Extending the Youth Mental Health Workforce through Community-Based Task-Sharing: Feasibility Findings from the CATALYST Project

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CATALYST online training materials

Background

In the UK, young people's mental health services face increasing demand (Children's Commissioner, 2024). Many young people, particularly those in disadvantaged communities, experience barriers to accessing timely and appropriate support for mild-moderate symptoms (Whitty, 2021). **The UK government is calling for shifts to mental health care towards support within communities** (DHSE, 2026).

Task-sharing offers a potential approach, where **non-specialist workers are trained and supported to deliver elements of mental health support** within their communities (Lange, 2021).

Method

The CATALYST model was piloted using a mixed-methods case series design in five Voluntary and Community Sector Enterprises (VCSEs).

What were the implementation outcomes of CATALYST and how the model was experienced by young people and providers?

Data collection and analysis was driven by the **RE-AIM Framework** (Glasgow et al., 2019) and included:

- Quantitative assessments (**mental health** and **social-occupational** outcomes**, service use, quality of life,** and quality of **supportive relationship, implementation** outcomes).
- Qualitative semi-structured interviews.

Implementation: A Cascading Approach

Drawing on asset-based approaches, **CATALYST was co-designed with community stakeholders** (Glass et al., in prep; Grice-Jackson et al., 2025). It involves upskilling community members in psychologically-informed strategies, including **problem solving and behavioural activation**, and centres **relationship-based support** and support for young people build their **social capital**.

Phase 1:
13 'Link Workers' trained by a Clinical Psychologist to deliver the model to young people and to guide and support 'Community Mentors'. 11 delivered.

Phase 2:
15 'Community Mentors' in neighbourhood-level groups were trained through cascade to deliver the model to young people. 8 delivered.

Reach:

Referred → n = 35
Consented → n = 32
Disengaged → n = 4

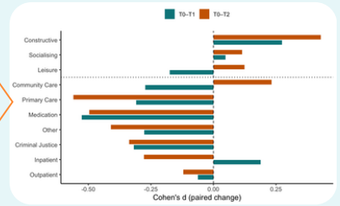
12% of young people were 'NEET'

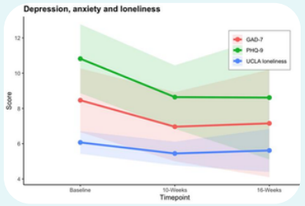
- Young people were aged 16-25 (M = 18.4, SD = 2.84)
- 50% were male, 46% female, and 3.1% were non-binary
- Most were White British (81.3%)

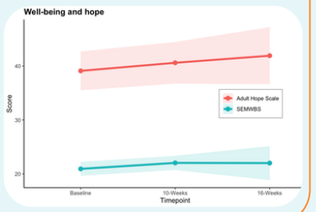
Results

Effectiveness: 38.5% showed reliable improvement and 7.7% showed reliable deterioration (16-weeks).

Young people (M = 50.3, SD = 6.23) & providers (M = 49.6, SD = 3.69) reported **high-levels of working alliance.**







Adoption: Uptake by organisations was driven by alignment with organisational values and service needs. Provider engagement was constrained by capacity and a need for context-specific training.

Implementation: Listening techniques, Problem Solving, and goal-setting were the most used strategies. Behavioural Activation was not often implemented. CATALYST was sometimes blended with other approaches.

Maintenance: Providers thought CATALYST could be supported by existing service structures. However, tailored implementation, NHS integration and additional resources are necessary for sustainability.

Implementation Lessons

- **Longer lead-in** times needed to support provider buy-in.
- **Tailored training** and ongoing guidance will allow better integration into different services.
- Providers valued **flexible, non-manualised** delivery, where they can draw upon **youth-work skills.**
- Community-based approaches allow youth-centred approaches that **prioritise the supportive relationship.**
- NHS **clinical oversight** and **integration into local systems** are necessary for referral and safeguarding procedures.

Conclusion

CATALYST demonstrated **strong acceptability**, and providers highlighted the **appropriateness of the support for young people.** The implementation benefited from strong relationships with VCSEs and **the project generated essential learning** for UK government initiatives aiming to shift youth mental health care into communities,

CATALYST, is an **adaptable, community-based approach**, which can be **feasibly delivered by non-specialists** in community organisations.

Task-sharing models have the **potential to support a system-wide transformation** in youth mental health services and to reach young people earlier and quicker than current provision.

Department for Health and Social Care (2026). Informing the mental health strategy for England: call for evidence document; Glass, D. et al. (in preparation). Developing youth-centred mental health support for young people aged 16-25 in the UK: A co-designed, task-sharing model (Catalyst); Glasgow, R.E. et al. (2019). RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review. Frontiers in Public Health, 7, 64; Grice-Jackson, T. et al. (2025a). A community-based participatory research approach to co-designing youth mental health service improvements: A case study from Southern England. Health Education Journal, 84(4), 410–419; Lange, K.W. (2021). Task sharing in psychotherapy as a viable global mental health approach in resource-poor countries and also in high-resource settings. Global Health Journal, 5(3), 120–127; Whitty, C. (2021). Chief Medical Officer's annual report 2021: Health in coastal communities. Department of Health and Social Care.

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