Received: 25 September 2023 | Accepted: 4 March 2024

DOI: 10.1111/chso.12855

Children & Society WILEY

ORIGINAL ARTICLE

Re-thinking youth work as initial mental health support for young people

Alison Ní Charraighe[1] | **Andie Reynolds**[2]

[1]Northumbria University, Newcastle Upon Tyne, UK

[2]University of Edinburgh, Edinburgh, Scotland, UK

Correspondence
Andie Reynolds, University of Edinburgh, 1.09 St John's Land, Holyrood Campus, 41 Holyrood Road, Edinburgh, Scotland EH8 8FF, UK.
Email: andie.reynolds@ed.ac.uk

Abstract

Youth work is a practice that supports young people and bolsters mental health and well-being. In the aftermath of the Covid-19 pandemic, young people in the UK have experienced rising levels of mental distress. However, in the broader youth policy field, youth work is rarely acknowledged as a mental health support. This article draws upon research uncovering to what extent youth workers provide mental health support for young people. A survey questionnaire was distributed to youth workers across selected local authorities in central Scotland and north-east England. Our original findings show that most youth workers provide initial mental health support for young people and, since the pandemic, this has become a key component of youth work practice. The youth workers surveyed were confident that they had the skills, experience and training to provide such support but were struggling to meet increased demand due to funding shortages in the sector.

KEYWORDS

England, mental health, post-pandemic, Scotland, youth policy, youth work

INTRODUCTION

This article investigates to what extent youth work supports young people's mental health across selected local authorities in Scotland and England. During and post-the UK and Scottish Government's imposed Covid-19 lockdowns, there was a flurry of academic and policy interest in the health and well-being of children and young people in the UK (Pearcey et al., 2021; Youth Access, 2021). The rich testimonies this yielded from young people reveal alarming self-reports of deteriorating mental health (Holding et al., 2022; Scottish Youth Parliament et al., 2021), as well as a growing sense of isolation, and anxiety for the future (MacDonald et al., 2023). Utilising a Critical Youth Studies approach rather than a psycho-social perspective, the latter argue that the future-focussed anxieties, isolation and sense of hopelessness that young people expressed resonate with pre-pandemic sociological research concerning social class and precarity (MacDonald et al., 2023). The pandemic, they argue, merely 'turbo-charged' pre-existing issues, especially in relation to young people's mental health.

YOUTH MENTAL HEALTH AND WELL-BEING

Young people's mental health has long been a UK policy concern. In Scotland, statistics show that mental health and well-being in adolescence were steadily declining pre-pandemic. The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is used to measure mental health and well-being of Scottish secondary school pupils, and from 2010 to 2018, the score gradually decreased from 50 to 46.7 (Marini, 2022). Eisenstadt (2017, p. 34) stressed a marked tension between the focus on education attainment in Scotland and increasing levels of stress, depression and anxiety in girls and boys which 'may in a diagnostic sense be relatively low-grade, but nonetheless can have serious effects on wellbeing'. This decline in mental well-being was particularly sharp for young women who reported lower levels of life satisfaction and well-being, higher levels of self-harm and presented with signs of a possible psychiatric disorder more than young men. Such issues for girls were also 'manifesting earlier in adolescence' (Eisenstadt, 2017, p. 33). In England, by 2017, 22.2% of 7–19-year-olds had a probable mental health disorder, with girls and young women aged 7–24 particularly susceptible (53.2%) (NHS Digital, 2022). In 2018, it was estimated that only one third of young people in England were able to access the mental health support and treatment they needed (Burstow et al., 2018).

Recent statistics concerning the mental health of children and young people across Scotland and England show a continuing decline exacerbated by the pandemic. By 2022, the percentage of 7–19-year-olds with a probable mental health disorder in England had risen by 13.3% to 35.8%, with the steepest increase (13.9%) in young women aged 17–19 (NHS Digital, 2022), and 16–24-year-olds in England were also presented with the highest levels of post-traumatic stress disorder (12%) and bi-polar disorder (3%) (Baker & Kirk-Wade, 2023). While the statistics demonstrate increasing cause for concern in relation to young people's mental health, Foulkes and Andrews (2023) caution that, in part, the rise in reported cases reflects the proliferation of UK-wide mental health awareness campaigns. These campaigns, they argue, have had a contrary effect and have contributed to increased reporting of mental health difficulties, a phenomenon they call 'prevalence inflation' (ibid, p. 1). According to this theory, young people are encouraged to problematise 'normal' anxieties, which exacerbates such feelings to produce genuine symptoms of mental distress.

Several studies also demonstrate the largely negative impacts of the pandemic on children and young people's mental health in Scotland. One found that over a third (35%) of young people

surveyed were worried about their mental health (Scottish Youth Parliament et al., 2021), and another that among 15–17-year-olds, 67% of girls and 44% of boys were reported low mood (SHINE/Generation Scotland, 2020). By 2021, the WEMWBS score for Scottish secondary school students had decreased by two more points to 44.8 (Marini, 2022). Throughout the pandemic, helplines such as ChildLine, NSPCC and Samaritans reported an increased volume of calls from children and young people across the UK, citing increased anxiety, sleeping problems, panic attacks, self-harming and suicidal ideation (Cowie & Myers, 2021).

This resonates with research undertaken mid and post-lockdowns which identified a correlation between existing mental health issues and deteriorating outcomes post-Covid (Pearcey et al., 2021), additionally highlighting well-documented links between social class and poor health outcomes (Holding et al., 2022). Pre-Covid, Eisenstadt (2017, p. 34) found that 'mental health has a social class gradient' and 'poorer mental health outcomes have found to be associated with greater socio-economic disadvantage'. It is now widely acknowledged that children and young people from low-income families experienced the most acute levels of mental distress mid and post-pandemic, compared to their peers from high-income households (MacDonald et al., 2023; Pearcey et al., 2021; Scottish Government, 2023).

All these studies conclude that urgent action is needed. Mental health professionals are understandably seen as important (NHS England, 2019), and schools are regarded as pivotal (Public Health Scotland, 2022), yet notable by its absence is youth work.

YOUTH WORK AS A MENTAL HEALTH INTERVENTION

Youth work is well regarded in the literature as a resource and service that works proactively with young people. Its success is attributed to its approach, values and principles (Banks, 2010), which tend to be holistic and bottom-up in design and, akin to Critical Youth Studies, typically regards young people as capable and competent social actors (McPherson, 2020; Willis, 2014). This is often contrasted with schooling that adopts a more formal, deficit-based and top-down approach (Jeffs & Smith, 2005; Ord, 2016). A core aim of youth work is to foster young people's personal, social and educational development. Both YouthLink Scotland's statement on the nature and purpose of youth work (Scottish Government, 2014), and England's National Youth Agency (NYA, 2020) outline three features that uniquely define youth work: that young people choose to participate; youth work builds from where young people are at, and the young person and the young worker are partners in the learning process. This voluntary participation, also known as youth work's voluntary principle, begins from the young person's 'view of the world' (Davidson, 2020, p. 5) and their willingness to engage with youth workers (Davies, 2005) which 'delineates youth work from almost all other services provided for this age group' (Jeffs & Smith, 2010, p. 1). The theoretical importance of this approach relates to the status it affords young people since power between the young person and the worker is shared and the interaction is equal (Batsleer & Davies, 2010).

Youth work has also been theorised as 'a humanistic practice' that is 'relational' and centred upon open and honest conversations (Jeffs & Smith, 2005; Spence, 2007, p. 8) and shares with counselling 'a young person centred curriculum' where the development of the relationship between the young person and the youth professional is 'the starting point' (Ord, 2016, p. 77). Carr (2022) also identifies youth work as a therapeutic practice and, like Ord (2016), highlights the convergence of youth work ethics and values with the Rogerian principles of 'unconditional positive regard, empathy and congruence' (Carr, 2022, p. 1).

As a humanistic, therapeutic and relational practice, youth work pivots on the youth worker's ability to build trusting relationships with the young people they engage. This enables positive interactions and supports young people's learning and social/emotional development (Jeffs & Smith, 2010; Ord, 2016). Support for young people takes various forms, including providing a safe space to discuss worries and problems encompassing both the personal and the social. In order to genuinely 'engage' a young person, youth workers need to be able to empathise, be sensitive to young people's needs and concerns and offer sufficient, and appropriate, support (Banks, 2010). It can therefore be argued that youth work in itself is a protective factor for young people's mental health and well-being.

As previously highlighted, studies of health inequalities in the UK demonstrate a perennial link between poor health outcomes—including mental health and well-being—and social class. Most youth work provision across the UK takes place in socially and economically marginalised communities (Batsleer & Davies, 2010). Therefore, the correlation between young people who are most likely to experience mental health issues and the potential positive impact of youth work is demonstrable. The impact of neoliberal policies on the delivery of youth services—focussing on efficient, targeted interventions delivered through short-term budgets—has diminished universal youth work and its potential to tackle social injustice and inequality (Davidson, 2020; Davies, 2019). Since 2010, when the UK Coalition Government introduced their economic policy of austerity, the availability of youth provision and youth workers has declined rapidly. According to Davies (2019) between 2010 and 2018 youth work in England experienced around £387 million in cuts, and over 600 local authority-run youth centres—most located in areas of high social deprivation—nationwide were closed. Despite these challenges, it has been estimated that around 36% of 10–15-year-olds in the UK regularly (at least once per month) participated in some form of youth work activity (Frontier Economics & UK Youth, 2022).

YOUTH WORKERS PROVIDING INITIAL MENTAL HEALTH SUPPORT

Initial mental health support relates to the ability to assist someone who is developing or relapsing into poor mental health while waiting for professional interventions (Morgan et al., 2020). For the purposes of our research, we defined initial mental health support as including active listening; non-judgemental approaches; helping young people find resources from appropriate websites; making safety plans and referring young people to specific, and appropriate, dedicated mental health services. This is allied to 'Mental Health First Aid' which has been adapted globally into a training programme for front-line workers focusing on early identification of mental distress and support in the way of 'signposting' to appropriate services. Workers using this approach are trained in active listening; identifying self-help strategies for client groups, and supporting people to identify local (or online) sources of support (Kelly et al., 2007). Such an approach is rooted also in a social model of health (Dahlgren & Whitehead, 2021) which acknowledges the importance of social support structures (schools, community assets, local services) in supporting health and well-being; and aligns with public health strategies (Public Health England, 2019). Recent research with young people exploring preventative public health interventions in relation to mental health has highlighted the importance of social connections, out-of-school support and the importance of relationships in building resilience (Taylor et al., 2022).

Youth work has a natural affiliation to such support, as the relational nature of the work, and the trusting nature of the interactions lends itself to a situation where young people often disclose

to youth workers information that they are less likely to share with other adults (Ord, 2016; Yates, 2009). The Mental Health Foundation Scotland (2022) identified that 1 in 5 (20%) young adults surveyed in Scotland felt they did not have a trusted adult to go to for advice or support. Yet caring relationships with non-parental adults have been found to be an essential element for young people in developing resilience (Perkins & Borden, 2003). Establishing an effective and trusting relationship with a young person is not easy as it is '... an ongoing process involving attention, sensitivity and appropriate responses to young people's previous experiences, opinions, attitudes, needs and desires' (Yates, 2009, p. 183). This was evident in Holding et al.'s (2022) research wherein youth workers were identified as important sources of emotional support by young people, one stating: 'I would say [name of youth group] helps my health ... Because I feel safe and I can tell them stuff that I need to. They're very very supportive' (p. 6371). Youth work, as a practice of empowerment and acceptance, is therefore a counterpoise to the increasing 'medicalisation' of young people's mental health difficulties (Elsen & Ord, 2023). As a process of developing trust, care and agency, youth work is also congruent with the process of building resilience (Ní Charraighe, 2019).

UK-based research on youth work providing initial mental health support is sparse but, encouragingly, growing. Fish (2014) identified that participation in youth work activities could serve as a protective factor for young people from socially excluded backgrounds, and, in the same year, an evaluation of the Right Here Projects (Paul Hamlyn Foundation, 2014) set out the benefits of youth work to mental well-being based on activities that were non-stigmatising, participative, and focused on early intervention. Recently, an evaluation of an experimental approach, where psychologists embedded themselves within a London youth project, identified that the youth centre had become a 'therapeutic space' and that the psychologists aligned with youth work skills (such as being person-centred, taking a holistic approach, and developing trusting relationships) to enable their work with the young men (Harris et al., 2022, p.4). This was facilitated in this setting as the practice of both the youth workers and the psychologists converged around the essential person-centred counselling skills of acceptance, positive regard, non-judgmental attitude, and building rapport. Again, a key asset of such youth work is the relationships between youth workers and young people, which tend to be close, personal and nurtured over many years (McPherson, 2020; Young, 2010). This person-centred approach is fundamental to the success of good youth work (Ord, 2016; Reynolds & Ní Charraighe, 2022) and refers to the complex emotional work that youth workers undertake with young people daily, but which is so difficult to quantify (Brent, 2004). An evaluation of a social prescribing pilot (Bertotti et al., 2020), recently examined a range of activities offered by the organisation 'Street Games' where youth work methods were used. Issues around loneliness, anxiety and social isolation were identified as being most easily addressed using carefully planned social activities. Thus, there is a growing recognition that youth workers have an important role in supporting young people's mental health needs and that their practice is unique and specific, although often misunderstood and mis-recognised.

The Scottish policy landscape shows some tentative recognition of youth work as initial mental health support. While youth work provision initially stalled during lockdown restrictions, in Scotland some organisations were able to 'quickly' and 'flexibly' respond by transferring their services online (YouthLink Scotland, 2022, p. 10) which included work tackling isolation, loneliness and anxiety (Scottish Government, 2020). It has since been argued that 'the role of youth work broadened during the pandemic' (YouthLink Scotland, 2022, p. 18). As Child and Adolescent Mental Health Services (CAMHS) struggled with the increased demand (Public Health Scotland, 2022), youth workers stepped up and filled the 'gaps in services for young people

regardless of whether it was in their youth work remit' (YouthLink Scotland, 2022, p. 18). In 2021, a survey found that 35% of young people in Scotland felt that youth work had a crucial role in supporting young people; particularly with their mental health and well-being (YouthLink Scotland, 2022). The practice of youth work in Scotland and England therefore shows evidence of increasingly engaging with young people around their mental health and well-being.

METHOD AND SAMPLE

Following our review of the role of youth work post-Covid in providing mental health support for young people (Reynolds & Ní Charraighe, 2022), we set out to collect empirical evidence of what was happening in practice. We devised an online survey aiming to identify the range of mental health issues youth workers were supporting young people with, and to highlight the self-identified training needs of youth workers to support them in this work. A related aim was that front-line youth workers and projects could use the findings to enhance or develop their partnerships with public health service commissioners. The research method used was an online Jisc survey, which was distributed to youth workers currently working in two geographic locations, central Scotland and north-east England. The research applied a constructivist approach using a qualitative framework. The rationale for this being that it was important to capture youth worker voices and their practice perspectives, which are key to the issues being debated. It was also important that their real-world solutions to training needs informed the research conclusions and practice recommendations (Creswell & Poth, 2018). The research questions we set out to answer were:

1. What range of mental health issues are youth workers currently supporting young people with?
2. What support and/or training have they had to enable them to undertake this type of support work?
3. What further skills development would they require to enhance the mental health support work they undertake with young people?

The survey took the form of a short series of 'open' and 'closed' questions probing:

(i) current contact with young people, and experience in mental health support (context and contact);
(ii) what initial mental health support is given by youth workers (practice methods);
(iii) the impact of current interventions (efficacy/impact) and
(iv) gaps in skills and knowledge to provide effective mental health support (development and training).

Northumbria University ethical approval was sought and granted. To be given access to the survey, participants had to be working or volunteering in a youth work role with young people aged 11–25, in central Scotland or the north-east of England. In total we had 33 responses; 15 responses from 5 projects in Scotland and 17 responses from 8 projects in England.

The choice of central Scotland and north-east England for study was threefold. First, both regions statistically contain pockets of high deprivation, with child poverty and unemployment rates typically higher than the UK national average (Office for National Statistics, 2021; SPICe Spotlight, 2020).

Therefore, as highlighted in the literature review, the demand from young people for both mental health support and youth work is expected to be high across these regions. Secondly, the youth work sectors in Scotland and England were not identically impacted by austerity and Covid-19 due to the UK and Scottish Governments' divergent stances on prioritising the sector and, subsequently, financial investment to support its work (Reynolds & Ní Charraighe, 2022). Thus, this study was also interested in exploring specific differences in supporting young people's mental health post-Covid in the two countries. Third, prior to joining academia, both authors were employed as youth workers in these regions and have maintained their professional networks. These networks were called upon to identify the most suitable youth organisations and projects who would fulfil the aims and objectives of this study and were located in areas of medium-to-high deprivation. As the response rate to online surveys tends to be low (Shiyab et al., 2023), the authors also asked network members, where appropriate, to recommend the authors to the selected managers and key contacts of youth organisations and projects. This was to ensure that the initial email would be read and considered, and not rejected as junk or spam, to increase the response rate.

For our open survey questions that include qualitative data responses, we used thematic analysis to elicit key themes (Braun & Clarke, 2006) to answer our research questions. For the closed survey questions that include nominal and ordinal data responses, we used descriptive analysis to describe, show or summarise the data in a meaningful way so that patterns could emerge (Action et al., 2009), to augment the themes generated from the qualitative data.

A limitation is that this small-scale study cannot claim to be representative of the range of activities and youth projects across central Scotland and north-east England. Therefore, the ability to generalise nationally and regionally is limited. In representing the view of youth workers, it does however help to move beyond the anecdotal to illuminate the depth and strength of contemporary youth work in initial mental health support.

FINDINGS

A crucial part of this study was to explore youth workers' views on delivering initial mental health support to young people, and their capacity to support young people in this area. Four key themes emerged from the data: (1) the *growing need* for mental health support from the young people; (2) how youth workers *perceive their ability* to provide mental health support; (3) the *youth work skills* used in providing mental health support and (4) what *support and training* youth workers identified as useful in undertaking this work with young people.

Roles and settings

In this study, 37% of respondents self-identified as a 'youth worker', with a further 33% referring to themselves as either project workers or managers. Other self-identified titles included wellbeing workers (6%). As Figure 1 shows, almost all respondents were employed in the voluntary sector.

Specific settings for the work varied. Although most work was taking place in a youth club/organisation, schools also featured prominently. Also notable was the prevalence of 'detached youth work' or streetwork in England (Table 1).

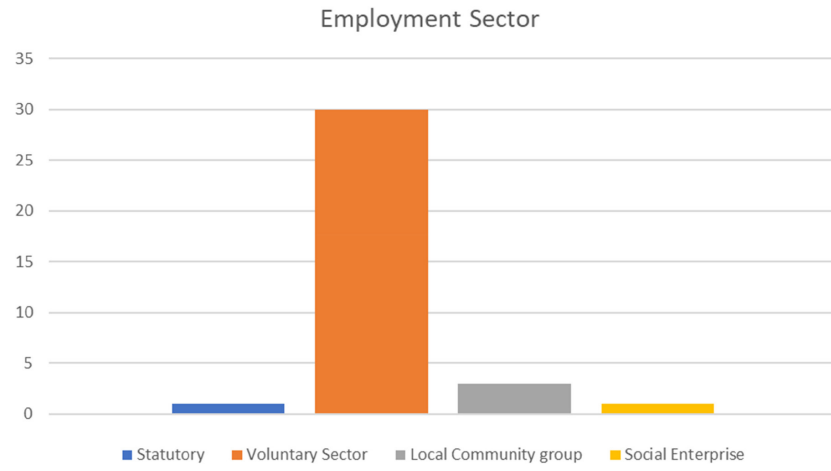

FIGURE 1 Employment sector. Respondents could indicate more than one sector.

TABLE 1 Work settings (by country).

	Scottish respondents, $n = 15$	English respondents, $n = 18$
Youth clubs/projects	47%	67%
Detached/streetwork	-	56%
Schools (primary and secondary)	47%	39%
Specific health and well-being service	20%	-
Community organisation	13%	33%
Online	-	5%

Note: Respondents could choose more than one option.

Mental health support work

Just under half of the sample say either well-being or mental health is the main focus of their work (44%):

> A lot of our work is now exploring mental health, what has happened or is going on that contributes to it, and what we can do to support good mental health.
>
> [Project Manager, England]

> my main focus is supporting pupils with their mental health.
>
> [Project Worker, Scotland]

> emotional and mental wellbeing support.
>
> [Project Worker, Scotland]

> provide dedicated youth work and mental health & wellbeing support services for YP aged 11–25.
>
> [Project Manager, England]

When asked about the increase in post-Covid demand for mental health support from young people, our respondents verified that it was enormous (Figure 2; Table 2).

Less than half of the sample (34.4%) felt that they were managing to keep up with the demand (Figure 3). For the majority, the increase was challenging to the service they worked in.

The main issues that young people sought support for centred around anxiety and low mood (79% of respondents identified these issues). *General* anxiety included difficulty in coping with life in general, but young people were also disclosing *particular* types of anxiety, stress and/or difficulty coping. These were related to struggles with daily life (school, family and future); post-Covid fears about re-engaging in school/community, and worries about the UK cost-of-living crisis.

> The mental health issues we are increasingly dealing with are things like anxiety due to an uncertainty of how things looked post covid. We are also seeing this more often due to the cost of living crisis and energy crisis, young people don't understand the full severity of it but see family members struggle due to it.
>
> [Project Worker, Scotland]

> Social isolation has become increasingly worrying and we are seeing more young people becoming excluded from their community and engaging less in services as a result.
>
> [Project Worker, Scotland]

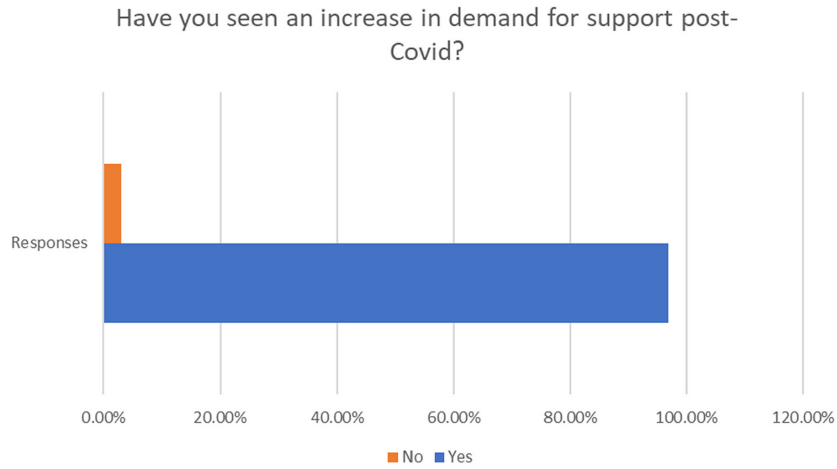

FIGURE 2 Percentage increase in demand for support post-Covid.

TABLE 2 Increase in mental health support needs post-Covid (by country).

	Yes	No
Scottish respondents	100%	-
English respondents	94%	6%

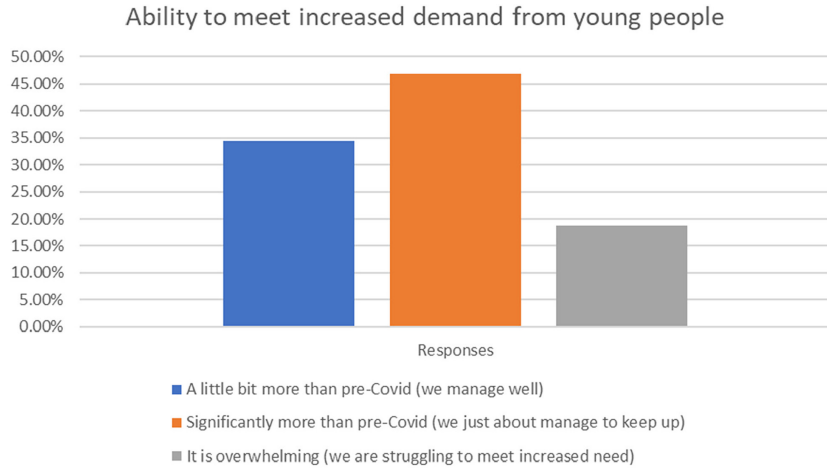

FIGURE 3 Ability to manage increased demand from young people.

The next common category was low mood/depression/suicide/self-harm. 60% of our sample told us that they regularly come into contact with young people who are seeking support with suicidal ideation and/or self-harm:

> Low mood ... suicidal thought and actions...
>
> [Youth Worker, Scotland]

> We have [young people] coming to us who have self-harmed and show us their cuts.
>
> They may not have told anyone about this, and there seems to be a much greater prevalence of self-harm.
>
> [Project Manager, England]

Youth workers' views on providing initial mental health support

Given the scale of demand, our survey shows (Figure 4) that youth workers feel confident in undertaking this type of work. Table 3 illustrates the response by country.

Probing further, we asked whether respondents accepted initial mental health support as part of their role as youth workers, and why/why not. As Figure 5 shows, more than 66% of our respondents felt this was already part of their role. Table 4 breaks down this response further by country. Our respondents told us that they used both one-to-one interventions (33%) and group work (27%) to provide mental support to young people. For those involved in one-to-one interventions, it is worth noting that this took place mostly in school settings.

Youth workers were eloquent in their justifications of the links between youth work and mental health support:

> Youth Work is essential when offering young people mental health support. We're not mental health professionals offering advice however we're often the trusted

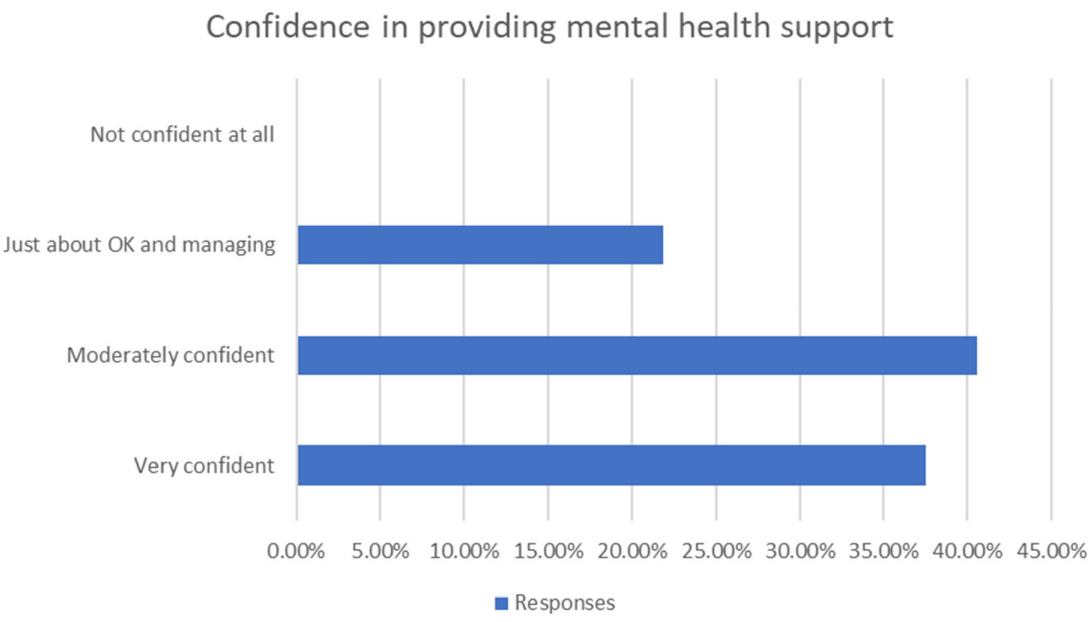

FIGURE 4 Confidence in providing initial mental health support.

TABLE 3 Confidence in providing initial mental health support (by country).

	Very confident	Moderately confident	Just about OK and managing	Not confident at all	No response
Scottish respondents ($n=15$)	4 (27%)	8 (53%)	2 (13%)	-	1 (7%)
English respondents ($n=18$)	8 (44%)	5 (28%)	5 (28%)	-	-

> person a young person will confide in when they're struggling with their mental health or dealing with the wider determinants that impact on mental health. It's important that we can be a safe person to talk to and then signpost to other support services and safeguard the young people we work with.
>
> [Project Manager, England]

> Even prior to lockdown I feel we already did this as youth workers, the big change would be the number of young people seeking support and also the level of need they present with. Whereas before it would be a few young people needing specific support with their mental health, this number has now increased significantly.
>
> [Youth Worker, Scotland]

Youth work skills and mental health support

When prompted to identify the youth work skills they used when delivering mental health support, active listening and communication skills in general were deemed most important. Being

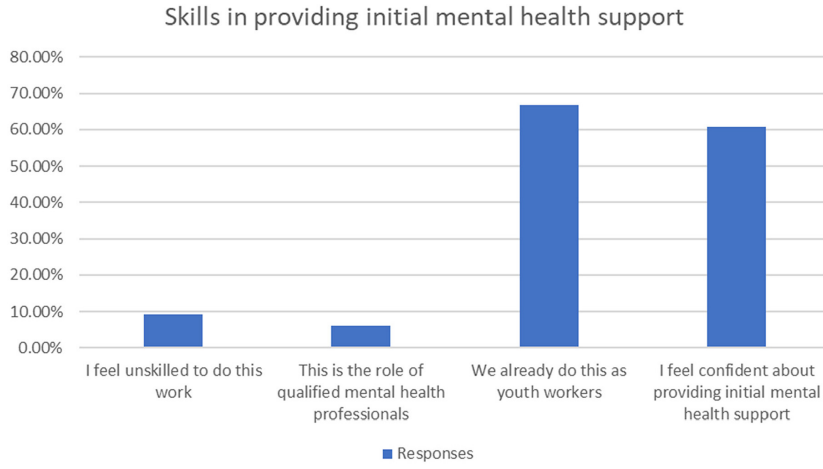

FIGURE 5 Skills in providing initial mental health support. Respondents could choose more than one option.

TABLE 4 Confidence in providing initial mental health support (by country).

	I feel unskilled to do this work	This is the role of qualified mental health professionals	We already do this as youth workers	I feel confident about providing initial mental health support
Scottish respondents	1	-	10	12
English respondents	2	2	12	7

non-judgemental, using empathy and understanding were second in importance, with 51% of respondents (combined) listing these. Table 5 lists these responses by country.

> Listening skills are incredibly important as for most young people, the first barrier to mental health is not having someone to listen to them, judgement free.
>
> [Development Worker, Scotland]

> Listening, patience, giving young people a voice to express their needs.
>
> [Youth Worker, England]

> Being able to speak to young people has been the most useful skill—listening to young people and being trustworthy.
>
> [Youth Worker, Scotland]

Support and training

Our survey shows that youth workers have been proactive in seeking out training to support their mental health work with young people. 27% have accessed training on suicide prevention, 9% have undertaken training on self-harm and 27% had been trained as Mental Health First Aiders. More than 15% said they had received training in trauma-informed practice. Around a quarter of respondents (24%) stated that this training had been delivered in-house or by an outside agency (i.e. Mind or CAMHS).

TABLE 5 Youth work skills used in providing initial mental health support to young people.

Main youth work skills used in conjunction with initial mental health support	
Active listening/listening	60%
Communication skills	39%
Empathy/understanding	30%
Promoting and creating change: Problem-solving/building resilience	27%
Active engagement: Using the outdoors/signposting/group work	24%
Being non-judgemental	21%
Person-centred practice	21%
Developing positive relationships with young people	21%
Building trust	12%

Note: Respondents could choose more than one option.

TABLE 6 Additional training identified as helpful by youth workers.

Training that would be helpful to support young people	
ANY including intermediate rather than 'entry' level awareness of mental health/updates	39%
Support with specific issue (e.g. anxiety/self-harm/suicidal ideation/sleep disorder)	24%
Specific counselling training	21%
How to refer/joint working with other agencies such as CAMHS	18%
How to work with young people regarding mental health	12%
(Refresher) Mental Health First Aid	3%

Note: Respondents could choose more than one option.

We also asked what additional training the youth workers needed (Table 6). The most requested from our sample was *counselling training* (21%):

> ... counselling training would be great...
>
> [Project Worker, Scotland]

> ... some counselling training too would be really helpful for me.
>
> [Project Worker, Scotland]

Some of this was generic counselling training, some was more specific, that is, CBT and trauma-informed therapy. Any training in general mental health was also listed (39%). Several respondents stated their organisations were finding it difficult to access mental health training, and, if there was training, it was not specifically geared to youth work:

> There's a need for much more training to be available for organisations.
>
> [Project Manager, England]

> (we need) youth work sector wide training specific to our role as informal educators (most training is aimed at teachers).
>
> [Project Manager, England]

> Training about good sessions and activities to run with young people to open up conversations about mental health.
>
> [Project Worker, Scotland]

Affordability and access were the main barriers to training (Figure 6) with a clear demarcation between countries (Table 7). In central Scotland, the issue appears to be centred on the ability of organisations and workers themselves to pay for training, while in north-east England, the inability of workplaces to free workers to go on training due to staffing shortages, added to a perceived lack of locally available appropriate training, were the more pertinent issues.

Signposting and Referral

> A lot of young people tell us they are glad they have us to talk to and would feel it was beneficial to get one to one time with youth workers but that's unfortunately something we can't do enough of, resulting in more referrals.
>
> [Youth Worker, England]

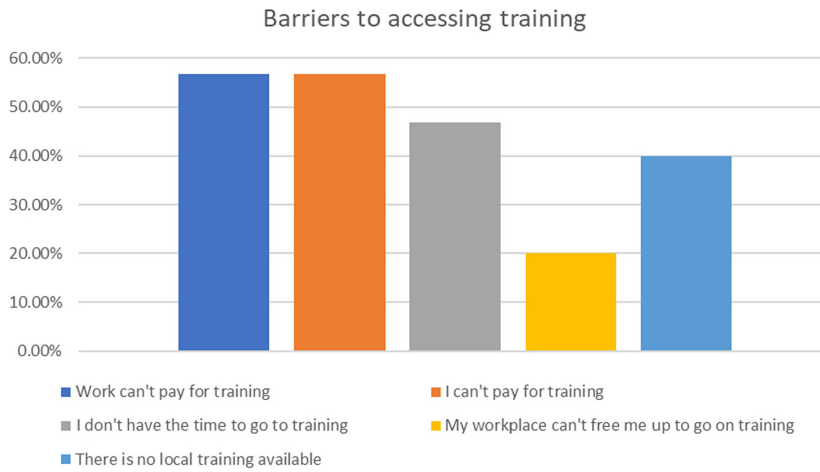

FIGURE 6 Barriers to accessing training. Respondents could choose more than one option.

TABLE 7 Barriers to accessing training (by country).

	Scottish respondents ($n = 15$)	English respondents ($n = 18$)
Work cannot pay for training	67% (10)	39% (7)
I cannot pay for training	60% (9)	44% (8)
I do not have the time to go to training	20% (3)	61% (11)
My workplace cannot free me up to go to training	6% (1)	28% (5)
There is no local training available	20% (3)	50% (9)
No response	6% (1)	11% (2)

Note: Respondents could choose more than one option.

About 22.5% of our respondents told us that they refer young people needing support to external charitable organisations offering targeted mental health support and counselling. These included national charities such as Young Minds and Barnardo's as well as local charities they regularly worked in partnership with. In-house counselling support was also cited (16%) with some youth organisations already employing BACP-accredited qualified counsellors. 13% referred young people to CAMHS, and another 13% to their GP or other medical services such as Accident and Emergency (A&E). Other responses included available telephone and online support such as Samaritans, Talking Therapies, Kooth and Silver Cloud and apps such as Calm Harm and Stop Breathe Think (Table 8).

DISCUSSION

This research aimed to uncover to what extent youth workers provide mental health support to young people in areas of medium-to-high deprivation across two regions, and the youth work skills they employ to do so. Our results identify that youth workers are currently working with an increased demand for initial mental health support and that they feel fairly-to-very confident providing this support. However, our respondents also illustrate the colossal impact of contextual factors (austerity, cost-of-living crisis, Covid-related anxiety) on young people's lives.

Mental health support work and increased demand for services

In this study, 96% of our respondents identified that demand for initial mental health support had increased post-lockdowns. General anxiety, low mood and depression were widespread issues, nearly all relating to uncertain futures. MacDonald et al. (2023) caution against the simplistic interpretation that this is Covid generated. They make a convincing argument that these anxieties and sense of hopelessness emerged pre-Covid where an increase in precarious work, welfare cuts and austerity had already precipitated a downturn in mental well-being for many socially and economically disadvantaged young people. Several of our participants appeared to align with such analysis by delivering initial mental health support that incorporates critical discussion of the wider determinants that impact young people's mental health and lives.

Even so, our respondents were clearly alarmed at the growing numbers of young people disclosing crisis mental health issues such as suicidal ideation and, particularly, the increase in

TABLE 8 Referrals (by country).

	Scottish respondents	English respondents
Online services (e.g. Kooth/Mind/Childline)	2	16
GPs/Primary care services	7	6
CAMHS	7	8
In-house services	6	5
Other voluntary sector services	3	3
'Other'—that is school nurse/police/Duty Team	9	2

self-harm. This correlates with longitudinal data which shows 16% of 14-year-olds self-harming in 2017 rising to 25% at age 17 in 2020 (Patalay & Fitzsimons, 2021). Research undertaken by Doyle et al. (2015) identified that young people who self-harm seldom use health services, preferring instead to look to friends, family and trusted adults for support. The prevalence with which the youth workers in our sample mentioned this issue supports this and identifies youth workers as one of these trusted adults.

The ability of youth to work as a service to meet this rising demand has been severely tested in the immediate post-lockdown period. The impact of austerity cuts to public services has meant that by default, most youth provision in Scotland and England has moved from the statutory to the voluntary sector—93.8% of our respondents worked in this sector. Notwithstanding the innovative and cost-effective methods employed in this sector (Alcock, 2010), funding is often short-term and targeted; leaving projects vulnerable to closure through changes in policy by grant-makers, and at risk of losing experienced and qualified staff.

Signposting and referring young people to specialist services and resources is a key component of youth work practice which our participants confirmed. Worryingly, some noted that young people were 'bouncing back' from statutory health services to the youth worker due to excessive waiting lists:

> Waiting lists for counselling and statutory services are so big we are often trying to support young people for months if not years when they should be seeing mental health professionals.
>
> [Project Manager, England]

> [we are] providing crisis support while [young people] wait for appointments.
>
> [CEO, England]

This 'bouncing back' to youth workers is arguably changing the direction of youth work as youth workers are not only spending increasing time delivering initial mental health support but are also 'holding' young people unable to access specialist mental health services. Waiting lists to access CAMHS, NHS counselling and targeted support can last years (MacDonald, 2022; Tidman, 2022)—particularly in socially deprived areas (Scottish Government, 2023)—which our youth workers confirmed. Youth work organisations rarely have the necessary financial and human resources to provide this amplified initial mental health support. Without dedicated funding streams to support this work, there is little option but to reallocate financial and human resources from funded projects and programmes. This could detrimentally impact on youth work's ability to meet existing outcomes and funding targets.

Youth workers' providing initial mental health support

Just under half of our sample state that providing mental health and well-being support is now the main focus of their work. Our findings show that this predates the pandemic and, because of this prior experience, most youth workers in our study feel moderately-to-very confident in delivering this support. They also report possessing the skills to do such work. Our results indicate that youth workers may be the first professionals to whom young people disclose their mental health concerns and anxieties for the future and that many are actively working with young people to foster their resilience and emotional well-being as an integral part of youth work practice.

Facing huge waiting lists to access statutory support and specialist mental health services, it is little surprise that young people take advantage of a face-to-face, free and locally available service in youth work to support them with their immediate mental health concerns. Yet, youth work and youth workers are rarely acknowledged nor identified as providing this essential support. In part, this may be due to historic misunderstandings of the value and role of youth work by other professionals (Davies, 2005) and that youth work aligns with a social model of health rather than 'a medicalised approach' (Elsen & Ord, 2023, p. 1429). In order to facilitate ongoing support, the funding of 'generic' youth work will be needed, as our research identifies that youth work promotes mental health and well-being.

In a recent policy initiative (Department of Health and Social Care, 2023) centring on 'Early Intervention Hubs', the UK Government stated that youth workers would be included as part of a 'range of interventions' to provide 'vital early support' to young people. This is a welcome indication that youth work, and the significant work that youth workers undertook during the pandemic, has begun to resonate in the development of policy relating to young people's well-being.

Support and training

Our survey results show that youth workers themselves had sought out training to support their initial mental health support work. However, the need for additional training was substantial. In central Scotland, organisations and workers themselves are struggling to pay for this necessary training; while in north-east England, it was the inability of workplaces to free workers to go on training due to staffing shortages that was the key barrier. This is consistent with the literature where youth work in Scotland has, in comparison to England, fared better in retaining core funding (Reynolds & Ní Charraighe, 2022); but nonetheless, as in England, it operates with squeezed financial resources due to the impact of the long-term austerity cuts to the sector.

Only 16% of the youth workers surveyed had 'in-house' counselling support as part of the youth service, and only a few of these workers were receiving support and supervision from these mental health professionals to cope with such high-volume initial mental health support work. Youth workers employed in the statutory or voluntary sector normally receive regular supervision from their line manager and will report and discuss safeguarding and child protection issues as they arise (Morgan & Banks, 2010). Targeted supervision for youth workers delivering mental health support is sparsely discussed in the literature as it is not mandatory for youth work. Youth workers both delivering initial mental health support and 'holding' young people for sustained periods until they can access specialist services are at risk of developing vicarious trauma, such as that experienced by voluntary sector family support workers (Faulkner, 2023). Appropriate support and supervision need to be integrated into youth work practice. To achieve this, youth workers must first be recognised as providing short-to-medium term initial mental health support for young people.

Implications for policy and practice

Our findings reveal that the nature of youth work is changing, with just under half of our sample predominantly providing initial mental health and well-being support. There is much scope for

youth workers to upscale their initial mental health support work by combining it with their already well-honed group work skills to develop and facilitate peer-support groups with young people needing mental health support. This relates to some of our participants' requests that existing mental health training be specifically adapted to youth workers—rather than for teachers, for example—so they can best utilise the skills they already possess.

Since 2010 and the implementation of the UK Coalition Government's austerity policy, in England especially, more and more youth work has moved out of the traditional 'youth club' and into broader settings (Davies, 2019). Notable in our survey was the number of youth workers who are working in schools. Almost 50% of the Scottish sample, and over a third of the English sample said that they work in school settings.

> Half of my week in school and the other 3 days are based here at [name of organisation], running various clubs ... youth employability activities, and our ...cafe...
>
> [Youth Worker, Scotland]

> ... the majority of our work is either on the streets, the local school and other venues young people identify.
>
> [Youth Worker, England]

In 2019, Education Scotland and the Scottish Government jointly introduced a Youth Work and Schools Partnership scheme where schools and youth work organisations work together to close the attainment gap across deprived communities. Its aim was 'to offer young people the opportunity to develop relationships with trusted adults and provide learning opportunities outwith the school and home environment' (Scottish Government, 2019). Partnership work between youth work and schools in England has been prompted by sustained policy emphasis on universally placing schools at the forefront of mental health support for children and young people, utilising the Personal, Social, and Health Education (PSHE) thread of the curriculum (NHS England, 2019; Public Health England, 2021). This is, arguably, controversial as youth work processes are often set up to adopt a critical approach to formal education (Batsleer, 2013). This can be difficult to achieve within a school environment. Another implication of this approach for youth work is that it contributes to its 'invisibility'. As the school 'sub-contracts' the work, the role of youth work and the specific skills of the youth workers, in initial mental health support are masked. This is problematic for youth work, both for recognition of the work done and for funding to support this work outwith schools.

CONCLUSION

Youth work is a skilled profession, but it lacks recognition and funding at strategic levels to enable its workforce to support socially and economically deprived young people using the variety of services youth work provides. Focusing on initial mental health support, we have demonstrated that youth workers' specific skills in relating to, and working with, young people are assets that help young people develop resilience and self-efficacy in austere times. In the context of post-Covid increased policy focus on youth mental health, our survey demonstrates that youth work is rarely acknowledged nor valued as a vital resource that addresses young people's declining mental health. Yet, our findings show that most youth workers we surveyed currently provide initial mental health support for young people. Originally, this

article also demonstrates that since the pandemic, this provision has become a key component of youth work practice. Our analysis also highlights the emergence of a new 'model' of positive mental health interventions with young people that seeks to address the wider determinants that impact young people's mental health in the form of youth work per se. This should be investigated with further research.

As young people face huge waiting lists to access certified counselling support and specialist mental health services, it is little surprise that demand for youth work as initial mental health support has increased. There was some ambivalence among our sample as to whether youth work should be (i) delivering such large volumes of initial mental health support work and (ii) 'holding' young people beyond the short-term in initial mental health support until they can access dedicated services. As need continues to rise, and mainstream health services struggle to provide support, youth workers continue to 'pick up the slack'. This article illuminates the significance of youth work practice in this context and advocates for youth work funding to be increased to amplify and support its contribution.

ACKNOWLEDGEMENTS

The authors would like to thank all the research participants, our colleagues who encouraged us to submit this article, and the reviewers at Children & Society for your invaluable feedback.

FUNDING INFORMATION

No funding was sought to undertake this research.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Northumbria University approval was sought and granted. Approval number: 51223.

ORCID

Andie Reynolds https://orcid.org/0000-0003-1245-1805

REFERENCES

Action, C., Miller, R., Fullerton, D., Maltby, J., & Campling, J. (2009). *SPSS for social scientists*. Bloomsbury.

Alcock, P. (2010). Building the big society: A new policy environment for the third sector in England. *Voluntary Sector Review*, *1*(3), 379–389. https://doi.org/10.1332/204080510X538365

Baker, C., & Kirk-Wade, E. (2023). *Mental health statistics: Prevalence, services and funding in England* [Research briefing]. House of Commons Library. https://commonslibrary.parliament.uk/research-briefings/sn06988/

Banks, S. (2010). Ethics and the youth worker. In S. Banks (Ed.), *Ethical issues in youth work* (2nd ed., pp. 3–23). Routledge.

Batsleer, J. (2013). Youth work, social education, democratic practice and the challenge of difference: A contribution to debate. *Oxford Review of Education*, *39*(3), 287–306. https://doi.org/10.1080/03054985.2013.803960

Batsleer, J., & Davies, B. (2010). What do we mean by youth work? In J. Batsleer & B. Davies (Eds.), *What is youth work? Empowering youth & community work practice series* (Online ed.). SAGE. https://doi.org/10.4135/9781526435873

Bertotti, M., Frostick, C., Sharpe, D., & Temirov, O. (2020). *A two-year evaluation of the Young People Social Prescribing (YPSP) pilot* [Report]. https://repository.uel.ac.uk/item/88x15

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brent, J. (2004). Communicating what youth work achieves: The smile and the arch. *Youth and Policy*, *84*, 69–74.

Burstow, P., Newbigging, K., Tew, J., & Costello, B. (2018). *Investing in a resilient generation – Keys to a mentally prosperous nation* [Report]. https://www.birmingham.ac.uk/Documents/research/policycommission/Investing-in-a-Resilient-Generation-report.pdf

Carr, S. (2022). And someone to talk to: The role of therapeutic youth work. *Youth and Policy*. https://www.youthandpolicy.org/articles/and-someone-to-talk-to-the-role-of-therapeutic-youth-work/

Cowie, H., & Myers, C. A. (2021). The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. *Children & Society*, *35*(1), 62–74. https://doi.org/10.1111/chso.12430

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.

Dahlgren, G., & Whitehead, M. (2021). The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health*, *199*, 20–24. https://doi.org/10.1016/j.puhe.2021.08.009

Davidson, E. (2020). Social justice or social control? An ethnographic study of detached youth work in Scotland. *Scottish Affairs*, *29*(2), 254–276. https://doi.org/10.3366/scot.2020.0318

Davies, B. (2005). Youth work – A manifesto for our times. *Youth and Policy*, *88*, 7–27. https://www.youthandpolicy.org/wp-content/uploads/2017/07/y-and-p-88.pdf

Davies, B. (2019). Youth work and the youth service. In J. Wood & J. Hine (Eds.), *Work with young people: Theory and policy for practice* (pp. 187–201). SAGE.

Department of Health and Social Care. (2023). *Earlier mental health support announced for thousands nationwide* [News]. https://www.gov.uk/government/news/earlier-mental-health-support-announced-for-thousands-nationwide

Doyle, L., Treacy, M. P., & Sheridan, A. (2015). Self-harm in young people: Prevalence, associated factors, and help-seeking in school-going adolescents. *International Journal of Mental Health*, *24*, 485–494. https://doi.org/10.1111/inm.12144

Eisenstadt, N. (2017). *The life chances of young people in Scotland: A report to the first minister* [Report]. https://www.gov.scot/publications/independent-advisor-poverty-inequality-life-chances-young-people-scotland-report/

Elsen, F., & Ord, J. (2023). 'You don't get ditched' – Young people's mental health and youth work: Challenging dominant perspectives. *Youth*, *3*(4), 1429–1440. https://doi.org/10.3390/youth3040090

Faulkner, A. R. (2023). *Investigating the impact of vicarious trauma on family support workers in Glasgow* [Unpublished Masters Dissertation]. University of Edinburgh.

Fish, M. (2014). Thinking space: The value of youth services towards child and adolescent mental health. *Youth and Policy*, *112*, 95–99. https://www.youthandpolicy.org/wp-content/uploads/2017/06/fish.pdf

Foulkes, L., & Andrews, J. L. (2023). Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis. *New Ideas in Psychology*, *69*, 101010. https://doi.org/10.1016/j.newideapsych.2023.101010

Frontier Economics and UK Youth. (2022). *The economic value of youth work* [Report]. https://www.ukyouth.org/wp-content/uploads/2022/11/Economic-Value-of-Youth-Work-Full-Report.pdf

Harris, A., Le, H., McHayle, Z., & Ahadzadeh, Y. (2022). *Always there for us* [Report]. https://www.centreformentalhealth.org.uk/publications/always-there-us

Holding, E., Crowder, M., Woodrow, N., Griffin, N., Knights, N., Goyder, E., McKeown, R., & Fairbrother, H. (2022). Exploring young people's perspectives on mental health support: A qualitative study across three geographical areas in England, UK. *Health & Social Care in the Community*, *30*(6), 6366–6375.

Jeffs, T., & Smith, M. K. (2005). *Informal education: Conversation, democracy and learning* (3rd ed.). Educational Heretics Press.

Jeffs, T., & Smith, M. K. (2010). Introducing youth work. In T. Jeffs & M. K. Smith (Eds.), *Youth work practice* (2nd ed., pp. 1–25). Bloomsbury.

Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F., Lowe, A., & Scanlan, C. (2007). Youth mental health first aid: A description of the program and an initial evaluation. *International Journal of Mental Health Systems*, *5*(4), 1–9.

MacDonald, I. M. J. (2022). Three year CAMHS waiting list leaves families to suffer until reaching 'point of crisis'. *The Northern Times*. https://www.northern-times.co.uk/news/three-year-camhs-waiting-list-leaves-families-to-reach-poin-296938/

MacDonald, R., King, H., Murphy, E., & Gill, W. (2023). The Covid-19 pandemic and youth in recent, historical perspective: More pressure, more precarity. *Journal of Youth Studies, Advanced Access*. https://doi.org/10.1080/13676261.2022.2163884

Marini, C. (2022). *Children and young people's mental health in Scotland* [Briefing]. https://bprcdn.parliament.scot/published/2022/5/24/aa290f5c-f12a-4077-81ea-4cc5c6151e34/SB%2022-29.pdf

McPherson, C. (2020). 'It's just so much better than school': The redemptive qualities of further education and youth work for working-class young people in Edinburgh, Scotland. *Journal of Youth Studies*, *23*(3), 307–322. https://doi.org/10.1080/13676261.2019.1599103

Mental Health Foundation Scotland. (2022). *State of a generation: preventing mental health problems in children and young people* [Report]. https://www.mentalhealth.org.uk/sites/default/files/2022-08/MHF-Scotland-state-of-a-generation-children-young-people-report-2019.pdf

Morgan, A. J., Fischer, J. A., Hart, L. M., Kelly, C. M., Kitchener, B. A., Reavley, N. J., Yap, M. H., & Jorm, A. F. (2020). Long-term effects of youth mental health first aid training: Randomized controlled trial with 3-year follow-up. *BMC Psychiatry*, *20*(487), 1–11. https://doi.org/10.1186/s12888-020-02860-1

Morgan, S., & Banks, S. (2010). Youth workers as confidants: Issues of welfare and trust. In S. Banks (Ed.), *Ethical issues in youth work* (2nd ed., pp. 157–177). Routledge.

National Youth Agency. (2020). *National youth work curriculum, version 1* [Curriculum]. https://s3.eu-west-1.amazonaws.com/assets.nya2.joltrouter.net/wp-content/uploads/20210414232918/5.3.1-0923-NYA-Youth-Work-Curriculum-DIGITAL1.pdf

NHS Digital. (2022). *Mental health of children and young people in England 2022 – Wave 3 follow up to the 2017 survey* [Report]. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#

NHS England. (2019). *NHS mental health implementation plan 2019/20–2023/24*. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

Ní Charraighe, A. (2019). Re/membering resilience – A reflection on resilience and youth work. *Youth and Policy*. https://www.youthandpolicy.org/articles/re-membering-resilience/

Office for National Statistics. (2021). *Exploring local income deprivation: A detailed picture of disparities within English local authorities to a neighbourhood level* [Statistics]. https://www.ons.gov.uk/visualisations/dvc1371/#/E08000021

Ord, J. (2016). *Youth work process, product and practice: Creating an authentic curriculum in work with young people* (2nd ed.). Routledge.

Patalay, P., & Fitzsimons, E. (2021). Psychological distress, self-harm and attempted suicide in UK 17-year olds: Prevalence and sociodemographic inequalities. *The British Journal of Psychiatry*, *219*(2), 437–439. https://doi.org/10.1192/bjp.2020.258

Paul Hamlyn Foundation. (2014). *Right Here: How to ... promote mental wellbeing in youth work practice* [Guide]. https://www.phf.org.uk/reader/right-promote-mental-wellbeing-youth-work-practice/right/

Pearcey, S., Shum, A., Waite, P., Patalay, P., & Creswell, C. (2021). *Changes in children and young people's mental health symptoms and 'caseness' during lockdown and patterns associated with key demographic factors* [Report 05]. https://cospaceoxford.org/wp-content/uploads/2020/08/Co-SPACE-report-05_06-09-21-1.pdf

Perkins, D. F., & Borden, L. M. (2003). Positive behaviors, problem behaviors, and resiliency in adolescence. In R. M. Lerner, M. A. Easterbrooks, & J. Mistry (Eds.), *Handbook of psychology: Developmental psychology* (Vol. *6*, pp. 373–394). John Wiley & Sons.

Public Health England. (2019). *Mental health: environmental factors* [Guidance]. https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place

Public Health England. (2021). *Promoting children and young people's mental health and wellbeing A whole school or college approach* [Guidance]. https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Public Health Scotland. (2022). *Ensuring our future: addressing the impact of COVID-19 on children, young people and their families* [Discussion paper]. https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

Reynolds, A., & Ní Charraighe, A. (2022). Post-Covid youth work and mental wellbeing of young people across Scotland and England. *Concept*, *13*(2), 1–10.

Scottish Government, YouthLink Scotland and Education Scotland. (2014). Our ambitions for improving the life chances of young people in Scotland: National Youth Work Strategy 2014-2019 [Strategy]. https://education.gov.scot/media/paoliikx/youth-work-strategy-181214.pdf

Scottish Government. (2019). *Collaborating to help close the attainment gap* [News]. https://www.gov.scot/news/collaborating-to-help-close-the-attainment-gap/

Scottish Government. (2020). *Boost for Scottish youth work* [News]. https://www.gov.scot/news/boost-for-scottish-youth-work/

Scottish Government. (2023). *Mental health and wellbeing strategy* [Strategy]. https://www.gov.scot/publications/mental-health-wellbeing-strategy/documents/

Scottish Youth Parliament, YouthLink Scotland, & Young Scot. (2021). *Lockdown lowdown 3: What young people in Scotland think about their lives as lockdown restrictions change* [Report]. https://youngscot.net/ysobservatory/lockdownlowdown3

SHINE/Generation Scotland. (2020). *TeenCovidLife – Survey 1: Health and wellbeing of young people in lockdown* (Report). University of Edinburgh and University of Glasgow. https://shine.sphsu.gla.ac.uk/wp-content/uploads/2020/08/TeenCovidLife-Survey-1-General-Report.pdf

Shiyab, W., Ferguson, C., Rolls, K., & Halcomb, E. (2023). Solutions to address low response rates in online surveys. *European Society of Cardiology*, *22*(4), 441–444. https://doi.org/10.1093/eurjcn/zvad030

Spence, J. (2007). What do youth workers do? Communicating youth work. *Youth Studies Ireland*, *2*(2), 3–18.

SPICe Spotlight. (2020). *SIMD 2020: the where of deprivation* [Statistics]. https://spice-spotlight.scot/2020/01/29/simd-2020-the-where-of-deprivation/

Taylor, A., McMellon, C., French, T., MacLachlan, A., Evans, R., Lewis, R., McCann, M., Moore, L., Murphy, S., & Inchley, J. (2022). Defining research priorities for youth public mental health: Reflections on a coproduction approach to transdisciplinary working. *Health Research Policy and Systems*, *20*, 72. https://doi.org/10.1186/s12961-022-00871-w

Tidman, Z. (2022). Vulnerable children wait almost three years to access mental health care while others seen in just a week. *The Independent*. https://www.independent.co.uk/news/health/child-mental-health-waiting-times-b1972830.html

Willis, P. (2014). Preface. In A. Ibrahim & S. R. Steinberg (Eds.), *Critical youth studies reader* (pp. x–xii). Peter Lang.

Yates, J. (2009). Good practice in guidance: Lessons from Connexions. In J. Wood & J. Hine (Eds.), *Work with young people: Theory and policy for practice* (pp. 176–186). SAGE.

Young, K. (2010). Youth workers as moral philosophers: Developing right thinking and mindfulness. In S. Banks (Ed.), *Ethical issues in youth work* (2nd ed., pp. 92–105). Routledge.

Youth Access. (2021). *Generation COVID? Socio-economic factors impacting young people's mental health in the wake of the pandemic* [Policy briefing]. https://www.youthaccess.org.uk/downloads/resources/generationcovid.pdf

YouthLink Scotland. (2022). *Youth work's role during and in recovery from Covid-19* [Report]. https://www.youthlink.scot/wp-content/uploads/youthlink-scotland-youth-works-role-during-covid-19-final-report.pdf

AUTHOR BIOGRAPHIES

Alison Ní Charraighe is an Assistant Professor of Childhood and Youth Studies at Northumbria University. She has a professional background in Youth Work and Community Development work, having worked for 17 as a youth worker and manager in the North East of England. She has recently completed her training as a Counsellor, specialising in working with young people.

Andie Reynolds is a Teaching Fellow in Learning in Communities at the University of Edinburgh. Andie has over 8 years of practitioner experience in youth work, community development, international development, refugee education, programme management, participatory action research and in the voluntary/civil society sector across six different countries (UK, USA, Australia, Nicaragua, Ecuador and Ethiopia). Andie has been involved in research and evaluation projects across the fields of refugee education, widening participation in Higher Education, young people and mental health, community development and organising, youth work, volunteering and human trafficking.

How to cite this article: Ní Charraighe, A., & Reynolds, A. (2024). Re-thinking youth work as initial mental health support for young people. *Children & Society*, *00*, 1–23. https://doi.org/10.1111/chso.12855