FOREWORD

The Brent Centre for Young People has supported a rising number of young people in mental health crisis this year - 704 young people in distress were offered a vital source of support.

In the last year we saw our NHS referrals double, and in response we offered 5,154 appointments to young people in the heart of the Brent community - at our Centre, in local schools and the Youth Offending Service.

At the same time as winning two awards for Excellence* in our 50th Anniversary Year, the Centre held a House of Lords awareness-raising event, a 50th Jubilee Conference at the Royal College of Physicians (see pg. 20) and spoke directly to young people themselves, setting up a new Youth Panel which will feed into the management of the Brent Centre. We continue to offer our core programmes: Adolescent Exploratory Therapy, Youth Offenders’ Group Psychotherapy, Practical Support, Schools therapy, and our unique Sport & Thought project, combining football and a psychodynamic intervention.

Our objectives as a Centre over 2017-2018 remained the same: to help young people become healthier and happier individuals, and to provide the time and the space for them to share their difficulties so they can shape brighter futures. Even one life saved makes it all worthwhile, and to this end, we couldn’t help these young lives without the support of all of our community.

With thanks and best wishes

Dr Maxim de Sauma
CEO and Clinical Director

Winner
- The Brent Mayor’s Charity of the Year 2017
- The American Association of Child Psychoanalysis’ Annual Award for Excellence 2018
The Brent Centre For Young People is a leading London mental health charity for young people and adolescents. Each year the Centre helps over 700 young people to make positive changes that can lead to healthier and happier lives.

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THE YOUNG PEOPLE WHO USED OUR SERVICES DURING 2017-18 WERE AGED BETWEEN 7 AND 23 AND THEIR ETHNICITIES REFLECT THE DIVERSITY OF THE LONDON BOROUGH OF BRENT.
We provided mental health support to 704 young people in 10 locations during 2017-18:

- The Brent Centre, Laufer House
- Brent Youth Offending Service (YOS)
- Alperton Community School
- Preston Manor School
- Queens Park Community School
- St Augustine's CE High School
- Wembley High Technology College
- St Gregory's Catholic Science College
- St. Mary Magdalen’s Catholic Primary School
- Irish Traveller Site - Brent
OUR HISTORY

Over 50 years, the Brent Centre has grown to become North London’s leading centre for specialist youth mental health care through psychotherapy.

From humble beginnings in 1967, the Centre was founded by a group of Psychoanalysts led by Dr Moses Laufer and Mrs Eglé Laufer, with a particular focus on adolescent breakdown and suicide prevention.

It has grown into one of the first mental health centres in the UK to cater specifically for adolescents.

Together, the Laufers recognised that adolescents had distinct needs, compared to those of children and adults. They worked to develop ‘age appropriate’ psychotherapeutic support, which later developed into the Brent Centre’s trademark Adolescent Exploratory Therapy (AET).

In October 2017 we celebrated our 50-year anniversary with a Jubilee conference at the Royal College of Physicians, attended by over 150 clinicians and researchers from all over the world. We were also recognised for our work with two awards, the US Association of Child Psychoanalysis’ annual Award for Excellence, and the Brent Mayor’s Charity of the Year.

Our flexible services in the London Borough of Brent continue to give young people a sense of shared control over their treatment, providing a vital space to think about worries in a safe and protected environment.
WHO WE HELP

During 2017-18, we helped 704 young people at the Brent Centre who were experiencing a range of emotional and mental health difficulties.

At the start of treatment, young people we supported showed:

- 88% Anxiety
- 88% Depression
- 54% Exam stress
- 44% Suicidal ideation
- 44% Post-traumatic stress
- 35% Suicidal risk
- 30% Self-harm
- 30% Eating disorder

Safeguarding problems

One in five of the young people seen at the Centre between 2017 and 2018 experienced emotional abuse, with approximately one in nine having experienced sexual abuse and one in eight victims or witnesses of domestic violence.

Most young people present multiple difficulties including:

- problems with family
- feelings of confusion
- social isolation
- peer relationship problems
- sleep disturbance
- suicidal ideas
- self-harm
- relationship problems
- school problems
- alcohol and/or drugs misuse
- eating disorders
- developmental issues
- exam difficulties
- anxiety about sexuality
- domestic violence
IN-HOUSE SERVICES AT LAUFER HOUSE

At our main charity centre in Queen’s Park, we offer a range of unique and effective psychotherapies and support services for young people, providing the space for young people to make positive changes and improve their wellbeing.

Our in-house clinical audit and research team found that young people who come to the Centre experience improved relationships, reduced social exclusion, improved functioning in school, training or employment, and reduced risk of breakdown in adulthood.

During 2017-18 we helped 191 young people at our Laufer House centre.

Types of Support
Young people access different types of therapy at our Centre in Laufer House, including:

**Adolescent Exploratory Therapy (AET):** the Brent Centre’s unique, flexible therapy programme developed at the Brent Centre over five decades. AET is a shorter/medium-term psychodynamic therapy combining assessment, treatment, and support, with weekly or fortnightly sessions for between 4 months to one year. No specific time limit allows treatment to be tailored to each young person. 1,432 sessions of AET to 113 young people.

“I felt that the service really helped me build on my self-confidence and helped me handle my problems better.”

**Adolescent Psychotherapy:** more intensive psychotherapy for more complex and severe problems. Sessions are offered up to three times a week for up to three years for young people who have had AET but require further support. Young people develop a better understanding of their situation, feelings, thoughts and behaviours, empowering them to implement changes that are needed in their lives. 572 sessions of Psychotherapy to 12 young people.

“I am happy that I was referred because I have really learnt a lot about myself, like why my first reactions are what they are.”

Our **Family Service** engages parents and carers to be involved in supporting the young person, by helping them to understand their difficulties, and to work together to build a better future. Therapeutic Consultations for young people and their families/carer is particularly effective for young people experiencing difficulties at home, as well as supporting parents/carers to understand their child’s needs. 27 Family Therapy sessions to 8 families.

“I felt I was listened to, understood and felt accepted of who I am.”

**Parent support sessions** give parents and carers the opportunity to discuss their concerns and to think about the best way to help their child. 93 Parent support sessions to the parents and carers of 18 young people.

“I feel more positive about my future.”

**Practical support** and engagement sessions help young people with emotional and mental health difficulties to access education, housing, health, employment and other essential services. Practical support is offered alongside therapy for as long as necessary, giving young people help to overcome practical issues such as getting housing or an apprenticeship, so that they are better able to address their mental health difficulties. The Brent Centre offers practical support sessions to any patients seen at the Centre who need them, and they are made available for as long as necessary. 146 Practical support sessions to 28 young people.

“I feel a lot happier and that I can handle anything.”
FRANCESCA’S STORY

a short-term AET intervention

The names have been changed in this case-study to protect the identities of the people involved.

Nineteen-year-old Francesca was referred to the Brent Centre by her GP after seeking help for depression. With a history of self-harm which had left her scarred, she was both medicating and in danger of missing her upcoming university place.

The Centre referred ‘Fran’, as she liked to be called, for AET - our flexible in-house Adolescent Exploratory Therapy. Given her history of self-harm and her suicidal ideation, it was not anticipated how long the AET would take.

Francesca started her therapy by showing her therapist the long scars on her arms and describing herself as ‘extremely ugly’, leaving her therapist baffled as she was an extremely attractive girl.

After this startling introduction, Fran opened up to her therapist to reveal a complicated family life. Francesca’s parents, originally from Europe, were in constant conflict over her mother’s drug addiction. Her father was a religious director who disapproved heavily of addictive behavior, often threatening to leave her mother - then staying, “because family was important”. Fran’s only ally, an older sister, had also moved away.

Fran explored with her therapist her feeling her mother’s addict behavior was her fault, meaning she couldn’t leave home. She also shared how she had lost trust in men since her boyfriend cheated on her. Too frightened to tell either of her parents she was in therapy - in short, Fran felt she was living entirely in a secret world.

The therapist worked with Fran quickly through the AET to explore her feelings towards her parents, in particular, taboo feelings of anger towards her mother. Working through recurring dreams and Fran’s preoccupation with death - she did not want to kill herself, but she did want to be dead - the AET therapist helped her explore deeper the dreams and her unconscious.

In a very short space of time, the tension of secrets in the home built to a violent head. Fran finally revealed her therapy secret to her parents and pleaded with them to get help. With the secrets out in the family, finally Fran said, she felt ready to move on.

After only four weeks of AET, and reporting a much-improved mood, confident enough to go off medication, Fran has made the leap to move away from home and study at university. Fran has not self-harmed since her short-term intervention by the Brent Centre.
THE SCHOOLS SERVICE

An average of three children in every classroom suffer from a diagnosable mental health disorder and many more have undiagnosed difficulties.

The Brent Centre has been providing mental health treatment and support in schools since 1999, working with pupils at an early stage to prevent mental illness before emotional difficulties worsen. Children with emotional disorders typically have much more time off school than other children. Early intervention is essential to prevent a negative impact on school life and further mental health issues in adult life.

Young people in school with issues such as suicidal ideation, self-harm, depression or risk of exclusion, are referred for either one-to-one AET, the Brent Centre’s adolescent-focused developmental therapy, or school group therapy facilitated by a Brent Centre psychotherapist. AET also functions as a short-term intervention for time-sensitive issues like exam anxiety or institutional crisis affecting pupils.

Over 2017-18 Group Psychotherapy was run for 58 students and our pioneering Sport and Thought – ‘football meets therapy’ – for 52 teenagers.

Impact in Schools
After receiving support from school-Brent Centre therapists:

- 78% of young people showed significant reduction in social isolation;
- 74% of young people showed significant improvement in school problems, including risk of school exclusion;
- 77% of young people showed improvements in overall mental health difficulties, such as anxiety about the future (68%) and general anxiety (60%), depression (68%) and confusion (61%);
- 68% of young people showed significant improvement in depression.

Overall, we helped 366 young people at 7 schools over 2017-18, through:

- 2,190 sessions of Adolescent Exploratory Therapy (AET) to 194 young people;
- 106 support sessions to parents and carers of 35 young people;
- 81 Group Psychotherapy sessions to 58 young people;
- 62 sessions of Sport and Thought to 52 young people.

School Staff Support
The Brent Centre offers professional support to school staff, enabling them to better detect when a pupil is struggling and how to support them.

This year the Centre provided 1018 individual consultations to 214 staff, and 13 group consultations to school staff, providing essential training in mental health and peer / expert support.

Parent Support
The Brent Centre also provides crucial intervention for young people both at schools and at our Centre through specialised Parent support and Family Therapy. Young people struggling to cope with emotional difficulties often report improved relationships at home after their primary carers receive counselling.

This year we provided 106 parent support consultations in schools, 101 parent support sessions at our Centre and 33 family therapy sessions at our Centre.

Difficulties presented at the start of School treatment over 2017-18 included:

- 90% Anxiety
- 82% Depression
- 82% Family problems
- 36% Risk of school exclusion
- 27% Self-harm
- 24% Suicidal risk
“I felt as if I was listened to and all my concerns were taken seriously. I felt as if my counsellor knew what I was saying and gave me good help.”
FINN’S STORY

changing the Cycle

The names have been changed in this case-study to protect the identities of the people involved.

Finn’s trial had been at the Crown Court due to the severity of his crime, and he narrowly missed being sent to juvenile prison. The YOS referred Finn, describing him as a volatile and aggressive young man, for AET.

A very real challenge to any therapy was that time was short. With Finn about to turn 18 and living in a care home, he was likely to be moved outside the borough once ‘adult’.

The first AET meeting went badly. Finn exploded after hearing upsetting news from his case manager. Despite not being able to engage, he agreed to meet again. At the second AET meeting, Finn became aggressive again, shouting and being threatening - frightening and also, perhaps, frightened.

Holding the space, the AET therapist gave him an opening - saying she would like to get to know him, to form a relationship, but she needed help.

From there, Finn’s history tumbled out in a jumble of words. Moving to the UK at a young age, his parents had split and his father left with no more contact. From that point on, he had been in and out of trouble and school, leading to being thrown out of home at 16. Unable to make sense of why his father left, he struggled to form a coherent narrative to his life.

Perceiving that Finn’s aggression was a defence he used to protect vulnerable parts of himself he could not bear to be in touch with, Finn and his therapist discussed together how their AET time would be short.

As Finn’s aggression subsided, Finn was touched the therapist was ‘able to read his mind’, a process not magical, the therapist explained, but to do with listening carefully, observing him and naming the feelings Finn could only show with his body. This curiosity led to him being curious about his own feelings and thoughts.

By the time six sessions had passed, Finn was told to move to a new borough. By now, Finn was coming to sessions not only ready to talk, but also wanting to think. The transfer, sad as it was for both Finn and therapist, went well and he settled into his new accommodation. His last words were that he felt a confidence in his new beginning that had come from not re-offending. Finn has not re-offended since receiving AET from the Brent Centre.

Young people who offend have rates of mental health problems three times higher than the general population

Centre for Youth and Criminal Justice – ‘Mental Health Difficulties in the Youth Justice Population’ April 2014. In addition, Lader (2000) reported rates of mental disorder in the population of young offender’s institutes in England and Wales to be 95%.
YOUNG OFFENDERS

The Brent Centre has been providing mental health support through Group Psychotherapy, Adolescent Exploratory Therapy and Sport and Thought to young people at the Brent Youth Offending Service for ten years.

To arrive in the Youth Offending System, young people must have been convicted of an offence. Typical offences may include robbery, possession of drugs, abusive behaviour or carrying a weapon.

Young Offenders typically present with a number of vulnerabilities including: being a Looked After Child within the social care system; family difficulties; poverty; issues of immigration or asylum; and early trauma.

Despite their mental health needs, many do not receive the help they need from mainstream services.

Over 2017-18, Brent Centre psychotherapists worked both one-to-one and with group psychotherapy to engage 147 young people at the Brent Youth Offending Service. We provided:

285 sessions of Adolescent Exploratory Therapy (AET) to 38 young people – working individually with young offenders to explore the difficulties they are experiencing.

27 Group Psychotherapy sessions to 94 young people – a space for young offenders to work with their peers to reflect upon their offences and put their feelings and anxieties into words with the help of a facilitator.

54 Parent Support sessions to parents of 7 young people – a space for parents and carers to address their difficulties and to think about ways of helping their child.

8 Victim Awareness Group sessions to 78 young people – as part of their rehabilitation, this is a one-off session where young offenders meet to think about the offences, the victims and reflect about it.

Safeguarding

One in five YOS young people reported physical or emotional abuse, witnessed or experienced domestic violence or neglect. Two in five reported social services involvement, with approximately one in four being young carers or without a stable home, and one in three experiencing economic hardship.

Whilst 97% of YOS young people were involved in delinquent activities, 73% were also violent towards others, and 39% involved in a gang.

Impact

Young people seen at the YOS this year showed many positive outcomes, including: an 88% decrease in violence towards others; 77% decrease in delinquency; 78% improvement in self-destructive behaviours, including alcohol and drug misuse.

The Brent Centre also worked with YOS staff, individually and in groups to support 37 members of staff at the Brent Youth Offending Service this year through 206 individual consultations.

Providing this peer support and training is vital to helping YOS Officers pick up on indirect signs of distress and understand the mental health needs of the young people they work with, who may be unlikely to ask for mental health support.

In only 12 weeks of group therapy, half of young people presenting with violence towards others had stopped.
AARON’S STORY

a Change in Leadership

The names have been changed in this case-study to protect the identities of the people involved.

Aaron was a 14-year-old boy known both for his ability to strike fear into the hearts of both teachers and pupils and for falling behind academically. The Sport and Thought project represented a last-ditch effort to get him through school.

Arriving at his first Sport & Thought session late - Aaron quickly made his presence felt with jokes and disruptive leadership. Before chaos loomed, the Sport & Thought therapists decided to take two classic Sport and Thought interventions.

Firstly, when Aaron arrived late, a therapist took him for a 1-2-1 jog around the pitch, trying to help him to feel ready to join in. The second intervention was to give the group a choice - did the boys want to make a mess with Aaron as leader, or to play football in a more organized way? When the boys voted for more organised, Aaron had a step-change, realizing the group was more powerful than he was.

At the same time, on his 1-2-1 jogs, Aaron began to share his childhood memories. Growing up with only his mother, Aaron recalled most of his time at home indoors playing on his own, with no toys except an old bowl. In particular he hated the sound of the electricity meter. The last coin would drop through, then the electricity would go off, leaving him on his own playing with a bowl in the dark. Later, he confessed part of his anxiety about the group was about being humiliated by the group.

After two terms, Aaron’s presence in the group began to change. Instead of leading in a disruptive way, Aaron began to take responsibility and approach Heads of Year and teachers with new ideas. By term three, the change was startling as Aaron turned into a calm and reflective leader. No longer a dominating and terrifying presence, Aaron began to actively look out for others, supporting the other boys and using his spare time to organize matches.

By the end of the year, Aaron was described as a ‘different boy’ by the school. His teachers and Head of Year said, “It’s a miracle what you have done with Aaron, everyone has seen a massive change.” His headteacher added: “It’s been incredible, his behavior and whole improvement at school.”
SPORT AND THOUGHT

Sport and Thought is a pioneering football and psychodynamic counselling project which uses the universal language and skills of football delivered by trained child psychotherapists.

The aim is to support children with emotional and behavioural issues who are at risk of school exclusion or not performing as well at school as they could.

By promoting integration, Sport and Thought empowers children and young people to engage with their peers and build positive relationships.

During 2017-18, we offered a total of 79 sessions of Sport and Thought to 60 young people, 62 sessions at two Brent schools and 17 at the Brent Youth Offending Service.

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

"The Sport and Thought project has done some exceptional work with the boys this year in the area of leadership skills. Five boys have received Community Commendations for their work with younger years to organise football tournaments - they want to do it every lunchtime now!"

Ms J Enright, Headteacher, Queen’s Park Community School

Both teachers and therapists reported highly positive outcomes for the young people taking part in our Sport and Thought sessions:

Graph, Fig. 2, shows marked improvements in therapist-reported post-intervention changes at the end of Sport & Thought 2017-18.
The names have been changed in this case-study to protect the identities of the people involved.

Sean, a tall, 13-year-old Irish boy, was referred by his school to the Brent Centre’s Irish Outreach service in the school during his parents’ acrimonious divorce battle. The school were concerned Sean was withdrawn and performing poorly academically, along with fears of home violence.

At first Sean’s mother was hard to engage - due to past difficulty with mental health services. The Irish Officer worked to support both Sean and his mother with Practical Support and Outreach counselling over five months during the difficult court divorce, including maintaining vital phone support when the school closed over the summer.

Once the divorce was finalised, the Irish Officer referred Sean to the Brent Centre’s new in-school AET service. Turning up at the AET therapist’s office looking older than his years, Sean promptly burst into tears, revealing a tender inner vulnerability. He also struggled with severe language difficulties - jumbling up sentences and forgetting key information and dates.

Weeping and defensive, he explained how at only 13, he had now become the oldest ‘acting male’ in his family. With his father having left the home, Sean now lived with his mother, an older sister, a toddler, and an older sick brother who had nearly died of uncurable cancer two years before. In this chaotic environment, there were outbreaks of sporadic violence between his mother and sister to which the police were often called and to which Sean was often called to ‘peacekeep’. Sean felt very overlooked.

Though he found it difficult to express himself, Sean slowly shared how excruciating it was for him to watch his older brother die. Watching his bigger, stronger brother’s physical strength deteriorate and carrying his equipment for him, Sean struggled with grief, whilst also feeling he had to ‘step up’ for his family - despite still only being on the cusp of adolescence himself.

Sean’s breakthrough came when he got in touch with his feelings towards his father. After sharing that his mother had blocked the father from seeing them, his understanding shifted from father ‘bad’ and mother ‘good’ to a more complex picture. He decided he did want to see his dad, despite this going against his siblings.

By the time the therapy neared its close, Sean had started to join new clubs and his confidence had grown. As he came into his own skin, most remarkably of all, Sean’s speech and language difficulties resolved themselves, and he found the ability to speak fluently again and speak up in class. Not only had he found his voice at home, he had also found his voice in school and was beginning to in the world.
PRACTICAL SUPPORT

Over 140 Practical Support sessions were given to 28 young people over 2017-18.

Many young people also experience practical difficulties in their lives such as with housing, finding training or employment at the same time as dealing with mental or emotional health difficulties.

The Brent Centre offers access to Practical Support alongside therapy, for as long as it is needed. We recognise that practical issues can often have a significant impact upon young people’s mental health; one cannot be ‘fixed’ without the other.

Over 140 Practical Support sessions were given to 28 young people over 2017-18 including:

- help with finding accommodation;
- liaison with debut agencies or social services;
- help with writing letters and making phone calls;
- help preparing for employment.

THE IRISH PROJECT

In 2017-18, we offered 767 sessions across our services to 20 young people. Our Irish Project Officer had 85 meetings with 38 organisations in support of some of our young people’s cases.

The London Borough of Brent has one of the longest established Irish communities outside Ireland and holds an area with one of the highest Irish populations in the UK. It includes Lynton Close, the fourth largest traveller site in London.

At the Brent Centre, our Irish Project brings together therapeutic, practical and cultural elements into one holistic and collaborative team to support young Irish people with emotional and mental health concerns.

Our Irish Project Officer has established regular outreach links with the Irish Traveller community and works to support Irish young people in many different ways, including: seeking employment, finding a college or course, applying for available benefits, and liaising with social workers and key workers.

“It helped to have a confidential space in which I could speak to someone.” Irish young person

Young Irish people who are referred to the Brent Centre also benefit from: Adolescent Exploratory Therapy, Group Therapy, and Family Therapy; as well as being able to access Practical Support from an Irish Project Officer.

Our work with young Irish people is supported and funded by the Irish Government of Ireland: Emigrant Support Programme and the Irish Youth Foundation.
OUR IMPACT

Ongoing research and clinical audit, a vital part of our work at the Brent Centre, demonstrated the clinical impact of in-house treatment over 2017-18.

The following statistical outcomes were achieved for our patients who showed significant clinical improvement or stabilised* in their mental health difficulties following treatment.

**Figure 1 - Outcomes for most prevalent problems amongst inhouse AET patients**
- 94% of young people who were experiencing suicidal ideation improved by treatment end.
- 85% of young people who were self-harming improved by treatment end.
- 100% of young people who were experiencing post-traumatic stress improved by treatment end.
- 100% of young people who were experiencing social isolation improved by treatment end.
- 92% of those with school problems, including exam anxiety and academic performance improved by treatment end.
- 92% of those who were experiencing depression improved by treatment end.
- 93% of those who were experiencing anxiety improved by treatment end.

**Figure 2 - Outcomes for less prevalent problems amongst inhouse AET patients**
- 100% of those at risk of school exclusion showed significant improvement by treatment end.
- 100% of those experiencing delinquency showed significant improvement by treatment end.
- 83% of those demonstrating violence towards others showed significant improvement by treatment end.
- 67% of those experiencing substance abuse and drug misuse showed significant improvement by treatment end.

Figure 1. This research is based on in-house assessment questionnaires measuring the levels of change in the mild-severe category of reported problems amongst in-house AET patients. Most prevalent problems indicates mental health difficulties which affected a majority of the research population.

Figure 2. This research is based on in-house assessment questionnaires measuring the levels of change in the mild-severe category of reported problems amongst in-house AET patients. Less prevalent problems indicates mental health difficulties which affected a minority of the research population.

Please see Figure 3 for a full breakdown of both stabilised and significant improvement data for each area of mental health difficulty experienced by our young people.

**Breaking down our results**

* ‘Significant improvement’ means the patient demonstrated clear indicators that their difficulties or condition improved over the course of treatment. ‘Stabilised’ means the patient demonstrated clear indicators that their condition did not worsen during treatment.

A patient ‘stabilising’ is important in mental health cases of a complex nature as an indicator of the efficacy of treatment as it indicates a significant step on the road to a full recovery. For eg., preventing patients with moderate depression from developing suicidal ideation or self-harm.
MEASURING OUR IMPACT

The Brent Centre continues to operate its Research activities in the field of Psychotherapy and Psychoanalysis.

One of the Centre’s key objectives, since being founded by Dr Moses and Egle Laufer – who both published widely on adolescent breakdown – is to research the impact of the services we offer to young people so we can continue to provide clinically rigorous mental health treatment to young people in London.

Our research team worked to analyse and organise clinical assessment data from the treatment of over 700 young people over 2017-18, using a combination of in-house assessment questionnaires and Achenbach methodology - the industry standard questionnaire for mental health assessment in the UK. Data collection methods over the year were improved in order to expand the research department’s scope and refine our ability to report on the outcomes of our services.

Young people were found to have experienced improvements in a range of emotional, mental, and social outcomes after receiving AET, Parent Support, Group Psychotherapy, Intensive Psychotherapy and Sport & Thought treatment from Brent Centre clinicians.

In-house Adolescent Exploratory Therapy
An average of 73% of AET inhouse patients (Fig. 3), (right / below as appropo), experiencing suicidal ideation to depression, demonstrated clinically significant improvements over 2017-18, from the below data.

**Fig 3. Rates of in-house AET improvement over 2017-18**

<table>
<thead>
<tr>
<th>Mental health difficulties</th>
<th>% improved</th>
<th>% stabilised</th>
<th>% deteriorated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide ideation</td>
<td>95%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>77%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Disturbed by a traumatic event</td>
<td>75%</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>Social isolation</td>
<td>74%</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>Exam difficulties</td>
<td>63%</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Depressed</td>
<td>62%</td>
<td>29%</td>
<td>9%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>54%</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Confused</td>
<td>50%</td>
<td>29%</td>
<td>21%</td>
</tr>
<tr>
<td>Suicide risk</td>
<td>49%</td>
<td>29%</td>
<td>22%</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>44%</td>
<td>29%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Figure 3. Data sourced from in-house assessment questionnaires measuring the levels of change in the mild-severe category of reported problems. Problems shown in Fig. 3 affected the majority of the research population.

**Using Achenbach Methodology**
The Achenbach scale works by measuring a variety of problems such as: ‘Internalising Problems’ – for eg. patient’s mood or level of anxiety - and ‘Externalising Problems’ – for eg. aggression or delinquency. These two areas of measurement are assessed through extensive questionnaires based on the Achenbach System of Empirically Based Assessment given to patients and therapists at the start and end of treatment.

**Adolescent Psychotherapy**
Twelve young people were seen for intensive Adolescent Psychotherapy for the more Borderline / Severe clinical category of mental health at the Centre between 1st April 2017 and 31st March 2018. Data on intensive psychotherapy outcomes for 2017-18 was compiled using Achenbach questionnaires.

According to therapist-reported mean problem scores, young people who completed their treatment within the reporting period fell from within the ‘clinical’ (63+) category of externalising problems, at 64%, to the less severe ‘borderline’ (60-63) category by the end of their therapy, at 61%.

Young people were also assessed for their own views on the efficacy of treatment at the Brent Centre, giving an average approval rating to their treatment of 85%, (average based on data shown in Fig. 5.)

**Fig 5. Feedback from the young people**

- View and worries taken seriously
- Was treated well
- Would recommend
- Overall the help was beneficial
- Felt listened to
- It was easy to talk to people

0% 25% 50% 75% 100%

% of young people agreed
Brent Centre 50th Year Anniversary Conference

October 2017

The Brent Centre celebrated its 50th Anniversary with a Jubilee Conference at the Royal College of Physicians showcasing 50 years of work in the field of adolescent mental health.

The two-day conference celebrated work done in the field by bringing together 158 participants, clinicians and academics from all over the world.

Thirteen speakers including Geneva-based Professor Francois Ladame who presented a ground-breaking paper on youth suicide prevention and Professor Emilia Ferruzza who showcased a paper on helping disturbed adolescents.

Patient wins funding for podcast

February 2018

Pauline Blanchet — a former BCYP patient — won O2 Foundation funding in February to produce a new podcast project ‘Speak Up Brent!’ aimed at busting mental illness stigma amongst young people.

The six episodes, co-produced with the Brent Centre, feature topics including: young people and suicidality; Tumblr and eating disorders; men and anxiety; and social role-models. Pauline interviewed experts and young people as well as catching an exclusive interview with documentary-maker Louis Theroux on his mental illness documentaries.
Second award in 50th Anniversary year

October 2017

The Brent Centre was delighted to be informed in October we had been awarded the prestigious 2018 Award for Excellence from the American Association for Child Psychoanalysis. Previous recipients include the Anna Freud Centre Parent Toddler Program and the Barr-Harris Children’s Grief Center.

ACP co-chairs Stanley Leiken MD and Jan Baeuerlen MD said: “This award is given to a center or program exemplifying the highest level of service, training, outreach or research associated with the profession of Child Psychoanalysis. It is a real pleasure to see how use of psychoanalytic principles has been the foundation of the excellent therapeutic experience that you provide at the Centre.”

London Virgin Money Marathon 2018

April 2018

Five Brent Centre supporters raised £11,853 between December and April for young people’s mental health by running the London Virgin Money Marathon this year. Luca Hunter, Tom Gregory, Lee Messina, Miles Entwistle and Andre Howell all ran the London Virgin Money Marathon on 22nd April 2018. Runner Luca also arranged for Hoppers Restaurants to make us their Charity of the Month in May which raised £4,923 of our marathon total! Thank you to all the runners for raising much needed funds and raising awareness of our work.

Director awarded University of Padua Professorship

February 2018

Dr Maxim de Sauma was awarded a visiting Professorship at the University of Padua in April, following on from a joint paper presented with Professor Dr. Michela Gatta from the university at the 2017 50th Anniversary Conference at the Royal College of Physicians.

Dr Sauma gave a presentation in Padua on “Adolescence, Psychoanalysis and Adolescent Exploratory Therapy” alongside Brent Centre Assistant Research Psychologist and Specialist Mental Health Worker Manuela Difronzo.
## STATEMENT OF FINANCIAL ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>(£)</td>
</tr>
<tr>
<td>Voluntary income</td>
<td>1,959,041</td>
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<tr>
<td>Investment income</td>
<td>399</td>
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<tr>
<td><strong>Total income</strong></td>
<td>1,959,440</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td>(£)</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>639,605</td>
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<tr>
<td>Raising Funds</td>
<td>84,072</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>723,677</td>
</tr>
<tr>
<td><strong>Net incoming resources before transfers</strong></td>
<td>1,235,763</td>
</tr>
</tbody>
</table>

Detailed financial information is available in our Annual Report submitted to the Charity Commission and available on our website.

A recent unexpected donation will enable us to finalise our Strategic Plan and develop areas of work that are intrinsic to our mission but have been traditionally difficult to fund, such as research into adolescent breakdown and the development of a formal education and training service. Whilst we are putting new initiatives in place, we remain highly dependent on the generosity of our funders and supporters for our daily activities.
THANK YOU
The Brent Centre would like to thank the following people and organisations for their support this year.

Partner Organisations
- Alperton Community School
- Preston Manor School
- Queens Park Community School
- St Augustine’s Church of England High School
- Wembley High Technology College
- St Gregory’s Catholic Science College
- St. Mary Magdalen’s Catholic Primary School
- Brent Youth Offending Service (YOS)

Public Authorities
- House of Lords
- Government of Ireland: Emigrant Support Programme
- London Borough of Brent - Voluntary Sector Initiative Fund (VSIF)

Trusts and Foundations
- The 29th May 1961 Charitable Trust
- BBC Children in Need
- The Beatrice Laing Trust
- Charles Hayward Foundation
- The City of London’s Corporation’s Charity, City Bridge Trust
- Comic Relief
- Dentons UKMEA LLP Charitable Trust
- The Dudley and Geoffrey Cox Charitable Trust
- Edward Harvist Trust Fund
- Garfield Weston Foundation
- Irish Youth Foundation
- John Lyon’s Charity
- Jusaca Charitable Trust
- Mrs Smith and Mount Trust - the Spanoghe Grants Programme
- Olswang Foundation
- The Peter Stebbings Memorial Charity
- The Sobell Foundation
- Souter Charitable Trust
- The Wessex Youth Trust

Virgin London Marathon runners, April 2018
- Luca Hunter
- Lee Messina
- Miles Entwistle
- Andre Howell
- Tom Gregory

President
- Egle Laufer

Chief Executive Office
- Dr Maxim de Sauma, MD, F. Inst. Psychoanal.

Trustees
- Mr. Jeremy Bard MBA Msc
- Dr. Bernard Roberts MB ChB FRCPsych
- Dr. Robin Anderson MRCP FRCPsych
- Mrs. Deborah Perlin
- Dr. Janine Sternberg MA (Oxon) DPsych Psych MACP MBpf
- Dr. Carole Amobi BA (Hons), MBBS, DRCOG, DPD, FRCGP
- Mr. Francis Hare, (Earl of Listowel) PhD
- Mr. Eamonn Santry

Brent Centre Staff Team Volunteers

Research Consultant
- Prof. Michael Rustin

Others
- Brent Mayor Cllr. Parvez Ahmed
- Giulia Ghiani
- Alexandra Busse
- Josephine Wilton

All the young people who have used our services

Our many individual donors

Community Supporters
- Queen’s Park Residents Association
- Mosaic Liberal Synagogue
- Alperton Community School and Paddington Academy students who fundraised through the FirstGive initiative for the Centre
Anonymous models used in all photographs.