

<i>Tag: Young people; Country: Spain; Language: English; Year: 2016; Event: Youth workshop (Athens)</i>	
Programme's name:	A mental health support programme for young offenders
<i>Original title:</i>	<i>Equipo de Atención al Menor (EAM)</i>
<u>Organisation / Country:</u>	Sant Pere Claver Foundation, Spain
<u>Website:</u>	Here
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<u>Summary:</u>	<p>Context: The Equipo de Atención al Menor (EAM) began its work in October 1993 within the framework of a partnership between the Departments of Health and Justice of the Government of Catalonia.</p> <p>Target group: The target group for the programme is young people over the age of 14 who are involved in the Juvenile Justice System, and children under the age of 14 who have been reported to the police in the wider area of Barcelona. Between the inception of the programme in 1994 and 2015, a total of 2.879 users have been involved with it.</p> <p>General: The EAM is located in outpatient facilities and provides technical assistance to the juvenile justice system on three days a week. This includes trainings for practitioners from the juvenile justice system, including judges.</p> <p>Referrals of young people into the programme: Referrals to EAM come from mediation services, care homes, or educational centres. The young people may be subjected to open or semi-open measures, that might or not restrict their freedom of movement. Around 25 percent of the young people in the programme have been sentenced to compulsory treatment by EAM.</p> <p>Elements of the care: The young users receive immediate care when needed. The care builds on a comprehensive, bio-psychological diagnosis. The EAM does not undertake any forensic work in the context of trial procedures, but focuses solely on service support. The treatment is carried out taking into account the case history. The interventions are geared towards understanding the</p>

	<p>psychological motivations for young offenders' behaviour and to empower them to develop social and emotional skills.</p> <p>Psycho-social symptoms of young offenders Professionals in the EAM have to deal with a variety of psychosocial symptoms that can underlie young offenders' behaviour. Among those can be for example feelings of envy, boredom, claustrophobic agoraphobic anxieties, or a negative identity. Those underlying feelings can drive young people towards negative and offending behaviour. To break the cycle of such behaviour, the therapeutic relationship between the young person and the professional in the programme requires deep trust.</p> <p>Modalities for intervention: Usually, between two and five individual interviews are undertaken with each young person. Much attention in the treatment process is given to the family dimension. Parents might become involved in the therapy. Potentially, cases are referred to other services, for example to professionals dealing with addictions or substance abuse.</p> <p>Quality indicators: To assess the quality of the programme structural, process-related and outcome-oriented indicators are in place:</p> <p><i>Structural quality indicators:</i> Structural indicators measure build on the following criteria:</p> <ul style="list-style-type: none"> • <i>Accessibility:</i> Adolescents have timely access to mental health care, irrespective of their place of residence and their cultural background. There are short waiting lists (between 7 and 15 days for the first visit). The service is free as it is public and easy to reach by public transport. • <i>Resources:</i> The service is equipped with adequate facilities, human resources and technical equipment. The resources are used in a cost-effective way. • <i>Skills:</i> Professionals are qualified and trained in behavioural psychotherapy. They are used to work in interdisciplinary teams and follow relevant trainings on a regular basis. • <i>Development:</i> The service has an improvement plan, which is integrated into overall strategies. The plan includes provisions for tracking treatment progress.
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	<p><i>Process quality indicators:</i></p> <ul style="list-style-type: none"> • <i>Directedness:</i> Interventions are tailored towards the age-specific characteristics of adolescents and are based on shared standards and individual needs. • <i>Flexibility:</i> Judicial measures are diverse, embracing a balanced mix of psycho-social interventions, medication, and educational measures. • <i>Continuity:</i> There is continuity and coordination of care. Mental health interventions are not time-limited by the length of the judicial measure. • <i>Cooperation:</i> There is collaboration with other services involved, beyond the judicial services, in order to provide integrated care. • <i>Supervision:</i> There is continuous supervision on a regular basis (two hours each week) by an independent external expert. • <i>Positivity:</i> Professionals have a positive attitude towards the adolescents, acting in a respectful, honest, empathetic, and trustworthy manner. • <i>Empowerment:</i> Interventions aim to build resilience and seek to empower the young users. • <i>Ethics:</i> The service is carried out along ethical principles and respects the human rights of adolescents. <p><i>Outcome quality indicators:</i></p> <ul style="list-style-type: none"> • <i>Impact:</i> Positive impact of the intervention is measured through reduced use of drugs, increased capacity for reflection and emotional self-regulation. • <i>Duration:</i> The average length of an intervention is around one year. The rate of interruptions is between 25-30 percent. • <i>Follow-up:</i> The positive effects are sustained in the long run as follow-up interviews are organised in the months after the end of treatment. • <i>Evaluations:</i> Evaluations are based on clinical methods, supervision and a medical evidence base showing positive changes. • <i>Results:</i> Assessment of recidivism over a mid-period of three years. • <i>Staff continuity:</i> Professionals are satisfied with their work. There is very low staff turn-over and the rate of sick leave among professionals is
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	very low as well. Burn-out among professionals is non-existent.
<u>Issues:</u>	<ul style="list-style-type: none"> • The roles of the different professionals (mental health professionals, social workers, pedagogues) need to be clearly delineated as they might have opposing objectives at times. • The professionals need to have a high tolerance for frustration, as reoffending rates are usually high. • There is a challenge to apply an asset-based approach looking at personal strengths in a context, where the young person has had a lot of negative experiences in the family, school, workplace, and in society.
<u>Resources:</u>	<ul style="list-style-type: none"> • Currently, the team consists of five clinical psychologists and two psychiatrists, all trained in psychodynamic psychotherapy, • Overall, 160 working hours are dedicated for this team per week.
<u>Objectives:</u>	<ul style="list-style-type: none"> • Providing technical assistance to staff from the juvenile justice system in order to improve their relationship with users and to learn to read and deal with young people's behaviour • Delivering mental health support to troubled young people for their personal empowerment • Ensuring complementarity between mental health care and interventions from the justice system
<u>Outcomes:</u>	<ul style="list-style-type: none"> • Juvenile justice professionals now provide more visits to other services, because they understand the young people better and have specialist support available. • Judges can use compulsory treatment as an option in difficult cases, where the young person shows considerable reluctance to treatment and necessary interventions. • Mental health professionals can entirely focus on the young person's mental and emotional issues because their constant involvement with the programme enables them to understand the young person's life context very well and to know given the structures (e.g. housing, education, leisure opportunities).
<u>Evaluation:</u>	n. a.
<u>Resources:</u>	Adolescence and transgression