

Annual Review 2007-08



ACCESSIBLE SUPPORT  
WHEN IT'S NEEDED

# Brent Centre for Young People

*'Helping vulnerable young people since 1967'*





## What is the Brent Centre for Young People ?

The Brent Centre for Young People (registered as a charity under the name of Brent Adolescent Centre) was founded in 1967 by the late Dr. Moses Laufer, who was acting to fill what he saw as a gap in mental health provision wherein some of the most vulnerable members of the relatively deprived and ethnically diverse London Borough of Brent were not supported at one of the most difficult periods of their life: the transition in to adulthood.

A corollary of this was the need for the development of conceptual and clinical research dealing specifically with adolescent breakdown. Dr. Laufer believed as do all the clinical staff at the Centre, that a breakdown in adolescence is fundamentally and qualitatively different from one at any other time in someone's life. The Centre has received international academic and professional recognition over the years for the high quality and ground breaking research which has been conducted at the Centre on adolescent breakdown and suicide.

Today, the Centre continues to be committed to the well-being of vulnerable young people aged 14 – 21 and has expanded its services and now provides a free and comprehensive service consisting of mental health, drugs and alcohol and support and engagement services – all under one roof.

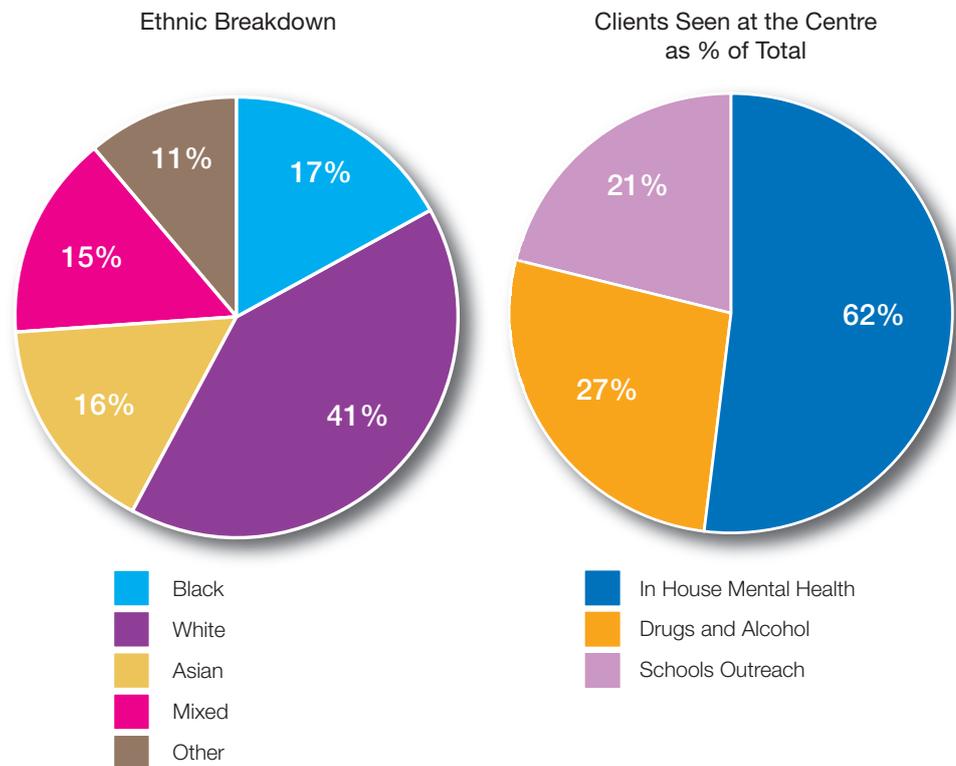
The services provided are flexible: young people can simply self-refer, which means that individuals who find it difficult to navigate bureaucratic structures for whatever reason can be seen immediately by experienced professionals. In order to have the largest contact possible with vulnerable young people, the Centre also runs outreach and engagement services including since 1999, a Mental Health in Schools Outreach Project in Brent Secondary Schools and the Brent Pupil Referral Unit.

## Client Profile and Service Breakdown

This year, the Centre offered appointments to 476 young people in-house and on-site in schools and 682 through outreach, engagement and community drop-ins. Below is a Service Breakdown and an Ethnic Breakdown of the young people accessing the Centre's Services.

White British	25%
White Irish	7%
White Other	9%
Asian British	4%
Indian	7%
Pakistani	1%
Other Asian	4%
Black British	4%
Black-African	5%
Black-Caribbean	7%
Other Black	1%
White and Black Caribbean	6%
White & Black African	4%
White and Asian	1%
Any other Mixed	4%
Other	3%
Unknown	8%

### Service Breakdown as % of Total





## CEO and Clinical Director Introduction

I am pleased to introduce the Brent Centre's Annual Review for the year 2007-08. During this year 476 young people were helped by our in-house and on-site schools services and many more were helped through active outreach and engagement.

The Mental Health Service continued to develop the partnership with the new Brent NHS (CAMHS) Adolescent Team. Its lead Clinician, Dr Jean Pigott has been providing psychiatric assessment and treatment to our clients who need psychiatric input. The NHS Adolescent Team used the Centre premises to see patients and to hold meetings throughout the year.

The Mental Health in Schools Project has continued to grow from strength to strength. Mr Emil Jackson, Mental Health in School Project Manager, secured funding from Kingsbury High School, Preston Manor High School and Queens Park Community School. The Centre further continued to provide consultation and supervision to the staff at the Brent PRU (Pupil Referral Unit).

The Service Level Agreement with the Brent Primary Care Trust (PCT) was renewed for the period 1st April 2007 – 31st March 2008. The Agreement for the Mental Health Services only funds the treatment of young people aged 14 – 17 years. The Centre continued to raise funds from Charitable Trusts and Foundations to enable it to continue offering support to young people aged 18 years and over. The Brent DAAT (Drug and Alcohol Action Team) also renewed the Service Level Agreement for the same period. The Drugs & Alcohol Team has worked tirelessly to engage and support young people through outreach work in the community and through in-house support. In May 2007, a male Drugs Worker began offering one-to-one and group work support to young men in Cardinal Hinsley High School. Due to the high level of need for substance misuse and emotional wellbeing support in schools, the Centre envisages expanding this service to other Secondary Schools in Brent in the coming year.

The Centre continued to gain and maintain support from a number of Charitable Trusts during this year. The Centre ended the financial year with a surplus. Miss Aline Milev, Development & Communications Officer, commenced a six month round the world trip in January 2008. Mrs Karen Turner replaced Miss Milev and has worked closely with me in identifying new and existing funding sources from both statutory and charitable funders. I would like to thank The City Bridge Trust, John Lyon's Charity, The Sobell Foundation, The Goldsmiths' Company, Mr & Mrs J A Pye's Charitable Settlement, The Henry Smith Charity, Irish Youth Foundation, DION Committee, Tudor Trust and Winnicott Clinic of Psychotherapy for their continued support of the Mental Health Services at the Centre.

With the generous support of the Tudor Trust, the Centre continued to offer a Mental Health Support and Engagement Service. The Mental Health Worker offers Initial Assessments to all new patients prior to them accessing the specialised Mental Health Services. Mrs Alice Palmer, the postholder, commenced maternity leave in November 2007 and has been replaced by Miss Sarah Fielding. In addition, with the continued support of the Dion Committee and the Irish Youth Foundation, the Centre was able to further develop its Irish Youth Project to include drug and alcohol misuse services.

The Centre was saddened by the untimely death of Mr. David Robins in October 2007. David was born in the London Borough of Brent and studied as an adolescent in the same building where the Brent Centre is located. He met the Centre's founder Dr. Moses Laufer many years ago and was impressed with Dr. Laufer's determined efforts to offer young people high quality and professional mental health support. He was a great supporter of the Centre's work with vulnerable and deprived young people. He became Director of Grants at the John Lyon's Charity in 1993. He will be greatly missed.

In January 2008, the Board of Trustees voted to change the name of the Centre's building from 'Johnston House' to 'Laufer House', in recognition of the founder of the Brent Adolescent Centre, Dr Moses Laufer, who passed away in July 2006.

In January 2008 we were also joined by two new Trustees, Dr. Janine Sternberg, a distinguished Consultant Child and Adolescent Psychotherapist who works for the Tavistock and Portman NHS Trust and Mr. Julian Hale, Journalist, Writer and former Radio Producer at BBC Radio.

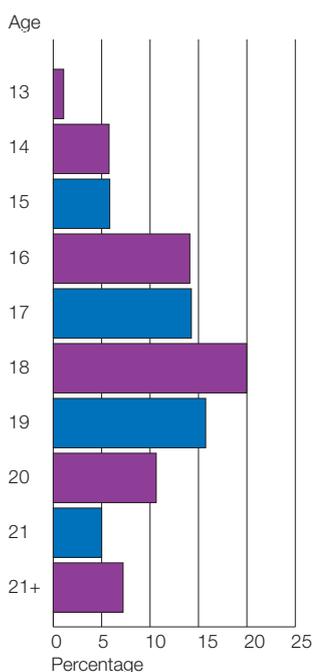
I would like to finish this introduction by conveying our strong determination to continue to overcome the obstacles to helping young people and the belief that we will be successful in doing so, as we have been in the last forty one years.

**Dr. Maxim J. A. de Sauma**  
MD, F. Inst. Psychoanal.  
*CEO & Clinical Director*

In total, 2,985 appointments were offered to 349 young people and their families by the Mental Health Service

This year 942 appointments were offered to 96 young people by the AET (Interviewing) Service

Age Distribution



## The Mental Health Service

The Mental Health Service is the core service provided by the Brent Centre. It is psychodynamically oriented and targeted to young people aged 14 – 21. The main services provided in-house consist of:

- Adolescent Exploratory Therapy (also known as “Interviewing”);
- Psychotherapy; and
- Family Therapy.

The Mental Health Service also runs a Mental Health in Schools Outreach project in 3 Brent Secondary Schools and the Brent Pupil Referral Unit. The Centre also has a Mental Health Support and Engagement Project.

The Mental Health Service is monitored through an internally created Clinical Audit, and a Psychotherapy Outcome and Evaluation Study.

This service is funded by a revenue agreement with the Brent PCT and is supplemented through funding from various trusts and foundations including The City Bridge Trust, The Goldsmiths’ Company, The Henry Smith Charity, Mr & Mrs J A Pye’s Charitable Settlement, John Lyon’s Charity, Winnicott Clinic of Psychotherapy, and The Sobell Foundation. Funding from John Lyon’s Charity and The Henry Smith Charity is specifically for young people aged 18 and over.

In total, 2,985 appointments were offered to 349 young people and their families by the Mental Health Service (in house and through Outreach in Schools).

## Adolescent Exploratory Therapy (AET)

Adolescent Exploratory Therapy also known as “Interviewing” was developed at the Centre through forty one years of clinical experience. It is a flexible, non-intensive, open ended and psycho-dynamically oriented intervention. It consists of therapeutic consultations that are usually offered on a weekly basis, and unlike many other mental health interventions, it does not have a specific time limit but works with the young person at a pace they can manage.

The intervention combines assessment and a focused intervention.

The **assessment** aims at

- Exploring with the adolescent or young adult their emotional needs;
- Making a psychopathological and emotional evaluation; and
- Consulting on the best ways of helping the young person in the long-term.

The short-term intervention process addresses the young person’s:

- Social functioning;
- Family relationships;
- Peer relationships; and
- Other kinds of problems or issues relevant to young people.

Thus, the interviewing process enables young people to receive support from an experienced professional at the time of their crisis and beyond it.

This service is monitored through a Clinical Audit which was internally created in 2000, and which measures the psychopathological and socio-demographic information about the young people who are referred to the Adolescent Exploratory Therapy Service. Information on progress concerning peer relationships, family relationships, changes in symptoms and improvement in functioning are also collected. Outcome measures are applied to this kind of intervention.

### Socio-Economic Information

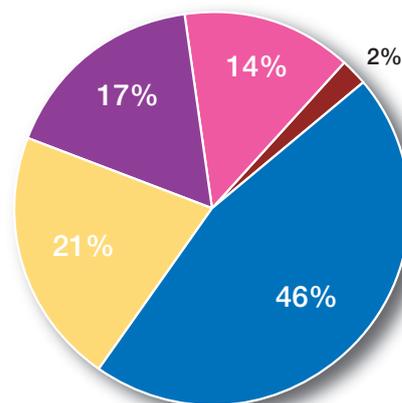
Of the number of young people who used the service 54% were female, while 46% were male. The ages of the young people ranged from 13 – 21+, with the most frequent age being 18 years old (20%). The fact that over 59% of the young people attending the service were 18 years old or over indicates the importance of offering a service which is not restricted to under 18s.

The Ethnic Breakdown of the young people attending the Interviewing Service more than once was varied reflecting the multi-ethnic make up of London in general and the Borough of Brent in particular.

## Referral Sources

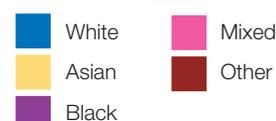
According to the Centre's data source, 90% of all referrals came from the Borough of Brent. This year, 30% of the young people self-referred to the Centre, followed by 29% who were referred from the Brent Child and Family NHS Services, 10% were referred by their GPs, and 6% were referred by Schools and other educational services. Other referrals came from agencies such as the Youth Offending Team, Social Services and Internal Referrals (the Drugs and Alcohol Team at the Centre) .

Ethnic Breakdown (Interviewing)



## Attendance

While Interviewing is generally considered to be a medium term intervention, because it is flexible, it can also be used for young people who require a longer term intervention (more than 20 sessions). 45% of the young people attended 2 to 10 sessions, 30% of them attended 11 to 20 sessions, and 25% attended more than 20 sessions.



## Education, Employment and Family Situations

The majority of the young people using the service were in education (64%), while 5% were unemployed without benefits, 7% were employed, and 5% were unemployed and on benefits.

While the family backgrounds of the young people were varied, 34% of the young people's parents were separated or divorced, while 38% of their parents were married or co-habiting. 12% came from single parent households. 6% had a widowed parent and 2% had no contact with their parents at all. It is not known what the family background is of 8% of the young people who attended the Interviewing service for 2007/08.

Of the young people attending the Centre, 89% experienced serious disruptions within the families, which were varied and included domestic violence, neglect and lack of appropriate affect (36%), important moves (19%), death of a family member (17%), refugee status (3%), and parents' addiction to drugs (2%).

It is important to note that there is no single driving disruptive factor, but rather a combination of them taking place, which account for the 35% of all family disruption cases. This data confirms the clinical impression that many young people who are coming to the Centre have a very difficult family background and live in highly dysfunctional environments.

## Presenting Problems

<b>Relational Problems</b>	
family problems	64%
difficulties with peers	38%
difficulties with boyfriend/ girlfriend	29%
<b>School or Work problems</b>	
school problems	46%
school exclusion	12%
fear of failing exams	17%
work problems	7%
<b>Violence-linked Problems</b>	
aggressive behaviour	12%
destructive behaviour towards others	12%
<b>Sexuality related Problems</b>	
anxiety related to sexuality	28%
sexual problems	20%
pregnancy issues	2%
<b>Bereavement</b>	19%
<b>Mental Health Issues</b>	19%
Developmental Issues	19%
Eating Disorders	19%
Sleep Disturbance	17%

## Presenting Problems

The table to the left summarises, from the Clinicians point of the view, the main presenting problems of the young people attending the Centre.

The young people attending the Centre generally come in a state of 'crisis' with overwhelming feelings they find difficult to cope with (90%). Depression, anxiety and confusion were the most characteristic of these overwhelming feelings. The young people attending the Mental Health Service also showed difficulties in coping with developmental tasks relating to:

- Separation from parents (48%); and
- Having a potential for a sexual relationship (43%)
- Developing a capacity for intimacy within a couple (40%)
- Ability to process bodily changes attached to adolescence (31%)
- The development of social relationships (31%)
- Capacity to make plans for the future (31%)

In addition, many of the young people attending the Centre presented a variety of psychological difficulties and extremely dysfunctional patterns of coping with these difficulties: 23% admitted suicide ideation; 16% had attempted suicide; 26% self-harmed; 14% misused alcohol; and 7% misused drugs.

# Interviewing Case Study

Angela ('A') was referred to our Centre at the age of 16 by a community worker who was concerned about her depression and inability to sleep. As with many of the adolescent refugees who we see in our Centre, 'A' had experienced many traumas and losses in her young life. Although only 16, she lived in shared independent housing and had no family in this country.

In the first few interviewing sessions she was able to talk about what had happened to her and how it still affected her everyday life. For 'A', talking openly about her experiences was something new to her, and although sometimes extremely painful, she found it a relief to have her feelings acknowledged and for another person to be aware of her past. 'A' did not always want to think about the unbearable feelings related to her past and sometimes came and talked of everyday living and school matters. For the therapist it seems important to be able to balance talking about the trauma and not denying it, with the flexibility of staying with what the patient is able to bear on that particular day.

As interviewing is an assessment of an individual's current and potential needs, it is possible to have a more active role than in individual psychotherapy, and take an interest in real life difficulties with a view to the Centre providing practical help. For 'A', this included help with education, housing and asylum claims. With the practical support put in place, the therapist was then able to help 'A' think about and verbalise her feelings. For example, helping her to acknowledge the anger, guilt and sense of injustice that she felt at what had and was happening to her; enabling her to risk feeling angry and then expressing it appropriately in a way that could be listened to; and bearing with and containing her sense of hopelessness. These developments helped her to feel more hopeful, less depressed and more able to sleep.

'A' has now been in contact with BCYP for almost two years and asks for sessions when she feels she needs them. However, it is worth noting that she has now managed to forge a close friendship with someone in her community in whom she has been able to confide.

**This year, 11 young people were seen in the psychotherapy service and they were offered a total of 552 appointments**

Mean Scores on Young People Self-reported Psychological Outcomes

	Pre Therapy	Post Therapy
Internalizing Symptoms	67.70	60.50
Externalizing Symptoms	60.00	56.50
Total Symptoms	66.90	61.20
Dissociation Experiences	3.55	2.70
Depressive Symptoms	20.90	13.20

## Psychotherapy

In most cases, young people feel sufficiently helped after a period of Interviewing. However, when necessary, young people can be referred to our Psychotherapy Service where sessions are offered one to three times weekly for up to 3 years. This year 11% of our Interviewing cases commenced long-term psychotherapy. This year, 11 young people were seen in the psychotherapy service and they were offered a total of 552 appointments.

There were 4 young people who were male and 7 who were female. 7 of the young people were of white descent, 1 was of Asian descent (Indian), 1 was Black-Caribbean and the remaining 2 young people were Mixed (White and Black Caribbean). 10 of the clients resided in the London Borough of Brent with the remaining 1 from another London Borough. The youngest of these clients were aged 17 and the oldest 22.

This service is monitored through a Psychotherapy Outcome and Evaluation Study, which was developed in 2001 to obtain descriptive information of the young persons presenting problems, mental state and clinical features in the least intrusive way for the psychotherapy process. Therefore, in order to avoid disruption of the treatment process, the assessment takes place outside of psychotherapy with a research psychologist at the beginning of the treatment and continues once a year until the end of treatment. The research assessment aims to evaluate the development of the psychotherapy process and the improvement of the young person.

Since 2001, the Centre has engaged a total of 46 young people in psychotherapy. The following table describes the mean scores from the point of view of the Young Person.

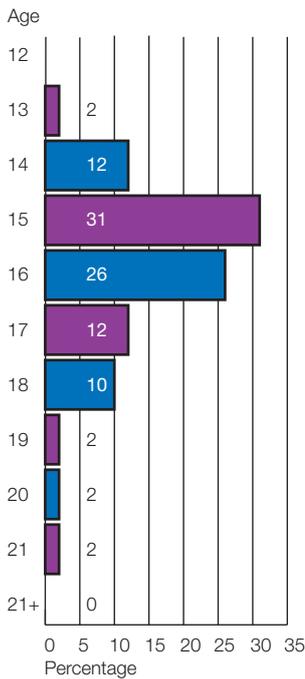
The data thus shows a strong tendency towards improvements from the young persons' perspective with regards to internalizing, externalizing and total problems scores after the treatment with all scores decreasing.

The test clusters between a "clinical" range are for scores above 63, a "borderline" range for scores ranging between 60 to 63 points and a "non clinical" range are for scores below 60. In regards to this, it is important to note that our psychotherapy patients marked a significant change with regards to 'internalizing' following treatment. This data supports the fact that patients, in order to be suitable for traditional psychoanalytical psychotherapy, must show a capacity to cope with their difficulties.

With regards to dissociative experiences, at the beginning of the treatment, our psychotherapy patients mean score was close to the clinical rate at 3.55, (the cut off point indicated by the test is 3.7). At the end of the intervention, there is a strong tendency for this problem to be remarkably reduced, as the average score was 2.70. The data indicates that potentially disruptive dissociate experiences decrease with the psychotherapy sessions at the Centre.

**A total of 30 young people and their families were offered 121 appointments in the Family Therapy Service**

### Age Distribution



With regards to depression, the data shows that at the beginning, our psychotherapy patients mean score for depressive and anxiety symptoms was at the clinical range at 20.90 (the cut off point indicated by the test is 20). At the end of the treatment, the tendency is towards an improvement (the score being 13.20) marking a shift from the clinical to the non-clinical range. Therefore, from the patients' point of view, the psychotherapy process at the Centre remarkably reduced their feelings of depression, anxiety and withdrawal.

## Family Therapy

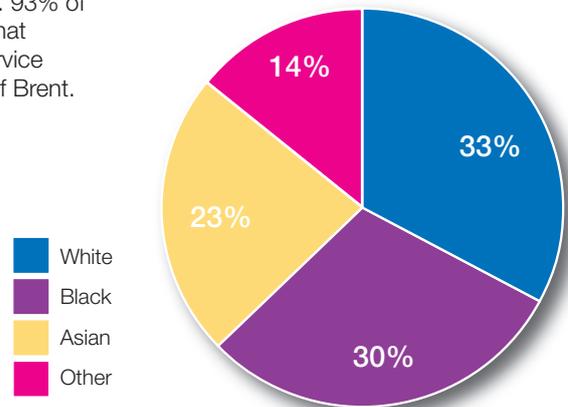
The Centre also offers a Family Therapy Service that is geared towards younger adolescents and their families. Families can be seen for up to 8 sessions.

Families often have a great deal of anxiety centred on their child's behaviour and require some exploratory therapeutic work in order to understand the context in which these anxieties have arisen.

The Ethnic background distribution below shows that the service is accessible to young people of all different ethnic backgrounds. The majority of the young people who attended family therapy sessions were under the age of 18, with the most frequent age being 15 years old.

A total of 30 young people and their families were offered 121 appointments in the Family Therapy Service. Of these, 63% were male and 37% were female. 93% of young people and their families that accessed the Family Therapy Service resided in the London Borough of Brent.

Ethnic Breakdown (Family Therapy)



## Mental Health in Schools Outreach Project

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

This has been a year of success, growth and development in all areas of our outreach projects. In particular, the Schools Outreach Team have provided 175% more appointments to pupils on-site in schools during this period than in 2006-07 and over 300% more appointments than in 2005-06.

This project provides effective, responsive, flexible and accessible Mental Health Outreach projects on site in Brent Secondary Schools and the Brent Pupil Referral Unit – working with both pupils and staff. It allows the Centre to provide support to pupils who, for whatever reason can not be seen at the Centre.

**This year, the Centre worked at:**

- Preston Manor High School (set up in January 1999);
- Queens Park Community School (set up in November 2000);
- Pupil Referral Unit (set up in April 2002);
- Kingsbury High School (set up in July 2006); and
- Brent Exclusions Unit (provides staff consultations, since February 2005).

Overall, 156 group-work appointments were offered to 22 pupils during this period

Overall, 339 consultations/meetings with 45 staff took place over the past year (an increase from 272 consultations in 2006-07)

Overall, 93 work discussion groups were offered to 46 members of staff in project schools over the past year (an increase from 89 discussion groups in 2006-07)

The Mental Health in Schools Outreach project provides a range of interventions and resources including:

- Assessment and brief focused psychotherapeutic consultations with individual pupils;
- Longer term psychotherapeutic work (if appropriate);
- Group work for pupils;
- Consultations to individual staff;
- Meetings with parents and families;
- Work discussion/consultation groups for school staff;
- Supervision and consultation to staff at BCYP premises; and
- Referrals to BCYP Services for more complex cases.

The main target groups for all projects include:

- Pupils at risk of temporary or permanent exclusion;
- Pupils with emotional and behavioural difficulties including those who are depressed, self harming and/or suicidal;
- Pupils whose academic progress and emotional development are at risk of breakdown;
- Pupils presenting with challenging behaviour (e.g. destructive, anti-social or violent);
- Pupils with family difficulties, parental illness or issues around bereavement; and
- Pupils who cannot be seen outside school and need to be seen on-site in school.

### Summary of Activity and Outputs:

#### 1. Work with Pupils

##### a. Individual Work with Pupils

Over the year, 608 therapeutic consultations were offered to 76 pupils on-site in the project schools (an increase from 412 consultations offered in 2006-07 and 245 in 2005-06).

##### b. Group Work with Pupils

Group work has developed considerably over the past year – in both Kingsbury High School and Preston Manor High School. A number of groups have been provided, including 'boys' groups, 'girls' groups, 'mixed gender and aged' groups. Overall, 156 group-work appointments were offered to 22 pupils during this period.

##### c. Parent and Family Work

In addition to direct work with pupils, where there have been significant concerns about pupils, parents have been invited to meetings to think about how to help their child. This has often meant helping families to access other services, in particular Child and Adolescent Mental Health Services (CAMHS), but also to raise their awareness of the impact of boundaries and parenting skills. This is an area we hope to develop further in 2008 – 2009.

#### 2. Consultations to and Meetings with Individual Staff

In addition to direct work with pupils, many staff made excellent use of the opportunity for individual consultations and meetings regarding pupils, class groups and/or other key issues of concern. Overall, 339 consultations/meetings with 45 staff took place over the past year (an increase from 272 consultations in 2006-07).

#### 3. Work Discussion/Consultation Groups for Staff

One of the key areas of innovation within the school's project has been the development of work discussion/consultation groups for staff. These offer a unique training opportunity to all staff that are interested and supported to attend. These groups meet to think about the difficulties that staff are experiencing with pupils and to share and develop skills, understanding and strategies with each other. Overall, 93 work discussion groups were offered to 46 members of staff in project schools over the past year (an increase from 89 discussion groups in 2006-07).

#### 4. Additional Meetings and Reviews

In addition to our core work, outlined above, Centre staff in all schools have also been involved in attending and participating in a further 53 meetings within schools (increased from 25 in 2006-07). Project Review Meetings are also arranged (annually) to consider any issues or difficulties affecting the projects and to plan for future developments.

## 5. Additional therapeutic work offered to Project School Pupils at BCYP

In addition to the direct work with pupils and staff carried out on-site in schools, 155 further consultations were offered to 14 pupils from our project schools on site at the Centre. Pupils have been able to access not only individual therapeutic consultations (Interviewing), but other services offered by the Centre.

## 6. Additional Consultations and Supervision offered to school staff at BCYP

In addition to the consultations offered to staff on-site in schools, a further 44 supervision sessions have been offered to three education staff at the Centre (increased from 28 supervisions in 2006-07). With increasing requests, it is likely that the Brent Centre will continue to offer further consultations and supervisions of this kind in the future.

## 7. Publications, Conference Papers and other Developments

In addition to being identified as a 'model of good practice' the success of and interest in BCYP's school project has resulted in further papers being presented at conferences and published in professional journals. These include:

Jackson, E. (2008) 'The development of work discussion groups in educational settings' in *Journal of Child Psychotherapy* Vol 34, No. 1: 62-82

Jackson, E. (to be published in 2008) 'Work Discussion Groups at Work: applying the method', chapter in a book published by Karnac/Tavistock Centre on work discussion.

DfES/DoH (2007) 'Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services', p.17

## 8. Future Development, Extension and Direction of the Schools' Project:

Interest in the Centre's schools projects remains high both locally and nationally and several schools in the Borough have already contacted the Centre to discuss the possibility of establishing new projects in their schools. We therefore end this year on an optimistic note and look forward to further developments in 2008 - 2009.



Young people in the Brent Centre waiting room

## Mental Health Engagement & Support Service

The Mental Health Engagement and Support Service (MHES) offers practical and emotional support to young people on a variety of issues such as: homelessness and housing, asylum and refugee issues, accessing education, work or activities, applying for benefits and managing finances. The worker provides a link to a range of agencies and organisations within the London Borough of Brent. Many of the referrals for additional support are also received internally, via the Mental Health Team. In addition, this role includes outreach work in the community, which aims to target young people who are perhaps reluctant to engage in therapeutic work, or unsure what kind of help they need. The MHES Worker works closely with both the Drugs and Alcohol Team and the Mental Health Team to provide transitional work where appropriate.

From April 2007 – March 2008, the Mental Health Support and Engagement service provided intensive support to 17 young people and offered 215 appointments to them. It also provided Initial Assessment to 96 young people (167 interviews). The service is also measured through a variety of different indicators including: number of clinical based interventions (17), outreach interventions (31), multi agency meetings (22), telephone interventions of over 30 minutes (66), contacts with professionals from other services (219), other contacts with young person (176), and interventions with parents (17).

Young people who wish to access the Mental Health services are offered an initial assessment meeting with the Mental Health Worker, often within two weeks of making contact with us. This initial meeting allows the service to facilitate integrated working where appropriate, and is based on the Common Assessment Framework (CAF).

**From April 2007 – March 2008, the Mental Health Support and Engagement service provided intensive support to 17 young people and offered 215 appointments to them.**

## Mental Health Engagement and Support Case Study

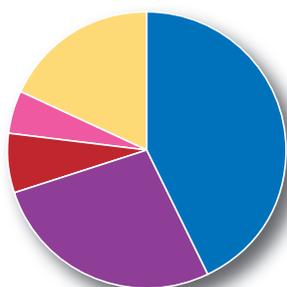
*Beatrice ('B') is an 18 year old young woman, who had arrived in the UK as an unaccompanied minor seeking asylum, and had suffered a number of losses and traumas. After an initial rejection to her asylum claim, 'B' was facing a hearing in an appeal court that would determine if she could stay in the country. It was at this time that 'B' was referred to the MHES by her therapist at the Centre. On my first meeting with her, her therapist introduced us and 'B' asked if I might be able to help her prepare for the upcoming court case. I accompanied her to appointments with Home Office officials – perhaps unsurprisingly given her past experiences, she was easily intimidated by uniforms and procedures. The MHES can offer more informal support, and sometimes after a stressful appointment, we would meet for coffee, and I would try and help her feel in touch with her day to day world again – her friendships and her college work. When out and about on public transport together, she was very anxious, startling easily in response to loud noises. Her hyper-vigilance to her environment seemed consistent with her traumatic background and experiences – like many young people who seek asylum she worried that she would be taken away again and that her life would be in danger. She was constantly exhausted, and told me how difficult night times were. She slept poorly, experiencing distressing flashbacks. Her mood was very low, although more publicly she presented herself as coping.*

*She gave me permission to liaise with her solicitor, so together, we could help 'B' understand the process of the hearing and feel more in control. We visited the courtroom together, so she could picture where she would be sitting and follow the various court procedures. 'B' was frightened of what would happen if her appeal was turned down, and what that might mean for her future – it was hard for her even to begin to think about it. We both spent some time with her solicitor hearing about the appeals procedure, and what the options might be. At times it seemed inevitable that her appeal would be turned down, and I felt very worried about 'B's depth of despair as the court case came nearer, and liaised with her therapist who she continued to see regularly. With support, and a growing relationship with her solicitor, 'B' began to gather evidence for her case, and make sense of the story she needed to tell in the court, although she continued to be very scared of standing in court. I was impressed with how 'B' could make use of the help offered to her.*

*'B's appeal was finally successful. Although she was initially elated and relieved, I also had a sense of 'B' painfully connecting to her many losses as she thought about her future. It has been important to carry on working with 'B', offering her support and recognising that her task of creating a life for herself in London is just beginning. Similarly she continues to meet with her therapist.*

**The Drugs and Alcohol Services offered  
494 appointments to 71 young people**

**Ethnic Breakdown  
(Drug & Alcohol Service)**



- 43% White
- 27% Black
- 7% Asian
- 5% Other
- 18% Mixed

**A total of 131 appointments were offered to 12 young people this year**

## Drugs and Alcohol Services

The Drug and Alcohol service was launched in 2000 and is funded through the Brent Drug & Alcohol Action Team (DAAT). This Specialist Young Person's service has continued to focus on the support and the reduction of harm of drugs and alcohol amongst young people in Brent. The service has adapted to the changing trends within the community and has continued to offer short and longer term flexible support. It consists of several parts:

- Advice, Information and Support;
- Engagement and Community Outreach; and
- Drugs & Alcohol Schools Outreach.

The Drugs and Alcohol Services offered 494 appointments to 71 young people, while many hundreds more were reached through outreach and engagement sessions and drop-ins around the borough.

The Drug and Alcohol Services are available to all young people under the age of 19. Some of the cases that young people present within the Drugs & Alcohol Service require close working and sometimes referral to Child and Adolescent Mental Health Services (CAMHS). Other young people require targeted specialist support interventions. These groups may include:

- Young people who offend;
- Young people who are looked after by the local authority;
- Young people who play truant from school or who are excluded;
- Young people who are homeless;
- Young people who have been sexually exploited; and
- Young people who are the children of drug users.

Referrals are received from a number of relevant agencies including Social Services, Child and Adolescent Mental Health Services (CAHMS), Housing Services, Schools, Parents, Youth Clubs, Youth Offending Services, GPs as well as internal referrals. Young people can also self-refer.

The Drugs and Alcohol service also provides training to other professionals who are in contact with young people. This allows the Centre to work in proxy with a larger group of young people, and as a result, the Centre receives referrals from young people who may not have accessed the service otherwise.

### Specialist Interventions

The service provides one to one sessions with an experienced Drugs Worker, which can be either one off sessions, or in depth interventions. It provides short term work with a view to refer clients on should they require more long-term Tier 3 provisions. This part of the service focuses on working closely with lead professionals who are in contact with young people and the workers have built up relationships over a period of time. This work has been particularly successful in building better links between Children's Services, CAMHS and Schools. A total of 131 appointments were offered to 12 young people this year.

A range of interventions are provided including psychodynamic, motivational interviewing and cognitive behavioural therapy (CBT) which are aimed at alleviating current harm and risk caused to the young people through their drug and alcohol misuse. An active care plan is included into the treatment which helps the client feel motivated and clear about his/her abilities to make active and positive changes in their lives. Many treatment interventions focus on the young person's social and family network, which is particularly beneficial to lead professionals, who are able to work closely in partnership with the services to recognise and refer vulnerable young people living with parents who are misusing substances.

Providing a range of interventions from brief therapies to longer term therapy allows for the worker to gain an understanding of the historical, psychosocial and health needs of the young person. Many of the young clients find the longer non-intrusive support extremely beneficial and some clients go on to access the Mental Health and Support Services offered at the centre. The transitional pathway is relatively smooth and the Centres' services work together to ensure that the client is not lost within the changing process. This is important since often at the initial stages a young person is reluctant to get help or worried about the effects it may have on them or their family relationships.

**In 2007-2008, the engagement service offered 117 one-to-one appointments with 20 young people and supported 438 young people through outreach**

## **Engagement and Community Outreach**

The Engagement and Community Outreach service was established in September 2005 as a response to young people in the Borough disengaging with drug and alcohol services. It allows the Centre to branch out into the community and access harder to reach groups of vulnerable young people. Engagement work is carried out within the community in order to educate and provide preventative interventions. While the underlying intention of this service is prevention, it also aims to provide young people with advice on drug and alcohol misuse and therapeutic treatment.

In 2007-2008, the engagement service offered 117 one-to-one appointments with 20 young people and supported 438 young people through outreach activities and interventions. This service has allowed the Centre to establish links with Social Services Leaving Care Teams and has resulted in the service targeting vulnerable young people with diverse needs and their families.

This year the Engagement Service has aimed to reach young people who are not in mainstream school. The Centre has successfully set up joint collaborative partnerships with 3 Pupil Referral Units in the Borough of Brent, which are based in Wembley and Kingsbury. Through these partnerships the service has been able to engage with young people age 11yrs+ and their parents to enable them to access appropriate services.

The Centre has been actively working with various organisations around the borough including providing engagement and education sessions and drop-in services at: John Kelly Girls Secondary School, Capital City Academy, Cottrel House (Social Care) in Wembley, Addaction Brent and Monks Park (GP Practice) (as part of the Time4U drop-in service).

## **Drugs & Alcohol in Schools Outreach Project**

**This project aims to engage young people, who would otherwise not access external support such as those offered at the Brent Centre**

The project was initially brought about via a presentation that two staff members from the Brent Centre gave at a secondary school within the Borough of Brent. A lead Learning Mentor from the Cardinal Hinsley Secondary School attended the presentation and approached one of the Centre Drugs workers to discuss the presenting problems amongst his student body within the school. Meetings were subsequently held between two Centre workers and various members of the school faculty, with a male Centre worker being placed in the school one day per week from May 2007.

This project aims to engage young people, who would otherwise not access external support such as those offered at the Brent Centre. The project provides substance misuse advice and guidance to young people aged 14-16 attending The Cardinal Hinsley Secondary School. The Brent Centre's Drugs Worker undertakes group and individual work, acting as a mentor to young people and a link person to other services. The project aims to increase young people's knowledge with regards to substance use through the development of a mutually trusting relationship, where communication and reflection are the key components to initiating change and progression.

This intervention work is carried out through on-going, intensive, weekly one to one appointments, giving the young person the space to think, and develop lines of thought, to allow for positive outcomes. Through these interactions, the work undertaken aims to have positive impacts on all areas of the young person's life, such as relationships at home, improved behaviour within school and society in general, improved attendance and motivation to engage in educational settings, positive feelings of self, and recognition of the effects that personal choices have on the self and others.

Although the main emphasis of the work is centred on the topic of substance use and the reduction of consumption, the majority of the interactions undertaken, works intensely with emotional and family relationship issues. A large number of the young men seen come from homes where male role models are limited, which effects their behaviour and ability to develop relationships. This has resulted in some young men turning to gang culture as a way of substituting the lack of male interaction in their lives. Other presenting issues include the breakdown of relationships in the family home, and the consequences of drug and alcohol use by parents or carers, and the effect that this has on development, emotional states, and behaviour – Within the group setting, the young men have been encouraged to discuss their experiences and thoughts on their lifestyles, and learn from other members of the group via the listening and communication process.

Within Cardinal Hinsley School, 27 young men were offered a total of 226 appointments. In addition to these one-to-one appointments, a group work pilot project was offered to 8 young men for a period of 6 weeks.

**27 young men were offered a total of 226 appointments. In addition to these one-to-one appointments, a group work pilot project was offered to 8 young men for a period of 6 weeks**

The initial outcomes of this project have been positive, with a significant number of the young people reducing the frequency and type of substances that they use. There have been less frequent displays of anti social behaviour by group members within the school setting and in the wider community. Young people have also shown improved school attendance rates, increased self awareness in their relationships with peers, teachers and family members.

**Although the main emphasis of the work is centred on the topic of substance use and the reduction of consumption, the majority of the interactions undertaken, works intensely with emotional and family relationship issues**

## Drugs and Alcohol Case Study

*Charles ('C') attends Cardinal Hinsley School. He is a 15 year old male of South Asian origin. 'C' has been living in the United Kingdom for the last 7 years. At the beginning of this intervention, 'C' resided with his mother, brother, uncle and aunt as well as various house guests in a small flat.*

*Client 'C' was referred to the Drugs & Alcohol Team due to concerns about his substance use. On meeting 'C' it was quite clear that he was using substances as he had great difficulty conversing and his speech was very slurred and difficult to understand. 'C' has used cocaine, and had been surrounded by drug abuse both within and outside of the home from a very early age.*

*Once 'C' began to engage with a member of the Drugs & Alcohol Team, it also became apparent that he was a very violent young person, who had witnessed extremely violent incidents within the home, over a prolonged period of time. 'C' spoke of having seen people shot, and disclosed that he had stabbed another young man in the past.*

*The Drugs & Alcohol Team engaged with 'C' on 16 occasions within a school setting at Cardinal Hinsley Secondary School. During this time 'C' began to have a break-down. He was finding it increasingly difficult to cope with many aspects of his life as well maintaining relationships with family members and peers. 'C' divulged that he was regularly beaten by his mother and also spoke of hearing voices that were encouraging him to kill his mother. Initially 'C' only heard these voices during periods of confrontation with his mother and he would respond verbally to the voices that he was hearing.*

*Over the time that the Drugs and Alcohol Team worked with 'C', the frequency of when he heard these voices increased, to the point that 'C' heard them within the school environment as well as at home. This impacted on 'C's' education and on many occasions he presented to the Drugs Worker in tears of rage, lashing out and damaging classroom equipment.*

*'C' also had a relationship with a female throughout the time that the Centre worked with him. This relationship also began to break down. 'C' found this very difficult to cope with, in part due to the lack of any female love within his own home. The relationship breakdown became a catalyst for many of 'C's' more violent episodes. At one point 'C' carved his girlfriends name into his hand.*

*The Drugs Worker alerted the Cardinal Hinsley School to the severity of 'C's' problems including the deteriorating situation within his home environment. The school took the action of contacting Social Services and Child and Adolescent Mental Health Services (CAHMS) on the Drugs Worker's advice.*

*Initially Social Services were reluctant to take on 'C's' case and CAHMS assessed 'C' and were also unsure whether they could support him.*

*However, through the Centre's Drugs Worker tirelessly advocating on the young person's behalf and his growing concerns of the deterioration of 'C's' health, CAHMS and Social Services eventually agreed to support his case. 'C' requested to be removed from the parental home and was subsequently placed in a foster home. CAHMS proposed that 'C' attend their day centre at the Kingsbury Hospital, where he would receive the provision of on-going care, education and learning.*

*The Drugs Worker recently engaged with 'C' at Kingsbury Hospital for a follow-up appointment. He talked about how much he was enjoying life in his foster home and the worker noted a demonstrable improvement in his speech and demeanour. 'C' also talked about how the day centre had been a very positive influence during his period of rehabilitation. If 'C's' health continues to progress, the aim is for 'C' to be reintroduced into mainstream education at Cardinal Hinsley Secondary School in September 2008.*

7 one to one sessions  
with a young male Irish  
traveller

## Irish Youth Project

The Centre has since 2005, been running a Young Irish People's Mental Health Project.

This year, with the generous support of the Dion Committee (Irish Government) and the Irish Youth Foundation, the Centre has been able to continue this project, both within the Mental Health and the Drugs & Alcohol Services. The aim of the project is to provide support, assessment and treatment to young Irish people experiencing mental health and substance misuse problems. The project workers have over a period of time made extensive links within the Irish Community, including developing and maintaining partnerships with other local organisations that work with young Irish people.

This year, the Centre has continued to conduct outreach and engagement work alongside BIAS (Brent Irish Advisory Service) at the Neasden Travellers Site. Unfortunately, periods of disruption due to on-going issues within the site, including concerns about staff safety, resulted in periods when interventions could not take place. However, even under these conditions, Centre staff members were still able to access the Neasden Travellers Site on 22 occasions, engaging with 12 young people.

The Carlton Avenue Foster Home also referred a young female person from an Irish Traveller's family to the Drugs & Alcohol Service. A Drugs Worker worked with her intensively over a number of months and engaged with her on 29 occasions during the year.

Through attending the Brent Connexions Forum, a Drugs Worker worked in partnership with the Okay Club in South Kilburn, supporting two young people with substance misuse problems. A total of 36 interventions took place with these two young people.

The Centre also conducted Basic Drug Awareness education and training sessions to 10 BIAS workers. This was felt to be a very successful event by both organisations, and one which BIAS stressed that they would like to repeat in the future.

The 2007/2008 period has seen the Centre continue to cement its links with the Safe Start Foundation which will see closer working ties developed in the future. The interventions that they have been involved in have centred on substance use, emotional and behavioural difficulties and sexual health advice. All of these subjects have been difficult to discuss due to their taboo nature within the Irish community, especially within the Traveller Community.

The Centre has extended its Irish project in 2007 to include working with young Irish men at Cardinal Hinsley School in Harlesden. The intervention work includes intensive and on-going one-to-one sessions as well as group work sessions. The project has so far engaged with 27 young men of Irish heritage, as well as offering 7 one to one sessions with a young male Irish traveller. This project is on-going and there are plans to expand the service into additional Secondary Schools in the Borough in the future.

In-house, the Centre offered 118 appointments and provided support, assessment and treatment to 10 young people of Irish descent in the Mental Health Service. A further 36 young people of Irish descent were seen within the Drugs & Alcohol Service. A total number of 303 appointments were offered this year to young Irish people.

## SPECIAL EVENTS

### London Flora Marathon 2007

For the London Marathon 2007, the Centre, as part of the Golden Bond Scheme had 9 runners - who ran and fundraised on behalf of the Centre. The Centre would like to extend a special thanks to all the runners and their supporters, including Ernst and Young and the Lehman Brothers who through their match funding, enabled the Centre to raise over £12,000 for our important services helping vulnerable young people.

*This year's runners were:*

- Nick Aries
- Michael Ashton
- The Caps Family  
(Steve, Steve and Mary Lou),
- James le Couteur
- Iain Manchester
- Nigel Smith
- Nigel Wilcock



## Obituaries

### David Nathan Robins (1944 - 2007)

On the 6th October 2007, David Nathan Robins, Director of Grants at the John Lyon's Charity died aged 63. An immensely well-read son of Willesden and the child of a barber, David was brought up in a politically aware working-class Jewish family. After studying English at University College London, he plunged into the world of underground newspapers, and cut his teeth as a writer with the International Times, Ink and Time Out. He wrote history dramas for the BBC, as well as articles on political theatre.

As a youth worker in pre-New Labour Islington, David encountered aspects of white working-class culture that challenged the libertarian left. His books in the late 1970's and early 1980's included 'Knuckle Sandwich: Growing Up in the Working Class City (with Philip Cohen, 1978); and 'We Hate Humans' (1984), a study of football hooliganism during the Thatcher years.

In the late 1980s Robins worked as a Research Fellow at Oxford University on a study of the impact of sport on youth offending, and produced a challenging report that questioned the popular notion of sport being a diversion from criminal activity. He also worked at the Prince's Trust administering training projects, and with Michael Young at the Institute of Community Studies, before joining the John Lyon's Charity as Grants Director in 1993.

David's interest in sociology, politics and literature came together with a tough-minded compassion for troubled young people, whose sense of deprivation was often expressed in violence. In 1993, he wrote 'Tarnished Vision: Crime and Conflict in the Inner City' which was based upon four years spent working in a training workshop for unemployed youth. This work was followed by 'Cool Rules' (with Dick Pountain, 2000), which was inspired by the experience of bringing up teenagers, and in his final weeks he finished an article on knife crime.

**He was a great supporter of the Centre's work with vulnerable and deprived young people and will be greatly missed.**

# Statement of financial activities

for the Year ended 31st March 2008

	General Fund £	Restricted Fund £	March 2008 £	March 2007 £
<b>Incoming Resources</b>				
Donations received	182,471	-	182,471	134,673
Bank Interest received	9,302	1,183	10,485	4,818
Contributions from Adolescents	2,883	-	2,883	2,180
Brent Primary Care Trusts	216,750	-	216,750	344,068
Service Agreement/Contracts	56,356		56,356	62,947
Miscellaneous Income	-	-	-	3,803
Royalties	-	-	-	119
City Bridge Trust	-	27,000	27,000	-
Dion Committee Funding		23,756	23,756	15,543
<b>Total Incoming Resources</b>	<b>467,762</b>	<b>51,939</b>	<b>519,701</b>	<b>568,151</b>
<b>Resources Expended</b>				
Administration & Management Costs	22,416	-	22,416	21,710
Direct Charitable Activities	348,186	51,101	399,287	474,168
Mortgage interest payable	3,680	-	3,680	4,343
Fundraising Expenses	68,661	-	68,661	62,641
<b>Total Resources Expended</b>	<b>442,943</b>	<b>51,101</b>	<b>494,044</b>	<b>562,862</b>
<b>Net Income Resources/ (resources expended)</b>	<b>24,819</b>	<b>838</b>	<b>25,657</b>	<b>5,289</b>
Transfer of resources	-	-	-	-
<b>Surplus/(Deficit) of Funds for the Year</b>	<b>24,819</b>	<b>838</b>	<b>25,657</b>	<b>5,289</b>
Retained Surplus brought forward	284,719	34,023	318,742	313,453
<b>Retained Surplus Carried Forward</b>	<b>309,538</b>	<b>34,861</b>	<b>344,399</b>	<b>318,472</b>

## Bankers

HSBC  
St Johns' Wood Branch  
1 Finchley Road  
London  
NW8 9TS

CAF  
Cafcash Limited  
Kings Hill  
West Malling  
Kent  
ME19 4TA

## Auditors

Brooks Carling  
Curzon House  
24 High Street  
Banstead  
Surrey  
CR0 2EF

The Financial statements were approved by the Board of Trustees on 27th November 2008 and signed on it's behalf by

Mr. P Jeremy Bard BCom MBA MSc (Chairman) and

Dr. Bernard Roberts MBChB FRCPsych (Treasurer)

This statement is an abridged version of the company's full accounts which will be filed with the Register of Companies and the Charity Commission. They can be inspected at the registered office of the Brent Adolescent Centre on request.

# Report and Financial Review

For the year ended 31 March 2008

The Brent Adolescent Centre was founded in 1967 under the name The Brent Consultation Centre. It was incorporated on 17th July 2000 under the provision of the Companies Act 1985, as a company limited by guarantee. The headquarters, operational and clinical premises are located at Laufer House (formerly Johnston House), 51 Winchester Avenue, London, NW6 7TT. Prior to this, the unincorporated charity operated as Centre for Research into Adolescent Breakdown. The charity was re-registered also on 17th July 2000. The Brent Centre for Young People is the operational name for the services provided.

The names of the members of the executive committee are set out on page 31. The objectives and activities of the company are governed by its Memorandum and Articles of Association.

## Objectives of the Charity

The principal objectives of the Brent Adolescent Centre are to provide services to young people aged 14 – 21 in the areas of Health and other areas relevant to young people and to develop research into adolescent breakdown.

## Principal Activities

The principal activities of the charity are to treat or assist in the treatment of young people presenting mental, emotional and psychological difficulties or disorders as well as problems in the areas of drugs and alcohol.

## Financial Review

AAs shown by the Statement of Financial Activities, total incoming resources of the year to 31 March 2008 amounted to £519,701 and expenditure totalled £494,044. As in previous years, the Centre has benefited from financial support of Brent Primary Care Trust, the Brent Council, Charitable Trusts and private supporters, for which we are all extremely grateful.

Direct Charitable Activity expenditure amounted to £399,287 which represents a similar amount to the previous year. Administration and Management Costs remained at a similar level to the previous year, although fundraising expenses rose higher than last year's due to the change of staff responsible for this area of work, and an increase in costs of fundraising events. There was a significant decrease in Brent PCT funding due to the fact that there was no allocation to provide mental health service to young people 18 - 21. This resulted in an increase in our efforts to raise the funds from Trusts and Foundations to support the service specifically for this age group. There was an increase in funding from Grants and Donation which is mostly attributed to increased fundraising efforts from Trusts and Foundations.

Total Fund balances at 31 March 2008 were £344,399, of which £104,050 represents a Reserve Fund which has a slight increase on the previous year's balance. A further £27,036 is the Brent Adolescent Centre's Development Fund, which is designated for training and small capital costs. The remaining balance of £213,313 consists of £34,861 in restricted funds and a further unrestricted Funds Balance of £178,452.

## Legal Status

The Brent Adolescent Centre is a company limited by guarantee, number 4037793, and therefore has no share capital and is also a registered charity, number 1081903.

## Auditor

A resolution to re-appoint Brooks Carling Accountants Limited, as Auditors of the Company was agreed at Annual General Meeting on 27 November 2008.

On behalf of the Executive Committee

**Dr. Bernard Roberts**, *Treasurer*

## The Brent Adolescent Centre thanks...

We are happy to have attracted funding for our work with vulnerable young people this financial year, in spite of a very competitive fundraising climate.

Our thanks go to the following funders and event supporters who have enabled us to maintain and develop our services further:

### TRUSTS AND FOUNDATIONS

- The City Bridge Trust
- The Dion Committee
- The E C Sosnow Charitable Trust
- The Goldsmiths' Company
- The Henry Smith Charity
- Irish Youth Foundation
- John Lyon's Charity
- Mr & Mrs J A Pye's Charitable Settlement
- The Sobell Foundation
- The Tudor Trust
- Anonymous Trust
- Winnicott Clinic of Psychotherapy

### STATUTORY AGENCIES

- Brent Drug & Alcohol Action Team
- Brent Teaching Primary Care Trust
- Central and Northwest London NHS Mental Health Trust (CNWL)

### SCHOOLS

- Brent Pupil Referral Unit
- Kingsbury High School
- Preston Manor High School
- Queens Park Community School

### OTHERS

- Swan Turton Solicitors

# Brent Centre for Young People

## TRUSTEES

### PRESIDENT

Mrs M Eglé Laufer

### VICE PRESIDENTS

Sir Alan Budd

Mr Peter Wilson

### CHAIR

Mr P Jeremy Bard

Dr Robin Anderson

The Hon Angela Camber

Dr Selina Gellert

Mr Julian Hale (from Jan 2008)

Mrs Virginia Lawlor

Mrs Deborah Perlin

Dr Bernard Roberts

Dr Janine Sternberg (from Jan 2008)

## Management & Finance Committee

### CHAIR

Mr P Jeremy Bard

## Appeals Committee

### CHAIR

Mr P Jeremy Bard

The Brent Centre for Young People is the operational name for the services provided by the company registered as the Brent Adolescent Centre (BAC)

Brent Adolescent Centre is a company, limited by guarantee and was registered in 2000. The Company Number is 4037793

Brent Adolescent Centre is a Registered Charity, Number 1089103

All the information in this report reflects the position as at March 31 2008, unless otherwise stated

## STAFF

### CHIEF EXECUTIVE OFFICER & CLINICAL DIRECTOR

Dr Maxim de Sauma

### PSYCHOANALYSTS AND CHILD & ADOLESCENT PSYCHOTHERAPISTS

Mrs Joelle Alfille-Cook

Miss Samantha Austin

Dr Julia Boutall

Dr Catalina Bronstein

Ms Pessi Elias

Dr Sara Flanders

Mr Emil Jackson

Dr David Leibel

Mrs Branka Pecotic

Mrs Suzan Sayder (from Sept 2007)

Mrs Hannah Solemani

Dr Carlos Tamm Lessa de Sa (from Dec 2007)

### RESEARCH PSYCHOLOGISTS

Miss Valentina De Nardi

### MENTAL HEALTH SUPPORT AND ENGAGEMENT WORKERS

Mrs Alice Palmer

Miss Sarah Fielding (from Dec 2007 - maternity cover)

### DRUGS & ALCOHOL SERVICE

Mr Timothy Goodwin (to Oct 2007)

Ms Denise Green

Mr Daniel Smyth

Miss Joanna Waggott

### TRAINEE CHILD AND ADOLESCENT PSYCHOTHERAPISTS

Mr Danny Goldberger

Ms Kate McLaughlin

### TRAINEE CHILD AND ADOLESCENT PSYCHIATRIST

Dr Emma Taborelli (from Oct 2007)

### CONSULTANT PSYCHOANALYST

Mrs M Eglé Laufer

### FUNDRAISING & ADMINISTRATION STAFF

Mrs Maria Gray

Mrs Kah Hui Mah (from Jan 2008)

Miss Aline Milev (to Jan 2008)

Mrs Georgina Quartey

Ms Grace Smith (to Dec 2007)

Mrs Karen Turner (from Jan 2008)



**Brent Centre for Young People**

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**[www.brentcentre.org.uk](http://www.brentcentre.org.uk)**

Company Number 4037793  
Registered Charity Number 1081903