



# FEELING HEARD

## An Evaluation of the Listen Project



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HEARD**

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## **Acknowledgements**

On behalf of the Listen Project Steering Group and Quality Matters, we would like to thank all of the young people who generously gave their time and shared their views of the project. Thanks also to the counsellors who gave their time and opinions in the focus group. Their efforts have resulted in a report that is robust, informative and reflects the views of young people and professionals. We hope that this evaluation will be useful in refining and developing this important project over the coming years, to ensure we the needs of young people in our area for a non-judgemental listening service can continue to be met.

To cite this report:

Dermody A. & Gardner C. (2014) Feeling Heard: An Evaluation of the Listen Project. Sphere 17: Dublin;

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# 1 ABOUT THE LISTEN PROJECT

## 1.1 OVERVIEW

The Listen Project provides a specialist 1-2-1 support service to 12-21 year olds from the Dublin 17, 13, 5 and surrounding areas. Qualified counsellors provide 'Listen Sessions' to young people, who can talk and explore problems, with the aim of ensuring that they feel heard on issues they are concerned about. The Listen Project operates a model of time-limited counselling, meaning a set number of sessions, up to eight depending on need, is provided to young people, after which point the counselling relationship is ended and young people are referred on for other services, if required.

Two local counselling services, New Life Centre and Target, provide counselling for the Listen Project. Sphere 17 is the coordinating organisation and the Northside Partnership is the administrating organisation. An interagency steering group oversees the project and includes representatives from:

- The Northside Partnership
- Sphere 17
- New Life Centre
- Target

The steering group oversees the Listen Project on behalf of the local Positive Response Group, which was established in 2006 as a response to youth death, suicide and self-harm in the area. The group secured funding for a number of suicide prevention initiatives in 2008. One of these initiatives was a youth counselling service, which was developed as a listening service based on an assessment of need in the area.

Additional funding was acquired in 2014, which was used to extend service provision to people aged 18-21 years (it had previously been targeted at young people up to 17). This was a response to an increasing demand from this age group and their reported reluctance to engage with adult mental health services.

### The original programme objectives were:

- To provide young people in the target area with meaningful support in their own community
- To increase understanding of the extent and nature of issues for young people in counselling, and the demand for related services
- To increase awareness in the community about the Listen Project and youth mental health, and reduce stigma for young people with regard to accessing counselling support
- To increase capacity for youth counselling provision within the existing local counselling service providers

In addition to this, the project aimed to:

- Provide up to 275 hours of counselling support to be made available, benefitting a minimum of 60 young people
- Ensure that the general nature of issues that young people present with would be documented and the data analysed / evaluated to inform future developments in the target area

## 1.2 THE COST OF THE PROJECT

The overall cost of the project from September 2013 to September 2014 was €21,000. The cost per unit of listen sessions was €58 and the cost per client was €273<sup>1</sup>. This calculation does not consider the in-kind contributions of organisations involved in the project, such as administration time, room use and attendance at the steering group.

These costs can be contrasted favourably against the cost of commercial counselling, as the costs per unit is comparable/lower than average market rate of €65 - €70<sup>2</sup>.

<sup>1</sup> Estimated figures are from calculating the cost of the project for the year by the number of sessions provided and the number of clients seen in that year: €21,000 divided by 358 sessions, and €21,000 divided by 77 clients.

<sup>2</sup> Average rate obtained from a webs search or phone inquiry with a number of private counselling services in Dublin

## 2 OVERVIEW OF THE EVALUATION REPORT

This evaluation was conducted by an independent research team, with the aim of assessing young people's perceptions of the service provided by the Listen Project.

Firstly, a profile of the young people using the service was built by reviewing anonymised information collected on the Listen Project's Client Relationship Management (CRM) database<sup>3</sup>; the Listen Project's computerised records of client engagements. Secondly, the service was evaluated by interviewing 12 young people who had participated in the programme, and by running a focus group with professionals involved in either managing or providing the service.

The evaluation is presented in the following way:

- This chapter, Chapter Two, presents a summary of the findings and recommendations.
- Chapter Three provides a summary of the context in which this service is operating: information on suicide, youth mental health service provision in Ireland, and the time-limited counselling model used by the Listen Project.
- Chapter Four contains a profile of the clients built from the records on the CRM system, and those who took part in interviews. It also details the issues the clients presented with to the Listen Project and the issues discussed in the sessions.
- Chapter Five provides a detailed report on what was found from the interviews.
- Chapter Six outlines a list of recommendations that were developed from discussions with the staff and clients, and considerations of good practice nationally and in other countries.

<sup>3</sup> The anonymous information from young people who attended Listen sessions between March 2013 and April 2014 was used to build this profile.

## 2.1 SUMMARY OF KEY FINDINGS

Presented here is a summary of the key findings from service user interviews (findings from the staff and management interviews and focus groups are referred to in the main body of the report):

- 92% of participants reported that they had experienced positive changes in their lives and/or developed new cognitive or behavioural coping skills as a result of engaging with the Listen Project
- 83% of the young people said that the counsellor helped them to develop a better understanding of what was going on for them
- 83% of participants rated the programme as an eight or higher out of ten
- For those who felt a sense of stigma about accessing mental health services before beginning with the Listen Project, the majority reported that this had changed since attending the Listen Project
- 83% of young people would go back to the Listen Project if they felt they needed the service
- There was an 80% attendance rate for scheduled sessions<sup>4</sup>

## 2.2 SUMMARY OF RECOMMENDATIONS

The recommendations provided here are a summary of the full recommendations in the final section of the report:

- It is recommended that the Listen Project continues to provide this service, and that opportunities to meet increasing demand are explored, as the evaluation indicates that the Listen Project is effective in supporting young people who attend the programme to develop improved coping skills. In line with larger scale research on youth mental health, this evaluation indicates that providing an opportunity for young people to 'get things off their chest' who might not otherwise discuss their problems

can reduce feelings of distress in young people. The My World survey, a large-scale study on youth mental health in Ireland has positively associated talking about problems with reduced self-harm and suicidal behaviours. The continuation or expansion of this programme should be supported by implementation of the other recommendations in this report, which highlight opportunities to refine or improve aspects of the system.

- There is potential to further develop outcome-reporting systems, in order to capture information in relation to the change experienced by young people as a result of engaging with the Listen Project. This data could be used to refine the model, identify strengths of the project and identify problems with the project as they arise. Having regular information on outcomes can help to improve young people's experience with the programme and to ensure the Listen Project is continuously and effectively responding to the needs of young people.
- The Listen Project is working in line with an evidence-based model, and supporting young people whether they simply need to 'get things off their chest' or need support while they wait to be engaged in more intensive support services. The Listen Project's value as a non-directive time-limited counselling service could be better understood by, and promoted to, all stakeholder groups.
- The counsellors working with The Listen Project are all working in an innovative model where they are employed by different service providers, but are providing services to the Listen Project. This model is used elsewhere, for example in the HSE's Self-Harm Intervention Programme in the South Eastern Region and the national Counselling in Primary Care Programme. Counsellors working in this structure may benefit from further opportunities, in addition to those already provided, to support one another, clarify their work and review any issues, for example through reviewed or agreed policies, or meetings. This should be considered in light of existing need, current opportunities provided, and time and resource constraints.

<sup>4</sup> This finding was from the Listen Project CRM database

## 3 CONTEXT IN POLICY AND LITERATURE

This chapter locates the Listen Project in the context of national policy on youth mental health and preventative care. It also provides a summary of information on the time-limited model used by the Listen Project.

### 3.1 SUICIDE

The World Health Organisation notes that over 800,000 people die from suicide every year, globally. It is the leading cause of death in those aged 10 – 24 years (5). According to Ireland's National Office for Suicide Prevention, in 2012 Ireland had the sixth lowest rate of death by suicide in the EU (11). However, despite low suicide rates generally, Ireland has the second highest rate of youth suicide (those between 0 -19 years) in the EU, after Lithuania (10, 18). The link between mental health and suicide, particularly depression and alcohol use disorders, has been well researched, and mental health problems are viewed as a major risk factor for suicide in Europe and in Ireland (4, 9).

### 3.2 YOUTH MENTAL HEALTH

A Vision for Change, Ireland's national mental health strategy notes that that adolescence is a time of increased risk of poor mental health with anxiety, depression, psychosis, eating disorders, and substance misuse becoming more prevalent, as well as an increasing risk of deliberate self-harm and suicidal behaviour (4). The mental health of young people is described

by Patel and colleagues, in a review of global statistics on youth mental health, as a 'global public health problem' (6). Young people bear a significant burden of mental health problems; youth is the time at which mental health problems are most likely to begin. Half of all lifetime cases begin by age 14 and three-quarters by age 24 (7). Kessler and colleagues (7) highlight that unlike other diseases such as heart disease and cancer, mental disorders cause suffering for people in their prime of life and potentially at their most productive point.

Comprehensive research on youth mental health in Ireland was conducted by researchers in University College Dublin and Headstrong, a youth mental health service, in 2012. It involved over 14,000 young people. This research, published as the My World Survey (8), found that over one third of young people aged 12 – 25 are outside the normal

**YOUNG PEOPLE BEAR A SIGNIFICANT BURDEN OF MENTAL HEALTH PROBLEMS; YOUTH IS THE TIME AT WHICH MENTAL HEALTH PROBLEMS ARE MOST LIKELY TO BEGIN.**

range for depression and anxiety, over one-fifth had previously self-harmed and over half of the young people had experienced suicidal ideation. 7% had previously attempted suicide (8). The report found that harmful alcohol use and financial stress are strongly related to mental health problems for young people. The report also highlighted that good mental health in adolescence is a requirement for optimal psychological development, the development and maintenance of productive social relationships, effective learning, the ability to care for oneself, good physical health and effective economic participation as adults.

The authors of the survey also highlighted emerging themes particularly relevant to this evaluation: suicidal thoughts, rates of self-harm and suicide attempts were higher in young adults who did not seek help or talk about their problems, and talking about problems was

**WAITING LISTS FOR ACCESS TO THE CAMS AND OTHER SPECIALIST SERVICES ARE, ANECDOTALLY, AS LONG AS THREE TO SIX MONTHS.**

associated with lower mental distress and positive well-being. In addition to this, 10 – 20% of young people who were experiencing significant personal problems who needed help did not seek it, and these young people

reported high levels of distress and low levels of personal well-being.

Research and strategic documents, both nationally and internationally, make a strong and consistent case for the need to provide meaningful and appropriate services that seek to address youth mental health issues, and reduce youth suicide and self-harm.

### 3.3 GAPS IN MENTAL HEALTH SERVICE PROVISION FOR YOUNG PEOPLE

A Vision for Change, the national mental health strategy (4), makes a series of recommendations for mental health services, including the closure of psychiatric hospitals and rein-

vestment of resources into community-based mental health services, and the promotion of localised, specialised, comprehensive mental health services. In relation to under 18s, the report notes that Child and Adolescent Mental Health Service teams (CAMHS)<sup>5</sup> are well below recommended norms, inequitably distributed, often inaccessible, and that *'dedicated adolescent mental health services are virtually non-existent on a national basis'*. To address some of the deficiencies, the report recommends in point 10.7 that two child and adolescent community mental health teams should be appointed to each sector with a population of 100,000, with a further team provided across each catchment area of over 300,000. In their National Service Plan for 2014, the HSE highlight their commitment to continue to promote positive mental health and improve suicide prevention and to implement the CAMHS Access Protocol<sup>6</sup> for 16 and 17 year olds (2). However, waiting lists for access to the CAMHS and other specialist services are, anecdotally as long as three to six months, which from the perspective of users with serious needs and other services supporting these individuals is considered too long.

In their report for 2012 and 2013, the HSE state that in relation to CAMHS, 31% of referrals had to wait at least three months and there was a 24% increase on the waiting list over this period (12). In their service plan for the HSE South 2013, the HSE noted that, in the previous year, no young person had to wait more than 12 months for support through CAMHS (13). The insufficiency of current community based service provision has been highlighted by the Mental Health Commission. A 2012 report (71) noted that:

***'There remains a continued over-reliance on the provision of mental health care and treatment in institutional settings, a deficit in fully staffed multi-disciplinary teams, and a lack of sufficient specialist***

<sup>5</sup> The CAMH service is provided by the HSE. It is an interdisciplinary service for children, primarily up to 15 years of age, but extending to 18. There are 11 teams operating nationally, three of whom are run by community / voluntary agencies (12). The team consists of a consultant child and adolescent psychiatrist, registrar, clinical psychologist, clinical nurse specialist, social worker, speech and language therapist, occupational therapist and administrative staff.

<sup>6</sup> That, with effect from 1st January 2014, all children up to their 18th birthday who require mental health assessment and treatment will be seen by the Child and Adolescent Mental Health Services.

**services such as child and adolescent facilities, forensic services and mental health services for people with intellectual disabilities. (p1)**

The commission notes the need to reduce waiting lists and provide an alternative for in-patient treatment, as well as a need to increase in-patient capacity for young people who need this level of care.

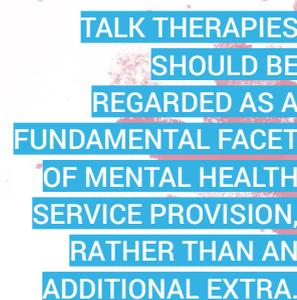
Future Health, the HSE Strategy Framework for 2012 – 2015 (19), endorses the national mental health strategy and strongly supports the implementation of its recommendations. Future Health places mental health under the category of social and continuing care in the new service structure. The strategy states that; *'social and continuing care will play a key role in our efforts to deliver care at the point of lowest complexity'* (p37). The report highlights the need for common strengths-based assessments; individual care plans with a focus on personal goals and outcomes, and a shift towards community service provision.

This section draws attention to continuing waiting times for specialist services, and highlights a need to ensure that young people on waiting lists for specialised services such as CAMHS are adequately supported to deal with on-going or emerging issues until they receive specialist treatment.

### 3.4 PRIMARY CARE, COMMUNITY-BASED SERVICES AND MENTAL HEALTH

The national Primary Care Strategy (1) defines primary care as being *'an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being'*.

Mental health services are a core facet of the national primary care strategy. This is in line with recommendations by the Mental Health Commission, who highlighted the need for a tiered and stepped approach to service provision. In particular, they note that vulnerable children should be offered targeted support to reduce the likelihood of developing lifelong mental health problems (3). The World Health Organisation's Mental Health Action Plan 2013 – 2020 further emphasises the need for early community-based interventions with young people through evidence-based, psycho-social and non-pharmacological means (5).



TALK THERAPIES  
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SERVICE PROVISION,  
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ADDITIONAL EXTRA.

**A Vision for Change**

The national mental health strategy, *A Vision for Change*, states that links between community services and mental health service providers should be enhanced and formalised (4). Indeed, in consultations with service users and their families for *A Vision for Change*, the need for closer links between clinical services and mainstream community agencies was a priority. Another priority identified was that talk therapies should be regarded as a fundamental facet of mental health service provision, rather than an additional extra.

This section highlights a priority identified in numerous strategies for recognition of the role of community-based services, as well as talking therapies, as part of a general health service provision on continuum of services of varying degrees of specialisation in mental health.

### 3.5 TIME-LIMITED COUNSELLING

The Listen Project uses a model of service provision known in the literature as time-limited counselling. Time - limited counselling refers to the provision of therapeutic sessions for a limited time, as opposed to unlimited or

open-ended therapy terminated by the client at a time of their choosing (21). It is designed to be a pre-determined number of sessions, usually not more than 20 at most, and including single session therapy (20)

This model of time-limited counselling for suicide prevention has been shown to be effective in reducing subsequent suicidal behaviour in people who attempt suicide in India (15). These findings have been repeated in other studies in low or middle economic countries where resources are fewer (16). Another study has looked at two brief suicide prevention protocols involving three separate groups. All three groups showed equivalent decreases in suicide risk behaviours,

anger control problems, and family distress (17).

Time-limited brief intervention counselling programmes can be a cost-effective strategy to help reduce suicidal behaviour. Time-lim-

ited counselling models are being used in other suicide prevention projects in Ireland, for example in the HSE South Eastern Region's Self-Harm Intervention Programme (SHIP). This is a specialised counselling service for individuals presenting self-harm or experiencing suicidal ideation. The programme provides short-term counselling contracts, up to 12 sessions, for individuals, 16 years or older, at risk of suicide or self-harm (14). Likewise, this model is used for the Counselling in Primary Care Scheme, a national primary care scheme where clients in distress are offered 6-8 sessions of counselling, delivered by qualified counsellor therapists, to support them through a difficult period<sup>7</sup>.



**TIME LIMITED BRIEF  
INTERVENTION  
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BE A COST-EFFECTIVE  
STRATEGY TO HELP  
REDUCE SUICIDAL  
BEHAVIOUR.**

### 3.6 SUMMARY

This section of the report ties together a number of issues, which together point to a need for community-based preventative mental health service for young people. Young people are disproportionately adversely affected by mental health issues, compared to people in other age groups. There are well-documented gaps in specialised mental health services for young people in Ireland. Research in Ireland has shown that where young people do not talk about their problems, or if when in distress they do not seek help, there is an increase in distress, incidence of self-harm and suicidal behaviours, and a reduction in well-being.

National policy prioritises the role of community-based services in responding to people who need support with mental health difficulties and preventing escalation of these difficulties where they manifest. There are recommendations that such services must be located within a continuum of care of services with clear referral pathways for clients requiring more intensive supports.

Time-limited brief intervention counselling has been shown in some studies to be an effective means of reducing suicidal behaviour. The model espoused by the Listen Project is replicated in other services seeking to support people with mental health issues in Ireland, and may be an effective way of averting self-harm and suicide and supporting improved mental health in young people.

<sup>7</sup> HSE: <http://www.hse.ie/eng/services/news/newsarchive/2013archive/july2013/counsellinginpc.html>

## 4 PROFILE OF CLIENTS

This chapter provides an overview of the population of clients who attended the Listen Project, as well as an overview of the clients who participated in interview for this evaluation. Information about clients in this chapter was obtained from the Listen Project's client relationship management system (CRM); the computer system that records information about clients.

To support client privacy, and to be in line with data protection requirements, the data on the system was anonymised so that neither the clients' full names nor addresses were visible to the researchers. The researchers were able to analyse information while protecting the privacy and identities of Listen Project clients.

### 4.1 DEMOGRAPHICS

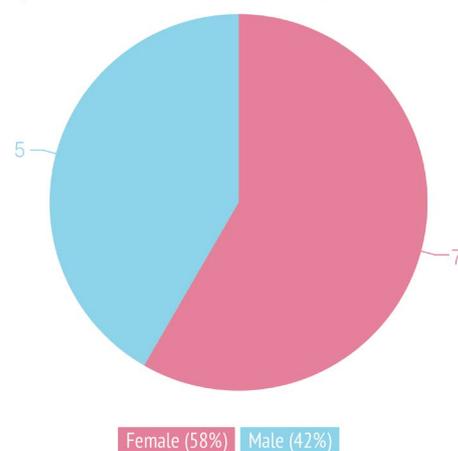
#### OVERVIEW

This section provides basic information on participant age, gender and previous experiences of similar types of support, as well as a brief overview on those who registered but did not engage with the programme. Client records from between March 2013 and April 2014 were analysed, 54 clients in total.

#### GENDER

The gender balance of the 54 clients was marginally in favour of girls, with 54% female and 46% male (29 female and 25 male) clients. This was slightly higher in interviews, with 58% of interviewees (n=7) were female and 42% (n=5) were male.

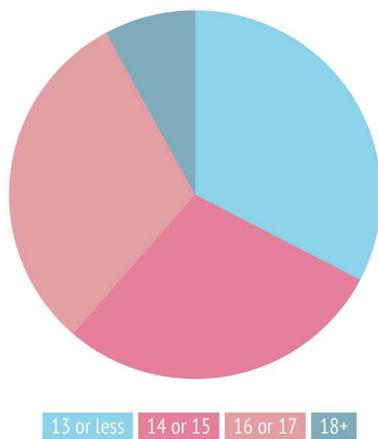
FIGURE 1: GENDER OF CLIENTS



## AGE

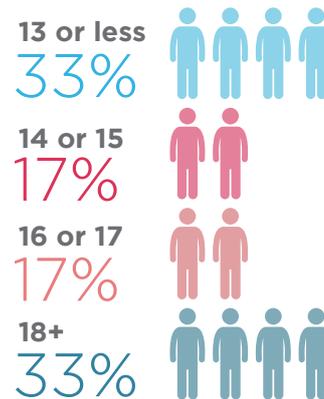
One third of clients on the database at their first session were aged 13 years or less, slightly less than one third were 14 or 15 years old, likewise slightly less than one third were 16 or 17 years old. Only 8% (n=4) were 18 years or older. Given that the service, was initially provided to people aged up to 17 years, it is not surprising that the least common ages at the first session were 18 years or older. Likewise, numbers were lower at the other end of the spectrum; just 7% of the clients (four people) were aged 11<sup>8</sup> years at their first session.

**FIGURE 2:  
AGE OF CLIENTS AT FIRST SESSION**



The age distribution for interviewees was different to the population of Listen Project clients in general. Participants who were 18 years or more were represented in greater numbers in interviews than the listen population (8% vs 33%). This may be explained in part by the passage of time (e.g. some of the 17 year olds turned 18), although it may be that younger and older participants were more inclined to participate than their peers between 14 and 17 years.

**FIGURE 3:  
AGE OF INTERVIEWEES**



## PREVIOUS EXPERIENCE OF PROFESSIONAL SUPPORT

The interviewees were asked whether they previously had similar professional support (e.g. counsellor or family support) and the majority (58%, n=7) had never been to a similar service before.

## PROFILE OF NON-PARTICIPATORS

There were nine people who were engaged but who never began their Listen sessions, meaning that their data was entered on the system, and they had intended to go to the service but never did.

Although the numbers are small, it is interesting to note that the profile was different to those who attended, specifically the gender. Eight of the nine people who were engaged in the programme but did not begin were female and only one was male (89% female and 11% male). Again, although it is only a small number of people being counted, it is still a noticeable difference given that there was almost equal gender balance among those who began their Listen sessions. There was no significant difference in age or referral source between those who engaged and those who did not.

<sup>8</sup> Services were provided to people under the target age of 12 where there was specific parental request and the young person was close to their 12th birthday

## 4.2 INFORMATION ON ATTENDANCE

### OVERVIEW

This section provides information on attendance rates, number of sessions received and referral source. All of this information was taken from the CRM database.

### NUMBER OF SESSIONS RECEIVED

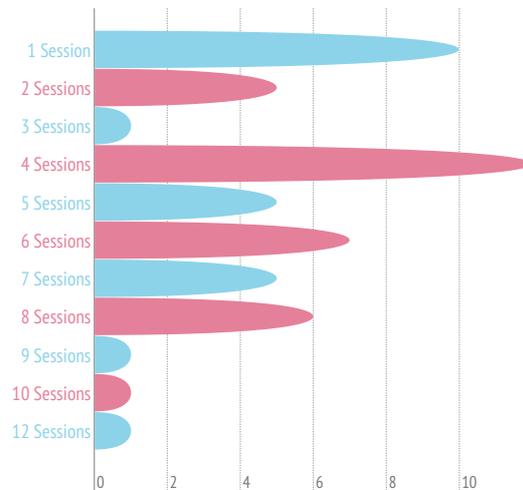
This table shows some key statistics on sessions received by Listen clients between March 2013 and April 2014.

**TABLE 1:  
STATISTICS ON LISTEN SESSIONS**

| Information   | Number       |
|---|--------------|
| Total number of sessions provided                   | 252          |
| Average number of sessions per client               | Just under 5 |
| Most common number of sessions received by a client | 4            |

The graph below shows that the most common number of sessions that clients received was four sessions, followed by one session, and then six sessions and eight sessions. Those who participated in interviews were more likely to have done eight sessions or more<sup>9</sup> (58%, n=7) than seven sessions or fewer (42%, n=5).

**FIGURE 4:  
NUMBER OF SESSIONS PER CLIENT**



### ATTENDANCE

Data on attendance was available from records of 191 sessions<sup>10</sup>. This showed that there was an 80% attendance rate for scheduled sessions (152 sessions were attended).

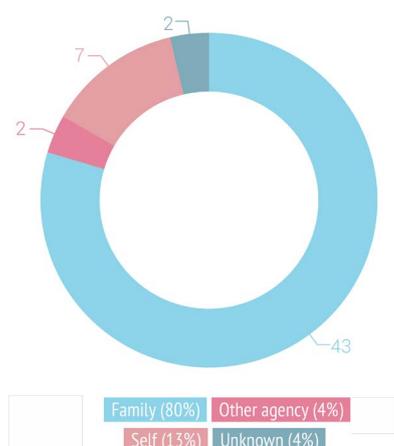
### REFERRAL TO THE PROGRAMME

The diagram below shows that the vast majority of young people registered on the database were referred in by their families (43 people; 80%). The second most common source of referral was the young person themselves (seven people; 13%). Two people were referred by another agency and in two cases, the referral source was not recorded. In relation to interviewee participants, the distribution was similar with 75% (nine people) of young people having been referred in by family.

<sup>9</sup> Some clients were recorded to have received more than 8 sessions. These clients were referred for on-going support to the participating services, New Life and Target, and in the earlier days of the project these sessions continued to be recorded on the Listen Project database.

<sup>10</sup> The CRM only retains attendance records for one year, so this was the data available for analysis of sessions in April 2014

**FIGURE 5:  
REFERRAL SOURCE**



### HOW YOUNG PEOPLE HEARD ABOUT LISTEN

Of the 63 clients who were registered for Listen sessions, almost half (30 people) heard of the service through word of mouth. Nine young people heard of the service through school, five heard of it from youth services, three had seen a poster and the remainder did not specify or said 'other'.

### 4.3 PRESENTING ISSUES AND ISSUES ARISING IN SESSIONS

Information was recorded in the database on what issues the young person first presented with, and what issues were addressed in the sessions, which is detailed in this section.

#### PRESENTING ISSUES

Presenting issues were recorded for 171 of the Listen sessions that were analysed. There may have been different presenting issues at every session, even where it was the same young person presenting over a number of different sessions. The table on the following page shows a list of issues that the young people presented with and discussed. The middle column shows a breakdown of the issues that the client presented with at the sessions and the column on the right shows the issues that were discussed at the sessions.

### ISSUES DISCUSSED WITHIN THE SESSIONS

Listen Project counsellors can select a number of issues that were discussed in the session and record them on the CRM. This means that if, for example, stress management was discussed in four sessions with one young person, this was recorded four times.

'Coping mechanisms' was the most commonly discussed topic. This is unsurprising, given that a key role for counsellors and those in similar roles is supporting the development of coping skills to deal with a wide variety of life challenges. The importance of the development of both behavioural and cognitive coping strategies (e.g. learning behaviours that can reduce stress and learning ways of thinking more healthily about negative situations) was evident in interviewees with young people, as discussed further in this report.

The table below shows how frequently each issue was discussed in Listen sessions and reveals that the most commonly discussed issues were general in nature, namely self-esteem and confidence, and relationship problems. Unsurprisingly, more specific issues such as bereavement, suicide and eating disorders were less frequently discussed.

This table also shows that the issues that the young people first presented with were not always the issues that counsellors recorded as discussed in the session. There may be a number of explanations for this:

- 83% of interviewees said that their counsellor had helped them figure out what was going on for them; they may have explored additional issues, apart from their presenting issues, that they had not necessarily considered stressors. One young person specifically mentioned that a counsellor helped them to identify stressors that they had not previously considered.
- Young people may not have disclosed all issues at the first session, as a trusting relationship had not yet been established with the counsellor at that point. Two young people specifically mentioned in interviews that they

had not felt trust in the relationship with the counsellor in the first session.

- The counsellors were in many cases learning to use the new CRM in the earlier part of the programme, and may not have recorded session content consistently. A number of recommendations have been made in a separate internal report about how to improve the client management system so that the team can best understand what is working for the participants.

**A KEY ROLE FOR COUNSELLORS AND THOSE IN SIMILAR ROLES IS SUPPORTING THE DEVELOPMENT OF COPING SKILLS TO DEAL WITH A WIDE VARIETY OF LIFE CHALLENGES.**

**TABLE 2: FREQUENCY OF ISSUES PRESENTING AND DISCUSSED**

| Issue                           | Young people presented with issue in.... | This issue was discussed in... |
|---------------------------------|--|--------------------------------|
| Self-Esteem / Confidence        | n/a                                      | 4/10 sessions                  |
| Relationship Problems           | 1/10 sessions                            | 4/10 sessions                  |
| School Difficulties             | 1/10 sessions                            | 3/10 sessions                  |
| Stress Management               | n/a                                      | 3/10 sessions                  |
| Problem Behaviours              | 1/10 sessions                            | 2/10 sessions                  |
| Bereavement / Separation / Loss | 2/10 sessions                            | 2/10 sessions                  |
| Anger Management                | 1/10 sessions                            | 2/10 sessions                  |
| Bullying                        | 1/10 sessions                            | 2/10 sessions                  |
| Self-Harm                       | 2/10 sessions                            | 1/10 sessions                  |
| Depression                      | n/a                                      | 1/10 sessions                  |
| Peer Pressure                   | n/a                                      | 1/10 sessions                  |
| Suicide                         | 1/20 sessions                            | 1/10 sessions                  |
| Food and Eating Disorders       | n/a                                      | 1/20 sessions                  |
| Sexual Identity / Health        | n/a                                      | 1/25 sessions                  |
| Intimacy Issues                 | n/a                                      | 1/50 sessions                  |
| Alcohol / Drugs                 | 1/20 sessions                            | 0                              |
| Other                           | 1/10 sessions                            | 0                              |

## 5 FINDINGS

This section outlines findings that emerged through interviews with 12 young people who had attended the Listen Project. The findings are cross-referenced with the outcomes of a focus group with professionals involved in the project which included the steering group and the counsellors.

The findings from the research outlined in the section include:

- The programme was successful in its objectives, well-regarded by the young people, and resulted in positive outcomes for participants
- As a result of engaging with the programme, young people were able to identify and understand issues affecting them
- Young people learned new coping skills as a result of engaging with the programme
- Engaging with the programme lead to positive changes in the lives of young people who engaged
- Engaging with the programme helped young people to understand the value of talking about their issues
- Involvement with the Listen Project helped to reduce stigma associated with mental health for those affected by stigma
- The programme is accessible to young people
- There are a number of potential opportunities to promote the model and improve understanding of outcomes for young people

### 5.1 THE LISTEN PROJECT WAS SUCCESSFUL IN ITS OBJECTIVES, WELL-REGARDED AND RESULTED IN POSITIVE OUTCOMES FOR CLIENTS

A significant majority of the participants on the programme had a very positive view of their experience with the Listen Project. The young people were offered three specific points in the interviews to describe changes that happened for them as a result of engaging with the programme. They were asked:

- Generally, how was your experience with the Listen Project?
- Was there anything important or interesting that you got from it?
- Were there any other changes that happened in your life, for example with family school or friends, as a result of your time with the Listen Project?

Participants reported that they felt supported in identifying issues, understanding their reactions and developing better coping skills to deal with stressful situations. Tangible benefits such as

improved sleeping, reduced stress and improved family relationships were noted by many (as detailed further in this chapter).

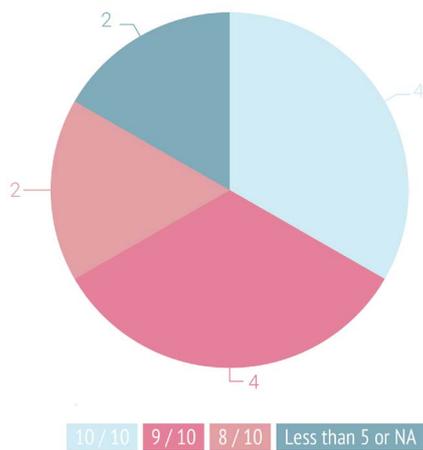
In total, 92% of participants (n=11) reported that they had experienced positive changes and/or developed new cognitive or behavioural coping skills as a result of engaging with the Listen Project. Participants were asked whether they felt these changes would have happened if they had not been working with the Listen Project, and 64% of those who answered the question (7 of 11) stated confidently that the changes would not have happened otherwise. A further 18% (n=2) said that they would probably not have occurred or would have only partially occurred. The view of one individual is highlighted in the following quote:

***I would have gone way down. I probably would have ended up in hospital [Participant]***

### HIGH RATING OF THE SERVICE

Interviewees were also asked to give the programme an overall mark out of ten. Their responses are depicted in the graph below:

**FIGURE 6:  
INTERVIEWEES OVERALL MARKS  
OUT OF TEN FOR THE PROJECT**



This graph shows that 83% (n=10) of the participants rated the programme as an eight or higher. The reasons given are illustrated in the quotes below:

***Generally, I found it eye-opening. I learnt a lot more about myself than I thought I would. It was very helpful [Participant]***

***It was good. It helped me a lot and the person was really kind. [Participant]***

Two people either rated it lower or would not provide an answer. One of these people was confident that this type of non-directive counselling just wasn't the type of service that they felt they would benefit from, and another person said that they felt that there were too many personal questions asked too soon.

### PARTICIPANTS WOULD RECOMMEND TO A FRIEND

Three quarters of the interviewees (n=9) said that they would definitely refer a friend on to the Listen Project if their friend needed to talk about issues affecting them, and one person said that they probably would. 83% (n=10) of interviewees said that they would go back if they had things to talk about (although one person said they would rather go to a different counsellor than they had previously).

### POSITIVE REGARD FOR THE COUNSELLORS

As illustrated further in 5.8, prior to beginning the sessions, almost all participants had felt nervous attending. However, after the first session and meeting their counsellor, almost all participants, with the exception of two people, reported positive experiences, with a quarter of the participants reporting that they felt safer, and calmer or more peaceful.

Three-quarters of the interviewees (n=9) said there was never a time when they were unhappy with their counsellor. Three people mentioned that there had been a time where they were unhappy or somewhat unhappy. Reasons given were a lack of connection, and a session being cancelled at the last minute (although the young person in this instance said they understood that it was beyond the counsellors control).

## 5.2 THE LISTEN PROJECT HELPED YOUNG PEOPLE TO IDENTIFY AND UNDERSTAND ISSUES

Participants were asked in interviews whether their counsellor had helped them to figure out what was going on for them. Ten of the twelve interviewees, or 83% of the young people, said that the counsellor helped them to develop a better understanding of events happening in their lives, as highlighted in the following quote:

***Sometimes they'd put questions to me that I hadn't thought about and made me realise a lot about myself, and other things that were affecting me that I wasn't able to pinpoint. [Participant]***

One person said that they weren't sure, and one person said that no, the counsellor had not helped them to figure out what was going on for them.

## 5.3 THE LISTEN PROJECT HELPED YOUNG PEOPLE TO DEVELOP NEW COPING SKILLS

Coping skills are ways of managing stressful situations. Coping skills can help individuals improve how they feel, particularly during or after a negative or stressful life event. Coping skills are skills that can be taught. These skills can be cognitive (e.g. changing how you think) or behavioural (e.g. changing what you do) (21). A common theme that emerged from this evaluation is that counsellors helped the young people to think differently about their situations, and taught them behaviours that they could use to help them cope better. 66% of interview participants (n=8) said that there had been a change in the way they coped with stressful life experiences as a result of talking to their counsellor. Participants were asked if they learned something that was valuable to them in helping them to cope: all participants, bar one, said that they had learned something, and this is shown in Table 3 below. The most common things that participants mentioned they learned in counselling were

breathing exercises, which a third of participants mentioned, and writing things down, with a quarter of the participants mentioning this. The following quote highlights this process from one client's perspective:

***When it came to understanding what was happening. She gave me techniques; to draw marks on your thumbs so that if I start getting nervous, to look at them and remember to breath. She gave me sheets of breathing techniques. She helped me understand that I couldn't stop what was happening but only how I could cope. [Participant]***

**TABLE 3:  
WHAT PARTICIPANTS LEARNED**

| What coping skill they learned          | Number of participants |
|---|------------------------|
| Breathing exercises                     | 4                      |
| Writing things down                     | 3                      |
| Figuring out the source of stress       | 2                      |
| Talking about problems with others      | 2                      |
| Going for a walk                        | 1                      |
| Getting away from source of anger       | 1                      |
| Meditation                              | 1                      |
| Doing exercises                         | 1                      |
| Forgiveness, not blaming others         | 1                      |
| Mindfulness exercises                   | 1                      |
| Recognising what could not be changed   | 1                      |
| Learning to look at it from the outside | 1                      |
| Dealing with grief                      | 1                      |
| Communicating in difficult situations   | 1                      |
| Using art and craft                     | 1                      |
| Positive self-talk                      | 1                      |
| Basic stress management                 | 1                      |
| Letting go of things                    | 1                      |

## 5.4 THE LISTEN PROJECT LED TO POSITIVE CHANGES IN THE LIVES OF YOUNG PEOPLE

Participants were asked an open question on whether anything had changed for them as a result of attending the Listen Project. Almost all participants (92%) remarked on a positive change that had taken place for them. The most common changes reported were improved family relationships and decreased stress, each reported by one third of participants. It is important to note at this point that participants were not given a list of possible changes; this is information was volunteered over the course of the interview.

**TABLE 4:  
POSITIVE CHANGES REPORTED  
BY PARTICIPANTS**

| Positive change                        | Number of participants |
|--|------------------------|
| Improved relationships with family     | 4                      |
| Decreased stress                       | 4                      |
| Feeling calmer                         | 3                      |
| Better sleep                           | 2                      |
| Better study                           | 2                      |
| More clarity and perspective on issues | 2                      |
| Reduced anger                          | 2                      |
| Improved self-esteem                   | 1                      |
| Improved confidence                    | 1                      |
| Improved motivation                    | 1                      |
| Feeling happier                        | 1                      |
| Accepting loss                         | 1                      |
| Improved focus and concentration       | 1                      |
| Reduced feelings of guilt              | 1                      |
| Reduced feelings of anger              | 1                      |

Some of the positive changes reported by the young people are illustrated in the following quotes:

***I remember being easier on myself instead of getting in a rut and getting anxious. I was easier to be around and I had more fun. [Participant]***

***I learnt to see myself a bit higher than I used to. It was eye opening how important they made me feel, by their care. I learnt to give myself credit for more things and love myself a bit. [Participant]***

***Me and my family are getting along a lot better. [Participant]***

Two young people also reported a positive change at the time of their sessions, but several weeks or months after finishing they felt that this had not lasted.

Two participants also reported negative outcomes from engaging with the project. One participant said their anger issues had become worse, but that they got support from their Listen counsellor to manage this. One person who was unhappy said:

***I felt very, uncomfortable. I felt upset. [Participant].***

## 5.5 THE LISTEN PROJECT HELPED YOUNG PEOPLE UNDERSTAND THE VALUE OF TALKING

At various points, participants highlighted the value of talking. 42% (n=5) specifically mentioned how they valued the opportunity 'to get things off their chest'. Two participants in particular noted that they were not people who normally liked to talk about issues and so they found the opportunity to talk particularly valuable. Two participants said that without the confidential space, they would never have spoken about their issues to another person.

**THE MOST  
COMMON CHANGES  
REPORTED WERE  
IMPROVED FAMILY  
RELATIONSHIPS  
AND DECREASED  
STRESS.**

## 5.6 INVOLVEMENT WITH THE LISTEN PROJECT HELPED TO REDUCE MENTAL HEALTH RELATED STIGMA FOR CLIENTS

The Listen Project aims to reduce the stigma associated with accessing support for mental health among young people. The findings from the interviews indicate that there has been some success in this with the client group. While it is hard to make inferences for the larger population of Listen Project clients<sup>11</sup> with the small numbers involved in this research, these findings are nonetheless promising:

- 42% (n=5) of young people said that if it had been called a 'counselling' service rather than a listening service that it would have negatively impacted on their decision to come

- 67% (n=6) of young people said that prior to Listen, they would have felt embarrassed about telling others they were talking to a professional about their issues, although seven young people gave examples of how or why they were embarrassed about it at different points in the interview

- Four of the six young people (67%) who said they would have felt embarrassed previously,

said that this has changed since going to the Listen Project

The change in attitude and reduction in experiences of stigma are illustrated in the following quotes:

**EVERYONE GOES THROUGH A BAD PATCH IN THEIR LIVES AND IT'S NOT WRONG TO SEEK HELP. I'M A LOT MORE COMFORTABLE TALKING ABOUT THAT NOW.**

PARTICIPANT

*I felt like a freak having to go to a counsellor. I'd felt helpless and got really bad stage in my life. I felt insane.... I felt against the whole thing. I thought I was giving in. [Participant]*

*Everyone goes through a bad patch in their lives and it's not wrong to seek help. I'm a lot more comfortable talking about that now. [Participant]*

## 5.7 THE PROGRAMME IS ACCESSIBLE FOR YOUNG PEOPLE

### OVERVIEW

This section outlines some key findings in relation to the accessibility of the programme, meaning the things that impact on a young person's capacity to access the programme at a time when they need it.

### NO WAITING LIST

In the focus group, professionals considered one of the most important aspects of the project to be its accessibility, and absence of a waiting list. Participants commented that waiting lists for other youth-based mental health services had lists that were between four months to two years. For the Listen Project, young people can self-refer and do not have to provide a reason for engaging with a counsellor in the Listen Project prior to their first session. Once consent requirements are met for those aged 15 and under, access to the programme is assured.

This was supported by feedback from young people in interviews which revealed that, of all those who remembered details about the time between first contacting the service and their first Listen session (n=10), nine interviewees said that they did not feel they had to wait long.

### THE LISTEN PROJECT WAS DIFFERENT, IN A POSITIVE WAY, TO WHAT THE YOUNG PEOPLE EXPECTED

Whether young people had been to a service previously, or had never been to a similar service, many of them were unsure of what to

<sup>11</sup> The total number of clients up to the time of completion of the research was 96, meaning 12.5% of participants were involved in interviews. However, the sample number of 12 means that even a small change in results could have a significant impact on how the information can be interpreted. With a smaller sample number, there is a much smaller margin for error, and less confidence that what the young people said could be representative of all Listen Project clients.

expect and in many cases, as illustrated in the following finding, moved from being nervous before beginning to being happier after their first session. 67% (n=8) said that the project was very different or somewhat different to what they expected. When asked what was different, the answers were either that they just had not known what to expect, or that they thought it was going to be more formal.

*I thought it was gonna be formal and scary. It was more casual and they were really friendly. They weren't talking down to me and were at my level.*  
[Participant]

There was no significant difference between the expectations of those who had attended other similar services before and those who had not e.g. about half of those who said it was the same as what they had expected had been to a similar service before,<sup>12</sup> and half had not.

When asked to describe how they were feeling coming into their first session, the young people were most likely to say that they were nervous (92%, n=11) or unsure (25%, n=3). Two people each said they were anxious, scared, relieved or happy, and one person each said that they felt awkward, embarrassed, uncomfortable, excited, confused and wary.

**FIGURE 7:  
HOW INTERVIEWEES FELT  
BEFORE FIRST SESSION**



Regarding how they felt after their first session, ten of the twelve young people reported feeling more positive about the experience with a quarter of the young people mentioning feeling

safer, a quarter mentioning feeling calmer, and others feeling comfortable, relieved, more open, clearer. Two young people felt uncomfortable after their first session for reasons discussed previously in finding 5. 2.

**FIGURE 8:  
HOW INTERVIEWEES FELT  
AFTER THE FIRST SESSION**



Two young people mentioned that having some information online about the programme would have alleviated some of their concerns prior to beginning the programme

*I wanted to google it and find more out about it beforehand. I thought it might have been for kids.*  
[Participant]

## FOLLOW ON FROM THE PROGRAMME

On finishing up with the Listen Project, ten of the participants (83%) said that they felt better leaving than they had begun. People also mentioned sadness and frustration that it was over:

*I was sad that it was ending. Relieved because I knew that everything was off my chest. I liked talking about stuff. I was happy that I had done it.*  
[Participant]

The majority of young people had not progressed on to any further form of support (8, n=66%) after finishing with the Listen Project, three people had gone on to other counsellors (25%) and one person was hoping to begin with a new counsellor in the following weeks after the interview.

<sup>12</sup> A similar service was described either as a counselling service or family support service

## 5.8 MORE OPPORTUNITIES FOR FEEDBACK COULD IMPROVE THE PROGRAMME

Despite generally reporting positive relationships with their counsellors and the programme being well-regarded, there was an evident reticence

IT WASN'T LIKE  
BEING TALKED AT.  
IT WAS MY PACE  
AND MY CHOICE  
AND TOPIC.

Participant

on the part of the young people to give constructive feedback. Those who had been unhappy had not brought it to their counsellor at the time (n=3), and half of the young people who had never been unhappy (five out of ten) said they

didn't think they would let their counsellor know they were unhappy if the situation arose. A number gave reasons, mentioning that they would feel self-conscious or not brave enough to do so. One young person suggested that a review of service satisfaction be undertaken by a third party (e.g. another counsellor or staff from Listen Project) to give them an opportunity to raise any concerns. This is addressed in the recommendations section of the report.

## 5.9 COMMUNICATIONS CAN ENHANCE UNDERSTANDING OF THE MODEL AND APPROACH

### OVERVIEW

There are two factors, apart from the governance arrangement, and the 'no waiting list' objective that define the Listen Project; firstly, that it works from a non-directive approach and secondly, that it is time-limited and uses a brief therapeutic approach. A theme within the interviews is that both the limited amount of sessions and the non-directive approach, while welcomed by many, were in some instances a source of frustration for clients.

### THE NON DIRECTIVE APPROACH

The non-directive approach was viewed as a positive by some individuals and for others, it was not what they expected and said they

wanted more advice or feedback. The non-directive approach was named by a quarter of the young people who felt happy to be listened to and not to be told what to do. This quote illustrates one young person's satisfaction with the approach:

***It wasn't like being talked at. It was my pace and my choice and topic. [Participant]***

A similar proportion of young people (n=3, 25%) said that they had expected and wanted more guidance from their counsellors than they received, as demonstrated in this quote:

***I needed more feedback and I didn't get it. [Participant]***

As the organisation is committed to this therapeutic approach, this indicates a need to ensure expectations are as clearly stated in programme promotion as possible, and that the non-directive approach is discussed at the earliest point in the counselling relationship, ideally in the first session. Explaining the approach to young people and their families does not guarantee that this experience of unmet expectations will be reduced. However, a clear explanation of the approach will minimise the chances of this happening and provide an opportunity for young people to be directed to a service more suited to them if a non-directive approach is not what they feel they need.

### THE TIME-LIMITED MODEL

The Listen Project offers a four to eight session listening service. While the approach was understood by all involved, counsellors felt that, on occasion, young people presented with issues that were considered more appropriate for long-term counselling rather than the brief intervention model offered by the Listen Project. Through a focus group discussion, it was agreed and clarified that the way to manage clients who presented with more serious mental health issues was to ensure that Listen sessions would focus on assisting young people to develop better ways to cope with immediate situations and would not engage in therapeutic interventions

more appropriate to longer-term engagements. Where a young person presents with needs requiring a higher-tiered or specialised response (for example: depression, suicidal ideation, eating disorders), Listen counsellors will refer to an appropriate service, and will provide bridging support in the interim up to the eight-session limit where required and appropriate. These points are summarised in the recommendations.

The time-limited approach was sufficient for many young people. One third (n=4) of the young people said that the reason they had stopped going to Listen is because they had gotten everything they needed, as illustrated in this quote:

***At the end of the four weeks I felt ten times better and felt I had everything I needed. I said I'd see how I got on. [Participant]***

For a significant minority of young people, one third of them (n=4), the limited number of sessions wasn't felt to be enough and they wanted more counselling sessions. Half of the young people interviewed (n=6) said that the reason they stopped going to the Listen Project was because they were 'out of sessions'. Four of these young people had completed eight sessions.

The time-limited approach was perceived by some young people to impact on the rate at which they could build up trust or work through issues. Two participants mentioned that they felt it had gotten very personal very quickly and they did not feel comfortable with this. One of the participants felt that this was because the counsellor felt a need to push through to issues too quickly. Another young person highlights in this quote how they were only warming up by the time they were out of sessions:

***I found that during the first few I found it hard warming up. I was being forced to go<sup>13</sup> and didn't want to take part. If I had had an extra few weeks I would have got a lot more done. [Participant]***

<sup>13</sup> Note that the Listen Project as policy reports that they are pro-active in ensuring young people are contacted directly by the project to indicate that they wish to attend prior to instigating any Listen Sessions.

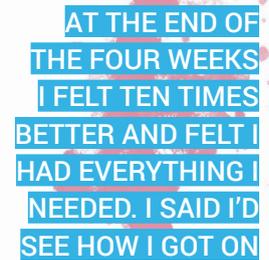
## 5.10 THERE IS POTENTIAL FOR OUTCOME REPORTING TO BE FURTHER DEVELOPED

A review of the CRM system in the focus group discussions, and a review of existing outcome measures captured by the Listen Project indicated that there is potential to enhance understanding of impact of the Listen Project by improving the data collected.

Currently, the organisation does not systematically record pre and post information about young people using their service. This means that the organisation does not have the information it needs to highlight the changes taking place for young people as a result of engaging in the Listen Project, for example in coping skills, well-being and other key areas the service hopes to support the young people to change.

A common concern in relation to implementing outcome measurement systems is that it will be done in a way that impacts negatively on the client or on the therapeutic relationship. The interviewees were asked whether they would have minded filling out a brief couple of questions on how they were getting on at the end of their session and all of the clients were happy with the idea. Concerns were raised by two clients about it happening too early in the relationship, which was shared by professionals in the focus group. Participants in the professional focus groups identified a number of change measures, which could be trialled in a pre and post assessment.

There is potential for the organisation to capture meaningful and useful information by introducing some simple scales or questionnaires for the young people to fill out at the beginning and end of their participation in the programme.



AT THE END OF  
THE FOUR WEEKS  
I FELT TEN TIMES  
BETTER AND FELT I  
HAD EVERYTHING I  
NEEDED. I SAID I'D  
SEE HOW I GOT ON

Participant

## 5.11 THERE IS POTENTIAL FOR IMPROVING SYSTEMS WITHIN THE PROJECT

### OVERVIEW

All counsellors working with the Listen Project are qualified and registered with a recognised counselling body. All counsellors are required, in line with stipulations of their on-going professional registration, to attend clinical supervision. There are a number of successful quality control measures in place in the programme; this section outlines some potential areas for development of the existing systems.

### COUNSELLORS WOULD BENEFIT FROM GREATER EQUALITY OF REFERRALS

It was raised as a concern in the professional focus group that counsellors were not receiving equal referrals, and that this could result in counsellors feeling disengaged from the initiative.

The reason that this was thought to be occurring was the level of renown, location and geographical accessibility of one of the services. It was raised that an equitable sharing of work will be effective in ensuring counsellors remain engaged with the programme in the long term. The steering group

and service providers should monitor this, and seek opportunities for equity in referrals. Professionals also highlighted the need for client choice to be a core feature of the service meaning that young people and their parents need to be able to decide where to attend the service.

**THE NEED FOR CLIENT CHOICE TO BE A CORE FEATURE OF THE SERVICE MEANS THAT YOUNG PEOPLE AND THEIR PARENTS NEED TO BE ABLE TO DECIDE WHERE TO ATTEND THE SERVICE.**

### THERE IS AN OPPORTUNITY FOR INCREASED COHESION AS THE PROGRAMME DEVELOPS

As this pilot initiative has developed, staff from various agencies have been engaged and the model has developed over time. Professionals mentioned that, at times or in relation to specific issues they would benefit from a chance to discuss their work in the Listen Project, as well as policies / procedures guiding the Listen Project on a more regular basis. Any supports should be based on the needs of counsellors, and the time and resources available for the project.

### CLARITY IN REPORTING LINES FOR CHILD PROTECTION

The current system of lines of management between the Listen Project and the two counselling services may mean that reporting has to go through multiple levels within the various organisations (Target, New Life and Sphere 17) in line with their own reporting requirements. This can mean repetition for workers, or lack of clarity regarding responsibility for responding to, and following on with, any concerns or issues. It was agreed that current system could be streamlined to ensure that there is a clear line of accountability in all situations.

# 6 RECOMMENDATIONS

## 6.1 MAINTAIN THE EXISTING LISTEN SERVICE AND SEEK OPPORTUNITIES TO CONTINUE TO MEET INCREASING DEMAND

The outcomes from this small-scale qualitative evaluation indicate that the programme is highly valued by the young people who access it and provides tangible benefits in terms of cognitive and behavioural coping skills for managing stress. It is recommended that the service is continued and that the steering group should seek opportunities to continue to meet increasing demand, as the service is providing tangible benefits to those who attend.

In line with larger scale research on youth mental health, this evaluation indicates that providing an opportunity for young people to 'get things off their chest' who might not otherwise discuss their problems can reduce feelings of distress in young people. The My World survey, a large-scale research on youth mental health in Ireland has positively associated talking about problems with reduced self-harm and suicidal behaviours. The continuation or expansion of this programme should be underpinned by a number of small system developments which are outlined within the following recommendations.

## 6.2 DEVELOP AN OUTCOME REPORTING SYSTEM THAT INCLUDES SIMPLE PRE AND POST MEASURES

The Listen Project should continue their progress towards embedding a culture of learning by improving outcome reporting systems, at a pace agreed with, and suitable to, clients and staff.

It was agreed by professionals at the focus group that there was a need to further develop outcome reporting systems. Young people also indicated that they would be happy with some time at the end of a session or a number of sessions being allocated for filling in scales / questions. The following proposal for the introduction of outcome measures were developed through the professionals focus group:

### Participant self-assessment

It was provisionally agreed that a brief assessment would be carried out at the beginning of the session, at session four and at session eight to assess change. The outcome of the review at session four will determine whether the young person wants or needs another four sessions. Categories for assessment include the individual's ability to cope with: 1) family issues, 2) issues with peers / girlfriend or boyfriend, 3) school, or work 4) feelings, and 5) interests.

**Counsellor assessment:** Stakeholders agreed through the focus group that counsellor assessments of client progress are also an important outcome measure. It was agreed that likert scales were appropriate. The assessment should only a few minutes to complete at the end of each session. The focus group identified the following categories as outcomes to be measured:

- Family
- Feelings about myself
- School
- Friends or boy/girlfriend
- How I spend my time
- Feelings about the future

To support implementation of this recommendation, a detailed report on potential improvements

for the CRM system as well as a sample tool for measuring change were provided to the Listen Project.

### 6.3 A SYSTEM FOR CLIENT FEEDBACK TO BE INTRODUCED

There is a need for data collection to assess satisfaction with service provision at an early point in the counselling relationship to ensure that problems such as unmet expectations, inappropriate fit between counsellor and client or other issues mentioned by the small number of dissatisfied clients in this report can be caught at an early point. While the service reports that it has undertaken client feedback by phone prior to this evaluation, there is an opportunity to proactively engage young people in feeding back on their engagement with the programme at an earlier point, as they are generally reluctant to do so. There was unanimous agreement by young people in interviews that filling in brief survey items after sessions, or after a number of sessions would be fine, and indeed a number of young people were enthusiastic about this.

Options include a brief but meaningful question about service satisfaction at the end of each session, or a review of service satisfaction after four sessions conducted by someone other than the individual's counsellor.

### 6.4 CLARIFY MODEL AND APPROACH

There is potential for the role of Listen Project counsellors, or the extent of what can be achieved in the timeframe and within the model, to be misconstrued by parents or young people. Managing the expectations of the young person and / or their parent was noted by professionals involved as a very important part of this. Some young people had concerns about the time-limited and non-directive approach taken by the organisation. The organisation is committed to these evidence-based therapeutic approaches, therefore there may be a need to ensure:

- Counsellors are empowered through discussion, agreement, policy sign off and other supports to confidently clarify and explain the programme model, approach and rationale
- Expectations, projected outcomes and the limitations of the supports provided are more clearly communicated in programme promotional materials
- The non-directive, time-limited approach is discussed at the earliest point in the counselling relationship with the young person
- Where parents are involved, a discussion on the model and approach is undertaken with them at the earliest possible point
- That the benefits of the service are promoted. The young people valued the generalised (as opposed to clinical or specialised) approach of the service and the opportunity to just 'get stuff of their chest', this approach and the feedback from youth can be capitalised upon

### 6.5 CLARIFY THE APPROACH TO WORKING WITH CLIENTS WHO REQUIRE REFERRAL

There is a need to clarify the referral rationale for the time-limited model in policy. Based on current service provision practice, insert the following statement into the operations and procedures manual; *'Where the young person has needs requiring a higher tiered or specialized response, Listen counsellors will refer on, and provide bridging support in the interim up to the eight-session limit where continued service provision is deemed appropriate'*.

### 6.6 CONTINUE TO SUPPORT COHESION AND ENGAGEMENT OF COUNSELLORS

It is recommended that the steering group, management and staff explore opportunities for those working in the Listen Project for increased cohesion as the programme develops, while remaining cognisant of resource constraints.

This may include increased opportunities to come together to discuss key issues arising, the model, etc. Specific considerations for ensuring cohesion are:

- Developing the induction process and programme handbook to ensure all required information is communicated on the approach, procedures, risk management and issue resolution processes for counsellors working in the Listen Project
- Considering options for ensuring counsellors are equally engaged in the programme on an on-going basis, in so far as is reasonably practicable considering demand, capacity and resources

## 6.7 DEVELOP A LISTEN WEBSITE

It was clear from the interviews with young people that they valued the service and would refer their friends to it. As almost half of the young people had never spoken to a professional before, most of them had not known what to expect from the programme and had concerns about the programme before beginning it. More information on the service, easily available to young people may serve to address some of these fears. It was mentioned by two young people and one professional that it would be helpful to have a webpage about the programme that described what it was about and what it involved, so that young people and/or their families could learn about the service in advance of attending. In terms of targeting messages, it is useful to consider some points that came up in the interviews:

- There is a perception that the service could be more intense than it is
- There is an opportunity to target young people who don't see themselves as 'people who talk to others'
- There is strong support for the idea of a 'listening' project

## 6.8 PROVIDE A FOLLOW-UP CALL TO THOSE WHO MISS APPOINTMENTS

The majority of those who engaged but never began sessions were female. Although it is only a small number of people (nine altogether, eight female), it is still a noticeable difference given that there was almost equal gender balance among those who began their Listen sessions. It is recommended that the project ensures a systematic approach to conducting follow up calls with those who do not begin sessions to find out if there are barriers to engagement, and to help potential clients to manage these. While an acknowledged limitation of this approach is that those who do not engage may not respond to a follow up call, it is important to ensure that there is an opportunity for young people to have an opportunity to highlight other issues, including issues that may be related to gender, which could have acted as barriers to engagement.

IT WOULD BE HELPFUL TO HAVE A WEBPAGE ABOUT THE PROGRAMME

## 6.9 ENHANCE CLARITY OF REPORTING PROCEDURES

It was raised in the professional focus group that due to the governance structures within the Listen Project there were times where there was confusion about reporting requirements and lines of responsibility in relation to child protection concerns. It was agreed by professionals at the focus group that all child protection issues arising in Listen sessions would be managed solely through the Listen Child Protection Officer, rather than the current system of reporting through employer child protection systems. This should be written into the operations and procedures manual. Professionals also highlighted a desire for up-to-date training for all counsellors in Child Protection to ensure that their policies and procedures remain in line with Child Protection legislation, given recent changes in legislation.

## **7** EXPLANATION OF METHODS USED IN RESEARCH

The information relating to the young people who participated in the Listen Project was taken from two sources: the first was the organisation's database, where counsellors enter information about the young people that they work with; the second was information provided by young people who participated in research interviews.

The first source, the database, provided basic information about those attending the programme, such as their age, gender, number of sessions and presenting issues. The interviews gave more detailed information about the young peoples' experiences, and their thoughts on the Listen Project.

### **7.1 MINING EXISTING DATA**

The research team, who have experience in creating reports from the CRM used by the Listen Project, were given full access to the project's database. Client records within the system were anonymised prior to data mining being undertaken.

Information was analysed from clients recorded on the system between March 2013 and the end of April 2014. There were 63 clients entered on

the system during this time, 54 of whom had ever engaged in a Listen Session. This means that in total, the information relating to 54 clients was analysed for this section of the evaluation. These 54 clients had 228 sessions in total during this time period<sup>14</sup>.

<sup>14</sup> Note that information on all issues was not recorded for each session e.g. presenting issues or issues discussed

**TABLE 5:  
RECORDS ANALYSED**

| Information                       | Number |
|-----------------------------------|--------|
| Clients entered on system         | 63     |
| Clients who began Listen sessions | 54     |
| Sessions recorded                 | 228    |

## 7.2 INTERVIEWS

Interviews were conducted with 12 young people. These interviews were conducted by phone and took on average 15 to 20 minutes. The interviews were a mixture of open-ended and closed questions.

## 7.3 RECRUITMENT AND SAMPLING

The Listen Project sought agreement to participate in interviews from all service users who had not previously participated in a service review and had completed their counselling sessions. Where the service users agreed and parental consent to participate was acquired, contact details were forwarded on to the researchers. All participants who expressed an interest in participating in the evaluation were contacted, and 12 people engaged.

## 7.4 FOCUS GROUP

A focus group was held with counsellors and members of the steering group to review current support systems and structures and to look at what was working and what needed improving, the focus group developed a number of recommendations through this stage of the research.

## 7.5 ETHICAL CONCERNS & MANAGEMENT OF RISK

There were a number of ethical concerns that had to be managed before and during this research project. These issues, and the steps taken to protect the rights and dignity of the young people throughout the process, are outlined below.

## CONSENT

Consent to participate in interview was achieved by the staff of Sphere 17 (the organisation with responsibility for coordination of the project) from parents / guardians of participants where they were aged 15 or less. All data on the database was anonymised prior to researchers accessing it.

## VOLUNTARY PARTICIPATION

The interviewer clearly explained to participants, and their parents, where this was the first point of communication for the interviewer, that:

- There was no obligation on them to participate
- They could change their mind about participating at any time prior to or during the interview, and did not have to provide an explanation
- They could choose not to answer certain questions, and did not have to provide an explanation
- They could ask why a question was being asked before answering it
- They could end the interview at any time, and did not have to provide an explanation

With the exception of one interviewee, all interviewees received two calls, with the first call generally being to a parent or guardian to schedule the interview. The points raised above were explained in both calls.

## CONFIDENTIALITY

### Data Mining

Client data was anonymised prior to the researchers having access to their personal files on the organisation's database. Clients names were generally changed to a code, and in some instances the first name only was visible to researchers.

### Interviews

Participants were reassured prior to beginning interviews that they would not be identifiable in the report, that all data would be reported

anonymously and that no identifying information would be available in quotes where they were used.

### CHILD PROTECTION

All interviewees were briefed prior to engaging in the interview that if they disclosed information that indicated that they or another young / vulnerable person was at risk that this would have to be taken outside of the interview.

## 7.6 RESEARCH LIMITATIONS

There were a number of factors that limit the extent that conclusions can be drawn from the data available, these should be considered when reading this evaluation:

REFINING THE CRM SYSTEM AND REVIEWING DATA ON LARGER NUMBERS OF CLIENTS BEYOND THE PILOT PHASE WILL PROVIDE BETTER DATA FOR ANALYSIS.

### SAMPLE SIZE

Only 12 service users were engaged in interviews. Which is 12.5% of the total of 96 clients recorded in the system. 12 people is a small number of people, and too small a number to conduct

robust statistical analysis, or to draw any definitive conclusions about the programme and its impact for participants. As the programme develops and grows and additional outcome data becomes available through a more developed outcome measurement system, more robust conclusions may be drawn on the effectiveness of the programme.

### LIMITED OUTCOME DATA AVAILABLE FOR ANALYSIS

There was detailed information available from the programme records about the participants' profiles. However, because the system is relatively new to the project and certain information has not been collected for all clients, it is difficult to understand outcomes as they relate to other variables such as age, gender, number of sessions, issues presenting or discussed, interventions offered, engagement with other services and a number of other factors. Refining the CRM system and reviewing data on larger numbers of clients beyond the pilot phase will provide better data for analysis.

### RESPONDER BIASES

There is a risk that there was a disproportionate representation of those who had a positive experience of the programme, as those who had a positive experience may be more inclined to participate in a study than those who did not.

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