

## Co-designing and testing an asset-based, task-sharing approach to youth mental health.

### Background:

Youth mental health services are unable to meet current demands for care, and changes are required to align care with young people's needs and priorities. The CATALYST project draws upon strategies from global mental health to co-design and test a new model of mental health support for young people aged 16-25. **The model is based around task-sharing, which involves training non-specialist workers, who already work with young people in the community, how to deliver low-intensity psychological techniques.** Support through task-sharing workers has the potential to provide care which addresses the social determinants of mental health challenges, and supports young people to develop their social capital and connections with their local communities.

### Aims & Objectives:

#### WP1

##### Situational Analysis

Identify facilitators & barriers to accessing appropriate mental health for young people, and map the available community-based assets.

#### WP2

##### Co-design & Theory of Change

Co-design a 'blueprint' for an asset-based youth mental health service model, and operationalise with professional stakeholders.

#### WP3

##### Implementation

Develop an approach to youth mental health support based on the findings from WP1 and WP2, which is appropriate for task sharing workers.

#### WP4

##### Evaluation

Evaluate the feasibility of the CATALYST model of youth mental health support in 3 study sites with areas of high socio-economic deprivation.



## WP 1: Situational Analysis

Situational analyses are a crucial part of the Medical Research Council's (MRC) guidance for the development of complex interventions (Skivington et al., 2021). They provide a foundation for the implementation of a new initiative and allow teams to understand the relationships and dynamics within the local system, which may impact successful implementation. By identifying how young people currently perceive and access mental health services, we aimed to form a foundational knowledge base to inform the model of development.

#### Purpose:

The situational analysis was conducted in Brighton & Hove, UK, which sought to understand the barriers and facilitators to mental health care for young people within the locality.

#### Method:

A desk-based review was conducted of 26 policy, strategy, and research documents, and a series of interviews.

#### Participants:

34 participants took part in the situational analysis, including young people, community members and professionals (statutory care & voluntary sector providers, and service leaders).

### Key Findings:

9 barriers & 5 facilitators were identified as influencing young people's ability to access mental health support. These were organised into system level, service level, and individual level.

	Barriers:	Facilitators:
<b>System Level:</b>	<ul style="list-style-type: none"> <li>Lack of capacity</li> <li>Inadequate funding</li> <li>Fragmented services</li> </ul>	<ul style="list-style-type: none"> <li>Community partnerships</li> <li>Task-sharing</li> </ul>
<b>Service Level:</b>	<ul style="list-style-type: none"> <li>Siloed referral pathways</li> <li>Long wait times</li> <li>Inappropriate offer</li> </ul>	<ul style="list-style-type: none"> <li>Single point of access models</li> <li>Holistic approaches</li> </ul>
<b>Individual Level:</b>	<ul style="list-style-type: none"> <li>Exclusion &amp; isolation</li> <li>Mistrust &amp; stigma</li> <li>Awareness of services</li> </ul>	<ul style="list-style-type: none"> <li>Youth-centred care</li> </ul>

### Conclusions:

- The findings present a local picture that reflects the national challenges facing youth mental health services. A lack of connectivity between services, limited funding, and a significant workforce crisis means the local system is unable to meet the rising demand for youth mental health care.
- To support access to services and build young people's trust, stakeholders stress the need for youth-centred services, which are flexible to the needs of young people, and give young people choice and agency.
- Brighton and Hove has a rich mental health environment of well-trained, passionate people, which could be better mobilised through increased community partnership, task-sharing, and a focus on youth-centred, holistic care.

## WP 2: Co-design & Theory of Change

**Purpose:** Use principles from Community-Based Participatory Research with young people aged 16-25 to: 1) establish an outline for a new model of mental health support, and 2) define the model for local implementation with professional stakeholders using a Theory of Change (ToC).

**Method:** Co-design workshops were structured around the TIDieR Framework (Gadaire & Kilmer, 2020) involving discussions on: what's important, who for, what format, where, and what should happen. The ToC workshops covered: what resources/inputs are required, the activities of the model, the expected outcomes, and the wider impacts.

**Participants:**

- 11 young people (16-23) who experience mental health difficulties.
- 9 professional stakeholders: 4 voluntary/community workers, 3 non-NHS statutory care providers, & 2 non-NHS mental health clinicians.

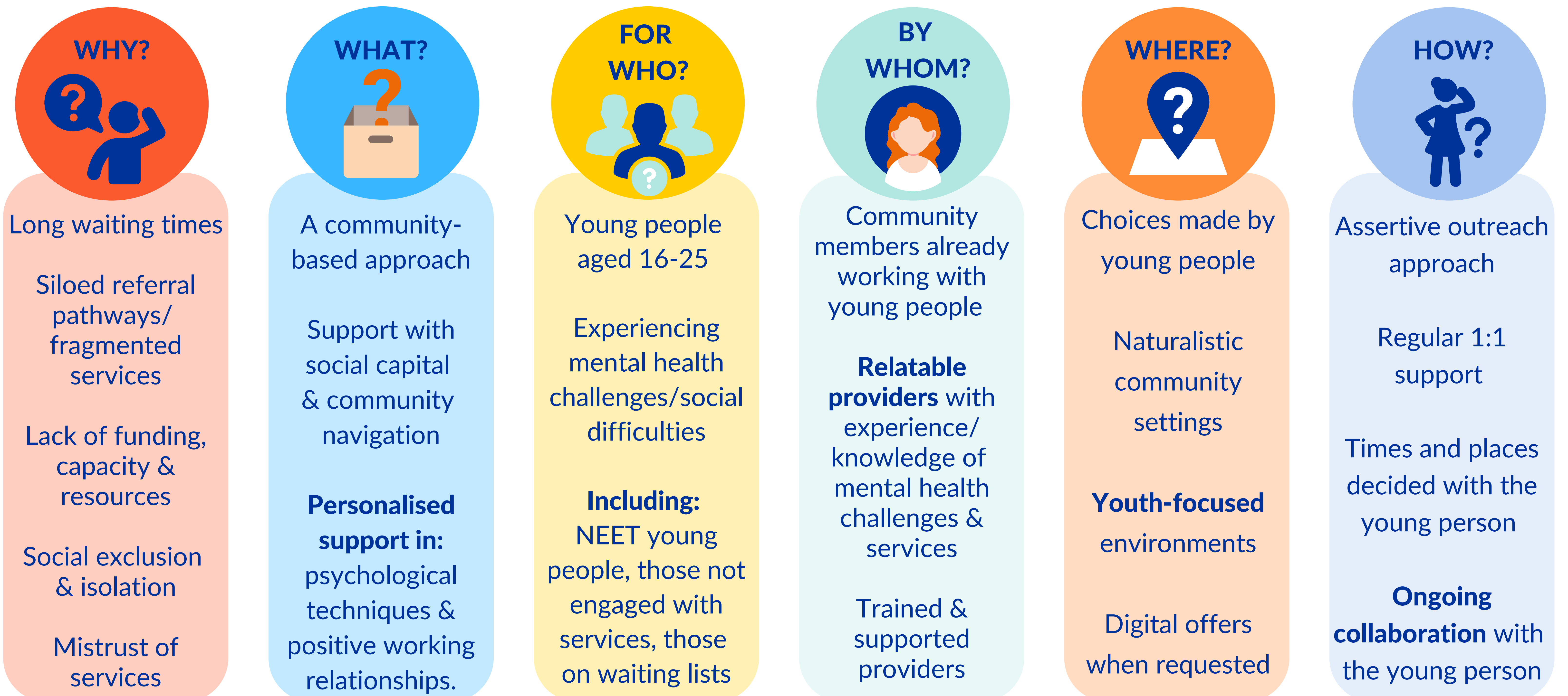
### Workshops:

- 2x 2 hour workshops partnered with a community organisation, facilitated by 3 researchers & a clinical psychologist.



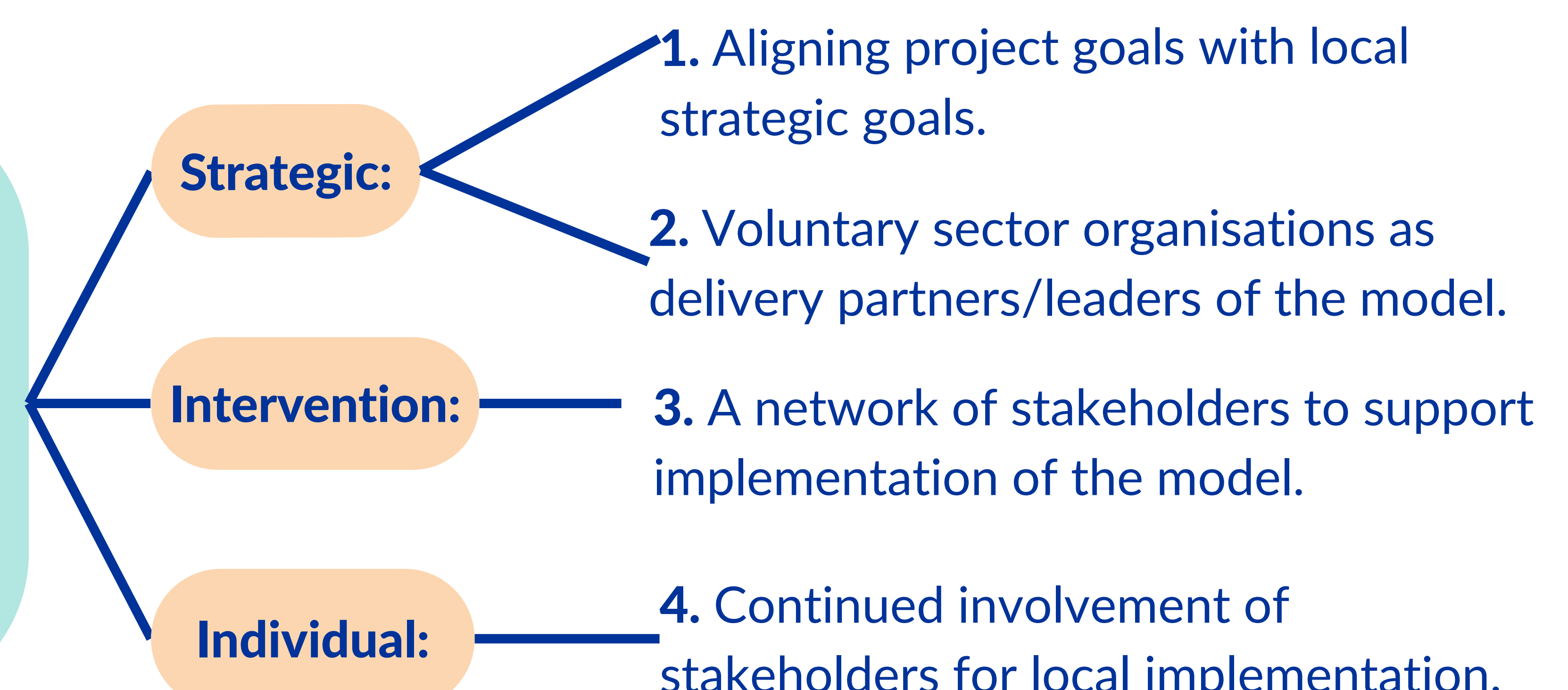
- 2x 2 hour workshops facilitated by 2 researchers and a clinical psychologist.
- Workshops structured around Theory of Change components, using backward mapping.

### Co-design Workshop Findings:



### Theory of Change Workshop Findings:

Professionals in the Theory of Change workshops described the key inputs and activities they perceived as necessary to lead to the desired outcomes for young people and the mental health system, and for the long-term impact of the model. These elements were outlined at the strategic, intervention, and individual level. Four key enablers were identified for successful implementation (right).



## Next Steps...

### WPs 3 & 4: Implementation & Evaluation

## The CATALYST approach:

The Catalyst model embeds mental health support within community-based organisations and centres on relationships, connectedness, and youth-centred care. Community providers in established Voluntary Community Social Enterprises (VCSEs) are trained by clinical psychologists to flexibly deliver low-intensity psychological techniques through relational, strengths-based support, designed to build the young person's social capital. The model is designed to enhance inclusion and accessibility for young people in areas of socio-economic deprivation through a cascading approach to delivery.



Phase 1 →

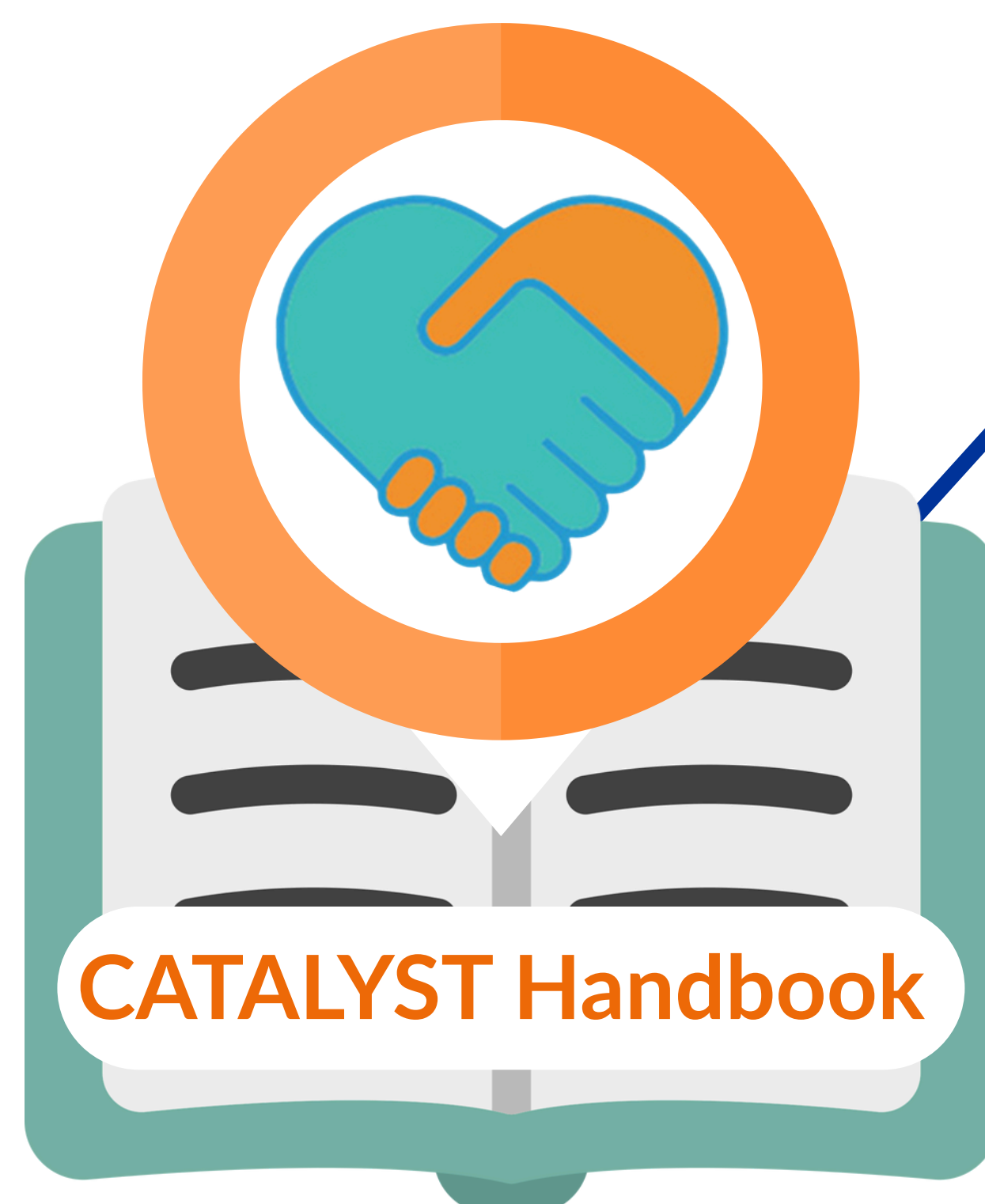
A Clinical Psychologist trains Link Workers in established VCSEs to deliver the model to young people in their organisations.

Phase 2 →

Link Workers guide and support Community Mentors embedded in neighbourhood-level groups to deliver the model to young people in their communities.

## Training:

The handbook is designed to up-skill community-based workers, equipping them with tools to support young people.



A supportive relationship

Goal setting

Support to build social capital

Psychologically-informed techniques

## Pilot VCSE Organisations



E.g. coping strategies, behavioural activation, problem solving, & making sense of difficulties.

## Evaluation

The CATALYST model will be evaluated by:

- Using quantitative and qualitative data from stakeholders involved in the pilot research study (young people, Link Workers, Community Mentors, and service leads).
- Assessing the feasibility, acceptability, and appropriateness of the model and the local implementation outcomes.
- Examining how the model is experienced by each stakeholder group and what implementation supports/ adaptations are required.

## Findings & Dissemination:

CATALYST will assess the **feasibility** of a co-designed, community-based, task-sharing model of mental health care for young people (aged 16-25) experiencing mental health challenges. Findings will reveal the **practicability** of mobilising the VCSE workforce to extend the footprint of youth mental health services into communities. Indicative outcomes of the CATALYST model will include site-specific adaptations that facilitate local delivery, as well as descriptive statistics to provisionally demonstrate health & wellbeing benefits. The findings will be disseminated through tailored outputs for young people, community stakeholders, academics, health & social care professionals, commissioners, & policy makers.

## The Impact of CATALYST:

The findings will support an understanding of the benefits of youth mental health support that is embedded into local communities. The results have potential to improve the mental health care landscape locally, and will generate lessons that can be applied at a national level to improve outcomes for young people aged 16-25 years old.

## Acknowledgements

We gratefully acknowledge the contributions of the young people, professional stakeholders, community organisations, and members of our Public Advisory Group, whose insights and guidance played a vital role throughout the development and current implementation of this project.