The Brent Centre for Young People (BCYP) is a well established local charity providing innovative and effective support to young people for their emotional and mental health. Each year the Centre helps over 500 young people by enabling them to make positive changes that lead to healthier, happier lives.

The foundations of the Centre are built on the pioneering work of Dr Moses Laufer - a Psychoanalyst who recognised the distinct needs of adolescence and went about making changes in the mental health provision in the London Borough of Brent. Dr Laufer went on to become President of the British Psychoanalytical Society (BPS) and Vice-President of the International Psychoanalytic Association (IPA). He, along with his wife Mrs Egle Laufer, highlighted the gap in provision and have since ensured age appropriate and tailored support to young people in the transitional phase of adolescence.

BCYP is world renowned for its in-house talking therapies which were developed to be flexible and to give young people an element of control over their treatment. Young people feel supported and able to think about their difficulties in a safe and protected environment. Due to the sensitive nature of the difficulties of adolescence, some young people feel intimidated or unable to access more traditional services and so, in response to this, the work of BCYP has also developed within outreach locations across the borough. Our Clinicians now effectively engage young people in 8 local secondary schools, the Brent Youth Offending Service and the Brent Key Stage 4 Pupil Referral Unit. Our services aim to be as accessible as possible and to support those with a variety of needs in suitable and safe environments.

BCYP also conducts important research into adolescent breakdown and therapeutic work with adolescents. Our services are continually shaped by our research which explores the outcomes of psychoanalytic treatment.
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Dear Supporter,

Welcome to our Annual Review for the year 2010-11. It is my pleasure to report that during this year we have helped 512 young people.

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.

Our contract with the Brent Primary Care Trust (NHS Brent) was renewed for the period 1st April 2010 – 31st March 2011. As with the previous three years this funding was restricted to young people under the age of 18. Provision for young adults is an area of increasing concern as Adult NHS Services focus more on the medical side of the emotional and mental health difficulties older adolescents and young adults face. Fortunately we were able to fundraise in order to offer a Psychotherapy service, albeit limited to older adolescents. We continued our unrelenting campaign to demonstrate to NHS Brent and Brent GPs the importance of funding this service for young adults and young people in transition, and we are looking for new funding from charitable trusts and other organisations.

We have developed our Pilot Research Study on group work with young offenders based on Sarah Fielding's work at the Brent Youth Offending Service. The research team is constituted by Sarah Fielding and myself as Main Investigators and also by Miss Korina Soldatic, Miss Aylish O'Driscoll and Dr Maria Papadima. We were fortunate to continue to receive the support of Prof. Michael Rustin from Tavistock Clinic and University of East London. We have drafted a paper which will be presented in May 2011 at a one-day conference on the work of the Brent Centre in Milan and in September at the 8th Congress of International Society for Adolescent Psychiatry and Psychology (ISAPP) in Berlin. The group work was partially funded by BBC Children in Need.

During this period Mr. Emil Jackson, who has managed the Schools Project for a number of years, left the Centre and I have taken on this role until a new manager can be appointed. I would like to thank Emil for his excellent work in developing the project. During this year I have developed the project into a permanent outreach service with the support of Sarah Fielding. We are now working with 8 schools, the Brent Key Stage 4 Pupil Referral Unit and the Brent Youth Offending Service.

On the 8th of February 2011, the famous author and Brent resident Zadie Smith organised a successful literary event at the Tricycle Theatre. Other guest speakers included Doc Brown, Hanif Kureishi, Ben Markovits, Tobias Hill, Nakita Lalwani and Daljit Nagra. The event was a sell out and was hugely enjoyed by everyone who attended.

During this period, despite the economic crisis, the Centre continued to establish and maintain support from a number of charitable trusts and we ended the financial year with a surplus of £4,237. Miss Helen Reed was joined by Miss Gabrielle Coeur, strengthening the fundraising team. Both Helen and Gabrielle have been working closely with me in identifying new and existing funding sources. I would like to thank the trusts who have supported our work during this difficult period. We would also like to thank Ms Dinzi Amobi and Ms Hannah Foulkes who ran the 2010 Virgin London Marathon, and Mr Jaco Harmzen who ran the Edinburgh Marathon to raise funds for the Centre.

The 2010-11 year has brought many new and exciting developments to the Centre. We 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.

We are aware that we will be facing difficult financial times in the year ahead. We will continue to address this problem and hope that in the next year we will be able to develop our research into therapeutic work with young offenders.

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

We provide four services for young people at our Centre, Laufer House. They form the foundation of all of our projects. In-house services provide the most intensive support to young people, and this year we helped 298 young people at the Centre.

Our in-house services include Adolescent Exploratory Therapy (AET), Adolescent Psychotherapy, the Family Service and the Mental Health Support and Engagement Service. Each service is designed specifically for young people aged 14 – 24 based on over 45 years of research into adolescence and mental health. We aim to offer flexible, effective and safe services to young people that are sensitive to their developmental needs.

We are dedicated to helping as many young people as possible who are suffering from or are at risk of a mental or emotional breakdown. Young people supported by BCYP suffer from a variety of mental and emotional difficulties, which can include:

- Anxiety
- Depression
- Bereavement
- Eating disorders
- Disruptive behaviour
- Academic difficulties

- Self harm
- Suicidal ideas
- Sleep problems
- Isolation
- Family breakdown
- Substance misuse

If young people are not offered support and treatment, they may be at risk of immediate dangers such as attempted suicide, overdose, criminal activity or exclusion from school. In the long term they may suffer further crisis or long term ill-health, and are more likely to experience social exclusion, unemployment or deprivation.

Any young person can suffer a breakdown; however certain factors can make them more vulnerable. We work hard to ensure that our services are accessible to as many young people as possible, acknowledging and breaking barriers which they may face in seeking treatment. 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. being destructive or violent)
- Refugees and asylum seekers
- Exposure to violence 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 monitor and evaluate the effectiveness of our work through a Clinical Audit and outcome studies. 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.
Our Young People

This year we helped 512 young people across all of our services. We saw the majority of young people through our In House Services, as shown below:

The following graphs show the demographics of the young people we have helped across all of our services which reflect the diversity of the community we serve.

Gender

Age

Ethnicity
Adolescent Exploratory Therapy (AET)

AET, which is also known as “Interviewing”, is a therapeutic intervention that was 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 support their stages of development.

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 for them.

The aims of AET are:

- To explore the emotional needs of the young person
- To make a psychopathological and emotional evaluation
- To consider the best way to help a young person in the long term

Achievements

This year, 118 young people were seen in the AET service. 1008 appointments were offered throughout the year.

We invite every young person who has used the AET service to provide feedback on their experiences.

Feedback from young people showed that 100% felt their first appointment was soon enough, and 80% of young people felt that the Centre had helped them ‘a lot’ or ‘quite a lot’.

The young people who were seen in the AET service felt they had been helped to make positive changes in a number of ways, including:

- A better understanding of their feelings
- Getting on better with others
- Feeling less anxious
- Changing their behaviour
- Feeling less angry

Respondents told us they had benefited from the AET service in the following ways:

“...gave me a chance to actually think.”

“It’s been really helpful and has made social situations easier to cope with.”

“I was able to offload my feelings in a confidential and impartial place.”

“The Centre has helped me more than I could ever have thought it was going to.”

“I felt I could stop sessions as I felt happy and didn’t need to talk anymore.”

“Helped me make myself think in a much more positive way.”
BCYP has been offering Adolescent Exploratory Therapy to young people since 1967. AET is now well established, and we know that it is effective in treating young people. We therefore hope that over the next year we will be able to offer AET to even more young people. We will continue to work hard to ensure the service is well funded, making sure that waiting lists are kept to a minimum and that we never have to turn people away when they seek help at the Centre.
Adolescent Psychotherapy

Adolescent Psychotherapy is available to young people who have more complex and long term mental health needs. Psychotherapy is a process that helps a person to come to a fuller understanding of their abilities, difficulties, motivations or worries. It is not a magic cure; rather the young person develops a better understanding of their situations, feelings, thoughts and behaviours.

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 working 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

This year 38 young people were seen in the Psychotherapy Service. 991 sessions were offered over the year.

We have continued another year of the Psychotherapy Outcome and Evaluation Study, and are pleased that the research is showing the value and success of the Psychotherapy Service. 41 young people have participated in our research since 2001, with 5 of them starting their treatment during this year.

As part of our Study, the Young Adult and the Youth Self-Reports (Achenbach, 1991) are used to assess patient behaviour, feelings, thoughts and competences. The measure is a 113-item self report form which gives scores of internalising (withdrawal, anxiety, depression and social problems) and externalising (delinquent and aggressive behaviours) symptoms. Clusters on the Young Adult and Youth Self Report indicate scores above 63 as being in the ‘clinical range’, scores ranging between 60 and 63 are considered ‘borderline’ and scores under 60 are ‘non clinical’.

The data reported in Table 1 show the mean scores of the complete sample of 41 young people, and presents descriptive statistics of young people’s self-reported psychological outcomes from the Young Adult and Youth Self-Reports.

The data of 18 young people who finished treatment were also analysed using a paired samples t-test. It was possible to reveal a significant difference towards

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Table 1
improvement between the beginning and the end of the treatment (Internalising Symptoms $p=.019$; Externalising Symptoms $p=.044$ and Total $p=.017$).

Considering that the internalising and total scores fall within the ‘clinical’ range, the results present serious concerns about behavioural and emotional problems among young people at the beginning of the treatment. It is possible to see the tendency towards improvements from the young persons’ perspective with regards to internalising, externalising and total problem scores after the treatment, with all three scores decreasing as shown in the post therapy column.

Our Psychotherapy Outcome and Evaluation Study also uses a Dissociative Experiences Scale (A-DES, 1997) to measure wellbeing during a young person’s Psychotherapy treatment. The scale is a 30-item self-report measure that is designed to assess dissociation in four areas: dissociative amnesia, passive influence, depersonalisation & derealisation and absorption & imaginative involvement. The data collected through this A-DES scale show that young people involved in the study report significant reductions in the scores of all areas of dissociation at the end of treatment. The change was shown through the use of a paired sample t-test ($p=.012$) indicating that disruptive dissociative experiences decrease with the Psychotherapy sessions at the Centre.

Finally, the Psychotherapy Outcome and Evaluation Study also uses the Children’s Depression Inventory (Konvaks 1992) to measure the depressive symptoms experienced by young people in the Psychotherapy service. Young people are asked to fill in the Inventory at the beginning and at the end of treatment at the Centre. Our study shows that young people’s depressive symptoms were on average in the ‘clinical’ range at the beginning of therapy (the cut-off point indicated by the test is 20). At the end of the treatment, there was a significant improvement in the symptomatology ($p=0.005$) marking a shift from the ‘clinical’ to the ‘non-clinical’ range.

It is possible to say that the young people participating in the research who finished the treatment have an overall feeling of improvement. They feel less depressed and less likely to show aggressive and delinquent behaviours, and also present with less dissociative experiences.

We invite every young person who has used the Psychotherapy service to provide feedback on their experiences.

100% of young people felt they had benefitted from receiving Psychotherapy. 100% of young people who gave feedback said they would consider coming back to the Centre in the future if they needed to.

Young people who were seen in the Psychotherapy service this year felt they had been helped in the following ways:

“The sessions helped me make progress in the areas I had been having difficulty.”

“I can understand why I behave and think in certain ways now, and I can now make changes when I need to.”
Demographics of Young People in the Psychotherapy Service

Age

Gender

Ethnicity

The Future

The Adolescent Psychotherapy service is a core service at BCYP. It is the foundation of our mission and all of our services. Over the next year we will ensure that Psychotherapy sessions are available to young people with the most intensive needs. We also hope to build on the provision this year, and help even more young people through the Psychotherapy service next year.
Bijal’s Story

“Bijal” first sought help from a BCYP Psychotherapist based in her school. She was struggling with relationships with family members and with her peers, and had serious physical symptoms that interfered with ordinary life and which did not have a clear organic cause. After being seen for a number of months at her school by the BCYP therapist, Bijal was able to engage with a therapist at the Centre. After a further period of assessment, she was offered three years of Psychotherapy.

There was a multi-generation history of psychological disturbance, substance misuse, sexual abuse and violence in Bijal’s family. In the first weeks and months of Bijal’s therapy, she talked bitterly about her family, in an overwhelming flood of words. There was a massive sense of grievance, resentment and rage, while at the same time Bijal sometimes seemed to take perverse pleasure from the excitement and melodrama of it all. Bijal’s relationships with her peers could often follow a similar pattern as to those in the family, with a good deal of conflict and instability.

Over time, Bijal was able to disentangle herself from her family’s problems to an extent. She was also gradually able to make connections between her ways of relating in her family to how she was with her peers. This helped her in being able to work with others more productively, and make some more appropriate friendships that were not dominated by rivalry, envy and mistreatment.

Her physical symptoms in the early stages of therapy initially multiplied and worsened. It was a highly complex situation, in which some genuine physical difficulties and frailties interacted with psychosomatic problems. Here too there were clear improvements over the course of the therapy. This came about through Bijal gaining some understanding of the way her physical symptoms appeared to be expressions of psychological distress, as well as expressions of hatred for her own body, which she felt was polluted and would disgust others. Bijal also came to understand the secondary gains her physical symptoms afforded her, such as a way of garnering sympathy from others, and the comfort in being able to locate a clear source of her distress.

The therapy sessions provided a space in which Bijal could work on these difficulties, which supported her to get on with other aspects of her life in a productive way. While in treatment with BCYP, Bijal finished school and became the first person in her family to go on to tertiary education. She completed her studies and graduated with a good degree from a prestigious university. Bijal has since found paid employment in a very competitive field. She has realistic and ambitious aims for her career and a real passion for her work.

Bijal’s therapy ended with Bijal and her therapist in agreement that a great deal had changed for the better and that Bijal had good reason to feel proud of what she had achieved, both concretely in terms of her education and work, and in terms of her emotional and psychological state. However, there was also an acknowledgement that Bijal continues to struggle with important aspects of her life. It is not surprising that Bijal struggles to find a way of engaging in and developing a sexual relationship that could be enjoyable, loving and respectful. Her physical symptoms continue to flare up at times and her friendships and work relationships can be difficult and fragile. Bijal continues to struggle to separate from and relate to her chaotic and disturbed family. Bijal expressed gratitude for the help she had received and felt that at some point she may want to engage in more therapy. She understands that the Centre is available to help her find a suitable therapeutic intervention as an adult in the future.”

Child and Adolescent Psychotherapist, Psychotherapy Service

1 Names have been changed to protect young people’s identities.
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. Some young people that come to the Centre are experiencing difficulties that are best addressed with their families or carers. They may be struggling with something outside of their home environment that has begun to affect their relationships with parents and siblings. Or something may have happened within the family that causes disruption and breakdown in relationships.

Our Family service is also a way for parents to be involved in treating and supporting their children. 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

This year 26 young people and their families were offered 146 appointments in the Family service. In addition we offered 48 parent support appointments to 18 parents.

The families who received help from the service came with difficulties including:

- Family bereavement
- Behavioural difficulties
- Suspected abuse
- Family relationship difficulties
- Divorce
- Anger
- Sexual abuse
- School difficulties
- Domestic violence
- Parents with mental health issues

Demographics of Young People in the Family Service

Age
The Future
The Family service is an important part of our in-house services at the Centre. Over the next year we aim to maintain the provision of therapeutic services for families of vulnerable young people. In particular we hope to continue increasing the number of parent support appointments we are able to provide. In helping parents to think about, understand and support their children, young people’s outcomes will be better.
Mental Health Support and Engagement Service

The MHSE service was introduced in 2007 to support young people in accessing the services they need. It recognises that some young people need practical support to be able to make use of therapeutic services, or conversely, that they might need help to make practical changes, when they feel emotionally ready to, during a therapeutic intervention. The MHSE service has three main functions:

- Improving access
- Offering practical support
- 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 an initial assessment of their needs. We can also help young people with difficulties such as housing, asylum, applications, benefits, education and training, and access to other health services. The MHSE service is also pivotal in the Centre’s commitment to safeguarding young people by building and maintaining links with other services.

Achievements

The MHSE service offered 148 initial assessments to 85 young people this year, as well as providing more intensive practical support to 7 young people.

In 2010 -2011 the MHSE offered practical support which included:

- Housing
- Safeguarding Children and Young People / liaison with Social Services
- Benefits
- Finding and applying for a college course
- Help with application forms, CVs and other paperwork
- Finding services in other boroughs
- Liaison with key workers / support workers
- Raising mental health issues within school
- Supporting their sessions at the Centre
- Phone support when feeling in crisis
- Liaison with GP or other professional

Young people needing additional practical support presented with issues including:

- Being a single parent / pregnancy
- Unemployed
- In financial difficulty
- Housing problems
- Domestic violence
- From another country / asylum seeker
- Anxiety about health
- Bereavement
- Suicidality
- Family difficulties

The MHSE service was involved in a variety of engagement activities over the year such as Queens Park Community Day, London Irish Open Day and Brent Respect Festival. The service also met with representatives from Brent Young People’s Parliament and developed community links with other organisations such as the Samaritans, St Giles, EACH, Brent Links, Brava, Brent MIND. We also attended meetings relating to the provision of therapeutic services for young people within Brent.

The Future

Over the next year we aim to continue offering accessible services and practical support to young people and to develop more engagement projects that can reach young people who would otherwise struggle to access psychotherapeutic services.
Projects

BCYP has been providing services in outreach locations for 12 years. We are committed to helping and reaching as many distressed and vulnerable young people as possible, and one of the ways we have been meeting this commitment is through targeted outreach projects. Our outreach projects this year have all been delivered in partnership with other young people’s services. We have worked with eight Brent secondary schools, the Brent Key Stage Four Pupil Referral Unit and the Brent Youth Offending Service.

Our outreach projects have two main objectives:
- To identify and engage young people who might not otherwise access mental health services
- To treat young people who would find it difficult to travel to Laufer House

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 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 begin to address their difficulties.

Treatment in Outreach

We try to treat young people in outreach who would find it difficult to travel to the Centre. This may be because they fear stigma and labelling, but it may also 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 that 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 from arising.

Our outreach projects all include the option for the young person to be referred to our in-house services. This allows young people who have finished school, or completed their order at the Youth Offending Service, to continue to receive therapy.

New Projects

This year we launched a new pilot project in outreach at Newman Catholic College. The project, Sport and Thought, aims to engage young people both physically and mentally through a programme which combines structured football coaching and a therapeutic discussion group. We have been developing this project in partnership with the Football Association who have generously volunteered football coaches to deliver the sessions.

The project has engaged 12 young people so far, all of whom are pupils at Newman Catholic College, who have been displaying behavioural difficulties and are at risk of permanent school exclusion. The pilot of Sport and Thought has so far been a success, with both pupils and school staff giving positive feedback on the value of the project.

Sport and Thought has been running for two months and we look forward to developing it further over the next year. We aim to continue providing weekly Sport and Thought sessions at Newman Catholic College, and research how the project could help young people who are at risk of exclusion.
Mental Health in Schools

The Mental Health in Schools project has grown significantly over the past 12 years. In the last year we have doubled the number of schools we are working with in Brent, and we now provide services in:

- Preston Manor High School
- Queens Park Community School
- Kingsbury High School
- Newman Catholic College
- Alperton Community School
- St Augustine’s CE High School
- Crest Boys Academy
- Copland Community School
- Key Stage 4 Pupil Referral Unit

The schools value the service 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 pupils both individually and in groups during school time. It minimises the disruption to a pupil’s life and is easily accessible. The project is tailored to the individual needs of each school and so is slightly different for each one.

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

- Adolescent Exploratory Therapy – working individually with pupils to explore any emotional or mental health difficulties they may be experiencing
- Group Therapy – working in groups of six to eight young people who could be grouped due to age, gender or shared difficulties such as substance misuse or being a new arrival to the country
- Staff Consultations – working both individually and in groups with school staff to think about the mental health needs of pupils and develop strategies to support them

Achievements

This year we have helped a total of 174 young people in schools. This includes 110 young people helped through Adolescent Exploratory Therapy who were offered a total of 899 sessions. It also includes 64 young people seen in Group Therapy who were offered a total of 116 group sessions.

We have also helped hundreds more young people indirectly through our Staff Consultation programmes. This year we supported a total of 163 members of school staff who were offered a total of 617 sessions.
Demographics of Young People in the Mental Health in Schools Project

Gender

Age

Ethnicity

- Other Ethnic Group
- Other Mixed
- White Other
- Asian
- Black
- Black African
- Black Caribbean
- Indian
- Unknown
- Pakistani
- White/Black Caribbean
- White/Black African
- White British
- White Irish
The Future

This year the BCYP Mental Health in Schools Project has expanded to a further four secondary schools in Brent. We are therefore aiming to develop our partnerships with these new schools over the coming year. We are optimistic that, with the development of our work in schools, we will be able to help even more young people in outreach locations over the next year.

We also aim to develop our Mental Health in Schools Project to include innovative and creative new ways to support secondary school pupils. Our clinicians have noticed that some young people have specific shared needs which could be supported in groups. We would like to explore these ideas over the next year, and hope to set up some themed therapeutic groups in schools.

Kate's Story

“Kate1 was referred to the Mental Health in Schools service by her Head of Year. She was described to me as a bright girl of sixteen, who had arrived in England from another country only a few years before. The school's staff were concerned as Kate's behaviour was becoming increasingly erratic; she would constantly argue with her teachers and her attendance had become very poor. Her grades were falling dramatically and this was particularly worrying as she was in her GCSE year.

When I first met Kate she presented herself as a combative young woman, wearing ‘heavy metal' style clothes and make up. However, her challenging demeanour soon appeared to be covering a deep need to feel wanted and understood. Kate had had to move country twice in the past few years in order to follow her mother who had been pursuing a number of failed relationships. A much younger sister had been born as a result. Kate's father still lived in their country of origin and Kate described him as someone who really loved her, but who was unavailable and immature. Kate said proudly that she had brought herself up.

Kate had reacted to her feelings of loneliness, isolation and difficulty in adapting to her new country by developing a 'thick skin', an attitude of independence and carelessness that ultimately hid depressive feelings and a tendency to self harm and self sabotage. When we started our work, she was going through a phase of promiscuity and alcohol consumption.

Kate found it hard to engage at first. At times she would come and work hard in a session, only to then disappear for weeks, particularly if the work had revealed something painful about her needs and desire to be understood.

It was only thanks to the close collaboration with the school staff that I was finally able to engage Kate in regular weekly work. Kate needed to feel that the people around her were united in their interest for her well-being. Following weeks of perseverance and discussions with and about Kate, her mother was also involved by the school. It was then that Kate was finally able to engage and from that point she didn’t miss any of her weekly sessions for several months.

Kate and I were then able to work on her suppressed feelings of anger for having had to grow up too fast and look after herself from a very young age. Working on her suppressed reproaches towards her parents allowed Kate to acknowledge the self hatred that had caused her to lead a self sabotaging lifestyle. Towards the end of our work, Kate was able to acknowledge her emotional needs and was able to accept her family's positive and more challenging aspects, as well as her own, without having to revert to denial, idealisation and extreme feelings of guilt.

In the meantime, Kate was back to attending school regularly and was doing well. She had also entered a stable relationship and was working really hard on herself to make it work. We were preparing to part at the end of her exams, but Kate, probably overwhelmed by the amount of work and the pain of a goodbye, ceased to attend shortly before the end of our meetings.”

Child and Adolescent Psychotherapist, Schools Service

1 Names have been changed to protect young people's identities.
Adolescents at Risk & Drugs and Alcohol

BCYP has been providing a specialist Drugs and Alcohol Service since 2000. Last year, the service stopped receiving statutory funding from NHS Brent, and so we were given the opportunity to change and develop the way we support vulnerable young people with substance misuse difficulties. With the generous support of trusts and foundations including BBC Children In Need, we developed the Adolescents at Risk project.

The Adolescents at Risk 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

BCYP provides this specialist service to young people who display emotional and behavioural difficulties, many of whom are involved in or at risk of substance misuse. The project involves specialist work carried out in Queens Park Community School, Preston Manor High School and Newman Catholic College. The project involves working individually with young people and therapeutic group discussions in which group members share common difficulties.

The Adolescents at Risk project has been successful in engaging young people who may not otherwise access more traditional mental health support. Thinking and connecting with emotional difficulties can often be challenging for this group of young people, who often misuse substances in order to block out their difficult thoughts and feelings, and express their internal difficulties through fighting and disruptive behaviour.

Achievements

This year the Adolescents at Risk project helped a total of 53 young people. This includes 11 young people who were seen individually for a total of 84 sessions, and 42 young people seen in therapeutic discussion groups for a total of 79 sessions.
Demographics of Young People in the Adolescents at Risk Project

Gender

Age

Ethnicity

The Future

We are pleased that we have been able to continue helping young people with substance misuse issues this year, despite the project’s statutory funding having been cut. We are optimistic that we will be able to continue developing the Adolescents at Risk project over the coming year, and maintain support from trusts and foundations who share our aims.
Working with Young Irish People

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

Targeting the needs of young Irish people in Brent is important for a number of reasons. The London Borough of Brent has a large population of Irish and Irish descent families living here. Reasons for moving to London may be varied, from seeking work to escaping difficult circumstances, for example institutional abuses or troubled families. Since 2005 the Brent Centre has run a project to offer psychotherapeutic services to young Irish people, in a culturally sensitive way. The history of the Irish in London is a story of both hidden racism, and open stigma, and we are very proud to have a project that targets the needs of young Irish teenagers and their families. We are keen to maintain close links to other Irish organisations, and we were delighted to attend the London Irish Centre’s Open Day this year.

Achievements

In the last year we have helped over 34 young Irish people. At the Centre we carried out initial assessments with 11 young Irish people, offered 99 sessions of Adolescent Exploratory Therapy to 11 young people, offered 96 sessions of Psychotherapy to 3 young people, and supported the parents of 2 young Irish people through our Family Service. In outreach, we supported 3 young Irish people through the Mental Health in Schools Project and offered 48 group therapy sessions to 4 young Irish people at the Brent Youth Offending Service.

George’s Story

“George” is a young Irish person who has been receiving support from BCYP over the past year. He initially engaged in a therapeutic discussion group in his school, and has now gone on to receive individual therapy sessions.

George is a young man with many difficulties. Despite achieving good grades at school, George became involved in a ‘street lifestyle’, which resulted in antisocial behaviour, substance misuse and violence. Throughout the time that I have worked with George he has been at risk of permanent exclusion from school due to his violent behaviour.

George initially found taking part in the group discussions difficult and often didn’t participate, yet he attended every session. As time progressed he began to come to the sessions early, during his break time, to discuss some of the difficulties he was facing with me on a one to one basis.

George managed to remain in school for the duration of year 9 and has now entered year 10 and is beginning his GCSEs. He has now progressed to receiving Adolescent Exploratory Sessions individually in school, in order to think more deeply about his life and his emotional difficulties which cause him to behave in a violent manner. He continues to put himself in difficult situations but is becoming more aware of why this may be happening and also of the reasons for his substance misuse.”

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

Specialist Young Person’s Mental Health Worker
Young Offenders

The Young Offenders project began as a pilot project in 2008, in partnership with Brent Youth Offending Service. Now in its third year, the project has developed and expanded, and we are excited by the results so far.

Young offenders do not typically engage with mental health services, for a variety of reasons that can include chaotic family backgrounds, poverty and feeling that mental health services are an affront to their ‘tough exterior’ necessary for survival. We wanted to find a way that might help young offenders, and young people who are gang affected to access services that could help. Young people within the youth justice system are often very vulnerable, and have three times the prevalence of mental health needs compared to their peers in the general population (Youth Justice Board, 2008).

We were delighted that with the support of BBC Children in Need this year, we could expand the project to offer not only a group work programme, designed to engage young people, but also individual psychotherapeutic consultations / Adolescent Exploratory Therapy on site at the Youth Offending Service. This was important as we recognise that young people based at the YOS often find it difficult to travel around the borough due to fears about safety, and would prefer to be seen at a place they are already attending. In addition to this, we began to work with the staff at the YOS, offering them a space to think about the challenging work they do with young offenders. Pessi Elias and Daniel Smyth both joined the project team this year. We were sorry to say goodbye to Priti Patel, Mental Health Worker based at the YOS, who we worked closely with in setting up this project.

Achievements

This year the project expanded and was able to offer:

- 121 staff consultations / support sessions offered to 24 members of staff
- 56 individual appointments to 26 young people
- 24 group sessions to 14 young people

Daniel Smyth made a presentation on working with adolescents at risk and young offenders at the ‘Children and Gangs’ Conference in Westminster, in January 2011.

Our staff were part of a Task Group consultation, chaired by Councillor Helga Gladbaum, looking at the prevention of youth offending, and the need for early intervention.
Demographics of Young People in the Young Offenders Project

**Gender**

- Male: 100%
- Female: 0%

**Age**

- 14: 4%
- 15: 15%
- 16: 23%
- 17: 4%
- 18: 19%
- 19: 15%

**Ethnicity**

- White Other: 19%
- Asian: 8%
- Black: 4%
- Black African: 1%
- Black Caribbean: 4%
- Unknown: 4%
- White/Asian: 4%
- White/Black African: 4%
- White British: 23%
- White Irish: 15%

**The Future**

We look forward to consolidating the project so far, and building on the knowledge and understanding we have been developing in engaging and working with young offenders, and young people who are gang affected.
Understanding Adolescence

Since the Centre was founded in 1967, there has been a keen interest in understanding adolescent development, and the Centre’s founders Mo and Egle Laufer have written extensively on adolescent breakdown, and therapeutic approaches to working with adolescents. Increasing knowledge and understanding of adolescent mental health remains one of the Brent Centre’s key objectives. Currently our research has two main areas:

- Psychotherapy Outcome and Evaluation
- Young Offenders Research Project

Achievements

This year our staff have spent approximately 1,600 hours in clinical discussions around the well being, treatment and safety of our patients.

We have continued our longitudinal studies into the outcomes of our Psychotherapy and AET services to evaluate the benefits of talking therapies for adolescents. Our Psychotherapy Outcome research is now in its ninth year while the AET Outcome research is in its fifth year. We are pleased to see from the data gathered so far that the young people accessing our services find them helpful and improvements are visible.

The Youth Offending research group has grown this year to include Dr Maxim de Sauma, Professor Michael Rustin, Sarah Fielding, Valentina de Nardi, Korina Soldatic, Dr Lara del Zotto and Aylish O Driscoll. After a period of grounded theory analysis, looking closely at group work sessions with young offenders, we wrote an initial paper entitled ‘Notes on the Development of Group Work with Young Offenders’. We are looking forward to presenting this paper to the Minotauro Institute in Milan in May 2011.

In March 2011, Dr Maxim de Sauma and Sarah Fielding visited the School of Psychology at the University of St Andrews to talk with staff about our research with young offenders. Sarah Fielding and Jorgen Lovbakke from the Youth Justice Board gave a talk to psychology undergraduates on ‘Adolescence and Delinquency’.

The Future

We are keen to secure ongoing funding for the research projects, and develop a psychotherapeutic model of working with young offenders. The AET research project has undergone some implementation and changes over the past two years and we are planning to publish a paper shortly with the results of data gathered over the first five years of the study.
Developments, Communication and Fundraising

We rely on the contributions of our supporters to continue helping vulnerable young people in Brent. This year BCYP has been especially fortunate in all the help and support it has received.

This year three people volunteered to run marathons in aid of the Brent Centre for Young People. Our marathon runners were:

- Dinzi Amobi
- Hannah Foulkes
- Jaco Harmzen

We are immensely grateful to our runners who raised money, and in turn, raised awareness of our work.

People have been very generous with their time at the Centre this year. Staff and volunteers got together to brighten up our waiting room. As a small, service charity we often cannot justify the expenditure of decorating our facilities. Yet it is so important that young people feel comfortable and welcome. Homebase generously donated paint, rollers and new pictures to hang in our waiting room.

During the summer of 2010, Miss Antonia Kinston volunteered her time to assist in the Fundraising and Communications department. As a photography student, Miss Kinston was able to create professional photographs which were used in our newsletters. In her time at the Centre, she also created three canvases which she gave to DC Advisory Partners in exchange for a large donation to the Centre.

Waitrose in Finchley Road featured BCYP as one of the three charities to take part in their Community Matters Scheme in August 2010. Customers voted throughout August for their favourite charity, and we gratefully received a £300 share in the £1000 total donations made by Waitrose.

In addition, customers at Queens Park Sainsbury’s have been incredibly generous to the Centre, donating over £160 through collection tins and a book sale.

In February 2011, Zadie Smith - celebrated author and Brent resident - organised the hugely successful ‘Teenage Kicks’ evening at the Tricycle Theatre. The event, sponsored by the Pears Foundation, raised £8,000 and gave people a real insight into the hardships that some young people face.

In March 2011, Miss Erin Jarvis joined the fundraising team on a two month work placement, through Vodafone’s World of Difference programme. Vodafone sponsored Erin to become a full time member of the team, thus making a valuable contribution to our fundraising and communications efforts.

Throughout the year, we have been supported by a number of trusts and foundations who share our aims of improving the lives of young people with mental health difficulties. The grants which we have received have helped us to support even more young people compared to last year, and set up exciting new projects for the years to come.

Teenage Kicks event, February 2011
Thank you

The Brent Centre for Young People would like to thank

**Trusts and Foundations**

- BBC Children in Need
- The City Bridge Trust
- Comic Relief
- Mrs Smith and Mount Trust
- Pears Foundation
- St James’s Place Foundation
- The E C Sosnow Charitable Trust
- The Henry Smith Charity
- The Irish Government’s Emigrant Support Programme
- Irish Youth Foundation
- Mr and Mrs JA Pye Charitable Settlement
- The Pilgrim Trust
- Schroder Charity Trust
- The Sobell Foundation
- Trusthouse Charitable Foundation
- Vodafone World of Difference
- Zurich Community Trust

**Others**

- Central and North West London (CNWL) NHS Foundation Trust
- Brent Pupil Referral Unit
- Brent Youth Offending Service
- Newman Catholic College
- Kingsbury High School
- Preston Manor High School
- Queens Park Community School
- Copland Community School
- Crest Boys’ Academy
- St Augustine’s CE High School
- The Football Association
- DC Advisory Partners Limited
- European Leaders
- Homebase
- Queen’s Park Area Residents Association
- Queen’s Park Sainsbury Local
- Waitrose
- Zadie Smith

**Public authorities**

- Department of Health
- NHS Brent
- Brent Council

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## Statement of Financial Activities

*(INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)*

**YEAR ENDED 31 MARCH 2011**

<table>
<thead>
<tr>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds 2011</th>
<th>Total Funds 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

### INCOMING RESOURCES

Incoming resources from generating funds:

- **Voluntary income**: 297,068 173,753 470,821 454,475
- **Activities for generating funds**: – – – 379
- **Investment income**: 139 – 139 256

**TOTAL INCOMING RESOURCES**: 297,207 173,753 470,960 455,110

### RESOURCES EXPENDED

Costs of generating funds:

- **Fundraising trading**: (41,828) – (41,828) (41,199)
- **Charitable activities**: (226,298) (176,319) (402,617) (385,268)
- **Governance costs**: (24,523) (1) (24,524) (24,218)
- **Office computer costs**: (321) – – (321) (351)

**TOTAL RESOURCES EXPENDED**: (292,970) (176,320) (469,290) (451,036)

### NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR

4,237 (2,567) 1,670 4,074

### RECONCILIATION OF FUNDS

<table>
<thead>
<tr>
<th>Total funds brought forward</th>
<th>322,499</th>
<th>62,739</th>
<th>385,238</th>
<th>381,164</th>
</tr>
</thead>
</table>

**TOTAL FUNDS CARRIED FORWARD**: 326,736 60,172 386,908 385,238

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.
Staff

Chief Executive Officer & Clinical Director
Dr Maxim de Sauma

Psychoanalysts and Child & Adolescent Psychotherapists
Mrs Joelle Alfille-Cook
Dr Julia Boutall
Dr Catalina Bronstein
Ms Pessi Elias
Dr Sara Flanders
Mr Danny Goldberger
Mr Alonso Gonzalez (from December 2010)
Miss Esther Grossman (from March 2011)
Mr Emil Jackson (to March 2010)
Mr Sebastian Kohon
Dr David Leibel
Ms Valentina Levi (from September 2010)
Mrs Maria Elena de Losada (from September 2010)
Mrs Branka Pecotic
Mrs Suzan Sayder
Ms Hannah Solemani
Dr Carlos Tamm Lessa de Sa (to March 2010)

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
Mrs Joanna Cowley (to August 2010)
Mr Daniel Smyth

Trainee Staff
Miss Khuzuma Akhtar (from March 2011)
Mr Adam Kay

Consultant Psychoanalyst
Mrs Egle Laufer

Research Consultant
Professor Michael Rustin

Fundraising and Administration Staff
Miss Gabrielle Coeur
Mrs Maria Gray
Miss Josephine Omosehin (from September 2010)
Mrs Georgina Quartey
Miss Helen Reed

Honorary Placements
Dr Maria Papadima (from November 2010)
Ms Tamsin Prout
Dr Lara Zotto (to September 2010)

Volunteers
Mr John Atkins
Mr Adam Clark
Miss Erin Jarvis
Ms Barbara O’Keefe
Miss Antonia Steuerman Kinston
Mr Isaak Vie