Annual Review 2009-10
ACCESSIBLE SUPPORT
WHEN IT’S NEEDED
Brent Centre
for Young People
‘Helping vulnerable young people since 1967’
The Brent Adolescent Centre (working under the name Brent Centre for Young People) is an internationally recognised centre of clinical excellence, working with young people, experiencing mental and emotional difficulties, to achieve profound and lasting change.

Founded in 1967, by pioneering and respected Adolescent Psychoanalyst, Dr Moses Laufer, the Brent Centre for Young People (BCYP) has a long history of success in helping young people with their emotional and mental health. Dr Laufer himself later became the President of the British Psychoanalytical Society and Vice-President of the International Psychoanalytic Association (IPA). Over the years, the Brent Centre for Young People has helped transform thousands of lives, both directly; in the young people we help, and indirectly; in the changes they bring to their families and communities.

Dr Laufer founded the Centre on his professional conviction that adolescent mental health needs are fundamentally distinct from those at other times in a person’s life and that the only way to successfully address those needs was through interventions tailored to meet them. Today, we still firmly hold this belief and carry it through in our flexible and age-sensitive approach to all of our services.

The Centre’s services divide into two main categories ‘In-house Services’ and ‘Projects and Outreach Services’. Our Projects and Outreach Services are aimed at engaging and working with young people who may struggle to connect with more traditional services. The ‘In-House Services’ form the back bone of the Centre’s work and underpin everything we do to ensure young people receive the best possible care.

The Brent Centre for Young People is a leading authority on adolescent mental health. Since the beginning staff members have been researching adolescent psychopathology and psychotherapeutic treatments at the Centre. This research informs everything we do, helping us to achieve successful and well thought through therapeutic services.
Dear Supporter,

Welcome to our Annual Review for the financial year 2009 to 2010. It is my pleasure to announce that during this year we have helped 437 young people.

Regular readers of our annual report will notice that we have chosen a new format for this year. We hope everyone will find this new style of Annual Review a more pleasant read that will offer a better insight into our activities for this past year.

We have successfully offered another year of Adolescent Exploratory Therapy (AET), Psychotherapy and Family Therapy through our ‘In-House’ Services to vulnerable young people. This achievement cannot be underestimated in the current financial climate. We continue to work in close partnership with a wide range of statutory and voluntary sector organisations to care for the emotional and mental health of young people.

The Service Level Agreement with the Brent Primary Care Trust (NHS Brent) was renewed for the period 1st April 2009 – 31st March 2010. As with the previous two years this funding was restricted to young people under the age of 18. Provision for young adults is an area of increasing concern for us. At the end of this year we will have no more funding from charitable sources for young people aged 18 and over. We are unrelenting in our campaign to demonstrate to NHS Brent (formerly Brent PCT) the importance in funding this service for young adults and young people in transition.

This year we have started a pilot Research Study on group work with young offenders involved with the Brent Youth Offending Service. This is led by Sarah Fielding and myself. We were fortunate to attract the support of Prof. Michael Rustin from Tavistock Clinic and University of East London. He has been meeting with our Research Team to discuss and plan this project.

Community has been a big focus for BCYP this year. We have been working hard to raise awareness of our services among people in Brent and North-West London. We were delighted to participate in both the Respect Festival and the Fryent Country Park day to promote better mental health and improved access to our services for young people.

In 2009, BCYP was delighted to join the Centre for Social Justice’s Poverty Fighting Alliance. BCYP has a wealth of knowledge, experience and research to contribute to better policy. Through collaborations such as the Poverty Fighting Alliance, we look forward to contributing to better treatments for vulnerable young people throughout the UK.

During this period, the Centre continued to gain and maintain support from a number of Charitable Trusts and we ended the financial year with a small surplus. Miss Helen Reed replaced Ms. Dinzi Amobi as our Development & Communication Officer and has been working closely with me in identifying new and existing funding sources. I would like to thank everyone who has given time, money or support for their generosity.

The 2009-10 year has brought many new and exciting developments for us. We, as always, remain committed to helping vulnerable young people to achieve profound and lasting change and look forward to meeting this commitment every day in the year ahead.

Dr Maxim J.A. de Sauma
CEO and Clinical Director
In House Services

Our In House Services are the therapeutic interventions offered at Laufer House. They form the foundation of all of our projects. In House Services provide the most intensive support and help contain and manage the highest risks both to patients and therapists.

The In House Services comprise of Adolescent Exploratory Therapy (AET), Adolescent Psychotherapy, Family Services and the Mental Health Support and Engagement Service. They are fundamental to ensuring that we offer flexible, effective and safe services to young people. All of our services are delivered in line with a deep understanding of adolescence, underpinned by over 40 years of research. We work hard to provide interventions that are age appropriate and sensitive to developmental needs.

BCYP is dedicated to helping as many young people as possible who are suffering or at risk of a mental or emotional breakdown. Mental health and emotional difficulties can take many forms and some of the problems facing young people treated at BCYP include:

- Anxiety
- Depression
- Bereavement
- Eating disorders
- Disruptive behaviour
- Academic difficulties
- Self harm
- Suicidal Ideas
- Sleep problems
- Isolation
- Family breakdown
- Substance misuse

Without treatment these young people are at risk of immediate dangers such as attempted suicide, overdose, criminal activity, exclusion from school and much more. In the long term they may suffer further crisis or long term ill health, and they are more likely to experience social exclusion, unemployment and deprivation.

Any young person can suffer a breakdown, but certain factors can make them more vulnerable. BCYP works hard to design services that are accessible to all young people and that take account of the variety of barriers to treatment they might face. Many of the young people that access our services have key risk factors, such as:

- Low-income or single parent families
- A family member involved in crime or currently imprisoned
- Behavioural problems (e.g. destructive or violent)
- Refugees and Asylum Seekers
- Exposure to violence and/or sexual abuse
- Parents with mental health illnesses or substance misuse problems
- Abusing drugs or alcohol

All of our services are psychodynamically informed and evidenced by years of research. We continuously monitor and evaluate the effectiveness of our work through a Clinical Audit and outcome studies. All of this learning and understanding is supported and shared through our weekly clinical discussion in which staff are supervised to give the best possible treatment to young people.
The demographics of young people attending all our services represent the diversity of the community we serve.

Demographics for all Services

Gender

- Male: 60%
- Female: 20%

Age

- 13: 10%
- 14: 25%
- 15: 15%
- 16: 10%
- 17: 10%
- 18: 10%
- 19: 5%
- 20+: 5%

Ethnicity

- Asian: 37%
- Black African/Caribbean: 42%
- White British: 21%
- White other: 5%
- Irish: 3%
- Mixed: 2%
- Other: 1%

Services

- In house: 37%
- Schools: 42%
- Drugs and Alcohol: 21%
Adolescent Exploratory Therapy (AET)

AET (also known as ‘Interviewing’) is a therapeutic model that has been created and developed by BCYP to meet the specific needs of young people engaging with psychotherapeutic treatment. It is a flexible combination of assessment, treatment and support designed to be adapted to meet the individual needs of young people and their developmental stages.

AET consists of therapeutic consultations that are usually offered on a weekly basis and, unlike many other mental health provisions, it does not have a specific time limit but works with young people at a pace that is appropriate to them.

The aims of AET are:

- Exploration with the young person of their emotional needs
- Making a psychopathological and emotional evaluation
- Considering the best way to help a young person in the long term

Achievements

This year 99 young people with emotional and mental health difficulties were offered 1033 appointments of Adolescent Exploratory Therapy.

41% of these young people were aged 18 or over. We know young adults often have the most complex problems. At the age of 18 young people no longer have the same entitlement to health care as their younger peers. The NHS and other statutory agencies treat them as adults, yet many of these young people are still experiencing adolescence. At this time, when many of these young people will be leaving education and home or care, the support structures that have kept them from serious mental breakdown are withdrawn. It can be a truly traumatic experience for young people.

100% of respondents felt they had been helped a lot, or quite a lot. Young people felt they had made positive changes in: “getting on better with others”, “understanding my feelings more” or “improved in my studies”. 100% of young people giving feedback felt their appointments at the Centre were either very beneficial, or quite beneficial. 80% of young people said they would come back if they needed to.

Our young people’s achievements:

“I can now eat out in restaurants without problems”

“Stopped me being isolated”

“It’s given me a way of talking about issues I otherwise wouldn’t have dealt with”

“I went to Uni”

The Future

AET is a well established intervention with an excellent track record of treating young people. This model of intervention is proving effective for young people and we have few intentions of changing it at present. However, we have observed that there may be a distinct difference in the way young adults (those 18 and over) use our service in comparison with the way it is used by younger adolescents (17 and under). We are looking forward to subjecting this observation to more investigation over the next two to three years to gain a greater understanding about the specific needs of young adults.
Demographics for AET

**Age**

- 13: 0%
- 14: 5%
- 15: 10%
- 16: 15%
- 17: 20%
- 18: 25%
- 19: 20%
- 20: 15%
- 21+: 10%

**Referral Source**

- Hospital or Clinic
- Self Referred
- Family or Friend
- School
- Internal
- Social Services
- GP
- Child and Family NHS
- CAMHS
- Other

**Gender**

- Male: 30%
- Female: 70%

**Ethnicity**

- Asian: 14%
- Black African/Caribbean: 7%
- White British: 28%
- White other: 33%
- Mixed: 14%
- Other: 3%
Adolescent Psychotherapy

Adolescent Psychotherapy is for young people with the most severe and long term needs. Almost all young people will need to be prepared for the commitment to Psychotherapy through AET. Psychotherapy can take place between one and three times a week for up to three years and is delivered by Child and Adolescent Psychotherapists or Psychoanalysts.

This service is monitored through a Psychotherapy Outcome and Evaluation Study which has been developing since 2001 to obtain relevant information on the young person’s presenting problems, mental state and clinical development. We always aim to conduct this research in the least intrusive way for the psychotherapeutic process.

Achievements and outputs

This year 16 young people were offered 663 psychotherapy appointments.

Demographics in the Psychotherapy service

**Age**

<table>
<thead>
<tr>
<th>Years Old</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21+</th>
</tr>
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<tbody>
<tr>
<td>%</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
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</table>

**Gender**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>30</td>
<td>70</td>
</tr>
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</table>
Table 1 presents descriptive statistics of young people’s self-reported psychological outcomes. With consideration of the scale on which each outcome variable was measured, the results show serious concerns about behavioural and emotional problems among young people at the beginning of the treatment considering that the mean scores for all the measures enter in the clinical range.

<table>
<thead>
<tr>
<th></th>
<th>Pre Therapy</th>
<th>1 year of Therapy</th>
<th>Post Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Young Adult and Youth Self Report</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internalizing Symptoms</td>
<td>69</td>
<td>69</td>
<td>60</td>
</tr>
<tr>
<td>Externalizing Symptoms</td>
<td>60</td>
<td>53</td>
<td>56</td>
</tr>
<tr>
<td>Total Symptoms</td>
<td>68</td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td><strong>Dissociation Experiences</strong></td>
<td>3.53</td>
<td>2.68</td>
<td>2.14</td>
</tr>
<tr>
<td><strong>Depressive Symptoms</strong></td>
<td>20.00</td>
<td>15.17</td>
<td>12.36</td>
</tr>
</tbody>
</table>

The data show a strong tendency towards improvements from the young persons’ perspective with regards to internalizing, externalizing and total problems scores after the treatment with all three scores decreasing. The test clusters of a “clinical” range for the Young Adult and Youth Self Report is for scores above 63, where scores ranging between 60 and 63 are considered “borderline” and scores under 60 are “non clinical”. However, paired samples t-tests did not reveal statistically significant differences considering also the small size of the sample. It appears important to note that our psychotherapy patients, on average, marked a change from a clinical to a non clinical status, with regards to both internalizing and total problems following treatment.

With regards to dissociative experiences at the beginning of the treatment, patients’ mean score was at 3.53, (the cut off point indicated by the test is 3.7). At the end of the intervention, there was a significant reduction of the score, showed by paired sample t-test \( t=2.604; \ p<0.05 \) indicating that disruptive dissociative experiences decrease with the psychotherapy sessions at the Centre.

At the beginning of the therapy, as shown in table 1, the depressive symptoms were on average in the clinical range (the cut off point indicated by the test is 20). At the end of the treatment, there was a significant improvement in the symptomatology \( t=2.204; \ p=0.05 \) marking a shift from the clinical to the non-clinical range. Therefore, from the patients’ point of view, the psychotherapy remarkably reduced their feelings of depression, anxiety and withdrawal.

**The Future**

Maintaining an Adolescent Psychotherapy service is core for the Brent Centre for Young People. It is the foundation of our mission and all of our services. During the year 2010/11 BCYP will work to continue providing this service for the young people with the most intensive needs who are able to benefit from it.
Family Service

BCYP works in partnership with the Brent Child and Family Clinic (CNWL NHS Mental Health Trust) to provide therapeutic support to the families of distressed young people. For some young people it is difficult or daunting to face individual work, and in these cases therapy may be best achieved in a family group. For others their difficulties might be felt or experienced by the whole family and the best outcomes can be achieved by working with everybody. Our family services are also a way for parents to be involved in treating and supporting their young people. In addition to family therapy we also offer parent consultations which give parents the opportunity to discuss their own concerns and think about the help their son or daughter might need.

Achievements

In 2009/10 the Family Service helped 31 young people and their families.

Demographics in the Family Service

Age

Referral Source

For the Future

The family service will continue to offer valuable help and support to young people and their families during 2010/11. BCYP looks forward to offering more parent consultations to help parents think about, understand and support their child.
Anna’s Story

At age 15, Anna\(^1\), her mother and brother Bradley were referred to BCYP by Brent Social Care after Anna disclosed she had been sexually abused. Her abuser was found guilty and received a prison sentence.

In the early sessions offered to the family by clinicians, there was a strong focus on the anger that Anna’s mother felt towards her daughter for keeping the abuse a secret from her for many years. Anna’s mother was also angry that Anna disclosed the abuse, not to her but to her teacher, prompting immediate police and Safeguarding involvement and leaving the mother feeling blamed, marginalised and useless. This caused tremendous strain on their relationship and left mother in a state of mind in which she was unable to support her daughter at a time when Anna was frightened and vulnerable. During later sessions, it became possible for Anna to express her own angry feelings towards her mother for not protecting her from the abuser. Eventually Anna’s brother Bradley let us know about his feelings of guilt for not having been able to protect his sister, but also his anger and sadness about losing an important male figure in his life, once the abuse came to light.

Many of the sessions were emotionally fraught, but over time relationships between the three family members improved markedly. When offered the possibility of Adolescent Exploratory Therapy sessions, Anna readily accepted. These began alongside less frequent family sessions. During this time, Anna used the opportunity of having family sessions to raise some difficult issues that had been thought about in her individual sessions, and which she had never spoken about with her mother. Between family sessions, Anna’s mother was offered some individual sessions for herself in which she felt able to explore her struggle with what she felt to be her own shortcomings as a parent. After a year of intermittent work with this family, an ending to the family work was arranged.

The family sessions provided a useful, often painful, space for the impact of the abuse by this man on each family member and their interrelationships to be thought about and, through understanding, some healing could begin to take place.

Anna was unusually clear about wanting to have individual therapy in order to understand herself better, including her guilt about not stopping the abuse sooner. She made great efforts to attend sessions regularly and worked hard during her sessions as well as at school and at her much loved sport.

She was appreciative of the opportunity to have individual sessions which was made possible for her only as a result of the earlier family work. As mother also continued to receive support, Anna didn’t have to feel guilty for her own sessions. The healing process, which started during the family sessions continued and after a period of treatment Anna felt ready to end her sessions too.

The relationship between mother and daughter improved significantly; mother became proud of Anna’s achievements and in turn Anna valued mother’s tremendous effort at caring for the children as a single mother, away from her extended family.

Anna is now doing well in her studies, sport and personal relationships. Anna was grateful for the help she and the family received from the Centre as she felt ready to go on with life on her own, without further support.

\(^1\) Names have been changed to protect young people’s identities.
Mental Health Support and Engagement Service

The Mental Health Support and Engagement Service (MHSE) was introduced in 2007 to support young people in accessing a variety of services. Some young people needed practical support to be able to make use of our therapeutic services, or needed help to make practical changes when they were emotionally ready to, during a therapeutic intervention. MHSE has since developed three main functions; improving access, offering practical support and targeting hard to reach young people.

The MHSE service ensures that we are able to offer all young people an appointment within two weeks of referral to make a full assessment of their needs. The MHSE worker is also able to help young people with difficulties such as housing, asylum applications, benefits, applying for education and training, and access to other health services. The MHSE service is also a pivotal part of our child protection procedure - building and maintaining links with other services to minimise risk to young people. This service also develops some of our most innovative projects for engaging young people. For an example of this please refer to the Young Offenders Project on page 21.

Achievements

The MHSE service offered 146 initial assessments to 90 young people this year as well as providing intensive support to 13 young people.

The MHSE service offered support around the following issues:

- Housing / homelessness or risk of homelessness
- Education – studying at college, starting University, finding a course, NEET
- Finances – support with applying for benefits
- Asylum / trafficking issues
- Summer holidays – activities and employment
- Sexual health
- Gang affected
- Teenage pregnancy
- Social services involvement / safeguarding issues
- Suicidal
- Mental illness of parents

The MHSE service offered 47 clinic based appointments, attended 29 professional meetings, 4 outreach appointments, had over 200 contacts with professionals and also offered 137 informal contacts.

The MHSE service has also been involved with engagement activities such as Queens Park Community day, Fryent Park Country Park Day and the Family Court Day at Brent Magistrates. The service has also been involved in a variety of meetings relating to the provision of therapeutic services for young people such as local Increasing Access to Psychological Therapies proposals and a conference on Age Appropriate Services.
Young people presented with the following problems, many young people were experiencing more than one problem.

<table>
<thead>
<tr>
<th>Presenting problems</th>
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<tbody>
<tr>
<td>Hating my body</td>
</tr>
<tr>
<td>Obsessions and rituals</td>
</tr>
<tr>
<td>In care/ involved with social services</td>
</tr>
<tr>
<td>Immigration or asylum issues</td>
</tr>
<tr>
<td>Sibling with illness or disability</td>
</tr>
<tr>
<td>Financial problems</td>
</tr>
<tr>
<td>Hearing voices or things other people can’t hear</td>
</tr>
<tr>
<td>Feeling someone is ‘out to get me’</td>
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<tr>
<td>Addiction to computer games</td>
</tr>
<tr>
<td>Risk taking</td>
</tr>
<tr>
<td>Bed wetting</td>
</tr>
<tr>
<td>Running away</td>
</tr>
<tr>
<td>Young carer/ illness in family</td>
</tr>
<tr>
<td>Difficulties leaving the house</td>
</tr>
<tr>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Parent with alcohol problems</td>
</tr>
<tr>
<td>Emotional abuse from others</td>
</tr>
<tr>
<td>Medical problems</td>
</tr>
<tr>
<td>Bereavement</td>
</tr>
<tr>
<td>Housing problems</td>
</tr>
<tr>
<td>Self harm</td>
</tr>
<tr>
<td>Involvement in criminal activity</td>
</tr>
<tr>
<td>Disability</td>
</tr>
<tr>
<td>Boyfriend/ girlfriend problems</td>
</tr>
<tr>
<td>Substance misuse</td>
</tr>
<tr>
<td>Issues with adolescence</td>
</tr>
<tr>
<td>Problems with eating</td>
</tr>
<tr>
<td>Physical violence towards others</td>
</tr>
<tr>
<td>Anger</td>
</tr>
<tr>
<td>Parent with a mental health problem</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Low mood / upset</td>
</tr>
<tr>
<td>Difficult relationships with peers</td>
</tr>
<tr>
<td>Difficult family relationships</td>
</tr>
<tr>
<td>Parental separation and divorce</td>
</tr>
<tr>
<td>At risk (including suicide and safeguarding issues)</td>
</tr>
<tr>
<td>Difficulties at school or college</td>
</tr>
</tbody>
</table>

The Future

The MHSE service is currently stretched to capacity. We would like to grow this project by employing a second MHSE worker. Ideally this would allow the service to develop more engagement projects focusing on helping young people who might otherwise struggle to engage with mental health services.
Projects

BCYP is committed to helping and reaching as many distressed and vulnerable young people as possible. One of the ways we have been meeting this commitment is through thoughtful and targeted outreach projects. We have been providing services in outreach for 11 years. All of our outreach projects last year were delivered in partnership with other young people’s services; we worked with four Brent Secondary schools, the Brent Key Stage Four Pupil Referral Unit and the Youth Offending Service.

Our outreach projects have two purposes; firstly to identify and engage young people who might not otherwise access mental health services and secondly to treat young people for whom travelling to Laufer House would prove an obstacle.

Identifying and Engaging

In some cases, young people may be experiencing emotional distress but be unable to acknowledge their difficulties. Some young people will express their emotional or mental difficulties through disruptive, violent or offending behaviour. Therefore, helping them to understand and think about their feelings can be hugely challenging. Young people may also fear the stigma attached to attending an ‘institution’ or worry about being labelled. For these young people it can be helpful to have a short term intervention in outreach to help them to create a therapeutic space.

Treatment in Outreach

We try to treat young people in outreach when they would struggle to attend the Centre. This may be because they fear stigma and labelling, but it also may be because of pressures outside of school. Brent is a big and divided borough and for some young people the journey to the Centre once a week might prove impossible, either because of the distance or because of crossing gang territories. Some young people might be concerned about family, cultural and societal difficulties which might make them feel unable to speak to their parents about their thoughts and feelings. For these young people accessing treatment in a familiar environment that they use regularly can prevent many barriers arising.

All of our outreach services depend on the option to refer in house for more intensive treatments or to contain and manage risk.
Mental Health in Schools

The Mental Health in Schools project was the first outreach service to be established. Over the past 11 years it has flourished. The schools in which this project runs value the services highly and it has been cited by the Department for Education and Schools as a model of best practice. This project offers psychotherapeutic treatments to individuals and groups in school settings during school times. It minimises the disruption to a pupil’s life and is easily accessible to young people. The project is slightly different in each of our partner schools because we believe a tailored approach is far more effective than ‘one size fits all’.

The Mental Health in Schools project consists of three core elements:

- Adolescent Exploratory therapy
- Group Therapy
- Staff Consultations

Achievements and outputs

- 938 appointments were offered to 72 pupils
- 651 therapeutic consultations were offered to 54 pupils in schools
- 64 group sessions were offered to 18 pupils
- 250 consultations took place with 44 members of school staff
- 122 work discussion groups were offered to 59 members of staff.

Within Brent school projects, evaluation with well over 100 staff has also shown that:

- 97% of staff reported that they had developed a deeper understanding about the meaning of behaviour;
- 91% of staff reported that they had been helped to develop new ways of engaging with challenging or disruptive pupils;
- 88% were helped to persevere with challenging pupils when they felt like giving up;
- 85% reported feeling less stressed after talking about challenging pupils/class groups;
- Significantly, in one school alone, the 22 staff attending the fortnightly groups had a significantly lower rate of absence than the whole staff group – over a three year period.

The Future

Over the past eleven years, BCYP has established successful, effective and innovative outreach projects offering a wide range of mental health resources to pupils and staff within ten different educational institutions. BCYP is now a lead provider of mental health resources within secondary schools in the London Borough of Brent and is respected nationally and internationally for this work.

Interest in BCYP’s schools projects remains high and we are currently in discussion with other schools in the Borough who are interested in us establishing new projects in their schools. We therefore end this year on an optimistic note as we look forward to a year in which we hope to see further expansion in the schools project.
Adolescents at Risk & Drugs and Alcohol

Since 2000 BCYP has run a young person’s specialist drugs and alcohol service in partnership with the Brent Drug and Alcohol Team (DAAT – NHS Brent). In September 2009 the statutory funding was withdrawn from this service. However, the substance misuse services provided by BCYP were more than statutory requirements and received voluntary income in reflection of this. As a charity BCYP would be irresponsible to replicate statutory work for which it is not contracted but equally we could not morally withdraw all of our services; both because of the vulnerable community we serve and for the funders that contribute to this work. We conducted a strategic evaluation of our services and identified those which were significantly different and outside of statutory provision.

As a result of this evaluation we have combined elements of our drugs and alcohol service with our model of adolescent mental health and created the Adolescents at Risk Project which is generously supported by BBC Children in Need. This project draws together our experience with substance misuse and mental health to create a project targeting the most difficult to reach young people, especially those at risk for reasons such as:

- Substance misuse
- Being gang affected
- Violent or disruptive behaviour
- At risk of exclusion

Achievements and outputs

121 young people were offered a range of interventions through the Adolescents at Risk Project. 51 received individual help while 70 young people attended groups.

Age

![Bar chart showing age distribution of young people offered interventions through the Adolescents at Risk Project. The distribution is as follows: 13 years old 13%, 15 years old 50%, 16 years old 10%, 17 years old 10%, 18 years old 10%, 19 years old 6%.](chart.png)
The future

Although this year has presented many challenges to the Adolescents at Risk Service it has also created opportunities. In 2010/11 we look forward to being able to have a more therapeutic focus in this service with an emphasis on emotional and mental well-being. BCYP will use this time to strengthen the psychodynamic roots of this service to provide interventions that are effective and meet the needs of young people.
Working with Young Irish People

Our work with young people of Irish decent is supported and funded by the Irish Government’s Emigrant Support Programme and the Irish Youth Foundation.

The London Borough of Brent has a large population of Irish people; it is one of the borough’s largest ethnic communities. Since 2005, BCYP has worked with the Irish Emigrant Support Programme run by the Irish Government to provide therapy to focus on treating young Irish people. Irish people are often subject to ‘hidden racism’ which brings additional complexity to cases involving Irish young people. BCYP has always served Irish young people but in 2005 it began to create culturally sensitive services in a more targeted way to meet the need. The Irish Project, since 2007 links both the MHSE Project and the Substance Misuse Outreach Projects within the Centre, to provide creative and flexible ways of engaging with young people.

In 2007 the Irish project identified additional needs among the Irish Traveller community. An outreach project was developed on the local Irish Traveller site in partnership with an Irish charity. In 2009 it became unsafe for workers to visit the Irish Traveller site after an unfortunate police raid – the realities of working with a very marginalised group of people. Working in partnership, the MHSE service has increasingly taken on an important role in helping to engage Irish young people, and making links with Irish organisations such as Brent Irish Advisory Service, and ICAP (Immigrant Counselling and Psychotherapy). The Project continues to explore these links to further develop the work.

Achievements

18 individual sessions were offered to Irish young people in outreach with an additional 30 contacts made by a Young Person’s Specialist Mental Health Worker. The service has managed to maintain contact with several adolescents from the Lynton Close Travellers site which has been a very positive step for the project.

In house we also offered a further 2 family appointments, 86 Adolescent Exploratory Therapy appointments and 107 psychotherapy appointments. In addition to this we conducted 13 initial assessments with Irish young people,

The Future

2010-11 will hopefully be an interesting year for the Irish project. We also look forward to working in partnership with relevant organisations to continue identifying and helping young Irish people. In particular we hope to establish a closer working relationship with the London Irish Centre.
Jane’s story

Jane was referred to the Centre from the Brent Adolescent Team (NHS) over two years ago, having spent a period of time at an In-Patient Setting. Jane was a shy girl who was uncertain about psychotherapy but who was very keen for help. Seeming exhausted with all of her efforts over the last year, which had included a breakdown, terminating her A Levels studies and a period of being housebound with her obsessional feelings; this was a teenager who was ready to re-engage with the world.

She threw herself into therapy, attending all sessions, although often late and making it clear that this meant a great deal to her. In those early months, she slept through most of her days, only rousing herself for sessions, often arriving in her sleeping clothes, hair dishevelled and scratching sleep from her eyes.

Over the course of the two years, her life has transformed and Jane is now in the second year of her A Levels and hoping to attend a University away from home in 2010. The prospect of leaving home was one of the original factors in her breakdown. Although therapy is difficult, Jane has made good use of it. She now works at the weekends and has a boyfriend. Of importance has been the way she has reconnected with her cultural background, choosing to work near her home and feeling more comfortable around the Irish people that she had found it so difficult to speak to just a few years ago when she was in the most troubled times of her illness.

Jane does miss sessions and often expresses her anger in this way. However, she arrives well dressed, obviously spending time and taking care in how she looks as befits an adolescent and she is looking to her future. As she said recently, “I now understand that I am coming here to help me develop”. This is a significant move from needing a cure, and the statement was delivered with a bright smile that reflected a young person far happier than she was two years ago. Jane has a further ten months of treatment remaining and is determined to make the most of this opportunity as she has done at college and in her personal life.

Names have been changed to protect young people’s identities.
Young Offenders

The Young Offenders project began as a development within the Mental Health Support and Engagement Service as a part of its function is to try to engage young people who experience additional barriers to therapy. It was established with a pilot programme in 2008 and has shown positive initial results.

Young people within the youth justice system have three times the prevalence of mental health needs compared to their peers in the general population (Youth Justice Board, 2008). Research also points to an unacceptable level of unmet need for young offenders, due in particular to poor access to services and difficulties in engaging with mental health services (Chitsabesan et al, 2006). Young offenders are notoriously difficult to engage in therapeutic work, often feeling hostile or paranoid towards mental health services, or experiencing them as a threat to their ‘tough’ exterior. BCYP is piloting a project which takes a different perspective on the challenge of engaging young offenders with therapeutic services.

The project offers a ten week group work programme to as many as eight young offenders at a time, to begin to have a space to think, rather than act. The group work is facilitated by two workers, who liaise closely with the Youth Offending Service Mental Health Worker, Priti Patel, and Groups Co-ordinator Shane Steere. Young people are referred by the YOS Officers and are offered the chance to opt in to the programme. Each young person is given an initial interview to assess their suitability and to discuss their concerns and expectations. After ten weeks of therapeutic group work each young person is given an end of group interview in which the option for further treatment or support is discussed.

Achievements

27 individual appointments and 51 group appointments were offered to 21 young people at the Youth Offending Service.

A further 7 referrals were made to BCYP.

Young people have engaged well with the group work programme, and reported finding it easier to talk in a group. Themes coming up in the group work have included; trying to understand why they have offended, the impact of offending on their lives, their family backgrounds, their fears about mental health services or being thought of as ‘mad’, street life and gangs, violence, how hard it can be to think, rather than getting caught up in something more manic or destructive and underlying feelings of depression that can be disguised under more disruptive behaviour.

All young people that engaged with group work demonstrated an improved awareness of their own emotional and mental wellbeing. Through the discussions in the group it was also evident that they began to think more realistically and more positively about their futures. Furthermore around 88% of young people in the groups have maintained their academic progression.

Due to the initial success of the group work programme, the Centre is now undertaking research, both into the effectiveness of group work interventions with young offenders, and a more in depth, qualitative study looking at the process of the groups. We are delighted to be supported in this research by Professor Michael Rustin (University of East London and Tavistock).

The Future

The Young Offenders project is showing promising results. In 2010-11 we would like to begin to develop the project to provide more services in the Youth Offending Service including individual work and staff consultations.

There is also a lot to be learnt from this project and BCYP can make a significant contribution to policy surrounding the mental health and behavioural needs of young offenders. In the coming year we aim to develop research around the results we are seeing.
Understanding Adolescence

Increasing knowledge and understanding of adolescent mental health remains one of BCYP’s key objectives. Through research, knowledge sharing and clinical work we are continuously contributing to developmental models of adolescence and psychopathology in adolescence.

We have been fortunate to engage the support of Professor Michael Rustin (University of East London and Tavistock) and Ms Aylish O’Driscoll a doctoral student at City University, who is on an honorary placement with the Centre to plan research into the links between developmental breakdown and youth offending.

Achievements

- Our staff have spent approximately 1,600 hours in clinical discussions around the wellbeing, treatment and safety of all of our patients.
- We have completed another year of our Clinical Audit and Psychotherapy Outcome Research.
- An area of research has been identified as a result of the success of the Young Offenders project.

The Future

Over the next year we anticipate two major developments in our research area. Firstly we look forward to the development of a research project into adolescent development and youth offending. We hope this project will help improve mental health interventions for young offenders and contribute usefully to policy and understanding in this area. Secondly, we are looking forward to being able to report even more outcomes. Over the next year we will be renovating our clinical audit data collection to provide more information about the differences our service is making.
Developments, Communication and Fundraising

This year BCYP has been working hard to raise its profile in the local community. During 2009/10 we attended three community days where we spoke to many people about emotional and mental wellbeing and the Brent Centre for Young People.

We were also selected by Queens Park Sainsbury’s as their local charity of the year. The staff and store supported us by running collections and a raffle as well as hosting a stall for us on two occasions.

BCYP also worked to contribute to NHS Brent’s Strategic Commissioning Plan through attendance at four consultation events, providing monitoring reports and through hosting site visits by commissioners and the Chair of NHS Brent, Marcia Saunders and non-executive director, Isabelle Iny.

Daniel Smyth made a valuable contribution to the government’s national campaign ‘Talk to Frank’. Daniel met with ‘Pablo’ (a fictional character) to discuss the effects and consequences of cocaine as part of a national awareness drive.

We were delighted to have three people volunteer to run a marathon for us. Our sincerest thanks go to Dinzi Amobi and Hannah Foulkes who ran the Virgin London Marathon on behalf of the Centre and Jaco Harmzen who ran the Edinburgh Marathon.
Thanks

The Brent Centre for Young People thanks

Trusted and Foundations

- BBC Children in Need
- Mrs Bridget Astor and the Avenue Trust
- John Lyon’s Charity
- Mrs Smith and Mount Trust
- The Coutts Charitable Trust
- The Diana and Allan Morgenthau Charitable Trust
- The E C Sosnow Charitable Trust
- The Edward Harvist Trust Fund
- The Henry Smith Charity
- The Irish Government’s Emigrant Support Programme
- The Irish Youth Foundation
- The Mercers’ Company
- The Mr and Mrs JA Pye Charitable Settlement
- The Pilgrim Trust
- The Schroder Charitable Trust
- The Sobell Foundation
- The Steel Charitable Trust
- An anonymous Trust

Public authorities

- The Home Office
- NHS Brent
- Brent Council
- Brent Drug Action Team

Others

- Brent Pupil Referral Unit
- Brent Youth Offending Service
- Cardinal Hinsley Community School
- Central and Northwest London Mental Health Trust
- Kingsbury High School
- Preston Manor High School
- Queens Park Community School
- Queens Park Sainsbury's Local
Statement of Financial Activities

(INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2009

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds 2009</th>
<th>Total Funds 2008</th>
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<td>Incoming resources from</td>
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<tr>
<td>generating funds:</td>
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<td>funds</td>
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<td>Costs of generating funds:</td>
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<td>Fundraising trading</td>
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<td>(41,199)</td>
<td>(56,586)</td>
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<td>Charitable activities</td>
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<td>(48,486)</td>
<td>(385,268)</td>
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<td>Governance costs</td>
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<td>(24,219)</td>
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<td>Office computer costs</td>
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<td><strong>TOTAL RESOURCES EXPENDED</strong></td>
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<td><strong>NET INCOMING RESOURCES BEFORE</strong></td>
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<td>TRANSFERS</td>
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<td>RECONCILIATION OF FUNDS</td>
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<td>Total funds brought forward</td>
<td>309,758</td>
<td>71,406</td>
<td>381,164</td>
<td>344,398</td>
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<td>322,499</td>
<td>62,739</td>
<td>385,238</td>
<td>381,164</td>
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</tbody>
</table>

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.
All of the above amounts relate to continuing activities.
Officials

Board of Trustees
Mr P Jeremy Bard (Chair)
Dr Robin Anderson
The Hon Mrs Angela Camber
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Mrs Deborah Perlin
Dr Bernard Roberts
Mrs Janine Sternberg

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Mrs Egle Laufer

Vice Presidents
Sir Alan Budd
Mr Peter Wilson

Management & Finance Committee
Mr P Jeremy Bard (Chair)
Dr Bernard Roberts
Dr Maxim de Sauma

Staff

Chief Executive Officer & Clinical Director
Dr Maxim de Sauma

Psychoanalysts and Child & Adolescent Psychotherapists
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Dr Julia Boutall
Dr Catalina Bronstein
Ms Pessi Elias
Dr Sara Flanders
Miss Lucia Genesoni
Mr Emil Jackson
Mr Sebastian Kohon
Dr David Leibel
Mrs Branka Pecotic
Mrs Suzan Sayder
Mrs Hannah Solemani
Dr Emma Taborelli
Mr Carlos Tamm Lessa de Sa
Mr Danny Goldberger (from September 2009)

Specialist Mental Health Worker
Executive Assistant to the CEO
Miss Sarah Fielding

Research Psychologists
Miss Valentina de Nardi
Miss Korina Soldatic

Drug and Alcohol Service
Miss Denise Green (to June 2009)
Mr Daniel Smyth
Ms Joanna Waggott (Mrs Cowley from September 2009)

Trainee Staff
Mr. Danny Goldberger (to July 2009)
Mr Adam Kay (from September 2009)

Honorary Consultant
Mrs Egle Laufer

Research Consultants
Professor Michael Rustin
Ms Aylish O’Driscoll

Fundraising and Administration Staff
Ms Dinzi Amobi (to July 2009)
Ms Anna Barros (to September 2009)
Miss Gabrielle Coeur (from September 2009)
Mrs Maria Gray
Mrs Georgina Quartey
Miss Helen Reed (from July 2009)

Honorary Placements and Volunteers
Mr Simon Field
Ms Jacqueline Fogden
Ms Ilana Inspector
Ms Barbara O’Keeffe
Ms Aba Quartey
Ms Tamsin Prout
Mr Isaak Vié
Ms Lara Dal Zotto