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'You Don't Get Ditched'—Young People's Mental Health and Youth Work: Challenging Dominant Perspectives

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Abstract: This paper presents the findings of research focused on a youth work project which specializes in working with young people experiencing a variety of mental health issues, in the southwest of England. The qualitative data from the young people, youth workers, and stakeholders demonstrate the significance of a person-centered, asset-based approach to improving young people's experiences with mental health. It provides a countervailing narrative to the dominant diagnostic and problematized focus of mental health services for young people. The research provides evidence that mental health for young people can be strengthened—even for those experiencing significant problems—through group work activities that develop resilience, confidence, and builds on their inherent strengths. This approach enables young people to develop their own responses to their problems rather than rely on external interventions that are orientated toward treatment. The research suggests that young people's mental ill health in certain circumstances may well be improved by youth work rather than through a medicalized approach.

Keywords: mental health; youth work; young people

1. Introduction

The article is based on a case study that was undertaken in a youth work organization in the southwest of England. The data was collected through 27 semi-structured interviews with young people, youth workers, teachers, and stakeholders such as GPs and parents, as well as an additional focus group with young people. The aim was to investigate the distinctive youth work approach taken by the organization in response to young people with mental health issues. The discussion is set in the context of the decrease in young people's mental health across the UK and explores how the youth work approach addresses some of the key factors negatively affecting young people's mental well-being. This study is set in the context of the lack of statutory mental health services available to young people, the social construction of mental ill health [1], and the risk of medicalizing young people's emotional experiences. It demonstrates how the non-medicalizing approach taken within youth work, which is person-centered, based on the establishment of trusting relationships, as well as involving the creation of safe spaces and providing supportive experiences can have a significant positive influence and improve young people's mental health.

2. Young People's Mental Health in Context

Across the UK there is a growing consensus that we are witnessing a mental health crisis among young people. According to the 2022 COVID Social Mobility and Opportunities Study (COSMO) [2]: "a record number of children and young people were referred to mental health services in 2021" ([3] p. 2) with the COVID-19 pandemic being the likely factor that "exacerbated the situation" [3]. This follows a trend identified by the 2019 NHS survey conducted before the pandemic which found "a small but genuine rise in diagnosable emotional disorders" [4]. There are a variety of factors influencing young people's mental well-being, ranging from their use of social media, increased academic

pressures within the educational system as well as a lack of adequate well-being support in schools, to much broader societal and global issues such as the cost of living crisis and the climate emergency.

Several recent studies have uncovered direct links between young people's use of social media and a decline in their mental health [5–7], leading to the Royal Society for Public Health to declare that social media use is making young people's "feelings of anxiety worse" [8] p. 2. The recent horrific case of the death of teenager Molly Russell highlighted this further as the inquest into her death identified that her use of Instagram and Pinterest:

> *Sucked her into a vortex. . . [inundating her with] images, video clips and texts concerning or concerned with self-harm, suicide or that were otherwise negative or depressing in nature. . . some of which were selected and provided without Molly requesting them.* [9]

Social media also negatively affects young people by enabling cyberbullying to take place within online spaces, which, according to the Status of Mind report, impacts around 70% of all young people [8].

Experiences at school are another key factor influencing young people's mental health. Young people struggle with academic pressures, and this is combined with a lack of resources for adequate well-being provision within schools. As the COSMO study found, half of all students in the study "rated their school's mental health support as 'not very good' or 'not at all good'" [3]. Other factors impacting young people's mental wellbeing are the converging crises of the cost of living and the climate emergency. In 2021 the *Young People's Mental and Emotional Health* report found that:

> *Socio-economic circumstances, according to both objective measures and children's perceptions of their family's position on the socioeconomic ladder, are strongly predictive of both mental and emotional health.* [10] p. 49

The same argument applies to the climate and ecological crisis. A 2021 study published in The Lancet concluded that:

> *Climate anxiety may not constitute a mental illness, but the realities of climate change alongside governmental failures to act are chronic, long term and potentially inescapable stressors; conditions in which mental health problems will worsen.* [11] p. 8

It would be naïve to think that these kinds of omnipresent global crises do not affect young people's well-being regardless of whether they identify them as part of the reasons behind their mental health difficulties or not. Evidence is mounting that it is a significant factor in young people's growing mental health problems [12–15]. As child psychotherapist Louis Weinstock points out, young people's mental health is complex, but that "*we don't focus anywhere near enough on the ways in which this world affects our children's minds*" [16] p. 6.

2.1. Accessing Support

Unfortunately, large numbers of young people who experience severe mental health difficulties are unable to access mental health support through the statutory Child and Adolescent Mental Health Services (CAMHS). According to NHS figures from 2022, only around a third of all young people with diagnosable mental health conditions are able to access statutory support services [17], with many being rejected due to not meeting '*eligibility criteria*' [18]. Those young people who are eventually able to access support from CAMHS are often subject to "facing unacceptably long waiting times" [18]. The main reason for these problems appears to be a lack of funding with "only 8.75 percent of NHS mental health funding", dedicated to children and young people's services [10] p. 16. The resulting gaps are at times filled by the community and third-sector counselling services:

> *Voluntary sector services provide a vital opportunity to support some of our most vulnerable young people who may feel there is no one out there to help them or listen to their problems.* [19]

2.2. Medicalization

It is argued by some that "the evidence for whether children and young people's mental health is getting worse is contradictory" [4]. Indeed, the NHS study [20] only identified a 2% increase in the prevalence of mental disorders in 5- to 15-year-olds from 1999 to 2017. Although, the survey did identify around 1 in 8 (12.8%) of 5- to 19-year-olds had at least one mental disorder. Professor Tamsin Ford does note however that there is a significant rise in CAMHS referrals, and suggests that the reason for this increase could be due "to more people seeking help, not entirely to more people being unwell" [4]. It may be that we are witnessing the effects of young people becoming more aware of certain mental health conditions and an increase in self-diagnosis.

This article is premised upon a degree of skepticism about the medicalization of mental illness. As Mansey argues, "given the subjective nature of the process of making mental illness diagnosis, there can be no definitive answer to the question of whether the rise in mental illness is real or artificial" [21] p. 122. Mansey reminds us of both the changing nature and cultural contingency of mental illness diagnosis. He cites the inclusion of homosexuality as a mental disorder until 1973 and argues that there is a tendency to ignore the social and cultural context of mental illness diagnoses, suggesting that the structure of society may well be equally responsible for the rise of mental illness, saying "where the emergence of zero hours contracts. . . seem liable to pose new and insidious threats to mental health" [21] p. 115.

Mansey reminds us that "periodically all human lives inevitably entail disappointment, loss, physical hardship, and mental suffering. . . [and are an] unavoidable part of life's rich tapestry" [21] p. 86. The point is not however that this just needs to be 'sucked up', denied, or approached with the traditional 'stiff upper lip', but the reflection raises the question of whether the medical approach is the best way to mitigate or support these human experiences. Mansey argues that "we should not be relying on medicine to resuscitate its victims instead it is modern life that needs to change" [21] p. 125.

When the social and structural determinants of mental distress or 'illnesses' are fully taken into account, this not only highlights the fact that medicalized interventions may not be the best approaches, but it also raises the question that young people's emotional well-being may actually be put further at risk through increased medicalization. Indeed, by supporting the notion that emotional difficulties are to be viewed as mental health disorders, adults may be doing a disservice to young people. As Massey argues:

> *An excessively medicalized approach to mental health is neither humane nor kind. . . [as] it fosters a learned helplessness, seeding doubt in the mind of the individual about their ability to endure life without the relentless input of doctors.* [22]

Natasha Devon, author of a number of books on young people and mental health [23–25] and the former government's mental health tzar for UK schools (until she was sacked for being critical of the government's policy) supports this view, arguing that we are in danger of sending the message that dealing with mental health difficulties "is somehow a defect of the individual." [26].

This sceptical view of the diagnosis-driven treatment of mental health is also supported from within the psychiatric profession as Timimi [27] p. 12 argues:

> *The real gift of psychiatry to medicine is an understanding of the person in their context leading to an integrated whole-person model of healthcare. Psychiatry has to sit at the confluence of a variety of disciplinary discourses (sociology, anthropology, psychology, philosophy, biology, politics etc.), and it is this broader understanding of the person and their well-being that psychiatry brings. By lazily importing the diagnostic model from general medicine, we end up miss-selling and underutilizing the unique skills the profession of psychiatry brings to healthcare by the 'dumbing down' of what we do into simplistic, diagnosis-driven protocols.*

The problems of medicalization were also highlighted by Heyes et al. [28] who undertook a consultation with young people via the mental health charity Mental Health

Matters. They found that the 'medicalized jargon used by professionals was said to be a barrier to building a trusting relationship'. The young people also described the language used by many in the medical profession as 'inhumane' with an overemphasis on 'words like trauma'.

> *'Whilst many young people did not necessarily know how to describe how they were feeling, and used language that was discussed in the media, such as depression, when they wanted to describe that they were feeling low'.* [28]

Perhaps it is not surprising that individual responsibilization is all pervasive given the dominance of neo-liberalism in the mental health policy climate [29]. There is, however, a growing voice of dissent against the dominant framing of mental health services which developed in the anti-psychiatry movements of the 1960s and 1970s [30]. It is now the Critical Psychiatry Network that 'mounts a scientific challenge to claims about the nature and causes of mental disorder and the effects of psychiatric interventions' [31]. This paper argues that given the suffering experienced by an increasing number of young people in our society, we need to critically assess whether current ways of supporting young people with mental health difficulties are adequate and in their best interest. At the very least, alternative perspectives to working with young people in distress need to be explored and evidenced.

2.3. Youth Work and Mental Health

'Youth work is a distinct educational process adapted across a variety of settings to support a young person's personal, social and educational development.' [32]. It is a holistic and informal person-centered set of practices [33] 'starting where young people are at.' [34]. Importantly, young people choose to access youth work voluntarily. Youth workers develop trust with young people, get to know them, and help young people discern what is important to them in their particular context. Through conversation and dialogue, youth workers intervene to enable young people to move on in their lives and develop agency and a voice. *'The heart of good youth work is relationships and relational practice.'* [35] p. 6. Finally, youth work is an asset-based approach and is not concerned with diagnosing and fixing problems, but instead identifies young people's strengths and is orientated toward growth and development [36]. Youth work aligns with the student-centered educational philosophy of Dewey's progressive experiential education [37–39]. Learning is therefore grounded In the twin processes of continuity and interaction, and dynamic learning situations are established that are student-directed and enable the development of a social experience involving working with others in groups. This allows young people to see and utilize each other's abilities and strengths and encourages collaboration.

Applying a youth work approach to the issues of young people's mental health has implicitly been a part of youth work practice throughout its history given its concern for young people's well-being [40]. More recently, however, youth work become more explicitly aligned to meet the expressed concerns of young people's mental health. For example, authors [41] demonstrated how the mental health of young people with a variety of diagnosed disorders could be significantly improved through a supportive group work process which enabled the development of their hidden strengths. This process also enabled them to develop their voice by taking on positions on the Youth Advisory Board of the Primary Care Trust, which they found empowering. Davies [42] similarly documents how a leading youth work charity, 42nd Street—a community-based mental health project in Manchester that offers individual and group support—makes significant improvements to young people's mental health. 42nd Street's approach based on youth work principles of participation and empowerment enables young people to be listened to, feel accepted, and valued. As one young person said, "young people are involved in the running of the agency—you can say what you want, (Youth worker 1) and you get listened to." [42] p. 120. Similar results have been garnered through a concomitant community activist approach in Western Australia, where Farquhar and Dau [43], having identified how the invisibility of people who identified as bisexual+ was exacerbating their mental health, made significant

improvements by ensuring the message that "we are not going anywhere. We are real. We are visible. And we are here." [43] p. 274 was widely known and accepted by the wider community.

Carr [44] suggests that this unique approach of utilizing youth work to improve mental health should be framed as 'Therapeutic Youth Work' which "seeks to embed a safer and therapeutic model of working with children and young people, that is person-centered, child welfare focused and works at the pace of the young person". Whilst it is not being argued that youth work itself needs to be reframed when applied to mental health, this paper does set out to demonstrate some of the distinct advantages of utilizing a youth work approach in the area of young people's mental health.

3. Case Study: Context and Background

The youth work organization in this case study began in 2005 as a small independent organization supported by the local youth service. The impact of widespread government cuts [45] led to the withdrawal of that support in 2014. In 2015 it was re-established as a charity and has since grown to become a significant provider of youth services, serving both local young people as well as those from surrounding areas. The charity has five youth workers and several adult and youth volunteers. It runs a wide variety of youth provisions including open access club-based sessions (available to all young people between the ages of 11 and 19) and specialist projects such as 'wellbeing groups' and 1–2–1 support sessions targeted at young people with mental health difficulties. Young people access this provision through referrals from schools, GP surgeries as well as other professionals and parents/or caregivers. Most of the wellbeing provision is funded through the Primary Care Network (PCN). It also has regular involvement in a variety of local festivals and events and is widely regarded as being "at the heart of the . . . community." (Multi Academy Trust, staff 1). Whilst not high on national deprivation measures, the area is regarded as suffering due to the significant pockets of deprivation with a proportion of its population being affected by unemployment, health difficulties, or inadequate housing [46]. For example, at the local secondary school "about 30% of their young people qualify for free school meals." (Multi Academy Trust, staff 1). Due to a lack of youth services in the area, the Youth organization is widely recognized as one of the most vital services supporting local young people's well-being, as one local secondary school teacher suggested:

> *We are surrounded by rural deprivation. . . we are really isolated, . . . and it does make support hard to reach sometimes. . . we're so out of the loop and I really think [the youth work organization] for me [...] is a light at a very, very long dark tunnel for some young people.* (Teacher 2)

4. Discussion of Findings

4.1. Wellbeing-Based 1–2–1 Youth Work

A key element of 1–2–1 youth work was the youth workers' ability to build a relationship and give their undivided attention to an individual young person without any of the distractions or confines of operating within a group or institutional setting. One teacher spoke of this as being particularly effective as schools often do not have the resources to provide this level of attention to individual young people, saying they have "a curriculum to follow." (Teacher 3). This point was emphasized by the youth workers explaining that the program involves "someone who has a focus on you for a whole hour and is interested in you, genuinely interested too and genuinely cares about you." (Youth worker 4). This differs from counselling, and the young people acknowledged this by highlighting how counselling is "quite formal" (Young person 5), while youth workers simply try to get "a conversation going that doesn't feel like counselling, it doesn't feel like I'm asking them to tell me everything." (Youth worker 5). One teacher mentioned that counselling "will give you therapy [but youth workers] give strategies. . . sometimes that's more powerful." (Teacher 3). As one young person also acknowledged, the 1–2–1 support was "a lot less like trying to unearth all of your issues." (Young person 1). Another even claimed "the [youth

work organization] provides better counselling than the so-called proper counselling." (Young person 9).

One of the successes of the 1–2–1 youth work appears to be the lack of a pre-defined agenda. The youth workers are able to focus exclusively on the young person and engage in an open and responsive manner. As one teacher pointed out a lot of young people "see teachers as someone who will always push them into class, make sure they're here, following the rules [while the youth workers] don't have the rules." (Teacher 1). One senior member of the Academy Trust acknowledged that the youth work organization is "much more young person-led and [a] young person-centered provision [without] teachers or people that are perceived to have the agenda of the school at heart," adding that this will inevitably feel less "threatening to the young people." (Multi Academy Trust staff 1).

Most of the young people who took part in this study experienced school as a stressful place where the strict rules and expectations were "mentally draining." (Young person 3). As child psychotherapist Louis Weinstock highlights, many adults are unaware that "through thousands of interactions every day we coach, bribe, cajole, threaten and mold our children into behaviors that are the 'norm' for our society." (Weinstock, 2022: 13). In doing so, we forget that young people want to feel heard and understood, and their views and feelings to be respected. Whereas for young people, the authoritarian quality of adult–youth relationships make "the environment within school it's, it's very, a lot of social pressure, lots of social norms which if you don't follow you're considered the weird child or whatever' [and its] 'almost a bit threatening." (Young person 9).

To mitigate the risks of dependency resulting from the strong bonds developed between youth workers and young people in the long-term 1–2–1 relationships, youth workers aim to embed young people into groupwork settings within the wider activities of the youth work organization (as well as via referrals and links to other organizations). In many ways, the 1–2–1 support therefore serves as a steppingstone, enabling people to access a more social youth work context. This move-on is the case for the majority of young people and as a result, young people develop their social skills and confidence through supportive peer relationships. Youth workers have developed an ability to judge when the 1–2–1 relationship is approaching its natural conclusion. They know when a young person "is enjoying seeing you but don't necessarily need to see you anymore." (Youth worker 5). Sometimes the time is gradually reduced but discussions of endings are an important part of this process and are made with the agreement of the young person. At times 1–2–1 support may continue in a more ad hoc manner, where young people have the opportunity to remain in contact through the wider activities of the youth work organization. The important point is—in the words of one young person—"you don't get ditched." (Young person 1).

4.2. Wellbeing-Based Group Work

Central to the well-being provision at the youth work organization are the groupwork projects specifically designed for young people with designated mental health issues (they may be on a CAMHS waiting list or referred by the school due to their anxiety). The size is limited to around eight young people so the youth workers "have the capacity to be very responsive" (Youth worker 1) and provide "a much gentler session [than the open access provision]." (Youth worker 4). This allows the young people to feel less overwhelmed. As the focus group revealed, the young people appreciated the size of the group as it allowed the youth workers to "focus on each one of them." (Young person 13). One youth worker described these projects as:

> *Very much designed around where we are seeing a need, a need because there is a kind of budding skill there or interest and we can like feed that.* (Youth worker 1)

The sessions are usually hands-on activities or trips within the community or to the National Park. Young people are actively involved in planning sessions where they "can put down ideas," (Young person 13) and make decisions about upcoming activities together. Several sessions involved bespoke outdoor activities including foraging walks,

conservation, bushcraft, outdoor cooking, as well as camping out. One of the staff members supporting the project described the purpose of these sessions as:

Getting those young people away from the kind of normal social pressures… what's really nice about the sites that we work on is that most of the time it's just them there, so if there are any young people who suffer from anxiety, for example, it's quite a nice safe space for them. (Partnership staff 1)

One young person said the activity "takes your mind off stuff [and getting rid] of the stress of school." (Young person 12). Another added that it helped that "each week we do something a little different." (Young Person 13). The sessions made one young person "feel better being out of my house", and for another they benefited because they were 'quite lonely at the time,' (Young person 9). The practical well-being sessions allow them to try things that, according to one young person, a lot of them:

Would never be able to experience… We were doing all sorts of activities together like going places and learning all sorts of things you wouldn't learn at school, and it was really interesting to know how other people gain from going out and going away from school but also learning in a different environment and especially where it feels safe and where you can just say whatever you kind of want without getting completely judged.. (Young person 7)

it's given me a lot more connections to a lot more people. […] I tend to not get along with quite a few people and I've come here and obviously, this is a very welcoming environment where all different kinds of people are welcome. I've met some of my closest friends here. (Young Person 9)

Another key component of the well-being groups is the opportunity for peer support, meeting, and socializing with "lots of different people with lots of different thoughts and lots of different like ideas." (Young person 9). This in turn provides the opportunity for sharing experiences and receiving support from each other. As one young person pointed out in the group, "sometimes someone would open up about something that like happened that week, something crappy." (Young person 1). Through this process young people start to feel more connected and less alone in the realization that there are others 'who are clearly struggling as well," (Youth worker 4) and who don't "have everything figured out." (Young person 1). This awareness of shared struggles allows young people to feel closer to each other which contributes to a better understanding of themselves and normalizes some of their emotional difficulties. One young person said:

We all have things going on, so we all know like, we all respect each other a little bit more, and when we're like in groups we work together better because we're like, you know, in the same boat. (Young person 8)

4.3. Outcomes for Young People

There were a variety of positive effects on young people's emotional and social well-being. The most reported outcomes were a decrease in young people's stress and anxiety levels. Regular engagement with youth workers and peers in a safe and supportive environment often led to young people developing the ability to better manage their anxiety and other difficult emotions, helping them build resilience with one of them saying "I've got the strategies so like I'm confident that I can deal with the anxiety… [I now know how to] react when certain anxieties pop up." (Young person 10). The impact of the youth project was summed up by one young person:

When I first started, I was just like really not in a good place but now I know how to manage that, so like the main focus has been on like managing mental health and stuff. (Young person 6)

As a result of the young people feeling more settled in themselves, many of them also experienced improved confidence. For example, one young person said that after

feeling less anxious they were 'more brave', and were able to get "out of my shell" (Young person 11). Another young person mentioned that their regular engagement with the youth workers "made me a lot more confident and they have taught me how to sort of manage it [anxiety] better." (Young person 4). The local school confirmed the significant impact on the young people, with a teacher noting that one participant's "resilience did improve," and that 'people who hadn't left the house for weeks or months were actually leaving the house and engaging." (Multi Academy Trust staff 1).

The impact was also noted by parents, with one parent noticing that their children "learned how to socially interact with all different people and I think that was the biggest thing really, they just grew in confidence in themselves." (Parent 2). Another parent spoke about three of her children, all of whom received 1–2–1 support, building trusting and confidential relationships with the youth workers. As a result, the parent noticed an improvement of previously very challenging family dynamics at home. Communication between stepsiblings and parents improved and there was a decrease in arguments between family members (Parent 1).

These non-mediatized youth work interventions have clearly demonstrated a significant impact. The approach taken to some extent echoes the approach advocated by the Center for Disease Control and the Kaiser Permanente study [47] 1995 on how best to mitigate the negative impacts of adverse childhood experiences (ACEs) on young people's futures, with the need to create a "growth mindset" [48]. They argue that this is crucial in enabling people to move beyond cycles of trauma and associated negative future implications. Dweck [49] argues indicative of a growth mindset is the ability to perceive "a challenge as an opportunity to learn, rather than a setback to overcome, adding that it results in persistence and resiliency". In line with this perspective, the youth workers support young people in building confidence and self-trust which helps lay the foundations for developing the ability to effectively manage emotional challenges. This can lead to profound changes in a young person's outlook. For example, in one particularly striking case one of the youth workers, having worked with a young person showing suicidal ideation on a 1–2–1 basis, described how after some time the young person mentioned in casual conversation how they had recently realized "I don't want to die anymore." (Youth worker 5).

Another notable outcome was improved school attendance, including better behavior during lessons and a positive impact on academic achievement. This was most obvious to the school itself, with one teacher seeing "massive changes in behavior. . . [and a] massive improvement in attendance." (Teacher 3). Another teacher shared an example of two students who were not attending school and whose engagement with the youth work project's 1–2–1 support led to them being enabled to return to school and successfully finish their GCSEs (Teacher 1). One youth worker described young people not only managing to start attending school again, but pointed out that "they're thriving as well, they're getting good grades, they're doing extra-curricular clubs." (Youth worker 2). A young person spoke of "going to more lessons," and "doing better in school," adding that they were feeling "better in myself." (Young person 2). A young person summarized the impact on the reintegration with school and future prospects as:

> *The way I was going when I first came here, I was not gonna pass any of my GCSEs, I wasn't gonna make it anywhere really and I was just gonna get kicked out by the age of 14. I've passed all of my GCSEs and I made it through school and I got a job in like a Michelin star pub, so I think from where I was my life changed a bit, very much so.* (Young person 7)

5. Limitations

As outlined above, there certainly appear to be many positive reasons to consider adopting a youth work approach to addressing a range of young people's mental health issues. However, there are some caveats. Firstly, this is one case study and care needs to be taken in not over-generalizing the findings. Whilst there appears to be much to merit,

more research is needed to further explore the role of youth workers and the youth work approach in the realm of young people's mental health and well-being. For example, one area that requires further exploration is the relative merits of 1–1 approaches compared to group environments.

One of the potential risks alluded to earlier was the possibility of creating dependency. The youth workers introduced young people to groups (and made referrals to other agencies) to encourage the formation of additional relationships to mitigate this. Whilst this appeared to be successful it should be acknowledged that this is always a potential problem in a 1–1 approach. Endings are also potentially problematic and can cause relapses for young people, and further support or the possibility of follow-up should also be considered to alleviate the potential problems of painful endings. Referring young people to other services or projects within the existing organization (as well as other agencies) is also a possibility to alleviate any difficulties.

Funding is also a potential problem as many youth work organizations are small, voluntary-sector projects with limited long-term funding or sustainability. This has the potential for ceasing provision and cutting short a valuable service. Finally, there is a potential problem with the grading or assessment of mental health. Many of the benefits of the approach are grounded in a non-medicalizing approach, which begins with a referral by a professional or parent who does not have a mental health background (or through self-referral). It could therefore transpire that a young person has a much more serious mental health condition that requires medicalization, and their condition could potentially worsen as a result of inappropriate interventions. It could also exacerbate the other young people's well-being in the group they became a part of. Whilst there was no evidence of this in this study, this is a potential limitation and care needs to be exercised in assessing the severity of the young people's mental health at the outset.

6. Conclusions

The youth work organization's unique approach to wellbeing-based youth work consists of a number of key components, all of which are crucial in its success. Central to this is weaving a youth-centered approach into the fabric of its practice. The emphasis on young people's needs and interests above all else applies, together with developing non-judgmental and responsive relationships with young people, as does designing youth sessions in direct collaboration and consultation with the youths themselves. The well-being provision has become a valued referral point for the local secondary school widely respected by the school's leadership and teaching staff. Their approach is in contrast to the rigidity of traditional education and offers young people a safe and open space away from the stressful and instrumental school environment. By engaging with young people during school hours through sessions that take place off-site, youth workers are able to gradually build trust and rapport while introducing young people to new and potentially challenging experiences in a safe and supportive environment. The approach of treating young people as equals is conducive to youth work's empowering marginalized and vulnerable young people.

Youth workers engage with young people within an open-ended context, thus deviating from the prevailing time restrictions typical for most youth support services. By doing this, the organization provides young people with an exceptional level of consistency, giving lots of time to build genuinely trusting relationships while removing the pressures of having to achieve particular outcomes within a limited time frame. Even though this open-endedness comes with its own risk of creating dependencies, the evidence of this study suggests that this youth work organization successfully avoided this potential pitfall, enabling young people to successfully 'move on'. Apart from cultivating healthier adult–youth relationships, many young people in the youth work organization also benefit more broadly from accessing the youth groups where they learn how to establish and maintain peer relationships, contributing positively to their social development.

The personal and social benefits are further supported by young people's exposure to new activities and experiences, often taking place in nature and away from their familiar environments. Young people are encouraged to leave their comfort zones, both individually and as a group, helping them to rediscover their interests or uncover new ones, build on their strengths, and form a stronger sense of identity and belonging. By becoming more comfortable within themselves and more at ease within the community, they are able to discover their intrinsic ability to better understand and trust themselves. In turn the young people benefit from increased confidence which allows them to grow their capacity to successfully understand and navigate their emotional difficulties. The youth work organization has demonstrated that this distinct approach to wellbeing-focused work with young people work—situated between the more clinical model of counselling on the one hand and the rigidity of the traditional education system on the other—has significant benefits to offer young people in distress. The impact of which is perhaps best summed up by one of the young people in the study who says that it allows you to '*kind of find yourself*'...*and become who you are.*' (Young person 7).

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