

Innovations in Practice: Grow2Grow – engaging hard-to-reach adolescents through combined mental health and vocational support outside the clinic setting

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Background: Based on an organic farm and education centre, Grow2Grow offers young people with complex mental health needs both clinical mental health support and vocational opportunities. **Methods:** Change in functioning (CGAS), vocational outcomes and client satisfaction were assessed for all young people completing Grow2Grow placements between June 2010 and July 2014. **Results:** Twenty-one young people completed Grow2Grow placements, achieving increased CGAS scores ($p < .001$) and reporting high levels of satisfaction with the project. Eighty-one per cent achieved educational and/or employment outcomes. **Conclusion:** This innovative approach to working with hard-to-reach young people is achieving high levels of engagement and positive vocational and mental health outcomes.

Key Practitioner Message

- It can be hard to engage young people with complex mental health difficulties in mainstream mental health services and within educational/vocational programmes.
- Grow2Grow offers combined mental health and vocational support in a nonstigmatising, natural environment.
- Young people work in on-site social enterprises and receive therapeutic keyworking based on an applied psychodynamic model.
- Young people attending Grow2Grow achieve high levels of engagement, significantly improved mental health/functioning and positive vocational outcomes.
- Combining a robust clinical mental health intervention with dedicated vocational support is a new innovation that could enhance clinical practice in child and adolescent mental health.

Keywords: Mental health; adolescence; psychotherapy; community programme; applied psychology

Introduction

Young people with complex mental health difficulties can be hard to engage within mental health services. Barriers to accessing services include perceived stigma, difficulty recognising symptoms of mental illness and lack of confidence in care providers (Gulliver, Griffiths, & Christensen, 2010). Long waiting lists and unpleasant 'clinical' environments can also deter young people (Young Minds, 2013). Furthermore, approximately 50% of clients prematurely drop out of psychological therapy delivered within mainstream Child and Adolescent Mental Health Services (CAMHS) (de Haan, Boon, de Jong, Hoeve, & Vermeiren, 2013).

Unmet mental health needs have a major impact on young people's education and employment opportunities. Currently, almost a million young people in the United Kingdom are not in employment, education or training (NEET), one of the most serious social problems facing the country, with major implications for the individuals (e.g. poorer well-being/self-confidence, increased involvement in crime, reduced employability)

and society (e.g. increased benefit and healthcare costs, lost tax revenues) (Sissons & Jones, 2012). This problem has also been recognised in many other countries around the world (International Labour Office, 2012). Those experiencing mental health difficulties are at increased risk of becoming and remaining NEET (Cornaglia, Crivellaro, & McNally, 2012). Indeed, a UK survey of over 1000 young people who were NEET found 15% reported a mental health difficulty as a barrier to training/work (ComRes, 2013). These figures suggest that sustaining engagement of complex young people in vocational and educational programmes is challenging. Moreover, many professionals working with young people do not feel equipped to work with those experiencing mental health difficulties. For example, the majority of school staff in the United Kingdom receive no mental health training (Vostanis, Humphrey, Fitzgerald, Deighton, & Wolpert, 2013) and a recent review found teachers are concerned about working with students experiencing mental health difficulties and do not feel they have adequate training (Whitley, Smith, & Vaillancourt, 2013).

Research within adult mental health services suggests that successful employment outcomes are more likely to be achieved when clinical and vocational services are integrated (Harvey, Modini, Christensen, & Glozier, 2013; Marshall et al., 2014). The same is likely to be true for young people, who struggle to engage with education and employment opportunities when their mental health needs are not simultaneously addressed. Grow2Grow is a project that was set up to offer combined mental health and vocational support in a nonstigmatising natural environment, known to have a positive impact on mental health and well-being (Bragg, Wood, & Barton, 2013; Clatworthy, Hinds, & Camic, 2013).

The Grow2Grow model

Set up in 2010, Grow2Grow provides therapeutically supported vocational placements for young people with complex mental health needs at Commonwork, an established organic farm, conference and study centre in Kent. Young people attend the project for up to 2 days a week for a maximum of 2 years. They gain vocational skills through working in the social enterprises at Commonwork, including a market garden (growing vegetables to sell in the local community and to the on-site conference centre), organic dairy farm and conference centre. They also develop life skills, through cooking and eating lunch with the group each day and working towards independent travel to the project. In addition, all young people attending Grow2Grow receive weekly 1:1 therapeutic keyworking.

Grow2Grow is underpinned by an applied developmental psychodynamic model that addresses both a 'healthy' part of each young person, geared towards progress and development, and a 'destructive' part that actively sabotages their efforts to move forward with their lives (Conway & Ginkell, 2014). All members of the multidisciplinary Grow2Grow team (psychologists, psychotherapist, occupational therapist, horticultural therapist and psychology/psychotherapy trainees) are trained and supervised to use this model. Key features of the approach are an active strategy both to enhance engagement (e.g. through texting/collecting young people who do not turn up rather than colluding with the destructive part that may persuade them to stay at home) and to acknowledge and work with the dilemmas the young people face as a result of their internal conflicts. The approach enables the team to address anxieties around progress, change and development before these are enacted through predictable withdrawal/disengagement. The model is also used to provide support and training for members of the networks surrounding the young people attending Grow2Grow (e.g. carers, teachers, social workers).

The aim of this paper was to provide a preliminary evaluation of this innovative approach to engaging and working with young people with complex mental health needs.

Method

Ethical approval

This paper is based on an ongoing service evaluation. As such, ethics approval was not required to describe service outcomes.

Participants

From June 2010 to July 2014, 36 young people attended Grow2Grow of which 27 (75%) engaged (attended for at least 8 weeks). By the end of July 2014, 21 of the young people had completed their Grow2Grow placements. This paper reports on the outcomes achieved for this group of young people (see Table 1 for client characteristics). The median age of clients on entry to Grow2Grow was 17 years (range 14–25 years). The young people presented with a range of difficulties, most commonly psychosis, emerging borderline personality disorder/attachment difficulties or severe anxiety. Almost a quarter of clients were looked after children and the majority (81%) had co-morbidity such as ADHD, substance abuse or disability. The vast majority of clients (90%) were not in employment, education or training (NEET) or were at risk of becoming NEET (e.g. schools made the referral as the young person was on the brink of exclusion). The median placement length was 14 months (range 2–24 months).

Evaluation measures

Functioning. The Children's Global Assessment Scale (CGAS) (Shaffer et al., 1983) was used to assess the young people's social, emotional and behavioural functioning. This clinician-rated measure is recommended by the CAMHS Outcomes Research Consortium (CORC), a UK collaboration aiming to promote effective outcome measurement in work with children/young people experiencing mental health difficulties. The CGAS was initially developed for 4–16-year olds, but later extended to young adults (Schorre & Vandvik, 2004). The scale takes into account the young person's functioning across different settings (e.g. Do they have meaningful relationships? Would disturbance be apparent to others? Are they engaged at school/in other activities?). Following case discussion in Grow2Grow team meetings, the clinical team rated each young person's functioning from 0 (very poor functioning) to 100 (very high functioning) on entry to the project and at 3-month intervals.

Vocational outcomes. All young people attending Grow2Grow had three monthly review meetings in which educational and employment outcomes were recorded (e.g. enrolling for a college course, completing a paid work placement).

Client satisfaction. All young people completed a project evaluation sheet on leaving the project, reflecting on what they had learnt and how they had changed. They also completed a seven-item satisfaction measure, rating various aspects of the

Table 1. Client characteristics

Gender	13(62%) male, 8 (38%) female
Age	Median age 17 years (range 14–25 years)
Ethnicity	20 (95%) White British, 1 (5%) mixed White British/Greek Cypriot
LAC Status	5 (24%) looked after/kinship placement
Co-morbidity	17 (81%) had co-morbidity (e.g. ADHD, ASD, learning disability, substance abuse, physical disability, chronic health difficulty)
Education/employment status	15 (71%) NEET (Not in Employment, Education or Training) 4 (19%) At risk of becoming NEET 2 (10%) Engaged in training/education
Referrer	6 (28%) Schools 5 (24%) NHS (e.g. Early Intervention Psychosis Service, Child and Adolescent Mental Health Service) 5 (24%) CXK (Kent charity supporting young people and their carers) 3 (14%) Social care (social services/supported accommodation) 1 (5%) Self/carers 1 (5%) Youth offending team

project (e.g. support at the project, help with what to do next) on a five-point scale from 'very bad' to 'very good'.

Attendance. From January 2013, attendance levels were monitored and analysed for each person attending Grow2Grow (i.e. number of placement days attended/number of placement days offered).

Analysis

Mean CGAS scores on entry to Grow2Grow and at placement completion were compared using a repeated measures *t*-test. Other outcomes were presented using descriptive statistics.

Results

Change in functioning

Young people's mean CGAS score on entry to Grow2Grow was 35.9 (*SD* = 7.4) and on leaving was 47.5 (*SD* = 10.9). This represents a significant improvement in functioning ($t(20) = -5.6, p < .001$). However, it is important to note that there was variation in CGAS scores over time, with most individuals experiencing both increases and decreases over the course of their placements. There was also considerable variation across individuals. While the mean change in CGAS scores was 11.6 (*SD* = 9.4) (typically a shift of one band on the CGAS tool – e.g. from 'Serious Problems' to 'Obvious Problems'), three young people ended their Grow2Grow placements with no increase in CGAS score and seven young people moved two or three CGAS bands over the course of their placements. To give a clinical example, on starting Grow2Grow, one young man experiencing acute anxiety and paranoia had been socially isolated for over 4 years, spending all of his time at home with no peer relationships or contact with services (CGAS score of 30 indicating 'Severe Problems'). By the end of his 2 year Grow2Grow placement he had completed a paid work placement within one of the social enterprises at Commonwork, had sat and passed his first exam, was exploring employment opportunities, had formed social relationships with young people at Grow2Grow and had engaged in ongoing counselling in the community (CGAS score of 53 indicating 'Some Noticeable Problems').

Vocational outcomes

Of the 21 young people who have completed Grow2Grow placements, 17 (81%) achieved educational and/or employment outcomes. Fourteen (67%) achieved educational outcomes including enrolling on/attending college courses or sustaining formerly precarious school/college placements. Thirteen young people (62%) achieved employment outcomes, including gaining paid or voluntary work or completing a paid work placement. For example, one young woman enrolled on a horticulture course during her 2nd year at Grow2Grow and set up her own successful gardening business on leaving the project.

Feedback from young people

The mean score on the satisfaction questionnaire was 31.7 (*SD* = 2.3) of a maximum of 35, indicating a very high level of satisfaction with the Grow2Grow project. Young people reported learning a range of skills including horticultural/agricultural skills, life skills (e.g. cooking, travelling independently) and social skills. For

example, one young man wrote 'I have learnt lots of new skills including gardening, cooking, talking more, making friends and getting quicker at doing jobs'. In terms of their personal development, they described mainly social and emotional changes. For example, 'I am more confident, less anxious and able to go up to people and start a conversation. I have found what I would like to do [be a gardener] and now know who the real me is'.

Attendance

From January 2013 until the end of July 2014, the attendance rate was 82% (443/540 placement days attended).

Discussion

The Grow2Grow project achieves high levels of engagement, with approximately three quarters of young people engaging at the project, an 82% session attendance rate and extremely positive client feedback. This is particularly impressive as the majority of the clients have a history of poor engagement (90% were NEET or at risk of becoming NEET).

The project appears to have a positive impact on clients' mental health and functioning, with young people experiencing an average increase of 11.6 points on the CGAS. Young people attending Grow2Grow also experience positive vocational outcomes, with 81% achieving educational or employment goals. Not only can this be life-transforming for the young people but also has major financial implications. The government's estimated lifetime cost to society of each young person who is NEET is approximately £56K in public finance costs (e.g. benefits, tax losses) and £105K in resource costs (e.g. loss to the economy, welfare loss to the individuals and their families) (Coles, Godfrey, Keung, Parrott, & Bradshaw, 2010).

There are some clear limitations to this work. First, the small sample size, with just 21 people having completed Grow2Grow placements to date, limiting the generalisability of the findings. Second, the measure used to assess functioning (CGAS) was a clinician-rated tool. Although steps were taken to ensure a balanced evaluation of each young person's functioning (e.g. scores were discussed and agreed by the entire clinical team rather than a single clinician, evidence on which the score was based was recorded as an auditable trail) there was still the potential for bias. We have now introduced client-rated and carer-rated outcome measures in our service and will be able to compare these with the clinician-rated measure when we have sufficient data. Third, while the pre-post design highlights change in the lives of the young people attending the project, we cannot be clear what is responsible for the change. While we believe that the success of Grow2Grow may be partly attributable to the integrated approach of addressing both mental health and vocational needs and partly to the psychodynamic model underpinning the work, there are other possible explanations. Not least, many of the young people attending Grow2Grow also access other services (e.g. schools, other mental health services, social services, youth projects) and it is not possible to disentangle the relative impact of these services on their lives. Finally, we do not currently know what impact Grow2Grow has on the work of these other services, through our extensive

network support and training programme. We have become increasingly aware that, as highlighted in research (Vostanis et al., 2013; Whitley et al., 2013), many professionals working with young people do not have a model for understanding their mental health difficulties. They may become frustrated when young people behave in ways that seem to be puzzling, counter-intuitive and not in their best interests (e.g. disengaging from services, not attending an exam after studying for it, failing to turn up for something they really wanted to do). We believe that the developmental psychodynamic model underpinning Grow2Grow provides a useful framework for professionals to make sense of young people's mental health, emotional and behavioural difficulties, enabling them to sustain engagement with this vulnerable group. Training events have received very positive feedback and we are now expanding the training programme to meet local demand.

Acknowledgements

The Grow2Grow project has received funding from Big Lottery/Ecominds, Comic Relief and Kent County Council. The authors have declared that they have no competing or potential conflicts of interest.

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Accepted for publication: 8 October 2014