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## **Young offenders with mental health problems in transition**

### **Introduction**

Disproportionately more young people in the English criminal justice system than outside it have mental health problems (DH, DfES 2006). For example, ninety per cent of young offenders in prison have a mental health problem (DH, DfES, 2006), including substance misuse and trauma related to sexual abuse (Nicol et al, 2000; Chitsabesan et al, 2006). Such morbidities may themselves cause criminal behaviour. Many young people with such needs have not been diagnosed, or have not accessed child and adolescent mental health services (CAMHS), particularly in the light of service reductions (Nicol et al, 2000; YoungMinds, 2011). Transition to adulthood presents particular difficulties (Brodie et al, 2011); though some young people are referred to adult mental health services (AMHS) at an appropriate age, many are not accepted, including young people diagnosed with disorders like attention deficit hyperactivity disorder, mild learning difficulties, autism spectrum disorders and personality disorder (Reder et al, 2000; Bradley et al, 2003; Singh et al, 2005). This is particularly important as Chitsabesan et al (2006) found that half of young offenders had a learning disability or a borderline learning disability. Similar trends are evident in the USA (Abram et al, 2003; Davis, 2003).

Even those who have successfully accessed relevant services may experience disconnects between them. Staff working in the criminal justice system and in mental health have different training and different organisational aims. Whereas criminal justice services are designed to protect the public, and encourage their clients both to comply with current court orders and to desist from future offending, mental health services focus on their psychiatric needs. Even when these services work well together (Khan and Wilson, 2010), which is not the norm (Harrington and Bailey, 2005), young people may have other needs, particularly education and employment, that are unlikely to be central to the concerns of the specialist services discussed here. Holistic support requires considerable organisational coordination (YoungMinds, 2013).

Such a mismatch between the needs of young offenders with mental health problems and the provision available may be due in part to the challenges of young offenders' behaviours, but it is in part due to the fact that available services are not designed for clients with multiple needs (Newman

et al, 2012). Services for young offenders have not been designed to prioritise mental health needs, for example, and mental health services for children and adults are run separately (Brodie et al, 2011).

This paper reports some findings from a study investigating the connections (or lack of connections) between different services and how they attempt to address different needs (YoungMinds, 2013). The findings reported here relate to young people's views of the services they receive, and whether they experienced relationships with service staff as positive, engaging and helpful in reducing life problems, mental health problems and offending-related behaviour. The study was funded by The Barrow Cadbury Trust and commissioned by YoungMinds.

## **Methods**

The study used qualitative methods: the data reported here were obtained by individual face-to-face interviews with young offenders. They were asked to describe and discuss their experiences of criminal justice, mental health and other support services (see Box 1 for a summary of the topic guide). Interviews were audio-recorded with consent, transcribed, and analysed thematically (Boyatzis, 1998). Thematic analysis involves repeated readings and comparison of transcripts, resulting in the identification of a framework of themes and sub-themes from the data set as a whole. The validity of the framework is tested by close consideration of 'discrepant' data, that is, data that is at odds with the thematic framework, to ensure that these are true exceptions rather than evidence of framework inadequacy.

*[Box 1 about here]*

Participants were recruited through Transition to Adulthood (T2A), a project to promote effective support services for young adults in the criminal justice system (Sturrock, 2012). Recruitment of participants took place at three T2A projects that provided support for young offenders: two large cities, and one mixed rural and urban area. In two sites, T2A services are delivered by local voluntary agencies, in the third by the local probation service. T2A staff distributed information sheets and consent forms to appropriate clients and arranged the interviews at suitable voluntary sector or statutory sector premises. Not all young people who agreed kept their appointments, however,

resulting in a smaller sample than intended. Also, one T2A project was being wound down, so staff were both preoccupied and working with fewer clients. Interviews were carried out by an academic researcher unknown to the interviewees. Participants were given a small thank-you (a shopping voucher), although at T2A's request they were not made aware of this until after the interview.

Ethical approval for the research was obtained from City University Senate Ethics Committee and the National Offender Management Service. Confidentiality and anonymity were assured and maintained throughout the study. T2A staff only invited possible interviewees with capacity to consent. Full and parallel 'youth-friendly' information sheets were distributed. Though procedures were devised to deal with the disclosure during interviews of material that would need to be reported elsewhere (issues of risk or criminality), these were not needed. T2A workers were at hand should the young people interviewed become upset and need extra support: most met with them for a chat after the interview in any case. To ensure that no young people could be identified by their peers, families or staff who work with them, quotations are not attributed even by code to any individual. Each of the fifteen young people is quoted at least once.

## **Findings**

Ten young men and five young women were interviewed: demographic details are recorded in Table 1. Interviews lasted between 15 minutes and an hour; most lasted about thirty minutes.

*[Table 1 about here]*

In identifying what helped them, young people spoke primarily of individual staff with whom they had had a good relationship, with some recognition of the organisational constraints under which staff worked. Findings are presented under the following headings:

- service organisation;
- helpful qualities in staff;
- what staff do to help.

The needs of those interviewed were varied (different levels of offending, diagnoses, involvement in substance misuse, educational attainment, family history, etc.), as were their experience of different services (probation, Youth Offending Teams, social services, psychiatric hospitals, community psychiatric nurses, psychologists, prison officers and voluntary sector organisations). Nevertheless,

there was a striking consistency in their comments. Because they spoke in terms of individuals and their characteristics rather than of services, all types of staff are considered together here.

### *Service organisation*

There were many reports of a lack of continuity in young people's contacts with services. This could relate to personnel changes: One, for example, said he had had six different probation officers in three months. Discontinuity in relationships made the building of rapport difficult:

*My problem is opening up to people I don't know. I like to work with the same person all the time because once I've met that person, you know me, I know you, there's no need for introductions. And then each time I work with them I get to know them a bit better, so by the end we've got a good rapport. But I don't want to have to keep being thrown to and from this person, that person.)*

Several suggested that changes in staff tended to de-motivate them:

*Me and [T2A worker], I get on with her really well. So if it changed now, I'd – well, I think I'd go a bit mad to be honest, because we've been working together for about six months or so. So if it changed now - I don't, well, I just don't think I'd turn up.*

There were reports of discontinuity because of how services limited the support that they offered. One gave two vivid examples of how the provision of care had stopped, one after an appointment with a psychiatrist and the other after contact with the community crisis team:

*The psychiatrist put me on the medication, and then he said, I'll see you three months, four months and that will be it... there was no CPN [community psychiatric nurse], there was no social worker, there was nothing. I was left on my own with all these tablets...I did OD [overdose], I think, twice on them, and they still gave me them. And then I just stopped taking them... [On another occasion] the community crisis team were working with me at home and stuff, monitoring me. But that only lasts four week... And then there was nothing else put in place after. I was left to my own devices. And someone that ill shouldn't really be left on their own, you know?*

Service discontinuity was sometimes the result of long waiting times, particularly for mental health services, once referrals had been made.

Another key service issue was time. Short appointments were deemed insufficient:

*I'm ready to work [with my probation officer] to change my offending but I can't do that with a 15 minute appointment...*

General practitioners (GPs) in particular were reported as reluctant to give enough time. Young people recognised that voluntary sector workers had more flexibility in the service they offered:

*What's she [T2A worker] got that's extra? Time. No-one ever had time for me before that. And the time she gives me is like, I take it as quality time because in our time we do a lot of things, like we go out for lunch, and just talk about normal day to day, basic things, like, what was you doing today?*

#### *Helpful qualities in staff*

Many of the young people valued the opportunity to discuss their problems openly with staff:

*[T2A worker] was the first person I properly opened up to about my past, about the way that I felt and stuff like that, about the things that I've done in the past, and a lot of things that I didn't get caught for, the way it made me feel and stuff ... It helped a lot to come out with these things, to tell him these things.*

They often emphasised that having a good relationship with service staff was crucial to the acceptance and use of support:

*I'm one of them people if I don't click with someone, that I'm like a closed book, I won't talk, I'll just sit there in silence. But then the thing is I'll get in trouble for that... I know you're in the wrong, that's why you're on the order but... I need to build a rapport with someone before I can be open with them.*

They enumerated various personal qualities in staff that promoted good rapport. First, concern:

*Like she [T2A worker] she cares, and I know she cares because she just checks up on me... 'Are you all right? Are you staying out of trouble?'*

She contrasted this with a bitterly recollected occasion when school staff had ignored her feelings after her father's death.

A second quality was informality:

*She [T2A worker] just, it's, we just have normal conversations and it just, she just works it in with the normal conversation and it works that way... You need somebody there that you can go in, talk to, have a laugh with, a bit of a giggle in a less formal setting.*

Beginning informally is a useful way for staff to engage young people who might otherwise be alienated:

*[My alcohol worker] asked me how my week had been, how my daughter was getting on, before we even started the session ... And then she'd start the session, once she'd got me in a good set, good space of mind ... As soon as someone tries poking and talking about something I don't want to talk about, I get agitated, my barriers go up, I get defensive, and I close myself off.*

Third, being non-judgmental:

*I was always worried about people judging me. Whereas he [T2A worker] never did, never did judge me about the things that I used to do. What he used to do is just say, how much better it is that I've come away from that now and sorted it out. Now that was a massive help.*

Several young people recognised that, however justified the judgement, its reiteration tended to alienate:

*Quite a few people I know, in the end we stop going for help because there's no point sitting there in front of someone who's just going to judge us all the time.*

Fourth, adopting a non-hierarchical approach:

*She [T2A worker] doesn't talk down to you or at you, but with you. Treats you like a human being.*

Once again, this approach avoided alienating young people:

*A lot of people, teachers, head teachers, social workers, psychiatrists - having power over you has gone to their head and that's what makes [young] people go crazy and either attack them or walk out and just leave it and don't fix their life. But when someone treats you like you're an equal, it's a lot easier to talk.*

Fifth, understanding:

*What was good about her [probation officer], she, she understood me. ... She was the only one that was listening, that was, that actually understood me.* Various young people made the point that the workers whose own lives mirrored to some extent those of their clients were more understanding:

*The best people for the job are people who have actually been through things like that... I was in care when I was a kid and there was staff in there... who were just, they'd been put through themselves and things ... They were easier to talk to.*

Another young man, while not expressing a preference for workers to be ex-offenders, nevertheless valued staff whose conversation reflected the understanding they had gained from their work with other clients:

*Like, they've dealt with other people. So they can relate, kind of thing. Understand why I would do something, why have certain things happened.*

When good rapport was built with workers who demonstrated these qualities, then young people accepting and appreciative of advice and direction:

*He just tells me, he advises me to, just to calm down and all that stuff... No, he just tells me that, and he says, stay out of trouble, and try to walk away from certain situations.*

Workers might also need to be confrontative:

*[T2A worker] will tell me blatantly if I'm thinking, having stupid thoughts, she'll tell me I'm being stupid. And that's what I need, somebody that's going to be honest, even if it is going to hurt my feelings.*

Young people recognised the difference between authoritative and authoritarian behaviour.

*She nags at me, she's bossy, yeah!... My mum shouts at me, she just shouts, screams. [T2A worker] just tells you in a nice way, she explains it to you. My mum just skips the explaining and starts with the screaming.*

These data together form a coherent description of the good qualities of a worker as seen by the young people: none of the fifteen said anything at odds with this aggregated description. Without being explicit, or perhaps even fully conscious of doing so, they described core features of skilled therapeutic relationships: these are discussed further below.



### *What staff do to help*

Young people spoke of a number of different types of help:

- help with understanding and managing themselves;
- help with practical tasks and skills;
- help with training, education and work.

#### *Help with understanding and managing themselves*

Young people variously mentioned having attended courses about topics such as thinking skills, anger management, controlled drinking, looking at reasons for drugs misuse, reason for offending, and the consequences of offending for victims. Such courses had helped them to think about themselves differently:

*I found it a bit hard at first because part of it was delving into my past, why, why I offended, why I did these things. But I'd got to the stage where I could explain the reason why I got into cars and drove was a release for me, it was a coping mechanism for me to calm down. Which I learnt a lot from that course.*

Some had been helped to reflect on their own behaviour in ways that motivated them to attempt to change:

*[Victim Support offered] just loads of victim stuff and that, how victims feel and... yeah, because you rob someone and it's like you learn how they feel and that, and it's like if they, if they did it to you and how would you feel ... I even wrote a letter to one of them, saying how sorry and that I was, what I was going through.*

Several spoke of help with anger management:

*I thought the whole world was against me, like I didn't care at all. And [my probation officer] showed me that the world ain't against me, I'm against the world. ... She showed me that I could deal with my anger by just coming out of the room wherever I am, or just going outside, breathing in and out.*

Another acknowledged help with living with depression:

*I used to just drink and block myself away, instead of doing that, because basically he's [a psychologist] saying, you're making your depression worse by doing that. And if you can get up and*

*motivated, even if it's not that many times a week or whatever, just to do something, you're going to feel better in yourself. Which is - I know that, deep down. But it's all the fear that you have in your head and your stomach... basically, he helped me with that.*

Several spoke of benefiting from controlled drinking programmes:

*I'm getting help with my drinking at the moment... over the last month or so it has come down, I've started drinking less and less... Yeah, we just discuss, yeah, basically your problems and stuff like that. Well, it's mainly my confidence it's helping with... We have a drink diary ... it does help, you look and see what you're actually drinking. Yeah, it sort of opens up your eyes, doesn't it, yeah? How much money you're spending.*

Staff had helped some young people see that they needed to break away from friendship circles that connected them with criminal activity:

*[The T2A worker] sat down with me and told me and said to me all, oh, about the people that I hang around with and about how I must, can't be on the roadside because of the police and all that. ... it's true, what she said, because since I haven't been with my friends, they've got into a whole heap of bad trouble and I'm not there to get myself in the problem...*

However, one young man said that he preferred to avoid discussing a traumatic episode in his adolescence:

*People say it helps talking about your problems and that, but it don't really help for me to. Just talking about it and thinking about it just makes me want to go out drinking ... if I need to stop drinking and change my life, I've got to do it myself, at the end of the day.*

This view is probably under-represented in the data: those holding it might be less likely to volunteer to take part in the research. Several young people said that this had been their attitude when they were younger.

#### Help with practical tasks and skills

Young people generally valued support in accessing services that they found it difficult to access alone (including mental health, GP, college, benefits, housing, and solicitors). This might mean no more than explanation:

*If I don't understand things, then [T2A worker]'s there to explain to me, if I don't know something.*

But more often, young people needed more active help to, for example, complete applications forms or to make phone calls:

*Like my benefits, banking, I haven't even phoned some of them before. I would have just left everything, and let everything fall apart. But now I can actually make a phone call myself and things, because she's sat with me and done it with me and stuff. So I, I've actually got the confidence to do that now...*

When young people lacked the confidence to go to appointments on their own, staff had sometimes accompanied them:

*My confidence went. And that's, that's what we've been doing, just building it up, building it back up... [T2A worker] takes me, just out and about, up town, just - Before and that, my confidence was so low, I couldn't, I couldn't go out the house.*

Staff might also act as an advocate:

*[T2A worker] is going to arrange to come to the doctor's with me. Because they seem to listen to you more when you've got someone with authority with you. But you shouldn't have to do that all the time, not everyone can get someone out with authority to go to the doctor's with them.*

Other help noted included help with self-care:

*I don't buy food shopping unless someone comes with me ... so I ask [T2A worker] to come with me when I go food shopping, because I need her there.*

Two mentioned the help workers had given with family members: in one case, the young person's partner was having mental health problems and receiving support from the T2A worker, in the other, the worker had kept an eye on the safety and well-being of a child during a period of maternal instability. In a few cases, staff had also helped with housing:

*She's helped me get into [a hostel] and set up a grant for me to get somewhere to live now and sort out my benefits and everything.*

In another case, T2A and another local voluntary agency had provided and found funding for household equipment for a client and his partner and child.

*Help with training, education and work.*

Probation, Youth Offending Teams and T2A were all mentioned as having provided or facilitated access to training and education (literacy, gym instruction, painting and decorating). Prison provided such opportunities, too: for example, one mentioned learning to read, obtaining qualifications, doing courses on drugs use and thinking skills, all in prison. He added that he was sure that he would not have accepted any of this help had he been offered it earlier in life outside prison. Undergoing these had increased confidence and self-esteem as well as improving chances for employment.

*Then I got onto a course, an apprenticeship, which [probation officer] the probation officer she helped me get on, which was in customer service, hospitality. I completed the course and then I got my certificate, it was the first, my first time I'd ever been rewarded and I graduated from something positive, which then realised that I weren't just another statistic, I was somebody.*

Two mentioned that T2A was helping them to get Construction Skills Certification Scheme cards to enable them to work in the building industry.

## **Discussion**

The study has a number of limitations. First, the sample was small. Second, it is probable that young people who were cooperating and engaging with services were more likely to agree to be interviewed than those less engaged. It is also possible that some staff only attempted to recruit cooperative and engaged clients. Third, interviews took place on official premises (in the case of YP1 to YP10, premises routinely used by T2A), which may have subtly reinforced any tendency to 'say what they want us to say'. Fourth, though young people were asked about the full range of help that they had received over their lives, they generally answered more fully about T2A, perhaps because T2A was currently working with them and arranged the interviews. Since their accounts of T2A staff were usually more positive than accounts of other staff, this may have skewed the findings. All these factors may have resulted in an untypically positive picture of the constructive role of services and their staff.

Because it is a cross-sectional study, there is no outcome data to demonstrate whether good relationships with staff made re-offending less likely. Likewise, we did not gather data relating to the young people's histories or current needs. What our data does provide clear evidence of is the values

which these young offenders hold that inform their judgements of whether and how relationships with staff could help them.

That young people were most articulate about personal characteristics is not surprising. Given their experiences of service discontinuity, relationships with staff that were sustained long enough to be appreciated are likely to be memorable and perceived as valuable. It is also not surprising that the professional role of the individual staff members discussed was never described as important by those interviewed: personal characteristics rather than organisational roles were what were seen as important. This may be linked to an interesting finding in the young offender literature is the tendency of clients to prefer staff who are independent of mainstream services (Mason and Prior, 2008). Similarly, social work clients tend to see valued social workers as individuals rather than as representatives of their employers (Ribner and Knei-Puz, 2002). Though the young people in our study did not name independence from the mainstream as such, several were aware that T2A workers were able to offer flexible support in a way that more mainstream services could not, or at any rate did not (e.g. in particular those probation officers and GPs who only offered short appointments).

Given the diversity of young people participating, the coherence of the data is striking, though perhaps not surprising, as existing literature reports similar findings. Other work on young offenders has shown a preference for continuous and sustained relations with adequate contact time (Mason and Prior, 2008). The emphasis that young people placed on forging good relationships with staff also echoes other literature (Trupin, 2007; Burnett and McNeil, 2005); indeed, Whyte (2004) cites research suggesting that good relationships improve outcomes. Young offenders have previously reported appreciating officers who are empathic, warmth, informal and approachable (Mason and Prior, 2008); they want to be seen as people, not as cases (Prior and Mason, 2010) and for staff to take a non-judgemental approach (Ryals, 2011; Whyte 2004; Dowden and Andrews, 2004). Within such relationships, young people are willing to respect the authority of staff, particularly those who are seen as firm but fair, and to take their advice seriously (Rex, 1999).

The literature also suggests that successful engagement with and rehabilitation of young offenders requires staff to pay attention to skills development and problem-solving (Trupin, 2007; Harrington and Barley, 2005); advocacy (Whyte, 2004; Dowden and Andrews, 2004); and help with practical

problems such as welfare benefits and housing (Rex, 1999). A priority is literacy: high rates of low literacy are reported (Nicol et al, 2001; Chitsabesan et al, 2006).

It is evident that meeting the client needs just outlined in the context of the criminal justice system and its requirements is highly skilled work, particularly given the behavioural and communication challenges often presented by young offenders and young people with mental health problems.

Although the relevant literature is fairly small, its findings are congruent with those evidenced in the wider literature on helping relationships for both adults and children. Here too, continuity and time are important (Shattall et al, 2007; Littauer et al, 2005; Hill, 1999). Positive outcomes have been shown to be associated with good client-helper relationships in a number of research studies and literature reviews (Lambert and Barly 2001; Horvath et al, 2011; Karver et al, 2006; Shirk and Carver, 2011).

Adult and child clients value many of the same qualities that are important to young offenders: caring, empathy, concern, being interested (Shattell et al, 2007; Lowenburg, 2003; Ribner and Knei-Puz, 2002; Ackermann and Hilsenworth, 2003). Informality and friendliness are widely seen as being helpful (O'Brien, 1999; Philp et al, 2004; NECF, 2006; Shiner et al, 2004). Both adults and children want to feel heard and respected (Bedi, 2006; Ackerman and Hilsenworth, 2003; Horberg et al, 2004; de Winter and Noon, 2003; Hill, 1999; NECF, 2006). Young people with mental health problems share these values (Garcia et al, 2007). A particular issue for children and young people as well as young offenders is the importance of staff as role models (Mason and Prior, 2008).

One difference from the more general literature on helping relationships is that our informants rarely if ever mentioned confidentiality (one did in relation to the suggestion that she might have sought help at school). Confidentiality is considered by clients as well as staff to be very important in helping relationships (Shattell et al, 2007). This difference may be because young people were well aware that confidentiality as construed in for example a counselling relationship is not possible in the criminal justice system where, for example, probation officers have a duty to report re-offending.

A further finding in the helping literature is that, while good relationships correlate to some extent with good outcomes, the correlation is stronger when the relationship is assessed as good by the client than when it is so assessed by the helper (Horvath et al, 2011; Shirk and Karver, 2011). This in itself is a justification for studies such as this: services need to be reminded on a continuing basis of the perspectives of clients, not just out of respect or humanity, but because the ability to work in

accordance with client values about support and relationships is more likely to lead to a positive outcome.

What this paper adds to the existing literature is evidence that young adults in the criminal justice system with mental health problems share the values about helping relationships held by diverse population groups, and are less likely to engage with services that do not embed such values. That such values are typically not demonstrated in stretched and uncoordinated services is of great concern, and suggests a number of recommendations. Staff in all organisations offering a service to this client group should recognise that time and flexibility are likely to engage young people more than brief contacts with a limited focus. Staff should also seek to work across organisational boundaries effectively and as a matter of course to ensure that the full range of young people's needs are addressed. But in a time of cost containment or reduction in the UK public sector, it is not clear that services can or will change thus. Though individual staff may succeed in managing organisational pressures so as to maintain relations with clients reflecting clients' values, many will struggle to do so (Lipsky, 1980). In particular, the importance of having enough time to establish supportive relationships may not be in the control of staff working to demanding performance targets. Similarly, the challenges of better coordination and collaboration between agencies targeted at children and at adults are considerable, and less rather than more likely to be met in the current climate.

## References

- Abram K, Teplin L, McClelland, G, Dulcan M (2003) Comorbid Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 60, 1097- 1108.
- Ackermann, S., Hilsenroth, M. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1-33.
- Bedi, R. (2006). Concept mapping the client's perspective on counselling alliance formation. *Journal of Counselling Psychology*, 53, 1, 26-35.
- Boyatzis R (1998) *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, California: Sage.
- Brodie I, Goldman R, Clapton J (2011) *Mental health service transitions for young people*. London: Social Care Institute for Excellence.
- Bullis M, Tehan C, Clark H (2000) *Teaching and developing improved community life competencies*. In: Clark H, Davis M (2000) *Transition to Adulthood. A resource for assisting young people with emotional or behavioral difficulties*. Baltimore: Paul H Brookes Publishing Company, pp. 107-131.
- Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S., McDonald, W., Theodosiou, L. (2006). Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry*, 188, 534-540.
- Davis M (2003) Addressing the needs of youth in transition to adulthood. *Administration and Policy in Mental Health*, 30, 6, 495-509
- De Winter, M., Noom, M. (2003). Someone who treats you as an ordinary human being... Homeless youth examine the quality of professional care. *British Journal of Social Work*, 33, 325-337.
- DH, DfES (2006) *Transition: getting it right for young people*. London, Department for Education and Skills, Department of Health.
- Dowden, C., Andrews, D. (2004). The importance of staff practice in delivering effective correctional treatment: a meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, 28, 203-214.
- Garcia I, Vasiliou C, Penkell K (2007) *Listenup! Person-centred approaches to help young people experiencing mental health and emotional problems*. London: Mental Health Foundation.
- Harrington, R., Bailey, S. (2005). *Mental health needs and effectiveness of provision for young offenders in custody and in the community*. London: Youth Justice Board.
- Hill, M. (1999). What's the problem? Who can help? The perspectives of children and young people on their well-being and on helping professionals. *Journal of Social Work Practice*, 13, 2, 135-145.
- Horberg, U., Brunt, D., Axelsson, A. (2004). Clients' perceptions of client-nurse relationships in local authority psychiatric services: a qualitative study. *International Journal of Mental Health Nursing*, 13, 9-17.



Horvath, A., Del Re, A., Flueckiger, C. and Symonds, D. (2011). Alliance in individual psychotherapy. In: Norcross J (ed.) *Psychotherapy relationships that work: evidence-based responsiveness*. New York: Oxford University Press.

Karver, M., Handelsmann, J., Fields, S., Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: the evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review*, 26, 50-65.

Khan L, Wilson J (2010) You just get on and do it: healthcare provision in Youth Offending Teams. London: Centre for Mental health.

Lambert M, Barley D (2001) Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38, 4, 357-61.

Lipsky M (1980) *Street-level bureaucracy. Dilemmas of the individual in public services*. New York: Russell Sage Foundation.

Littauer, H., Sexton, H., Wynn, R. (2005). Qualities clients wish for in their therapists. *Scandinavian Journal of Caring Sciences*, 19, 28-31.

Lowenberg, J. (2003). The nurse-client relationship in a stress management clinic. *Holistic Nursing Practice*, 17, 2, 99-109.

Mason, P., Prior, D. (2008). *Engaging Young People who Offend. Source document*. London: Youth Justice Board.

McNeil, F., Batchelor, S. (2002). Chaos, containment and change: responding to persistent offending by young people. *Youth Justice*, 2, 27-43.

NECF (National Evaluation of Children's Fund) (2006), *Developing preventative practices: the experiences of children, young people and their families in the Children's Fund*. Birmingham: University of Birmingham and Institute of Education.

Newman, R., Talbot, J., Catchpole, R., Russell, L. (2012). *Turning young lives around: how health and justice services can respond to children with mental health problems and learning disabilities who offend*. London: Prison Reform Trust.

Nicol, R., Stretch, D., Whitney, I., Jones, K., Garfield, P., Turner, K., Stanion, B. (2000) Mental health needs and services for severely troubled and troubling young people including young offenders in an NHS region. *Journal of Adolescence*, 23, 243-261.

O'Brien, A. (1999) Negotiating the relationship: mental health nurses' perceptions of their practice. *Australian and New Zealand Journal of Mental Health Nursing*, 8, 153-161.

Philip K, Shucksmith J, King C (2004) *Sharing a laugh? A qualitative study of mentoring interventions with young people*. York: Joseph Rowntree Foundation.

- Rex, S. (1999). Desistance from offending: experiences of probation. *The Howard Journal*, 38, 4, 366-383.
- Ribner, D., Knei-Puz, C. (2002) Client's view of a successful helping relationship. *Social Work*, 47, 4, 379-387.
- Ryals, J. (2011). Liberated voices: juvenile offenders' perceptions of the therapeutic relationship. *Journal of Theoretical and Philosophical Criminology*, 3, 2, 1-26.
- Shattell, M., Starr, S., Thomas, S. (2007). 'Take my hand, help me out': mental health service recipients' experience of the therapeutic relationship. *International Journal of Mental Health Nursing*, 16, 274-284.
- Shiner, M., Young, T., Newburn, T., Groben, S. (2004) *Mentoring disaffected young people. An evaluation of Mentoring Plus*. York: Joseph Rowntree Foundation.
- Shirk, S., Karver, M. (2011). Alliance in child and adolescent psychotherapy. In J. Norcross (Ed.) *Psychotherapy relationships that work: evidence-based responsiveness*. New York, US: Oxford University Press.
- Singh, S., Evans, N., Sireling, L., et al (2005): Mind the gap: the interface between CAMHS and adult services. *Psychiatric Bulletin*, 29, 292-294.
- Sturrock R (2012) Supporting transitions. A summative evaluation of the Transition to Adulthood pilots. London: Catch 22.
- Teplin L, Abram K, McClelland G, Washburn J, Pikus A (2005) Detecting mental disorder in juvenile detainees: who receives services. *American Journal of Public Health*, 95, 10, 1773-1780.
- Trupin, E. (2007). Evidence-based treatment for justice-involved youth. In C. Kessler and L. Kraus L (Eds.), *The mental health needs of young offenders: forging paths toward reintegration and rehabilitation*, West Nyack, NY: Cambridge University Press.
- Vorhies V, Davis K, Frounfelker R, Kaiser S (2012) Applying social and cultural capital frameworks: understanding employment perspectives of transition age youth with serious mental health conditions. *Journal of Behavioral Health Services and Research*, 39, 3, 257-270.
- Whyte, B. (2004). Effectiveness, research and youth justice. *Youth Justice*, 4, 1, 3-21.
- YoungMinds (2011). *Briefing on cuts to children and young people's mental health services*. London: YoungMinds.
- YoungMinds (2013) *Same Old... the experiences of young offenders with mental health needs*. London: YoungMinds.