An exploratory study into the access to mental health services of adolescents at risk of offending

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DECLARATION

This work is being submitted in partial fulfilment of the requirements for the degree of BSc (Hons) Health and Social Care and has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed: ___________________________ (Candidate)

Date: 05/05/17

STATEMENT 1

This dissertation is the result of my own work and investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed: ___________________________ (Candidate)

Date: 05/05/17

STATEMENT 2

I hereby give consent for my dissertation, if accepted, to be available for photocopying and for inter-library loan, for deposit in Cardiff Metropolitan University’s e-repository, and that the title and summary may be available to outside organisations.

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Date: 05/05/17
Abstract

**Aim:** The rationale of this study is to explore the experiences of adolescents at risk of offending in relation to accessing mental health services.

**Methods:** This research used the approach of a desktop study in order to conduct this research. This involved the process of identifying relevant literature to address the research statement. The use of a critical appraisal framework was taken to identify six relevant primary research studies which were then analysed using thematic analysis.

**Findings and discussion:** It was found that factors such as the role and manner of professionals has an impact on adolescent offender’s experiences of accessing mental health services. Barriers to support seeking for this group of young people include trust issues, powerless sense of identity, the tendency to hide emotion and misconceptions of mental health in relation to stigma. The provision of mental health services for this group is inadequate and more research needs to be conducted to investigate further effects of specialised mental health services.

**Key words:** ‘adolescent offenders’, ‘mental health’, ‘mental health services’ ‘youth justice system’ ‘youth offending services’ ‘professionals’ ‘primary healthcare’ ‘stigma’
Acknowledgments

First and foremost, I would like to thank my dissertation supervisor, Dr. Kate Attfield. Without Kate’s assistance and dedicated involvement in the process, this study would never have been accomplished.

I would also like to thank my close friends and family for their support throughout this research. I am eternally grateful.
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## Abbreviations

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<th>Definition</th>
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<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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<td>YOT</td>
<td>Youth Offending Team</td>
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<tr>
<td>YOI</td>
<td>Young Offenders Institute</td>
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<tr>
<td>CAMHS</td>
<td>Children and Adolescent Mental Health Services</td>
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<tr>
<td>YJB</td>
<td>Youth Justice Board</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>ECM</td>
<td>Every Child Matters</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>FCAMH</td>
<td>Forensic Child and Adolescent Mental Health</td>
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<tr>
<td>PMHW</td>
<td>Primary Mental Health Worker</td>
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<tr>
<td>HoNOSCA</td>
<td>Health of the Nation Outcome Scales for Children and Adolescent</td>
</tr>
<tr>
<td>YJLD</td>
<td>Youth Justice Liaison Diversion</td>
</tr>
<tr>
<td>NOMS</td>
<td>National Offender Management Service</td>
</tr>
<tr>
<td>SQiFA</td>
<td>Screening Questionnaire Interview for Adolescents</td>
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<td>IPA</td>
<td>Interpretative Phenomenological Analysis</td>
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1.0 Introduction

The focal point of this dissertation is upon adolescents at risk of offending in the UK, aged 10-17 years old who have or who are suspected to have mental health problems, exploring the experiences and barriers that they face when accessing mental health services.

It is important to clarify at the outset that even though this dissertation is focused on individuals at the adolescence stage which would usually include those aged 13-18, Section 50 of the Children and Young Persons Act 1933 states the age of criminal responsibility in England and Wales at 10 years old and so for the purpose of this study the definition of ‘adolescent offender’ will slightly differ.

The researcher will use several terms throughout the dissertation to refer to adolescents at risk offending, such as ‘adolescent offenders’, ‘young offenders’ and ‘young people’. It is necessary here to clarify exactly what is meant by the term ‘mental health’ and that we distinguish its differences from the definition of a ‘mental illness’.

According to a definition provided by the World Health Organization (WHO) (2001, p.1), mental health is ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’. Whereas, according to the famous registered charity ‘Mind’ (2015), a mental illness is a condition which can affect an individual’s thinking, feeling, behaviour and mood: This results in an effect on an individual’s ability to cope with the demands of everyday life and function well with routines.

Community based programmes such as Youth Offending Services (YOSs) and secure estate programmes such as Young Offender Institutions (YOIs) will be identified throughout the literature in this research. However, this paper will not place emphasis or focus in depth on one youth offending system compared to another, but will look at these systems rather as a generic whole.

Young Offender Institutions (YOIs) are secure facilities for young people aged 15-21 years old who have been sentenced or remanded by the courts to custody. YOIs are regulated by the Young Offender Institution Rules 2000, which are the equivalent of the
Prison Rules 1999 which apply to adult prisons. YOIs account for around 81% of young people who are held in custody and aim to prepare young people to integrate when they return to life in the community throughout numerous programmes such as education, employability skills and personal development (Blakeman, 2008; Crown, 2009).

In the UK, Youth Offending Service (YOSs) (also referred to as Youth Offending Teams (YOTs)) were introduced as a result of the Crime and Disorder Act 1998 which was established by the Youth Justice ‘Misspent Youth’ report, undertaken by the Audit Commission (1997). Here a reform on youth justice took place and the system underwent significant changes in order to improve the current failing youth justice system (Renshaw, 2003).

The Youth Justice Board (YJB) suggest that most YOSs tend to operate by following three fundamental aims: to diminish the chance of a young person being vulnerable to custody, to reduce recidivism rates of young offenders and to reduce the proportion of young people who offend for the first time (House of Commons, 2013). The Crime and Disorder Act 1998 also guaranteed for it to be a requirement that each YOS has a health care worker provided by primary care trusts (PCT), in which a mental health service is usually provided by most health care workers (The Health and Social Care Advisory, 2005).

In relation to clarifying why the research statement is relevant to health and social care, two questions must be asked:

- Why should we be specifically interested in adolescent offenders?
- Why are mental health rates higher in adolescent offenders?

Firstly, to answer these questions it’s important to acknowledge the Every Child Matters (ECM) 2003 framework, which is underpinned by the Children Act 2004, states that every child, no matter their situation or background, should receive the support they need to be healthy, stay safe, make a positive contribution, achieve economic well-being and to enjoy (Department for Education, 2003).

Even though there has been an abundance of Acts of Parliament, policies, bills, reports, government changes and inquires throughout the last 20 years, significant changes
have not taken place as the quality and provision of mental health services for adolescents at risk of offending are insufficient (Young Minds, 2012).

Mental illness prevalence is reported to being up to three times higher amongst adolescent offenders in comparison to the general adolescent population (Hagell, 2011). Research has suggested that this is due to risk factors such as a previous history of traumatic events (Smith and Thornberry, 1995), witnessing violence leading to an offending lifestyle experiences of psychological stress due to interactions with the youth justice system (Hagell, 2002). With a history of such distressing experiences, it’s not surprising that these young people end up in the youth justice system with mental health problems.

For adolescent offenders who don’t access mental health services or seek support for the help they need, this can lead to significant consequences such as further offending or worsening mental health problems (Hagell, 2002).

A report concerning the inquiry into the Children and Adolescent Mental Health Services (CAMHS) in England demonstrated an increase of 89% in referrals in just 2 years (2012-2014), especially in severe cases such as those regarding self-harm (Department of Health, 2014). The report also indicated that there has been a rise in the amount of young people being held in custody under section 136 of the Mental Health Act 1983, with police reports demonstrating as many as 263 young people experiencing the inside of a police cell, which could be regarded as concerning.

The aim of the research is to conduct a desktop study to seek to answer the research statement by identifying why adolescents at risk of offending are less likely to engage with mental health services, addressing barriers that these adolescents face regarding support-seeking. Furthermore, this research also aims to explore the current mental health provision that is available to adolescent offenders, as well as exploring whether these services have a positive effect on behaviour and mental health.
2.0 Literature review

The literature review will involve an assessment of the literature review section in the six chosen studies which will be listed in alphabetical order as followed: (Haines et al., 2014; King et al., 2012; Peto et al., 2015; Naylor et al., 2008; Walsh et al., 2010; Whittington et al., 2012). Table 1 will enable the reader to gain a quick observation of the title of each selected study, alongside providing a brief overview of the research aims. Full references of these six studies can be obtained under the references section.

Table 1: The six primary research studies

<table>
<thead>
<tr>
<th>Author and year</th>
<th>Research title</th>
<th>Aim of research</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Haines et al., 2014)</td>
<td>Offending outcomes of a mental health youth diversion pilot scheme in England</td>
<td>To test the hypothesis that a specialised mental health service for young people would be correlated to reductions in re-offending.</td>
</tr>
<tr>
<td>(King et al., 2012)</td>
<td>Perceptions of support seeking in young people attending a Youth Offending Team: An interpretative analysis</td>
<td>To examine support-seeking in a certain group of young offenders by uncovering what their perceptions are of the experience</td>
</tr>
<tr>
<td>(Naylor et al., 2008)</td>
<td>Young people at risk of offending: their views on a specialist mental health service in South East London</td>
<td>To focus on the process of engaging this group in therapeutic work, whilst also emphasising the use of qualitative techniques in the evaluation of mental health services.</td>
</tr>
<tr>
<td>(Peto et al., 2015)</td>
<td>Community-based forensic child and adolescent mental health services in England, Scotland and Wales: a national mapping exercise</td>
<td>To determine the current quality of specialist community mental health provision for young people who are ‘high-risk’ and involved with the youth justice system.</td>
</tr>
<tr>
<td>(Walsh et al., 2011)</td>
<td>Perception of need and barriers to access: the mental health needs of young people attending a YOT in the UK</td>
<td>To identify in relation to mental health problems: perceptions of level of need, views on and experiences of support and the barriers perceived when accessing services.</td>
</tr>
<tr>
<td>(Whittington et al., 2014)</td>
<td>Diversion in youth justice: a pilot study of effects on mental health problems</td>
<td>To assess the potential effect of the Youth Justice Liaison and Diversion (YJLD) scheme on the participants’ well-being and the scope of self-reporting mental health problems.</td>
</tr>
</tbody>
</table>
Mental health problems in young offenders

It is important to explain why undertaking this research is significant. It is evident that mental health problems in adolescents at risk of offending are a growing cause for concern.

The literature review section of King et al (2012) proposes that adolescents at risk of offending or who have previously offended in the past are three times more likely to have a mental health disorder in comparison to the general population, with Leon (2002) reporting the rates of mental health problems within young offenders ranging from 25% to 81%.

This finding concurs with the literature review conducted by Naylor et al (2008) which suggests that there is a three times higher prevalence of mental health problems amongst adolescents at risk of offending in comparison to other adolescent groups, referring to the meta-analysis carried out by Hagell (2011).

A substantial amount of literature within Whittington et al (2014) also suggests that young offenders in custody have higher rates of mental health problems in comparison to other young offenders within the community. Carswell et al (2004) compared the interview responses of young offenders (n = 52) acquired using the Psychosocial Assessment for Young People and Children (PAYC) against a community sample (n = 38) with no previous history of offences and discovered that the sample of young offenders had significantly higher rates of anxiety, depression and substance misuse.

Also, in comparison to the general population of adolescents, young offenders have been reported to have ten times higher poor mental health leading to deaths in numerous countries (Ha et al., 2016). In addition, Chitsabean (2006) reported that the UK Youth Justice Board conducted a national survey and found that as many as 33% of adolescent offenders had a mental health problem, with 20% experiencing symptoms of depression, 10% experiencing anxiety or post-traumatic stress and also a report of 10% had self-harmed at some point in their lifetime (King et al., 2012; Naylor et al., 2008).

Similarly, literature within Peto et al (2015) suggests that there are a number of studies that have reported high levels of mental health needs in adolescents at risk of
offending, including high levels of substance abuse, numerous transfers amongst services and experiences of being geographically displaced (e.g. Daniells, 2011; Department of Health, 2009; Hughes et al., 2012; Ryan and Tunnard, 2012).

Haines et al (2014) also present a range of extensive literature in which unmet mental health needs are deemed as accountable for young people’s encounters with the youth justice system (e.g. Harrington and Bailey, 2005; Soloman and Gardise, 2008; Lader et al., 2000).

Even though there is a vast amount of evidence that suggests that adolescents have the highest rate of mental health problems in comparison to the general population, the nature of the relationship between offending behaviour and mental health problems is ambiguous (Hodgins and Muller-Isberner, 2000). There is a range of different mental disorders and to discuss the substantial amount of these disorders in relation to the law, organisations and treatments would be beyond the scope of this study.

It is evident that vast improvements need to be undertaken regarding mental health services for young offenders, with Carswell et al (2004) reporting that in comparison to a community sample of adolescents with no offence histories, young offenders scored notably higher in mental health problems including depression, anxiety and excessive substance misuse (Whittington et al., 2014).

So far, this section of the literature review has focused on the mental health needs of adolescent offenders only within the UK. Therefore, it’s important to consider this issue from an international perspective. In the USA, a study was carried out on a sample of incarcerated young offenders in which reported that between 71%–85% of these young people met the criteria of at least one mental disorder (Robertson et al., 2004).

Manidaki and Kakourous (2008) set out to ascertain the prevalence of mental disorders within a group of incarcerated young offenders (aged 13 to 24 years) in Greece. They found that 75% of participants had mental health problems. Mental health problems not only included externalizing disorders, for instance conduct disorder but also included internalizing disorders such as depression and anxiety. Therefore, this alludes to the
extensive issue of adolescent offenders having high mental health rates on a global scale rather than just a national scale.

*Community based programmes (YOS) vs Secure state (YOIs)*

Within this review, the literature regarding mental health problems in community based programmes and secure estate systems will be identified. However, this paper will not place emphasis or focus in depth on one youth offending system compared to another, but will look at these systems rather as a generic whole. Nevertheless, it’s still beneficial to look at the literature on these systems in relation to mental health problems in adolescent offenders.

Whittington et al. (2014) has demonstrated that there is extensive literature indicating that adolescent offenders held in a secure estate such as Youth Offender Institutions (YOIs), have higher rates of mental health problems than the general population of adolescents as well as compared to adolescents within community-based programmes (Penner, Roesch and Viljoen, 2011; Fazel, Doll and Langstrom, 2008). However, Walsh et al. (2011) refers to literature that argues that community-based programmes and secure estate accommodation for young offenders share a similarity with report rates of 31% for mental health problems (Chitsabean et al., 2006), with Meltzer et al. (2003) demonstrating that this accounts for a cause of concern in comparison to the UK general population with reports of 10% of girls and 15% of boys with mental health problems in an age group of 10-15 years.

On the other hand, even though Whittington et al. (2014) is presenting an argument within their literature review that mental health problems are higher in secure estate settings, it is also suggested that community based offenders might try to ‘fix’ their mental health problems through easier access to the frequent use of drugs or alcohol (Chitsabean and Bailey, 2006). As those in community based-programmes are not in a secure setting, they are able to have near-enough immediate access to alcohol and drugs, which can account for community based mental health services and mental health workers receiving
more of a variety of cases in which substance abuse is often seen with the existence of mental health problems (Royal College of Psychiatrists, 2010).

**Mental health service provision**

A report conducted by Newman et al (2012) suggests that despite there being a slight change of advancements in the provision of mental health care for adolescent offenders, there is still so much more to be done. The improvements in mental health provision in the recent years has only been regarded in the mental health services which are used by the general population of adolescents, rather than improvements to mental health services which are specifically designed for adolescent offenders themselves.

However, it could be argued that for adolescent offenders with severe or complex mental health disorders that this isn’t the case. For example, within their review of literature, Peto et al (2016) propose the significance of Forensic Child and Adolescent Mental Health (FCAMH) services to guarantee the mental health diagnosis and treatment for young offenders who are regarded as ‘high risk’ in terms of having much more severe mental health needs.

FCAMH services have seen great success in regards to young offenders with mental health problems in custodial settings. However, in comparison to FCAMHs services in custodial settings, FCAMH services which are based in the community have suffered a delay in the success of these services, including not tending to be subject to investigation due to the belief that mental health rates are not as high for community-based offenders in comparison to young offenders in custodial settings.

It is important to acknowledge that FCAMH services are categorised under ‘Tier 4’ of the four-tier model (Appendix 3) which was established by the NHS Health Advisory service as a response to the recognition of the struggle of Children and Adolescent Mental Health Services (2005). FCAMH services within the community offer consultations, assessments and interventions to young people who are ‘high risk’ such as young offenders with severe mental health problems (Dover et al., 2010).
In order to prevent the duplication of CAMHS provision locally, there have been some cases where FCAMH services have integrated as a part of CAMHS provision where at a regional level they carry out a variety of functions which are regarded as specialist including consultations, assessments and interventions regarding mental health (Griffin and Cleave, 2005).

Also within their literature review, Peto et al (2015) identify the importance of a mental health liaison input to Youth Offending Services to meet the mental health needs of young offenders. The introduction of the Crime and Disorder Act 1998 witnessed the new duty of health authorities to contribute to youth offending services (Newman et al., 2012). Although the Crime and Disorder Act 1988 didn’t specifically proclaim what type of health input should been contributed to youth offending services, the provision of a mental health practitioner such as a Primary Mental Health Worker within youth offending services has seen success when it comes to providing support for adolescent offenders with mental health needs.

This success is demonstrated in a study carried out by Callaghan et al. (2003) that followed the effect that Primary Mental Health Workers (PMHWs) have on Youth Offending Service (YOS) teams in two areas of the UK. The sample included a total of 60 young people, with 40 being selected from direct work with a PMHW and the other 20 were seen as appropriate for a consultation with a YOS staff member.

Those involved with the direct work with a PMHW were assessed by the 1995 Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) which measures the severity rating of their mental health problems. For the sample regarding the young offenders, results reported mental health problems based only on a consultation. YOS staff members also underwent a questionnaire regarding service satisfaction in relating to the support provided by the PMHW and results presented that staff were gratified with the support provided and the access to and availability of the PMHW, despite some staff members demonstrating less satisfaction with their own success of interventions.
Overall, the findings of this study emphasise the efficacy of inter-agency working between YOSs and PMHWs and the results of providing a successful service to young people at risk of offending who face mental health problems (Callaghan et al., 2003).

Literature within Haines et al (2014) and Whittington et al (2014) emphasise the significance of Youth Justice Liaison Diversion (YJLD) schemes, with aims to improve access to CAMHS, divert adolescents from offending and improve mental health. Strategic government documents such as ‘Healthy Children, Safer Communities’ (HM Government, 2009) and ‘No Health without Mental Health’ (HM Government, 2011) highlight the importance of such diversion schemes in relation to preventing mental illness and reducing the rates of offending.

Such schemes have already been carried out within the USA, however findings tend to be lacking consistency as some show reductions in re-offending (Dowden and Andrews, 1999) whereas others produce insignificant results (Gensheimer et al., 1986). A range of approaches being used in these studies could account for inconsistent findings, and therefore it is important to carry out these schemes until the approach that produces the most significant results are produced.

**Barriers of primary healthcare**

One barrier that is typically faced when a young person tries to access mental health services is the primary healthcare contact point. The literature within Walsh et al (2010) brings to light that primary healthcare has great significance in regards to the provision of mental health services for adolescents at risk of offending or who do offend (Macdonald, 2006), however, the Youth Justice Board conveys that as many as 25% involved with Youth Offending Services (YOS’s) have never been in contact with a General Practitioner (GP), and the young people who had accessed a primary healthcare service did not rate their experiences as beneficial.

Findings by Stallard et al (2003) supported this, which demonstrated that secondary health care services were more likely to be used by young offenders than primary health care services, with as many as half of the participants reporting that they had no contact
whatsoever with a GP over a 1-year period. It is evident that this finding is suggested in an abundance of research studies (Stallard et al. 2003; Youth Justice Board for England and Wales. 2005).

Another aspect of this is that not all young offenders are registered with a GP (Dolan., 1999), and thus they are more likely to access secondary health care services during an emergency or crisis rather than access primary healthcare for a preventative purpose (Macdonald, 2006).

It could be suggested that adolescent offenders are more likely to use secondary health care services as opposed to primary healthcare services for their mental health needs due to the waiting times that they are faced with when being referred to CAMHS by a primary healthcare practitioner. For example, statistics in the CAMHS inquiry report produced by the Welsh Government in 2014 has demonstrated a significant increase in waiting times being over 18 weeks for the referrals of young people. The increase of waiting times to access CAMHS is due to an increase in referral orders to CAMHS from a percentage of 13.6% (164 referrals) in April 2010 to a percentage of 34.1% (798 referrals) in July 2014 (National Assembly for Wales, 2014).

These statistics make evident that there is a continuing increase and demand of CAMHS by the population of not just young offenders, but the population of young people as a generic whole, which is not being met due to the lack of available access and the development of CAMHS not keeping up with the growing demand.

This argument is also reflected in a report by Young Minds (2012) which examined the current provision of mental health services for young people and the relationship to offending behaviour, suggesting that a lengthy waiting list for CAMHS was often identified as an influential factor to the rise of offending behaviour.

It seems that due to the increase of waiting times for young people who are referred to CAMHS, the only way of a young person gaining quick access to CAMHS is by displaying behaviour which is a threat to themselves or other people e.g. aggressive behaviour and attempts of suicide. Within the CAMHS Inquiry report produced by the Welsh Government (2014), Dr Rachel Williams acting on behalf of the ‘Applied
Psychologists Specialist Advisory Group’ refers to the instant access of CAMHS in comparison to an ‘A&E provision’ where young people must be presenting severe signs of distress or be involved in a crisis to receive immediate treatment.

Additionally, young offenders might be more likely to use secondary healthcare services than primary healthcare services due to the provision of primary health care not being appropriate for this age group. For example, The CAMHS inquiry report produced by the Welsh Government in 2014 disclosed a comment that was made by ‘Cwm Taf Health Board’ regarding the ‘Mental Health (Wales) Measure’ emphasis on encouraging GPs to be the first point of contact for young people with mental health problems, suggesting that there is a huge risk in the provision of an effective primary mental health service for adolescent offenders. This is due to GPs not often being the first contact point for young people (Stallard et al, 2003) and so the approach in which referrals to CAMHS can only be made by GPs is inappropriate for the population of adolescent offenders (National Assembly for Wales, 2014).

Research conducted by Jacobson et al (2002) also supports the ideology of primary healthcare being a barrier to accessing mental health services, arguing that there are numerous faults within the primary healthcare structure. These faults included an insufficiency in the training for GPs regarding adolescent mental health, as well as failure to identify an adolescent in distress, a shortage of resources and a lack of insight into the difficulties experienced by adolescents regarding mental health problems (MacDonald, 2006).

Furthermore, a policy briefing by the Mental Health Foundation proposes that all GPs should be expected to undergo appropriate training to identify problems to allow for early interventions, to be the first contact point for support and have knowledge of when it is necessary to refer young people to more appropriate services (Fraser and Blishen, 2007). Consequently, it’s clear that more needs to be done in order to improve the negative experience that most young-offenders currently have when it comes to accessing mental health services through primary healthcare.
Lack of support seeking

Within the literature review of King et al (2012), there are research studies that report factors that affect whether the population of young people in general will seek support for their mental health difficulties. Some of these factors include the age of the young person (Zimmer-Gembeck and Skinner, 2011), gender, emotional competence, confidence in relation to whether services will actually be of benefit and the stigma which is associated with having a mental health problem. Another aspect which can affect the support-seeking from not just professionals, but also from peers is the issue of maintaining confidentiality and retaining trust issues (Fortune, Sinclair and Hawton, 2008).

A study carried out by Shelton (2004) also confirmed that the stigma surrounding mental health problems alongside a lack of knowledge in relation to treatment as being a barrier to seeking support or treatment for young offenders with mental health difficulties.

The literature review within King et al’s (2012) study also suggest that young people as a whole are more likely to establish a strategy based on the principles of coping alone rather than seek help from others (Raviv, Sills and Wilansky, 2012), as doing so might cost them psychologically. This psychological cost refers to the hypothesis of a ‘threat to self’, meaning that by identifying a vulnerability within themselves, this will present a threat to their ‘sense of self’.

However, there is literature that argues against this hypothesis and proposes that adolescents who identify themselves as having mental health problems are more likely to seek support (Vingilis, Wade and Seeley, 2007).
3.0 Methodology

Part 1 – Criteria for studies

Appendix 2 demonstrates the six chosen articles that are deemed to be of the most relevance when answering the research question. However, beforehand a comprehensive search strategy took place with the use of an inclusion and exclusion criteria (Table 2) in order to identify the most relevant literature to answer the research question.

Table 2.

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
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<tbody>
<tr>
<td>1) Research article must be no older than 2010.</td>
<td>1) Research article published before 2010.</td>
</tr>
<tr>
<td>2) The target population within the research must be adolescents or participants</td>
<td>2) Target population is over the age of 18 which is then regarded as an ‘adult’,</td>
</tr>
<tr>
<td>must meet the age required to be convicted for an offence in the UK (10 years</td>
<td>disregarding the research question.</td>
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<tr>
<td>old).</td>
<td>3) Participants with the studies don’t have mental health problems.</td>
</tr>
<tr>
<td>3) The target population within the research must have or be suspected to have</td>
<td>4) Studies which only concentrate on the rehabilitation of young offenders, rather</td>
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<td>mental health problems.</td>
<td>than focusing on their mental health problems and experiences.</td>
</tr>
<tr>
<td>4) The authors in the research article must have obtained ethical approval from</td>
<td>5) Studies of mental health in young people who aren’t at risk of or who have</td>
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<td>their universities or organisations.</td>
<td>not committed an offence.</td>
</tr>
<tr>
<td>5) Research article must be primary research.</td>
<td>6) Studies that haven’t obtained ethical approval</td>
</tr>
<tr>
<td>6) The research must have been carried out within the UK.</td>
<td>7) Studies that are conducted outside of the UK.</td>
</tr>
<tr>
<td>7) The use of mental health services is referred to.</td>
<td>8) Studies that don’t mention the use of mental health services.</td>
</tr>
<tr>
<td>8) Studies must be academically peer reviewed.</td>
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</tbody>
</table>

Type of participants

The target population within this study focused on adolescents at risk of offending within the UK, who have or who are suspected to have mental health problems. Despite the
adolescence stage being considered to occur between the ages of 13 years old – 18 years old, the minimum criminal age for conviction in the UK is 10 years old, thus this study focuses on the age range of 10-18 years old.

**Study selection of the six chosen articles to critically appraise**

**Electronic searches**

Electronic databases were initially searched from October 2016, and updated searches took place in November and December 2016. The purpose of this was to identify six studies which were relevant to the research question. Each research study had to be focused on primary research, thus excluding systematic reviews on the topic.

Electronic databases were used to identify key terms in relation to the research question. The key terms entered into the search bar of these databases are as listed in Figure 1:

**Figure 1: Key words**

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young offenders, adolescents, mental health, mental illness, mental health problems, criminality, psychopathology, probation, health and social care, stigma, support, barrier, seeking help, primary healthcare, Youth Offending Service, Youth Offending Team, Youth Offending Institutions, custody, depression, community-based offenders, healthcare professionals, experiences of mental health, perception of mental health.
```

The electronic databases which were searched are as followed:

5. Social Care Institute for Excellence (SCIE), referred to Emerald Insight, 2010 to current year, last searched 17th December 2016.
Other resources

It is important to acknowledge that not all resources were identified through electronic databases. This study also involves resources such as documents provided by the government (GOV.UK), legislation, technical reports and libraries. When carrying out the search strategy, the bibliographies/reference lists of studies were also examined in order to identify potential valuable resources for this dissertation and also to identify a potential candidate for the six chosen studies.

In order to demonstrate the search strategy that took place in relation to selecting the chosen six studies, the process has been explained within Figure 2. It’s important to acknowledge that within Figure 2, ‘n’ accounts for the number of studies identified.
**Figure 2:** This diagram represents the search strategy that took place using electronic databases in order to identify six research articles to critically appraise in order to meet the aims of this research paper.

<table>
<thead>
<tr>
<th>Electronic database</th>
<th>Total articles initially retrieved</th>
<th>Number of studies that were potentially eligible for selection, compatible with title only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff Metropolitan University – MetSearch</td>
<td>8,935</td>
<td>95</td>
</tr>
<tr>
<td>Google Scholar</td>
<td>355,000</td>
<td>56</td>
</tr>
<tr>
<td>Science Direct</td>
<td>6,123</td>
<td>26</td>
</tr>
<tr>
<td>Cochrane Library</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Social Care Institute for Excellence (SCIE)</td>
<td>670</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>370,729</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

370,535 research articles excluded due to lack of relevance regarding titles.
Consequently, titles with potential: (n =194)

101 research articles excluded due to the abstract not being relevant to the research statement of this paper: (n = 93)

71 research articles excluded due to the following:
- Published before 2010 (with 1 exception which will be explained): 53
- Full text of the research article was not available to access: 10
- Only available in languages other than English: 1
- Target population wasn’t of interest: 7
Therefore: (n = 22)

17 full text research articles excluded for not meeting the inclusion criteria (n=5)
However, 13 research articles used as supporting in-text references

Examination of references lists added 1 article.
Despite the publication date being ‘2008’, this was overlooked due to the research article’s quality and the relevance to the current research statement.
Thus, research articles eligible for this research: (n = 6).
**Research Design**

**Desktop study**

This section will demonstrate the research design used in this research, explaining why this specific method was chosen by briefly discussing its advantages and disadvantages. There are many reasons why the approach of a desktop study was taken rather than conducting primary research to address the research statement. Moule and Hek (2011p71) suggests that a desktop study is deemed as secondary research due to the involvement of an analysis on existing research, instead of gathering new data. Additionally, Cochrane (2014) defines a desktop study as a summary of primary research in relation to the research question which tries to recognise, select, combine and evaluate valuable research evidence of relevance to the research question, in the interest of answering it.

One of the main reasons for choosing to conduct a systematic review on the research topic is according to the time-scale. It was important to be realistic as finding participants that were eligible to participate in primary research in this area of research involves facing and overcoming several barriers due to the nature of the topic. For example, if the author desired to conduct primary research but focusing on adolescent offenders in a secure setting rather than adolescent offenders in general, a strict and lengthy ethical application process would have to be undertaken.

In the UK, any research being conducted on a Youth Offending Institute (YOI) must gain approval from the National Offender Management Service (NOMS). One barrier of undergoing primary research in a YOI is that research only gets granted in this setting for post-graduate students due to the high volume of applications received from undergraduates being unfeasible for the NOMS to deal with (National Offender Management Service, 2017). Additionally, the National Offending Service (2017) states that due to participants being under the age of 18 years old, not only would the author need to seek consent from the adolescent but also their parent or guardian too.

However, if the author had decided to carry out primary research on adolescent offenders involved with community based programmes such as a Youth Offending Service (YOS), the application process would be a much more convenient and approachable route
as opposed to research in a YOI setting. The National Offender Management Service excludes research in relation to YOSs and advises that research applications are to be directly to the Youth Offending Service itself, meaning that a decision would need to be sought by the local authorities (National Offender Management Service, 2017).

A limitation of conducting a desktop study rather than primary research is that primary research allows for the author to be in complete control of the data, acquiring an immediate insight into the research process itself, therefore owning the innermost knowledge of the data (Allan and Skinner, 1991; Smith et al., 2009). However, desktop studies allow for the recognition of specific areas of knowledge in which a topic is lacking, therefore making recommendations in order to close the knowledge gap (Ham-Boloyi and Jordan, 2015).

**Ontology**

An interpretivist approach was adapted by the researcher whilst carrying out this study. Interpretivist researchers argue that our understanding of reality is a result of a social construction by human action, allowing for people to gain their own understanding of social realities (Collins, 2010). An interpretivist approach is commonly adapted in qualitative research through the use of interviews (Collins, 2010), however despite the researcher using both qualitative and quantitative data to address the research statement, quantitative data compliments the qualitative data.

**Data analysis**

**The use of a critical appraisal framework**

The process of a desktop study involves critically appraising each study and undergoing a search strategy by adhering to a strict criteria (Moule and Hek, 2011). Burles (2009) defines critical appraisal as the process in which research is examined in a careful and systematic manner, in order to assess its validity, reliability and significance in a specific context. In addition, Moule and Goodman (2009) suggest that no piece of research is perfect and therefore critical appraisal should be applied to all research studies. Being
critical allows for the decision making of the value of a piece of research, appraising the strengths and weaknesses of the research by applying informed judgement.

The use of a critical appraisal framework was utilised in order to ensure that the six chosen studies were of relevance to the research statement. The critical appraisal framework to be used is by Moule and Hek (2011) which can be found in the book on ‘appendix 1’ pages 160-161.

**Thematic analysis**

In order to analyse the literature, thematic analysis will be used which is one of the most commonly used data analysis techniques. The process involves identifying, analysing and reporting patterns within the literature that can be understood in terms of master themes and sub-themes (Braun and Clarke, 2006).

Despite being broadly used by researchers; the reliability of this method is often questioned due to its lack of clear guidelines, leading to a varied amount of interpretations from numerous researchers (Braun and Clarke, 2006).

However, thematic analysis allows for the application of multiple theories and thus it is a flexible and valuable tool which produces an account of data which is rich, detailed and sometimes complex (Braun and Clarke, 2006).

**Ethics**

In order for the ethical implications of this research to be considered, ethical approval was granted by Cardiff Metropolitan University ethics panel after a form was completed and put forward for consideration. The ethics approval form has been copied for reference and can be found in **Appendix 1**. Research ethics committees, such as at Cardiff Metropolitan University, focuses on attending to the interests of participants involved in the research and ensuring that their human rights are accounted for (Moule and Hek, 2011). As this is secondary research, direct contact with research participants is not needed and therefore
this research cannot put anyone at risk or be accounted for causing anyone harm. The six published primary research studies that have been chosen for analysis have gained ethical approval from the authors’ own university or organisations’ ethics committees.

However, it is important to identify why ethics is significant when undertaking any type of research project. Ethical principles differentiate acceptable behaviour within society from what is regarded as unacceptable behaviour (Moule and Hek, 2011).
Part 2 - The methodology of the six chosen articles

Part 2 of the methodology chapter moves away from the methods that were undertaken to conduct this dissertation and focuses on assessing the methods that were used in each of the six articles. ‘Table 2.’ provides a brief overview of the approaches, data collection methods and data analysis techniques used by each study which the following few sections will look at in more depth.

Table 3: The methodology of the six research studies

<table>
<thead>
<tr>
<th>Author</th>
<th>Deductive vs. Inductive approach</th>
<th>Quantitative vs. Qualitative approach</th>
<th>Data collection method</th>
<th>Data analysis method</th>
</tr>
</thead>
<tbody>
<tr>
<td>King et al. (2012)</td>
<td>Inductive</td>
<td>Qualitative</td>
<td>Semi-structured interviews</td>
<td>Interpretative Phenomenological Analysis</td>
</tr>
<tr>
<td>Naylor et al. (2008)</td>
<td>Inductive</td>
<td>Qualitative</td>
<td>Semi-structured interviews</td>
<td>A thematic indexing technique based on grounded theory (Strauss, 1987)</td>
</tr>
<tr>
<td>Peto et al. (2015)</td>
<td>Inductive</td>
<td>Quantitative</td>
<td>Questionnaire-based survey</td>
<td>Microsoft Office Excel spreadsheet</td>
</tr>
<tr>
<td>Whittington et al. (2014)</td>
<td>Deductive</td>
<td>Quantitative</td>
<td>Screening measures</td>
<td>Statistical comparisons</td>
</tr>
</tbody>
</table>
Approach

Deductive vs. Inductive approach

The key distinction between a deductive approach and an inductive approach is that a deductive approach aims to test theory through the use of a hypothesis or measurement statement whereas an inductive approach is involved in developing theories and identifying themes that arise as a result of data analysis (Collins, 2010).

The inductive approach is the most common within the six studies, with four out of six studies using this approach to undergo their research (King et al., 2012; Naylor et al., 2008; Peto et al., 2015; Walsh et al., 2011). The inductive approach tends to be related to qualitative research, while a deductive approach tends to be associated with quantitative research. However, there are no instructions set in stone and so some qualitative research might be associated with a deductive approach and vice versa (Collins, 2010). This explanation can therefore account for Peto et al. (2015) study which is based on quantitative research but has an inductive orientation.

Quantitative vs. Qualitative approach

According to Moule and Hek (2011) a quantitative approach is involved with unearthing facts regarding social phenomena, whereas a qualitative approach is involved with comprehending human behaviour from a subjective perspective. Amongst the six studies selected for analysis, the quantitative approach was most commonly used (Haines et al., 2014; Peto et al., 2015; Whittington et al., 2014). However, Walsh et al (2011) chose not to focus on a specific research approach, and used a mixture of quantitative and qualitative methods, known as ‘mixed methods’. It could be argued that the use of mixed methods allows for the author to reflect on the subject from different perspectives and not being limited to what methods they can and can’t use (Collins, 2010).
Sample and Research Design

Sample

The six articles consisted of a broad range of sample sizes, from six (King et al., 2012) to 870 (Haines et al., 2014). All participants were in the age range of 12-18 years old. Gender within the studies tended to be mixed, however in King et al.’s (2012) study, 100% of participants were male. Additionally, the quantity of male participants was significantly higher in all studies in which gender was discussed. Only the study by Walsh et al (2011) did not mention the gender of their participants. As Peto et al. (2015) targeted the actual service providers rather than the service users, gender could not be identified.

Data collection methods

This section will discuss the varied data collection techniques amongst the six studies. Firstly, the focus will be on the data collection techniques of the studies that took the qualitative approach.

Interviews

Semi-structured interviews were the most common data collection method amongst the articles which took a qualitative approach (King et al., 2012; Naylor et al., 2008). A semi-structured interview is a type of interview in which the interviewer creates and follows an interview guide (Moule and Hek, 2011).

Semi-structured interviews are advantageous as they allow for the researcher delve into the answers given by respondents. They also enable the researcher to collect data that was unanticipated to the data that they predicted (Walsh, 2003). However, Walsh (2003) also states that the main limitation of these type of interviews is that due to the nature of being able to defer from the pre-set questions, it is a common observation that respondents tend to go too in-depth when answering a question, leading to the predicament of unwanted information.

Walsh et al. (2011) also used an interview for their qualitative data collection method in their mixed methods approach. An interview was used as a follow up to the questionnaires that they completed, in order to go more in-depth regarding the answers that they gave in their questionnaires.
The focal point of this section will now move onto the discussion of the data collection techniques used by the studies that took the \textit{quantitative approach}. \\

\textit{Screening measures} \\

Screening measures were used by Whittington et al. (2014) in order to report the effects of self-reported mental health problems amongst the young people at risk of offending. The two screening measures selected were the HoNOSCA (Health of the Nation Outcome Scales for Adolescents) and the SQIfA (Screening Questionnaire Interview for Adolescents). The study credits the HoNOSCA assessment on its reliability and validity, whilst also placing emphasis on the fact that practitioners refer to it as ‘easy to use’. Additionally, the study gives evidence that several countries outside of the United Kingdom has tested and approved of its measurement (e.g. Garralda et al., 2004; Hanssen-Bauer et., 2007), referring to it as measurement of change concerning young people with mental health needs which shows sensitivity and validity. Whittington et al. (2014) also gave credit to the SQIfA measurement providing evidence that it has psychometric assets, with it being praised for its sensitivity, specificity and positive predictive value. \\

\textit{Questionnaires} \\

Walsh et al. (2011) undertook a mixed methods approach and used questionnaires as their quantitative method to uncover the mental health needs, behaviour and preferences concerning the variety of sources and advice for mental health issues. It is necessary here to clarify exactly what is meant by a ‘questionnaire’, which is defined by Moule and Hek (2011) as the most commonly used instrument to obtain data, which consists of a list of preset questions which require a written response from participants. 

The study did not give recognition to the advantages of using this method, although, correspondingly limitations of using this method in order to gather results were not discussed either.
Peto et al. (2015) also used a questionnaire in order to obtain data which addresses issues that are a cause for concern such as the access to and quality of services which provide some type of FCAMH service for young people at risk of offending. The benefits and limitations of using this method to collect data was not discussed throughout the study.

Computerised information systems/database

Haines et al. (2014) used the methods of extracting data from a computerised information system, in their case the from the Police National Computer. The use of collecting data from another agency provides researchers with the advantage of using limited resources, thus making it cost-efficient (Moule and Hek, 2011). Advantages and disadvantages of using computerised information systems as a method for data collection were not discussed by Haines at al. (2014).

Data analysis methods

This section will follow the same approach as the previous, although the focal point will be on the data analysis methods used by the six research studies. To begin with, quantitative data analysis methods will be discussed.

Statistics

The use of Statistics to analyse collected data was found in all four studies in which quantitative methods was used (Haines et al., 2014, Peto et al., 2015, Walsh et al., 2011, Whittington et al., 2014). Haines et al (2014) used inferential statistics which are used to prove the relationship strength amid two variables (Lewis-Beck, Bryman and Liao, 2004). Walsh et al (2011) also took the inferential statistics approach and used the SPSS (Statistical Package for the Social Sciences) (v.14.0) in order to analyse their data. On the other hand, Whittington et al. (2014) used descriptive statistics to analyse their data.
Descriptive statistics involves using several statistical techniques in order to describe numerical data including standard deviation, mean and variance (Moule and Hek, 2011).

Peto and al. (2015) took a different approach with the use of statistics to analyse data by inputting their data into a spreadsheet on Microsoft Office Excel, rather than using a statistical package which is much more well-known and valued for its validity. Peto and al. (2015) disregarded the discussion of the advantages and disadvantages of this method.

This section will now move onto a discussion of the qualitative data analysis methods used in the six studies.

_Thematic-analysis_

Thematic-analysis as the technique used to analyse data was the most common amongst the studies that used qualitative methods to obtain data, with two out of six studies employing it (Naylor et al., 2008, Walsh et al., 2011). Walsh et al. (2011) used thematic analysis in order to report and analyse themes within data. Naylor et al (2008) also used thematic analysis but based their analysis on a theory; the grounded theory by Strauss (1987). There wasn’t an inclusion of the advantages and disadvantages of using thematic analysis as a qualitative analysis of data in either studies.

_ Interpretative Phenomenological Analysis (IPA)_

Interpretative Phenomenological Analaysis (IPA) is a qualitative approach which aims to investigate how a participant makes sense of their personal and social world. The main predominance within an IPA study focuses on the meanings that specific events, states and experiences hold for some people (Smith and Osborn, 2007, Smith, Flowers and Larkin, 2005). King et al. (2004) is the only one of the six studies that uses IPA to analyse their
data and state that IPA was deemed as the most appropriate technique to use within the study as the assumptions that were directing this approach matched the assumptions that were guiding the research question.

**Ethics and funding of the six studies**

In order to carry out research and for research to be published, ethical approval must be granted. Despite all six research studies having ethical approval, only King et al (2012) and Walsh et al (2011) dedicated a section to ethical issues. This included touching on the obtainment of informed consent from both participants and parents/guardians and adhering to other vital ethical guidelines throughout their research. Four out of six research articles informed that they had received funding for their research (Haines et al., 2014, Peto et al., 2015, Walsh et al., 2011, Whittington et al., 2014).

The study by Whittington et al (2014) was the pilot study to that of Haines et al (2014), thus they both received the same funding from the Department of Health (2009-2011). The study carried out by Peto et al. (2015) also received funding of a grant from the Department of Health, whereas Walsh et al. (2011) had secured funding with a grant from the Youth Offending Team that they had based their research on. Of the two studies that did not receive additional funding, King et al (2012) mentioned that they did not receive any grant from any funding agency, whereas Naylor et al (2008) did not mention if and who they sought funding from at all.
3.0 Findings

The role of professionals and their manner

Two studies report that the attitude of professionals can have a detrimental or beneficial effect on a young person’s decision on whether they access a mental health service to seek support (Naylor et al., 2008, Walsh et al., 2011).

Naylor et al (2008) found that 8 out of 20 young people attending a specialised mental health service demonstrated a sense of appreciation regarding the manner that a practitioner has towards them, with 2 out of 20 young people also reporting that they would not attend the service if the worker didn’t demonstrate a sense of respect towards them or if they did not like the worker in general.

Accommodation of the young person’s needs and preferences were reported as a relevant quality which can have a positive effect on the young person’s decision to access a mental health service (Naylor et al., 2008). Two participants within this study emphasised a positive experience with the comment that their practitioner was never in a hurry to end the appointment and was focused on the wellbeing of the young person rather than themselves.

It is clear that there’s a strong correlation between the situation in which a professional meets a young offender and the positive or negative experience that they have. For example, Walsh et al (2011) proposes that situations where time is constricted such as a GP appointment leads to young people having feelings of uncertainty and pressure. Thus, this leads to being less likely to discuss their problems and decreases the likelihood of them having a positive experience.

The issue of time was reflected in a qualitative study by Campbell et al (2014), where young offenders highlighted the issue of short appointments with the GP as being inadequate and as a result tended to turn to workers within the voluntary sector who are deemed to have much more flexibility and time for their service users. Furthermore, such a time limit can account for the justification that young people at risk of offending aren’t likely to engage in primary healthcare services as they don’t perceive them as beneficial (Macdonald, 2006; Stallard et al., 2003).
Findings by Walsh et al (2011) also suggested that getting the young person to discuss their mental health problems with their parent present would be improbable in a meeting between a young person and YOT worker due to the ideology that young people may feel uncomfortable and therefore be more reluctant to go into depth about their problems.

Overall, in relation to the impact that the role and manner of a practitioner can have on a young person’s experience of accessing a mental health service, Naylor et al. (2008) brings to light that barriers to a young offender accessing a mental health service could be overcome by practitioners themselves: five factors were identified in order to overcome resistance including clinical effectiveness, demonstration of respect and commitment towards the young person, being flexible regarding appointment times with the inclusion of easy outreach appointments, making sure the young person understands the role of the service and making appointments relevant to the young person on a personal scale (Naylor, et al 2008).

These five factors reflected the findings of a similar study by Freake et al (2007) which examined young peoples’ views of helping professionals to provide a better service and proposed the need for qualities such as confidentiality, trust and the steadiness of provision of care in order for them to make the decision to access a mental health service.

**Barriers to support seeking**

Support-seeking is a coping strategy that relies heavily on having social relationships with other people (Rickwood et al., 2005). Barriers to support-seeking for young offenders was a significant theme that emerged in two of the six chosen studies (King et al., 2012; Walsh et al., 2011).

However, within this theme three interrelated subthemes were identified: trust issues; identity and hiding emotions; the concept of mental health and the relation of stigma.
Trust issues

King et al (2012) identified that participants within their study expressed ‘a lack of trust in others’ as influencing their views of support-seeking, especially with their friendships. Many participants reported that this lack of trust was linked back to incidents where friendships had deteriorated due to the trust being broken or an experience in which a friendship influenced the young person’s offending behaviour.

Similarly, findings in Walsh et al (2011) also propose that adolescent offenders may have trust issues when it comes to sharing their mental health problems with friends, with friendships tending to come with ‘conditions’. The participants within this study demonstrated being wary of what information they shared with friends, so that if the friendship ended in the future that information couldn’t be held against them.

A sample of young offenders with experiences of adverse life events also presented difficulties in trusting other people and disclosing personal information about themselves (Parton et al., 2009). The possibility of confidentiality being breached by professionals can influence the support-seeking of young people within this population, with Walsh et al (2011) reporting a lack of confidentiality as a barrier to support-seeking due to concerns that their information will be discussed.

Young people involved with Walsh et al. (2011) study reported difficulties in trusting professionals as a source of help with concerns of ‘being looked down on’ by professionals and being hesitant when it comes to asking questions just in case professionals perceive them as ‘stupid’.

These findings were reflected in the general population of adolescents. Rickwood et al. (2005) indicated difficulties in trusting professionals as a source of support-seeking and embarrassment as barriers. The adolescents within the study associated feeling scared and ‘too shy’ with discussing their mental health problems with a stranger, whilst also making clear that they were not willing to share person problems and their feelings with people whom they did not have a relationship with.
King et al (2011) indicated that adolescent offenders face fear in their experiences of support-seeking which is interrelated to trusting others. Despite suggesting that they could trust their families, the participants placed a strong emphasis on the significance of protecting them, thus not sharing their problems in the fear of upsetting them. However, the generalisability of this finding could be questioned as the sample gender was all male, despite there being several studies that identify gender differences in support-seeking (Boldero and Fallon, 1995; Rickwood et al., 2005). However, King et al (2012) did briefly discuss the interest of carrying out their study with female only participants regarding future research.

Identity and hiding emotions

Feeling underserving of support because of their identity is another barrier to support-seeking identified within the studies. Participants within the study conducted by King et al (2012) indicated that their problems weren’t reasonable enough to be deserving of support. This could be linked to other findings within the study that suggest that participants didn’t feel deserving of support as they label themselves as ‘bad’ due to the offences that they have committed. Furthermore, young people attending this youth offending service spoke of a ‘lack of options or choices’ connected to the pressures faced from the legal system, the YOT and their lives in general, indicating a sense of being ‘powerless’ (King et al., 2012).

The model of support seeking by Murray (2005) proposes that identifying yourself as ‘powerless’ has a detrimental effect on perceiving personal problems as ‘legitimate’, therefore being less likely to seek support and engage with mental health services.

Young people hiding their emotions due to a lack of understanding and empathy from others was recognised as another barrier to support-seeking regarding mental health problems of adolescent offenders. One of the studies (Walsh et al., 2011) reported that with regards to understanding, participants feared that when they shared their problems with a person that they would not understand the nature of their emotions or would not be
listening. In relation to empathy, participants referred to a fear of being laughed at amongst friends and family or being perceived as ‘weak’ or ‘interfering’ by service providers.

*The concept of mental health and the relation of stigma*

Walsh et al (2011) indicated that young offenders present a lack of knowledge when asked to identify the concept of mental health problems and referred to typical stereotypes that are portrayed in the media. Schizophrenia was the most recognisable mental health problem amongst the young people, with it being well-known for its distinctive symptoms of hearing voices and “people telling you to do things that you don’t want to do”.

Depression was the mental disorder that was presented as the most difficult for young people to grasp the concept of, with it being perceived as ‘not a mental health problem’ by a participant due to the notion that everyone gets depressed in their life and being a problem that comes and goes (Walsh et al., 2011). Walsh et al (2011) also identified the struggle with young people connecting their personal experiences to the description of mental illnesses such as depression.

It’s necessary here to explore whether the misconception of mental health is only attributed to adolescent offenders with mental health problems or if it’s a misconception perceived mutually in the general adolescent population. A qualitative study into young people’s understanding of mental health and mental illness found a lack of knowledge and understanding in regards to mental illness, viewing the term as extremely negative and associating people with mental illnesses with “white jackets”, “Victorian mental hospitals” and psychiatrists (Scottish Health Feedback, 2002). These findings could allude to a widespread lack of understanding of mental health problems not just for young offenders, but across the population of young people in general.

Stigma related to mental health problems was also seen as a barrier to seeking support for young offenders, with mental health problems being associated with ‘mental homes’, leading to more difficulties for young people in recognising that they have a mental health problem (Walsh et al., 2011). Thus, it is evident that the stigma associated mental health
problems could account for why adolescents at risk of offending are less likely to engage in mental health services (Williams and Mickelson, 2008).

The study carried out by the Scottish Health Feedback (2002) also identified that young people in general are aware of the stigma that surrounds mental health problems.

**Relationships**

Relationships was the most common theme out of the studies, with two interrelated subthemes being identified: support providers and conflict in relationships.

**Support providers**

The role of relationships played an important part in three of the studies (King et al., 2012, Naylor et al., 2008, Walsh et al., 2011). Family or friends tend to be the preferred source of report in relation to seeking support for emotional problems (Whitaker et al., 1990). Young people associated the provision of emotional support as having a positive influence on them and referred to friends and family encouraging them to not disregard their education and not to offend in the future (King et al., 2012).

Walsh et al (2011) demonstrated that young offenders sought support from those that they were emotionally closest to, with responses demonstrating an ascending order starting with Mum (73%), friend (71%), YOT workers (52%), boyfriend/girlfriend (41%), Dad (41%) and other relatives (34%). These results were then mirrored within the same study when regarding their preferred source of support.

Studies that aim to investigate adolescents offenders in terms of support-seeking for mental health problems are limited, and so it’s important to compare them with studies that have similar aims but are focused rather on the general population of adolescents. It could be suggested that preferred sources for support seeking for emotional support have changed over the years, as a quantitative study by Boldero and Fallon (1995) exploring the support seeking in school-aged adolescents in Australia indicated that friends are the initial preferred source of emotional support, followed closely by parents.
Despite the YOT being identified as a source that is often used in regards to receiving support and advice of mental health problems, it’s not often regarded as a young person’s preferred source for emotional support. Additionally, King et al (2012) indicated that support from YOT tended to be more practical rather than emotional, with young people seeking for help with job applications and advice on furthering their education rather than personal problems.

The lack of continuity of relationship between a young person and practitioner is an important aspect regarding the reasons why young offenders are less likely to engage with mental health services. Walsh et al (2011) suggests that young people considered not accessing mental health services due to the ideology that the relationship between themselves and the service practitioner would be temporary rather than stable. Therefore, this could allude to highlighting the importance of the type of relationship there is between a young offender and a mental health service professional as a validation of whether they are likely or unlikely to engage with mental health services.

Conflict within relationships

King et al (2012) indicated that young people identify negative relationships as the cause for their offending behaviour. Even though relationships can have a positive influence on a young person in terms of not re-offending and getting the emotional support that they need, this is not always the case for everyone within this population and positive relationships are not always identified (Walsh et al. 2011, King et al. 2012).

Walsh et al (2011) reported that the majority of the young people within their study did not have a positive relationship with their parents or carers, and as a result turned to their friends as their first contact point for emotional support. These negative relationships tend to be chaotic, conflict-centred and not support providers. However, the same study suggests that not every young person will have friends that they feel secure to confide in either.
This suggestion can be reflected on by the prior study by Chitsabesan et al (2006), indicating that as many as 29% of young offenders presenting mental health needs have conflicting relationships with family whereas as many as 35% of young offenders have conflicting relationships with their friends.

As a result this leads to the questioning of where those with non-existing confiding relationships would go to receive emotional support and presents us with the finding that they would most likely do this independently (Walsh et al., 2011).

**Specialised mental health services**

Specialised mental health services for young offenders was a theme presented as an intervention in terms of making young people more likely to engage with services in order to meet their mental health needs. Subthemes included mental health provision on a national scale, effects on behaviour/re-offending and improvements in mental health.

*Mental health provision on a national scale*

Custodial settings have seen a significant improvement over the years in relation to the provision of ‘at-hand’ mental health services, whereas such an advancement has fallen behind for community-based Forensic Child and Adolescent Mental Health Services (FCAMH). According to Peto et al (2015), there is a lack of consistency of accessing comprehensive community based FCAMH services for young offenders across England, Scotland and Wales due to a patchy geographic provision of these services. Varied staffing, functions and commissioning arrangements are demonstrated within the services that are identified within this study.

Unfortunately, these findings are not able to be reflected upon or drawn in comparison to other studies as it is the first study to identify and determine the availability of community-based mental health provision for ‘high risk’ young people associated with the youth justice system (Peto et al., 2016).
Effects on behaviours/re-offending

Haines et al. (2014) indicated that specialised services for young offenders (in this case a Youth Justice Liaison and Diversion scheme (YJLD)) with mental health needs did not prevent re-offending rates when they compared these rates to comparison sites such as youth offending teams.

Despite these findings not supporting the hypothesis, this type of service it can however have a positive effect on the time it takes a young person to re-offend, with results showing young people with access to the scheme taking longer to re-offend than those in the comparison sites (580 days vs 334 days) (Haines et al., 2014). These findings reflect on a previous study by Cuellar, McReynolds and Wasserman (2006) which proposed that such a mental health diversion scheme for young offenders can delay re-offending.

Haines et al (2014) also investigated the factors associated with re-offending within their YJLD sample. These factors included having a history of offending, being regarded as distressed and having low self-esteem, association with CAMHS, negative family relationships and possible mental health problems. An average correlation between having low self-esteem and a likelihood to re-offend was also demonstrated within the same study.

Findings conducted by Naylor et al (2008) reported the behavioural effects that the specialist mental health service (identified as ART Service – Adolescent Resource and Therapy Service) being evaluated had on young people at risk off offending. Behavioural effects as a result of accessing the service was identified by 15 out of 20 participants, with ten of them identifying an improvement in their anger management skills whereas the further five participants regarded the access to the service as the cause to the end of their offending behaviour to a certain level.

Regarding the study of Naylor et al (2008), it could be suggested that in order to determine the effects of accessing a specialised mental health service on the behaviour of young offenders, a longitudinal study or a follow up study would have been supportive to propose that these services have a positive effect on young people.
Improvements on mental health

As previously acknowledged, a study conducted by Whittington et al. (2014) is the pilot study to that of Haines et al. (2014). Whereas the findings of the larger evaluation of the access to the YJLD scheme focused on the effects of re-offending, findings by Whittington et al (2014) suggested that those with access to specialised mental health service such as the YJLD scheme are likely to display an improvement in their mental health, whether this is observed or self-reported. These findings were indicated in three out of the five pilot sites from which data was most appropriate.

It’s important to acknowledge that the pilot study (Whittington et al., 2014) demonstrated feasibility which formed part of the larger evaluation (Haines et al., 2014) which presented results that have been identified as being suitable for a randomised controlled trial in future research in order to further examine the advantages of accessing youth diversion schemes for adolescents at risk of offending.

It is evident that the use of YJLD schemes that function on the border of mental health and criminal justice are significant on a national level, with Peto et al (2015) reflecting this, indicating that 40% of community based forensic adolescent mental health services being associated with these schemes.

The effectiveness of diversion schemes such as that focused on within the studies by Haines et al (2014) and Whittington et al (2004) could also be applicable to adults, demonstrated in a report by Sainsbury Centre for Mental Health (2009). The report proposes that criminal justice diversion schemes result in outcomes of an improvement in mental health and a reduction in re-offending, seen within diversion schemes in the USA (Trupin and Richards, 2003; Steadman and Naples, 2005; O’Keefe, 2006) but much more research needs to be done in the UK by improving the methods of such schemes, in order to produce more advantages for the mental health and reduction in offending behaviour of young people.
5.0 Discussion

Overall, the use of thematic analysis on the six chosen primary research studies has produced several interesting results on the access to mental health services of adolescents at risk of offending. The content of this section will aim to discuss the findings in relation to the aims of the research statement and, how these findings fit in with existing literature on the topic.

Factors that affect experiences of accessing mental health services

It was found that the role of professionals, support-seeking and relationships are all factors that have an effect on the experiences of accessing mental health services for adolescent’s at risk of offending (Naylor et al., 2008, Walsh et al., 2011, King et al., 2012).

The factors that are identified as affecting the experiences of access mental health services present different findings, with ‘the role of professionals’ being a significant theme. Walsh et al (2011) and Campbell et al (2014) argued that these experiences are likely to be affected by environmental barriers, demonstrating a strong correlation between time-restriction within a GP appointment and effective communication which increases the likelihood of the young person feeling pressurised and uncomfortable to talk about their mental health needs, leading them to having a negative experience.

This finding can close a gap within the literature review, with such an environmental barrier accounting for the reasons why young offenders don’t perceive experiences with primary healthcare professionals as beneficial (Macdonald, 2006).

To support the argument that environmental barriers such as time can have affect the experiences of adolescent offenders accessing mental health services, the concept of factors that can overcome such environmental barriers have been identified by Naylor et al (2008). Such factors demonstrated appreciation of the professional’s attitude, flexibility, a clear explanation of what the service entails and ensuring that the means of the appointment is in the best interest of the young person. It could be suggested that if all professionals adhered to these factors, then this would improve mental health rates in adolescent offenders due these services being significantly more approachable to engage with.
Trust issues, sense of identity, hiding emotions and the misconception of mental health in relation to stigma are identified as barriers to support-seeking as a coping strategy for adolescent offenders (Walsh et al., 2011; King et al., 2012).

Throughout the findings, the influence that a ‘powerless’ sense of identity has on the coping strategy used by young offenders has proven significant. The ideology that young people who recognise that they may have mental health difficulties are more likely to seek to support is proposed throughout literature (Mitchelle and Shaw, 2011). Yet King et al (2012) argues that young offenders label themselves as ‘bad’ and have a negative outlook of their future and as such identify themselves as feeling ‘powerless’, which is supported by Murray’s (2005) support-seeking model which proposes that those who are ‘powerless’ are not likely to see their problems as deserving and thus do not seek support.

In correspondence to the literature review in which mental health problems being stigmatised by young offenders is concluded as a barrier to support seeking (Shelton, 2004), the misconception of mental health problems due to stigma amongst young offenders is also relevant to addressing the research statement.

It seems that there is a disparity in mental health awareness for young offenders, with their conception of mental health being attributed to typical stereotypes and not associating depression as a mental illness as it’s something that everyone experiences at some point in their life (Walsh et al., 2011). Yet, this misconception is mutually held by the general adolescent population, with students within a qualitative study reporting a lack of knowledge regarding mental health, negative views and stereotypes such as ‘Victorian mental hospitals’.

These findings could allude to an epidemic amongst the general population of young people regarding the misconception and stigma of mental health, suggesting that mental health awareness is not being emphasised enough in education. Research conducted by Pinfold et al (2003) has already demonstrated the positive impact that educational workshops have upon young people’s conception of mental health and challenging associated stigma.
The importance of relationships and mental health provision

The role of relationships has proven to be of significance throughout the findings in relation to adolescent offenders accessing mental health services. It is deemed that adolescent offenders put off engaging with mental health services due to the fear of a lack of continuity of a relationship between themselves and the practitioner/worker that they are meeting with (Walsh et al., 2011). Therefore, this presents us with the ideology that this group of young people value a previously established relationship with a worker, deemed to be trustworthy and willing to consider what they are disclosing, rather than starting over the process with a new worker each time (Dogra, 2005).

Preferred sources for emotional support for adolescent offenders seem to be consistent over the years with friends and family tending to be the first contact point, however this finding is applicable to the adolescent population as a generic whole (Boldero and Fallon, 1995, Walsh et al., 2011, King et al., 2012). For individuals who have conflicting relationships with both friends and family, ‘self-coping’ tends to be their coping strategy rather than personal relationships and accessing mental health services (Walsh et al., 2011).

In relation to considering these findings from a theoretical perspective, theories in relation to the research statement are limited. However, Bowlby’s theory of attachment can account for adolescent offenders preferred source of support and the coping strategy of support seeking. A secure attachment is formed in infancy, where emotional support is provided consistently by the parent which allows the child to see people as trustworthy and to be able to emotionally connect (Marrone, 2014). Therefore, those with insecure attachments are more likely to use a ‘cope alone strategy’ as they don’t have an attachment figure for emotional support, and they are likely to disregard other types of support-seeking.

A significant theme in relation to answering the research statement was the provision of mental health services for adolescent offenders and the effects they have on improvements of behaviour and mental health. The literature review allowed for the researcher to gain an understanding that this groups needs weren’t being met by local
CAMHS, and so it was necessary to investigate the provision of FCAMHS and specialised mental health services specifically for this population. Peto et al (2015) demonstrated that on a national scale, accessing FCAMHS for adolescent offenders face the barriers of patchy geographical provision, with factors such as commissioning arrangements and staffing having a role to play.

Literature within the UK hasn’t yet demonstrated a success when it comes to specialised mental health services or schemes preventing re-offending all together. Despite their findings not supporting the hypothesis, Haines et al (2014) did emphasise the results that such diversion schemes can have on promoting a delay in re-offending for young people with mental health problems, with re-offending being associated with factors such as a lack of confidence and negative family relationships. These findings can also be linked to Bowlby’s theory of attachment which proposes that insecure attachment, such as negative family relationships, can have a detrimental effect on a young person’s decision to offend (Bowlby, 2017).

The pilot study of Haines et al (2014), conducted by Whittington et al (2014), proposed that schemes/services like the YLJD within the study lead to those involved seeing an improvement within their mental health, both observed and self-reported, with three out of five pilot sites supporting this concept.

Findings of both Haines et al (2014) and Whittington et al (2014) correspond with the literature review, which proposed a variety of studies being carried out within the USA, but the effectiveness of these schemes is inconsistent as some show a reduction in offending and others do not (e.g. McCord et al., 2001; Gensheimer et al., 1986). Furthermore, more emphasis and funding needs to be put into specialised mental health services for adolescent offenders within the UK such as a youth justice diversion scheme, which will more than likely lead to a reduction in mental health rates and improved experiences of accessing mental health services.
6.0 Conclusion

This study set out to gain an understanding of why adolescents at risk of offending are less likely to access mental health services, identifying the barriers that these young people face in terms of ‘support-seeking’ and exploring the current mental health provision that is available to this specific group in terms of the whether they have a positive impact on behaviour and mental health.

Overall, thematic analysis of the six chosen research studies produced some interesting findings. The evidence proposes that the role and manner of professionals is a significant factor regarding adolescent offender’s experiences of accessing mental health services, with barriers such as time restrictions within GP appointments having a detrimental effect on young people’s decision to engage with these services. It is suggested that there is a strong correlation between the young person’s decision to access mental health services and the professional possessing qualities such as flexibility, a positive attitude, clear outline of what the session/appointment will consist of and ensuring that the session is entirely focused on the young person.

There is a pattern amongst literature regarding the importance of relationships for adolescent offenders with mental health needs, with close friends and family being associated as figures to turn to for emotional support.

Barriers to support seeking for adolescent offenders include trust issues, ‘powerless’ sense of identity, hiding emotions and a lack of knowledge regarding mental health in relation to stigma. According to the findings, the common misconception of mental health in relation to stigma is an epidemic issue which is beyond the adolescent offender population, existing in the adolescent population as a generic whole.

When reflecting on the evidence and statistics of the high rate of mental health problems, this research study provides clear evidence that the provision of mental health services for adolescent offenders is inadequate and more research needs to be done on the methods and process of youth justice diversion schemes which aim to reduce offending and improve mental health. The implications of exploring adolescent offender’s experiences of
accessing mental health services is important as it allows for policy makers to ascertain what changes need to be made.

One limitation of carrying out this study was that current literature on this topic was limited, and so the data extraction process was time-consuming. As this study is secondary research, the researcher faced the disadvantage of not getting a direct insight of the topic itself and didn’t have the opportunity to introduce new factors and barriers.

**Recommendations**

- Raising mental health awareness in the educational system and in the youth justice system in order to reduce the issue of misconceptions regarding mental health and to put an end to the stigmatising mental health problems.

- Ensure that GPs receive appropriate training in terms of identifying mental health problems within young people, to promote early interventions and improve the experience of accessing primary healthcare.

- Further research should be carried out to further investigate the effectiveness of youth justice diversion schemes on improving mental health and reducing offending behaviour, through the method of randomised control trials (RCTs) for more rigorous results.

**Reflective learning**

The reason for choosing to conduct a study on adolescent offender’s experiences of accessing mental health services is because I am currently a volunteer for my local authority’s Youth Offending Service and working as a Youth Offending Service officer or key worker is a career path that I aim to take once I complete my degree.

Despite this voluntary role within the YOS involving numerous training courses which provided me with insight into a range of different issues and topics such as diversity,
conflict management, domestic abuse, restorative justice and the foundations of youth justice; it didn’t involve training on the mental health of young offenders and so I decided to take it upon myself to use this drawback to my own advantage by making it the basis of my dissertation.

Identifying my strengths and weaknesses was essential to produce a successful desktop study. My weakness was mainly time due to having a significant amount of other university assignments to complete, a part time job to uphold and voluntary work. In order to combat this weakness, every week I wrote up a plan with what I am doing on each day and what needs to be achieved throughout each day.

The chapter I enjoyed writing the most was the methods and the findings. I enjoyed expanding my knowledge on the range of research methods that are out there and exploring the advantages of disadvantages of these. Analysing the findings was the most exciting part as it was interesting to see if themes in the literature review interlinked to these. The most difficult chapter for me was the literature review as it was time-consuming and finding relevant current literature regarding the research was extremely challenging on times.

In the future, I would like to carry out my own primary research on this topic, as this would give me a personal insight and allow me to identify any new factors that have arisen since I complete this desktop study. I strongly believe that more needs to be done in order to improve mental health services for adolescent offenders and to tackle the barriers that they currently face.
7.0 References


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8.0 Appendices

Appendix 1. Ethical approval

Wednesday, 21 December 2016

[Redacted]

School of Health & Social Care
Cardiff School of Health Sciences

Dear Applicant

Re: Application for Ethical Approval: An exploratory study into the access to mental health services of adolescents at risk of offending

Ethic Reference Number: [Redacted]

Your ethics application, as shown above, was considered by the Applied Community Sciences Ethics Panel on 21/12/2016

I am pleased to inform you that your application for ethical approval was APPROVED, subject to the conditions listed below – please read carefully.

Standard Conditions of Approval

- Your Ethics Application has been given a Project Reference number as above. This MUST be quoted on all documentation relating to the project (e.g. consent forms, information sheets), together with the full project title.
- All documents must also have the approved University logo and the Version number in addition to the reference and project title as above.
- A full Risk Assessment must be undertaken for this proposal, as appropriate, and be made available to the Committee if requested.
- Any changes in connection to the proposal as approved must be referred to the Panel/Committee for consideration without delay quoting your Project Reference Number. Changes to the proposed project may have ethical implications and so must be approved.
- Any untoward incident which occurs in connection with this proposal must be reported back to the Panel/Committee without delay.
- If your project involves the use of samples of human origin, your approval is given on the condition that you or your supervisor notify the School of your intentions to work with such material by completing Part One of the form entitled “Notification of Intention to Work with Human Relevant Material or Human Bodily Material” which must be obtained from the PD (Dr. Duggan), BEFORE any activity on this project is undertaken.
This approval expires on 23/12/2017. Please set a reminder in your Outlook calendar or equivalent
if you need to continue beyond this approval date. It is your responsibility to reapply / request
extension if necessary.

Yours sincerely

[Signature]

Professor George Kamni
Chair of Applied Community Sciences & Protection Ethics Panel
Cardiff School of Health Sciences

Tel: 029 20416973
Email: gkamni@cardiff.ac.uk

Cc: Atfield, [name]  PLEASE RETAIN THIS LETTER FOR REFERENCE
### Appendix 2 – overview of the six research studies

<table>
<thead>
<tr>
<th>Author and year</th>
<th>Research title</th>
<th>Aim of research</th>
<th>Methods</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Haines et al., 2014)</td>
<td>Offending outcomes of a mental health youth diversion pilot scheme in England</td>
<td>To test the hypothesis that a specialised mental health service for young people would be correlated to reductions in re-offending.</td>
<td>Computerised Information Systems – Police National</td>
<td>Hypothesis not supported but found that the YJLD scheme promotes longer periods of desistance from offending.</td>
</tr>
<tr>
<td>(King et al., 2012)</td>
<td>Perceptions of support seeking in young people attending a Youth Offending Team: An interpretative analysis</td>
<td>support-seeking in a certain group of young offenders</td>
<td>Semi-structured interviews</td>
<td>Four master themes: YOTs, damaged self, complexity of relationships, internal conflict</td>
</tr>
<tr>
<td>(Naylor et al., 2008)</td>
<td>Young people at risk of offending: their views on a specialist mental health service in South East London</td>
<td>To focus on the process of engaging this group in therapeutic work</td>
<td>Semi-structured interviews</td>
<td>Five factors to help practitioners overcome resistance were identified</td>
</tr>
<tr>
<td>(Peto et al., 2015)</td>
<td>Community-based forensic child and adolescent mental health services in England, Scotland and Wales: a national mapping exercise</td>
<td>The current quality of specialist community mental health provision for young people who are ‘high-risk’ and involved with the youth justice system.</td>
<td>Questionnaire-based survey</td>
<td>FCAMH services across England, Scotland and Wales are geographically patchy.</td>
</tr>
<tr>
<td>(Walsh et al., 2011)</td>
<td>Perception of need and barriers to access: the mental health needs of young people attending a YOT in the UK</td>
<td>Perceptions of level of need, views on and experiences of support and the barriers perceived when accessing services.</td>
<td>Mixed methods: Questionnaires and interviews.</td>
<td>Likely to seek support from friends and family. They face barriers: stigma, lack of understanding.</td>
</tr>
<tr>
<td>(Whittington et al., 2014)</td>
<td>Diversion in youth justice: a pilot study of effects on mental health problems</td>
<td>YJLD scheme on the participants’ well-being and the scope of self-reporting mental health problems.</td>
<td>Screening measures</td>
<td>YJLD scheme are likely to lead to an improvement in mental health</td>
</tr>
</tbody>
</table>
Appendix 3 – The four tier model demonstrating what professionals work at each tier level (Callaghan et al., 2003)

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>GPs, teachers, health visitors, social workers, youth workers, school nurses, youth justice workers and voluntary agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIER 2</td>
<td>PMHWs, counsellors working in GP services, psychologists, pediatricians</td>
</tr>
<tr>
<td>TIER 3</td>
<td>Child and adolescent psychiatrists, psychologists, social workers, psychiatric nurses and psychotherapists</td>
</tr>
<tr>
<td>TIER 4</td>
<td>FCAMH specialized psychologists, psychiatrists, social workers and nurses.</td>
</tr>
</tbody>
</table>