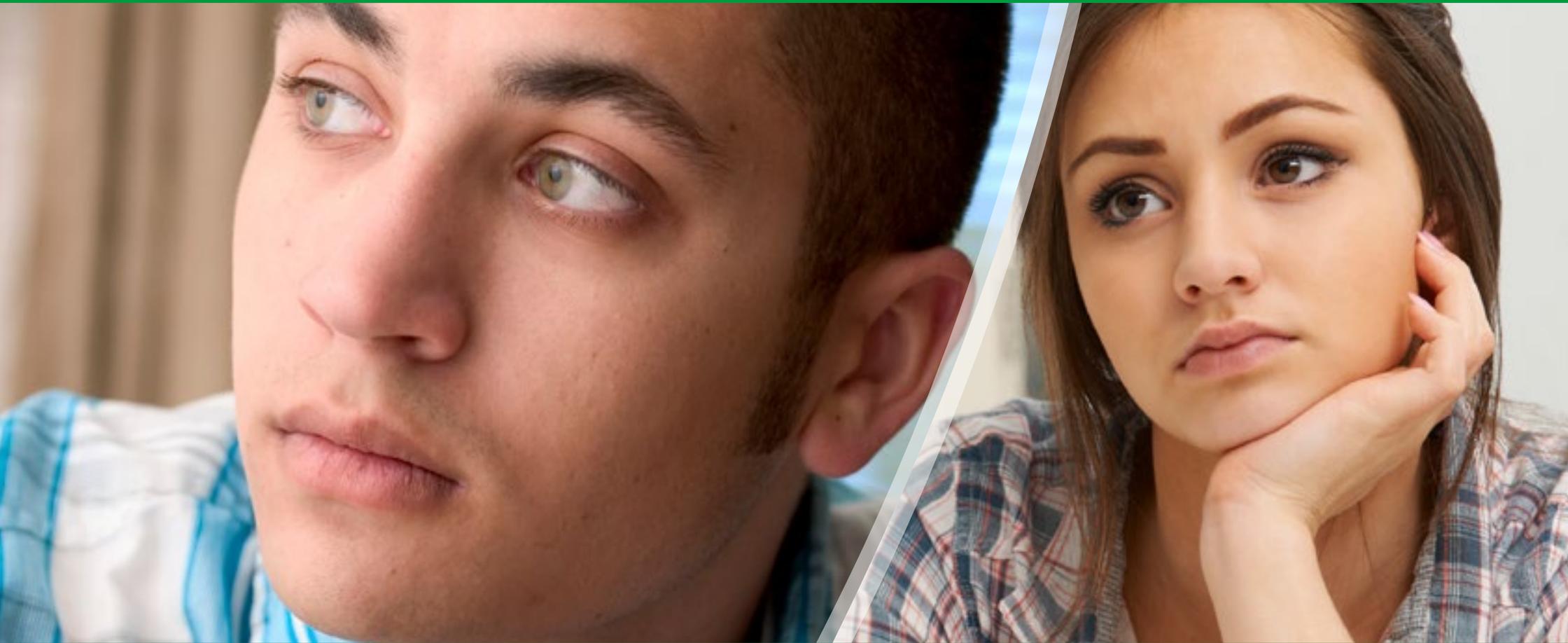


Youth Talk



Annual Report 2018

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Chair of trustees

Another successful year for Youth Talk. We are now in our 21st year and have passed our first anniversary at our new premises in Dagnall House. During the year we provided 2274 counselling sessions to 237 young people across a wide range of mental health issues. This is an amazing increase of 27% on the previous year.

One of our key aims is to raise our profile in the local community, so we were delighted to have the support of the Mayor of St Albans, Councillor Mohammad Iqbal Zia, also the St Albans Chamber of Commerce, plus many other local companies and clubs. We were also delighted to obtain a grant from the BBC Children in Need. We do not charge young people for their counselling and so we remain dependent upon funding support from our locality as our statutory funding remains under threat.

We have been working closely with statutory services including general practitioners, local NHS mental health services and schools, to bring our services to their attention. They recommend Youth Talk to those young people in need of help but sadly there remains a large unmet need.

At the moment only a quarter of those young people in need actually receive NHS mental health care.

The Guardian 3 July 2018

I would like to express my sincere thanks to the local community, our funders and volunteers and, in particular, our staff for their ongoing support of Youth Talk.

If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties.

Independent Mental Health Taskforce to the NHS

How we work



Young people refer themselves, contacting us by phone, email or via our website. We regularly talk to parents or another professional who often facilitate the contact with the young person. Last year we had more than a 1,000 calls and emails, around 70% of these were from young people seeking help. Youth Talk offers open access to any young person aged 13-25 and we see people from all ethnicities and from all postcodes within the District of St Albans.

Just under half of young people hear about us from their GP. However, schools, parents and friends play an important role in spreading our name and we regularly distribute our cards and leaflets to raise our profile. In addition and, where appropriate, Child and Adolescent Mental Health Services (CAMHS) and Adult Community Mental Health Services recommend young people to contact us and we are receiving a regular flow of self-referrals via our website.

Our work with young people

What's troubling young people

For anyone in distress it feels critical to have a fast response, a quick appointment, a listener ready to listen when they are ready to talk. It is the first step to sorting out problems that they have not been able to resolve on their own. Youth Talk's policy is to offer a quick initial appointment – usually within a couple of weeks – to any young person getting in touch with us. We have appointments every week set aside for initial meetings and we routinely use cancelled sessions for these quick first appointments. In this way Youth Talk has turned the potential waste and cost of cancellations into a useful asset.

The most common difficulty young people come with is anxiety. We have seen a gradual rise of anxiety related to stress. Young people present with lack of enjoyment, sleeplessness, sickness, headaches, panic attacks, and low self-esteem. Often suicide is thought about or attempted because such thoughts feel impossible to tolerate. Counsellors understand that there can be inner turmoil even in young people who may appear well adjusted. One of the things that a counsellor brings to a young person is a relationship in which they really matter; they are waited for, listened to, appreciated and respected. The unique relationship between the counsellor and young person assists in reducing the intense anxiety. Their struggles can be

Symptoms

Anxiety and stress	48%
Depression	33%
Low self esteem	29%
Family – separation issues	25%
Isolation/loneliness	24%
Self-harm	18%
Bullied/bullying	18%
Suicidal thoughts	16%
Bereavement	10%
Gender	6%
Identity	6%
Eating disorders	5%
Suicide attempts	5%

expressed, heard and reflected on together in a safe space.

Coming to Youth Talk has helped me in both learning to understand as well as manage my problems with anxiety.

Henry (not his real name), aged 15

Case Study

Body image and mental health

Geraldine (not her real name), aged 16, described herself as 'generally struggling'. As she grew up she began to detest her body shape pining for a wafer-thin body. Friends, she felt, let her down badly and she rejected those she felt rejected by. Geraldine felt she had not "got over" the death of a beloved grandparent as had been "promised" by her mum. In the counselling relationship Geraldine was able to think about the meaning of her distressed relationship with her changing body. She has taken up running again – this time with her dad – and this has helped her feel better about her body. She began to test out new relationships, gaining confidence that disagreements do not have to have catastrophic outcomes.

Many young people come with depression or low mood. Depressed young people tend to feel ashamed of their worries and to isolate themselves, hiding away from others they perceive as happy. They often express this in irritability or aloofness which hides their sadness. They often feel guilty that they cannot be happy.

A quarter of those coming to Youth Talk tell us they have problems in their family. The grief of divorcing parents continues to feature large in these troubles. So too do parents who are stressed or depressed or ill. Some young people are surrogate carers for their single bereft parent or for an alcoholic parent or one with a mental illness. Counsellors help these young

people to carry their burdens.

Serious mental health disorders

Because we have an open door policy we regularly see seriously ill young people accessing this service. Our experience is that many of those presenting with complex difficulties face long waits from specialist services, for example, gender dysmorphia clinics or specific interventions for obsessional disorders.

Sometimes the delay is on the part of the young person who cannot proceed to learning strategies for coping with their condition when they do not understand or accept they have a condition. Much beneficial work is done with seriously ill clients before they access specialist services, or sometimes "alongside" specific treatments; psychiatric help and medication being the most common of alongside treatments.

We are flexible enough to end their treatment as another service picks them up and encourage them to return if they need to afterwards. Some disorders are time-critical: the eating disorder, anorexia nervosa, has to be treated by specialists before the young person compromises their physical health. In these cases our counsellors are skilled at encouraging the sufferer to go to their GP for weight and height measurement and if needed to proceed to the Eating Disorder Service with whom we have good links.

High risk situations and safeguarding

We are very aware of young people who are in danger of suicide and who seriously self-harm.

We discuss these clients weekly and often have contact with their GPs with their consent. All of our clients sign at the start of treatment their consent to our referring them should the need arise, to statutory safeguarding services or to their GP as appropriate. We have a handful of safeguarding referrals each year.

Around 25% of young people coming to Youth Talk for help each week are assessed as high risk. On average these young people need more sessions and more clinical containment. During this year these young people were funded by a BBC Children in Need grant.

Young people may report suicidal ideation, various forms of self-harm, isolation and breakdown in relationships. They are likely to have been suffering for a long time - their original loss or trauma obliterated by chronic, undetected deteriorating mental health.

If I hadn't come to Youth Talk I would have become worse, possibly to the point of another suicide attempt. Going to Youth Talk was eye-opening and relieving because all the sorrows can be lifted when someone listens. There is an importance in comfort and understanding that I couldn't find at home or at school or anywhere. I'm happy I took this step in my life and made this change for myself and recommend Youth Talk to anyone in the same situation.

Tania (not her real name), aged 16

Case Study

Loss of attachments

Martha, (not her real name), aged 18, was in the final year of school when she became very unwell. She had a plan to kill herself. She was showing symptoms of psychosis. She feared she had inherited mental illness genes. Throughout her life Martha experienced many separations from people she had become attached to. She had no way of understanding the attendant pain. Her defence was to be wary of further closeness. A turning point in her younger life had been her mother's marriage to a man she now calls 'Dad'. When this marriage ended it compounded other unresolved losses with a huge impact on her mental health. She has been able to work through old ways of coping and the fears and anxieties about her personality. She has worked for a year and is ready to pick up her academic career at university.

Liaison with other mental health providers

Because Youth Talk has served this community for more than 20 years we have good working partnerships with local mental health providers particularly CAMHS and Adult Community Mental Health Services, GPs and schools. Youth Talk is proud of its reputation amongst professionals. We are a Hertfordshire County Council (HCC) approved provider of counselling and psychotherapy in line with government recommendations.

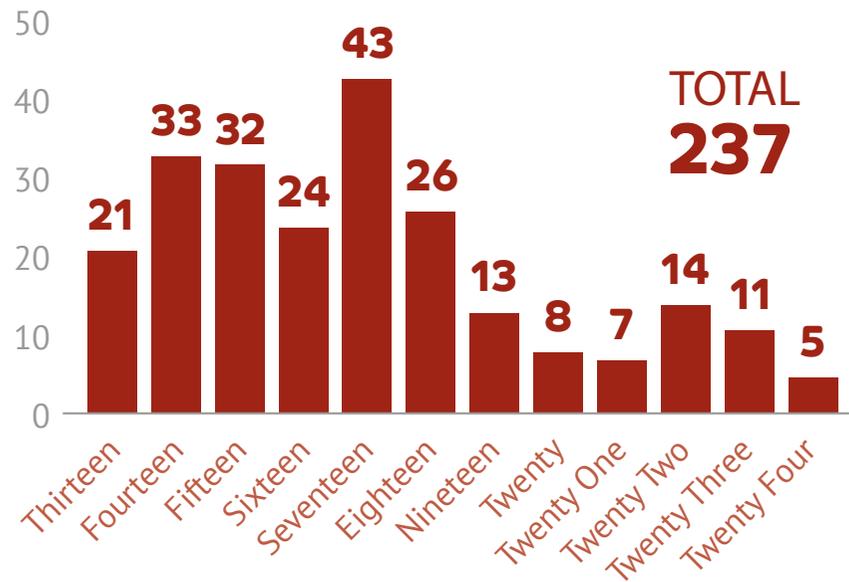
We are very aware of young people who are in danger of suicide and who seriously self-harm. We discuss these clients weekly and often have contact with their GPs with their consent.

Case Study

Adolescent struggle

Arif (not his real name), aged 17, broke down in his final year of school after struggling with academic expectations that were inappropriate for him. He suffered agonies of identity around his sexual orientation. His sense of security collapsed when his parents divorced – he felt angry and deserving of more care from both of them. He expressed rage at his misfortune and others found it hard to help him. Arif put himself at risk sexually, he drove recklessly and when he tried to live independently – it was with disastrous effect. He brought these feelings into the counselling process. He faced the reality of his true skills and aptitudes. He was able to get an assessment of his learning needs as well as learning support for a new course of study. He began to see how he might make things happen to improve his experience of the world.

Age distribution over the last year



From childhood to adulthood (13-25 years)

Youth Talk provides a continuous service for 13 to 25 year olds without the disruption often experienced by young people as they have to move from one service to another. Particularly for the 18 year olds the fact that they can continue to access the same service has proved welcome.

to measure the outcomes of our work with young people. The CORE questionnaire takes an 'emotional temperature' and gives a quantitative measurement of distress in each young person seen – at the beginning, during and at the end of their counselling with us. The aggregate value of each stage of an intervention shows that over the last year the average CORE score fell from 1.91 to 0.92 – from the 'moderate to severe' level to the 'healthy' level of emotional wellbeing.

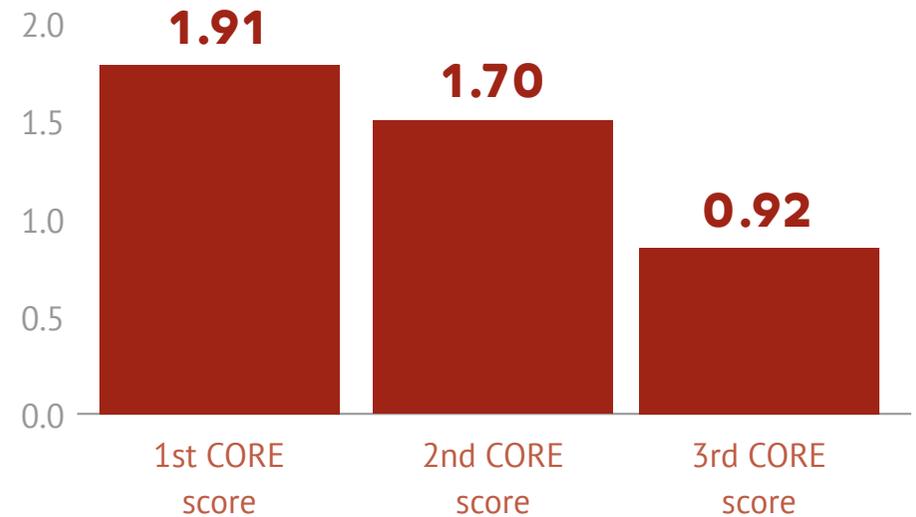
Evidencing progress

Youth Talk uses the psychometric assessment tool CORE (Clinical Outcomes in Routine Evaluation)

Attendance rate

In the last few years attendance rates for the young people attending their counselling

Average CORE scores over the last year



sessions has risen by more than 10% to 82%. This encouraging level of attendance demonstrates that once there has been engagement in the work with their counsellor young people are able to commit to regular attendance.

qualified psychotherapist. We run an active in-house programme of Continuing Professional Development (CPD) - clinical issues such as gender identity, autism and eating disorders have been discussed this year. We also received safeguarding training specifically geared to our counsellor's role.

Clinical standards and professionally qualified staff

Youth Talk has always maintained that the counselling it provides should be from properly qualified and supervised staff. We take high standards of care seriously and all our counsellors are qualified, registered with a professional body and receive in-house supervision from a senior

Youth Talk continues to do what it set out to do over 20 years ago and which is even more needed today – to provide an open-door service to any of our young people in need of counselling help. The problems may have changed, but the needs have never gone away and we strive to meet those needs with skilled compassion.

Our funders

To maintain our level of service we have to fundraise continuously. During the year we have secured donations and grants from over 40 sources, including charitable trusts,

local businesses, individuals and fundraising activities. We always welcome ongoing support either as regular or one-off donations.

BBC Children in Need
Colin Hill
Co-op Local Community Fund
Debenhams Ottaway
Friends of Youth Talk
Gill Owen - Pop up Art Event
Harpenden Building Society
Harpenden Lions Club
Heather and Peter Osborne
Hertfordshire Community Foundation
Hertfordshire County Council
Homewood Road United Reformed Church
Locality Budget Scheme: Anthony Rowlands, Sue Featherall and John Hale
Mayor Cllr Frances Leonard
Mayor Cllr Mohammad Iqbal Zia – charity of the year
Murphy-Neumann Charity Company
Odyssey Cinema St Albans
Regular donations from individuals
Rotary Clubs of St Albans (Priory and Verulamium)
Sir John Lawes School

Souter Charitable Trust
St Albans Cathedral (Mission Allocation Fund)
St Albans City & District Council
St Albans City Football Club
St Albans Round Table – Santa Float
St Mary's Church, Marshalswick
The Albert Hunt Trust
The Blandford Trust
The Childwick Trust
The Christopher Laing Foundation
The Fairstead Trust
The Marlborough Science Academy's M Festival
The Roger Vere Foundation
Verulam Golf Club – Lady Captain's Charity
Verulam School – Service of Thanksgiving and Dedication
Waitrose St Albans - Community Matters
William Brake Charitable Trust

Our people

Team

Trevor Fromant – Chief Executive
Joanna Banks – Operations Manager
Gill Walker – Clinical Reception
Sarah McLeod - Clinical Reception
Margaret Smallbone – Clinical Supervisor
Irina Alexa – Counsellor
Rachel Edwards – Psychotherapist

Catherine Levy – Counsellor
Joanne Marks - Counsellor
Tamsin Prout – Counsellor
Gill Targett-Adams – Counsellor
Clare Tucker – Counsellor
Joyce Wellings – Consultant

Trustees

Dr Roger Gibbs – Chair
Margaret Thirlway – Company Secretary
Susan Holliday – Treasurer
Dr Christopher Clulow
Gladys Cummings JP
Kathryn McManus
Maggie Turner OBE
Ian Woods

Patrons

Richard Brooks
Ida Fairbairn
Lord McNally
Viscountess Trenchard
Lady Verulam



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Youth Talk is a Company Limited by Guarantee (England).
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