Brent Centre for Young People

Annual Review
2015-16
Foreword

The Brent Centre for Young People has been a vital source of support to 611 young people in distress this year. We offered 4,676 appointments during the period, in the heart of the community, working at Laufer House, local schools and the Brent Youth Offending Service.

It is our mission to provide psychodynamic therapies to a wide range of young people with varying and complex needs, which is why we offer a range of different services. Our unique short to medium term therapy, Adolescent Exploratory Therapy (AET) provides a safe space for young people to explore their difficulties. For those with severe and complex needs, our Psychotherapy service allows them to work for a longer and more regular period to make lasting changes to their health and wellbeing. For some young people with problems at home, we offer Family Therapy, inviting all their family members along for sessions. Parents and carers concerned about their young person are offered support sessions. Young people who share similar difficulties such as social isolation, can benefit from Group Psychotherapy. Our football based therapy, Sport and Thought, helps those with behavioural problems who are at risk of exclusion. For young people with additional issues such as housing or not being in education, employment or training, we also provided practical support.

I hope you enjoy reading our annual review.

With thanks and best wishes,

Dr Maxim de Sauma
CEO and Clinical Director

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The Brent Centre for Young People is a leading mental health charity for young people. Each year the Centre helps over 600 young people to make positive changes that can lead to happier, healthier lives.
The young people who used our services during 2015-16 were aged between 9 and 23, and their ethnicities reflect the diversity of the London Borough of Brent.

### ETHNICITIES:

- **55%** MALE
- **45%** FEMALE

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<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White any other</td>
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</tr>
<tr>
<td>White British</td>
<td>7%</td>
</tr>
<tr>
<td>White Irish</td>
<td>9%</td>
</tr>
<tr>
<td>Black &amp; Black British</td>
<td>11%</td>
</tr>
<tr>
<td>Asian &amp; Asian British</td>
<td>12%</td>
</tr>
<tr>
<td>Mixed</td>
<td>3%</td>
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<tr>
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<td>9%</td>
</tr>
<tr>
<td>Any other Ethnicity</td>
<td>18%</td>
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### AGES 9-23:

- Ages 9-10: 9%
- Ages 11: 11%
- Ages 12: 12%
- Ages 13: 13%
- Ages 14: 14%
- Ages 15: 15%
- Ages 16: 16%
- Ages 17: 17%
- Ages 18: 18%
- Ages 19: 19%
- Ages 20: 20%
- Ages 21: 21%
- Ages 22: 22%
- Ages 23: 23%

We provided mental health support to young people in 9 locations during 2015-16:
- The Brent Centre, Laufer House
- Brent Youth Offending Service (YOT)
- Alperton Community School
- The Crest Academy
- Kingsbury Green Primary School
- Kingsbury High School
- Preston Manor School
- Queens Park Community School
- St Augustine's CE High School
- Irish Traveller Site - Brent

41% accessed our services in Schools
31% accessed our services at the Brent Centre
27% accessed our services at the YOT

**OUR HISTORY**

In 1967 a group of Psychoanalysts led by Dr Moses Laufer and Mrs Eglé Laufer set up the Brent Centre. Together, they recognised adolescents had distinct needs, compared to those of children and adults, and therefore would benefit from specialist mental health services. The Laufers were pioneers of age appropriate and tailored support, and the Centre was one of the first to cater specifically for adolescents. For 49 years, we have been supporting young people within and around the London Borough of Brent through psychoanalytic therapies. Our flexible services give young people a sense of shared control over their treatment, and provide a space to think about worries in a safe and protected environment.

**WHO WE HELP**

During 2015-16, we helped 611 young people who were experiencing a range of emotional and mental health difficulties. Most young people present more than one difficulty, including:

- depression
- anxiety
- problems with family
- feelings of confusion
- social isolation
- peer relationship problems
- sleep disturbance
- suicidal ideas
- self-harm
- relationship problems
- school problems
- alcohol misuse
- eating disorders
- developmental issues
- exam difficulties
- anxiety about sexuality
- domestic violence
Rachel’s story
Rachel, a bright 17 year-old-girl, lost her mother to cancer at the age of 9. She was referred to the Centre by her father, because of feelings of low mood, poor motivation and very low self-esteem. She described being highly isolated, and had self-harmed in the past.

At the beginning of the treatment, she seemed quite absent and cut-off. She couldn’t name the feelings that were so painful to tolerate. She hardly spoke. There was a feeling she was terrified of being judged. She often seemed to be in a daze in the sessions. She struggled to accept herself, and couldn’t forgive herself for the death of her mother, secondary to which she developed a profound sense of guilt. She was apologetic with everybody, and was failing behind in her studies and struggling in social situations.

Although now Rachel wasn’t self-harming anymore, she was left with a sense of emptiness. She presented in quite a depressive state, turning down any form of activity or invitation, feeling low in energy, not managing to focus on her daily life.

Within a few sessions, Rachel engaged well with the therapy, finding it useful to try and understand the feelings underneath her depression, low mood and low motivation. Rachel made steady progress over the course of the therapy, to the point of becoming more able to understand the intrusive thoughts related to the guilt for her mother’s death that were bothering her for many years. She described that, though she feels sometimes she lacks in motivation, this improved over time. She understands her mental states better and is less frightened by them, being more able to manage difficult feelings. Furthermore, her social isolation had reduced over the course of treatment.

Thanks to the therapy, Rachel is now managing to discuss and to open up about her feelings on her mother’s death, of mourning and accepting her loss, something, perhaps, she was never able to do in the past. This made room to begin to discuss plans for her future: maybe university or doing an apprenticeship.

In-house Services
With the support of our services, young people are helped to make positive changes and improve their wellbeing. Our research shows that young people improve relationships, reduce social exclusion, reduce risk of breakdown in adulthood, have better educational attainment and manage to enter training or employment.

At our Centre, located at Laufer House, young people can access different types of talking therapies, including effective therapies unique to the Brent Centre.

During 2015-16 we helped 198 young people at Laufer House.

Adolescent Exploratory Therapy (AET) is a short to medium term talking therapy that combines prolonged assessment, treatment, and support. Sessions are usually offered on a weekly or fortnightly basis, and there is no specific time limit; allowing treatment to be tailored to each young person. AET is flexible, and designed specifically for young people. This unique therapy was developed at the Brent Centre.

Adolescent Psychotherapy is a more intensive and longer term treatment, with sessions offered up to three times a week for up to three years. Psychotherapy is offered to young people who have had AET but require further support for their more complex difficulties. It’s a process that helps young people to develop a better understanding of their situation, feelings, thoughts and behaviours, empowering them to implement changes that are needed in their lives.

1,450 SESSIONS OF AET TO 129 YOUNG PEOPLE

Our Family Services engage parents and carers to be involved in supporting the young person, by helping them to understand their difficulties, and to work together to build a better future. We offer Therapeutic Consultations for young people and their families/careers, which are particularly effective for young people experiencing difficulties at home, as well as support for parents/carers to help understand their child’s needs.

110 FAMILY THERAPY SESSIONS TO 10 FAMILIES

Parent support sessions give parents and carers the opportunity to discuss their concerns and to think about the best way to help their child.

50 PARENT SUPPORT SESSIONS TO THE PARENTS AND CARERS OF 22 YOUNG PEOPLE

Young people have generally come to the Centre in a state of crisis this year, with overwhelming feelings they find difficult to cope with.

Some of the difficulties presented by young people at the start of AET

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>81%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>32%</td>
</tr>
<tr>
<td>Difficult relationship</td>
<td>49%</td>
</tr>
<tr>
<td>Family problems</td>
<td>68%</td>
</tr>
<tr>
<td>Depression</td>
<td>78%</td>
</tr>
<tr>
<td>Suicidal ideas</td>
<td>27%</td>
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After receiving support from the Brent Centre, 84% of the young people feeling suicidal at the beginning of treatment no longer did so and 89% of those self-harming, had stopped by the end of treatment. Over 60% of those with symptoms of depression, anxiety and with family problems had improved.
The partnership between The Brent Centre and Preston Manor School has been running for over a decade and has gone from strength to strength in that time, supporting not only our most vulnerable students, but facilitating and supporting the work of staff and parents in the school community. Our data analysis shows that these interventions have a positive impact on students in all areas, including their progress towards their targets, their attendance and their behaviour around the school. We are extremely pleased by the quality of the work of the Centre and the outcomes of the partnership.”

Joanne Bardsley – Lead Behaviour and Therapeutic Interventions Teacher – Preston Manor School

The Schools Service

An average of three children in every classroom suffer from a diagnosable mental health disorder and many more have undiagnosed difficulties. Children with emotional disorders typically have much more time off school than other children.

The Brent Centre has been providing mental health support in schools since 1999, working with pupils at an early stage before emotional difficulties worsen.

During 2015-16, we helped 247 young people across 7 schools through the following services:

- 1,630 SESSIONS OF ADOLESCENT EXPLORATORY THERAPY (AET) TO 150 YOUNG PEOPLE
- 110 GROUP PSYCHOTHERAPY SESSIONS TO 42 YOUNG PEOPLE
- 78 SUPPORT SESSIONS TO PARENTS AND CARERS OF 27 YOUNG PEOPLE
- 29 SESSIONS OF SPORT AND THOUGHT TO 28 YOUNG PEOPLE

Many young people who used our services in schools were experiencing emotional and mental health difficulties which impacted negatively on their school life. Some of the difficulties presented by young people at the start of AET

- 67% Depression
- 63% Confusion
- 57% School problems
- 11% Risk of school exclusion

After receiving support from Brent Centre therapists, over 68% of young people presenting feelings of depression and confusion had improved and 67% of the ones on risk of school exclusion were not at risk anymore.

The Brent Centre also offers professional support to school staff, enabling them to better detect when a pupil is struggling and how to support them. This year we provided 420 individual consultations, and 62 group consultations to school staff.

“Talking about school has made me feel more relaxed when there and also when out in public or meeting friends/other people.” Young person

Year 8 Group Psychotherapy

This Group was composed of 6 Year 8 girls, experiencing some difficulties socially. Their goals were around developing more friendships, being able to speak in a group and express their feelings. As the year progressed, the discussion in the group developed around much more adolescent themes and some very personal information was shared about physical changes associated with puberty as well as uncertainty about sexual identity. There were thoughts and feelings about relationships and some issues about acceptance and rejection were played out painfully within the group. It was clear that most of the group lived very cossetted and restricted social lives outside of school which may be attributed to the homogenous nature of the group who were all from fairly traditional Muslim families.

One of the group members, Seema, had been virtually silent throughout the year until near the end when she found her voice in one of the sessions. She talked about feeling angry with people who ask her why she never says anything. “What do you want me to say?” was her angry response to one person who had asked her this very question. She felt her own silence as a problem that she wanted to overcome and eventually asserted her presence in one of the noisiest group sessions at the very end of the year, proudly proclaiming in her comment about the group, “I was able to speak in a group”.

Aafiya, commented: “it was good because I could talk about anything and feel comfortable”. Her aim in the group had been to develop more friendships. She had often found herself taking on the role of a parent within the group which meant that she assumed responsibility for trying to prevent conversations about sexuality other than those sanctioned by traditional values about partners of the opposite sex and within the bounds of marriage. These subversive thoughts caused considerable anxiety for many in the group, but, like Aafiya, they found they could use the group to exercise a freedom that is not available to them elsewhere. At the end of the sessions, they expressed the need of “the group to last longer”.

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Arman’s story

Arman, a 17-year-old young man, became gang affected whilst quite young and was involved in a series of offences involving burglary with assault. His home life was often chaotic and unpredictable. His parents were both drug-addicted around the time Arman was born; later on, his older sister suffered from serious depression and in the past Arman had to take on adult responsibilities for them all.

He had been referred to the Youth Offending Team as he had broken into a store, beaten up an employee, and stolen goods. He was also starting to become a school refuser. That event, like others in Arman’s past, seemed quite unexplainable to him, but in fact represented an acting out of deeper and more painful anxieties and rage he was carrying on from his childhood.

He was encouraged to participate in group therapy, which he was particularly resistant to, in the beginning. Arman looked quite powerful in the room, rarely would he speak. However, as with many adolescent boys, the need to maintain an image of toughness and lack of concern about consequences was very evident in his early sessions, and it took many weeks before engaging more actively.

In order to make up for the lack of his family support, he created another ‘pseudo family’ around him, seeking support in the other boys from the group. The boys in the group started looking after their back reciprocally, but this was translating into troubles and was increasing the level of violence around them.

Nonetheless, around the 6th session, Arman began to trust the group; there was a quality of ‘reliability’ and ‘consistency’ about coming each time to the group sessions, meeting the same people, the therapist, sharing an emotional burden that was common in other young people referred to the group - the feeling of being overwhelmed by a sense of responsibility towards looking after the family, when still so young.

The experience of the group represented a temporary, though supportive, different situation from Arman’s daily life: the unpredictability of his parents’ behaviour and of his sisters’ depression was counterbalanced by the state of someone else ‘being with’ Arman’s sorrow, rage and pain.

Throughout treatment, Arman became able to admit feelings of fear about failing himself, not attending school, and his contribution to the group was very helpful to the other members who began to think about growing up in an entirely different way. A new more thoughtful and mature Arman emerged at times. He was able to accept help to find him an apprenticeship and he spoke proudly of himself when he managed to complete the school year and attend all his exams with adequate expected grades.

The end of the group came just before the end of the school year and Arman was able to come and say goodbye to the others. The therapists offered individual sessions to all the group members to review their experience, and Arman talked about finding it helpful to think about his situation and talk about it with the group. Although he still finds it difficult to resist joining his friends in some of their activities, he is trying and wants to keep them as friends rather than accomplices. He has recently accepted the offer of individual sessions and is attending these alongside his apprenticeship. Ultimately, he feels reassured not to be let down, but to be able to know himself better, thanks to the help of a non-judgemental and reliable figure; this will hopefully contribute to Arman being able to emotionally reconcile with his family and sister, and to connect with his feelings of loss related to his childhood.

Young Offenders

The Young Offenders we work with, typically present with several vulnerabilities which may include, being a Looked After Child within the social care system, family difficulties, poverty, issues of immigration or asylum, and early trauma. To arrive in the Youth Offending System, they have been convicted of an offence. Typical offences may include robbery, possession of drugs, abusive behaviour or carrying a weapon. The Brent Centre has been providing mental health support for young people at the Brent Youth Offending Service since 2008. Young people who offend have rates of mental health problems three times higher than the general population. However, many of these young people do not receive the help they need from mainstream services. Our service works flexibly, adapting to the needs of these young people and working hard to engage them.

During 2015-16 the Brent Centre helped 166 young people at the Brent Youth Offending Service. We provided:

- **223 SESSIONS OF ADOLESCENT EXPLORATORY THERAPY (AET) TO 41 YOUNG PEOPLE**
  - working individually with young offenders to explore the difficulties they are experiencing

- **38 SUPPORT SESSIONS TO PARENTS OF 4 YOUNG PEOPLE**
  - a space for parents and carers to address their difficulties and to think about ways of helping their child.

- **4 GROUP PSYCHOTHERAPY SESSIONS TO 9 YOUNG PEOPLE**
  - a space for young offenders to work with their peers to reflect upon their offences and put their feelings and anxieties into words with the help of a facilitator.

- **9 VICTIM AWARENESS GROUP SESSIONS TO 112 YOUNG PEOPLE**
  - as part of their rehabilitation, this is a one-off session where young offenders meet to think about the offences, the victims and reflect about it.

Young people seen at the YOS this year showed many positive outcomes.

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<tr>
<th>% OF PATIENTS WHO IMPRVED</th>
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<tr>
<td>Out of Parental Control</td>
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<tr>
<td>School Problems</td>
</tr>
<tr>
<td>Delinquency</td>
</tr>
<tr>
<td>Self-Harm</td>
</tr>
<tr>
<td>Violence towards others</td>
</tr>
<tr>
<td>School Exclusion</td>
</tr>
<tr>
<td>Delinquency</td>
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The Brent Centre also works with YOS staff, individually and in groups. This professional support is particularly important, as it helps YOS Officers to pick up on indirect signs of distress and understand the mental health needs of the young person they work with, who may be unlikely to ask for help with their mental health.

We supported 39 members of staff at the Brent Youth Offending Service this year through 453 individual consultations and a further 6 group appointments.
Sport and Thought is a football and group counselling project which uses the universal language and skills of football delivered by trained child psychotherapists, to support children with emotional and behavioural issues who are at risk of school exclusion. It promotes integration and empowers children and young people to engage with their peers and to build positive relationships.

During the sessions, young people are expected to listen, follow instructions, think about their behaviour. If someone acts angrily or in an aggressive way, the therapist is able to discuss and explore these feelings with the group and relate them to their lives. No one is asked to leave the session, regardless of their behaviour; all issues are addressed, thought about and discussed as a group.

During 2015-16, we offered 29 sessions of Sport and Thought to 28 young people at St. Augustine’s C of E High School.

Our research shows a very positive outcome for the young people taking part in our Sport and Thought sessions, as the graph below demonstrates:

**THERAPIST-REPORTED TOTAL PROBLEMS SCORES**

<table>
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<th>MEAN SCORES</th>
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<tr>
<td><strong>START</strong></td>
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<td><strong>AFTER</strong></td>
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Graph shows therapist-reported total problems mean scores at the start and at the end of Sport & Thought. Therapist-reported Total Problems mean scores dropped from 25.6 to 19.6, displaying a difference by 6 points on the ‘Therapist Evaluation Form’ at the end of Sport & Thought, showing a statistically significant improvement after treatment. *  

*($t=4.392$, $p=0.002$) According to the statistical analysis, conducted using SPSS version 22, the improvement in ‘Total Problems’ scores is not to be attributed to chance, but demonstrates the efficacy of Sport & Thought intervention.

“It was nice to have some consistency in my life. I felt cared for with someone listening patiently.”

Young person
Mary's story

A tall, self-conscious, and naïve looking young woman with long brown hair and large green eyes, Mary seemed younger than her 18 years. She lived at home with her parents and younger brother Callum in a small 1 bedroomed flat. Theirs was a close-knit and supportive Irish family, but things often felt claustrophobic; there was little privacy and emotional boundaries were blurred. In a family that shared everything, Mary felt obliged to tell her parents about her “shameful” intrusive thoughts of hanging, incest, and sexual assault. When her disclosures were met with anger and panic, Mary was left feeling that no one would ever be able to help her. Things were not easy for the family, as her father had been signed off work from his job as a labourer due to severe anxiety. Her mother also suffered from anxiety and depression, and her younger brother Callum had recently been seen by CAMHS.

She was initially quite paranoid and cautious to speak, and was very concerned about what her therapist thought of her, constantly seeking reassurance. She had little interest in the reasons underlying her difficulties, and just wanted her therapist to rid her of her ‘bad thoughts’. Over time, however, Mary felt more comfortable speaking with her therapist, and became better able to reflect on her difficulties. She described feeling overwhelmed with both shame and excitement by her developing sexual thoughts, and how she felt that she was betraying and abandoning her family by going to university – the first in her extended family to do so. She was very grateful to have the non-judgmental and safe space to discuss her difficulties. She began having fewer intrusive thoughts, and her anxieties turned to more normal, teenage concerns.

Though Mary's parents were supportive of her treatment, her mother was keen to know what was happening in the sessions. Why wasn’t Mary being given techniques to manage her anxiety like she was in her Cognitive Behavioural Therapy sessions? What ideas was Mary’s therapist putting in her head? Her and her daughter were so similar, and so surely their treatment be, too? Keen to protect the privacy of Mary’s sessions, her therapist maintained the boundaries of their work, and did not allow her mother to intrude upon their sessions, feeling that the privacy was important for Mary’s development.

The Centre’s mental health liaison worker helped Mary research her funding options for university, and the addition of this more practical support allowed her mother to feel more accepting of the Centre’s work. This was further helped by the offer of family therapy. This holistic approach allowed Mary to better understand and reflect upon her difficulties while allowing her and her family to move forward in a practical way.

By the end of treatment, Mary was no longer experiencing intrusive thoughts, and was feeling much less anxious. She had achieved good A-levels and obtained her place at university to study Politics. She was noticeably more confident and self-assured, and smiled proudly when she described meeting a ‘cool’ new group of friends, and going to a concert with a boy in her year. She was pleased to know that she could get back in contact with the Centre should she need, and was shown where to find counselling services at her university.

Mental Health Practical Support and the Irish Project

IN 2015-16 WE OFFERED 77 SESSIONS TO 13 YOUNG PEOPLE AND OUR IRISH PROJECT OFFICER HAD 43 MEETINGS WITH 7 PROFESSIONALS IN SUPPORT OF SOME OF OUR YOUNG PEOPLE’S CASES.

Practical Support

Many young people with emotional and mental health difficulties also experience practical difficulties in their lives such as with housing, finding training or employment or accessing benefits. At the Brent Centre, young people can access practical support help alongside their therapy, for as long as they need. Practical support sessions may include help with finding accommodation, liaison with debut agencies or social services, help with writing letters and making phone calls.

The Irish Project

The London Borough of Brent has one of the longest established Irish communities outside Ireland, remains one of the areas with the highest Irish population of the UK, and includes Lynton Close, the fourth largest traveller site in London.

The Irish Project at the Brent Centre for Young People is unique in bringing together therapeutic, practical and cultural elements to support young Irish people with emotional and mental health concerns, in one holistic and collaborative team.

Young Irish people who are referred to the Brent Centre can benefit from Adolescent Exploratory Therapy, Group Therapy, and Family Therapy, and can receive practical support from an Irish Project Officer alongside their therapy. Our Irish Project Officer, has established regular outreach work with the Irish Traveller community, and supports Irish young people in many ways, such as applying for benefits, seeking employment, finding a college or course, liaising with social works and key workers. Our work with young Irish people is supported and funded by the Irish Government - Emigrant Support Programme and the Irish Youth Foundation.
Measuring our Impact

One of the Brent Centre’s key objectives is furthering understanding of adolescent mental health from a psychoanalytical perspective. The Centre’s founders, Moses and Egie Laufer, have written extensively on adolescent breakdown and therapeutic approaches to working with young people. Our staff continue to research the impact of the services we offer to young people, and write academic papers and present at conferences around the world.

During 2015-16 research shows that young people experienced an improvement in their emotional and mental health difficulties after receiving therapy from the Brent Centre.

IN-HOUSE ADOLESCENT EXPLORATORY THERAPY

Over the course of the financial year 2015-2016, we have gathered completed research outcomes and data for 95 young people seen in Adolescent Exploratory Therapy. According to therapist-reported scores (Fig. 1.), overleaf, 79% of patients showed improvements, with statistically significant reduction of 4.2 points (p<0.05) on the Achenbach scale for their 'Internalising' Problems score (based upon all patients that improved). The mean 'Internalising' Problems score moved from the clinical range into the borderline range, suggesting that the level of problems experienced were no longer of significant clinical concern. As reported in existing literature (i.e., Muratori et al., 2002), psychodynamic psychotherapy works best with 'Internalising symptoms', therefore our outcomes are in line with these results. There were no reductions in 'Externalising' problems, and this is likely due to the fact that patients were low in externalising problems on their arrival at the Centre, and thus there was little room for a reduction.

By the end of treatment, most patients demonstrated a greatly improved understanding and acknowledgement of their emotional problems, and acknowledgement of their need for help (Fig. 1.). Not only was there found to be a reduction in initial symptomatic behaviours, according to therapist report, patients also showed an increased capacity to think about their anxieties. Patients also demonstrated better relationships with their family and peers.

Fig. 1. Graphs to show therapist-reported mean problems scores of the young people seen in this period and rates of improvements

PSYCHOTHERAPY

Twenty-one young people were seen for intensive psychotherapy at the Centre between 1st April 2015 and 31st March 2016. We have research data for 13 young people seen for psychotherapy who agreed to participate in the outcome study, and fully completed end-of-treatment outcomes for 4 young patients who finished their treatment in this financial year.

These young people presented with a variety of ‘Internalising’ problems (such as low mood and anxiety), and ‘Externalising’ problems (such as aggression and delinquency). Therapist-reported responses to the Achenbach questionnaire show that, at the start of treatment, these patients had problems in the ‘clinical’ (63+) and ‘borderline’ (60-63) range of severity.

As reported in Fig. 2., overleaf, young people who completed their treatment showed good improvements by the end of their therapy. Though the Total problems score did not move to a less severe category, young people showed average good improvements. The most notable improvements were evaluated in the sphere of their ‘Internalising’ problems, which dropped significantly by 8.7 points after treatment (p<0.05). Internalising problems are particularly worked through in psychotherapy, and represent a specific focus to be worked on in psychoanalytically orientated treatments (i.e., Muratori et al., 2002). Furthermore, thanks to its ‘sleeper effect’, psychotherapy reduces risks of relapses in the long-term, proving effective with young people who present with very high levels of anxiety and depression before starting their treatment. (Muratori et al., 2003)

Fig. 2. Graph to show mean therapist-reported problems scores of young people who completed treatment during 2015-2016


“I have received a lot of help from counselling which has gotten me through personal and family problems when I felt very isolated. I now feel more able to talk about my feelings and deal with my problems.”
Young person
April 2015

Eleven Brent Centre supporters have raised £16,000 for young people’s mental health by running marathons this year. Tom Galer ran the Greater Manchester Marathon on 19th April, and Felicity Tyson, Diarmuid Coffey, Greg Simmonds, Nick Neill, Kayleigh Borrow, Matt Tandy and Doug, Vicky, Abbey and Jake Sheffield all ran the London Marathon on 26th April 2015. Thank you to all the runners for raising much needed funds and raising awareness of our work.

June 2015

On June 2015, the Grier Trio performed an exclusive concert to raise funds for the Brent Centre. Seventy people came to enjoy an intimate evening of music, food and wine at Ivy House in North London, where the Trio played a selection of classical pieces. The event raised £11,000 for the Brent Centre to continue providing vital talking therapies to young people. Thank you Francis Grier, Savitri and Indira for playing; all the people and organisations who donated auction and raffle prizes, and volunteers who helped with the evening.

July 2015

Neil Churchill has run the Morrisons Great Newham 10k in support of the Brent Centre on 19th July 2015. We are thankful for his support and the £400 raised was used to help young people with their emotional needs and mental health.

Adam Kay took part on the Swanage Triathlon, in Dorset in June in support of the Brent Centre. After being challenged by some friends, who doubted he would be able to do it, Adam finished the Triathlon, took on another challenge, the Prudential RideLondon-Surrey 100 and raised much needed funds for the Brent Centre.

Two cyclists have raised £1,800 by cycling 100 miles in the Prudential RideLondon-Surrey 100 on Sunday 2nd August 2015. Adam Kay and Tadg O’Keeffe took on the challenge to raise much needed funds to provide mental health services for young people at the Brent Centre. Thank you to Adam and Tadg for their efforts in raising money for young people’s mental health.
Sainsbury’s Queens Park Local have been supporting the Brent Centre for several years, and we are very proud to be their charity of the year 2015. By keeping collection boxes at their tills, Sainsbury’s have encouraged customers to donate their change, which is all helping to make a difference to the lives of young people in the community.

This summer the Brent Centre for Young People brought together local organisations to run a course for local young people. During the course, the young people developed and produced a Radio Series entitled RealTalks, covering topics of significant concern to young people, including Mental Health. The programs were then broadcasted on K2KRadio. The Brent Centre is proud to be part of this initiative and looks forward to continue developing innovative projects like this one.

Since October 2015 The Brent Centre for Young People have been registered as a good cause on easyfundraising.org.uk. By making a purchase with one of the 2,700+ participating retailers, as a thank you for the purchase, the retailer provides a donation for your chosen good cause. Sign up at www.easyfundraising.org.uk/causes/brentcyp and raise money for the Brent Centre every time you shop online without paying anything extra.

On 22nd January 2016 the Centre was visited by Tulip Siddiq MP & Brent Deputy Mayor Parvez Ahmed to discuss the work of the Brent Centre and the issues facing young people living in Brent, particularly accessing mental health services.

On Sunday 13th September the Brent Centre took part at the Queen’s Park Day, a traditional local fair, with street-food festival, music and activities for all ages. Thank you to the volunteers who ran our stall, promoting our work, and holding cake-sale, tombola and face-painting to raise funds for the Brent Centre.

On 19th February 2016 the Brent Centre for Young People hosted an Open Afternoon. It was a great opportunity to present our work and to share information and concerns about the health of young people in Brent. We were honoured to have the presence of Cllr Lesley Jones, The Worshipful the Mayor of the London Borough of Brent, Cllr Ruth Moher, Cllr Krupesh Hirani, Ian Niven from Healthwatch Brent and Anne Marie Morris from Brent Carers Centre.
The Brent Centre would like to thank the following people and organisations for their support this year. We couldn’t do it without you.

Partner Organisations
- Alperton Community School
- Brent Youth Offending Service
- The Crest Academy
- Kingsbury Green Primary School
- Kingsbury High School
- Preston Manor School
- Queens Park Community School
- St Augustine’s C of E High School

Public Authorities
- Brent Council
- Irish Government’s Department of Foreign Affairs and Trade: Emigrant Support Programme
- NHS Brent CCG

Trusts and Foundations
- The 29th May 1961 Charity
- BBC Children in Need
- The Beatrice Laing Trust
- The Clothworkers’ Foundation
- Comic Relief
- Dentons UKMEA LLP Charitable Trust
- The Disability Sports Development Trust
- Draper’s Charitable Fund
- Edward Harvist Trust
- Erach and Roshan Sadri Foundation
- The Evan Cornish Foundation
- Garfield Weston Foundation
- Healthwatch Brent
- The Henry Smith Charity
- Hyde Park Place Estate Charity
- Irish Youth Foundation (UK) Ltd
- The Jarvis (Harpenden) Charitable Trust
- John Lyon’s Charity
- The Leathersellers’ Company Charitable Fund
- Lloyds Bank Foundation for England & Wales
- The Mitchell Charitable Trust
- Mr and Mrs J A Pye’s Charitable Settlement
- The Sobell Foundation
- Souter Charitable Trust
- St James’s Place Foundation
- The Syder Foundation
- Wembley National Stadium Trust
- The Wessex Youth Trust

Companies
- 23red
- The Harwood Arms
- Mizuho Bank
- Queens Park Books
- Sainsbury’s Queens Park Local
- Synthes

The Grier Trio
Our many individual donors

Virgin London Marathon runners, April 2015
- Kayleigh Borrow
- Matt Tandy
- Felicity Tyson
- Nick Neil
- Diarmuid Coffey
- Greg Simmonds
- The Sheffield Family – Doug, Vick, Abs and Jake

The Greater Manchester Marathon runner, April 2015
- Tom Galer

Swanage Triathlon, June 2015
- Adam Kay

10K run, July 2015
- Neil Churchill

Prudential RideLondon-Surrey 100 cyclists, August 2015
- Adam Kay
- Tadg O’Keeffe

President
- Egle Laufer

Trustees
- Dr. Carole Amobi
- Dr. Robin Anderson
- Mr. Jeremy Bard
- Mr. Francis Hare, Earl of Listowel
- Dr. Tara Naidoo
- Mrs. Deborah Perlin
- Dr. Bernard Roberts
- Mr. Eamonn Santry
- Dr. Janine Sternberg

Brent Centre Staff Team
Volunteers

Research Support
- Ms. Deana Tyson
- Ms. Katherine Hallgarten

All the young people who have used our services

Statement of financial activities

<table>
<thead>
<tr>
<th>Income</th>
<th>2015-16</th>
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<tr>
<td>Voluntary income</td>
<td>£673,744</td>
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<tr>
<td>Activities for generating funds</td>
<td>£10,592</td>
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<tr>
<td>Investment income</td>
<td>£193</td>
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<tr>
<td>Total income</td>
<td>£684,529</td>
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<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>Clinical Services</td>
<td>£605,874</td>
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<tr>
<td>Raising Funds</td>
<td>£34,357</td>
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<tr>
<td>Total expenditure</td>
<td>£640,231</td>
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