Brandon Centre Psychotherapy Service

Camden & Islington Annual Report

2021-2022

Brandon Centre
26 Prince of Wales Road
Kentish Town
NW5 3LG

The following report will provide an overview of the psychotherapy service performance in 2021-22 for clients in Camden and Islington. The first section will report on data from Camden, then Islington.

Please note this period was impacted by the global pandemic of Covid-19 and thus many appointments were offered via remote measures.

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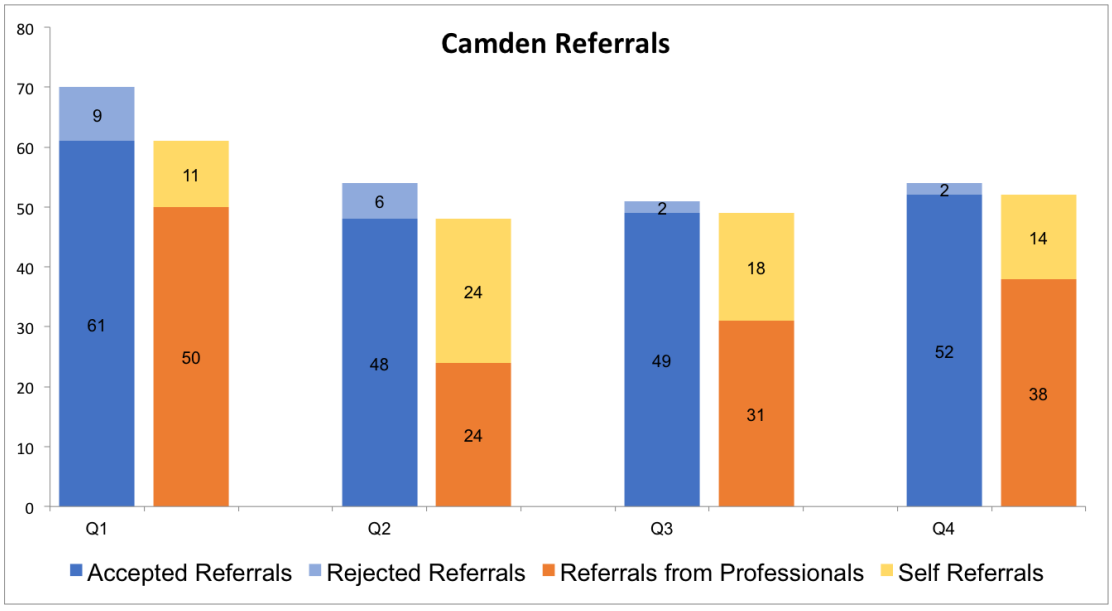
1.0 Camden

1.1 Referrals

During the 2021-2022 year, 229 referrals were received. Of these, 19 were rejected and the remaining 210 were accepted. Of the 210 referrals which were accepted, 143 were from professionals, and 67 were from the client (self-referral) or from a carer/relative. The graph below illustrates the pattern of Camden referrals throughout the 2021-22 year, showing that the highest number of referrals were received in Quarter 1 (April – June 2021) whilst for other quarters, referral rates were consistently slightly lower.

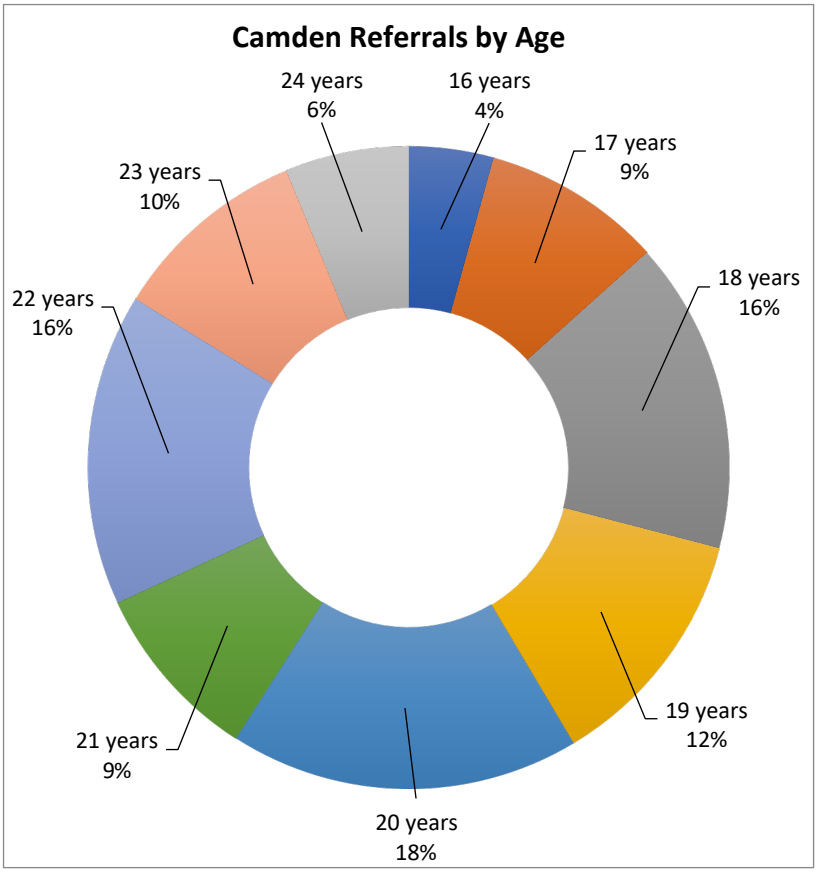


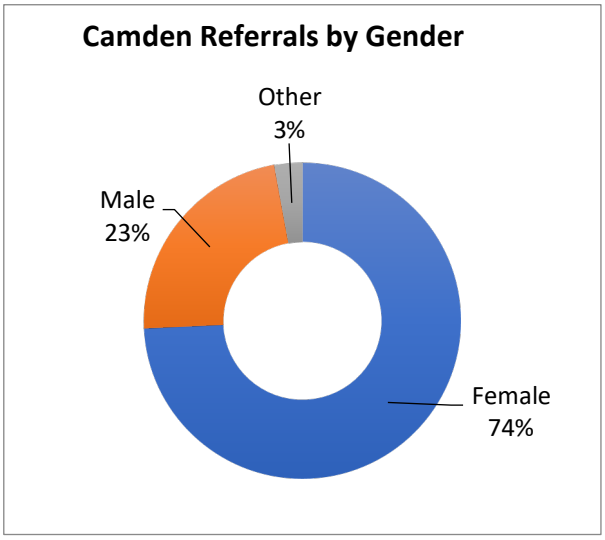
In terms of referral source, the majority of referrals were from IAPT and CAMHS. The rest included self-referral (from a young person or their parent/carer), Camden Crisis Team, Camden Early Intervention Service, Social Services, GP practices, or other primary health care services.

Reasons for rejecting referrals included needing more specialist services (e.g., eating disorder services, or drug and alcohol services), or being more suitable for another service (e.g. CAMHS).

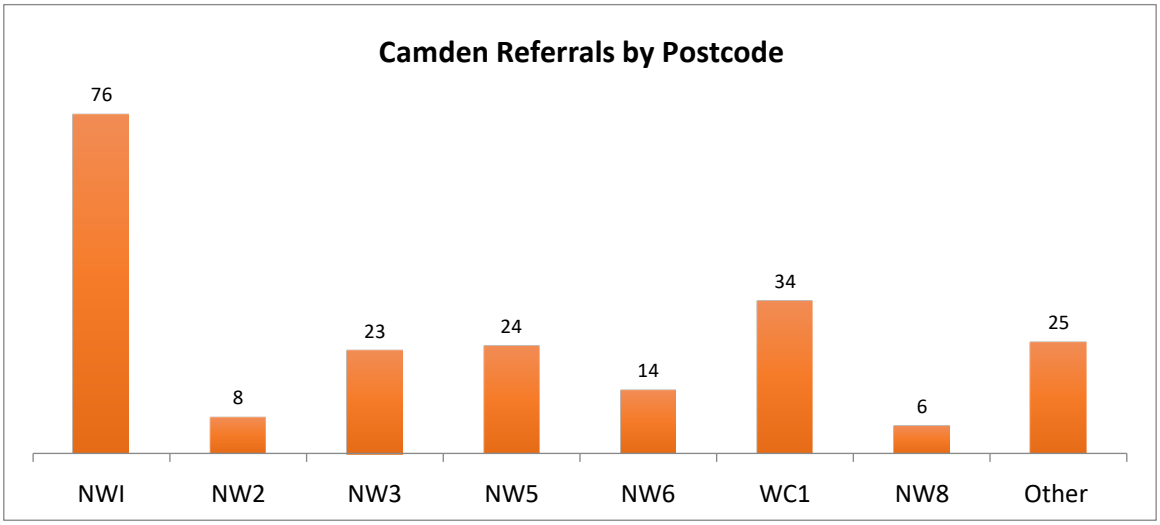
1.2 Demographic Information

Of the clients accepted to the service in the year 2021-22 in Camden, 156 were female, 48 were male and 6 identified with another term (e.g., non-binary). Clients ranged between 17 and 24 years of age, with an average age of 20.

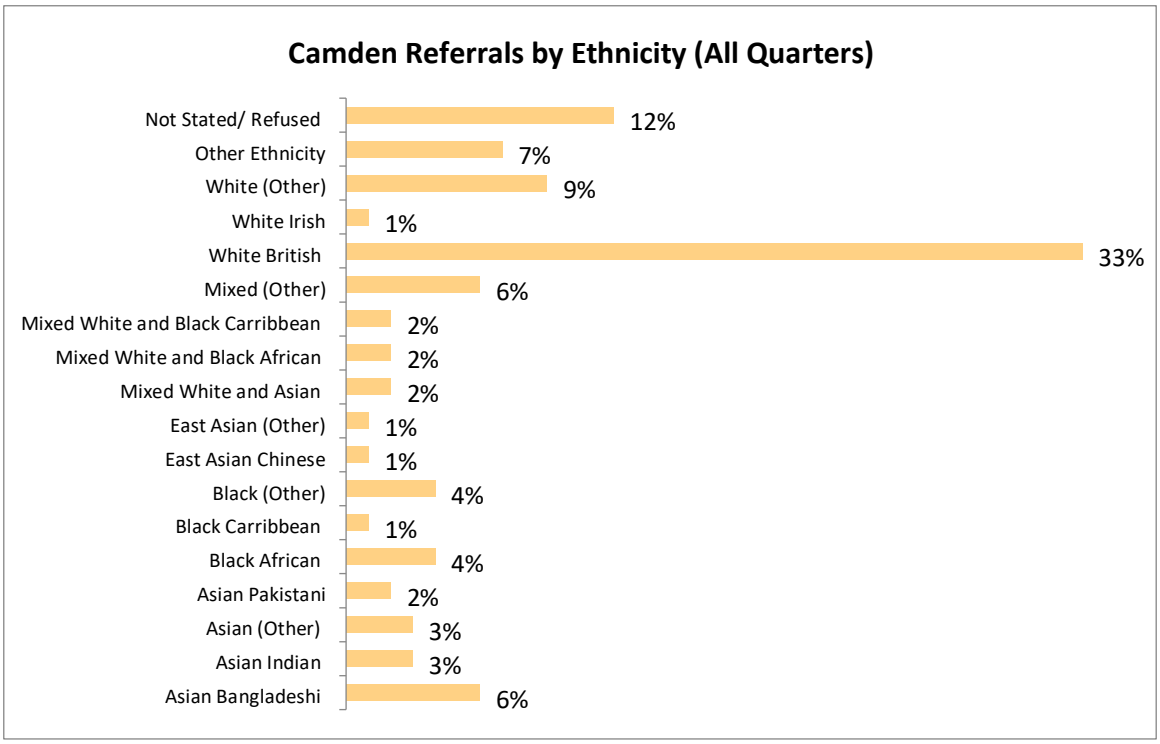




The highest numbers of referrals were received from young people based in NW1, NW3, NW5, NW6 and WC1. Referrals were also received from young people from NW2, NW8, N1, N4, N6, N7 N17, N19, E1, E7, E9 and WC2.



Across the year 37% of young people referred were from a BAME background, 43% of referrals were from White British, White Irish or White Other backgrounds, while the remainder stated that they were from 'other' ethnicities, or declined to share their ethnicity.



1.3 Assessments

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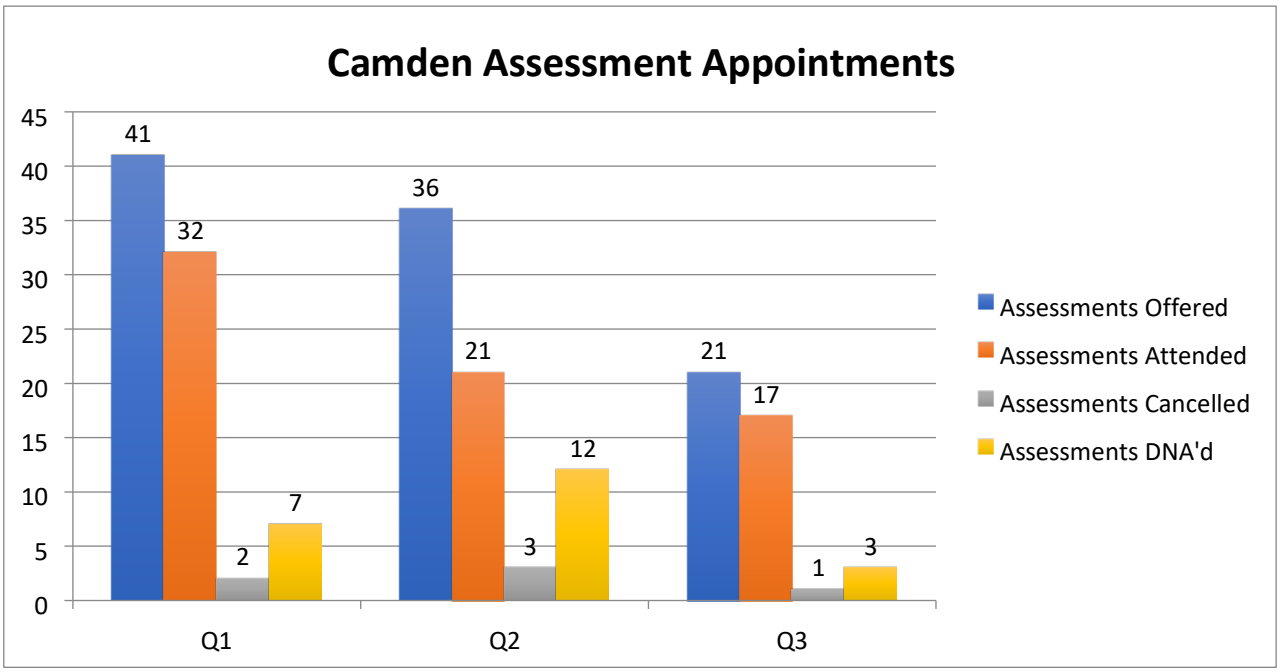
The total number of assessments offered throughout the year for Camden was 191. Of those offered, 86% (164) were attended, 5% (9) were cancelled in advance and 9% (18) did not attend without prior notice (DNA).



1.4 Treatment

Across the year, 1954 treatment appointments were offered. Out of the 1954 appointments offered, 77% (1501) were attended, 11% (221) were cancelled, and 11% (216) did not attend. Attendance status was not marked for 1% (16) of appointments.

The increase in treatment appointments in Q4 (January- March 2022) is partly attributable to the addition of three new therapists in the team (1.7FTE), who started in November 2021 and each held full caseloads by January 2022. One of the therapists (0.6 FTE) provided therapy specifically to UCL students (this post was funded by the Mitchell Charitable Trust).

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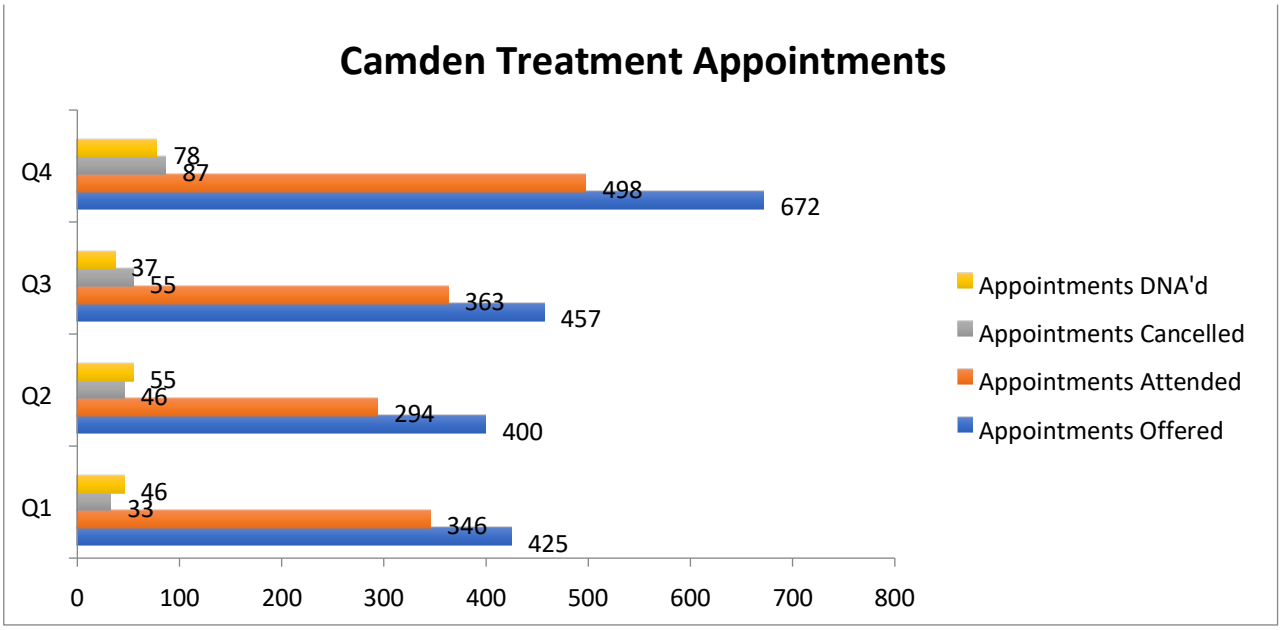

1.5 Waiting Times

The waiting time between first referral and assessment remained relatively consistent across the year, with a maximum average waiting time of 23.5 weeks recorded in Quarter 3 (October – December 2021). The waiting time between assessment and therapy reached a maximum of 27.6 weeks, also during Quarter 3, but decreased significantly to 18.1 weeks during Quarter 4 (January – March 2022). This can in part be explained by the addition of three new therapists (1.7 FTE) in November 2021, who held a full caseload of clients by January 2022.

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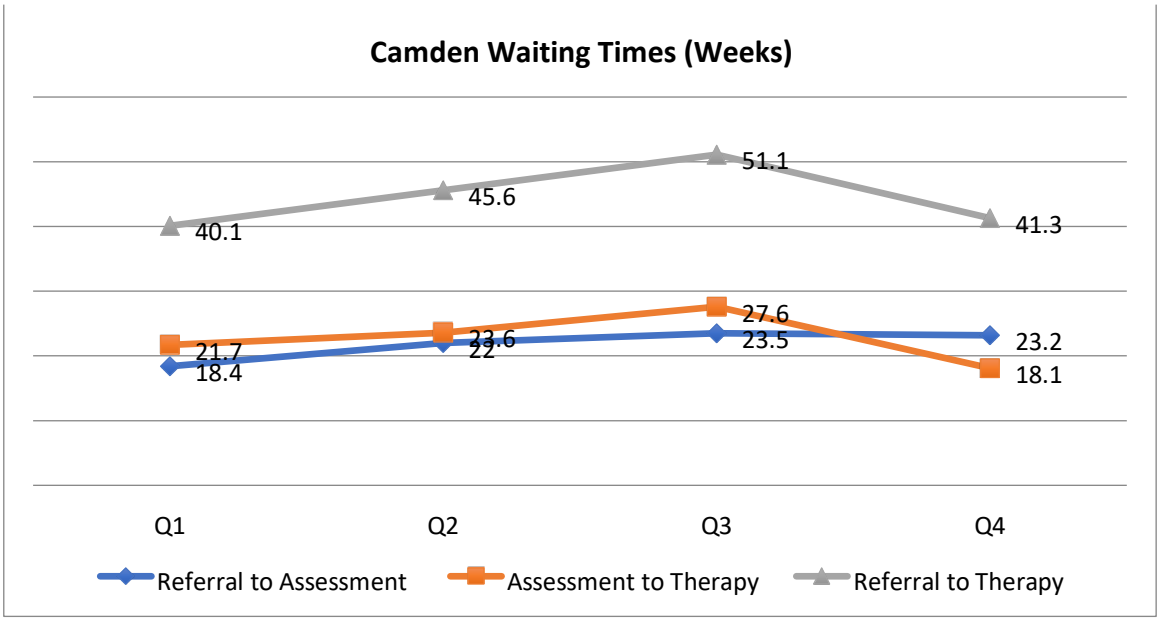
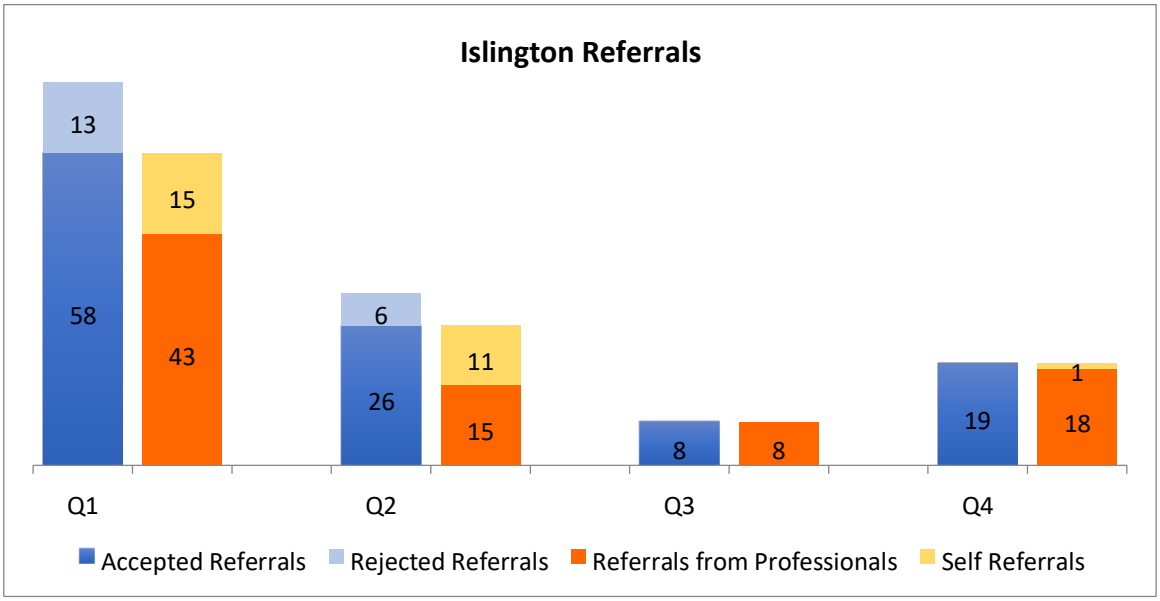


2.0 Islington

2.1 Referrals

In the year of 2021-22, 130 referrals were received for Islington. Of these, 19 were rejected and the remaining 111 were accepted. Of those accepted, 84 referrals were from professionals, and 27 were self-referrals from the client themselves or from a carer or relative. The graph below illustrates the pattern of referrals for Islington throughout the year of 2021-22.



In terms of referral source, the majority of referrals were from CAMHS and Social Services. The rest included self-referral (from a young person or their parent/carer), Islington Crisis Team, Islington Early Intervention Service, IAPT, GP practices and other primary healthcare services.

Reasons for rejecting referrals included needing more specialist services (e.g., eating disorder services), or being more suitable for another service (e.g., CAMHS).

In the second half of the year (Quarter 3 and Quarter 4) the Islington waiting list was closed for those over 18 due to uncertainty about future funding for this age group (18–25-year-olds), and referrals were only accepted from SEMH.

2.2 Demographic Information

Of the clients accepted to the service in the year 2021-22 in Islington, 69 were female, 38 were male and 4 identified with another term (e.g., non-binary). Clients ranged between 16 and 25 years of age, with an average age of 20.

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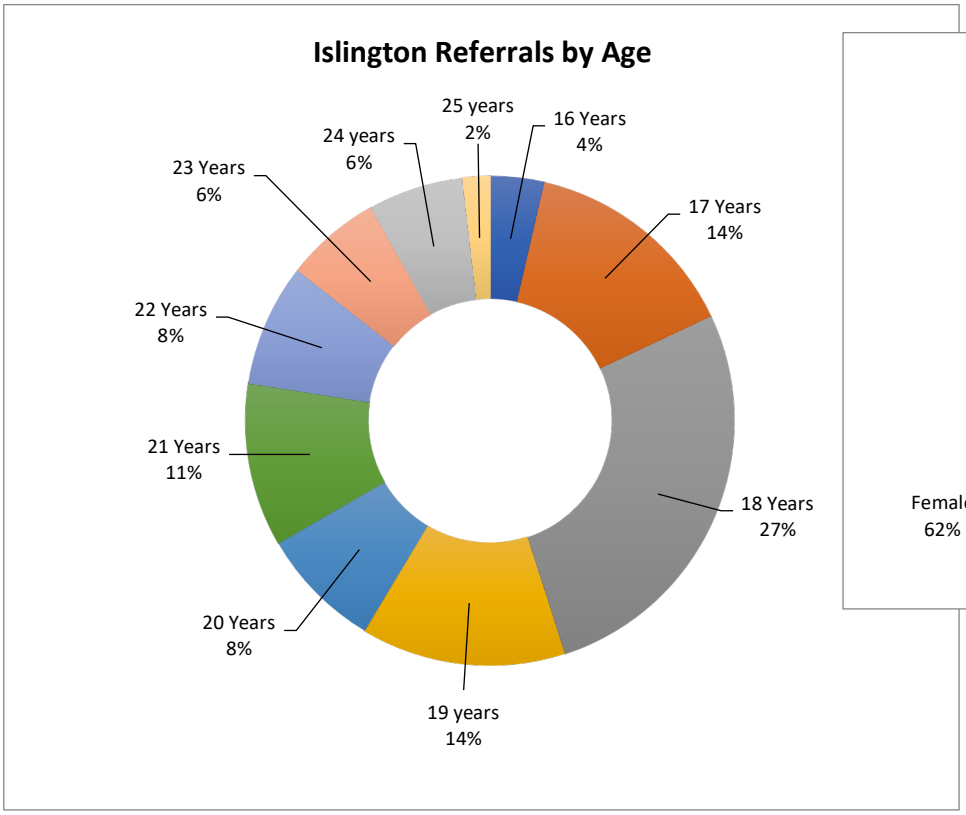
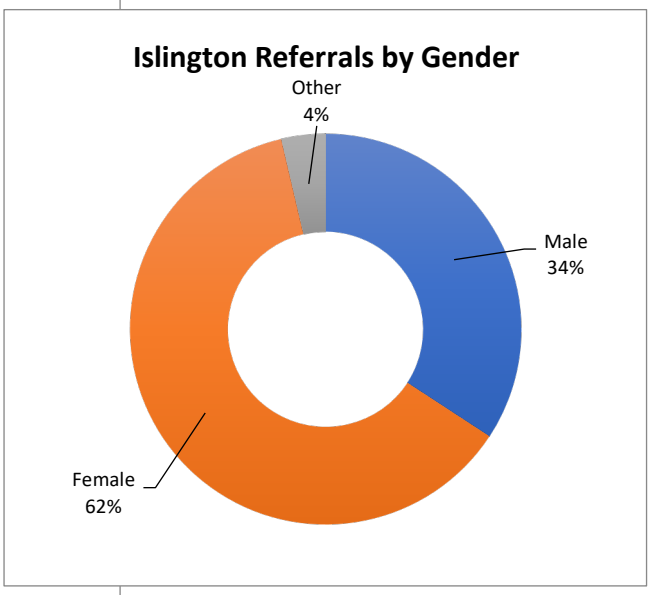
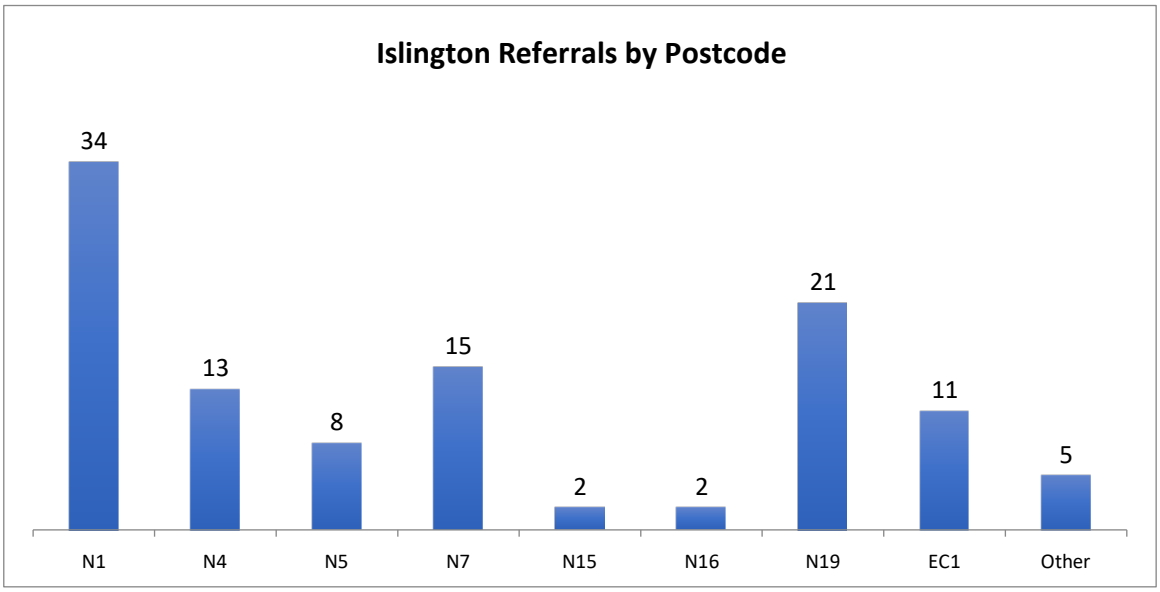


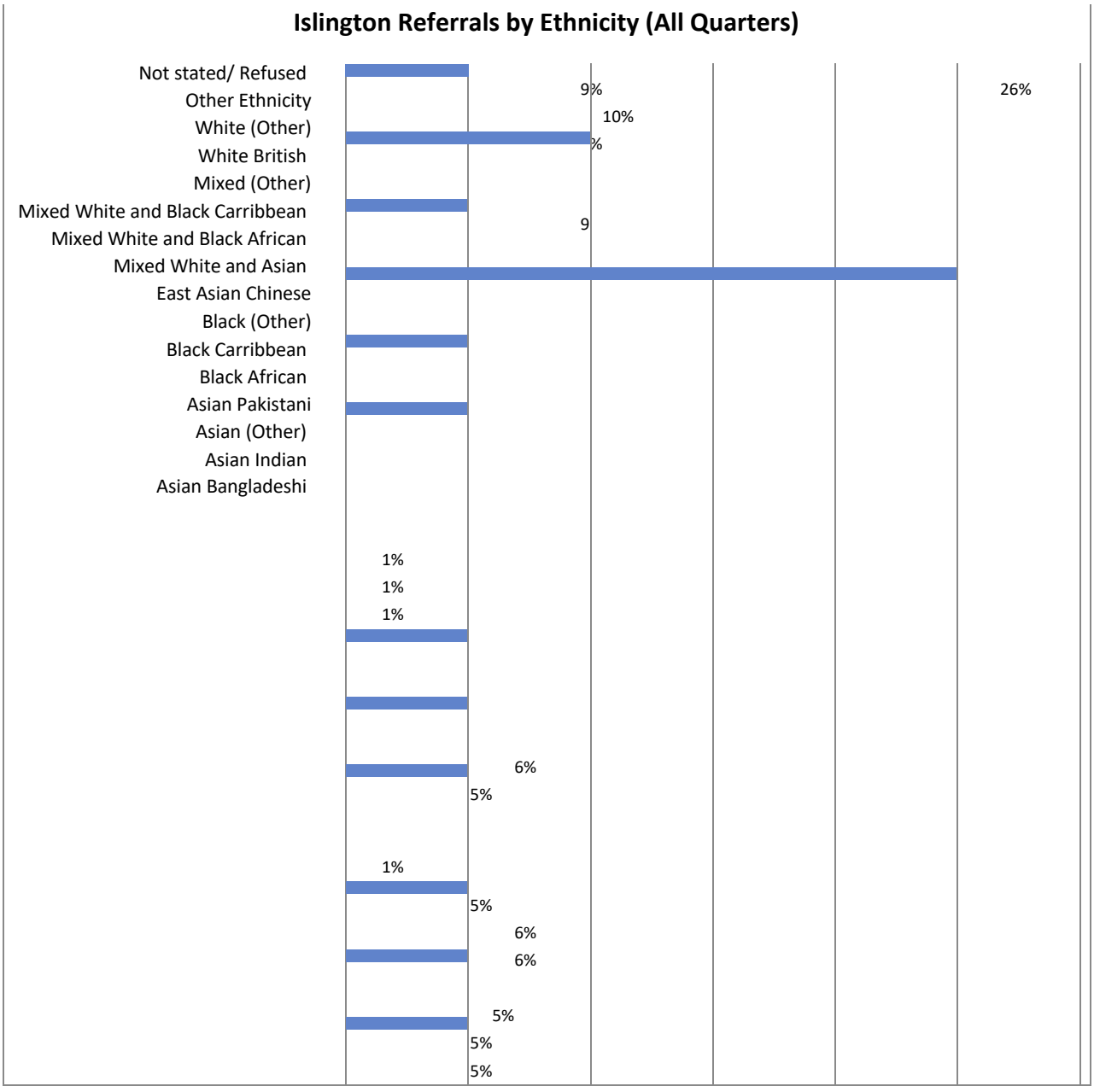


Most referrals were received from individuals based in N1, N4, N5, N7, N19 and EC1, with the remaining from N15, N16, WC1, NW5 and N1C.



Across the year the majority of referrals (46%) were from BAME or mixed background young people, while 35% had White British or White Other backgrounds. The remaining

19% of referrals did not state their ethnicity, or stated 'other'.



2.3 Assessments

The total number of assessments offered to referrals from Islington across the year was 123. Of those, 71% (88) were attended, 6% (7) were cancelled, and 23% (28) were not attended without prior notice (DNA).

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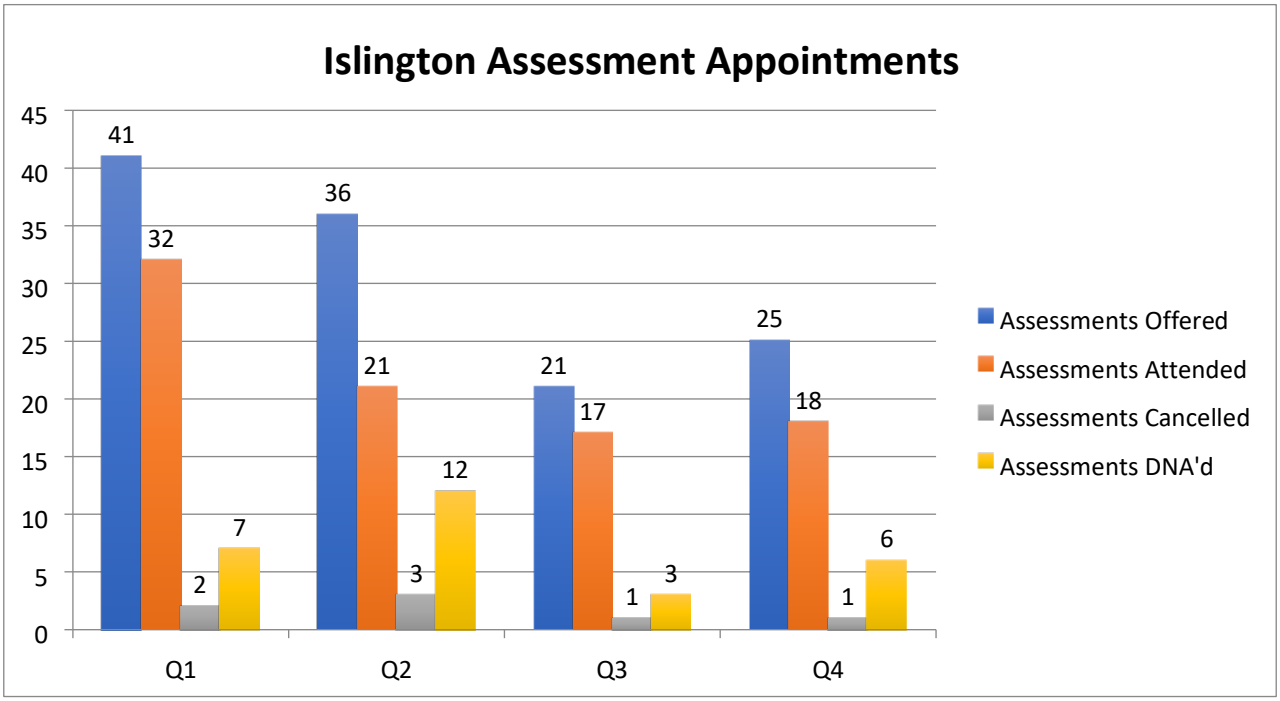
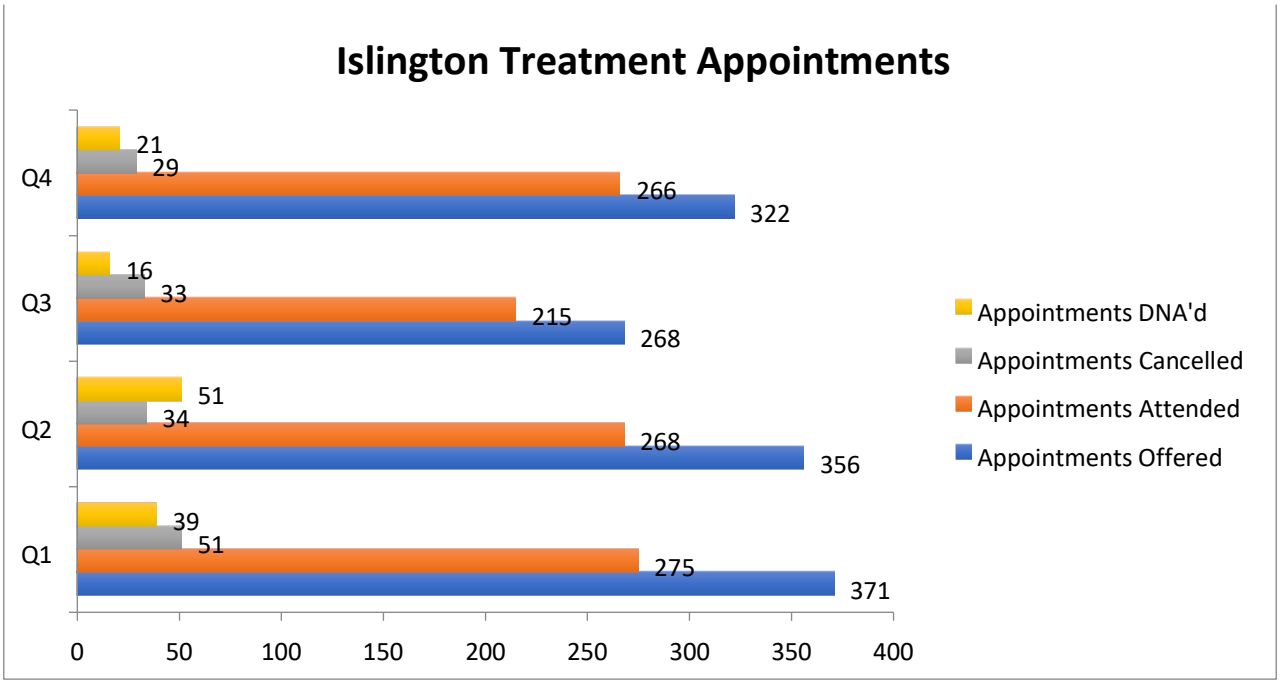


2.4 Treatment

Over the course of the year, 1317 treatment appointments were offered to referrals from Islington. Of those, 78% (1024) were attended, 11% (147) were cancelled, and 10% (127) were not attended without prior notice (DNA). Attendance status was not marked for 1% (19) of appointments.



2.5 Waiting Times

The graph below illustrates that the waiting time between referral and assessment increased steadily across the course of the year, reaching a maximum of 36.7 weeks in Quarter 4, from a minimum of 12.7 weeks in Quarter 1. This can be explained by the fact that there are fewer staff members who work with young people in Islington, and fewer assessment slots available.

The waiting times between initial assessment and commencement of therapy decreased notably in Quarter 3 and Quarter 4, partly due to the addition of a locum counsellor (0.6FTE) for 18 weeks. The additional 0.6 FTE counselling provision helped to decrease the waiting times between assessment to therapy for young people already on the waiting list.

Overall waiting times between referral and therapy increased across the year from 28.1 weeks in Quarter 1, to 42.9 weeks in Quarter 4.

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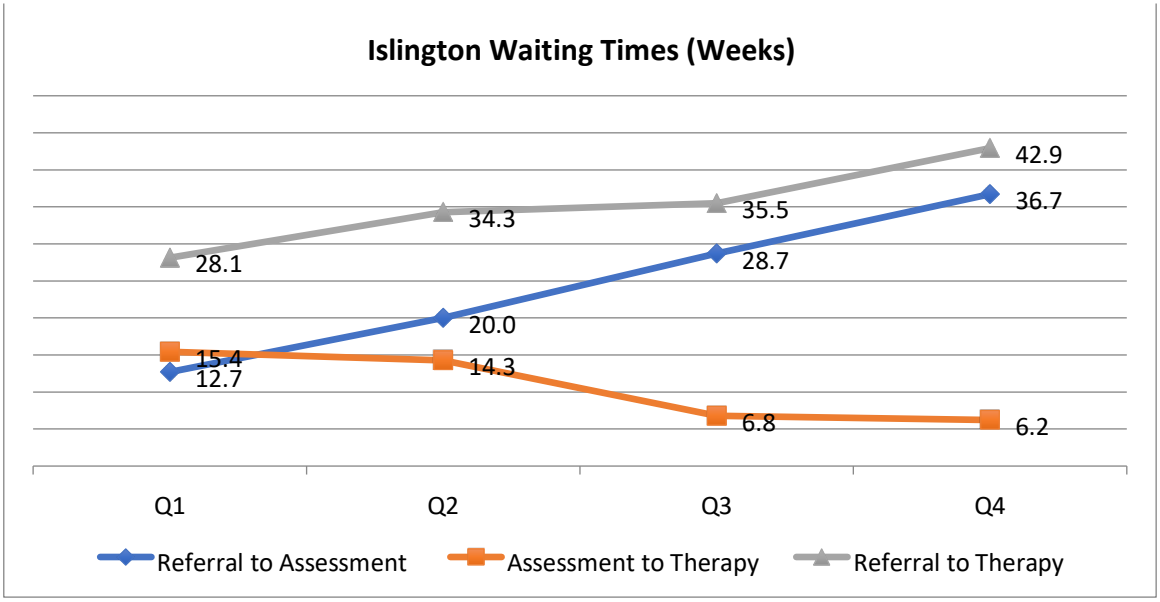
The Islington waiting list was closed for those over 18 during Quarter 3 and Quarter 4, due to uncertainty about future funding for this age group (18-25-year-olds).

We anticipate that waiting times will reduce again in 2022-2023 as additional funding for therapy posts has been secured.



3.0 Problem Descriptors

Problem descriptors are recorded at the point of assessment in order to understand the difficulties that a young person is facing and see how these can best be addressed within the service. The table below shows the number of problem descriptors recorded for 347 patients during the 20212022 year. This data can be used to explore the complexity of patients seen at the Brandon Centre depending on the number of problem descriptors they have.

Problem descriptors include items such as '*self harm*', '*drug and alcohol difficulties'*, '*problems in attachment to carer*', '*self-care issues'*, '*home problems'*, '*community problems'*, and a number of other items relating to mental health, family relationships, school-related, and social difficulties. Please see Appendix 1 for a full list of problem descriptors.

The average number of problem descriptors for each young person was 9, with 72.5% of young people experiencing between 4 to 12 problem descriptors. **This suggests that the young people seen at the Brandon Centre present with a high level of complexity due to experiencing multiple psychosocial difficulties**.

Number of Problem Descriptors	Number of Patients	Percentage of Patients (%)
1	8	2.3
2	5	1.4
3	13	3.7
4	23	6.6
5	30	8.6
6	27	7.8
7	39	11.2
8	26	7.5
9	31	8.9
10	27	7.8
11	24	6.9
12	25	7.2
13	13	3.7
14	10	2.9
15	12	3.5
16	5	1.4
17	10	2.9
18	3	0.9
19	5	1.4
20	6	1.7
21	2	0.6
22	3	0.9

4.0 CORE-OM, Goal-Based Outcomes & CHI-Esq Data

4.1 CORE-OM 2021-2022

The Clinical Outcomes in Routine Evaluation (CORE) is a questionnaire used to support monitoring change and outcomes in psychotherapy, counselling and any other work attempting to promote psychological recovery, health and wellbeing. It is a monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning, and risk to self.

We ask patients to complete this prior to their assessment appointment and again at the end of treatment to evidence treatment efficacy.

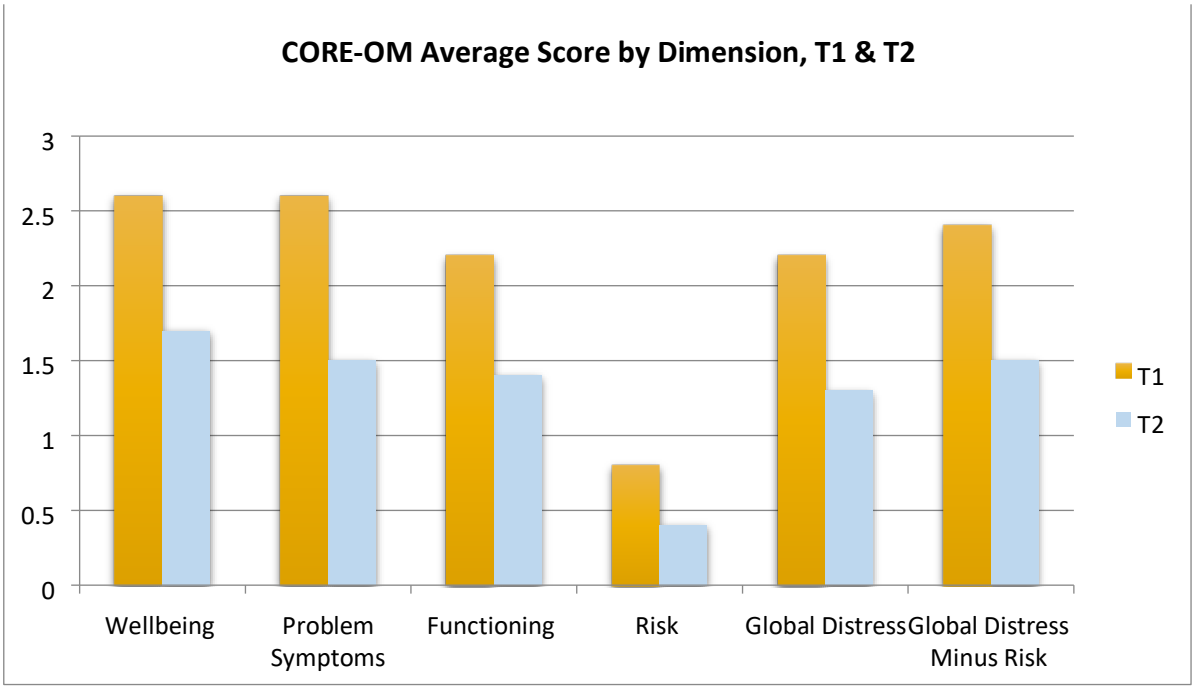
The data included in this report includes the CORE-OM data from patients seen at the Brandon Centre. This document includes data collected from the year period of April 2021-March 2022.

Over the course of the year of 2021-2022, 275 patients completed 'Time 1' (T1) measures prior or near to the start of their treatment. 51 patients also completed the CORE-OM measure after their treatment had finished (T2). Of the patients who completed the CORE-OM measure both before and after their treatment (T1 and T2), their total COREOM score showed an average reduction of 24.8, which represents a clinically significant reduction in symptoms. The table below shows the breakdown of average CORE-OM score split by the 6 dimensions of the measure, for both T1 and T2.

While only 18.5% (51) of patients who completed T1 questionnaires also completed T2 measures, we believe this to be a representative sample. We are continuously making efforts to increase outcome measure completion, including entering young people in a prize draw as an added incentive.

	Average Score (T1)	**Average Score (T2)**	**Average Change in Score**
Wellbeing	2.7	1.7	↓1.0
Problem Symptoms	2.6	1.6	↓1.0

Functioning	2.2	1.6	↓0.6
Risk	0.8	0.4	↓0.4
Global Distress	2.2	1.4	↓0.8
Global Distress Minus Risk	2.4	1.6	↓0.8
Total CORE-OM Score	**73.2**	**48.4**	**↓24.8**



This graph demonstrates the average score reduction from T1 to T2 across all 6 dimensions of the CORE-OM. **Scores shifted on average from 'moderately severe' (2-2.5) at the beginning of treatment to 'mild' (1-1.5) by the end of treatment. This suggests that young people showed a clinically significant reduction in their symptoms.**

4.2 Goal Based Outcomes

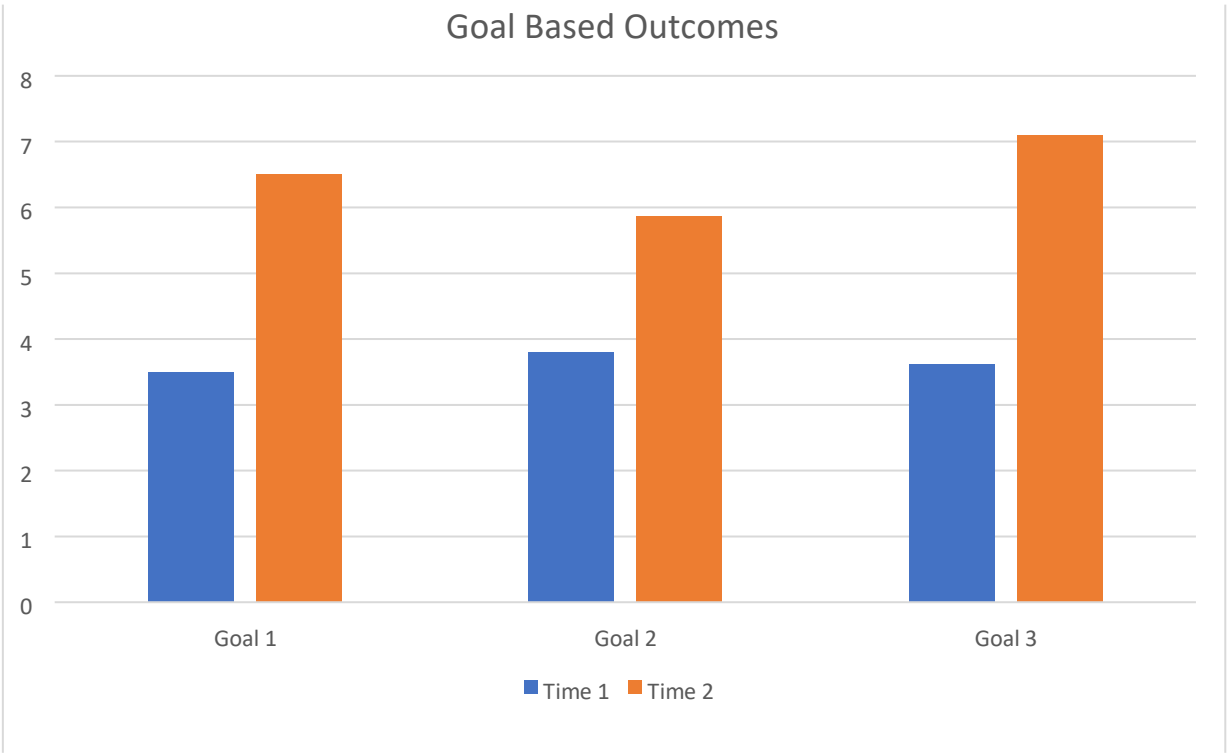
Goal based outcomes (GBOs) are a way of evaluating progress towards a goal in clinical work. GBOs compare how far a young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of their treatment. Young people

set up to three goals at the beginning of their treatment, and this is then reviewed again at the end of treatment.

First and final scores were calculated by taking an average. During the reporting period (1st April 2021 to 31st March 2022) there were fewer final scores than first scores. This is partly due to some young people dropping out of treatment abruptly, and partly due to the fact that some young people were still in treatment at the end of the reporting period.

There were 160 clients across Camden and Islington who set at least one goal for treatment. The average improvement in score per goal ranged from 2.05 to 3.48. Using a reliable change index of 2.45 (Edbrooke-Childs, Jacob, Law, Deighton & Wolpert; 2015), ***this indicates that young people made a clinically significant improvement on at least two of their goals (Goal 1 and Goal 3) between the beginning and end of their treatment.*** Their third goal (Goal 2) also showed improvement which approached clinical significance.

	N (First Score)	First Score	N (Final Score)	Final Score	Change in Score
Goal 1	160	3.50	102	6.50	↑3.00
Goal 2	123	3.80	75	5.86	↑2.06
Goal 3	66	3.62	43	7.10	↑3.48



4.3 Experience of Service Questionnaire (CHI-Esq)

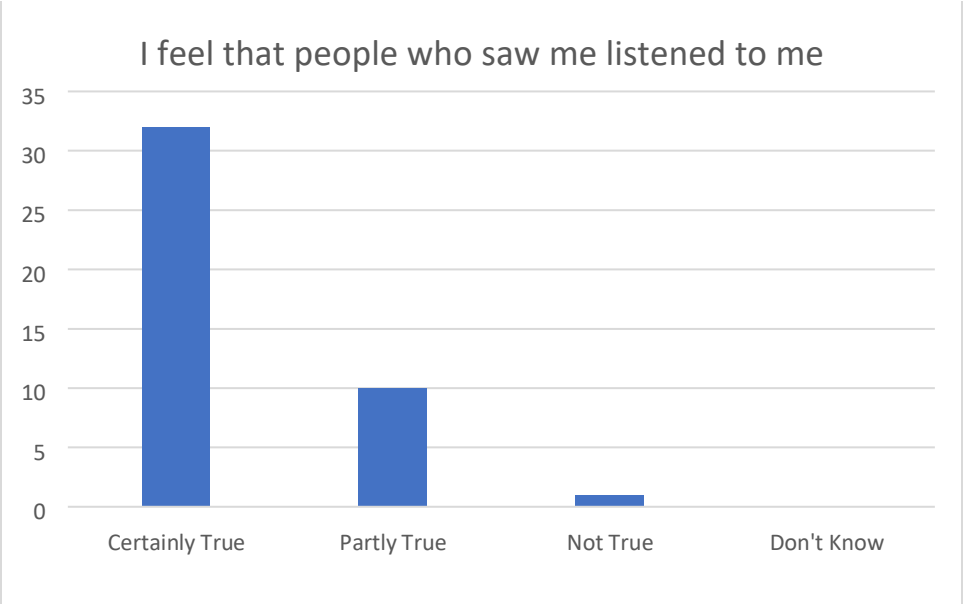
At the end of treatment, young people were also asked to complete an experience of service questionnaire (CHI-Esq). Across the reporting period, this was completed by 43 young people. The questionnaire contains both quantitative and qualitative items which are presented below.

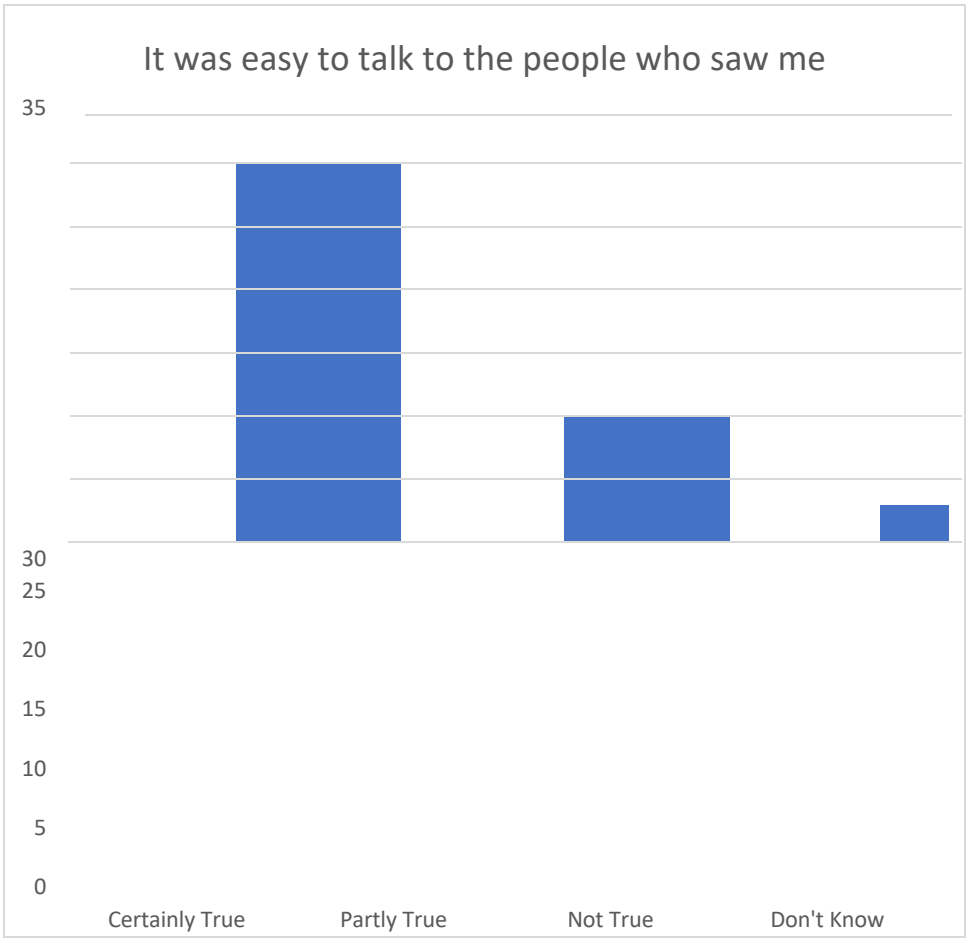
4.31 Quantitative Feedback

As can be seen in the table below, the vast majority of young people reported a positive experience of their therapy at the Brandon Centre. Due to the COVID-19 pandemic, many of our sessions took place remotely via video calls or telephone, which accounts for the high percentage of young people who could not comment on the facilities or on how easy it is to get to the location of their therapy.

	Certainly True (%)	Partly True (%)	Not True (%)	Don't Know (%)
I feel that people who saw me listened to me	75	23	2	0

It was easy to talk to the people who saw me	70	23	7	0
I was treated well by the people who saw me	84	14	2	0
My views and worries were taken seriously	72	26	0	2
I feel the people here know how to help me	60	26	7	7
I have been given enough explanation about the help available here	72	16	5	7
I feel the people who have seen me are working together to help me	61	16	7	16
The facilities here are comfortable (e.g. waiting room)	28	9	0	63
My appointments are usually at a convenient time (e.g. don't interfere with schools, clubs, college, work)	74	19	7	0
It is quite easy to get to the place where I have my appointments	49	9	0	42
If a friend needed this sort of help, I would suggest to them to come here	67	26	5	2
Overall, the help I have received here is good	86	9	5	0




It was easy to talk to the people who saw me
35
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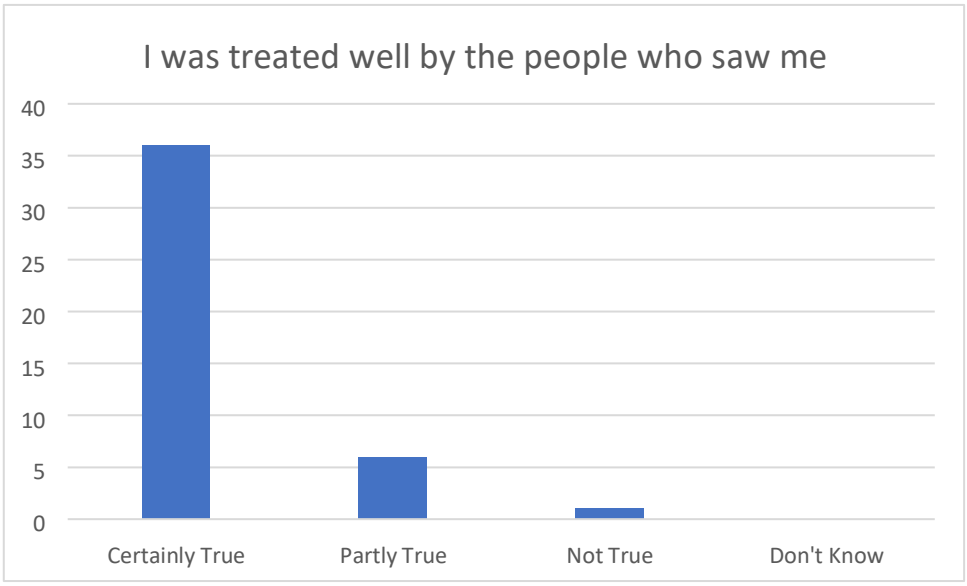
Certainly True
Partly True
Not True
Don't Know


I was treated well by the people who saw me
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Certainly True
Partly True
Not True
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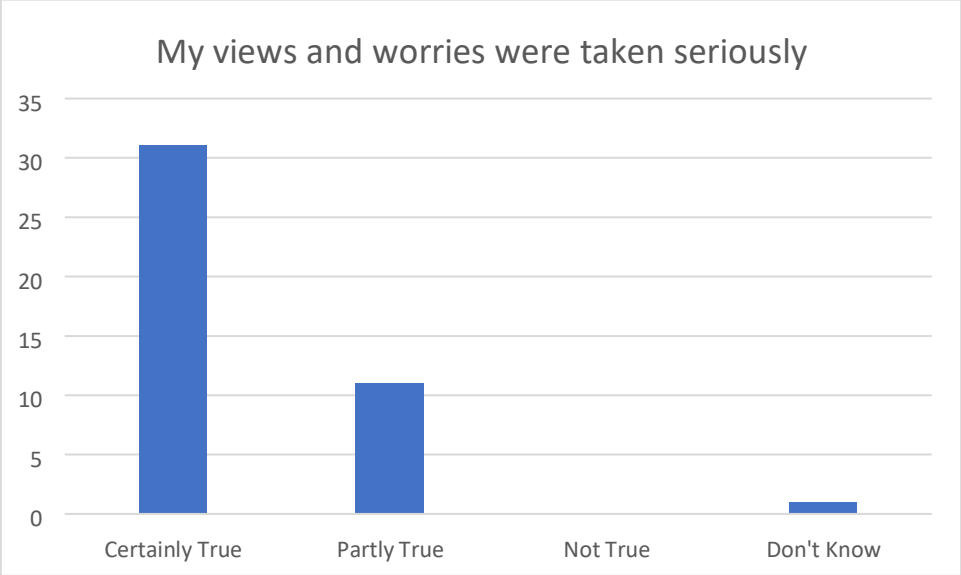
My views and worries were taken seriously
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30
25
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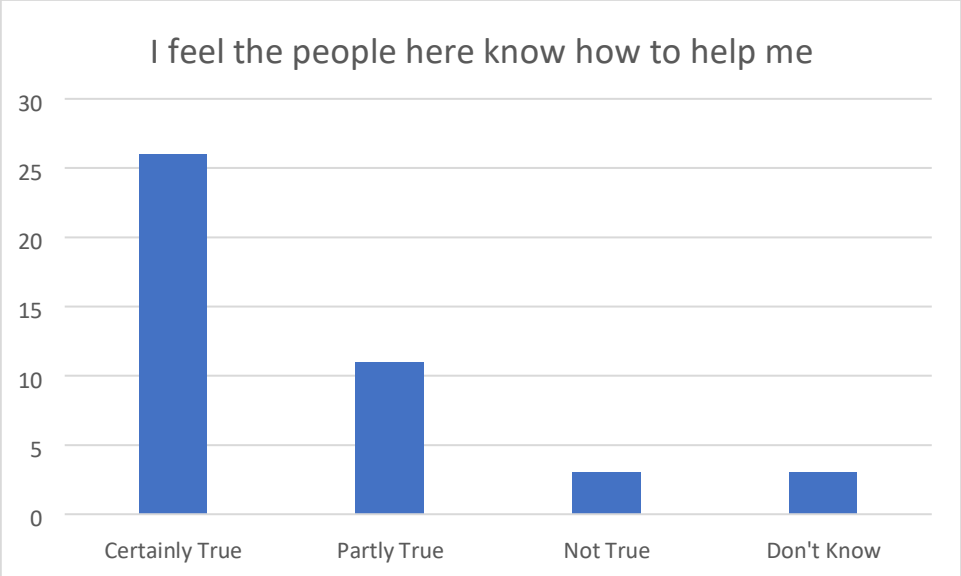
Certainly True
Partly True
Not True
Don't Know


I feel the people here know how to help me
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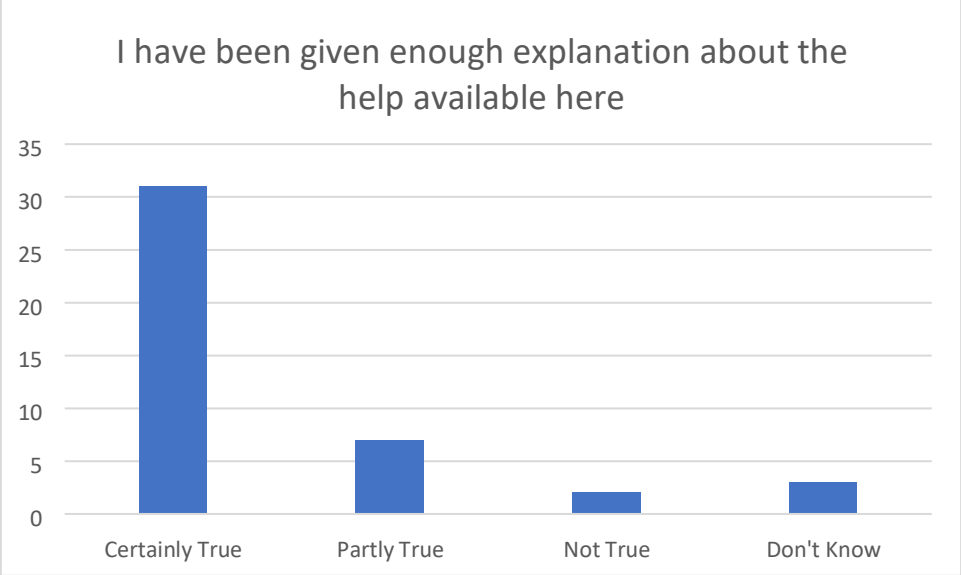
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know


I have been given enough explanation about the help available here
35
30
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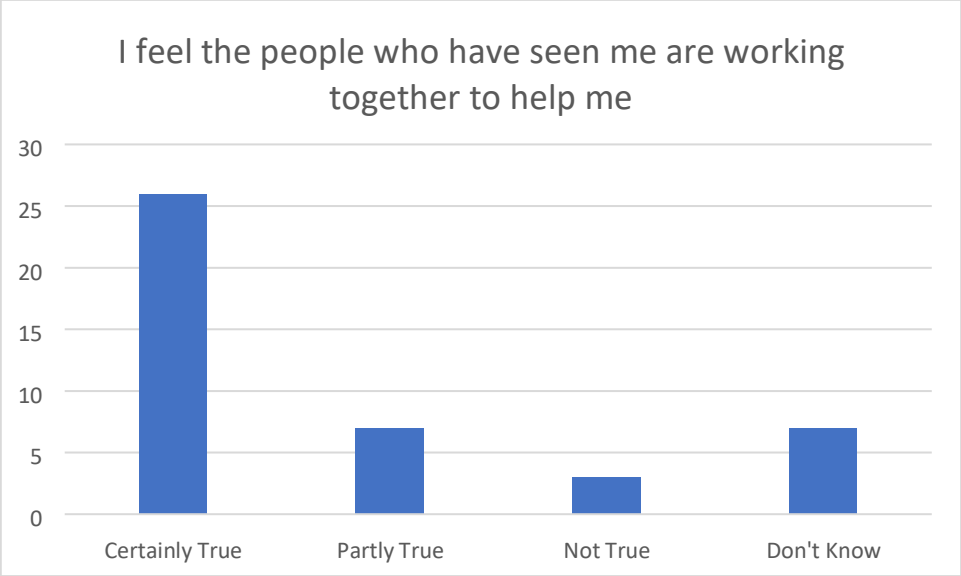
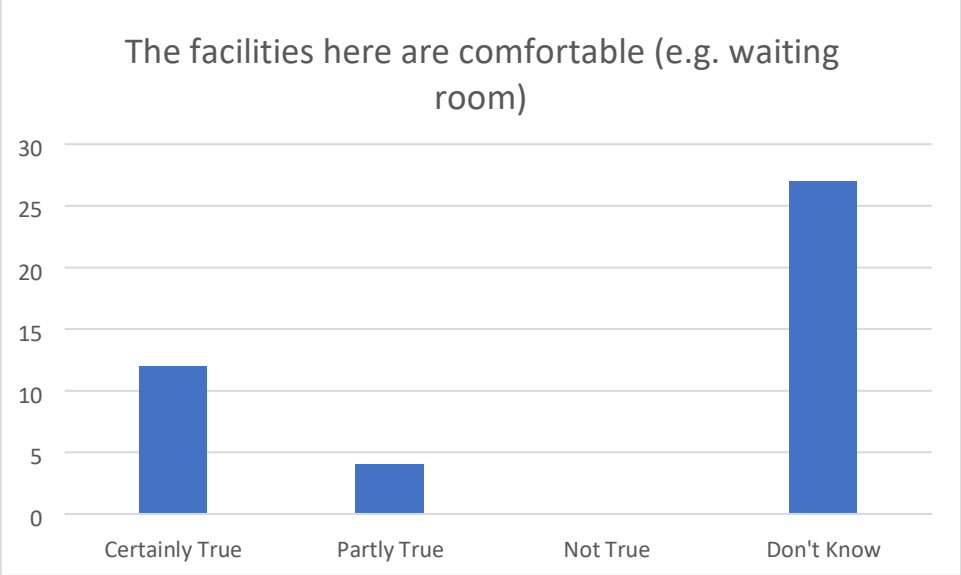
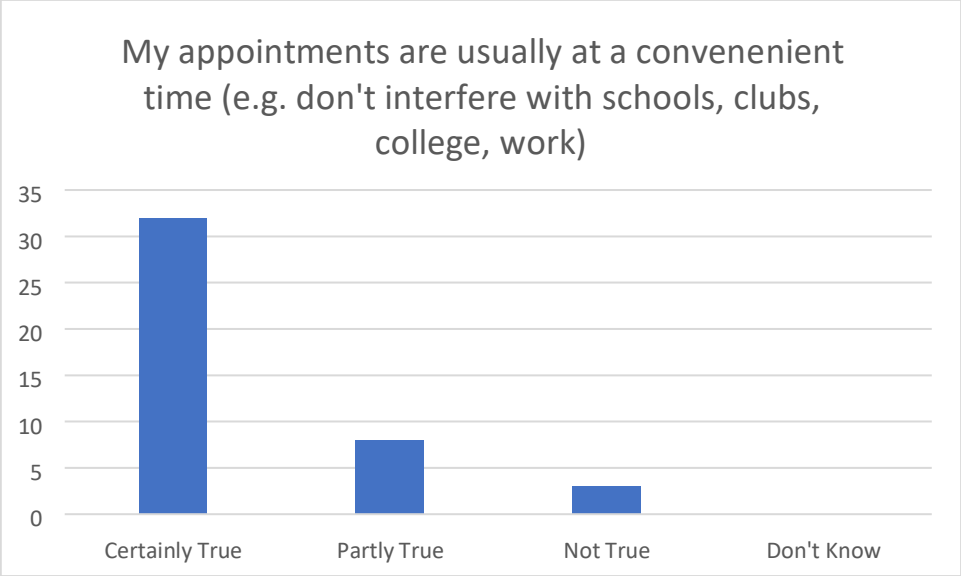
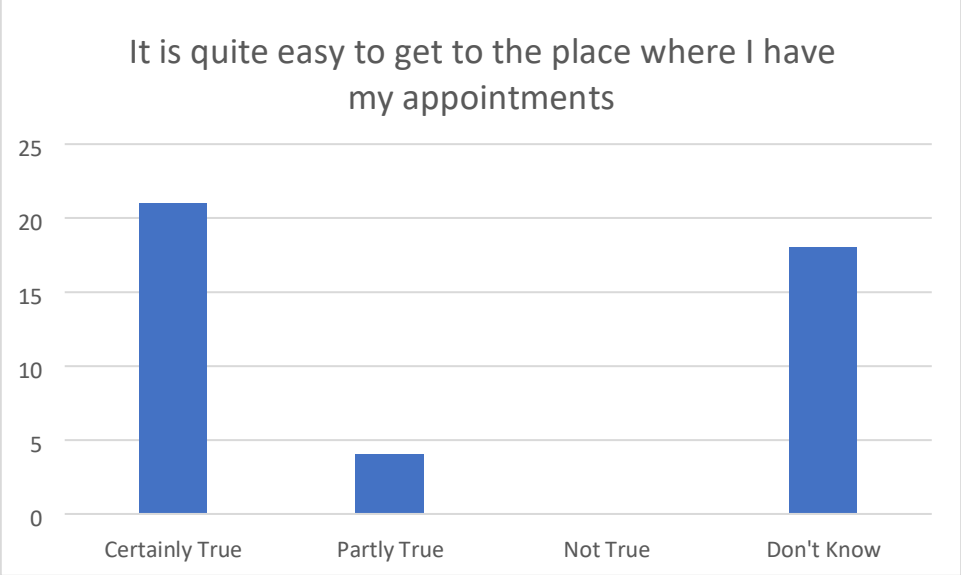
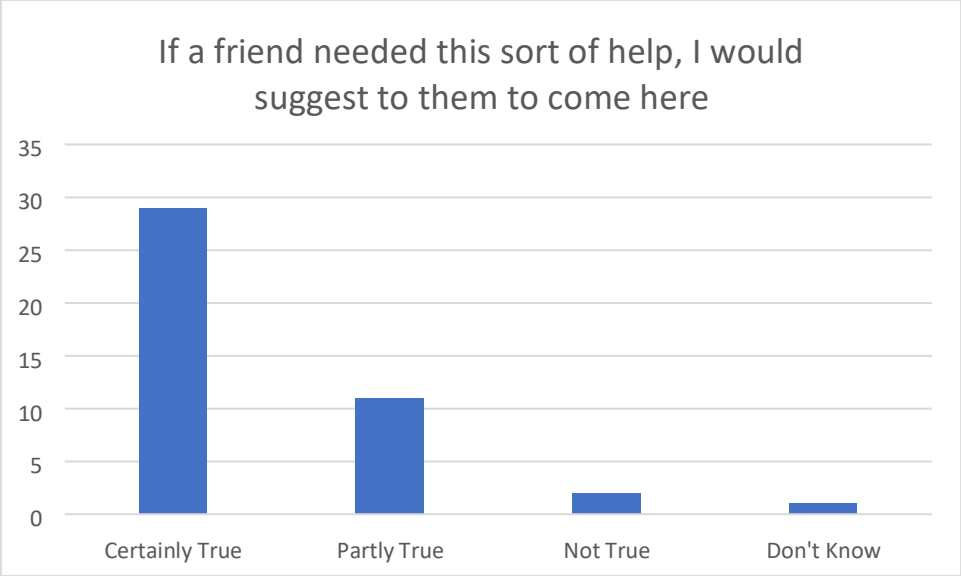
0
Certainly True
Partly True
Not True
Don't Know

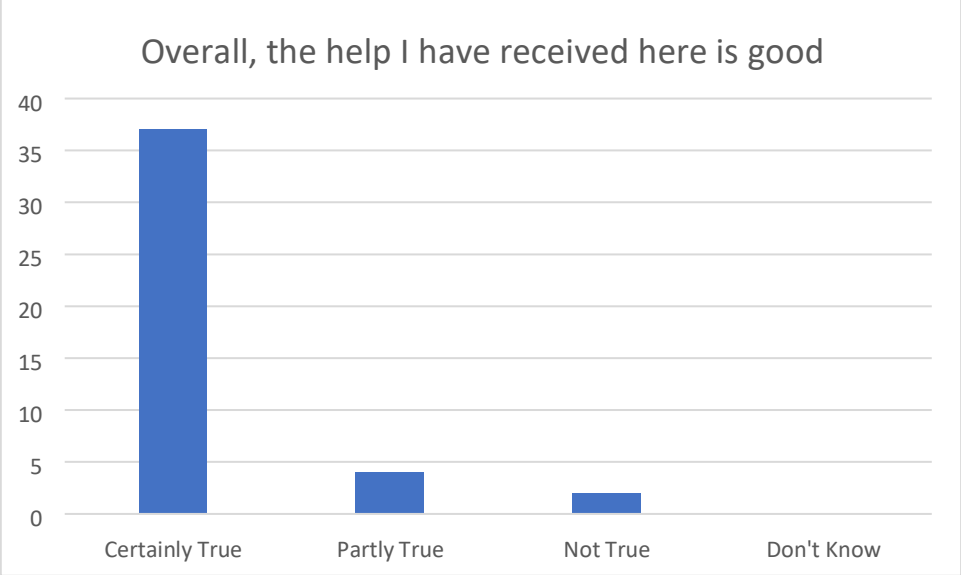

I feel the people who have seen me are working together to help me
30
25
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know


The facilities here are comfortable (e.g. waiting room)
30
25
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know


My appointments are usually at a convenenient time (e.g. don't interfere with schools, clubs, college, work)
35
30
25
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know


It is quite easy to get to the place where I have my appointments
25
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know


If a friend needed this sort of help, I would suggest to them to come here
35
30
25
20
15
10
5
0
Certainly True
Partly True
Not True
Don't Know



4.32 Qualitative Feedback

This section of the report includes feedback comments provided by young people. All feedback has been anonymised.

- "[Therapist] helped me to reflect upon certain experiences more, and this helped me to analyse and learn from them. [Therapist] also understood me quite well which made me feel heard. The service was a useful weekly check-in and acted as a grounding/re-centering tool for me. I like that it was a long course of therapy as it allowed us to explore certain areas of my mental health more deeply."
- "I have always felt supported and listened to and the appointment times were flexible when I was at school. I have definitely been helped to grow as a person. Also, it was good that additional specific therapy was suggested, as I benefited from this greatly too."
- "My therapist was very attentive, and we built a good rapport over time: we discussed openly what was the best plan for me and they listened to my needs, making good suggestions and in general being very comforting."
- "My therapist remained professional during every session and created a space for me to feel comfortable and confident to confide in them. The trust was immediately created and this aided my ability to share my true feelings. I felt very supported by

my therapist and leave with a far deeper understanding of the issues I was facing and how I can continue moving forward positively."

- "[Therapist] was extremely understanding and patient with me. I have had therapy 3 separate occasions before I managed to have sessions with [therapist] and I really feel that the way I was able to express myself with [therapist] is what really helped me shift my way of thinking to become more optimistic about life. [Therapist] ensured [they] had accurate details at all times around whatever it is I chose to confide in [them] with; which I believe played such a tremendous part in my counselling. [Therapist] focused more on how things made me feel and allowed me to work through my emotions rather than what I should do in retaliation to something. I can truly write for a long time just how great [therapist] made the service for myself. If there was a much higher number than 10/10 then I would give it."
- "I've done therapy for about 12 years of my life and never found someone that made me feel as comfortable with myself and therefore able to explore my feelings with"
- "Always felt comfortable talking about my experiences/feelings, always felt like an appropriate place to discuss. Always felt listened-to and supported. Genuinely noticed a huge difference in my thought process, attitudes & behaviour (for the better). It was taken very much at my own pace."
- "Maybe face to face might have been better, but it couldn't be helped so it's fine [this therapy took place during the COVID-19 lockdown]"
- "Only inconsistent thing was frequently changing rooms to have the session in. But it was not too inconvenient."
- "It was always very helpful for me for all my different issues. We had a chance to address a bit of everything and work on all of it. I feel a lot more able to cope now."
- "Working with my therapist was so life-changing, I couldn't appreciate them or the Brandon Centre's services more"
- "The ability to call or video conference is a good addition to your service. I imagine there are many people who need therapy but are unable to easily travel."

- "Thank you for your help and to all the different member of staff. Everyone was incredibly friendly"

5.0 Case Studies

There follow 3 case studies of young people who have accessed counselling and psychotherapy services during 2021 2022 at the Brandon Centre. These have been anonymised and some key details have been altered to maintain the young people's privacy

5.1 **Case Study:** Yasmin

Referral
Yasmin (not her real name) – aged 20 - was referred to the Brandon Centre from the Practice Based Mental Health Team. The referral mentioned that Yasmin had been experiencing feelings of low mood, anxiety and suicidal thoughts.

Background
Yasmin was born in Somalia but moved to the UK when she was 18 months with her family. She lives at home with her father and younger sister (18). Her mother and her three youngest siblings (10, 13 and 14) have recently moved to Ethiopia to care for her maternal grandmother. This was provisionally for a year, but Yasmin was now unsure when they would return. At the point of assessment, Yasmin was in her second year of a Politics degree at City University, having had to repeat her first year. In the assessment, Yasmin spoke about having felt depressed since she was 16 and that she struggled to get out of bed. She found it difficult to concentrate at university and felt overwhelmed by deadlines and anxious about whether she could manage her studies. Yasmin described having previously experienced suicidal thoughts and that she self-harmed during sixth form.

Goals
We offered Yasmin 16 sessions of exploratory psychotherapy. Yasmin identified the following goals for the work:

- Goal 1: To be able to manage disagreements and disappointments
- Goal 2: To feel more at peace with the past and less regretful

Treatment
Yasmin was able to use her psychotherapy to think about her state of mind, focusing particularly on the more painful feelings around her mother's move abroad and the loss of her and her siblings. She also thought about her worries about friendships and university, whether she had ADHD, the challenge of keeping up with deadlines and remaining with the reality of what work needs to be done and when. A common theme of the treatment was a feeling that her mind could spin away with itself and go around in circles, leaving Yasmin overwhelmed, confused and unsure of what decisions to make and also feeling very self-critical. Gradually, Yasmin thought about wanting to find a steadier ground and to be able to trust herself more and her internal sense of the world.

As the treatment continued, Yasmin thought more about the role she takes up in her family, her relationship with her father and siblings and her fear of being left out and abandoned by those she cares about.

Outcome
Towards the end of the sessions, Yasmin reflected on what had been helpful from the work. She felt that her ability to communicate had improved, she was more able to think, make better decisions for herself, and manage her university deadlines. She had received first-class results in recent university submissions, and she was also able to begin to apply for part-time jobs alongside her studies and to think about applying for a masters degree.
We revisited her goals, with Goal 1 increasing from 4 to 6 and Goal 2 increasing from 3 to 4. Her progress is also reflected in the outcome measurement data. At the start of treatment, Yasmin scored over the clinical threshold in all areas apart from risk, including wellbeing, symptoms, functioning and global distress. By the end of treatment, Yasmin scored below the clinical threshold in all areas of scoring apart from functioning. Her global distress score, for example, dropped from 65 to 41, suggesting that there was a clinically significant reduction in her symptoms.

5.2 Case Study: Anna

Referral
Anna was a 19-year-old young person and a care leaver (formerly looked after by the local authority). She was referred to the Brandon Centre by her social worker. Anna was supportive of her referral. As a child, she had been offered counselling but did not take it up.
Anna was not in education, employment or training.
She was a vulnerable young person at risk of exploitation by controlling young boys. For example, she was coerced into holding or selling drugs to other people. She was isolated and withdrew when she struggled to face familial and cultural difficulties about her identity or anxieties about her future.

Background
Anna was of mixed heritage (Black Caribbean and White English). Her parents separated when she was 3 years old. She grew up with her mother until the age of 8, when Anna suffered the loss of both her parents within the space of a year of each other. Anna was present when she witnessed her mother collapse and die of a heart attack.
Following her mother's death, Anna was cared for by her older half-sisters until the age of 13. This came to an end when her sisters were unable to cope with Anna's challenging behaviour and social services became involved.
Anna was put into several unsuccessful foster care placements, which ended because her foster carers also struggled to manage her challenging behaviour.
At school Anna struggled with her studies; her concentration was poor and she lacked motivation. She changed several schools and made very few friends. She did not keep up with her studies and refused to go to school.

At the age of 16, Anna left school and moved into a supported accommodation placement for young people. She attended college where she left after gaining a Level 2 qualification in Fine Art.

Goals
Anna wanted to have counselling to talk about the traumatic events in her life. Her goals were to manage her anger in conflict situations, find employment, and be able to move into semi-independent living accommodation.

Treatment
Anna was offered 16 sessions of weekly exploratory counselling. She attended her counselling sessions regularly. Anna talked openly about her thoughts and feelings.

Outcome
Her sessions were extended allowing Anna to think deeper about the impact of her profound loss. Anna had a planned ending of her treatment and was able to talk openly about her feelings in a meaningful way. She arranged to end her treatment around the same time she set a date to move into her new semi-independent living accommodation. She was able to use the sessions to explore her anxieties about facing change and having day-to-day responsibilities. Similarly, she was able to recognise and be more open about painful feelings before they escalated and became unmanageable. She reported that she had sought paid employment and was due to start work in painting and decorating.
Anna's mood improved and her anxiety decreased, as evidenced in her CORE-OM scores.

Case Study 5.3: Fatima

Referral
Fatima (not her real name) self-referred to the Brandon Centre with the hope of managing her anxiety better. Related to the sexual abuse she experienced and wanted to explore this further in therapy.
Fatima feels overwhelmed by recalling her traumatic past and has previously felt dissociated from her own emotions. She explained that although she speaks Bengali it is like a child so it can be frustrating to express complex emotions to her family and it makes her feel infantilised.
Fatima reported that she started taking the contraceptive pill around a year ago and that this affected her mood, leaving her feeling very depressed. Although
Fatima consequently stopped taking the pill, she feels that things did not get better and that it 'rewired her brain'. Fatima found it difficult to go to university and felt lonely and like she was 'losing who she was and her grip on reality. Fatima started to dissociate and whilst this was initially a relief it left her feeling like 'her feet weren't on the ground'. She regularly feels anxious and experiences it through physical symptoms, such as nausea, fatigue and cold chills, and she can 'obsess' over things. Most recently she finds that she is anxious about being anxious, as she is worried about her mental health deteriorating.

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Background

Fatima is 20 and of South Asian background. She lives with her mother, father, grandmother, sister and 2 brothers. Fatima explained that her father has been diagnosed with chronic depression and she believes he may also have bipolar. She remembers that he had threatened and attempted suicide in front of her when she was younger.
Fatima is studying at University. She finds that the more work she has missed, due to finding it difficult to attend due to her mood, the more anxious she becomes. Fatima was sexually abused by her paternal uncle, who lived with her, between the ages of 5 to 7 years old. She does not think she told anybody about this at the time but wrote about it in her diary aged 13, which her mother then found. The police were called and she was interviewed, but her mother accused her of lying and that her grandmother told her not to say anything as otherwise, her uncle would go to prison. The police case was reportedly therefore dropped. Her uncle moved out of the family home when she was 13 years old. Fatima felt unsupported by her family at this time and has since heard about other family members also being abused and that her uncle was arrested for possession of child pornography.

Goals

Fatima wished to be able to manage her anxiety and be able to move on from her past trauma.

Treatment

Fatima was offered 16 sessions of Exploratory Therapy with a female therapist. The sessions focused on helping her reflect upon the past and consider how all aspects of her life ranging from physical to cultural, intellectual and emotional impact her.

Outcome

In session 9 she explains that “Life has been a lot better”- she feels she has taken ideas from the previous session and they have greatly benefitted her. Fatima describes how keeping in mind that, "I am capable" which initially felt unnatural but it has helped her to progress and change. She is managing her deadlines and has got herself back able to focus. She reflected on how diet and spikes in blood sugar impact her wellbeing- "reminding myself of the feelings involved with food- listening to what my body needs."
The therapy gave her a space to reflect on the painful emotions and experiences of the past- to share the trauma and be able to recognise the feelings that are stirred up and their emotional cost. The therapy worked on multiple levels and focussed on helping her manage the daily distractions of the phone and ongoing academic challenges combined with a safe space to navigate trauma and anxiety.

In the last session Fatima described how she has managed to move on from being "stuck" in her painful past and anxious feelings, "I feel now that those terrible things happened and it was so overwhelming but now I can move on from it."

Fatima feels she has a greater sense of agency and determination to overcome her worries and allow herself to be the best version of herself.

6.0 Appendices

6.1 Appendix 1

Full list of problem descriptors, which can each be marked as 'mild', 'moderate', or 'severe' by the assessing clinician.

- Home problems
- Community problems
- Problems with attendance in education, employment, or training
- School problems
- Problems with service engagement
- Problems with attainment in education, employment, or training
- Anxious away from caregivers (separation anxiety)
- Compelled to do or think things (OCD)
- Avoids specific things (specific phobia)
- Self harm
- Drug and alcohol difficulties (substance abuse)
- Poses risk to others
- Disturbed by traumatic events (PTSD)
- Problems in attachment to carer
- Does not speak (selective mutism)
- Unexplained developmental difficulties
- Anxious in social situations (social anxiety/phobia)
- Panics (panic disorder)
- Repetitive problematic behaviour (habit problems)
- Extremes of mood (bipolar disorder)
- Difficulties sitting still or concentrating (ADHD/hyperactivity)
- Carer management of CYP behaviour
- Eating issues (anorexia/bulimia)
- Peer relationship difficulties
- Gender discomfort issues (gender identity disorder)
- Self care issues
- Anxious generally (generalised anxiety)
- Avoids going out (agoraphobia)
- Depression/low mood
- Delusional beliefs and hallucinations (psychosis)
- Behavioural difficulties (CD or ODD)
- Doesn't get to the toilet in time (elimination problems)

- Family relationship difficulties
- Persistent difficulties managing relationships with others
- Unexplained physical symptoms
- Adjustment to health issues