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BUILDING BETTER FUTURES

How can locally rooted youth organisations more effectively respond to the mental health needs of children and young people in Lambeth?

BUILDING YOUNG BRIXTON

LPAC

Supported by Maudsley Charity

ABOUT THIS REPORT

This research was undertaken by Building Young Brixton and the Lambeth Peer Action Collective. Both partnerships are led by High Trees Community Development Trust.

High Trees

High Trees Community Development Trust is a multidisciplinary charity, working with 1700 people per year in Tulse Hill and across Lambeth. As part of its wider offer of community services, High Trees runs the Tulse Hill Adventure Playground and provides coaching and mentoring for local children and young people. High Trees is also a founding member of the Lambeth Community Research Network, a partnership working to ensure that research taking place in Lambeth is ethical, high-quality and action-focused.

Lambeth Peer Action Collective

The Lambeth Peer Action Collective (LPAC) is a is a collective of young people and youth organisations based in Lambeth – High Trees, Juvenis, Milk Honey Bees, Spiral Skills, IRMO, MLCE, and St Matthew's Project – working together to create better futures for young people in Lambeth. Young people take the lead in identifying, researching and taking action on issues that affect them.

They do this through:

- Youth-led research to better understand the experiences of young people in Lambeth and the actions that need to be taken.
- Empowering young people to act as a collective in response to research findings.
- Working with those in positions of power to enact change that directly benefits young people in Lambeth.
- Reflecting on the change achieved and where action still needs to be taken or where better research is needed.

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Building Young Brixton Partnership

Building Young Brixton (BYB) is a partnership of Lambeth based youth and community organisations. Our organisations are deeply rooted in the borough and have a long history of engaging and supporting some of Lambeth's most excluded and underserved communities. The partnership came together in 2016 out of a desire to strengthen the youth sector in Lambeth and build collaborative relationships between organisations which were previously in competition.

BYB's vision is that all children and young people feel a sense of belonging, stretch their aspirations, and realise their potential so that they can lead fulfilling lives.

We recognise that by working more purposefully together, we can better address the complex challenges facing Lambeth's children and young people. Our partnership is based on a system of shared values, equity and a practice of continual learning, improvement and sharing. Through BYB, members work together to provide a multifaceted service for children and young people affected by social and financial disadvantages across Brixton Town Centre Wards. Through place-based interventions, BYB provides children and young people with key building blocks to support them to become successful, confident, and civically engaged individuals.

We focus on improving outcomes for children and young people in 6 areas:

- developing social and emotional capabilities
- improving engagement in education
- preparing for employment and careers
- supporting mental well-being
- developing positive relationships
- increasing civic participation

The partnership works with over 2,000 young people each year, many of whom face significant challenges in their lives.

EXECUTIVE SUMMARY

It is estimated that as many as one in five children and young people in inner city areas such as Lambeth now experience mental health problems, compared to one in seven nationally. Many children and young people have been adversely impacted by the pandemic and cost of living crisis, and face barriers when accessing support, including long waiting times and a lack of appropriate services.

Building Young Brixton is a partnership of Lambeth based youth and community organisations, working together to provide and improve access to services and support for children and young people across the borough. The partnership works with over 2,000 children and young people per year and has seen first-hand the challenges they face with their mental health.

Youth organisations are often the first port-of-call for a child or young person during a time of crisis, yet there remains a challenge, both in capacity and skills, in providing appropriate support. In response, the partnership undertook a piece of research to better understand how locally rooted youth and play organisations can support children and young people with their mental health. Over 100 parents, practitioners, children and young people were able to contribute their experiences through surveys, interviews and workshops.

Findings

1. **Anxiety and low mood/depression are widespread among children and young people accessing youth organisations in Lambeth**, with some experiencing more serious problems, such as emotional dysregulation, PTSD, alcohol and substance misuse, self-harm and suicidal thoughts.

2. **These mental health problems have complex causes**, including adverse experiences (such as family conflict, abuse, neglect, bereavement); systemic injustices (such as poverty, unemployment, the migration system, racism, educational exclusion, health disparities, overcrowded housing); neurodiversity (both diagnosed and undiagnosed); bullying in school; and trauma, especially from violence.

3. **Parents and practitioners from youth and health organisations highlighted consistent challenges for children and young people trying to access mental health services**, including a lack of awareness of what support is available and how to access them; complex referral processes and lack of clarity about the patient journey; long waiting lists; a lack of culturally sensitive services; stigma; language barriers; a lack of trust from children and young people; and the need for longer-term support for individuals who have experienced trauma.

4. **Youth organisations already offer some support around mental health**, such as sport and wellbeing focused activities, one-to-one mentoring, in-house clinicians, and referrals to mental health services, **but need more support and training to effectively support children and young people**, including understanding of individual mental health problems, how to navigate mental health services, and trauma-informed practice.

5. **There is significant potential and enthusiasm for mental health services and youth organisations to work together to develop new responses to support children and young people**, in order to build on the trusted relationships between youth practitioners and children and young people, and to combine respective expertise around mental health and working with specific communities (e.g. Black boys and young men, Latin American children and young people) to ensure responses are tailored and culturally sensitive.

6. **Children and young people should be supported to identify the type of support they need and be involved in the design of new activities** by building on existing youth voice practices across the Building Young Brixton partnership.

7. **Children and young people want both general and targeted activities based on their mental health needs**, including more information for them and their parents about mental health and available services; support to build social and peer networks; adapting current activities offered, such as sports and arts and crafts, to include therapeutic elements; mentoring and one-to-one support for challenges interrelated with their mental health, such as school; and opportunities to speak to adults they trust and identify with about their mental health, including counselling and therapy.

Recommendations

1. Staff within youth and community organisations need to be supported to **increase their knowledge, skills and confidence** around recognising and responding to mental health needs.

2. **Children and young people need to have more influence over the services they can access and how these are delivered**. Co-designing new services with children and young people is needed to develop a **better understanding of the mental health needs of children and young people and what makes a 'good mental health outcome' for children and young people.**

3. Children and young people need to be able to access new forms of support with their mental health, which are more closely designed around their needs, and which build on existing relationships of trust. There is significant scope to **increase the programme of activities and services** offered through Building Young Brixton to support young people with mental health problems and their families. Children and young people and parents have highlighted that young people will be more likely to access service if they are referred to one to one support by someone they trust, and if mental health professionals speak their language and look like them.

4. **Children and young people need to be able to access support for their mental health in spaces that they are familiar with and from adults they trust.** This could be supported by bringing mental health practitioners into the spaces facilitated by youth organisations.

5. **Stronger relationships are needed between local organisations working in community and health sectors** to increase understanding, trust and referrals and in doing so, provide a more joined up experience for young people.

6. There is a need for **a better understanding and evidence base for how community-based solutions can effectively support children and young people with their mental health.**

SECTION ONE: Introduction and context

Building Young Brixton is a partnership of Lambeth based youth and community organisations – High Trees, Ebony Horse Club, The Baytree Centre, Grove Adventure Playground, IRMO, MLCE, Spiral Skills, Step Now and BIGKID Foundation – working together to provide and improve access to services and support for over 2,000 children and young people per year.

Through this work, partners and youth practitioners have recognised that the number of children and young people suffering poor mental health is increasing, with the situation further impacted by the pandemic and cost of living crisis. While youth and community organisations provide children, young people and their families with somewhere and someone to turn to, youth practitioners face challenges in both providing appropriate support and in progressing many children and young people to access the support they need from mental health services.

Mental health needs of children and young people in Lambeth

Poor mental health in children and young people is on the rise: in 2021, NHS research showed one in six children aged five to 16 were identified as having a probable mental health problem, compared to one in nine in 2017 (NHS, 2021). However, in inner city areas such as Lambeth, it is estimated that as many as one in five children and young people experience mental health problems, including anxiety, depression and self-harm (Knowles et al., 2021). The recent and ongoing cost-of-living crisis has also exacerbated poor mental health in young people (UK Youth, 2023).

36% of children in Lambeth are living in poverty after housing costs (Trust for London, n.d.), increasing the likelihood that young people in the borough will experience a mental health problem at some point in their childhood (WHO, 2014). Local, community-based research sheds further light on some of the systemic factors behind poor mental health in children and young people in Lambeth, including trauma, grief and fear stemming from experiences of violence (Lambeth Peer Action Collective, 2023; Dodzro, R., 2023), and the role of racism and discrimination in shaping adults' responses to children and young people experiencing mental health problems (Akel, S. & Iyere, E., 2023).

Challenges children and young people face when accessing mental health support

Children and young people face a range of challenges when trying to access support for their mental health from different sources. For example, while Mental Health Support Teams in schools can offer support to young people experiencing mental health problems, they are not effective for all young people (Ellins et al., 2023). Young people are also facing increasing long waiting times to access CAMHS (Children's Commissioner, 2024). In addition, the services available aren't always appropriate or accessible due to a lack of trust, language barriers and cultural insensitivity (Memon et al., 2016). As a result of these challenges and a lack of awareness of what support is available, many children and young people present to services at crisis point (Edwards et al., 2023).

The role of youth organisations in supporting children and young people

Youth organisations and the practitioners working within them are often the first port-of-call for a child or young person during a time of crisis, due to their established and trusted relationships with children and young people (Lambeth Peer Action Collective, 2025). Yet there remains a challenge, both in capacity and skills, in providing appropriate support: 87% of youth workers have reported that they are often supporting children and young people with their mental health but felt 'ill-equipped' to do so (UK Youth 2022). These pressures can negatively impact youth practitioners themselves, with 53% of youth organisations saying they have seen a recent decrease in the wellbeing of their staff (UK Youth, 2023).

Given the significant challenges young people face, there is a need to understand how youth and community organisations can better support children and young people in Lambeth experiencing mental health problems through current and new activities, both as part of the wider health system and in addition to current mental health services.

SECTION TWO: Methodology

Our research sought to answer the following research question:

How can locally rooted youth organisations more effectively respond to the mental health needs of children and young people in Lambeth?

The research also sought to understand:

- *What is the current unmet need we are responding to?*
- *What services and activities are needed?*
- *What training and support do staff need to be able to deliver these services and activities?*
- *How can we improve collaboration between community organisations and mental health services?*

The research was jointly led by High Trees and young peer researchers (aged 16-22) from the Lambeth Peer Action Collective.

Peer research is a participatory research approach in which people with direct experience of the issues being investigated take part in directing or conducting the research. LPAC peer researchers were recruited from across partner organisations and had previously received extensive training on research design and skills development, including listening and facilitation, for another project. For this project, they designed the elements of the research which involved children and young people, led these activities and analysed the data, meeting once a week over eight weeks to plan and review their work.

Data Collection

The research aimed to draw perspectives from a range of parties through surveys, interviews and workshops. In total, over 122 people contributed their thoughts and ideas. The research focused specifically on the needs of children and young people aged 8-19.

Surveys

31 parents/carers of children and young people in Lambeth experiencing poor mental health responded to an anonymous qualitative survey, either completed online or on paper in person. The questions in the survey covered:

- what mental health problems their children face;
- what support their children had accessed for these problems and any challenges they had experienced;
- how youth organisations could support children and young people experiencing mental health problems and what factors would enable them and their families to access this support.

Parents/carers were recruited by BYB partners through the networks of children and young people they each support. The survey was anonymous and each parent/carer received a £20 voucher in recognition of their contribution.

26 youth practitioners (both managers and frontline delivery staff) responded to an online, qualitative survey. The questions covered:

- the mental health problems experienced by children and young people who access their services;
- whether and how they connect these children and young people CAMHS and other services, and the challenges associated with this;
- what activities and support they currently provide to children and young people experiencing poor mental health;
- what activities and support they would like to offer and what training they would need in order to do so effectively.

The survey was anonymous, and youth practitioners were recruited though BYB partners.

Interview with The Well Centre

A service manager from The Well Centre, which is run by Herne Hill Group Practice and provides access to GPs, counsellors and health wellbeing practitioners to children and young people in Lambeth, took part in a semi-structured interview. The interview explored gaps in local provision, challenges children and young people face when they access their services, and opportunities to collaborate with youth and community organisations.

Workshops and interviews with children and young people

10 LPAC peer researchers designed and led **5 workshops** with **50 children and young people**. The workshops were hosted by BYB partner organisations and used different formats.

Three 'mapping' workshops took place at play sessions at Grove Adventure Playground and Tulse Hill Adventure Playground (run by High Trees) and at Spiral Skills' weekly youth session inside McDonald's in Brixton. The children who took part were aged 8-14.

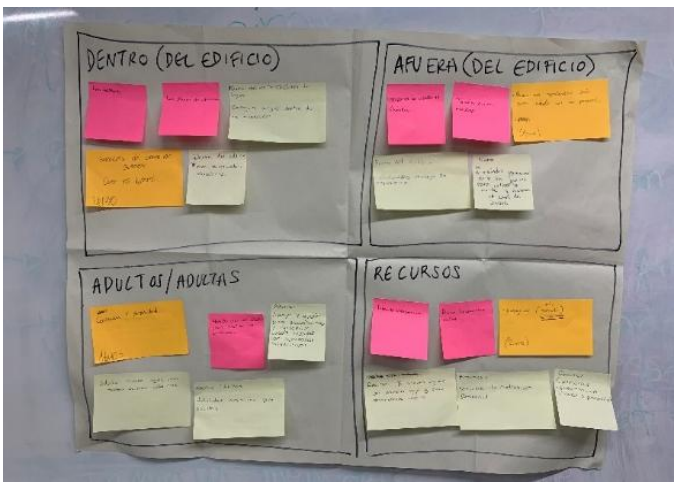
Children in attendance at each session were invited to have a brief conversation with a peer researcher, who talked them through different 'personas' – fictional children – who were experiencing problems such as anxiety or low mood. The child was then asked to provide suggestions about what support the space could offer the young person to help them with their mental health, including current activities and ideas for new activities, and support offered by trusted adults (youth practitioners). Over a number of conversations, this created an ideal map of what a youth space could offer a young person experiencing poor mental health.

Two in-depth workshops took place at IRMO and The Baytree Centre, focusing on children and young people from Latin American communities and girls and young women respectively. The attendees at these workshops were aged 15-18.

Each workshop was facilitated by two peer researchers, who took groups of 8 (The Baytree Centre) or 10 (IRMO) children and young people through a series of activities to identify:

- the most common feelings and behaviours associated with poor mental health in their communities;
- the barriers their communities and peers face when accessing different sources of support, including both informal (friends and family) and formal (school, CAMHS) avenues;
- what activities and services youth organisations could offer to address these problems and barriers.

Like the mapping workshop, activities focused on 'personas' to discourage attendees from feeling required to share personal experiences of poor mental health (unless they wanted to). The children and young people were recruited by IRMO and The Baytree Centre and each received a £20 voucher in recognition of their contribution. The workshop at IRMO was facilitated in Spanish and all materials translated to ensure it was accessible.



Finally, **4 young people**, aged 16-18, took part in **short interviews** with a youth practitioner at Juvenis, focusing on Black boys and young men. These took place in lieu of a workshop due to nature of the young men Juvenis supports, who have experiences of the criminal justice system, violence, gang-activity and exploitation. The in-depth workshop materials and personas were adapted into a short interview guide. The interviewees were recruited by Juvenis and each received a £20 voucher for taking part.

The LPAC peer researchers were advised by a psychotherapist on how to talk about mental health with other young people and apply trauma informed principles to the workshop and interview plans.

Analysis

High Trees collated and anonymised data from across the different research activities, before facilitating three workshops to generate the final findings.

The first workshop took place with young peer researchers from the Lambeth Peer Action Collective. This included reflecting on the most common mental health problems and barriers to accessing support that were reported in the workshops, in order to identify what youth and community organisations need to respond to, and comparing these to data from the surveys with parents/carers and youth practitioners to include other perspectives. Following this, the peer researchers then looked at all the activities suggested by children and young people across the workshops, and matched those they felt would be most effective with the common problems and barriers they had previously identified.

The second and third workshop involved senior leaders from BYB partner organisations. During the first workshop, they reviewed data from surveys and the interview with The Well Centre, highlighting common themes about young people's mental health needs and barriers accessing support, and reflecting on how these affected different groups (e.g. boys and girls) differently. They then explored suggested activities to respond to these problems and challenges, including how current provision could be adapted and what training staff would need to make this safe and effective. At the second workshop, BYB senior leaders reviewed data from the workshops with children and young people, comparing this to the insights from the first workshop and updating them accordingly.

The analysis and feedback from all these workshops were also used to develop recommendations for this report.

Ethics

The Lambeth Community Research Network's Research Charter[1] and Ethics Review process guided ethical concerns in this project. This included ensuring that young people were meaningfully involved in the research as paid peer researchers, who played a significant role in designing and leading research activities, and in analysing the data. Other community members who took part – children, young people and parents – were financially compensated for their time.

Following principles of informed consent, everyone who participated in the research was required to read or listen to an information sheet and provide consent before taking part. An information sheet and consent form were embedded at the start of the online surveys. The information sheet included details on taking part in the research, the use of their data and confidentiality, and contact details if anyone wanted to ask questions or withdraw from the research. If a child was aged under 16, then a parent or guardian was also required to sign their consent form.

Recognising that the focus of the research could cause distress, at least one member of staff from the host youth or community organisation was available at each workshop with children and young people to offer support and guidance if any became upset. Parents were also provided with a point of contact at the youth or community organisation that contacted them about the survey, as well as signposting and guidance for support for themselves or their children.

No one was asked to provide personal or sensitive information in the research activities (besides their consent form), and the online surveys were anonymous. To help ensure anonymity, all data was further anonymised by High Trees before analysis. Children and young people's involvement and contribution was confidential (unless a safeguarding concern was raised, but this did not happen).

All data was stored on High Trees' secure database. The online surveys automatically deposited data in this database. Any data stored on paper (e.g. consent forms from the workshops with children and young people) was immediately returned to High Trees' office, scanned and uploaded to the database, and the paper copies stored in a locked cupboard.

[1] See www.lambethresearch.com/wp-content/uploads/2024/07/LCRN-Research-Charter.pdf.

SECTION THREE: Findings

3.1 MENTAL HEALTH PROBLEMS EXPERIENCED BY CHILDREN AND YOUNG PEOPLE IN LAMBETH

"Many of the girls experience academic pressures, social challenges, and cultural expectations that can lead to heightened stress and anxiety." Youth practitioner

Children and young people reported that various feelings and behaviours associated with anxiety and depression/low mood were most common among their peers.

For Latin American children and young people, feeling sad, low or hopeless was very common and had a big impact, while low self-esteem, becoming upset easily, avoiding certain situations, and sleeping problems were also common. School refusal and self-harm were other problems this group identified, though less common.

For young Black men, anxiety, depression and emotional dysregulation were all common and could lead to withdrawal, paranoia, anger and aggression, defensiveness, fatigue and loss of motivation, and suicidal thoughts. PTSD and other trauma related problems were also common. They also mentioned experiencing feelings of shame, frustration, loneliness and confusion around their identity.

For girls and young women, external pressures from school to social media negatively impacted their mental health, leading to sleeping problems, over- and under-eating, and substance abuse (often as a result of peer pressure), while other common problems included low self-esteem, lack of motivation, feeling lonely and difficulty concentrating.

Parents/carers said that the children and young people in their lives were regularly experiencing anxiety, depression/low mood and emotional dysregulation, usually in combination. Other problems included self-harm, low self-esteem, eating disorders and substance abuse. Neurodivergent conditions like ADHD and autism (often undiagnosed) and experiences of trauma were identified as two key contributing factors to the mental health problems young people experienced.

Youth practitioners said the most common mental health problems among children and young people they work with were anxiety and depression/low mood. These were caused by many different things including adverse experiences (including family conflict, abuse, neglect, bereavement) and systematic injustices (such as poverty, unemployment, housing, the migration system, racism and educational exclusion). Challenges associated with neurodiversity (both diagnosed and undiagnosed) were also identified as a contributing factor. The percentage of children and young people accessing services in each organisation and experiencing mental health problems varied considerably but in some cases was as high as 75%.

The Well Centre said that at least 70% of the children and young people they supported experienced anxiety or low mood and depression. Other common problems faced by children and young people included school refusal, behaviour issues, self-harm, challenges associated with neurodivergent conditions, and social isolation.

3.2 CHALLENGES ACCESSING SERVICES AND SUPPORT

"My son has a lot of anxiety. He is autistic… we have been on a CAMHS waiting list for over a year. We have medical reports from Spain that are apparently not sufficient to justify that he needs additional support. The school does not provide sufficient support at all and they keep telling him that he needs to learn English to be able to access some more support." Parent

Children and young people identified several barriers that prevent them from seeking and accessing support.

For Latin American children and young people, language barriers created challenges accessing support from youth organisations, at school or from mental health services, as they could not always express themselves and their problems in English, or they could not build peer networks. Shame also often prevented them from talking to friends and family or their GP, and even when they did, they experienced long waiting lists for appointments. They also reported finding it difficult to seek support from youth practitioners, as they often lacked capacity to help them. In addition, they felt friends or family didn't have enough of an understanding of mental health or enough time (e.g. due to their parents working long hours) to support them.

For young Black men, there was a lack of trust in mental health services, due to a lack of Black therapists, previous negative experiences, and concerns around confidentiality, on top of long waiting lists and difficulties getting urgent appointments. They also felt uncomfortable seeking support at school, as they felt teachers did not understand their personal experiences, were unsupportive and did not listen to them. Some of the young Black men were reluctant to seek support from youth practitioners they did not know, and they would also be unable to visit certain locations. They

also worried about “feeling like a wimp” if they spoke to friends, or upsetting their families and feeling like a burden if they shared their problems with a parent.

For girls and young women, worries about feeling judged, not being heard or having their feelings invalidated were common when seeking support from different places. On top of this, a lack of cultural and religious understanding of mental health in some families made it challenging to speak to them or prevented them from speaking to their GP (if e.g. they needed a parent to attend the appointment with them). They also spoke of how experiences of discrimination and racism, particularly in school or health services (such as Black girls being stereotyped as ‘stronger’, or difficult emotions being explained as resulting from hormones), made them wary to seek support. Long waiting lists, a lack of awareness about where to get help and a concerns about speaking to strangers were also common barriers.

Parents/carers identified similar barriers, including long waiting lists, a lack of culturally sensitive services, stigma, language barriers and a lack of trust from children and young people, but also mentioned a lack of awareness of what support is available and how to access it.

Youth practitioners similarly noted a lack of trauma informed services, long waiting lists, high thresholds for support, the timing of initial assessment sessions, language barriers, thresholds for support, complex referral processes, a lack of trust and culturally sensitive services as significant challenges when signposting or referring children and young people to CAMHS and other support.

The Well Centre also identified long waiting lists, a lack of clarity around procedures and patient journey, language barriers and a lack of long-term support for individuals where trauma is a key factor in their poor mental health.

3.3 MENTAL HEALTH SUPPORT THAT YOUTH ORGANISATIONS ALREADY DELIVER

‘I like coming to the adventure playground instead of being home alone.’ Child

Youth practitioners outlined varies activities they already offer to support general wellbeing, including fitness activities, arts and crafts (including therapeutic workshops), and support around practical ways to manage emotions and stress (e.g. journalling and mindfulness). Support was also given around developing key life skills and setting education and career goals.

Some youth and community organisations offered one-to-one mentoring tailored to the needs of children and young people, which focused on a variety of areas and in some cases addressed specific mental health problems such as anxiety. One organisation mentioned a targeted mental health intervention in the form of an in-house clinician.

The majority of youth and community organisations said they would make an external referral when a child or young person presented with a significant mental health challenge to a mental health focused service. Youth organisations mentioned existing relationships with a number of mental health organisations including CAMHS, The Well Centre, Mosaic Clubhouse, Lambeth Contextual Safeguarding Service, The Nest, Stop Breath Think and SLAM. However, youth practitioners also reported that a lack of familiarity with mental health organisations may hinder referrals, as well as staff knowing where to refer children and young people.

3.4 WHAT OTHER SUPPORT AND SERVICES ARE NEEDED

“The organisation did what was needed and stuck to their word. They delivered and still support me to this day.” Young person

Children and y**oung people** suggested a variety of activities and support youth organisations could offer to a young person experiencing poor mental health. These included activities some youth organisations already run, as well as new initiatives for both them and their families.

Children and young people highlighted the need for one-to-one support and having an adult they could turn to and speak about their feelings with, and that this person should be relatable and understand their individual experiences. This could take the form of a therapist or counsellor embedded in a youth organisation, and a more general mentor, who could provide tailored and culturally sensitive support. Children and young people felt one-to-one support for mental health needed to go hand in hand with support for other challenges in their lives, such as school, as these problems were often interrelated. They also suggested there should be different types of therapy available (e.g. art based).

Children and young people also emphasised the need for youth organisations to facilitate the building of trusted relationships with youth practitioners or therapists – with safe boundaries – and to support children and young people

to build friendships with other people their age to grow their social networks, especially when they are feeling lonely or withdrawn in group situations.

Various activities were suggested across all the workshops, including access to a wide range of sports (which some children identified as an important for balancing their emotions); adventure play and creative activities that required imagination, such as arts and crafts; mindfulness; trips and days out with other children and young people; and opportunities to build skills and employment experience. While a number of these activities are already offered by BYB partner organisations, children and young people emphasised the need for variety, so they could try and explore different options based on their needs.

Finally, children and young people also wanted more information about mental health and what support was available, both for them and their families, either in the form of educational workshops, pamphlets (translated into multiple languages) and information boards. Girls and young women also wanted educational workshops about the transition from childhood to adulthood, while Latin American children and young people suggested English classes could also support their mental health and ability to access support for it.

Parents/carers echoed children and young people in suggesting the need for more and better publicised resources, both for them and their children, about different types of mental health problems; supporting a child or young person with poor mental health; and the services available for children and young people, how to access them, and the patient journey. To encourage engagement in support, they suggested case studies about children and young people who had experienced mental health problems and accessed support successfully. Parents also felt therapy and counselling should be embedded within youth organisations, since they were more trusted by children and young people and better understood the needs of those accessing support, and because of the strength of the relationships developed with youth practitioners. However, provision like this would need to be local and free, and in some settings offered in languages other than English for it to be fully accessible. Lastly, some parents also wanted peer support (e.g. groups) from other parents who had a child with mental health problems, facilitated by youth organisations.

Youth practitioners suggested adapting their current activities, such as music, drama, art, dance and video games, to be more trauma informed and therapeutic. There also needed to be more activities in other languages (e.g. Spanish and Portuguese) to improve access for children and young people from migrant communities. Youth practitioners felt the provision of an in-house mental health practitioner could benefit children and young young people, especially when youth practitioners lacked the necessary knowledge or skills. Like young people and parents, they also felt youth organisations need to proactively share resources for children, young people and families and to facilitate peer support groups and networks. They also suggested young people who had positive experiences of accessing support could act as ambassadors to reduce stigma and encourage others to engage in services. Finally, youth practitioners also identified the need to better understand what mental health services were available and how to access them to improve referral pathways.

The Well Centre also recommended embedding mental health services within youth organisations and working in partnership to deliver tailored provision to different groups in, as the familiarity of youth spaces and existing trusted relationships would build engagement from children and young people. This could range from ongoing services to one-off responses following traumatic event in the community. They also highlighted the importance of including youth practitioners' expertise of working with and understanding the needs of different communities in mental health support. Again, they also suggested resources for children, young people and parents about mental health problems and the patient journey.

3.5 BUILDING CAPACITY WITH YOUTH ORGANISATIONS

Several **youth practitioners** reported that their organisations already provide Mental Health First Aid training and trauma informed practice training in addition to safeguarding training. However, they felt they required further knowledge and training to be able to deliver mental health focused activities and appropriately support children young people with poor mental health. Youth organisations identified that the following training would also be helpful:

- Mental Health First Aid and trauma informed practice (if not already available)
- More in-depth training on understanding different mental health problems and how they present
- Neurodiversity and complex needs
- Mental health services and how to navigate them
- Cultural competency and inclusion
- Active listening and communication skills
- Counselling skills
- Behaviour management

Youth practitioners and The Well Centre also stated that training should be specific to different groups/communities of children and young people and tailored for each organisation accordingly.

Youth practitioners emphasised the need for this learning to be applied and regularly reflected on in their roles, and some suggested clinical supervision would support them to do this and better understand the boundaries of their roles. It would also provide staff with guidance on how to look after themselves when supporting children and young people in crisis.

SECTION FOUR: Recommendations

The Building Young Brixton partnership recommends that the following action is taken in response to the research findings:

INCREASED CAPACITY FOR YOUTH ORGANISATIONS TO DELIVER A COMPREHENSIVE OFFER FOR YOUNG PEOPLE AND FAMILIES	
WHAT CHANGE IS NEEDED?	**HOW CAN THIS BE ACHIEVED?**
1. Staff within youth and community organisations need to be supported to **increase their knowledge, skills and confidence** around recognising and responding to mental health needs.	Youth practitioners need access to a variety of peer learning, training and resources on mental health problems and neurodiversity, and the support available to children and young people in Lambeth, combined with the development of important communication and mentoring skills. All training needs to be tailored to different groups/communities of children and young people, so youth practitioners can provide appropriate and culturally sensitive support. New knowledge and skills need be embedded and improved through reflective practice, applied and contextual learning, and supervision. Youth practitioners should be supported to understand the boundaries of their role and expectation management when supporting a child or young person with poor mental health.
2. **Children and young people need to have more influence over the services they can access and how these are delivered**. Co-designing new services with young people is needed to develop a **better understanding of the mental health needs of young people and what makes a 'good mental health outcome' for children and young people.** 3. Young people need to be able to access new forms of support with their mental health, which are more closely designed around their needs, and which build on existing relationships of trust. There is significant scope to **increase the programme of activities and services** offered through Building Young Brixton to support children and young people with mental health problems and their families. Children, young people and parents have highlighted that children and young people will be more likely to access service if they are referred to one to one support by someone they trust, and if mental health professionals speak their language and can relate to their personal experiences. 4. **Children and young people need to be able to access support for their mental health in spaces that they are familiar with and from adults they trust.** This could be supported by bringing mental health practitioners into the spaces facilitated by youth organisations.	New or adapted services and activities, co-designed and evaluated with young people, should be delivered by trusted adults, in spaces where children and young people already feel comfortable. This should comprise a 'pyramid offer', with a wide range of activities promoting general wellbeing, to more targeted and tailored support for individual children and young people experiencing poor mental health. Suggested activities and services include: - **Tailored one-to-one mental health support for young people within youth organisations**, such as therapy (with relatable and culturally aware therapists), including creative therapies (e.g. art, music); counselling; and mentoring. - **General one-to-one support from youth practitioners**, including a point of contact for mental health concerns and other challenges; talking about emotions and feelings, and advice and guidance; and supporting children and young people to access support elsewhere and making referrals (e.g. other youth organisations, mental health services). - **A variety of wellbeing activities** for children and young people, such as creative activities (e.g. arts and crafts); meditation and mindfulness; access to a wider range of sports or fitness activities; trips and days out; support with school e.g. homework sessions; and provision for more activities to be delivered in other languages (Spanish, Portuguese etc.).

	- **Peer support for children and young people,** including peer support groups and support to make new friends through opportunities to socialise. - **Information and resources** about mental health and available support, in the form of educational workshops and physical or digital materials available in multiple languages; young mental health ambassadors and case studies to encourage engagement in the support offered by youth organisations and other services. - **Language classes** for children and young people who speak English as an additional language to improve their ability to talk about mental health and access services. - **Support for families and carers**, including information and resources about mental health and available support, in the form of educational workshops and physical or digital materials available in multiple languages; and peer support groups.
BETTER COLLABORATION AND MORE JOINED UP MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE	
WHAT CHANGE IS NEEDED?	**HOW CAN THIS BE ACHIEVED?**
5. **Stronger relationships are needed between local organisations working in community and health sectors** to increase understanding, trust and referrals and in doing so, provide a more joined up experience for children and young people.	It is important for organisations from both youth and health sectors to recognise they are experiencing significant pressure and challenges, and explore how to maximise efficiency. When collaborating with youth and community organisations, mental health services should respect the needs and expertise of community organisations, and vice versa, to ensure partnership working is equitable. More opportunities for shadowing, networking and 'share and learn' events can build relationships between mental health and youth and/or community practitioners. A directory of local services, delivered by youth and community organisations, NHS and other providers, should be developed and updated to ensure children and young people can be referred to appropriate support as needed.
BETTER UNDERSTANDING AND EVIDENCE ABOUT COMMUNITY-BASED MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE	
WHAT CHANGE IS NEEDED?	**HOW CAN THIS BE ACHIEVED?**
6. There is a need for **a better understanding and evidence base for how community-based solutions can effectively support children and young people with their mental health.**	By co-designing and evaluating 'test and learn' pilots for new initiatives and services with children and young people, youth and community organisations can develop a better understanding of what is effective – including what a 'good' outcome is from a child or young person's perspective – and how to improve their provision for children and young people in response. Evaluations and further research can develop a local evidence base highlighting the need for investment in community-based responses to children and young people's unmet mental health needs in Lambeth.

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