 2006 Census reports the total population of Ballymun as 15,495, making for an increase of 1.7% since the previous census in 2002. The population density of Ballymun in 2006 was 14,215 persons per square mile (22 persons per acre), compared to 11,766 per square mile in Dublin City (18 persons per acre).

### **Needs and resource assessment**

In the past two years Headstrong, in partnership with *youngballymun*, has met with individuals, agencies and services that work with young people in this community. Between them, these diverse services have a richness of talent and expertise, but they were surprisingly unaware of each other and more often working at cross-purposes, rather than as partners who shared a deep commitment to the welfare of young people. Overall the needs and resource assessment identified over 160 agencies working within

Ballymun on behalf of young people. The *Jigsaw* planning process highlighted the need for these different initiatives to coordinate their efforts and focus their work around the needs and concerns of young people themselves.

Headstrong and the *Jigsaw* planning team also analysed data from governmental agencies, local and regional planning authorities, youth programme descriptions and evaluations, and prior needs assessments carried out by researchers and governmental organisations.

An extensive information gathering strategy was implemented to determine the scope of needs and resources in the community, and also to obtain more specific information about the health, mental health, and general well-being of young people in Ballymun. In addition, key informant interviews with service providers and community stakeholders, focus groups with community agency representatives, and a survey of community providers were completed. The importance of hearing the "voice" of young people was critical, in order to learn about what young people themselves had to say. Focus groups and individual interviews were carried out involving approximately 40 young people across the spectrum of the community.

It was found that Ballymun had one of the highest relative proportions of young people in Dublin, and that this percentage appeared to be growing in the community. Compared to other areas within Dublin, it also tended to have larger households, more lone parent households, and a higher proportion of co-habiting parents. Ballymun also had a higher than average representation of some of the most vulnerable groups in Irish society, including people with disabilities and Travellers, and one of the highest proportions of native-born Irish in Dublin. Levels of educational attainment were generally lower than in other communities, and Ballymun scored high on an overall deprivation index.

Focus groups with young people, key informant interviews, and surveys of providers and carers were organised

by the *Jigsaw* planning team. Several social and cultural factors were identified as having an influence in the Ballymun community. These included:

- Dramatic demographic and cultural changes occurring in Ireland as a result of the “Celtic Tiger”;
- Declining influence of organised religious institutions, despite consistent interest in faith and spirituality;
- Increasing pressure to succeed as defined by money, jobs, and clothing (not necessarily school achievement);
- Significant influence of the international media on images of success and style (especially American culture).

For the purposes of discussion and analysis, key themes emerged from the extensive consultative process which were grouped into categories, based on the ecological model described in Section Four.

#### **Ballymun’s built environment**

A substantial portion of the new construction in Ballymun had been completed or was underway at the time of the consultations. Many of those interviewed were optimistic about the prospect of infrastructure improvements, but expressed limited confidence about increased availability of commercial businesses and shops. Great concern was expressed about physical safety issues in the many construction zones, as well as construction delays and associated uncertainties. There was considerable tension in the community about communication breakdowns and conflict about moves, policies, and procedures. In addition, social class conflicts emerged in relation to housing and investment issues. Overall, there is diminished safe and usable space in the community due to the increase in low level housing development, which has been made more complicated by the number of empty flats and building sites that served as places to “hang out”. Among other issues, these building sites made it more difficult for adults in the community to keep track of young people.

#### **The sociological environment**

Ballymun has a rich community history and tradition and there is considerable pride of place and identification with the community. At the same time, there was substantial concern about the loss of connections with neighbours and the breakdown of social networks that accompanied the regeneration effort. Not only was there a potential loss of community connectedness, but the effect on community norms and standards was palpable. Problems associated with urbanicity and poor neighbourhoods, including unemployment, poverty, crime & delinquency, lone parenting, substance abuse, and transience materialised throughout discussions. There was universal agreement that Ballymun carried with it a pervasive stigma that is difficult to overcome.

#### **The psychological environment**

People who were raised and who live in Ballymun appeared to experience a strong sense of connectedness, familiarity, and identity with the community. Many of the adults interviewed felt hopeful and positive about changes that were occurring (housing, services, opportunities), but young people did not appear as hopeful about the future. A common theme that emerged was one of generalized concern, about issues of illness, crime and uncertainty. There was also a strong sense of distrust of institutions and agencies, coupled often with a commitment to self-advocacy. In general, it appeared that the experience of living in Ballymun was, for many, one of social isolation and self-isolating behaviors. There was a keen awareness of geographical and psychological boundaries. Several of those interviewed expressed that they experienced a degree of numbness to severe experiences (e.g., death, violence, prominent incidents), coupled with anxiety and a sense of helplessness.

#### **Community services and supports**

Many people in the community identified consistent satisfaction with many of the new services and facilities that have come on line through the regeneration effort, to include the Civic Centre, clinics, pool, AXIS centre, and neighbourhood centres. Those who took part in the consultations also recognised that much remained under construction, in the design stage, and/or under discussion (for which there

was some frustration). Service areas that were of greatest concern/conflict included housing, shopping, neighbourhood centres, and policing. There was general recognition of the high number of community coalitions and initiatives, and a degree of surprise that over 160 agencies and organisations could be identified just within Ballymun. There was uniform agreement that service integration and coordination were big problems. There had been some initial steps toward better coordination (e.g., the Network, a cross-cutting approach to service integration). With the massive construction effort, there were many problems with access and service displacement. A common theme referenced across groups was the relative lack of adequate child care. Despite these issues, informants also frequently described Ballymun as having a generous and giving culture, with a tolerance for diverse lifestyles (e.g., a broader perspective on family structure). Mention was often made of the power of informal networks as major sources of support, although concern was also raised about the negative effects on community connectedness related to displacement. Both residents and providers saw self-advocacy as a healthy response and an adjunct to direct service provision.

### **Schools and schooling**

Schools were often described as a neutral and safe harbour which provided a sense of normalcy. Schools often were used to promote social inclusion and integration. Significant problems were documented relative to school attendance, school discipline, behaviour, and achievement. Challenges included building supports for teachers, upholding high standards of achievement, building trust with the community, improving teacher-student interaction (culture, communication), staff turnover, parent involvement in schools, the need for special educational and related services, and the need for effective mental health prevention and intervention services in schools.

### **Youth, social, & recreational services**

There are several exemplary and innovative programmes and initiatives in Ballymun. A key strength lies in the high levels of involvement from members of the community in managing the outreach

programmes. This degree of community participation was a practice followed by several programmes, and was seen as exceptional. Nonetheless, some programmes served low numbers due to intensity of need and limited resources. Notably, there were few youth-generated clubs and organisations around the community. It was found that one of the big challenges for the sustainability of youth-oriented organisations related to facilities, including limited playgrounds, pitches, organised sports and recreation programmes, and unfinished youth centres.

### **Health, mental health, and social services**

Interviews with service providers in the health, mental health, and social service sectors revealed considerable understanding of the diversity and complexity of needs in the Ballymun community. At the same time, it was common for staff to express that they felt overwhelmed by the extent of need, the high demand for services, and bureaucracy. Problems cited within the mental health system in particular included that young people were reluctant to enter the health facility despite its central location, there were high rates of no-shows, and a notable lack of follow-up by parents. Many young people found it difficult to access help and support, because there was such a stigma about accepting help and because they felt they lacked the vocabulary to discuss mental health issues.

Difficulties in information sharing and coordination were also discussed. There was a recognition that traditional approaches to office-based psychotherapy were unlikely to work. Several innovative programmes and practices were in their early stages of development.

The lack of crisis services and emergency supports was of particular concern, especially with respect to overnight and weekend services. A common theme was the need for outreach and follow-up services to engage young people. It was also discussed that there is a need for service providers (e.g., counsellors, therapists) to learn more about the uniqueness of the community and the experiences of young people.

## Section Seven

### Somewhere To Turn To, Someone To Talk To

Access was a dominant theme, given data that only a small portion of the 200-300 individuals who receive services annually are adolescents.

#### Friends and neighbours

The strong bonds that exist in extended family networks, with respect to the influence of friends and neighbours and neighbourhood groups, was given substantial emphasis and a very strong sense of community identification was apparent. There is a major need for a greater number of responsible adults to serve as role models and mentors for young people. The lack of male role models was of particular concern. It was also emphasised that priority should be given to engaging and supporting family members to play these kinds of roles. A challenge that many people spoke of was that there were significant influences in the community that had the effect of facilitating risky youth behaviour (e.g. buying beer for minors), which, when coupled with peer pressure, made setting limits difficult. Moreover, young people in Ballymun were often described as alienated from adults. The extent of enmeshment with friends and neighbours (i.e., everyone knows everyone else's business) was also seen as an alienating trait in the community.

#### Families

Despite all the difficulties associated with living in a distressed community, families were uniformly described as loving. Parents were often described as exhibiting strong protective impulses that verged on overprotectiveness, rather than being described as neglectful. At the same time, families were seen as commonly insular in the sense of being disengaged from the outside world, with a degree of fear of outsiders. Many of them had very few social networks to support them in child-rearing resulting in a significant build-up of stress within the family home. Non-traditional family configurations were common in the community, and instability in family constellations was frequently seen.

It was very common for families to describe feeling uneasy and awkward when they were initially approached by "professionals" who had no personal experience of living in Ballymun. Parents often felt conflicted about their children's needs. On the one hand they could see

that their children had much greater educational and training opportunities than had ever been possible for them. On the other hand, they found it difficult to grasp why young people today couldn't settle for the same role that they, their parents, had accepted as their fate.

Many of the perspectives taken by parents reflected a deep loyalty to previous generations. Therefore their own experiences with various social agencies coloured their relationships with these agencies and were passed on to their young people. Given all of the above issues, there was also a sense that many of the needs that families experienced, were hidden, and did not come to the attention of any system unless and/or until a crisis occurred. Goals for family intervention included parenting skills, expectations for behaviour and achievement, and valuing of education.

#### What young people had to say

Many of the concerns articulated by young people to the *Jigsaw* planning team were no different from young people who had been interviewed across Ireland. Like many of their peers, the young people in Ballymun reported struggling with expectations in their lives:

- To make the most of school, even when there was a lot of peer pressure and sometimes family pressure to drop out;
- To do something with their lives, to believe in their dreams, when people around them questioned why they couldn't settle for what had been good enough in the past for adults in previous generations;
- To come to terms with being sexual in their own time and to deal with pressures to become drawn into behaviour that they do not feel ready for;
- To be accepted for the person they are, even when they feel hugely insecure inside about who exactly that is.

In addition to these concerns, young people also described being witnesses to multiple episodes of violence, crime and aggression. While they tended to minimise the impact of these experiences, it was clear that they

were very unsettled by them. In reality, many of the young people in the Ballymun focus groups had been secondary victims of trauma, but had never had the opportunity to process these experiences and make sense of them.

There was substantial evidence that young people in Ballymun experienced high rates of high-risk behaviour, often at young ages, to include drugs, alcohol, sexual activity, and aggression. Common concerns referenced by young people who were interviewed and who took part in focus groups included:

- Mental illness (e.g., depression, dual diagnosis)
- Developmental disorders (e.g., physical and mental disabilities)
- Suicidality and self-harm
- Conflicted and stressful family relationships
- Exposure to physical illnesses of all types from an early age
- Trauma (e.g., bereavement, witness to domestic violence)
- Learning problems (e.g., school achievement difficulties)
- Poor employment prospects and lack of marketable skills

Despite all of these difficulties, young people appeared to exhibit pride of place and a strong sense of identification with the Ballymun community and they displayed resilience in the face of adversity. Challenges that young people frequently noted included low self-esteem and self-efficacy. They spoke of concern about stigma, and of over-attributing life events to the Ballymun label. They acknowledged a lack of awareness when it came to knowing what good physical and mental health looks like, and as a result were uncertain about knowing if or when they needed to ask for help. Other key issues that were of importance were the fear of trying new things, a hesitancy of openness to experience and learning, and an inability to envision a positive future.

It should be emphasised that, despite all of the difficulties that young people identified, there were many very capable and high achieving young people in Ballymun who took full advantage of educational and economic opportunities.

Similarly, there were many supportive families with high aspirations for their children in the community.

## Programme Design

All of the above information was presented by the **Jigsaw** planning team to the wider Ballymun community. Working in large and small groups over the course of several months, a multi-systemic plan was developed to address the mental health and well-being needs of young people. The plan that now forms the basis for **Jigsaw** youngballymun was designed, similar to **Jigsaw** Galway, to address different levels of need among young people in the community: (1) to help young people in distress, (2) to help young people at risk, and (3) to help all young people.

## Helping young people in distress

### Wraparound facilitation\*

A core component of **Jigsaw** *youngballymun* is the deployment of wraparound services for young people in the community, which are designed to ensure:

- Reliable identification of young people in crisis or high need;
- Rapid response to crises;
- Relationship-building with responsible adults;
- Engagement with planned interventions and supports;
- Attainment of positive outcomes and;
- Thoughtful aftercare.

In the wraparound process, a designated “facilitator” (e.g., case manager, lead teacher, youth worker) engages with the young person and works to establish a relationship, assess needs and risk, determine the kinds of services and supports that may be required, and ensure that the young person accesses these services.

### Crisis response

Specific activities in **Jigsaw** *youngballymun* will focus on crisis response system improvements. These include establishing more formal and integrated crisis response programmes and protocols, training mental health and youth service professionals in brief

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\* See the last section of this chapter for a more detailed description of wraparound facilitation.

## Section Seven

### Somewhere To Turn To, Someone To Talk To

therapy and crisis intervention skills, and implementing a community strengthening strategy called Mental Health First Aid. Development activities related to crisis response will focus on:

- Providing timely and accessible aid;
- Providing access to a wide range of crisis stabilisation options;
- Stabilising young people as quickly as possible and assisting them to return to their pre-crisis level of functioning;
- Increasing ability to recognise and deal with situations that may otherwise result in crises;
- Improving the network of community and natural supports, as well as the use of these supports for crisis prevention;

#### Outreach and engagement

One of the greatest challenges in providing mental health services to young people is engagement. Many do not receive the care they need, either because they do not seek help or because they disengage from services before they reach their full therapeutic potential. The importance of encouraging appropriate and effective early help-seeking behaviour for mental health problems has been recognised as essential for prevention and early intervention. *Jigsaw youngballymun* is an innovative mental health outreach effort, in which mental health professionals provide consultation and support in schools, neighbourhood centres, community agencies, and other settings that serve young people.

In these roles, mental health professionals will:

- Provide information, education, and support to front-line workers (e.g., teachers, youth workers, local service personnel,) on identification and effective intervention with young people who have behavioural and emotional difficulties;
- Work in close conjunction with families, case managers, and others around the design of therapeutic interventions and problem solving;

- Conduct, model, and co-lead group intervention programmes;
- Help families and staff understand mental health and developmental issues of young people;
- Assist staff and parents to access mental health services in the community;
- Provide brief interventions. Implementation of this approach will entail mental health professionals working directly in community settings, rather than in the Health Clinic.

#### Enhancing service capacity

The sheer number of young people in need in Ballymun argues for building greater capacity across the system of care for evidence-based counselling and psychotherapeutic intervention. There is also a need for more diverse and specialised services (e.g., family therapy).

Traditional mental health services in CAMHS are structured around clinic-based appointments in Primary Care or a specialty clinic. Both settings are overwhelmed by demand, have waiting lists, and experience low rates of engagement of adolescents. The present system is under-resourced and not always responsive to the needs of young people.

*Jigsaw youngballymun* will focus effort on procuring additional counselling resources from both statutory and voluntary sectors through re-allocation and the establishment of new mental health positions dedicated to the mental health needs of young people.

*"Ma and da have split up – it's hard.*

*My brother is on drugs and my parents  
don't know but I do and he has totally  
changed and I'm really worried about him"*

Jason, aged 17, Ballymun



## Helping young people at risk

### Prevention programmes

Parenting and family strengthening programmes have proven useful in the prevention and treatment of social and behavioural issues, substance abuse, suicide, family functioning, and disorders of conduct. These programmes address factors such as parental supervision, attachment to parents, consistency of discipline, family conflict, family isolation, sibling drug use, and poor socialisation. In addition to structured parenting programmes, there are a significant number of evidence-based psycho-educational curricula available for work with young people. They can serve as an effective means for delivering concepts to encourage optimum developmental outcomes. Most are designed to be delivered in school settings, but they can be delivered in a variety of settings and contexts.

More generally, leadership and positive youth development opportunities will be pursued by **Jigsaw youngballymun** in collaboration with community partners, through the development and deployment of a broad range of social, recreational, and work related programmes. With the emphasis of these approaches resting on asset building and resiliency, **Jigsaw youngballymun** aims to provide young people with skills and competencies required to be productive and effective in society and responsible for their behaviour.

### Training and personnel development

The effectiveness of response to young people in need can be enhanced through training and support. Groups that will benefit include health care practitioners, educators, youth workers, and mental health professionals. The content of structured training encompasses adolescent mental health, developmental processes, positive youth development, relationship-building, risk identification, crisis response, helping skills and brief intervention, consultation processes, and integrated planning. **Jigsaw youngballymun** emphasises generic cross-training to be attended by practitioners across all community institutions and agencies.

## Peer support

Social support and connectedness with peers are protective factors against a range of physical and psychological difficulties. Peers are the most likely source of initial help for young people in crisis. Supportive friends can help a young person in need to feel connected, problem solve, and access help. Helping others can increase self-esteem, decrease dependency, and provide a sense of control and a feeling of social usefulness. Peer education draws on the credibility that young people have with their peers, leverages the power of role-modelling, and provides an accessible layer of help and support. It can help young people to develop positive group norms and make healthy decisions about risky behaviour.

## Helping all young people

### Youth self-advocacy & civic engagement

Self-advocacy implies empowering young people to set goals, make decisions, and influence the thinking and decision-making of others in a positive fashion. Youth civic engagement stresses that young people have a role to play in the life of the Ballymun community, and that they can be supported to make better connections, care about their community, and commit to change processes. Self-advocacy and civic engagement programmes seek to help all young people feel part of their community and learn skills that will facilitate their ability to influence their circumstances.

### Youth Café

There are plans within the youth sector to develop a Youth Café in Ballymun to provide a public space for young people, as well as a vehicle for the delivery of a wide range of developmental, educational, and informational programmes. These programmes address the free time and leisure needs of all young people in the community, and focus on positive socialisation experiences. A secondary goal is to provide a pathway for obtaining support in areas of health and mental health.

## The Role of Wraparound Facilitator

Wraparound facilitators who work with *Jigsaw youngballymun* come from diverse backgrounds and are embedded in a wide variety of settings, but what they have in common is a core set of helping and problem-solving skills that can facilitate immediate, authentic, and effective responses for a young person who approaches them with a difficulty. In effect, wraparound facilitators represent the front lines of the system of support and services for young people. The stories of 6 young people are used here to show the role of wraparound facilitator in action in a young person's life.

- *Declan (age 15)*, a student, has been struggling at school lately. His grades have been falling and he has had a couple of emotional outbursts in the classroom, although he is normally an average student who gets his work done and has no behaviour problems at school. Today, he arrived at school late, and seemed upset. In class, he has been unable to concentrate. When asked if anything is wrong, he divulges that the night before he had witnessed a violent argument between his mother and her new boyfriend. He says that he is very worried about his mother's safety, and is thinking about leaving school. The teacher asks if he wants to see the counsellor, but he says he is not comfortable with that because of the stigma, but he would be willing to talk with her some more because he trusts her. They agree to meet after class, during lunch period.
- *Sinéad (age 13)* participates in the drama programme at local youth centre. She confides in her youth worker that she has been having daily fights with her parents about complying with their rules, which she views as unrealistic and extreme. They seem to want to keep her in the house all the time after school and worry that her friends are bad influences. They are also concerned about her new boyfriend, who is 16. They suspect she has been sexually active, which she denies. Sinéad accuses her parents of not trusting her. The arguments are getting

worse; it seems as if they argue all the time. She really needs to talk with someone about this some more, and wonders if the youth worker would be willing to help her figure it out.

- *Conor (age 17)* has spent the last six months in hospital because he was severely depressed, but he is now returning to the Ballymun community. He has re-enrolled in school and seems to be doing fairly well. He is living in a new (for him) foster home with a family that has some experience with fostering, but mostly with younger children. While no longer depressed, he tells his social worker that he is feeling lonely and that he has nothing to do after school. He'd like to get more involved in some social and recreational activities, and make some new friends. He doesn't know what he is most interested in, what possibilities there are in Ballymun, or how to access these kinds of supports.
- *Deirdre (age 14)* is seen at the health clinic for a minor injury, but while treating her cut, the nurse notices that she seems mildly depressed. Some follow-up questions about her emotional well-being quickly leads to Deirdre breaking down and crying. She says she hates herself, is embarrassed about the fact that she is overweight, and is concerned about her physical appearance. She has limited knowledge about general health and mental health, few friends, appears socially isolated, has learning problems in school, and expresses a desire to talk some more about these issues.
- *Nuala (age 16)* attends a family support service for young mothers with limited resources. After the birth of her baby girl, she left school. She became isolated as her friends seemed to desert her. She lives in a flat with her parents, but it is very crowded and she finds it oppressive. She tells her support worker that she is "going crazy" with nothing to do during the day, and wonders if the support worker has any ideas on how she can get re-involved with other people.

- *Brendan (age 19)* is an early school leaver but is not enrolled in the Youthreach programme. He has had several scrapes with the Gardai since being out of school, one serious enough to land him in jail for a time. His history includes an admitted use of illegal drugs. He is now out and on probation, and his worker at the Probation Office has referred him to the Ballymun Job Centre. He tells the worker there that while he wants to work, he has few skills and some learning difficulties (especially in reading). Both the probation and the employment worker feel he has considerable potential and agree to meet jointly with Brendan to build a comprehensive plan to help him be more successful and avoid getting into more trouble.

What do these situations all have in common? Within each story, there is a degree of uncertainty about the seriousness and severity of the problem(s) experienced by the young person. Some of the situations may be transitory; others may be part of a larger, more complex set of difficulties with a more involved history. Some may imply an impending crisis, while others may be chronic. Nonetheless, all of the situations suggest that the young person needs some form of help and assistance in the moment, even if that just involves listening and being supportive.

Rather than going to a psychologist or psychiatrist, each of these young people has approached someone they know in the community and whom they trust with their concerns. If the response of the adult is to suggest that they seek an appointment to see a "qualified" mental health professional, the likelihood is that the young person will not do so, and the opportunity to provide support may be lost. Very often, there is only one chance to engage in a productive way with young people around these kinds of life issues, and an adult in the immediate environment that the young person trusts, may be in the best position to do so.

Wraparound facilitators, while not necessarily therapists or specialty mental health professionals (some may hold these or similar qualifications as a result of prior training), will play a critical role in *Jigsaw youngballymun*. Volunteers who become wraparound facilitators in Ballymun will undergo considerable training and receive ongoing support for this new role. Most will already possess many of the skills required to be effective in this capacity, so the emphasis will be on building on these skills.

Virtually all will have advanced training in some area of human services (e.g., education, social services, mental health, youth work). Moreover, each will bring unique perspectives and experiences to the role, thereby enhancing the initiative through the cross-fertilisation of ideas.

### **The structure of *Jigsaw youngballymun***

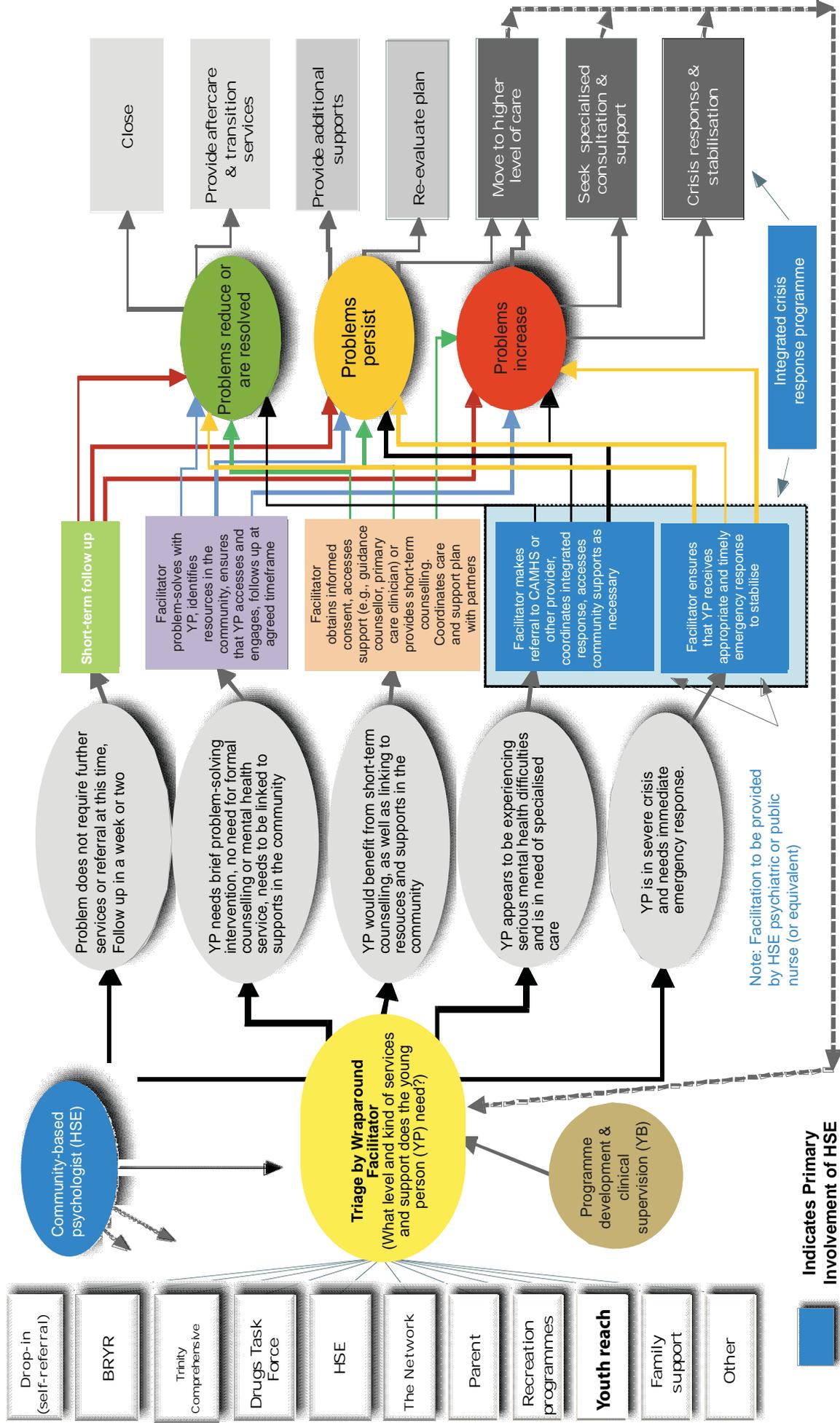
*Jigsaw youngballymun* has the same core elements and conducts the same core activities as *Jigsaw Galway* under an agreed clinical governance framework, but there are some differences in how the elements are organised. The emphasis in Ballymun is on the youth and community workers, teachers, police, counsellors, drug and alcohol services and specialist service providers, who are already in place and engaging with young people on a daily basis. These individuals are the designated wraparound facilitators in Ballymun. The network they are forming is the core of *Jigsaw youngballymun*.

Wraparound facilitators are in a unique position to identify and engage with a young person who may have need of support. A programme of education and training is currently underway with 44 individuals from 18 services in Ballymun, to build both their competence and their confidence to respond appropriately to young people in distress. For the most part, the young people with whom they intervene will be seen in the settings where they normally interact with them. These settings include schools, youth centres, youth cafes, police stations.

In a nutshell, the role of the wraparound facilitator is to provide an immediate, authentic, and effective response to young people in distress or at high risk, ensuring that someone listens to them, determines what they need and desire, supports them through the help-seeking process, problem solves with them, and links them to resources that are appropriate to their need.

The responsibilities of wraparound facilitators will vary depending on the problems and issues with which they are confronted. The nature of their involvement with a particular young person may be limited to a brief supportive interaction, or it may involve more extensive action planning, coordination, and follow up. A list of possible functions includes descriptors such as: supporter, advocate, coach, broker, linker, case manager, problem solver, teacher, mediator, coordinator, resource developer, and motivator. *Jigsaw youngballymun* is a system of re-engineered pathways to services and supports for young people in Ballymun.

# Jigsaw youngballymun Pathways to Care



The development and enhancement of the knowledge, skills, and attitudes to perform this complex role of wraparound facilitator will be accomplished through coordinated training that is led by Headstrong. Ongoing group supervision and support by the YAT team (which includes a community based clinical psychologist, consulting psychiatrist and administrative programme coordinator) will also be in place. These coordinated activities will be designed, implemented, and evaluated through the partnership between Headstrong and *youngballymun*.

### **Developing a new way of doing business**

The development of *Jigsaw youngballymun* has dramatically increased awareness of the many resources that are available within this community. "Many organisations, agencies and services who were previously unaware of each other, are now working in a more cooperative way." The interactive role of agencies in this initiative has meant that community agencies are now more aware of resources within the community in Ballymun. These, organisations, agencies and services are working together in a more co-operative way through *Jigsaw youngballymun*, to ensure that help is available and accessible to a young person in need of support.

The key to this particular expression of *Jigsaw* in Ballymun is *wraparound facilitation*. At the end of 2008, 18 agencies/organisations in the Ballymun community committed 44 people to be wraparound facilitators within *Jigsaw youngballymun*. Training has already begun and there are plans for some of the finest exponents of strengths-based and solution-focused therapies to visit Ballymun to train this group.

A further group of individuals are waiting to become actively involved as WAFs and the potential within this network of agencies, services and community leaders is knitting together to form a support system for young people and families. This expanding support matrix allows for identifying young people at an early stage of distress, in the settings which are natural for a young person and stigma free.

The enhanced skills of this group, coupled with the clinical support of a full-time youth access team, will enable them to intervene early, before problems have become compounded for a young person in their attempt to cope alone.

### **Summary**

Headstrong has worked with the community in Ballymun to design and develop *Jigsaw youngballymun* in partnership with *youngballymun* and key community organisations. The regeneration effort, instigated by BRL has ensured that Ballymun is a well resourced community and has a wealth of agencies, organisations, services which can knit together to help and support young people.

Each community where Headstrong becomes actively involved shows that they have particular needs and the establishment of the role of wraparound facilitator in Ballymun is a creative response to the needs described earlier in this section, utilising resources already embedded in this particular community. A cadre of front-line providers from youth-serving organisations across the community have committed to participating in *Jigsaw youngballymun*.

Headstrong was established to support all young people in achieving positive mental health and well-being. Headstrong will continue to enhance the helping and support skills of communities through systematic training and ongoing support. *Jigsaw youngballymun* will help to provide the "missing link" for engaging with young people in need in Ballymun. The role of *Jigsaw* in a community allows for coordination between organisations that serve young people and that can act as primary points of contact for any young person who needs support in a community in Ireland.

## Conclusion



# Conclusion

## Somewhere To Turn To, Someone To Talk To

### The mental health of our young people is everybody's concern

Headstrong aims to ensure that all young people are encouraged to develop positive mental health and resilience; and that every young person has somewhere to turn to, someone to talk to, when they find themselves in distress.

By making youth mental health an issue of public concern and discussion, we believe that people, young and old, will become freer to speak about the social and emotional challenges we all face in our growth as human beings. In this way, mental health can be viewed as something which is fundamental to our quality of life, and not as something we should fear or avoid.

Headstrong has been in operation now for almost two years, and has made significant inroads in implementing the core programmes of Service Development, Research and Advocacy.

The engagement of young people has been critical to our mission. Initially it made sense to consult with them and hear from them about what it was they needed by way of mental health supports. These consultations have however, become invaluable. Young people have brought an openness and a freshness to our meetings that has allowed us to be more honest in our interactions and more focused on their needs rather than our own. Their contributions in each of our **Jigsaw** planning meetings have dispelled many of the myths that typically surround young people (e.g. that they would be overly critical, uncomfortable or unrealistic). They have also shown how they can speak confidently to community and professional gatherings and how they can be powerful advocates for their peers when addressing Government and health service managers. As a society, we need their energy, ideas and creativity, as much as they need our mentorship, belief, trust and respect to help them find and speak in their own voice.

Through **Jigsaw**, Headstrong's service development work with communities, we have encountered a hunger for systems transformation. Every community we have engaged with readily agrees that the current systems are inadequate, that the need for change is great, and that the timing for this transformation is now. We have found no shortage of community partners ready and enthusiastic to participate in change, and we have

discovered talented and committed people in every community we have visited.

In terms of research, Headstrong has embarked on a large national baseline survey (N >10,000) of young people to identify risk and protective factors in different age cohorts, and to assess the degree to which young people in Ireland today experience resilience and well-being in the face of adversity in their lives. The insights that this research yields will inform the development of programmes within each of the **Jigsaw** sites and provide a unique baseline for evaluating the impact of Headstrong's strategy in the coming years.

### Headstrong's priorities in the coming three years will be to:

- Support five full demonstration sites to implement the **Jigsaw** model (**Service Development**).
- Evaluate each demonstration site on the impact and effectiveness of the **Jigsaw** model for young people in the community (**Evaluation**).
- Implement the **'My World'** population baseline survey in schools and other settings across the country (**Research**).
- Develop robust advocacy and youth engagement programmes (**Advocacy & Youth Participation**).

In order to move the mental health agenda in Ireland into the new millennium, we need to shift the country's thinking from an illness model to one within which people see mental health as a lifestyle. We believe that communities can be mobilised to change attitudes about mental health, resulting in a paradigm shift that emphasises prevention and early intervention.

With the recent completion of the pilot phase of the **'My World'** baseline survey of young people's mental health needs and perspectives, Headstrong is poised to conduct a national baseline survey of adolescents that can serve as a population surveillance tool.

The profiles of risk and resilience factors that will emerge from this survey could be used to benchmark the mental health of the adolescent population and provide both national and local insights into the contemporary experience of growing up in Ireland. If this survey were to be accepted by Government and repeated periodically, the result would be a reliable and useful means to track the mental health of the adolescent population.

In developing its strategy to raise the profile of adolescent mental health in Ireland, Headstrong visited many leading centres in the world to avail of their experience and to secure their support for what we are undertaking here. Our staff and our Board of Directors include pioneers of community mental health from Australia, UK, USA and Africa who are committed to making the best-practice thinking available to this country to realise our objectives. We have secured the goodwill and fiscal support of philanthropic organisations and we have a fundraising strategy to secure funds to provide communities with some of the core costs involved in implementing *Jigsaw*. We have worked hard to develop positive partnerships with Government, the Department of Health and Children and HSE. While these are severely challenging times economically, the Government and the HSE have been generous in matching whatever we have been able to invest in our demonstration sites because they recognise that *Jigsaw* is primarily about maximising the resources we already have available.

We have a well-developed strategy and with the support of the general public, philanthropy and the Government, we envision an Ireland where the normal experience for a young person is that they can speak openly about how they feel, receive support when they need it, and be active and valued participants in the life of their communities.

We believe that the mental health and well-being of young people is an idea whose time has come. Not just because of the severity of need, but also because there is a window of opportunity in the emerging national "conversation" about the needs of young people. One only has to read the papers, or listen to the radio to recognise the depth of this concern across society. There is the potential to shape how society and local communities think about and support young people, particularly in relation to mental health, and to build a transformational process around youth mental health which will benefit everyone. It is vital we seize this opportunity and realise that potential, or risk losing it.

We are facing a challenging and uncertain future. Already there is evidence that the considerable stresses being shouldered by so many families and the disconnect between and within communities are having an impact on the mental health of young people. Everyone has been touched by the horror of youth suicide and witnessed the often reckless behaviour of young people who have lost their way in life. There has never been a more important time to develop compassionate communities where young people feel valued and where they can find the supports they need to flourish.

Historically we have always been at our best when times were tough and when we have needed to pool our resources and work together. We have demonstrated in many different facets of the arts, of sports, of business and of social partnerships that we have the capacity to lead. There is no reason that we can't also be innovators in the field of supporting young people and their mental health. Headstrong is a sign of hope that this can happen, and that this vision can become a reality.

## References

1. Department of Health & Children (2006). **A Vision for Change: Report of the Expert Group on Mental Health Policy**. Dublin: Stationary Office.
2. NESF (2007). Mental Health and Social Inclusion. **National Economic Social Forum**, report n°6, p. 169.
3. McGorry, P.D., Yung, A.R., Phillips, L.J., Yuen, H.P., Francey, S., Cosgrave, E.M., et al. (2002). Randomised controlled trial of interventions designed to reduce the risk of progression to first-episode psychosis in a clinical sample with subthreshold symptoms. **Archives of General Psychiatry**, 59, 921-928.
4. Barasch, M. (1994). Innovative approaches in a community based educational/treatment unit for mentally ill adolescents. **International Journal of Adolescent Medicine and Health**, 7, 11-26.
5. Clarke, G.N., Hornbrook, M., Lynch, F., Polen, M., et al., (2001). A randomized trial of group cognitive intervention for preventing depression in adolescent offspring depressed parents. **Archives of General Psychiatry**, 58, 1127-1134.
6. Denholm, C. (2006). Young People's Mental Health & Well-being . **Youth Studies Australia**, 25(1).
7. Sullivan, C., Arensman, E., Keeley, H.S., Corcoran, P., Perry, IJ. (2004) **Young People's Mental Health: A report of the results from the Lifestyle and Coping Survey**. Cork: National Suicide Foundation.
8. Lynch, F., Millis, C., Fitzpatrick, C. (2005). Challenging times: Prevalence of psychiatric disorders and suicidal behaviours in Irish adolescents. **Journal of Adolescence**, 29, 555-573.
9. Martin, M., Carr, A., Burke, L., Carroll, L., Byrne, S. (2006). **The Clonmel Project. Mental Health Service Needs of Children and Adolescents in the South East of Ireland**. Clonmel: Health Service Executive.
10. Downes, P. (2004). **Psychological Support Services for Ballyfermot: Present and Future**. Dublin: Educational Disadvantage Centre, St. Patrick's College, Drumcondra.
11. Downes, P., Maunsell, C. (2007). **Count us in: Tackling Early School Leaving in South West Inner City Dublin: An integrated response**. Commissioned by The South Inner City Community Development Association (SICCDA) with the support of funding by the South Inner City Local Drugs Task Force. Dublin: Educational Disadvantage Centre, St. Patrick's College, Drumcondra.
12. Downes, P., Maunsell, C., Ivers, J. (2006). **A Holistic Approach to Early School Leaving and School Retention in Blanchardstown: Current Issues and Future Steps for Services and Schools**. A Study Commissioned by Blanchardstown Area Partnership. Dublin: Educational Disadvantage Centre, St. Patrick's College, Drumcondra.
13. Begley, M., Chambers, D., Corcoran, P., & Gallagher, J. (2001). **The Male Perspective: Young Men's Outlook on Life**. Limerick, Ireland: Mid Western Health Board, The National Suicide Review Group, and The National Suicide Research Foundation.
14. Russell, V., Gaffney, P., Collins, K., Bergin, A., Bedford, D. (2004). Problems experienced by young men and attitudes to help-seeking in a rural Irish community. **Ir J Psych Med** 21(1), 6-10.

15. NOSP (2007). **Reducing suicide requires a collective effort from all groups in society.** National Office for Suicide Prevention Annual Report 2006.
16. Health Research Board (2006). **Irish Psychiatric Units and Hospitals Census.** Dublin.
17. Central Statistics Office (2006). **Census 2006 Preliminary Report.** Dublin: Stationery Office.
18. Irish College Psychiatrists (2005). **A better future now. Position statement on psychiatric services for children and adolescent in Ireland.** Occasional Paper OP60.
19. McGorry, P. (2005). "Every me and every you": responding to the hidden challenge of mental illness in Australia. **Australasian Psychiatry**, 13(1), 3-15.
20. Hickie, I.B., Groom, G., Davenport, T. (2004). **Investing in Australia's future: the personal, social and economic benefits of good mental health.** Canberra: Mental Health Council of Australia.
21. Kim-Cohen, J., Caspi, A., Moffitt, T.E., et al. (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. **Arch Gen Psychiatry** 60(7), 709-17.
22. Kessler, R.C., Berglund, P., Demler, O., et al. (2005). Lifetime Prevalence and Age-of-Onset Distribution of DSM-IV Disorder in the National Co-morbidity Survey Replication. **Arch Gen Psychiatry**, 62, 593-602.
23. Stiffman, A.R., Chen, Y.W., Elze, D., Dore, P., Cheng, L.C. (1997). Adolescents' and providers' perspectives on the need for and the use of mental health services. **Journal of Adolescent health**, 21, 335-342
24. Loeber, R., & Farrington, D.P. (1998). **Serious and violent juvenile offenders: Risk factors and successful interventions.** Thousand oaks, CA: Sage Publications.
25. Evans, D. (2005). **Treating and Preventing Adolescent Mental Health Disorders. What we know and what we don't know.** Oxford University Press.
26. CAMHS (2007). **Mental Health Act 2007.** Child and Adolescent Mental Health Service.
27. Coptly, M., Whitford, D. (2005). Mental Health in general practice: assessment of current state and future needs. **Irish Journal of psychological medicine**, 22(3), 83-86.
28. Mental Health Commission (2007). **Annual Report 2007.** Mental Health Commission including the Report of the Inspector of Mental Health Services.
29. Mental Health Commission (2006). **Annual Report 2006.** Mental Health Commission including the Report of the Inspector of Mental Health Services.
30. OMC (2008). **Report from the Comhairle na nÓg Implementation Group.** Office of the Minister for Children and Youth Affairs.
31. Irish Mental Health Coalition (2007). Mental Health set to become a burning issue for next Government.
32. Kefford, H.C., Trevena, L.J., Willcock, M. (2005). Breaking away from the medical model: perceptions of health and health care in suburban Sydney youth. **The Medical Journal of Australia**, 183 (8), 418-421.

33. Mental Health Foundation (2007). **Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems.** London: Mental Health Foundation.
34. Dixon, M., Lloyd, S. (2005). Mental Health Services: what young people who are homeless say. **Youth Studies Australia**, 24(3), 24-30.
35. Bronfenbrenner, U. (1979). **The Ecology of Human Development: Experiments by Nature and Design.** Cambridge, MA: Harvard University Press. ISBN 0-674-22457-4.
36. Central Statistics Office (2002). **Small Area Population Statistics (SAPS).** Central Statistics Office, Census of Population Division: Regional Juvenile Crime Statistics. An Garda Síochána.
37. Galway City Development Board (2006). **Priority Action Plan 2006-2008.** Galway County Council, County Development Plan 2003-2009.
38. Galway City Youth Advocacy Service (2007). Athenry Adolescent Support Project Annual Report 2006. Local Service Plan 2007.
39. Centre for Child and Family Research (2007) **Towards evidence-based planning for children and young people: A framework for mapping data on services.** City of Galway Vocational Education committee and Galway City Partnership, Research into Youth Service Provision in Galway; NUI Galway.

# Appendix

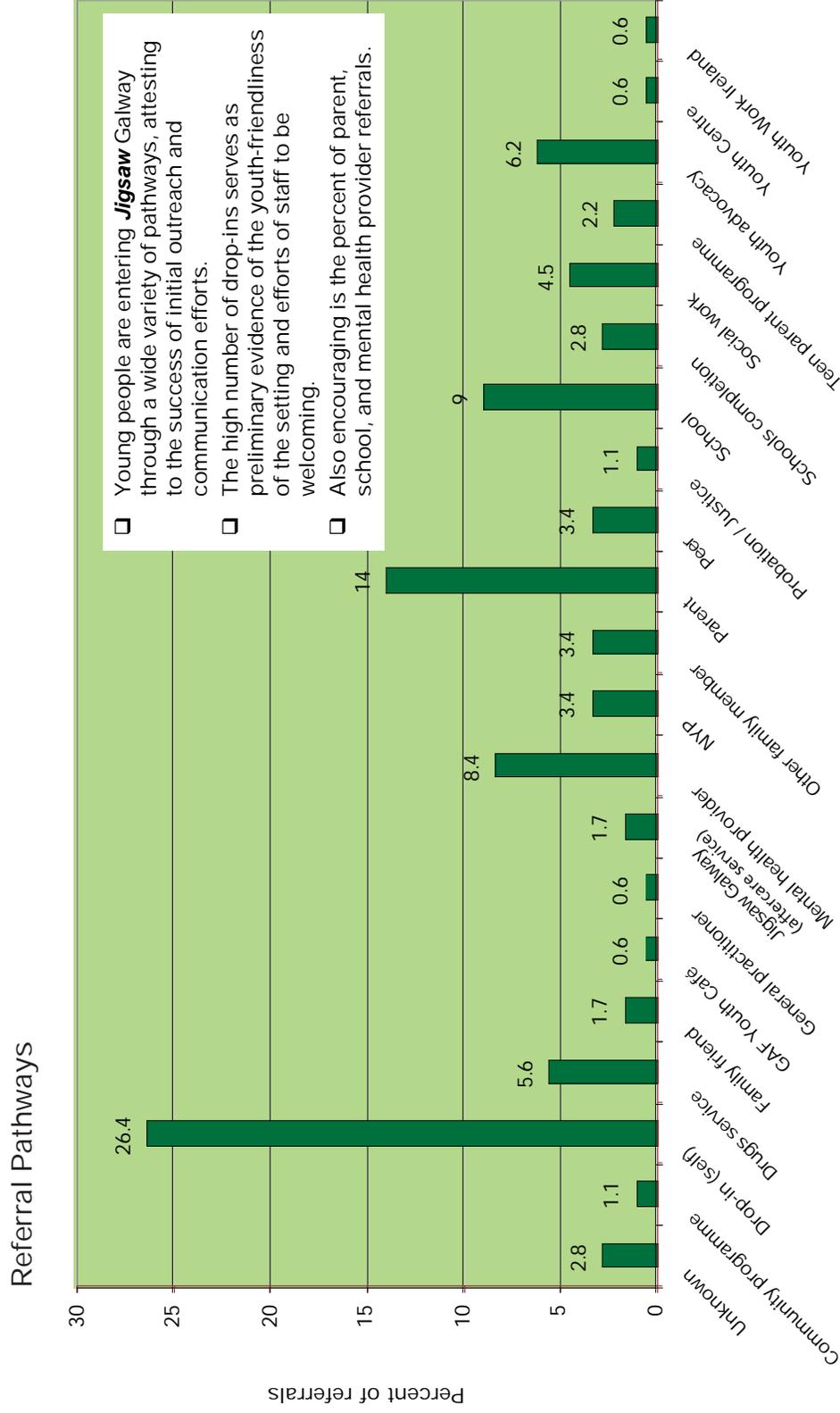
## ***Jigsaw Galway Preliminary Data***

*Based on 139 young people served from  
December 2008 to 23 February 2009*



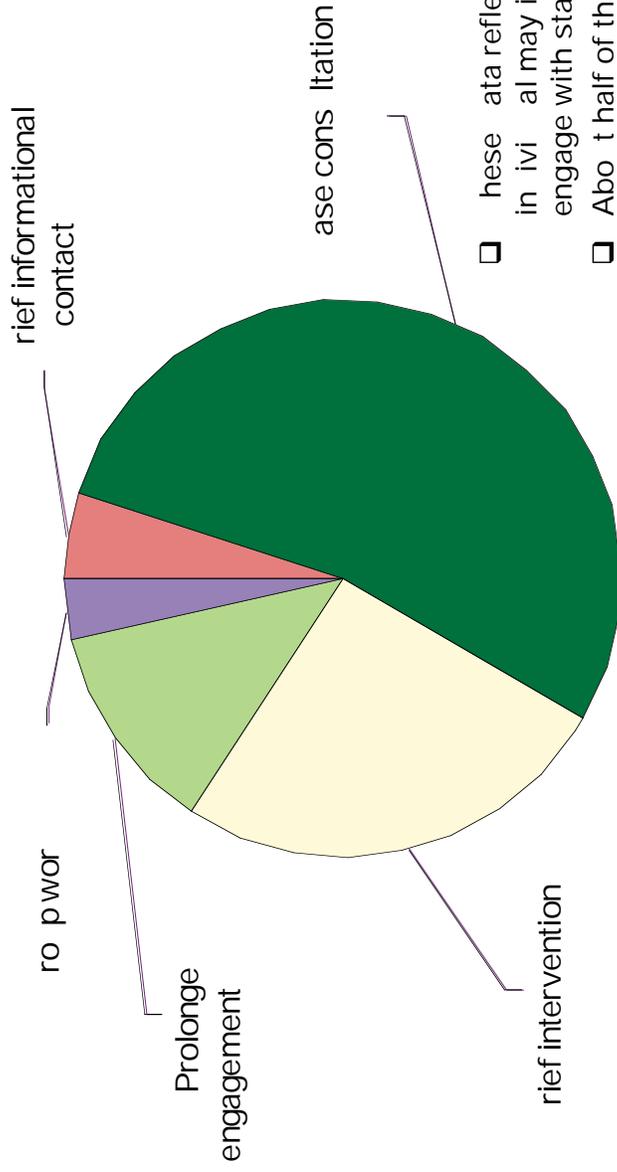
# Appendix

## Somewhere To Turn To, Someone To Talk To



Source

## type of contact

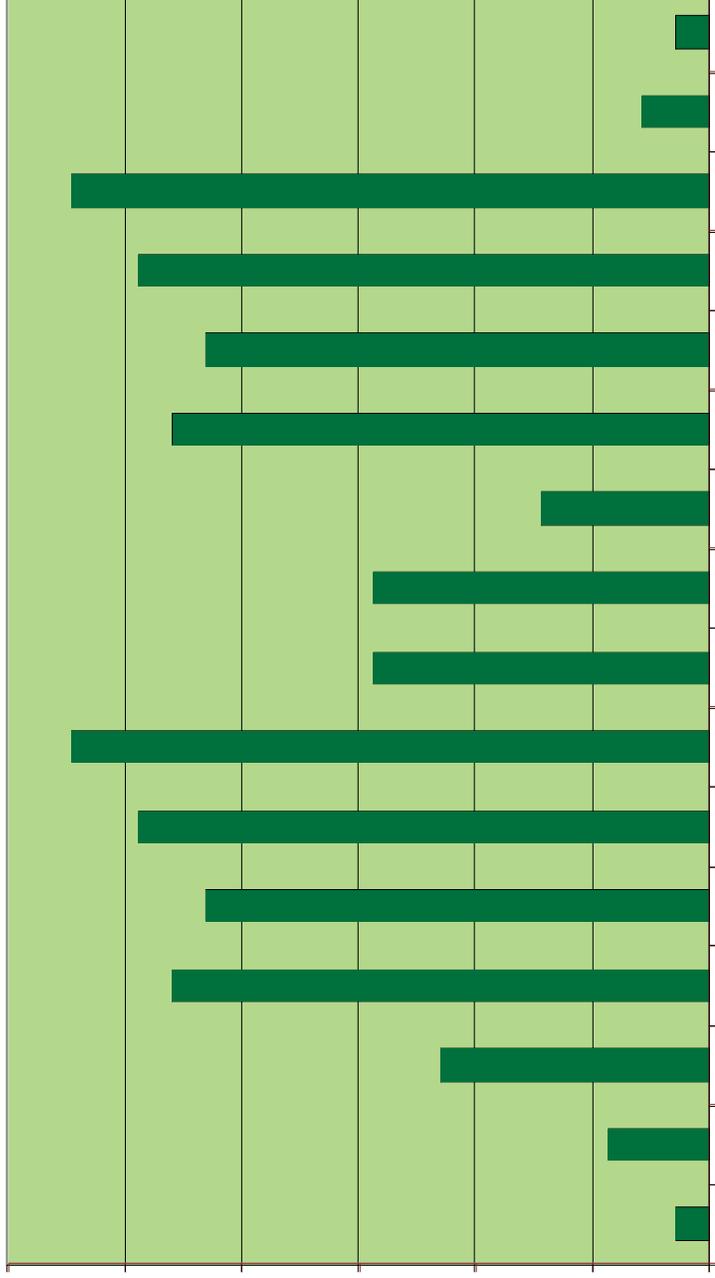


- These data reflect a replicate content in that an individual may initially present for information and later engage with staff
- About half of the service episodes involve consultation with parents/providers/other service providers to strengthen capacity and build collaborative relationships
- The remainder are direct services provided to young people either through brief problem solving or more prolonged engagement (the proportion of which are likely to expand over time)
- The data show that the programme is evolving as a full-service outreach-oriented entity consistent with the Jigsaw model

# Appendix

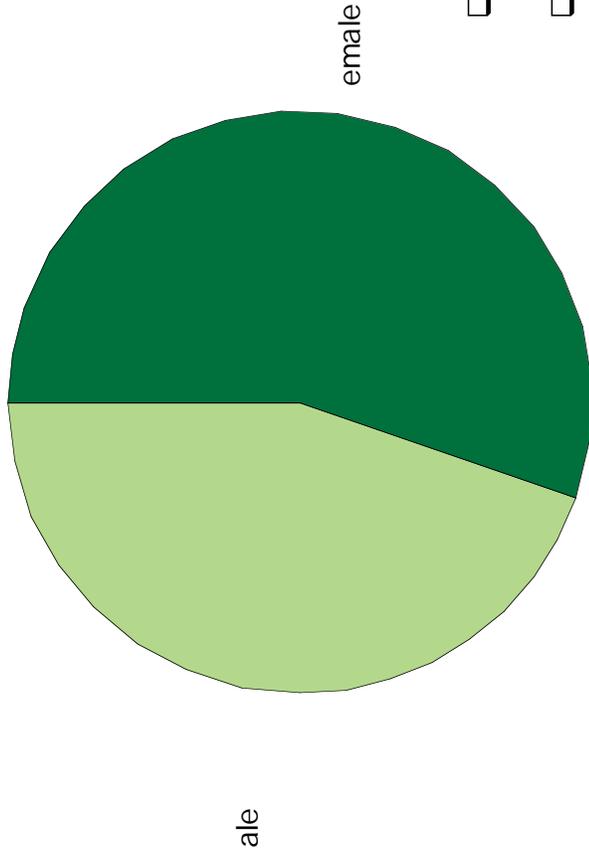
## Somewhere To Turn To, Someone To Talk To

Age of Service Recipients



- The initial pattern of involvement shows peaks in middle adolescence and early adulthood reflecting two separate developmental timeframes and their associated developmental tasks and challenges
- The data supports the decision to serve young people up to age

Gender of Service Recipients



- Proportionally more females than **males avail of Jigsaw Galway services**
- Nonetheless it seems notable that such a large proportion of males receive services an ongoing preliminary finding given consistent evidence that young Irish males are much more difficult to engage
- This relatively high level of male involvement may be a function of outreach and collaboration efforts



## Summary

Despite having been in operation for less than 3 months, there has already been significant engagement of young people (which seems likely to increase).

**Jigsaw** Galway is extensively working with services and supports for young people in the community at several levels.

The preliminary data support the fidelity of programme implementation, in that:

- a wide variety of referral pathways are seen, males are being served at levels approaching that of females.
- both adolescents and young adults are accessing services.
- presenting problems and issues are significant and acute.
- collaboration and outreach is much in evidence.
- a broad range of developmental challenges have been identified

There is a need to continue tracking these and a range of additional variables at appropriate intervals to monitor and shape programme development and assess outcomes.

In addition to working with directly with the 139 young people described above considerable effort is being invested in prevention-oriented work in school and community settings.



## **Headstrong:**

### **Vision**

An Ireland where young people are connected to their community and have the resilience to face challenges to their mental health

### **Mission**

Changing how Ireland thinks about young people's mental health through the **Jigsaw** Programme of service development, research and advocacy

### **Values**

Headstrong respects the voice of young people and believes that all young people should be given the supports to develop good mental health

Headstrong recognises that young people, communities and government all have a role and contribution in developing a supportive environment to foster mental health in young people

Headstrong seeks to innovate, challenge and apply best practice in youth mental health in an Irish context

Headstrong is an evidence led organisation which researches and evaluates all of its activities

