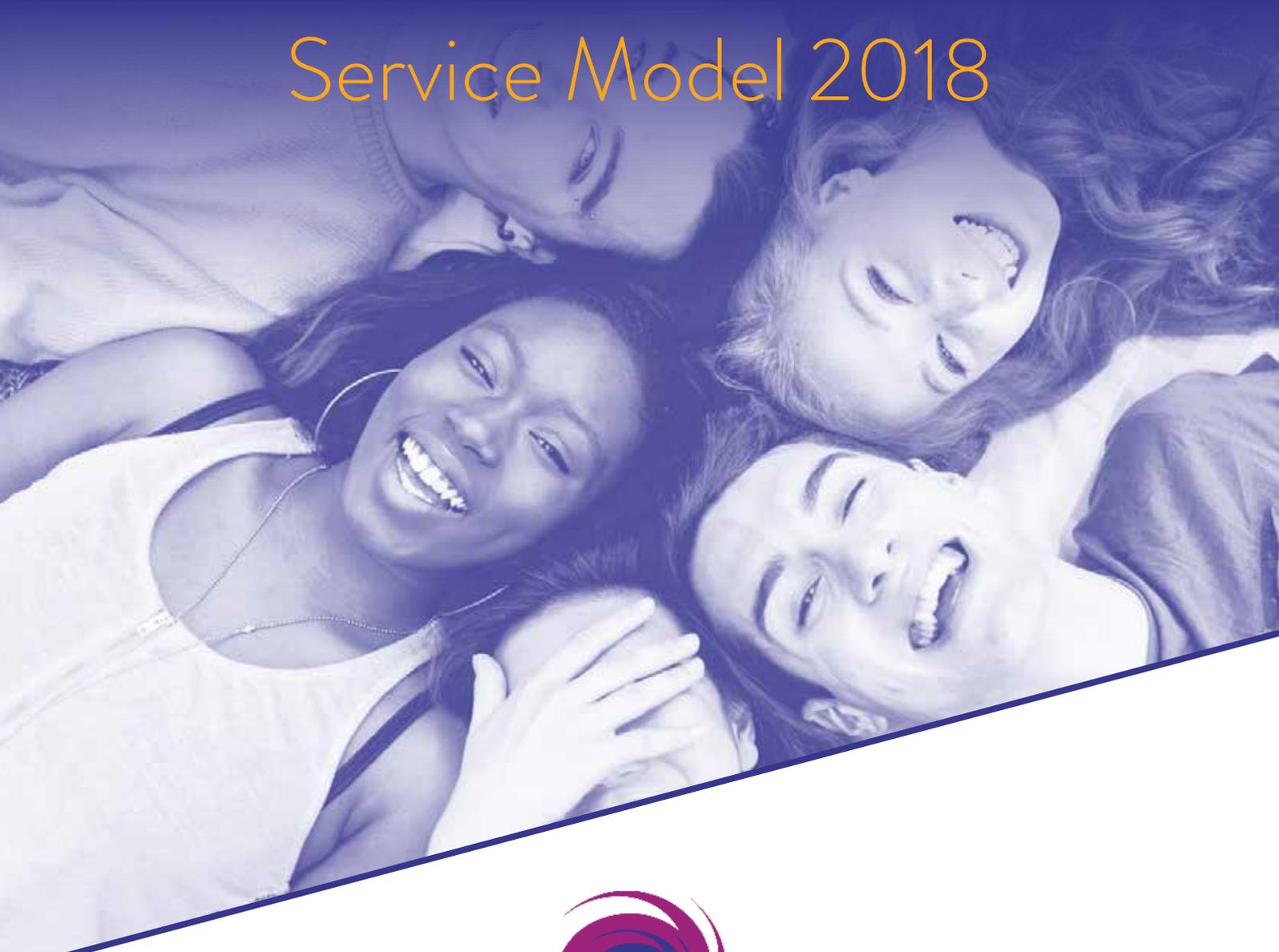


Independent Evaluation of

JIGSAW

Service Model 2018



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Executive Summary

Jigsaw (originally called Headstrong) was established in 2006 in response to youth mental health need in Ireland. The first Jigsaw service opened in Galway in 2008. Ten years later Jigsaw, which receives most of its funding from the HSE, has 130 staff who deliver services in 13 locations around the country and perform specific roles at national level, e.g. Clinical Governance, Programmes, Education, Youth Engagement, Research and ICT.

The Jigsaw youth mental health service model is focused on prevention and early intervention aimed at young people (age 12 to 25) with mild to moderate mental health difficulties:

'We are not a crisis service' (Clinical Director, National Office, Dublin).

Referral pathways to Jigsaw for young people can be through self-referral or by parents, schools, community-based organisations and by other mental health services and GPs. In order to determine if the young person presenting is suitable for a Jigsaw service an initial screening is carried out. If the young person is deemed suitable, a comprehensive mental health assessment is carried out and the young person is subsequently offered up to six further sessions of customised therapeutic support. If the young person's needs are deemed beyond the scope of Jigsaw's practice e.g. needs are deemed to be moderate to severe, then this young person is referred on to another mental health service, e.g. CAMHS or AMHS with the young person's consent and also notifying their GP.

This evaluation was commissioned by the Health Service Executive in order to better understand Jigsaw's approach to youth mental health and the service fit alongside other youth mental health services. Community Consultants (lead researcher Dr. Maria Power) conducted the evaluation between March and July 2018. Participants in the evaluation included young people, staff based at the Jigsaw national office and at four local sites (Dublin, Galway, Cork and Kerry), and representatives from five community based mental health organisations / services¹. In addition, Jigsaw data for 2017 was analysed, three online surveys were conducted and relevant literature was reviewed.

Detailed evaluation findings are presented in Section 4 of this report. In summary, the overall feedback throughout the evaluation about the Jigsaw service model was very positive, particularly from those who engage directly with Jigsaw (including young people, GPs and other community based mental health services, all of whom rated Jigsaw highly).

In relation to suggested improvements, there are three key findings: *firstly*, is the need for Jigsaw to raise awareness of its services and who they are specifically for. *Secondly*, the majority of service providers who deliver services to young people operate in isolation from each other, though many of the services could be complementary and work more collaboratively. There is a need for greater levels of collaboration, cooperation, and opportunities to develop shared procedures and protocols all around the country. This point applies outside of the health domain to include youth work services. In short, the development of a shared youth mental health strategy, which provides guidance on good governance, standards and complementarities would go a long way to enhancing and ensuring more robust services for young people. *Thirdly*, other mental health related service providers request that Jigsaw review its clinical threshold levels and definitions for taking referrals so that in more cases risk can be reduced and these young people can be seen by Jigsaw clinicians. The following gives a summary of the recommendations which are explained in greater detail in Section 5.2.

¹ This included four NGOs and a representative of HSE Specialist Addiction Services

Summary of the Recommendations for joint consideration by Jigsaw and the HSE

1	Invest in and prioritise raising awareness of Jigsaw and its services.
2	All CAMHS should implement the national standard operating procedure in relation to accepting referrals from Jigsaw.
3	A similar operating procedure regarding referrals from Jigsaw should be agreed with AMHS.
4	Develop a collaborative strategy for increasing mental health literacy using targeted approaches, i.e. aimed at young people and the general population.
5	Request the Department of Education and Skills to prioritise and support greater co-ordination of Health and Wellbeing programmes in schools in the context of the new Wellbeing curriculum introduced to the Junior Cycle of secondary schools in 2017.
6	Explore improving linkages and responses between Jigsaw and HSE family therapy services.
7	A value for money audit should be carried out across all youth mental health services commissioned and delivered by the HSE.
8	Jigsaw should continue to enhance its data analytics to ensure consistency across locations and include more qualitative data. The goal should be full transparency, total accountability and rigour of any analysis presented. The Jigsaw Data System should also be utilised to generate regular service provision reports to the HSE.
9	Jigsaw should consider tracking data in relation to repeat clients and evaluating the impact of a service on a young person longitudinally after the young person has left the service.
10	Jigsaw should acknowledge the needs and differences of working with and responding to young people in urban and in rural locations.
11	Given the strong association with youth mental health needs, Jigsaw should provide additional training for clinical staff in relation to self-harm and substance misuse given the overlap of these issues with youth mental health more broadly.
12	In keeping with Jigsaw's strategy for 2018-2020, Jigsaw should work with partner agencies such as the HSE in supporting mental health and increasing mental health literacy at community and population levels.
13	Also in keeping with Jigsaw's strategy for 2018-2020, online resources and supports should be developed in consultation with other mental health services, including the HSE. Consideration should be given specifically to offering online supports to those waiting for an appointment where there are potential delays and to partnering with others on the development and sharing of online content and online messaging.
14	Promote the use of more diverse images in local Jigsaw environments relating to minority communities, e.g. LGBT+, Travellers and the migrant community.
15	All local Jigsaw sites should carry out a standard evaluation every 2-3 years.
16	Host youth mental health support planning days for all agencies working to meet youth mental health across Ireland, including youth work services, community organisations and health services.
17	Roll out more Jigsaw services across the country, prioritising areas with the greatest need and where partners are willing to collaborate.
18	Work on further clarifying Jigsaw's identity, reflected in external communications, to address the challenge of providing a care service in a sector (mental health) widely perceived as secondary care.
19	Invest in more resources for youth work services to facilitate collaboration with Jigsaw which will contribute to primary suicide prevention and the promotion of positive mental health for young people.

1. Background to the Evaluation

1.1 Introduction

This evaluation was commissioned by the Health Service Executive in order to better understand Jigsaw's approach to youth mental health and the service fit alongside other youth mental health services. This evaluation relates to Actions 3.3.6 and 4.2.1 of 'Connecting for Life' 2015-2020 (Action Plan for Suicide Prevention) and is in keeping with the Youth Mental Health Task Force² report (Department of Health, 2017). Community Consultants (lead researcher Dr. Maria Power) conducted the evaluation between March and July 2018. Members of the Advisory Group are listed in Appendix Ai. The evaluation specifically included the following:

1. **Analysis of observable evidence:** Observable evidence of data that is routinely collected by Jigsaw based on referrals, service delivery and outcomes.
2. **Process tracking:** An overview, in a descriptive manner, of a typical user-journey for a young person who approaches a Jigsaw service for mental health support.
3. **Key informant interviews:** Interviews with people internal and external to Jigsaw who provided an informed view of a local Jigsaw service. It included local primary care and mental health professionals, as well as representatives of local youth and mental health community organisations. Interviews were also conducted with internal Jigsaw staff at both national and local level. As youth participation is an essential element of the service model, young people's experience of Jigsaw and the service they received was also sought.
4. **Media tracking:** This review was focused on media coverage of Jigsaw locally and nationally, including social media coverage.

Specific evaluation questions of interest:

- How long does it take to set up a local Jigsaw and deliver a full range of services?
- What is the nature of engagement with local primary care service providers and with mental health service providers?
- What is the perception of local service providers of Jigsaw and its degree of 'fit' within the community?
- How do young people access Jigsaw services, i.e. what is the referral pathway?
- What problems and issues do young people present to Jigsaw with?
- What are the characteristics of people who present to Jigsaw services? (e.g. age, gender, socio-demographics)
- What are the mental health and wellbeing outcomes for young people who access and engage with Jigsaw services?
- What is the impact of other areas of work conducted by Jigsaw, including community capacity building, research and evaluation?

² Several stakeholders referred to the Task Force as a Forum.

1.2 Methodology

The evaluation was carried out using mixed methods and specifically included the following:

- Meeting with HSE Mental Health Operations and Jigsaw national office staff to agree the evaluation framework.
- Setting up a small Advisory Group to guide the evaluation around clinical governance, data analysis and community/youth engagement (see membership of this group in Appendix Ai).
- Semi-structured, recorded interviews with key informants based at the Jigsaw national office, i.e. Programme Director, Director of Clinical Governance, Education and Training Manager, Research Coordinator, Youth Engagement Co-ordinator and telephone interviews with the Funding and Communications Manager and the Quality Assurance Manager (see list of names in Appendix Aii).
- Semi-structured, recorded interviews with Operations and Clinical Managers at four Jigsaw sites, i.e. Cork metropolitan area, Dublin city centre, Galway and Kerry. These sites were chosen to provide variation in relation to the length of time since each service was established, and included both urban and rural locations (see list of participants in Appendix Aiii). Interviews were focused on the questions summarised in the topic guide in Appendix B.
- An online survey was offered to all GPs in the Cork/Kerry CHO area (see survey questions in Appendix C). The survey link was sent to over 400 GPs via email and 74 responded (a response rate of 18.5%)
- An online survey was sent to HSE CAMHS consultant psychiatrists. The survey link was sent to 36 staff who were on a HSE email listing. However difficulties arose with the listing not being fully accurate, some staff were blocked (by firewalls) from accessing the link and only five psychiatrists completed the survey (this is addressed below under limitations).
- We requested input from the College of Psychiatrists in Ireland who declined to participate.
- An online survey was circulated to youth workers who are members of Youth Work Ireland. The survey link was sent to 21 regional managers via email, who in turn forwarded the survey link to youth workers³. 26 youth workers from nine locations responded.
- Feedback from service users, aged 12-25, of the Dublin city Jigsaw service were invited by letter to participate in two focus groups. However, the response rate to this invitation was very poor. A second attempt was made by inviting (verbally and in writing) service users over the age of 18 from the Dublin 15, Limerick, Meath & Kerry Jigsaw services to participate in a confidential one to one telephone interview with the researcher (see invitation letter in Appendix D). Eight young people were invited to participate and eight agreed to take part.
- Semi-structured telephone interviews were carried out with senior representatives of five community based mental health organisations / services.
- A review of existing relevant documentation was carried out (see reference list on page 53).
- Data was analysed by transcribing interview recordings, listening to all recordings twice and carrying out a thematic analysis.
- Key data sets were requested and provided by the Jigsaw national office, including data relating to the four local sites where original fieldwork was conducted.
- These data were analysed, along with key findings from three online surveys and the collated feedback from interviews with eight young people and the five community based mental health organisations / services.
- The later stages of the evaluation included the preparation of a draft report, which was reviewed by a General Manager in HSE Mental Health Operations, Jigsaw national office and the advisory group to the evaluation process.
- The report was finalised in October 2018.

³ It was not possible to determine the total number of youth workers who were sent the survey for completion. There are approximately 900 youth workers, but not all regional managers forwarded the survey and not all youth workers on receipt of the survey completed it.

Limitations

While the evaluation methodologies overall were robust in their breadth and scope, access to some data was limited. In particular the level of input by young people was low and HSE CAMHS psychiatrists did not input in sufficient numbers to meaningfully incorporate into the evaluation. Similarly, the response from youth workers was relatively low and some of those who did respond were from outside of a Jigsaw service catchment area, which obviously has an influence on their insights and views. Future research of this nature should consider the inclusion of input from across CAMHS teams to include disciplines other than psychiatry. Future research should also facilitate more robust engagement with the youth work sector.



2. Youth Mental Health

2.1 Introduction

Mental health is more than the absence of a mental disorder. The positive dimension of mental health is stressed in the WHO's definition of health as contained in its constitution:

“Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (2003).

Mental health has also been defined as a state of wellbeing whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health promotion is about enhancing the competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health is important for all of us and anyone can experience a mental health difficulty which is why broad public health approaches to mental health promotion are important.

At the same time, the risk of experiencing mental health difficulty is higher among the poor, homeless, the unemployed, persons with low education attainment, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and men and the neglected elderly. The particular needs of these population groups can be met by the development of targeted, quality mental health service provision.

For all of us, mental, physical and social health are closely interwoven strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall wellbeing of our populations. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere near the same importance as physical health. Rather, they have been largely ignored or neglected.

Jigsaw was established in Ireland in 2006 to address the mental health concerns of young people, but in particular to respond to young people between the ages of 12 and 25, with a mild to moderate mental health concern, where a short term intervention is appropriate. Jigsaw's mission statement is stated as: *‘We advance the mental health of young people in Ireland (age 12-25) by influencing change, strengthening communities and delivering services through our evidence-informed early intervention and prevention approach’.*

2.2 Policy Framework

Vision for Change: Report of the Expert Group on Mental Health Policy 2006

A Vision for Change remains an important policy document which is generally regarded as a robust mental health policy. Currently undergoing a review, A Vision for Change sets out a framework encompassing community supports, primary care services and mental health services as represented in Figure 1 on the next page.



Figure 1: A framework for a comprehensive mental health policy (Adapted from WHO, 2003)

The pyramid represents the total population. Individuals move through different levels of support and service, from informal care and support in their own community to primary care, to mental health services, based on their mental health needs. These elements of the mental health system are not mutually exclusive but are closely integrated and rely on each of the other elements. For example, an individual who is attending a mental health service still needs the support of their family, community and their GP.

For most people affected by mental health problems, these difficulties usually resolve themselves after a time with some social support. Informal care and support offered by family and friends – and perhaps having a confidant – can be a great help. A person can take simple steps, such as getting more sleep and making minor lifestyle changes. Self-help and support groups, and a host of other community groups and resources, may also play an important role. Mental health difficulties or emotional distress experienced at this level are usually related to the type of problems that anybody can encounter through the course of life: job loss, relationship difficulties, bereavement and similar life events.

The Jigsaw service model sits in the middle of this pyramid, working with communities at a universal level and linking with mental health services at specialist level for moderate to severe concerns. Jigsaw is a primary care youth mental health service providing early intervention supports for young people experiencing mild to moderate mental health difficulties.

Currently, Vision for Change is being updated and reviewed. This refresh may present an opportunity for youth mental health service providers to influence the future direction of services and identify the collaborations required.

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 - 2020

Ireland's national suicide prevention strategy, 'Connecting for Life', identifies young people as a priority group. The strategy includes a range of actions across seven goals which address mental health promotion, access to services and innovation in service provision. Among the actions in the strategy with direct relevance to Jigsaw are the following:

- Action 3.3.6** Deliver early intervention and psychological support services for young people at primary care level (led by Primary Care with Mental Health as a key partner)
- Action 4.2.1** Deliver accessible, uniform, evidence based psychological interventions, including counselling for mental health problems in both primary and secondary care levels.

Actions in relation to the education sector are likely to be relevant to Jigsaw, also in the context of the Jigsaw schools-based work. Complementing the national strategy, there are 17 local/county ‘Connecting for Life’ action plans across Ireland, some of which specifically reference Jigsaw as a lead or key partner in certain actions. These actions include service related activity, but also emphasize the potential reach of Jigsaw’s training for parents, youth workers and others with an interest and a role in supporting youth mental health.

National Youth Mental Health Task Force Report 2017

A National Youth Mental Health Task Force was convened in 2016 following a commitment from the Programme for Partnership Government to broaden the provision of mental health support for young people. The Task Force was concerned with young people from 0–25 years old and it aimed to align the full range of supports available to support youth mental health including public, private, community and voluntary supports. Of particular interest, the Task Force was charged with being innovative in its approach and was encouraged to leverage “technology, online platforms, social media, the education system and existing services to achieve its aims” (Department of Health website, accessed June 27, 2018). Following six meetings between 2016 and 2017, the Task Force reported in late 2017 and made a series of recommendations under the ten headings:

- Consultation and Advocacy
- Awareness and Training
- Online Youth Mental Health Supports
- Supporting Families to Promote Mental Health in Young People
- Schools and Youth Mental Health
- Mental Health Supports in Third Level Education
- Community Supports for Youth Mental Health
- Accessibility and Alignment of Mental Health Services
- Consent Issues
- Improving Knowledge through Research

Across these ten action areas, the Task Force made 22 specific recommendations. Many of those recommendations are directly relevant to the work of Jigsaw, including the following:

Recommendation 2.2 Sustained, quality-assured and evidence-based training programmes should be funded to provide support to individuals in the public, voluntary and community sectors who have contact with young people so that those trained might be in a better position to promote positive mental health.

Recommendation 10.1 A funded strategic national research programme on youth mental health will be developed. (Note: this recommendation is particularly relevant in the context of the My World Survey).

Mental Health Commission Annual Report 2017

The Mental Health Commission is the regulator for mental health services in Ireland. The Mental Health Commission Annual Report 2017 described Jigsaw, as “the National Centre for Youth Mental Health which provides a primary care service for young people from 12 to 25 years” and noted that Jigsaw receives 94% of its funding from the HSE with the remaining 6% coming from donations and fundraising.

As part of the Commission’s 2017 findings, the report identified that community CAMHS teams are inadequately staffed. Overall, staffing of CAMHS teams is only 60% of that recommended by ‘A Vision for Change’ and we know that services in some areas are severely impacted, e.g. the South

East region. Funding of mental health services per capita for young people under the age of 18 varies considerably across Community Healthcare Organisations (CHO), from €40 per visit in CHO 5 to €92 in CHO2. With approximately 2,400 children and young people with mental disorders on the waiting list for CAMHS in 2017, over 200 were waiting for more than a year. This report also states ‘although the HSE Standard Operating Procedure states that Jigsaw can make direct referrals to CAMHS, some CAMHS do not accept these referrals, instead insisting that the young person go to their GP for a referral. This causes delays and puts another step in the process that is already difficult for the young person and their family.’

2.3 Jigsaw: Evidence Base and Strategy

My World Survey

The ‘My World Survey’ was developed by Jigsaw (previously known as Headstrong) in conjunction with the Department of Psychology at UCD. The fieldwork was carried out during 2010-2011 and the final report was published in 2012. This study involved 6,085 adolescents and 8,221 young adults. This research reported that the number one health issue for young people is their mental health. Mental health has been defined as a state of wellbeing in which the individual recognises their own abilities and is able to cope with normal daily stresses in life (WHO, 2006). About 70% of health problems among young people arise as a result of mental health difficulties and substance misuse disorders. In terms of age of onset, it is estimated that 50% of all mental disorders emerge by age 14, rising to 75% by age 24 (Kessler et al, 2007).

The Jigsaw service model responds to the needs and assessment techniques identified in this research. A ‘My World Survey 2’ is commencing data collection in 2018.



Jigsaw Strategy 2018 – 2020

Jigsaw has identified three strategic priorities to be delivered over the next three years:

Priorities to be delivered over three years: 2018–2020		By aiming to:
We will Influence Change	Communicate widely Jigsaw’s prevention and early intervention approach to youth mental health	
	Deliver robust research and evidence to better inform systems change and effective service delivery and to increase our collective understanding of youth mental health	
	Be a strong voice in influencing public policy and conversation, through an evidence-informed approach	
We will Strengthen Communities	Increase awareness of the collective role of communities in supporting young people’s mental health and enhance the mental health literacy of the entire population	
	Improve our collaboration and partnerships with other services, to create a more integrated system of mental health care for young people	
	Build confidence and competence of young people, their families, communities and other settings to support young people’s mental health	
We will Deliver Services	Provide an early intervention mental health service for 12-25 year olds in local communities that is accessible, visible, impactful, inclusive and timely	
	Evolve and enhance our Jigsaw services for young people	
	Open additional Jigsaw services so more young people can access the service in their own community	
	Develop e-mental health supports for young people, their families and those around them	

2.4 Relevant Service Areas

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) is a free specialist service for children and adolescents with moderate to severe mental health difficulties. The service caters for young people up to the age of 18.

The range of mental health problems experienced by children and teenagers seen by CAMHS is broad and can include: anxiety; eating disorders; depression; psychosis; ADHD; complex bereavement; and, school related problems. Referrals to CAMHS are usually made by a GP.

The CAMHS team is made up of health professionals who are experienced in working with children and teenagers with mental health difficulties. The team is typically made up of a consultant child and adolescent psychiatrist, registrar, clinical psychologist, clinical nurse specialist, social worker, speech and language therapist, occupational therapist and administrative staff. There is a series of videos on yourmentalhealth.ie, which were developed by staff working within the CAMHS services, to give introductory information on how their service fits within wider mental health services.

Jigsaw services may receive referrals from CAMHS in certain parts of the country and will also refer onwards to CAMHS for more complex cases. In 2017, just over 5% of referrals onwards from Jigsaw

were to a CAMHS team and a small percentage (just under 2%) of referrals received by Jigsaw were from CAMHS. It is disappointing that some CAMHS services refuse to accept referrals from Jigsaw, which runs counter to a seamless and person-centred pathway for young people with mental health difficulties.

Adult Mental Health Services (AMHS) work with people with moderate to severe mental health difficulties from the age of 18. Jigsaw also refers to this HSE service where the needs identified by Jigsaw are assessed as moderate to severe. As will be reported later in this report between Jigsaw and AMHS vary widely.

Primary Care

Many primary care practitioners have responsibility for responding to youth mental health concerns but in particular the GP has a central role in referring, taking referrals and often understanding the young person's health from a longitudinal and holistic perspective, which will include knowledge of family, community and other influences. Other primary care practitioners such as public health nurses and psychologists all have a role to play in youth mental health, particularly at prevention and early intervention levels. Recent developments such as the Counselling in Primary Care service is particularly relevant in supporting the mental health needs of young people over 18 (overlapping with the older end of the age spectrum supported by Jigsaw). Primary Care Psychology have recently been planning the roll-out of two online CBT-based resources through newly appointed assistant psychologists and these resources (called *Mindwise* and *Pesky Gnats*) may meet low level mental health need and provide a level of support to anyone awaiting an appointment with a psychologist.

Digital Mental Health Supports

While the National Youth Mental Health Task Force called for the leveraging of technology and online platforms in supporting youth mental health, there is little coordination of the digital mental health sector in Ireland. Nevertheless, there are a number of well-established resources and services that can be accessed online. These include: information based resources such as ReachOut.com and SpunOut.ie; supports such as popular mobile apps like Headspace Guided Meditation and Blue Ice; and services such as Turn2me online counselling (for over 18s). The Health Service Executive has strong online mental health promotion and a social media presence, through YourMentalHealth.ie and the 'Little Things' campaign. The HSE is currently developing a Digital Mental Health Supports Project (see overview on next page), which will see an enhancement of online signposting and the provision of engaging digital content. The potential for further developments in digital mental health support for youth mental health, in particular, is underlined by research into help-seeking behaviour and preferences (including the My World Survey), which confirms the increasing willingness of young people to use online supports. Jigsaw is also in the process of developing its own online mental health resources and supports.

'Developing Digital Mental Health Supports in Ireland'



Figure 2: Presentation at Digital Mental Health Conference September 2018



3. Jigsaw

3.1 Overview of Jigsaw Service Model

The Jigsaw service model was designed using ecological systems theory (Bronfenbrenner, 1979) which considers the developing person in relation to the social environment. The multifaceted ecology of a young person's life is presented in Figure 3, showing that there are many factors that shape the way a young person thinks, feels, and behaves. The family is typically the most immediate and influential system in the young person's world. There are also broader influences that affect a young person's life, including friends, the school environment, the neighbourhood, and the numerous services, organisations, and institutions that make up a community. The systems that surround a young person intersect, but they are not necessarily connected in ways that support a young person in their journey toward adulthood. Jigsaw recognises the importance of integrating services and supports for young people in ways that can facilitate their growth and development, and in particular, in ways that will support their mental health and wellbeing. This systems-based understanding of the relationships that define a young person's life provides a holistic framework for considering the needs of a young person. It also helps to establish integrative interventions designed to address these needs. Some influences in a young person's life can be modified or enhanced directly through planned interventions (e.g. the support they receive from family and friends), but others (e.g. cultural norms, societal expectations) are more difficult to change. Jigsaw believes that a comprehensive and holistic approach to systems change is required if meaningful and sustainable changes are to occur for young people in Ireland. This approach prescribes that a range of systems need to be targeted for capacity building in communities. (e.g. families, peers, schools, youth work, primary & specialised care, the community as a whole). Thus, Jigsaw is about re-engineering systems of services and supports. The challenge for Headstrong in designing Jigsaw was not just to consider an expansion of current services and supports, but rather to think differently about how to address the unique needs of young people in Ireland. The objective of Jigsaw is systems transformation.

As illustrated below, young people are embedded in communities and every single young person has a uniquely personal community map. Their primary interaction is with family, friends, and peers and the nature of this interaction is also mediated and influenced by the services and workplace systems with which they engage.

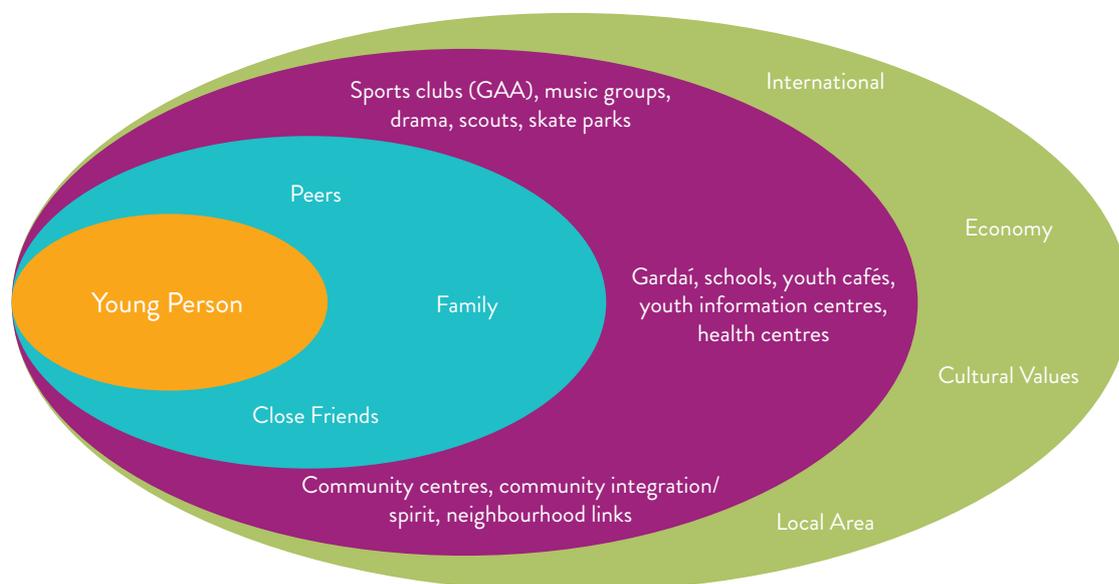


Figure 3: Ecology of a young person's life, Bronfenbrenner, 1979.

Young people are influenced by the cultural norms and values, and by the attitudes to mental health and wellbeing that prevail within the neighbourhoods and within the formal and informal networks and institutions in which they live and move.

Jigsaw offers a service to young people which complements and strengthens what is currently available within the primary care system. The strength of the Jigsaw model is that it recognises the complexity of the lives of young people and addresses this by connecting not just with the health system but also with their communities through the education, youth and justice sectors. Jigsaw aims to complement other mental health services, and to contribute to the integration of these services so that they can work together to support young people's mental health in their own communities (O'Keeffe et al., 2015). Jigsaw is not intended to supplant or replace other mental health services and supports (Clayton & Illback, 2013). Rather, it is proposed that the experience of young people with mental health problems will be improved if each service across the continuum of mental health care works collaboratively and cohesively within their scope of practice.

3.2 Where Jigsaw fits in the Mental Health Service Framework

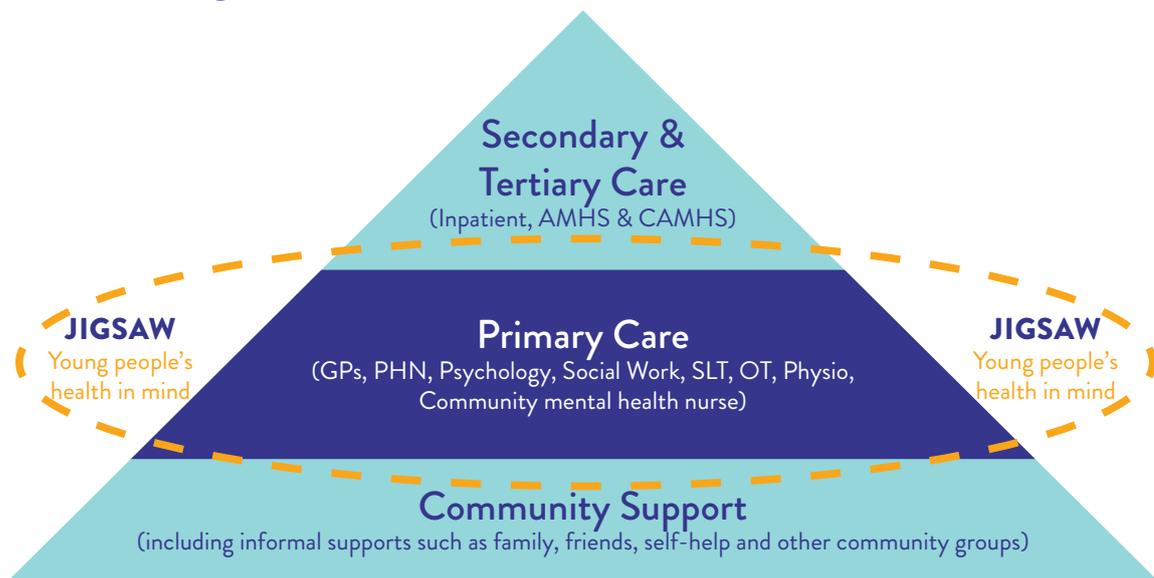


Figure 4: Mental Health Service Framework

Jigsaw has 13 sites nationwide all of which provide brief intervention and support for young people age 12 to 25 with mild to moderate mental health difficulties. Each Jigsaw site has a typical organisation structure comprising of an operational and a clinical manager, clinical support staff, youth and community engagement officer and an administrator. Regional clinical and operational managers support a number of sites and in turn report into the Programme Director and Director of Clinical Governance. Central support in terms of HR, Finance, ICT, Education & Training, Research & Evaluation, Youth Participation, Communications and Quality Assurance are provided by a team in Jigsaw National Office. Clinical staffing is multidisciplinary with backgrounds in clinical/educational/counselling psychology, social work, occupational therapy and mental health nursing. Jigsaw has a total staff of 130⁴ and met with approximately 5,000 young people during 2017.

Young people are referred to Jigsaw by GPs, CAMHS and through self-referral, including parents. Waiting times for appointments is two to three weeks in some locations, up to four on average but can be longer at sites when there are staff shortages. For young people with more severe mental health difficulties, Jigsaw refer to CAMHS specialist services, notifying the young person's GP of the referral (see sample letter in Appendix J).

⁴ Whole Time Equivalents (wte).

Education programmes and information is provided by Jigsaw to schools, GPs, CAMHS and other agencies such as Tusla, Youth and LGBT+ organisations. Jigsaw offer Youth Mental Health workshops, train young people to become Peer Educators in schools and each local Jigsaw service has a Youth Advisory Panel which engages in both local and national events.

‘Jigsaw provides a much needed primary care service for young people with mild to moderate mental health difficulties. It has easy and acceptable access to its services for both young people and their families. There is excellent involvement by young people in the organisation’ (Mental Health Commission, 2017).

3.3 Evaluation Overview of Jigsaw Service Model



Figure 5: The Jigsaw service model was evaluated at the three levels shown above, focusing on the questions summarised in the topic guide in Appendix B.



4. Evaluation Findings

The following analysis is presented in accordance with the key questions proposed in this evaluation (see page 6). Information about the Jigsaw service model is presented initially (4.1) followed by data analysis highlighting the national Jigsaw perspective (4.2). The data in section 4.3 is presented as a result of collating and analysing all the information gathered from the interviews carried out at the four local Jigsaw sites (Dublin, Galway, Cork and Kerry) and the final section 4.4 presents data from the perspective of external stakeholders.

4.1 Jigsaw Service Model

All Jigsaw sites are provided with guidelines, standard operating procedures, frameworks and assessment tools. Regular training is offered in peer networking groups. Data is recorded at each local site using an internal online system which provides real time data to the national office. Internally the system is known as JDS (Jigsaw Data System) designed by Jigsaw in partnership with REACH, Louisville, Kentucky.

Twenty-nine staff are employed at national/regional level and the lead roles⁵ in relation to services at national level are as follows: CEO, Director of Clinical Governance, Programme Director, Director of Finance, Head of Quality, IT & Facilities, Education and Training Manager, Research and Evaluation Co-ordinator, Youth Engagement Programme Manager, Head of Communications and Fundraising. Additional administrative staff are also located at the national office. At local level, typically there is a Clinical Manager, plus Clinical support staff, an Operations Manager, Youth Engagement Worker and administration staff. Clinical staff come from a range of disciplines such as social work, occupational therapy, clinical/counselling/educational psychology and mental health nursing. Jigsaw staff call this organisational structure ‘transdisciplinary’. In total Jigsaw currently has a staff complement of 130, with 101 of these working at local level.

The service model, which is overviewed at 4.1.1, aims to provide goal focused, evidence based interventions for young people. At the four sites visited, young people are seen within 3-4 weeks after initial assessment. However, it is acknowledged by Jigsaw and stated by some young people who took part in interviews, that there are longer delays in other locations.

On average, 16 in-person sessions are scheduled per week for each clinician. The range of evidence informed, therapeutic approaches used in Jigsaw include cognitive behavioural therapy, solution focused therapy, compassion focused therapy, emotion focused therapy, systemic therapeutic approaches and motivational interviewing, amongst others. Initial screening of young people takes 30-40 minutes and if deemed a suitable candidate for Jigsaw, a comprehensive mental health assessment is carried out which takes approximately one hour⁶. Those that are not suitable for a Jigsaw service are referred to another service, including GPs. See sample referral letter in Appendix J.

Jigsaw services are primarily promoted locally through staff giving presentations/workshops aimed at schools, colleges, youth and community organisations, related services such as drug and alcohol, GPs and CAMHS/AMHS in some places. Local sites stated that ‘in recent times, more referrals are coming in from previous service users or friends who have knowledge of the service’ (Jigsaw Galway and Dublin). This is confirmed by young people. Once a young person/parent contacts Jigsaw, they are

⁵ Lead roles have staff teams under their responsibility.

⁶ Donegal is the exception, due to long travel distances, comprehensive assessments are only used with young people who contact Jigsaw directly and attend a first appointment.

offered the next available appointment. If the young person/parent reports that they cannot wait for the proposed appointment or if there are other indications of complexity at this point, a clinician will call them back to conduct a screening of their needs over the phone.

Several staff mentioned that the Jigsaw model operates like a business/corporate model, with a high level of central control. This model appears to attract highly qualified and highly motivated staff to a working environment which allows clinicians to have more direct time with clients. This is borne out by the high level of centralised ICT, media monitoring, fundraising, research, education/training and co-ordination of events, training and policy development that takes place at national level. Some staff in their interviews suggested that the Jigsaw environment attracts personnel who have attained multiple qualifications (many up to masters level and above), have gained significant experience elsewhere including abroad and proactively choose to be part of the Jigsaw service model due in part to the supports being offered by the national office.

4.1.1 Service Process & Pathways

Referral guidelines and forms are shown in Appendix E. Definitions of Brief Contact, Brief Intervention and the assessment tools used are given below, followed by an overview of a typical pathway for a young person contacting and attending Jigsaw.

Definitions

Case Consultation: A parent, guardian, teacher or another individual contacts Jigsaw for information and/or advice about a young person's mental health needs.

Brief Contact: A young person attends a Jigsaw service for an in-person screening of their needs with a mental health professional. They may attend once or twice for information and advice.

Brief Intervention: Following the in-person screening and initial assessment sessions, a young person attends a Jigsaw service for up to six sessions of therapeutic support with a mental health professional.

Assessment Tools

Where a young person is deemed suitable for a service (after initial assessment by a clinician), they are offered an appointment where a comprehensive assessment known as the HEADSS is carried out – see sample framework in Appendix F.

In addition, the Clinical Outcomes in Routine Evaluation (CORE) is the psychometric tool used by Jigsaw to assess the psychological distress of young people both at the beginning and end of the person's time at Jigsaw. This tool is primarily a quantitative measurement and qualitative data is kept in case notes only. It was acknowledged by several staff that more qualitative data needs to be captured and presented in order to understand more comprehensively the lived experience of young people. The Jigsaw protocol is to administer the YP-CORE (Young Person-CORE) to assess psychological distress for 12–16 year-olds and to administer the CORE-10 for those aged 17 years and older. See guide below and sample templates in Appendix F. CORE Time 1 is administered at Brief Contact (pre-intervention) and CORE Time 2 is administered after a young person has transitioned to Brief Intervention and completed their therapeutic engagement with Jigsaw.

The following guide is used for broad interpretation of the CORE-10 scores:

Total Score	Interpretation
0-5	Healthy
>5 – 10	Low level problems
>10 – 15	Mild psychological distress
>15 – 20	Moderate distress
>20 – 25	Moderately severe
>25 – 30	Severe psychological distress

For the YP-CORE scores (those aged under 17), clinical range is dependent on age and gender, as set out in the table below:

Gender	Age	YP-CORE non-clinical range	YP-CORE clinical range
Male	12-13	0-10	11 or greater
	14-16	0-14	15 or greater
Female	12-13	0-14	15 or greater
	14-16	0-15	16 or greater

Improvement determined as reliable change for the YP-CORE is also age and gender determined as set out in Table 3 below.

Gender	Age	YP-CORE scores must change by more than:
Male	12-16	8 points
Female	12-13	8 points
	14-16	7 points

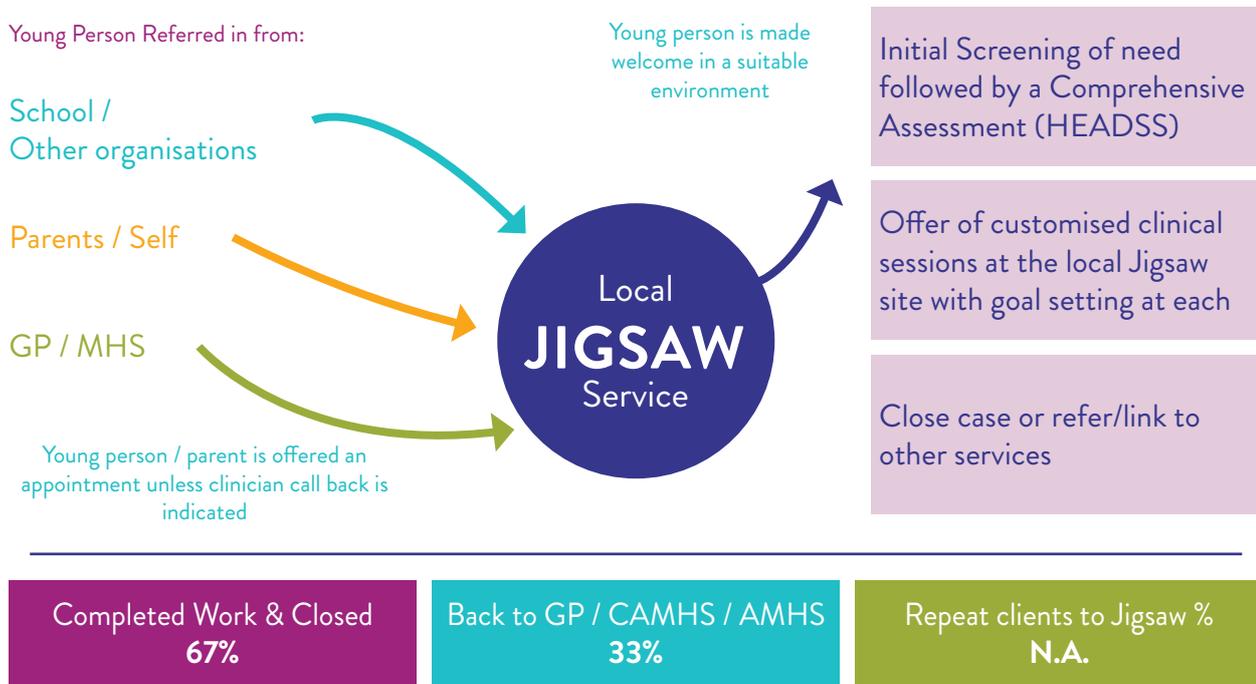


Figure 6: Typical pathway for a young person accessing a Jigsaw service

- 12.2% receive a ‘Brief Contact’ and these cases are then closed or referred to another service as they do not require /are not suitable for a brief intervention in Jigsaw.
- 51% of ‘Brief Contacts’ go on to receive a service of up to six therapeutic sessions in total.
- On average each clinician provides 16-18 in-person sessions per week.
- Detailed letters are provided to GPs/CAMHS/AMHS if being referred on.

4.1.2 Referrals to other Services

Almost 70% of young people are not referred on to other services as their needs have been met. However, of the 30% referred most are to GPs⁷, CAMHS or AMHS. In some instances, young people are linked into a youth service or sporting organisation and parents can be linked to a local Family Resource Centre (FRC) or Family Support Project (FSP). The relationship with CAMHS in many instances was reported as very positive, but this was not always the case depending on the location and the team involved. Standard Operating Procedures (SOPs)⁸ are in place for Jigsaw and CAMHS and this makes collaboration and referral to each other clearer and more efficient. In many cases, CAMHS take referrals directly from Jigsaw (who also inform the relevant GP) but in some locations, CAMHS request that the referral comes directly from the GP, this is despite the Standard Operating Procedures specifying Jigsaw as a referring agent. This can add to delays for the young person seeking a service.

In most cases identified through interviews, it was reported that the relationship with the Adult Mental Health Services (AMHS) is more distant and not always active in some locations. This relationship between Jigsaw and AMHS can be inconsistent due in part to the high turnover of staff, no agreed Standard Operating Procedures, and the age range that the two services accommodate are different where the overlap is between the age of 18 and 25 only. The exception to this was Cork who reported an excellent relationship with AMHS both in terms of referring in and across to each other. While there are no Standard Operating Procedures and no formal arrangements, the clinical manager in Cork has regular contact with several AMHS teams. Once the young person gives permission both Jigsaw and AMHS refer, discuss and listen to each other’s clinical analysis for the benefit of the young person. The Kerry Jigsaw service stated that their relationship with AMHS is improving slowly.

⁷ Though GPs do not require a referral as the public including young people can access them directly.

⁸ The Standard Operating Procedure for CAMHS has been reviewed and new guidelines are imminent.

Links are also made with the community drug and alcohol workers, Pieta House, Tusla (CYPSC and Social Work teams), Mental Health Ireland, Aware, Samaritans and with external counselling services. Feedback from external stakeholders is given in section 4.4.

4.1.3 Youth Participation

Youth participation is governed by the Jigsaw charter shown in Appendix G. Youth participation is an ongoing challenge, and requires continuing work and support. The particular structure utilised by Jigsaw is the formation of Youth Advisory Panels (YAPs) at each Jigsaw site. YAPs are generally made up of 8-12 young people aged between 16 and 25, who live in the local area and who meet on a monthly basis. Young people are recruited online, through sporting organisations and youth services and include Jigsaw service users. The focus of these panels is on influencing local mental health literacy⁹, giving peer workshops once trained, participating on national sub-committees and interview panels. See activities that members of YAP participate in graph on the next page.

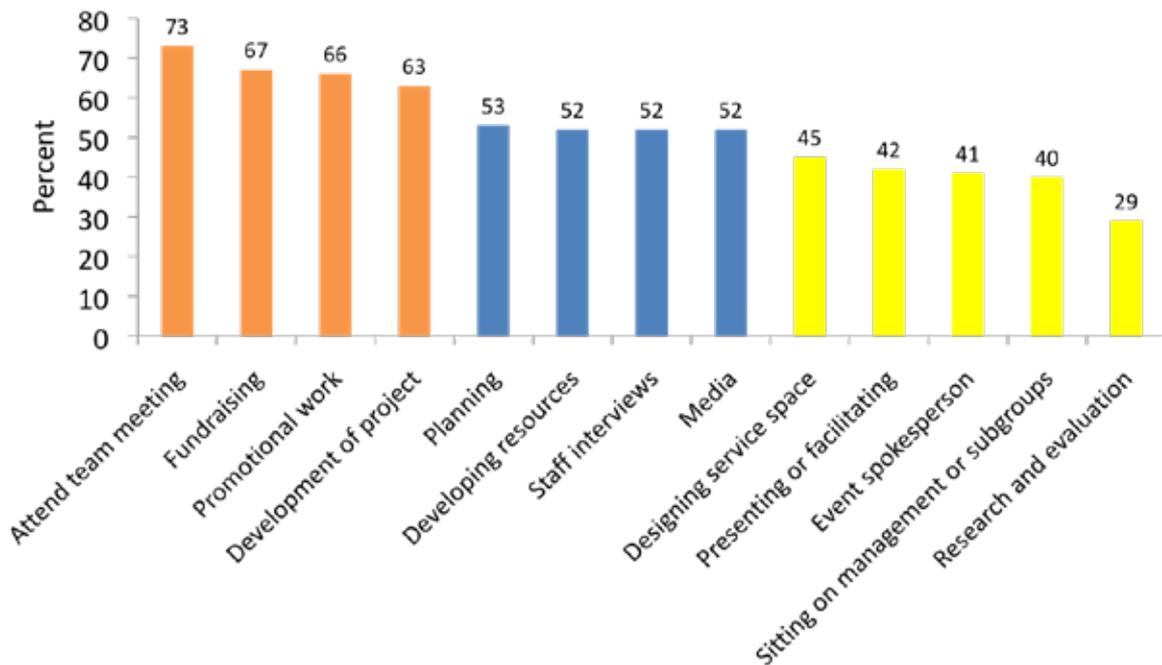


Figure 7: Activities of Youth Advisory Panel members

Youth participation is measured through TEPPS (see Appendix G for full explanation) and qualitative feedback is sought twice a year. YAPs are supported by the Youth and Community Engagement Officer at local level, who is provided with a range resource of resource materials. These local officers are supported at national level by the Youth Engagement Co-ordinator. At national level, the Co-ordinator links with other partners such as Comhairle na nOg, CYPSC, Youth Mental Health Special Interest Group¹⁰ and NYCI.

4.1.4 Community Engagement

In most of the interviews held, the term community engagement was primarily used to indicate work with schools and in some locations with youth organisations and NGOs such as Pieta House. Community engagement is primarily the responsibility of Operations Managers. Engagement generally takes the form of providing and receiving training from each other and co-hosting conferences and events. In some locations, e.g. Dublin city and Swords in Co. Dublin, Jigsaw co-locates with a partner and this is a model which Jigsaw is keen to replicate.

⁹ Jigsaw definition of mental health literacy: Increasing understanding of mental health; promoting help seeking and reducing stigma.

¹⁰ Youth Mental Health Special Interest Group comprises of representatives from services and institutions with an interest in youth mental health across the country.

Co-ordinators at the national office confirmed that a specific focus is maintained on disadvantaged areas (by locating Jigsaw sites in areas of socio-economic disadvantage), working with DEIS schools, and working directly with minority communities, e.g. LGBT+, Travellers and the migrant community. However, there are often additional complexities for young people living in these areas/communities, e.g. local threat of gangland violence/drugs, extended familial problems and in some areas there can be very few recreational or culturally appropriate opportunities for young people. These complexities can result in slower engagement and improvements when these young people attend Jigsaw for a service.

Jigsaw national office is currently in the process of developing their new community engagement strategy focused on ‘strengthening communities’.

The chart below highlights the number of contacts with other service providers. Contacts include meetings, telephone and email contact.

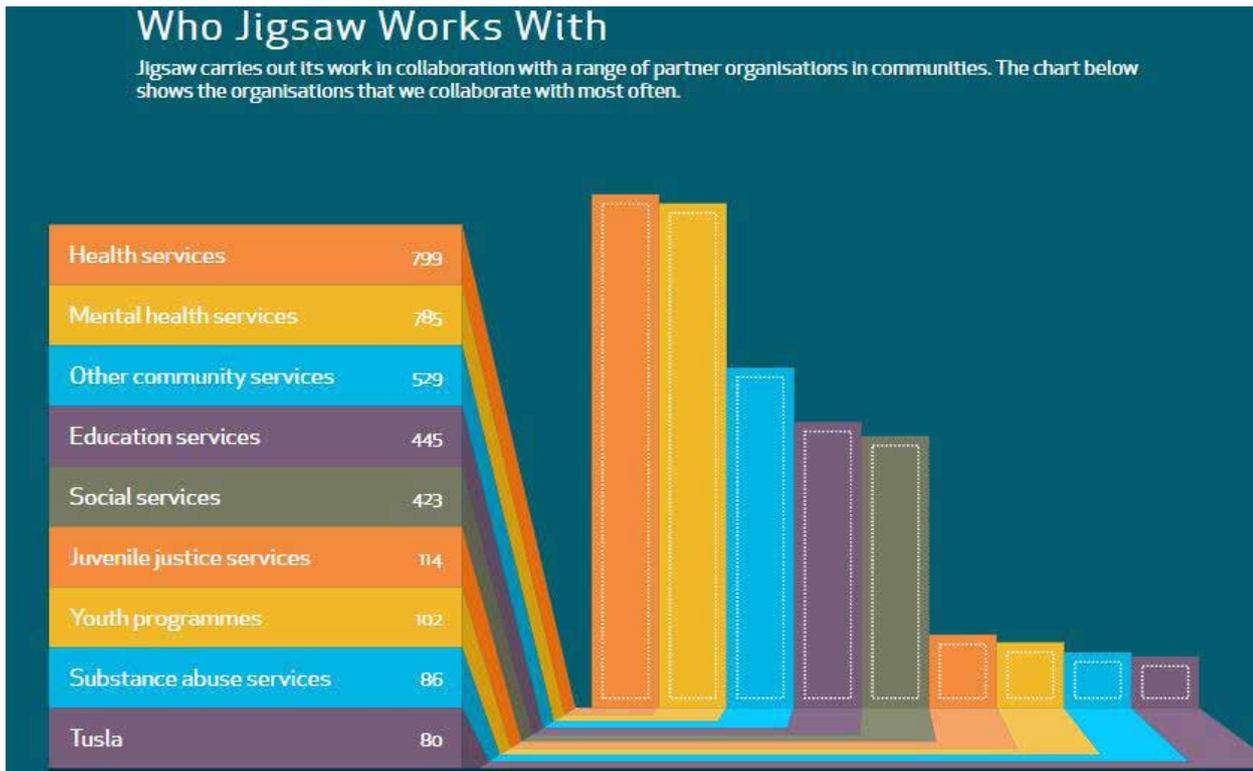


Figure 8: Overview of Jigsaw Collaborations

4.1.5 Education, Training and Research

The education and training team focuses on capacity building among workers and volunteers who work with young people, community awareness and engagement. The team delivers workshops which can be one hour long and others are day long (see outline programme of workshops in Appendix H). Jigsaw collaborates with the HSE Health Promotion¹¹ (HP) staff to deliver some of these training modules, e.g. Minding Your Mental Health, in areas where there is no Jigsaw service, e.g. Waterford, Carlow and Kilkenny. The Education, Training and Research Department is currently in the process of developing its strategic plan and framework for the delivery of key goals such as capacity building in the education sector on a developmental basis, strengthening communities and strengthening collaborations. Recently, the joint workshops delivered by Jigsaw and the HSE HP were internally evaluated, using a range of methods, and the conclusion is as follows:

¹¹ Evaluation of this joint work has recently been completed in May 2018. Health Promotion sits under the Health and Wellbeing Division of the HSE.

‘As is evident from the data presented, the Minding Your Mental Health workshop appears to contribute to and improve participants’ understanding and awareness of resilience in mental health, and the importance of one’s own mental health in working with young people and building resilience. While participants’ knowledge of most of the concepts prior to the workshop was considerably high, post-workshop findings emphasise stronger agreement and understanding with the various concepts (related to youth mental health).

Of particular note is the finding that participants remained varied in their understanding of whether resilience is a quality possessed by some but not others. This may suggest a need for greater clarity in the workshop content in relation to this topic. While a lasting impact at follow-up was evident, it is important to note that responses at follow up were provided by a smaller number of participants, which may have resulted in biased findings. Also of note was the low number of participants who reported that they used the ‘8 C’s’ concept in their work at follow-up, despite many citing this concept as a key message they would take from the workshop. Future workshops may seek to explore additional ways to aid participants to incorporate the training into their daily work.

Nonetheless, feedback was extremely positive in terms of enjoyment, facilitation and usefulness, with many expressing similar take-home points. Overall, participants demonstrated improved understanding of resilience and its role in young people’s mental health, relationships, their own mental health, and their organisation’s role within the context of resilience, thus indicating that the aims of the workshop were largely achieved’ (HSE HP & Jigsaw Internal Evaluation Report, 2018).

At local level a significant amount of time is spent by workers giving workshops in schools, to primary care professionals and youth/community organisations. Workshops are delivered based on particular modules such as ‘Understanding Youth Mental Health’, ‘Minding Your Mental Health’, ‘Self Care’ and ‘One Good Adult’. These training programmes are evidence informed and the day long workshops have been evaluated for effectiveness. The Clinical Co-ordinator in each location will, upon completion of training, be responsible for quality assurance of mental health workshops locally. Another training stream is focused on ‘Peer Education Programmes’, where predominantly Transition Year students attend intensive training which they then deliver to first and second year students (see training outline in Appendix H).

In addition, Jigsaw coordinates the delivery of ongoing Continuous Professional Development (CPD) programmes for all staff and facilitates peer learning networks on a regular basis, which includes reflective practice, across various professional teams within the organisation.

Jigsaw’s programme of research and evaluation aims to determine young people’s mental health needs, contribute to the continuous quality improvement of services, and assess outcomes. The research and evaluation team, often in collaboration with members of the wider Jigsaw team and external partners, are involved in carrying out high quality, high impact research such as the *My World Survey*. They also focus much of their efforts on carrying out rigorous programme evaluation, the results of which have important implications for our knowledge about young people’s mental health and the provision of services for this group. To enable the research and evaluation team to carry out this work, data about everyone who engages with Jigsaw services are gathered using the Jigsaw Data System (JDS). The team are continually disseminating the output from the work that they do; for example, in data driven reports, conferences, journal papers and media communications including blog pieces. Furthermore, the team provides training and assistance to other Jigsaw staff, thereby ensuring they are contributing to Jigsaw’s overall programme of research and evaluation. Recently a new manager has been appointed to oversee quality assurance, based initially on the Practical Quality Assurance System for Small Organisations (PQASSO) quality framework (see Appendix I).

4.1.6 Jigsaw Communications and Digital Strategy

Digital Strategy

New developments, media and sponsorship are co-ordinated by the Fundraising and Communications team. This team manages all the digital assets of Jigsaw. There are plans underway to develop an E-Jigsaw service by the end of 2018. This new service, which will be phased in, online and available 24/7 will offer:

- (a) signposting of information and resources aimed at young people and related adults and resources for school teachers i.e. the secure download of lesson plans;
- (b) guided supports via online chat and text; and
- (c) face to face support by qualified personnel.

All content and services offered will be clinically approved and evidence based. The aim is to offer a choice of service to young people and reach more young people in need. The Education, Training and Research Officer is working collaboratively with this team in developing e-learning modules for teachers and webinars. As mentioned earlier, there are a few online sites available for youth mental health, e.g. YourMentalHealth.ie, Spunout.ie, ReachOut.com, and while Jigsaw is aware of these, they state that their new platform is also needed to reach more young people, families and teachers with information and support that reflects the issues they see for young people in the services nationally.

Media

Media monitoring is carried out by Kantar Media, an external monitor of print media. Broadcast TV and radio is manually monitored by Jigsaw national office staff, as is all social media monitoring. Google analytics are used to analyse the visitor profile to the national Jigsaw website, which receives over 10,000 visitors per annum. Stillwater Communications provides external support to the Jigsaw communication team at national level, particularly when dealing with media/corporate sponsorship on key messaging. Local staff who notice or who are requested to engage in events/reporting at local level are provided with national office supports who guide these interactions. Jigsaw targets corporate sponsorship, which they say is getting easier to engage as they raise their profile. Their target is €3m in total by December 2020 and they have agreed new awareness raising strategies with Lidl and Three for the coming year. Other corporate sponsors are The Community Foundation and MSD Ireland.

Social media

Operating across three of the major social media platforms, Jigsaw's social media presence is reasonably strong by comparison with other national mental health organisations. With over 16,000 followers, the Jigsaw Twitter account is particularly strong and active. To complement Twitter, the Facebook and Instagram accounts offer the opportunity to reach slightly different audiences.

Each Jigsaw service has the facility to manage their own Facebook, Twitter and Instagram profiles, but there is inconsistency in their use and activity. These separate accounts were developed in line with the organic growth of the services themselves, and have remained to allow for the local feel and control over the channels. Due to the inconsistent activity though, there is an argument for collapsing all channels into the main national ones and using geo-targeting for local updates.

The nature of social media communication appears generally 'corporate' involving the promotion of sponsorship partnerships, community fundraising activities and organisation news. The national Jigsaw website is also fairly 'corporate' and adopts a standard approach to website design. Jigsaw's forthcoming digital strategy which is inclusive of the provision of mental health support and information will lead to changes in the volume and nature of online communications.

4.2 National Data

The following information was requested at the outset of the evaluation via the Jigsaw Data System (JDS):

Time period – 01/01/2017 to 31/12/2017

- Source of referrals for all referrals in the timeframe, including repeat clients.
- Referrals that are referred on to another service when an appointment is not offered (Note: this field was only added in November 2017).
- Service, age, gender, presenting issues, Time 1 YP-CORE¹² scores/CORE-10 for Brief Contacts.
- Service, age, gender, current education/employment status, presenting issues, Time 1 YP-CORE/CORE-10 scores, Time 2 YP-CORE/CORE-10 scores, Goal scores (based on the Goal Based Outcome Measure) for Brief Interventions. Note: Goals, YP-CORE/CORE-10 Time 2 scores, and Current Education / Employment status are only recorded at Brief Intervention and are therefore not available for Brief Contacts.
- Satisfaction Survey quantitative responses (responses are to the Satisfaction Survey for Young People).
- Outcomes regarding closure of cases, referral/signposting.

The following pages give the tables and graphs highlighting responses to the above data request. An analysis is provided in relation to each category of data obtained.

In 2017 approximately 5,000 people attended Jigsaw for a service. This resulted in a total 13,380 hours of direct clinical contact with young people.

4.2.1 Source of Referrals

Data were available for 4,995 referrals in 2017. Almost half of all referrals were made by a parent and almost one in three were self-referrals. Approximately 20% of the referrals came from other sources, 8% from GPs, and less from a wide range of other sources. There were a total of 13,380 clinical sessions delivered to young people in 2017.

Of clients seen in 2017, 56.8% were female and 43.2% were male and the peak age for presentations is for those aged 15 and 16. Almost half of all referrals (45.8%) were aged between 13 and 16 years-old.



¹² Clinical Outcomes in Routine Evaluation (CORE). See section 4.1.1 for more on CORE.

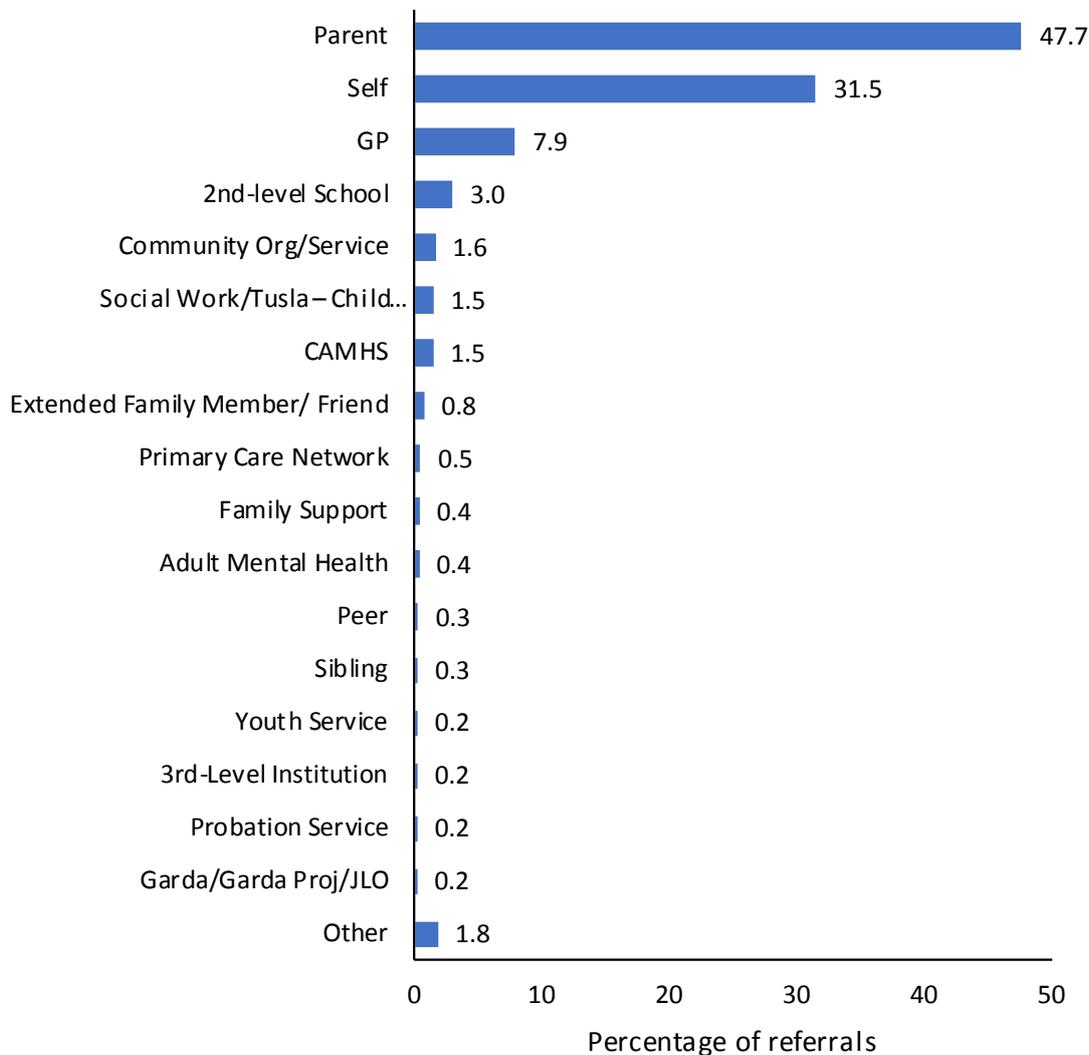


Figure 9: Source of 4,995 referrals to Jigsaw in 2017

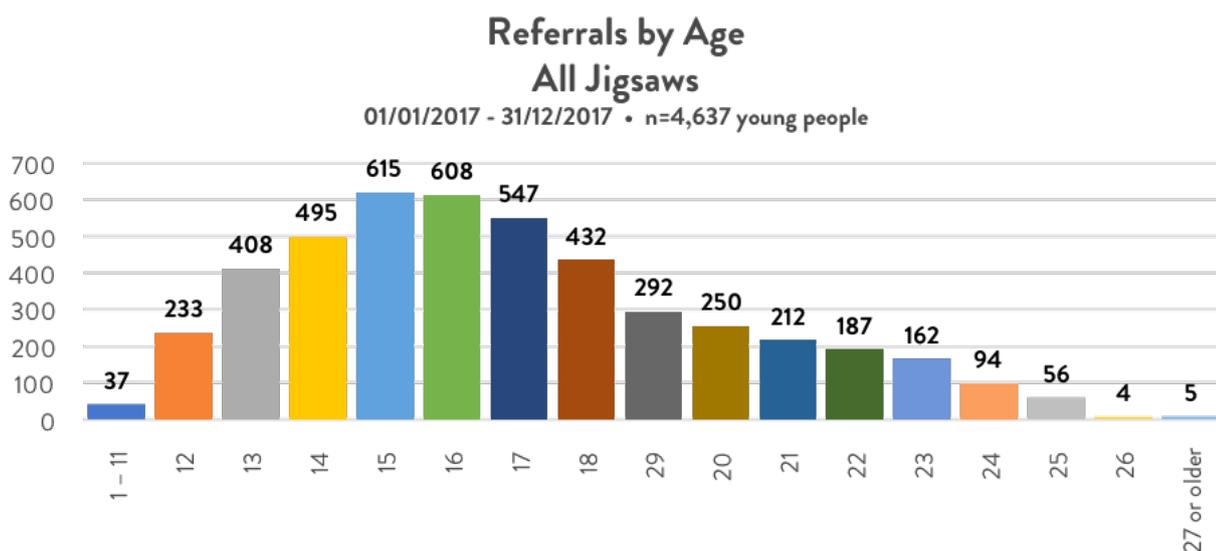


Figure 10: Age of all referrals in 2017. © 2018 REACH Louisville

4.2.2 Presenting Issues of Young People 2017

Category	Top Issues
Feelings 25%	Low mood
	Anger
	Low self-esteem
Thinking 20%	Sleep changes
	Thoughts of hurting self
	Self-criticism
Physical 16.5%	Anxiety
	Stress
	Panic attacks
Family, Peers, Relationships 13%	Family problems
	Parent/youth conflict
	Marital/relationship problems
Interaction 10%	Isolated from others/withdrawn
	Bullied
	Arguing
Behaviour 8%	Use of Alcohol
	Self-injurious behaviour
	Use of drugs
School/Work 5%	Academic problems
	School avoidance
	Behaviour problems
Community/Setting 2%	Other issues
	Lack of social/recreational outlets
	Lack of supportive adults

While the presenting issues listed above are in order of frequency as collated nationally, this is not necessarily a reflection of the order of frequency at local level. Concerns over 'Body Image' particularly for girls, was mentioned in some of the local site interviews. However, while such data is captured locally by clinicians it is not one of the most common issues cited compared to those listed above therefore it doesn't appear in the table. The table represents the top presenting issues and is not an exhaustive list of all presenting issues.

Many studies have shown that young people (age 12 -25) have the highest incidence and prevalence of mental illness across the lifespan, and have the worst service access of any age group (McGorry, et al., 2013).

A study of 2013 data (O'Reilly, et al., 2015) highlighted a different priority of concerns for young people with anxiety, tension, worry (physical) being highest, followed by anger (feelings) and family problems. The majority of presentations were in the age category 15-17 years old.

4.2.3 Outcome of Referrals in 2017

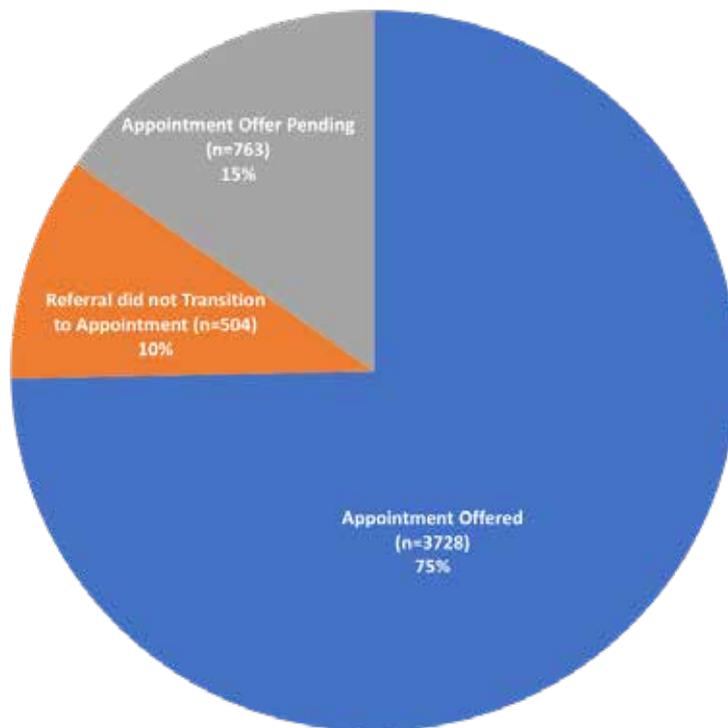


Figure 11: Referral Outcomes (Appointment Offered, Referral did not Transition to Appointment, Appointment Offer Pending) for all services in 2017–National Total¹³

The total referrals for 2017 (n = 4,995) can be broken down into the following categories:

- Appointment offered (n = 3,728; 74.6%)
- Appointment offer pending (n = 763; 15.3%)
- Referral did not transition to appointment (n = 504; 10.1%)

As displayed above in Figure 11, for the 10% of all referrals where the *Referral did not Transition to Appointment* (n = 504) the reasons for this are as follows:

- Presentation outside the scope of Jigsaw (n = 246; 49% of those where referral did not transition, 4.9% of total referrals)
- Declined by referrer/young person (n = 77; 15% of those where referral did not transition; 1.5% of total referrals). It is important to note that in these cases Jigsaw was in a position to offer an appointment to a young person but the referrer or young person involved decided they did not wish to proceed with making an appointment with Jigsaw.
- Ineligible due to age (n = 61; 12% of those where referral did not transition; 1.2% of total referrals).
- Outside catchment area (n = 120; 24% of those where referral did not transition; 2.4% of total referrals).

¹³ Appointment offer pending includes those referrals where an appointment had not yet been offered for specific reasons, e.g. (i) For discussion at clinical meeting, (ii) Awaiting discussion with YP (iii) Other – a range of other options.

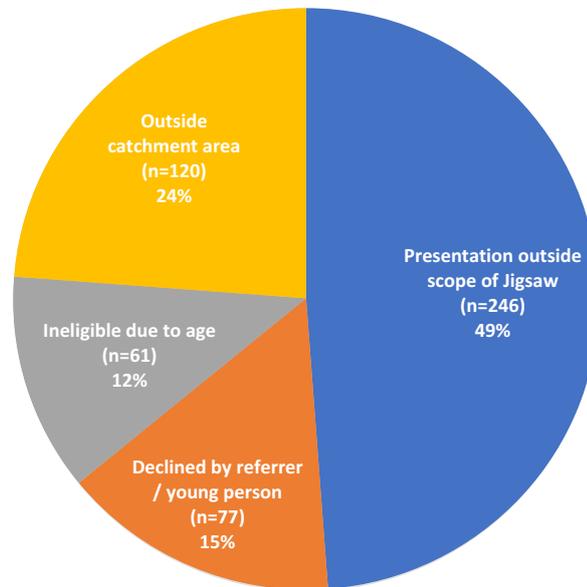


Figure 12: Outcome of Referral: Referral did not Transition to Appointment - Reasons why.

Note: the data presented under 4.2.1 and 4.2.2 are based on all referrals to Jigsaw in 2017. The data presented below, on service provision and outcomes for those availing of a 'Brief Contact' and those receiving a 'Brief Intervention' are based on people receiving a service in 2017, some of whom may have been referred in 2017 / some of whom may not have completed their intervention by the end of 2017, i.e. the datasets are different.

4.2.4 Brief Contacts in 2017

Definition: A young person attends a Jigsaw service for an in-person screening session. They may attend once or twice for information and advice from one of our mental health professionals.

There were data relating to 1,081 brief contacts in 2017. Brief contacts were with more female clients than male (n=619, 57.3%). The clients were more evenly distributed between 12-16 year-olds (n=526, 48.9%) and over 17 year-olds (n=549, 51.1%; age not recorded for six¹⁴ clients).

Until June 2017, YP-CORE and CORE-10 were not routinely administered at the initial in-person screening which forms part of the Brief Contact service as clinicians sometimes opted to wait until a young person transitioned into a Brief Intervention before gathering these data. As a result, CORE scores are available for less than half of all Brief Contact clients in 2017 and are not reported here.

4.2.5 Brief Interventions in 2017

Definition: A young person attends a Jigsaw service for mental health assessment and up to six sessions of therapeutic support with a mental health professional.

Data were provided on 1,998 young persons who had brief interventions with Jigsaw in 2017 and analysis was carried out on the data relating to the 1,991¹⁵ aged at least 12 years.

The number of brief interventions in 2017 varied by site from 25 in Roscommon to 388 in Galway (Table 4).

More brief intervention clients were female (n=1,183, 59.4%) rather than male (n=810, 40.6%). The Jigsaw services differed in the proportion of female clients with a range of 49-76%.

Just over half were aged 12-16 years (n=1,083, 54.4%) with close to half aged at least 17 years at initial contact with Jigsaw (n=908, 45.6%). The age profile varied markedly by site. Only 22% of those receiving brief interventions in Galway were 12-16 years of age whereas this younger cohort accounted for over 70% of brief interventions in Clondalkin, North Fingal and Tallaght.

¹⁴ (5 were recorded as 11 year-olds and age was not recorded for one. Analysis was done for two age groups 12-16 and 17+).

¹⁵ Data on the remaining five was not relevant to the Jigsaw age groups.

According to the data, a small number (62) of young persons in each age group were administered the instrument intended for the other age group. The analysis below is based on the 677 12-16 year-olds and the 492≥17 year-olds with a CORE score at the start and at the end of their brief intervention with Jigsaw (i.e. 1,169 in total, 59%).

Administration of the CORE measure at both the start and end of the brief intervention varied widely across the Jigsaw sites. It was done for approximately half the clients in Cork, Donegal, Offaly and Roscommon, for two-thirds at Clondalkin and Tallaght and for over three quarters at Limerick. The analysis includes some young people (n=249) who did not complete their intervention but did have a before and after CORE score.

Service	Client number	Female	Male	12-16yrs	17-25yrs	Completed CORE pre & post
Clondalkin	181	95 (52.5%)	86 (47.5%)	132 (72.9%)	49 (27.1%)	120 (66.3%)
Cork	71	38 (53.5%)	33 (46.5%)	40 (56.3%)	31 (43.7%)	34 (47.9%)
Donegal	164	106 (64.6%)	58 (35.4%)	67 (40.9%)	97 (59.1%)	78 (47.6%)
Dublin 15	111	68 (61.3%)	43 (38.7%)	68 (61.3%)	43 (38.7%)	62 (55.9%)
Dublin City	188	106 (56.4%)	82 (43.6%)	90 (47.9%)	98 (52.1%)	118 (62.8%)
Galway	388	223 (57.5%)	165 (42.5%)	87 (22.4%)	301 (77.6%)	214 (55.2%)
Kerry	177	106 (59.9%)	71 (40.1%)	114 (64.4%)	63 (35.6%)	104 (58.8%)
Limerick	67	33 (49.3%)	34 (50.7%)	36 (53.7%)	31 (46.3%)	52 (77.6%)
Meath	124	86 (69.4%)	38 (30.6%)	77 (62.1%)	47 (37.9%)	79 (63.7%)
North Fingal	192	118 (61.5%)	74 (38.5%)	144 (75%)	48 (25%)	122 (63.5%)
Offaly	169	105 (62.1%)	64 (37.9%)	110 (65.1%)	59 (34.9%)	84 (49.7%)
Roscommon	25	19 (76%)	6 (24%)	15 (60%)	10 (40%)	13 (52%)
Tallaght	134	80 (59.7%)	54 (40.3%)	103 (76.9%)	31 (23.1%)	89 (66.4%)
All	1,991	1,183 (59.4%)	808 (40.6%)	1,083 (54.4%)	908 (45.6%)	1,169 (58.7%) ¹⁶

¹⁶ The clients for whom there is a before and after YP-CORE or CORE-10 score includes some young people (n = 249) who did not complete their intervention in full (i.e. 'partial completers').

Clinical outcomes by age groups based on CORE

The CORE scores have a possible range from zero to 40 (the greater the score, the greater the level of psychological distress). On average, the CORE instrument score was reduced by half (Table 5) for both age groups.

Age group	Start	End	Change	
	Mean (SD)	Mean (SD)	Mean (95% CI)	P-value
12-16 year-olds (n=677)	17.1 (7.3)	9.4 (6.7)	-7.6 (-8.2, -7.1)	<0.001
≥17 year-olds (n=492)	18.1 (6.2)	8.7 (5.9)	-9.4 (-9.9, -8.8)	<0.001

Note: SD=standard deviation; CI=confidence interval

There were significant reductions in the mean CORE score, by 7.6 for the 12-16 year-olds and by 9.4 for those aged at least 17 years.

CORE-10 Clinical Outcomes

The table below details the level of psychological distress for the 492 ≥17 year-olds with a CORE score at the start and at the end of their brief intervention with Jigsaw. This data would suggest improvements at all levels for this older cohort. There were also improvements amongst the younger cohort but CORE scoring does not apply in this same manner to under 17-year-olds.

	17 year-olds and older	
	Start n (%)	End n (%)
Healthy	12 (2.4%)	168 (34.1%)
Low level problems	53 (10.8%)	183 (37.2%)
Mild psychological distress	101 (20.5%)	73 (14.8%)
Moderate distress	143 (29.1%)	40 (8.1%)
Moderately severe	131 (26.6%)	25 (5.1%)
Severe distress	52 (10.6%)	3 (0.6%)

This is illustrated graphically below:

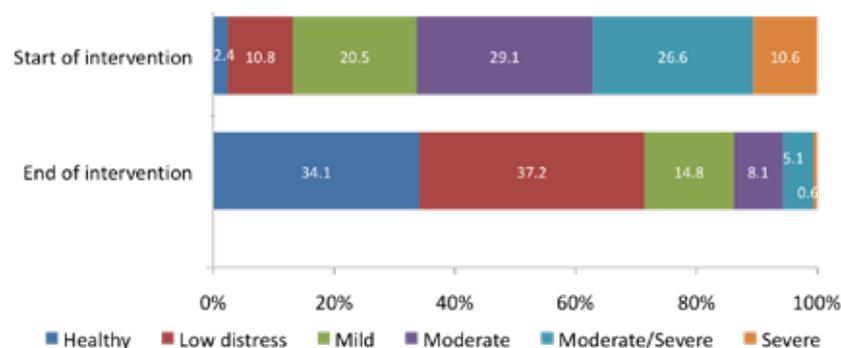


Figure 13: Level of psychological distress for ≥17 year-olds at the start and end of their brief intervention with Jigsaw

YP-CORE Clinical Outcomes

For the 677 12-16 year-olds who completed the YP-CORE measure at the start and end of their brief intervention, the table below details the number and percentage who scored inside the clinical range (based on the age-sex-specific cut-offs for YP-CORE). Almost two-thirds of the 12-16 year-olds were in the clinical range at the start of their brief intervention. This was reduced to less than 20% after the brief intervention.

	In clinical range at start n (%)	In clinical range at end n (%)	Reliable change n (%)
Female 12-13 years (n=115)	73 (63.5%)	25 (21.7%)	51 (44.3%)
Female 14-16 years (n=289)	200 (69.2%)	53 (18.3%)	163 (56.4%)
Male 12-13 years (n=81)	54 (66.7%)	17 (21%)	29 (35.8%)
Male 14-16 years (n=192)	102 (53.1%)	33 (17.2%)	72 (37.5%)
All 12-16 years (n=677)	429 (63.4%)	128 (18.9%)	315 (46.5%)

Note 1: Being in the clinical range is indicated by a YP-CORE score of 11+ for 12-13 year-old boys, a score of 15+ for 14-16 year-old boys, a score of 15+ for 12-13 year-old girls and a score of 16+ for 14-16 year-old girls.

Note 2: For 12-16 year-old boys and 12-13 year-old girls a reduction in the YP-CORE score of more than 8 is deemed to be a reliable change (improvement). For 14-16 year-old girls, a reduction of more than 7 is deemed a reliable change.

For almost half of the 12–16 year-olds who underwent a brief intervention, the level of their improvement was sufficient to be considered a reliable change. This proportion varied somewhat when examined by age and sex. Almost 40% of the boys experienced improvement deemed to be a reliable change whereas this was the case for 44% of the 12-13 year-old girls and 56% of the 14-16 year-old girls.

Clinical Activity Levels

Targets for clinical activity level have been set for each clinician and team (i.e. approx. 16 contacts per week and 581 per year). There has been a focus on increasing activity levels in line with targets in Q4 2017 and Q1 and Q2 2018 which yielded very positive results. At the end of 2017, 62% of the In-Person Contact target was achieved, at end of Q2 2018 this figure has risen significantly to 95% of the target achieved.

‘Jigsaw is now confident that their teams are working to capacity; however, wait times remain longer than desirable and demand for services continues to rise which points to the need to increase resourcing’ (Jigsaw national office, 2018).

Goal Based Outcomes

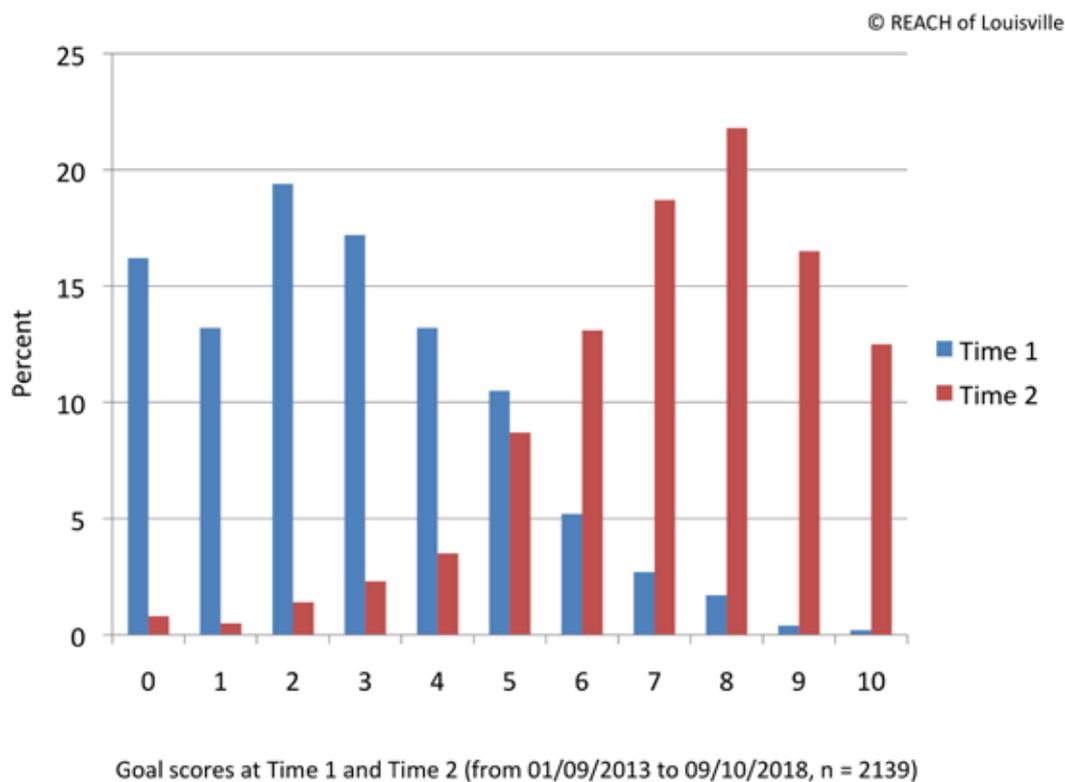
Goal Based Outcomes (GBOs) are an additional method to evaluate progress towards goals in clinical work with young people, although they can be used in many different settings. They simply chart, over the course of their brief intervention, a young person’s progress towards reaching a goal they set at the beginning of their intervention. GBOs use a scale from 0 to 10 to capture change, and the outcome for a young person is simply the amount of movement along this scale between the beginning and end of their intervention. GBOs offer another perspective to standardised measures such as the CORE questionnaires and can measure different sorts of change. Done well, the act of writing down goals to track them can lead to better agreement and working alliance between young people and clinicians. It is important to state that GBOs should not dictate any particular way of working or therapeutic approach – they are merely another piece of information to help assess the success of an intervention.

Evaluation Guidelines Goal Based Outcomes (introduced May 2017)

Once a goal has been set, the next step is to get the initial (Time 1) score for the goal. To help get this score, a clinician might want to say something like:

‘Ok, now we have agreed the goals you want to work on, it would be helpful for us to get an idea of where you are now with each of your goals. This will help us get an idea of where we are starting from and it can help us keep track of how far you have moved on at a later date... Taking your first goal, on a score from 0 to 10, where 10 means you have fully reached your goal, and 0 means you haven’t even begun to make progress towards it, and a score of 5 is exactly halfway between the two, what score are you at today?’

At the end on the intervention, the final step is to get the Time 2 score for the goal. To get this score, a clinician might want to say something like: ‘Ok, let’s have a look at where you feel you are at with the goals we agreed on at the start of the work together. For your goal ... on a scale from 0 to 10... today how would you rate your progress on this goal?’



Figures 14: Graphs above shows score at Time One and Time Two clearly indicating progress in achieving goals.

4.2.6 Jigsaw Satisfaction Survey

The Jigsaw satisfaction surveys are administered at local Jigsaw site level to young people and to parents. Surveys are completed anonymously and put in a closed box. Each month data from the completed forms are sent to the national office for collation with other sites. Shown below are the responses from young people in 2017.

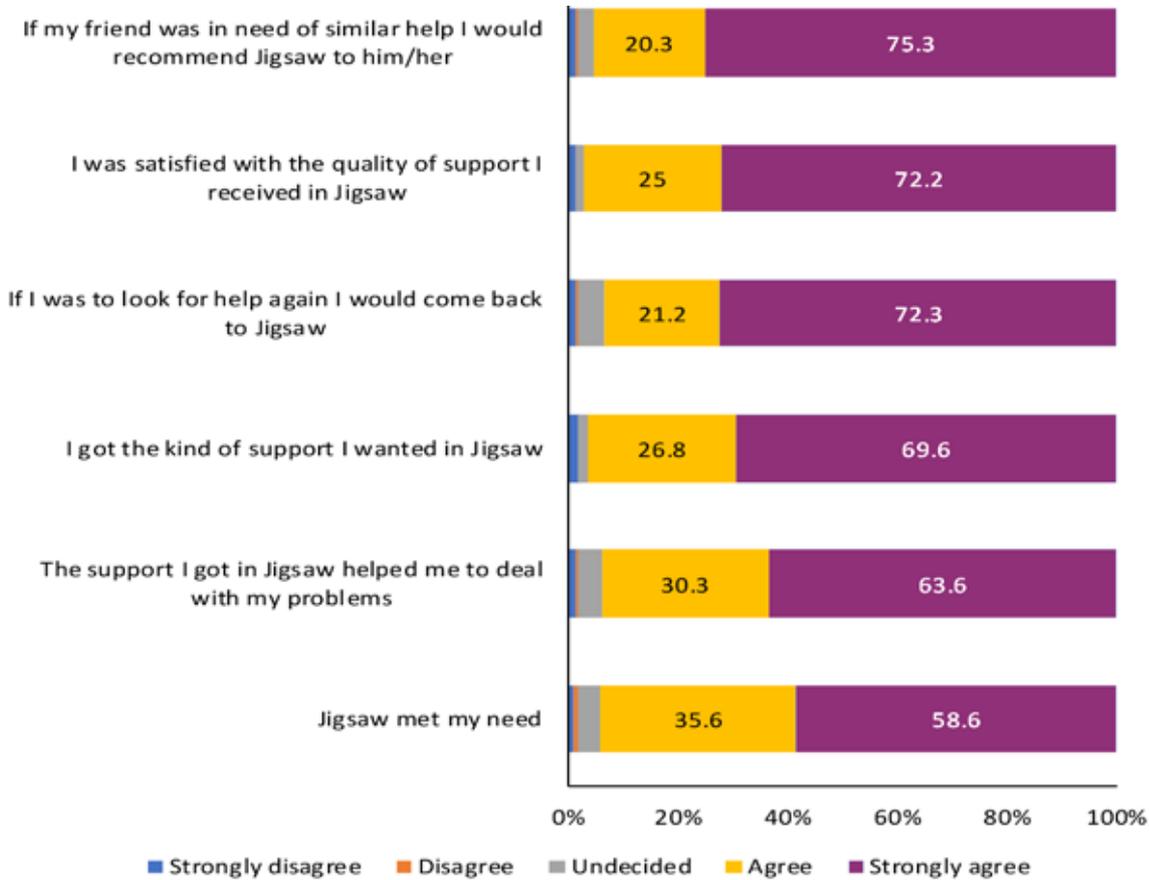


Figure 15: Level of agreement with satisfaction statements indicated by 3,081 Jigsaw clients

Over 90% of clients agreed or strongly agreed with each of the six satisfaction statements.

Approximately three in four strongly agreed with the statements regarding recommending Jigsaw to a friend in need, satisfaction with the quality of support received and coming back to Jigsaw to look for help again.

It should be noted that the internal survey is limited in that it suggests the outcome of satisfaction and is regularly completed while clients are in/nearing completion of their sessions with Jigsaw. This does not facilitate more reflective independent feedback at a later stage. However, there is the option to complete the survey online through the Jigsaw website when the young person has completed their engagement. This option is available to both young people and parents.

4.3 Local Services

Four locations (Dublin City, Galway, Cork and Kerry) were visited as part of this external evaluation process and the model of operation described in each was very similar. Staff at local sites talked of a ‘transdisciplinary model’ of service and by this they mean that all staff from the administrator to clinical staff (psychologist, mental health nurse, social worker, occupational therapist) to the operations manager (with qualifications in business, management, community and youth work) participate in the service offering to young people. The key findings from the visits to these sites are presented below.

4.3.1 Overview of Local Services

Galway is the oldest standing and largest service in the country and was established as a response to needs that were identified by the HSE, Foróige and Youth Work Ireland almost ten years ago. It has 15 staff and 10 clinical rooms with a GP clinic available two days a week. Jigsaw Galway opened its doors on December 1st 2008 having completed a local need analysis. Galway also co-ordinates the delivery

of a service in Roscommon (with four staff) and promotes its services to GPs and schools on the islands off the coast of Galway also.

Kerry was established in 2009 by several agencies coming together to request a mental health service for young people. The service was managed by the HSE for a period of time and transferred to Jigsaw in 2015. The main office of the Kerry service is located in Tralee which has three clinical rooms and there is a strong focus on outreach to five¹⁷ other locations weekly, i.e. Killarney, Listowel, Castleisland, Dingle and Cahersiveen, though all initial assessments take place in Tralee. Kerry has seven staff attached to its services.

Dublin City opened its doors in January 2016 and takes referrals from Dublin 1, 2, 3, 4, 7 and 8. Dublin city has 10 staff and three clinical rooms and plan to move into the city centre in late 2018. Dublin City Jigsaw is currently co-located with DIT at a premises in the north side of the city.

Cork opened their doors in June 2017 and serves the metropolitan areas of Cork city. The Cork site is tight on space and does not have ground floor access. The service has four clinical rooms and a total of nine staff. They are currently seeking new facilities and planning to outreach the service to the county in the coming year.

The HSE carried out a financial review of Jigsaw early 2018 and the key findings are:

Jigsaw Location	No of Staff (WTE)	Budget	No of Clinical Rooms	No of Outreach Locations	No of young people using service	No of sessions	Cost per session*
Dublin City	10	758,322	3	0	519	1,834	310
Galway	15	1,351,908	10	1	1,045	3,258	311
Cork ¹⁸	9	631,817	4	0	266	630	752
Kerry	7	550,055	4	5	442	1,514	272

A value for money audit was not carried out as part of this external evaluation, but it is suggested that the HSE/Jigsaw consider a health economics assessment in the coming year. It should be pointed out that the budgets outlined in the table above include all operating costs and that the high cost per session in Cork relates to the timing of this analysis which coincided with the start-up phase when the service would not have been as well known, and therefore not optimally utilised, in Cork.

All staff employed at a local Jigsaw site have a qualification in one or more of the following areas:

Psychology (Clinical, Educational, Counselling)	Management	
Mental Health Nursing	Health Promotion	Administration
Social Work	Occupational Therapy	Youth and Community Work

The physical environment of each site is of significance, particularly to young people. Staff who were interviewed at each location talked about the importance of this to young people and how they were proactively involved in setting up each site. This is also confirmed by the young people who participated in the evaluation. Three out of the four sites visited were colourful, relaxing and welcoming though it is

¹⁷ A sixth outreach service to Kenmare is currently being planned.

¹⁸ Data for Cork is for a half year as the service only opened in June 2017.

noted that more diversity in terms of images could be displayed at each centre. Galway is the largest site and is very well situated in the city centre, next door to a mainstream youth service, with bright, easily accessible offices. Dublin is also easily accessible, comfortable and welcoming and is co-located with DIT, which makes attending the service more discreet for potential users. The Cork city site is tight on space and while the service is in a secure location, services are on several floors commencing on floor one. As the Kerry service is spread out and the main office is in a temporary location the evaluator met the Clinical Co-ordinator at the Family Resource Centre (FRC) in Killarney.

The length of time required to set up a Jigsaw service in a brand new location takes anywhere from nine months (Dublin city) to 12 months (Cork) to 18 months (Galway) though the latter was set up quite a while ago. Each site before it is fully operational carries out a local needs analysis, and promotes the service through outreach to schools, youth and sporting organisations. While all staff roles are important, a few sites mentioned the importance of the administrator (meet and greet, signpost, be discreet) in a Jigsaw setting. Several young people in their interviews also highlighted the important role that the receptionist/administrator plays in welcoming them in and making them feel safe. A key influencing factor in setting up a Jigsaw service efficiently and robustly is the building of relationships with local organisations including the HSE and raising awareness of the Jigsaw service model. Positive and collaborative local relationships contribute to effective Jigsaw service delivery and impact.

Staff interviewed at all four local sites found the support, learning opportunities and collective approach provided by the national office to be very helpful and efficient in relation to the administrative and professional requirements of their roles, e.g. quality assurance returns, risk register, availability of high quality standards, etc. It was stated that 'the back-up provided by the national office ensures high quality and safety at local level' and that 'the overall Jigsaw service now feels more robust than in previous years' (Jigsaw Dublin). Some staff also said that they felt as the organisation as a whole was maturing they were being given more autonomy at local level, which they welcomed. This in turn would help build local ownership and promotion of the service. Staff across locations also said the following:

'If there was more co-ordination (of youth mental health services) we would absolutely sign up and want to be part of that'.

'We're not seeing young people in crisis, we're seeing young people in distress. We refer to Pieta House, we're very clear. They are a crisis service and we need them and they are very responsive to us'.

'We feel very close to Head Office, our voice is heard. There is a sense of connectedness and we are motivated to participate in learning networks. We are highly accountable, which is good, and it ensures a high quality service'.

'There are a lot of layers of people involved once we flag an item for attention. That can cause (low) levels of tension sometimes'.

'Our workers are very involved in schools and make contact with other local organisations regularly'.

'Managing expectations is challenging especially with areas who do not have a Jigsaw service and waiting lists in some locations is problematic'.

4.3.2 *Rural and Urban*

Dublin city Jigsaw serves an area made up of nine electoral areas in the inner city, where approximately 554,554 residents live. Cork city Jigsaw serves the metropolitan areas of the city which reaches out to Ballincollig in the west side, Carrigaline in the southside and Little Island in the east. This area has a population of 170,509 approximately¹⁹ (Census 2011). The total population base for the Galway service is 258,500 and the total population base in county Kerry is approximately 150,000.

Outreach

The model varies slightly when working in or serving a rural area. Galway Jigsaw, which is urban based, also co-ordinates a full-time service located in Roscommon with four staff i.e. two clinicians, one administrator, one youth and community engagement worker and with the support of city-based staff.

Kerry Jigsaw is located in Tralee and uses an outreach model by holding weekly clinics in five other locations. This is often done in collaboration with another local community partner such as a Family Resource Centre (FRC).

Providing a service to rural residents can be costly in terms of the time and funding required for additional facilities and transport, but it is essential that such a service is provided locally. Both Galway and Kerry services confirm the necessity for outreach in a rural county and the importance of stable, consistent relationships between young people and clinical staff in each location.

While many of the presenting issues by young people are similar across all locations such as anxiety, depression, bullying and relationship difficulties, both of the Jigsaw services working with young people living in rural locations (some 'very disadvantaged'²⁰ areas) highlighted the high levels of isolation and intergenerational familial issues arising. For example, it was noted by staff in one location that some young people who Jigsaw engage with came from farming backgrounds in very remote locations and these young people are totally dependent on their family to transport them thereby limiting their opportunities to socialise. When they do socialise at weekends, staff have observed a culture of excessive drinking which may in turn place these young people at a relatively high risk of experiencing negative thoughts or feelings coinciding with poor self-esteem. This issue related to excessive alcohol consumption at weekends is not, of course, confined to rural communities. It may, however, be exacerbated by the relatively few alternative options available in terms of face to face socialising.

Several Jigsaw sites (Cork, Galway and Kerry) and three of the external stakeholders highlighted the need to work with families in a holistic systemic manner alongside the young person. A 2015 study (O'Reilly et al.) noted in particular the link between mental health and unemployment and all Jigsaw sites confirmed that they specifically worked with young people who were unemployed.

4.3.3 *'Service Fit' at Local Level*

Linkages and collaboration at local level are overall very positive in Galway, Cork and Dublin city Jigsaw. Galway has a proactive relationship with CAMHS and, due to its close relationship on site with GPs, Jigsaw and GPs jointly refer to CAMHS. This is similar for Dublin city who work closely with CAMHS and, depending on the GP, they jointly refer. In Cork the senior clinician is seconded from CAMHS to Jigsaw, which facilitates the ongoing relationship between the two services being accessible and co-operative.

Most local sites visited stated that AMHS was trickier to navigate for young people and their own relationship with AMHS was not consistent as there are no clear protocols or guidelines in place. For AMHS a medical referral is a pre-requisite, though some examples were given where GPs would

¹⁹ Jigsaw Cork will commence accepting referrals from across the county from September 2018. Cork county has a population of almost 400,000 excluding the metropolitan area of the city.

²⁰ As defined by the Pobal HP Index of Deprivation.

prefer if Jigsaw referred in to AMHS and copied them in the referral letter. As with other parts of the country, Kerry primary care teams are not fully staffed which makes offering an appropriate holistic mental health service very difficult and challenging.

In some cases, young people and their parents are referred on to family therapeutic services or long term counselling services if available in their area. As stated already, in Kerry, some primary care services are unavailable, e.g. family therapy and child psychology, which limits how Jigsaw can respond to some low-medium levels of need.

In most cases, the local Jigsaw service has a positive working relationship with other local services, but the emphasis can vary from location to location. For example in Kerry a strong emphasis is placed on working with Student Support Teams in schools, in Cork and Galway ongoing proactive relationships with mental health services is highlighted, and in Dublin good relationships with youth and addiction services amongst others are mentioned. However, it must be noted that the national data showing the level of referrals of young people by a GP to Jigsaw is very low at 8% of total referrals.

4.3.4 Youth Participation

All local Jigsaw sites have an established Youth Advisory Panel (YAP), except for Roscommon which is in the process of recruiting and re-establishing the YAP there. Young People access the local sites by going online, obtaining information from a youth service, GP or a friend. A few sites felt that youth participation is a sensitive topic and requires serious consideration and collaboration with existing organisations that work with young people.

Dublin city Jigsaw said that youth services and schools are crucial partners as some young people will never walk through the door of a mental health service. However, this service finds that the more they go out and build relationships (including being seen at festivals and events), the more referrals they get. Cork and Galway has a vibrant YAP and collaborates well with local youth organisations, e.g. Comhairle na nOg, while there have been some challenges in working with Kerry Diocesan Youth Service (KDYS) in Kerry. YAP activities are highlighted on page 23, Figure 7.

4.3.5 Community Engagement

Jigsaw Galway and Dublin city make regular presentations and contact is maintained with schools, Youthreach, sports clubs, parent associations, Primary Care Networks, GPs in training schemes, MHS, DCU and NUIG. Additional partners around the country who engage in presentations and workshops can include CYPSC, Tusla, Rape Crisis Centres, Crosscare, Drug and Alcohol Services and Pieta House.

Jigsaw Galway feel the community has a lot to offer youth mental health services, e.g. community ties, local life understandings and collective knowledge. As the longest existing service, Jigsaw Galway was the pioneering project in youth mental health and has a history of community development principles and practices in its establishment and approach to its work. All local sites proactively engage with minority communities, e.g. LGBT+, Travellers, Migrants and the Muslim community in Dublin city.

4.4 Other Stakeholders' Perspectives

4.4.1 Young People

While it proved difficult to organise focus groups of young people to participate in the evaluation, eight young people agreed to take part individually when invited to participate by the local Jigsaw service. Three of the participants were from Limerick, two from Meath, two from Dublin and one from Tralee. Feedback was gathered through confidential, semi-structured interviews between the young person and the researcher. All these young people are currently attending a Jigsaw service. The researcher contacted seven young people by telephone and one via email. Here is a sample summary of their responses:

1. In your own words, describe Jigsaw and how you came into contact with the service?

- A counselling service which I was attending at AMHS referred me to Jigsaw via the GP.
- I offered to volunteer on the YAP during mental health week and got to know Jigsaw then.
- It was suggested to me by the hospital while I was in there – they gave me the number and I contacted them.
- I was told about Jigsaw by a friend who had been there.
- The GP referred me and it was quick and easy to access.
- I went to a counselling centre and they referred me to Jigsaw via my GP.
- GP referred me by giving me their telephone no.
- GP told me about Jigsaw and it was easy to access them then.
- My younger sister started going so my mother encouraged me to go too since we had both recently lost our dad to cancer. It was word of mouth that had reached my mam in the first place.

2. What do you find most helpful about Jigsaw?

- Staff allow you to talk a lot but they follow up at the next session by providing you with information or a programme of work, assisting you to make progress based on your conversations. It gave me a place to go and talk and the staff are not judgemental.
- Staff are amazing from the receptionist to all others. They are a fantastic team. It feels like you are having a chat in a nice environment which is non-judgemental.
- Staff are really helpful especially the receptionist who was chatty and understanding.
- You get to talk about whatever is bothering you and the (methods, e.g. life drawing) are fun.
- How open, friendly and helpful everyone is.
- I find the number of free sessions great and a relief that I don't have to pay.
- The way they listen to you.
- How open they are and how helpful and friendly everyone is.
- It is so helpful to have Jigsaw service in the centre of my hometown where it is encouraged to talk about one's feelings. It is amazing that they take such a broad spectrum of problems from all ages and I appreciate that though I am 23 I am not rejected for being too old.

And least helpful:

- Key contact person changing because of holidays, having to repeat my story and waiting too long for next appointment.
- Would like more than eight sessions – too short.²¹
- Not enough clinical staff offering sessions – hard to get the right time slots.
- It is hard to get an appointment and I do believe they need a bigger premises and more staff because there is a long waiting list to get in there and not every person can wait as long as I initially did.

3. How useful do you think this type of service is for young people?

- Service is very beneficial, but there is not a lot of information about them in the public domain.
- Service is very beneficial for young people particularly if their concerns are at a low threshold and there is no crisis. I feel the service offered is very holistic and responsive to young people.
- Very useful and it's free, aimed at young people, aimed at me.
- Great because they are very welcoming and straight forward.
- Jigsaw is a very good opportunity for young people to open up and talk.
- Very good place for young people to sit down and have a chat. Place is very welcoming and chilled, staff are lovely especially the receptionist.
- It is well set up for young people and the fact that it is free is a huge relief.
- Very good opportunity for young people to open up and talk.
- Essential. People need to talk. People need answers to their questions and most of all need

²¹ The number of sessions is typically six.

support. And even those without trauma deserve to talk and be granted guidance where they have never had it before.

4. *Is there something that could be done better/differently? Any new ideas?*

- Yes, I had to wait too long for appointment – I phoned in January for an appointment, but did not get one until April. People who contact Jigsaw need to be seen quickly.
- People don't know Jigsaw is there so get the word out.
- I would like a couple of sessions per week.
- Make themselves more well-known ... I didn't know of them beforehand.
- Advertise more on the radio etc., promote and discuss Jigsaw more and I would like to see the age limit raised to 30.
- Make themselves more well known. ... I didn't know of them before my GP told me about them.
- More staff. Bigger premises. The wait is very demanding for someone desperate to begin their journey to a calmer mind.

5. *Has coming to Jigsaw helped you/How?*

- Yes, because it's free and I'm in college.
- Being heard – that has helped a lot.
- Helped me to open up and talk – that it's ok to open up, and understand that I'm not on my own, I feel safe there.
- Got me through a dark phase by being able to talk things out with someone.
- By being able to talk to someone and becoming more self-aware.
- Really helped, especially the CBT. I look forward to going in, getting homework and tips and I feel good afterwards which lasts.
- Being able to talk to someone independent/professional. Getting advice and practical exercises has helped me a lot. Been great for me.
- It's helped me a lot by talking and becoming more self-aware.
- Personally I think I can cope very well with all life has thrown at me, but I do benefit hugely from talking to someone who is independent from my problems. To speak to an outside party allows me to really talk about everything without feeling like I'm holding anything back to spare the feelings of a loved one.

6. *Would you recommend Jigsaw to a friend?*

- Yes, 100% and I have done already.
- Yes.
- Yes. I would but not to someone who would get too attached to the service.
- 100% and have done.
- Yes, it's very friendly and suitable to young people.
- Definitely – they know what they are talking about.
- Yes – no problem.
- Yes – it's very friendly and suitable for young people.
- Of course. A service like Jigsaw needs all the support possible. People deserve to be heard and helped. And I have encouraged anyone with their own traumas or struggles to consider Jigsaw. This is a FREE service that can benefit the many and it should be taken advantage of by everyone willing.

4.4.2 GPs

An online survey was offered to GPs via the HSE's Primary Care CHO 4 internal email system. The total number offered the survey was just over 400 and the total number who responded was 74 (18.5%).

Graphs and data in response to each question are shown in Appendix C. Here is a summary:

Question	Yes	No	Not sure
Q2 Have you heard of Jigsaw Youth Mental Health Service	80%	20%	
Q3 Does Jigsaw deliver services in your area	68%	17%	15%
Q4 Have you had any direct engagement with Jigsaw	70%	30%	
Q5 How would you rate your experience of Jigsaw (0 to 5)	Average of 4		
Q6 Has Jigsaw referred to your service	65%	22.5%	12.5%
Q7 Have you referred to Jigsaw	87.5%	12.5%	
Q8 Would you refer a young person to Jigsaw in the future	86.5%	0%	13.5%

While the summary table above highlights the overall positive relationship between Jigsaw and GPs, there remains quite a bit of work to be done in relation to raising awareness of the service Jigsaw offers amongst the GP community. GPs who know of Jigsaw rated the service at an average of 4 out of 5 (5 being the highest level of satisfaction). Just over 20% of respondents had not heard of Jigsaw, 30% had no direct engagement with Jigsaw and 13.5% were not sure if they would refer to Jigsaw in the future.

Additional comments about Jigsaw and mental health services:

- The majority of additional commentary related to praising and acknowledging the good work of Jigsaw Cork.
- In commenting on general mental health services without doubt the main concern was the lack of staff at CAMHS and the long waiting times for young people to be seen.
- Similar to other stakeholders, many GPs felt that the Jigsaw services need to be highlighted and promoted more and in some locations expanded to the rural areas.
- Finally, several GPs said they had not heard of Jigsaw or knew nothing about them.

Quotes from GPs

‘Jigsaw is a great service. I found it to be very professional and my patients have been very happy with it. Any concerns about patients were relayed to me directly by phone and all were appropriate’

‘Badly needed. It is a very valuable service. Need to expand more to rural areas’

‘As a GP I am very confident in referring to Jigsaw and I hope the service will continue to be supported’

‘(Jigsaw) is an excellent addition in an area which has (and still has) a disgraceful lack of mental health services’.

4.4.3 CAMHS/Psychiatrists

As highlighted in the methodology section gaining access to CAMHS psychiatrists proved challenging. However, while there were very few responses, those that did respond all knew of Jigsaw, rated it highly and would like to see the services extended and the model communicated clearly to all concerned.

4.4.4 Youth Workers

An online survey was circulated to youth workers across the country with the assistance of Youth Work Ireland's national office. The link to the survey was sent to twenty one regional directors who have access to approximately 900 youth workers between them. However not all youth workers or areas responded and it is likely that only a fraction of the regional directors actually forwarded the survey link. Responses were received from 26 youth workers from nine different locations.

Question	Yes	No	Not sure
Q2 Have you head of Jigsaw Youth MHS	100%		
Q3 Does Jigsaw deliver services in your area	58%	38%	4%
Q4 Have you had direct contact with a Jigsaw service locally or nationally?	66%	34%	
Q5 Have you suggested to a young person that they should attend Jigsaw?	61%	39%	
Q6 How would you rate your experience of Jigsaw 1-5	3.4 (but a high no. of participants 13/26 did not answer this question).		

Q.7 Do you have anything to add about Jigsaw and/or youth mental health services in general and/or this survey?

The response to this last question was very mixed. It should be noted that some of the locations from where youth workers responded do not currently have a Jigsaw service. Notwithstanding, there were insightful and noteworthy responses, including from some who said Jigsaw is a very valuable service to have in a town/county and one who said Jigsaw should be available in every county. However, the vast majority of responses expressed frustration with the lack of access to Jigsaw services either because of transport issues, i.e. Jigsaw being too far away, Jigsaw being unable to take referrals due to their threshold levels and Jigsaw referring young people to counselling services within existing youth services who are already stretched, e.g. *'it is really hard for rural isolated young people to access Jigsaw services'*.

Many youth workers suggested that more resources need to go into youth work generally, thereby increasing the options open to young people in all locations from an early age. This should also include free/low cost youth counselling within the youth service offering. Responses included: *'there is not a lot for under 18's'* and *'CAMHS is there but there are twelve month waiting lists'*. Given that youth services are an integral support for young people more needs to be done to collaborate across a range of strategies and increase awareness of both service offerings. Youth Work Ireland expressed a keen interest in working with Jigsaw nationally to explore potential collaborations and linkages across both services.

4.4.5 Mental Health Organisations

Five external stakeholders were asked to participate in the evaluation by taking part in semi-structured telephone interviews with the researcher. Representatives from the following participated: Pieta House, Samaritans, Mental Health Ireland, Aware and HSE CAMHS Addiction Specialist Services. All representatives held senior posts within their organisation.

All organisations stated that they work very well with Jigsaw, regard it highly and agree that it is a very appropriate service for young people. Three organisations said they felt that Jigsaw fits very well with other mental health services. One organisation said that young people feed back to them very

positively about their experience at Jigsaw. One organisation said 'Jigsaw gets young people, the environment is suitable and they are consistent in their approach with adolescents and work well with parents'. Another organisation stated that 'Jigsaw, which is a very good model, is very responsive to its local environment and youth mental health services should be available to all and rolled out based on the population density of young people and need and not just conveniently allocated'.

Jigsaw is perceived by other mental health organisations as a positive development for young people, as an early intervention model which is the most appropriate response for young people at a primary care level. 'Even knowing they are there has a positive impact on the community'. However, it was also suggested that Jigsaw sites should be located where there is a CAMHS service (and all acknowledged the poor state of these services currently including staff retention being very challenging). Jigsaw is not a substitute for CAMHS but is a very good entry point. It was suggested by one organisation that there is a high degree of co-operation amongst mental health service providers and that more collaboration across the work should be explored. It was highlighted that the transfer from primary to secondary care, in particular AMHS, is risky, needs to be better understood and carefully handled. However, two of the organisations had very little formal contact with Jigsaw. They acknowledged that the Jigsaw service model was very important, provided information about them to their clients, rated them highly but did not collaborate on any future planning in relation to service delivery and targets. There was agreement among several organisations that schools are very crowded spaces, that there are many mental health related offerings to schools and that a more proactive role by the Department of Education and Skills in co-operation with the Department of Health would go a long way towards streamlining responses to needs and strengthen prevention work from an early age.

There were brief discussions on e-mental health and while all welcomed these new developments, it was stated that 'it is the interaction with humans that counts, relationships always trumps techniques' and this is what Jigsaw does well by offering appropriate access to young people to engage with their staff on several levels, e.g. receptionist, clinical staff, youth engagement officers.

All organisations rated Jigsaw highly.

When asked if they would like to suggest improvements to Jigsaw for their consideration, the following was identified:

- The need for training for Jigsaw clinical staff to deal with medium threshold/medium risk of self-harm suggestion/intention and similarly for substance misuse. This is particularly the case when self-harm is suggested as part of normal trauma for a young person and is not a crisis. Sometimes, self-harm is identified immediately, and rather than containing and downgrading the self-harm through clinical interventions the young person is referred on too soon to another service. Fifty percent of referrals which did not transition to appointment were because the presentation was outside the scope of Jigsaw. Perhaps the threshold level set could be reviewed in conjunction with these other mental health organisations.
- Some organisations would like to see more structured programmes with parents in place within the Jigsaw service offering as many issues being faced by young people are systemic family problems.
- Pieta House in their model of work, follow up with clients six weeks after the final session as part of ongoing evaluation and to track impact and sustainability of the therapeutic strategies that were put in place. They also track repeat clients to examine more entrenched patterns of behaviour and causes of longer term mental health distress. Several MH organisations said it was important to gather information on recurrent users and why this might be occurring. They would like to see Jigsaw do the same.
- Pieta House, expressed an interest in collaborating more in research that relates to the interests of both organisations. Youth Work Ireland as previously mentioned, Mental Health Ireland and CAMHS (Addiction Specialist Services) would be interested in shared planning in relation to the delivery of programmes in schools and defining referral lines across services.

- As identified in other aspects of this evaluation, a value for money/health economics study of the Jigsaw service and of CAMHS would be very insightful. It was also suggested that this should include a review of unit costs comparing areas where there are both services and areas where there is only CAMHS.
- In general, many of the organisations interviewed during this evaluation felt that there was a lack of coordination between partners within the mental health sector and that more shared strategising would go a long way towards good governance and targeting the delivery of mental health responses for young people across the country as a whole.
- All external stakeholders spoke very positively about the Jigsaw service model, where it sits (low threshold intervention service) and its progressive manner in how it works with young people.



5. Conclusions and Recommendations

5.1 Conclusions

The Jigsaw youth mental health service model is focused and robust, delivering evidence informed approaches such as CBT, compassion focused and solution focused therapies amongst others to young people, with significant centralised professional supports²². Internally and consistently across the sites visited, service delivery is standardised and locally responsive from initial screening and assessment to the provision of up to six therapeutic support sessions to each young person. Towards the end of 2017 and into 2018 Jigsaw focused attention on building clinical activity levels, resulting in clinicians reaching their target of seeing approximately 16 young people per week. Nationally this corresponds to an achievement of 95% of the total target set for all Jigsaw sites. The data for 2017 shows services being delivered to approximately 5,000 young people, involving 13,380 clinical hours. However, the data captured does not indicate the level of repeat clients to Jigsaw services. It is also noted that in 2017 Jigsaw services such as ‘brief contact’ and ‘brief intervention’ were delivered to more females (57.3% and 59.4% respectively).

As observed in this evaluation process, local Jigsaw sites work to evidence-based prescribed standards, where clear standard operating procedures, referral guidelines and assessment tools are in place at each site (see samples in Appendix F). Local sites are monitored and supported in a structured manner by staff in the national office who have clear designated roles. In addition to clinical and operations oversight, other staff roles include an Education & Training Manager, Research Coordinator, a Quality Assurance Manager and a Head of Fundraising and Communications, who ensure ongoing continuous professional development for all staff. Jigsaw is only ten years old and it has developed significantly in that period of time. In recent years, on average, a local Jigsaw service takes approximately 12 months to establish and become fully operational and a key influencing factor in establishing a robust Jigsaw service is the building of relationships with local organisations and stakeholders.

Data

The 2017 data analysed in section 4.2 of this report shows that almost half of the referrals to Jigsaw were made by a parent and one in three were self-referrals. Only 8% of all referrals in 2017 were directly from GPs. However on examining the 2017 ‘self-referral’ data, 379 of 2,381 parents said they heard of Jigsaw from a GP (the single highest source cited; 16%) and 154 of 1,575 young people referenced their GP (again, the single highest source cited; 10%). The Jigsaw service model is focused on prevention and early intervention services aimed at young people with mild to moderate mental health concerns. However, the evaluation detected a lack of awareness and clarity about Jigsaw services by many stakeholders who participated in this evaluation, including GPs, youth workers and young people themselves. While almost 80% of GPs in the Cork area²³ had heard of Jigsaw, and rated Jigsaw at an average of 4 out of 5, many confirm that they did not know what Jigsaw has to offer and 13.5% were not sure if they would refer young people to Jigsaw. As evaluator of the Jigsaw service and based on the survey results, I suggest that this points to a lack of knowledge of Jigsaw services rather than a preference not to refer to them. It should be noted that youth workers in other community-based youth work services who have an ongoing relationship with Jigsaw, were clearer about what Jigsaw offers.

²² ICT, SOPs, research and evaluation, clinical, operations and media supports, education, training and peer learning networks and quality standards guidelines to follow in 2018.

²³ Online survey carried out with GPs across the Cork & Kerry Local Health Area. The Cork Jigsaw service was established in the city in July 2017.

The peak age for young people presenting to Jigsaw is 16 and 17. Using national data categories the top four presenting issues for young people are: *Feelings* (which includes low mood, anger and low self-esteem); *Thinking* (which includes sleep changes, thoughts of self-harm, self-criticism); *Physical* (which includes anxiety, stress, panic attacks); *Family & Peer Relationships* (which includes family problems, parent/youth conflict, marital/relationship problems). Furthermore, Jigsaw sites serving rural areas highlighted issues such as isolation and longitudinal extended familial difficulties. Socio-economic background data in Jigsaw has only been captured since September 2017 on a pilot basis and is currently being analysed, therefore we were unable to determine a complete analysis for the full year. Jigsaw staff, both at national and local level, confirm a proactive approach to targeting young people living or going to school in disadvantaged areas and in targeting young people from minority groupings. While it was suggested that the lack of recreational facilities/options for young people in some areas contributes to poor mental health, (49 young people identified the lack of social/recreational facilities in 2017) in other areas, particularly remote rural locations and very disadvantaged urban areas, such environments can contribute to more complex presentations and the responses required may need to be broadened or require more staff time. It is recommended that Jigsaw explore this aspect of the findings in greater depth.

Based on the 2017 data made available to the evaluator, administration of the CORE psychometric assessment tool by Jigsaw at the beginning and end of the young person's time at Jigsaw seems to vary widely across the country. This inconsistency can impede upon a robust analysis of data collected²⁴. However, from the available data analysed using CORE, the assessment scores were reduced by half from the first session to last session across all age groups. This indicates a reduction in psychological distress among Jigsaw service users. The eight young people who took part in this evaluation through interviews all confirmed that going to Jigsaw has helped them, that they feel better and have better coping strategies as a result of receiving a service. All eight would and do recommend Jigsaw to friends.

Many participants in the evaluation agreed that more qualitative data also needs to be gathered systematically by Jigsaw so that young people's lived experiences can be portrayed and better understood. It is disappointing that JDS doesn't capture the qualitative data from the Goal Based Outcome Measure.

Internally administered surveys to service users indicate high levels of satisfaction with the service received, though such 'satisfaction statements' have limited value because they infer satisfaction and most are completed when attending a Jigsaw site. An online option to give feedback is available to both young people and parents, which should be encouraged, but the uptake of this option is not quantifiable at national level.

Local Level

As stated earlier, the Jigsaw service model on offer at local level is broadly similar across the country, but services can vary for a variety of reasons. This includes variance in terms of working with urban/rural young people, having different local partners who engage with Jigsaw, e.g. some areas have a broad spectrum of primary care practitioners, others do not, some have a proactive relationship with youth work services or family centres and others do not. The state of relationships among partners locally are a significant factor in the Jigsaw service reaching its full potential. Throughout the evaluation process, all services were very welcoming and co-operative with the evaluator.

Some geographic areas have different models of youth mental health services, e.g. some areas have a full complement of Jigsaw services, while for example in the south east Jigsaw collaborates with the HSE Health Promotion staff to roll out training programmes to local services such as Squashy Couch in Waterford. Other areas, e.g. Mayo, have services such as Mind Space which is managed by the HSE and Mental Health Ireland. While various models can co-exist, consistency in approach and governance should be agreed and governed by a joint youth mental health strategy for all. Jigsaw has

²⁴ The JDS capturing YP-CORE data does not generate a total score if an item is missing. (It does on the CORE 10).

stated that they are very open to collaborating and co-locating with relevant like-minded services and this should be explored and promoted more.

It is evident from the sites visited during this evaluation that the engagement of Jigsaw and its working relationship with Primary Care, CAMHS, AMHS, other community based organisations/services and schools varies across locations. While informal, Cork has a positive, proactive relationship with AMHS, but this is not the case in other locations. Working relationships with GPs are minimal in terms of the numbers involved, but where there is a relationship, feedback is very positive. In Kerry, staff shortages in Primary Care makes engagement very difficult to achieve. Where strong relationships are established, i.e. where Jigsaw has ongoing links with GPs and CAMHS, this cycle appears to work well and all partners are satisfied with the overall collaborative approach. There is no reason why this approach should not be used in all areas of the country, particularly as Jigsaw is acknowledged as a referring agent in HSE CAMHS Standard Operating Procedures. A simple example of this collaborative approach is where GPs are happy for Jigsaw to refer to CAMHS, copying them in correspondence and where CAMHS and Jigsaw refer easily and are accessible to each other. One local Jigsaw site and two community mental health organisations suggested that there should be greater links to family therapy services/supports, as addressing the mental health needs of a young person frequently requires the whole family to be supported and for them to respond collectively. This potential link should be explored further with Tusla.

Young People

While the national data tells us that parents are the highest number who contact Jigsaw for their son/daughter (i.e. almost 50% of all referrals), young people who participated in the evaluation typically contacted Jigsaw after being referred/offered information by a GP. Young people also stated that they were clear on the service being offered (having been called back by a clinician), reported positively about their experiences of the services and particularly liked the environment, including the friendly, non-judgmental staff. The biggest benefit identified by young people was having a safe space to talk, being listened to in a non-judgemental manner and being encouraged to open up and talk about their concerns. Several said that receiving tips, exercises and becoming more self-aware helped them a lot over the longer term.

The feedback from young people (eight), while very welcome, was limited both in the number of participants and the only feedback was from participants who were current users of Jigsaw services. It would have been of value to have heard also from past services users, when a period of time had passed, which would allow users to reflect on the process and the sustainable impact of the Jigsaw services. However, the feedback on the value of the Jigsaw service to young people was very satisfactory. Key messages from young people included that the local Jigsaw environment was 'very welcoming, the receptionist/administrators were great' and all agreed that the therapeutic services received, which importantly are free, helped them significantly.

There were few criticisms but the primary one was the need for young people and the general public to know about Jigsaw, what it does and how to get in contact with them. It was also mentioned by a couple of individuals that the waiting time for an initial appointment was too long and this is acknowledged by Jigsaw national office in relation to specific sites. It is suggested that as part of the development of e-Jigsaw that a focus should be given to the online supports that could be made available to those waiting for an appointment. From visiting the sites it is noted that more diverse images and objects at local Jigsaw sites could contribute to the environment being more welcoming of young people from minority communities.

Perception by Other Stakeholders

One aspect of the evaluation focused on 'the perception of local service providers of Jigsaw and its degree of 'fit' within the community'. There was a mixed response to this question from local service

providers. It was apparent from the interviews held that the majority of organisations, who connect to youth mental health, all work separately in silos. Those that know of Jigsaw regard its services very highly, but there were some who knew of Jigsaw but were not clear on what they offer. Youth workers had heard of Jigsaw (100% of survey respondents) but were critical of the service for being short-term and low threshold. Some felt that this can potentially result in young people with mental health needs returning to the youth service seeking supports which they are not resourced to provide. Community based mental health organisations all spoke highly of the Jigsaw service model and its appropriateness and responsiveness to young people. However, they also agreed that more collaboration, even at a minimum of meeting one day twice a year, in terms of planning and delivering services would be very helpful and that ideally the Department of Education and Skills should be directly involved, along with the Department of Health. Other stakeholders also queried the threshold levels adhered to by Jigsaw and wondered if there was room for expansion to include more young people with slightly higher risk.

Significant funding is allocated to Jigsaw by the HSE, in addition to Jigsaw carrying out its own fundraising. While this evaluation is not a value for money audit or a health economics assessment, perhaps this type of assessment should be considered by the HSE as it funds several mental health services.

Other Jigsaw Supports

The impact of other areas of work conducted by Jigsaw (including community capacity building, youth engagement, research and evaluation), while not being examined in detail in this evaluation, were briefly reviewed. It is noted that systems of data capture, operating procedures and regular evaluation exist across Jigsaw, its programmes and workshops (which also addresses mental health literacy). Jigsaw works closely with UCD and recruits specialist staff with a high degree of competency and relevant skills/qualifications, both at national and local level. There is an ongoing continuous professional development programme and a peer-learning network²⁵, which includes reflective practice. Staff at local level who took part in the evaluation welcomed the support of the national office and feel that Jigsaw as an organisation has strengthened in recent years. It was also acknowledged by several participants in the evaluation process that the pool of available clinical staff is limited in Ireland and therefore recruitment can be challenging for all mental health services.

Discussions took place in relation to online mental health supports. There are several websites and apps relevant to youth mental health in Ireland, (including many local Jigsaw services having their own independent social media sites), and each are developing their own site and strategy independently. As this area is expanding rapidly and it is often the preferred method of communication for young people, a collaborative review of this area would be helpful to all concerned. Online responses for those seeking help in addition to those waiting for an appointment could provide the support and reassurance that some young people require while waiting for a service.

As identified by local and national Youth Engagement Officers, engaging youth is an ongoing and challenging issue that must be focused upon constantly. All stakeholders agree that the participation of young people across all aspects of the Jigsaw services and organisation is crucial.

Jigsaw is a primary care youth mental health service, providing brief therapeutic support (up to six sessions) to young people aged 12-25 years. Jigsaw complements the statutory services (e.g. CAMHS and in some areas AMHS) where there is good communication and mutual understanding of referral thresholds and established pathways between services. The capacity for Jigsaw to refer directly to CAMHS and AMHS, copying in the GP, would greatly enhance the experience of young people who may require a more specialist service than Jigsaw. The growing demand for Jigsaw services in 13 communities around the country clearly demonstrates the need amongst young people aged 12-25 years with mild to moderate mental health difficulties for an accessible, primary care mental health

²⁵ Jigsaw organises learning networks for key staff groups to facilitate learning exchange, knowledge transfer and sharing of good practice.

service. There has been a significant increase in demand for services as evidenced by national Jigsaw data i.e. there were 3,340 referrals to Jigsaw nationwide in Q 1 & 2 in 2018 whereas there were 2,329 referrals for the same period in 2017. This represents a 43% increase. There is significant interest and need in other communities around the country for a primary care youth mental health service therefore a plan for future developments /expansion of the Jigsaw model should be considered.

5.2 Recommendations

1. Jigsaw should prioritise and invest more in raising awareness of its services across the general public, young people, youth work services and primary care professionals. This should include widespread promotion and awareness of Jigsaw services, including how they are different to and how they complement other health services. While it is acknowledged across mental health services that all services are making concerted efforts to be accessible, the navigation of services by young people (and their parents/GPs) needs to be made easier. Many people do not know Jigsaw exists, who it is for and where to go. In increasing awareness, Jigsaw should augment face to face service provision with an enhanced online service to ensure online resources are available and personalised for anyone waiting for an appointment.
2. All CAMHS teams should implement the Standard Operating Procedure²⁶ in relation to ensuring an ongoing and consistent working model with Jigsaw and GPs.
3. A similar agreement needs to be established with AMHS, but this will require agreeing protocols and building a shared understanding between both services. HSE Mental Health Operations could assist with encouraging a collaborative model for young people that is accepted across all mental health services.
4. The promotion of mental health literacy and more positive general population perceptions and interpretations of mental health, needs to be more widespread and this type of strategy could be a collaboration among several partners, e.g. Jigsaw, NYCI, YWI, CAMHS, AMHS and could focus on, for example, destigmatising self-help seeking behaviours and developing a 'street language' for young people to relate to and understand quickly. While such a strategy could be led out nationally, implementation locally by young people will be crucial to its development and success.
5. Schools are often crowded places for the delivery of programmes and workshops offered by many mental health organisations. There needs to be more co-ordination of health and wellbeing programmes in schools and crucially this should involve the Department of Education and Skills in addition to the Department of Health in the context of the new Wellbeing curriculum at Junior Cycle level.
6. There is a need for family therapy services to complement youth mental health work. This should be explored by Jigsaw, in conjunction with Tusla, to see how this might develop on a local, regional and national basis. Such explorations should take account of the findings in relation to complex presentations and needs in rural and 'very disadvantaged' areas.
7. A value for money audit should be commissioned by the HSE across all the youth mental health services that it funds. In this evaluation it was not possible to compare the cost of delivering a service across various models of service and therefore it is difficult to know and quantify if there is value for each euro invested.
8. Jigsaw should gather and utilise more qualitative data in its reporting and evaluations. Supplementing JDS with qualitative data would enhance our understanding of youth mental health. The current JDS gathers good data and ensuring consistency across locations, total accountability and rigour should be the goal. In addition, linking HSE systems and JDS should be considered so that quarterly data can be provided to HSE Mental Health Operations to assist with reporting and planning.

²⁶ New guidelines are pending

9. More consistency in completing CORE assessments correctly and at all stages of intervention should be monitored and regularised. Tracking data in relation to repeat clients and evaluating the impact of the Jigsaw service weeks/months after a young person finishes (longitudinal data) would provide useful information in relation to future planning and sustainability.
10. The national Jigsaw office is very supportive of the local sites, but it would be welcomed if some national events were held outside Dublin. In particular, rural locations would welcome an acknowledgement of the impact of carrying out outreach work and the demands it places on time and funding.
11. Additional training in self-harm reduction and substance misuse would assist Jigsaw clinical staff to work with young people bordering on the threshold for CAMHS or Pieta House. The threshold needs could be reviewed in conjunction with these other mental health organisations.
12. In keeping with Jigsaw's strategy for 2018-2020, work with partner agencies such as the HSE in promoting mental health and increasing mental health literacy at community and population levels. This can be achieved through collaboration in relation to public messaging and coordination of those messages to ensure added value in respective mental health promotion efforts.
13. Jigsaw should involve HSE Mental Health Operations (HSE Digital Mental Health Supports Project) in developing its e-Jigsaw platform and share strategies with other mental health organisations. All online supports should be reviewed at national level.
14. At local level the use of more diverse images in Jigsaw sites would be helpful as it would encourage members of minority communities to attend and feel welcome.
15. It is recommended that all local Jigsaw sites are externally evaluated every 2-3 years, using a standardised approach which would highlight any inconsistencies in delivering services across sites.
16. There is a need for greater collaboration across youth work and mental health related services. All those that took part in this evaluation are very open to greater collaboration particularly in relation to service planning, research and defining the roles of each partner in relation to an overall strategy. It is suggested that youth mental health one-day meetings are hosted nationally twice per year.
17. Jigsaw services should be rolled out across the country, (where each one should take approximately 12 months to set up fully), prioritising areas with the greatest need and with links to CAMHS and youth services who are willing to participate in developing joint responses.
18. Work on further clarifying Jigsaw's identity, reflected in external communications, to address the challenge of providing a primary care service in a sector (mental health) widely perceived as secondary care. Traditionally, there is a certain expectation in terms of the function and role of mental health services which may influence external expectations of a Jigsaw service which may not match Jigsaw's service delivery strategy and this should be acknowledged as a challenge.²⁷
19. More resources should be made available for basic youth work services to include local facilities, outreach and services aimed at the general population of young people – ensuring collaboration with Jigsaw. Enhancing general population responses will contribute to the prevention of mental health difficulties for some young people.

²⁷ Recommendation informed by input from HSE Mental Health Operations General Manager / reviewer.

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Acronyms

ADHD	Attention Deficit Hyperactivity Disorder	ICT	Information and communication technology
AMHS	Adult Mental Health Services	JDS	Jigsaw Data System
CAMHS	Child and Adolescent Mental Health Services	KDYS	Kerry Diocesan Youth Service
CBT	Cognitive-behavioral therapy	LGBT+	Lesbian, Gay, Bisexual, Trans, +. The + represents the countless other groups of sexual and gender minorities that would make the acronym too long for practical use.
CEO	Chief Executive Officer	MHS	Mental Health Service
CHO	Community Healthcare Organisations	NGO	Non-Governmental Organisation
CORE	Clinical Outcomes in Routine Evaluation	NUIG	National University of Ireland Galway
CPD	Continuous Professional Development	NYCI	National Youth Council of Ireland
CYPSC	Children & Young People's Services Committee	PCT	Primary Care Team
DBT	Dialectical behavior therapy	PHN	Public Health Nurse
DIT	Dublin Institute of Technology	PQASSO	Practical Quality Assurance System for Small Organisations
FRC	Family Resource Centre	SOP	Standard Operating Procedure
FSP	Family Support Project	SW	Social Worker
GP	General Practitioner	TEPPS	Tiffany-Eckenrode Program Participation Scale
HEADSS	H: Home, family and environment E: Education and employment A: Activities and friendships D: Drugs and alcohol S: Sexuality and relationships S: Signs of mental health difficulties and safety	UCC	University College Cork
HSE	Health Service Executive	WHO	World Health Organisation
HSE HPU	Health Service Executive Health Promotion Unit	WTE	Whole Time Equivalents
NO	National Office (Jigsaw)	YAPs	Youth Advisory Panels
		YWI	Youth Work Ireland

Jigsaw Locations

Dublin City	Dublin 15	
Clondalkin	Cork City (extended to the County in July 2018)	Donegal (with five outreach locations)
Galway	Kerry (with five outreach locations)	Limerick
North Fingal	Meath	Offaly
Tallaght	Roscommon	



Appendices

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Appendix A: *Advisory Group Membership & Jigsaw Evaluation Participants*

(i) Members of the Evaluation Advisory Group:

Derek Chambers, HSE Mental Health Service Lead for Connecting for Life

Dr. Helen Keeley, HSE Child and Adolescent Mental Health Services

Dr. Paul Corcoran, Director of Research, National Suicide Research Foundation, UCC

(ii) Jigsaw National Office Participants:

Dr. Joseph Duffy, CEO Jigsaw National Office

Sarah Cullinan, Programme Director

Dr. Gillian O'Brien, Director of Clinical Governance

John Williams, Youth Engagement Co-ordinator

Siobhan McGrory, Education and Training Manager

Mike Mansfield, Communications and Fundraising Manager

Jennifer Rogers, Research Co-ordinator

Fergus Lyons, Quality Assurance Co-ordinator

(iii) Local Jigsaw Site Participants

Cork: Alex O'Keeffe, Regional Manager

Catherine White, Clinical Co-ordinator

Dublin: James Barry, Project Manager

Conor Boksberger, Clinical Co-ordinator

Galway: Sarah Simkin, Project Manager

Noel Comer, Clinical Co-ordinator

Kerry: Olive Moloney, Clinical Co-ordinator

Appendix B: Evaluation of Jigsaw Service Model – Topic Guide

Key interviews and survey questions

Meeting with National Office: Key Questions for leadership team

1. Outline the background to Jigsaw being established in Ireland. Why was the new service set up?
2. Describe the key functions of the national office and the local services as you see them?
3. **Questions for Clinical Governance Manager:**
 - Review SOPs
 - What makes for a good clinical governance model – including expected outcomes for young people?
 - What is the referral policy in and out of Jigsaw?
 - Pathways in – assessment – sessions – exit
 - Explain the nature / model of the intervention(s) delivered by Jigsaw? How would you describe the service model, e.g. “brief intervention”
 - How does this model link with other services?
4. **Questions for Programme Manager/Education Officer:**
 - How are local sites supported to raise awareness, engage young people and the community?
 - What training/supports are provided and to whom?
 - How do you measure engagement?
5. Data
Gather information on numbers presenting, age, gender, location, presenting symptoms or issues, average length of time in service and exiting to whom or where, e.g. self-help / family support. Include no of users dropping out or repeat clients.
6. Media Monitoring
What is monitored and how?

Interviews with Local Jigsaw Services: Key Questions

1. Obtain brief background (when established and how service emerged). How long did it take to set up service fully?
2. Describe model of work (from taking referrals, arriving, presenting symptoms or issues, assessment right through to exiting and linking to other services or sources of support)
3. Qualifications of Staff? Previous employers of staff, e.g. HSE?
4. Get local data and information on policies/protocols/procedures in place for service delivery and good governance.
5. How do you engage young people, the community and other organisations locally? (Who, how, relationships?)
6. Do you track local media – what/how?

7. Does HO support your service – how?
8. Is there anything that could be improved/changed – locally or nationally?

Semi structured telephone interviews – Key Questions:

1. In your own words describe Jigsaw and how you became aware of the service?
2. What do you find most/least helpful about Jigsaw?
3. How useful do you think this type of service is for young people?
4. Is there something that could be done better/differently? Any new ideas?
5. Has coming here helped you/how?
6. Would you recommend Jigsaw to a friend?



TEMPLATE FOR: Jigsaw Site		DATE:
Obtain brief background (when established and how service emerged). How long did it take to set up service fully?		
Describe model of work (from taking referrals, arriving, presenting symptoms, right through to exiting and linking to other services)	Details	
Staff Qualifications/ Background employment?		
Get list of policies/protocols/ procedures in place for service delivery and good governance.		
How do you engage young people, the community and other organisations locally? (Who, how, relationships?)	Young People	MHS
	Community Groups	CAMHS
	GPs	Youth Orgs
	PHN	AMHS
	SW	MH Orgs/Other
Do you track local media/how/ what?		
Does HQ support your service – how?		
Is there anything that could be improved/changed – locally or nationally?		

Semi-structured recorded interview with two leads at each local site (4) completed.

Appendix C: Online Survey Questions and Results for GPs

Appendix C1

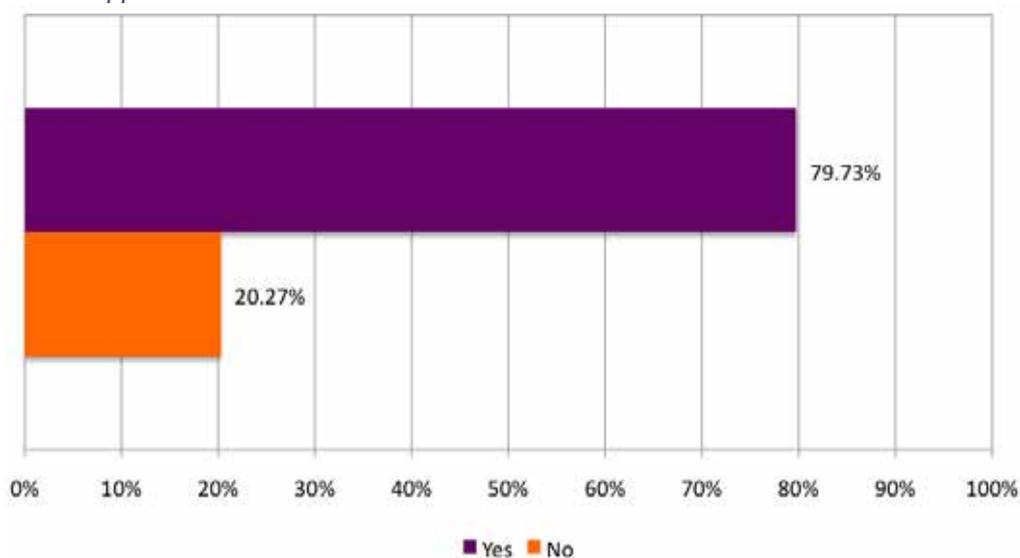
1. In which city, town, village or suburb(s) do you practice primarily?

Just over half of the 74 respondents replied 'Cork' or 'Cork city' (n=38), there were a total of 11 responses from Kerry while the remaining 25 were from large towns right across Cork county.

Appendix C2

Have you heard of Jigsaw Youth Mental Health Service?

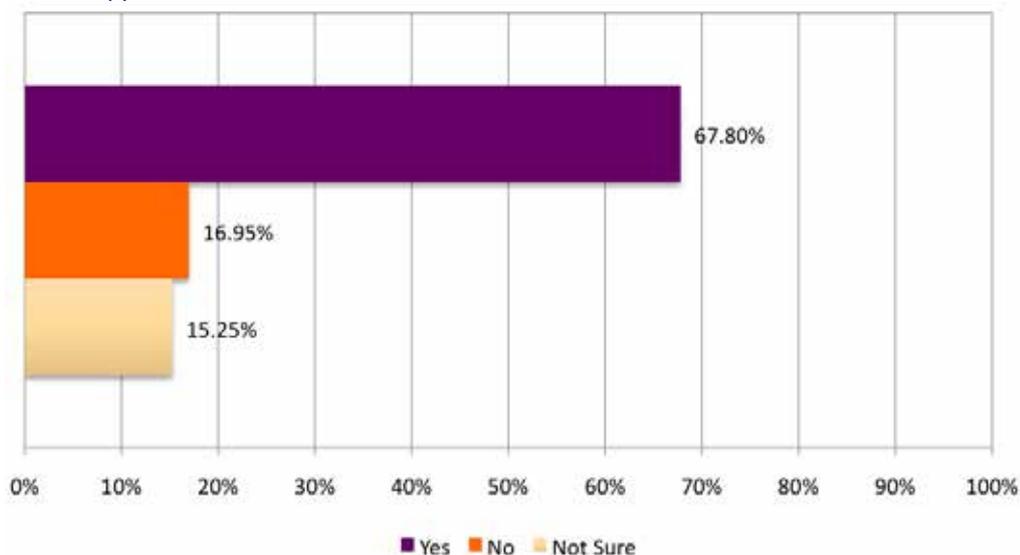
Answered: 74 • Skipped: 0



Appendix C3

Does Jigsaw deliver services in your area?

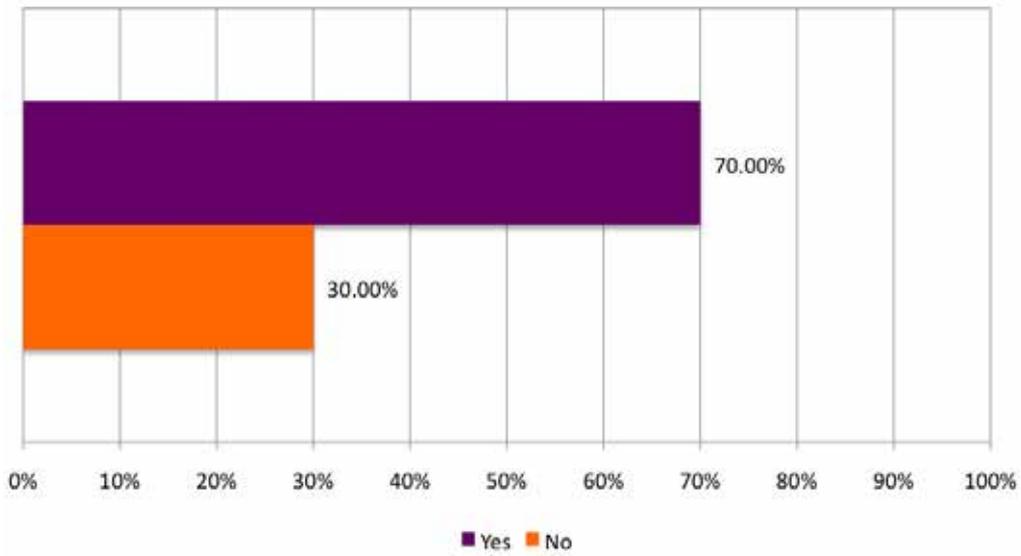
Answered: 59 • Skipped: 15



Appendix C4

Have you had any direct engagement with Jigsaw?

Answered: 40 • Skipped: 34

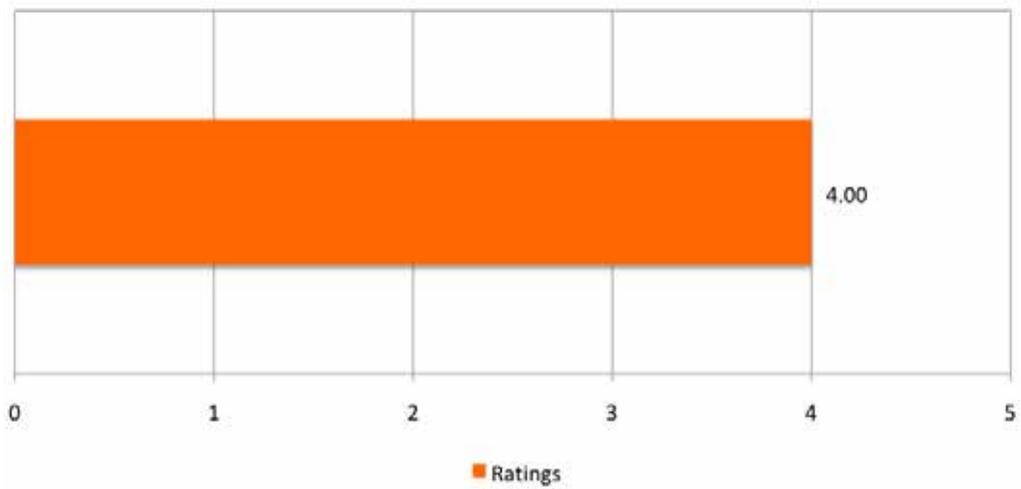


Appendix C5

How would you rate your experience of engaging with Jigsaw, on a scale of 1 to 5? (1 being 'Very Poor' and 5 being 'Excellent')

Answered: 27 • Skipped: 47

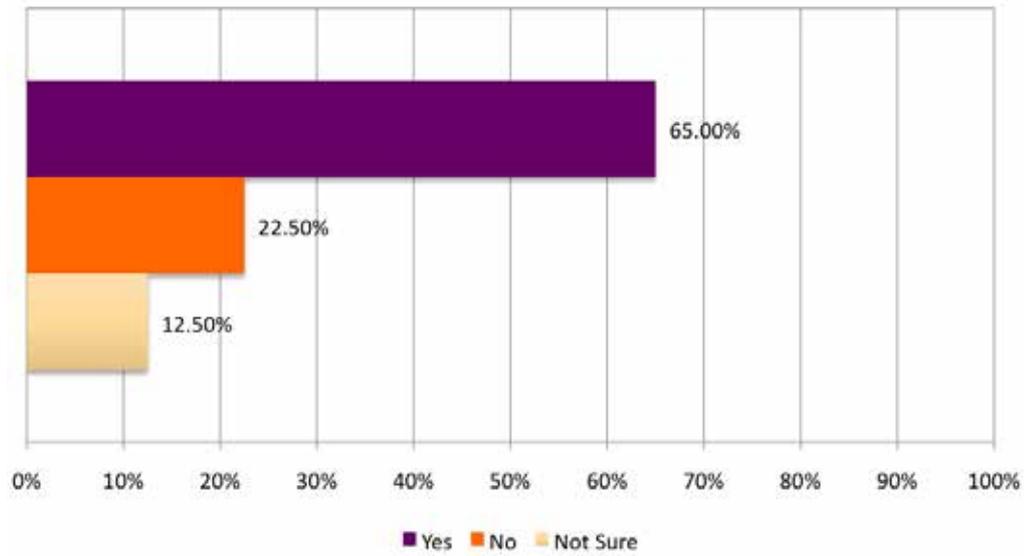
Ratings



Appendix C6

Have any of your patients been advised to attend your service by Jigsaw?

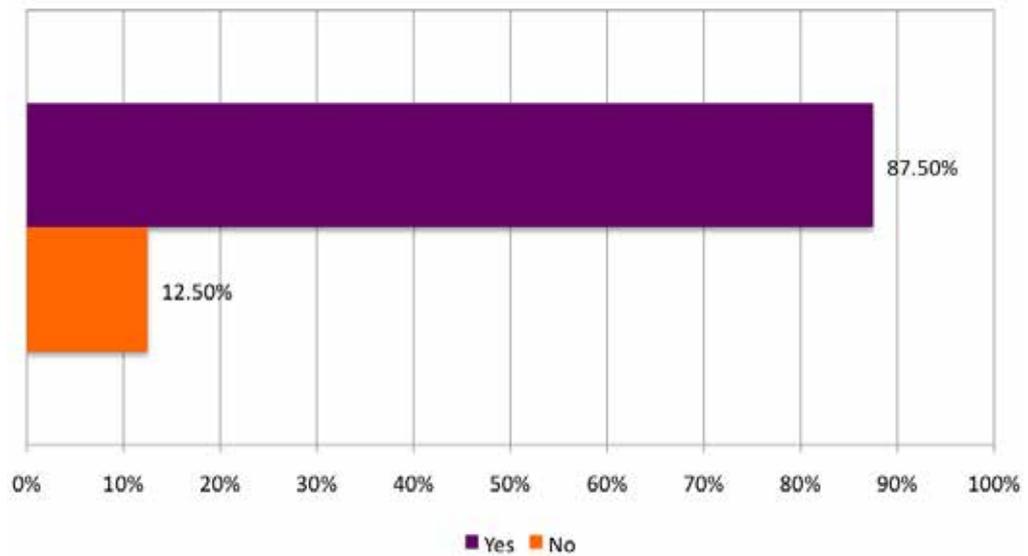
Answered: 40 • Skipped: 34



Appendix C7

Have you referred a young person to Jigsaw?

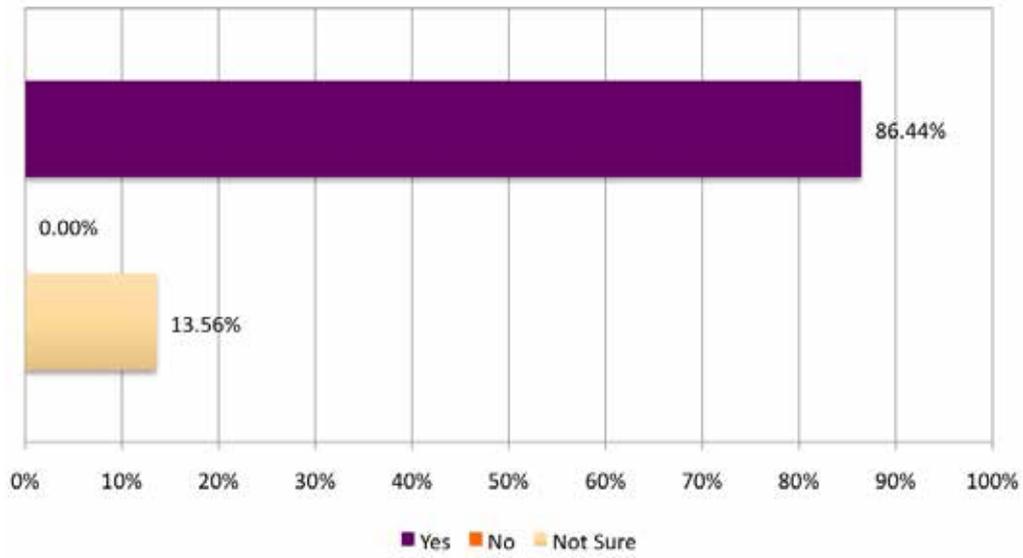
Answered: 40 • Skipped: 34



Appendix C8

Would you refer a young person to Jigsaw in the future?

Answered: 59 • Skipped: 15



Appendix D: *Invitation to young people to participate in the Evaluation*

Invitation to Participate in Telephone Interview

Information Sheet and Consent Form

Telephone Interviews

Jigsaw, The National Centre for Youth Mental Health invites you to take part in a telephone interview about your experience of using Jigsaw. This interview is part of an evaluation that the HSE are conducting of the Jigsaw service to find out how well it is working and if there are any changes or improvements needed. This is an opportunity for you, as someone who is using the service, to have your say and provide some feedback to the HSE about Jigsaw. You are being invited to take part in this interview because you are currently accessing the Jigsaw Dublin 15 service. If you agree to participate, you will be contacted by the researcher, Dr Maria Power (HSE Evaluator), who will ask you if you are happy to take part in a short one to one telephone interview where you will be asked some questions about your experience of using the Jigsaw service. Whether you agree to take part or not, this will not affect your engagement with Jigsaw and the service you receive. The researcher will first contact you to answer any questions you might have about the evaluation and to arrange a time that is convenient for you to take part in an interview over the phone. The researcher will then contact you at the time you arranged to ask you the interview questions. The researcher will take notes while you are talking but no information that can identify you will be used and your name will not be included anywhere.

In the interview, the researcher will ask you the following questions;

1. In your own words, describe Jigsaw...
2. What do you find most /least helpful about Jigsaw?
3. How useful do you think this type of service is for young people?
4. Is there something that could be done better/differently? Any new ideas?
5. Has coming here helped you/How?
6. Would you recommend Jigsaw to a friend?

All information shared by you during the interview will be kept confidential by the researcher. The only limit to confidentiality is that if you share information that could indicate significant risk to yourself or to anyone else, the researcher has a professional obligation to follow up with the Director of Clinical Governance in Jigsaw, Dr Gillian O'Brien. Gillian will also be available to you by phone should you wish to seek any support as a result of taking part in the interview. She is contactable on 01 4727 010 / 086 020 8756 or at gillian.obrien@jigsaw.ie. Identifying information about you such as your name or age will not be used in any reports prepared by the HSE as a result of this interview.

Your participation in this interview is completely voluntary, you do not have to take part if you do not want to. You are free to share as much or as little information about your experience in Jigsaw as you like. You are free to decide that you do not want to take part in the interview at any time, without giving a reason. The service you receive in Jigsaw Dublin 15 will not be affected in any way by your decision to participate or not participate in the interview. If you do decide to take part, the information you share in the interview will not be shared with your support worker. Interviews will be carried out with young people who are aged over 18 years of age and participants will be selected on a first come first serve basis meaning that even if you are happy to take part and you return a signed consent form the researcher may not contact you to take part in an interview if interviews have already been completed.

Please take time to consider whether you would like to take part in this interview or not. If you have any questions, please telephone xxxxx on XXXX or contact me by e-mail: xxxx

If you agree to take part in the interview, please sign the consent form on the attached page and keep one copy of this agreement page for your future reference.

Thank you very much for taking the time to read this information and consider taking part.

CONSENT FORM for young people aged over 18 years of age

DECLARATION

Young person's consent to participate

I have read and understood the attached information sheet and consent form and I agree to being contacted by the researcher (Dr Maria Power, HSE Evaluator) in relation to taking part in a short one to one interview over the phone at a time that is convenient for me. I confirm that I am 18 years or older.

I have read the information sheet describing the interview and this consent form and have had time to consider whether to participate. I understand that my participation is voluntary and that I am free to withdraw from the interview at any time without disadvantage. I agree to take part.

I understand that, as part of this interview, the information I provide will be used as part of the HSE evaluation of the Jigsaw service and some of the information may be included in a report. I understand that my name or any information that could identify me will not be included in any records.

Young Person's Name: _____

Signature: _____ Date: ____ / ____ / ____

PLEASE RETURN THIS FORM TO YOUR CLINICAL SUPPORT WORKER IN JIGSAW IF YOU ARE HAPPY TO TAKE PART IN THIS RESEARCH.

Appendix E: Jigsaw Referral Guidelines

Jigsaw is a primary care youth mental health service for young people aged 12 to 25 years.

Jigsaw provides a brief, goal focused service which typically consists of initial screening/assessment followed by up to six sessions of support.

Jigsaw is a free service.

Young people, parents/guardians, GPs & other professionals can refer to Jigsaw (with consent).

	Suitable	Not Suitable
Emotional & Behavioural Difficulties	Relationship or interpersonal difficulties, bullying, stress, low self-esteem, body image issues, shyness, anger etc. which would benefit from a brief intervention.	Complex and/or chronic emotional & behavioural difficulties.
Mental Health Difficulties	Mild to Moderate presentations of low mood, anxiety, panic etc.	Moderate-Severe & enduring mental health difficulties, e.g. recurrent depression, bipolar disorder, psychosis, anorexia, bulimia or chronic anxiety.
Self-harm	Self-harm <i>without</i> suicidal ideation.	Self-harm accompanied by suicidal ideation/intent. <i>Young people at immediate risk of harm to themselves should be referred to crisis services.</i>
Suicidal ideation	Suicidal ideation <i>without</i> suicidal intent.	Suicidal ideation accompanied by suicidal intent. Young people at immediate risk of harm to themselves should be referred to crisis services.
Substance Use (Drugs & Alcohol)	Experimental and/or recreational substance misuse which is secondary to a young person's mental health difficulties.	Moderate to severe substance misuse/ substance dependence.

Other referrals will be considered on a case-by-case basis. Please feel free to contact us to discuss a young person's appropriateness for Jigsaw.

Please note: Jigsaw is not an emergency or crisis service.

Appendix F: Jigsaw Clinical Tools

In-person screening

Appendix F1

WHAT HAPPENS DURING AN IN PERSON SCREENING?

In Person Screen Session Framework

1 **Session orientation**
Acknowledge possible emotions or previous experiences around help seeking. Let the young person know they can ask questions anytime.
Orientate the young person to the time and process of the In Person Screening (IPS) session:
• Service outline and scope
• A getting to know conversation of what might bring them to Jigsaw
• Before finish will have a plan of what (service) might best meet their needs

Consent and confidentiality
As per the Consent Form.
It's important to give examples of confidentiality.

2 **Reason for contact or referral**
Look to establish presenting issues and reason for referral.
Establish what the young person and parent/carer understand by referral or attending Jigsaw, whether that is same/different to the referrer, and what that might mean.

3 **Problem and coping history**
Try to establish duration, severity and functionality.
Try to establish what has worked/not/in what circumstances, and if there are exceptions.
Try to establish risk regarding substances, harmful behaviour and suicide.
Administer the CORE.

4 **Strengths and systems of support**
Look at interests/talents/gifts/5-a-day; might be of use in intervention and assess for narrative of self, how the young person spends their time, their access to social and material resources.
Outsider witness of value.
Look for One Good Adult, someone trusted.
Explore relationship to help.

5 **Change and goals**
Interest in changes in understanding, meaning, experiences (emotions, behaviour, thoughts), or environment.
Establish initial broad area for goal(s) if possible.

6 **Action plan**
Outline of services most appropriate.
Give plan of contact for decision/session.

Guidance and prompt questions for an In Person Screening...

This is not necessarily a linear process, although some areas make sense in terms of structuring a beginning and end of the session. It is not an exhaustive list of questions and ideas for what might occur or be helpful at an In Person Screening. The intention is not to have everyone sound the same, so it is important to bring your own style.

An In Person Screening typically takes approx. 30 minutes to complete. If more extensive risk assessment is required this will take longer.

Session orientation

When orienting a young person (and parents/carers) to a session and service it is important to put them at ease. When recording, note who attended and what they were present for.

- Might be ok to be here today, might be a bit *scary/wobbly/confusing/annoying* (whatever appropriate), so we'll take it easy and get to know each other a bit. We'll be looking to see if Jigsaw is the right service for you, and if you're interested in coming. If not then we'll make a plan together about what might help instead.
- Clinician will talk a bit, a chance to let you know about Jigsaw and what to expect, can ask at any time to take break or questions. Will talk a bit and do some forms so we can get a sense of what is going on.
- What do you know about Jigsaw? Where did you hear about Jigsaw?
- What brought you here today? What do you think about being here? (Can also lead into reason for contact).
- Go through form, seek signature and copy for young person/parent.
- Voluntary.

Consent and confidentiality

Please ensure you complete the Consent tab in the JDS, this is intended for anything that arises additionally in relation to consent and confidentiality.

- Consent from one parent/guardian is considered sufficient. Please see Consent Policy for further details.
- Contact by phone/text/letter.
- Who is coming to appointments/dropping off/collecting?

Reason for contact or referral

- What would you like to come to Jigsaw for? What brings you to Jigsaw? What's worrying you? What led for X person to refer you? What's that like for you?
- How would you rate it now from 1-10? And how would you rate it when first started? Any times it is different?
- Can you remember it being different? What was happening then? What enabled that difference?

Problem and coping history

It is important to get a good sense of what is the problem, for whom, and why the young person is coming to Jigsaw to talk about it now.

- How long has this been a problem for? When did this start? What brings you here now?
- What have you tried when coping with these issues? What has worked and what hasn't?
- Can you (or parent) talk me through a challenging situation where you coped really well?
- Have you ever coped in ways that might be seen as unhealthy or unhelpful (drugs, alcohol, etc.)?
- Have you had any thoughts about hurting yourself? Or thoughts about suicide? Have you tried to harm yourself? When? Do you feel this way now?
- Is there anyone close to you or who you know (friends/family/neighbourhood) who has tried to hurt themselves? (self-harm or suicide)?

Strengths and systems of support

These will be covered in more detail at HEADSS, so it does not need to take lot of time. However, it is important to get to know the young person beyond their problem-saturated story.

- What do you enjoy doing? What interests do you have?
- What are you good at? What would other people say you're good at? (Might ask parent this)
- Who would you trust to talk to about problems or to go to for support? What might they say about you being here? Who else is around (family/friends)?
- Are there any other services or professionals involved with you or your family? Have there ever been? What was it like to work with them?

Change and goals

Young people are not expected to know their goal(s) at this stage, but some will so it is good to capture them. No sense of what needs to change/goals can be figured out in intervention, but can at times indicate another service more suitable.

- What would you like to work on with Jigsaw?
- What would you like to be different by coming here?
- What might your support person say about what they would like to change for you by coming here?
- How would we know our time together here has been helpful?

Action plan

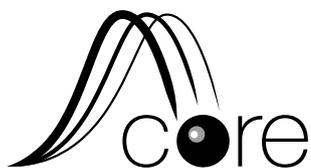
Please record as outcome of brief contact.

- Let the young person/parent know what is happening next; that you are referring on/signposting, or you will contact them/offer HEADSS and when by.



YP CORE Assessment

Appendix F2



YP-CORE

Assistance given?
(If yes, please tick)

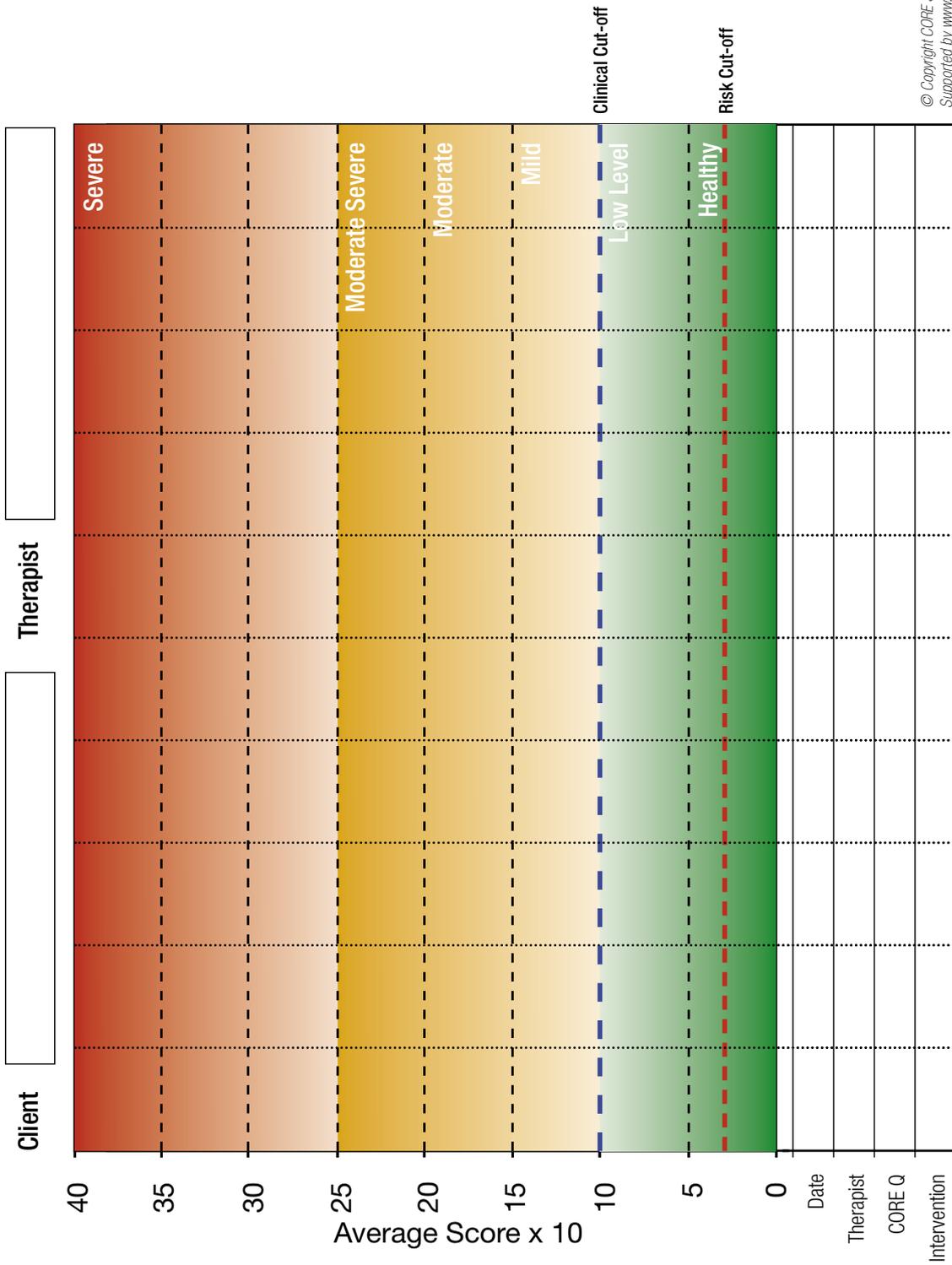
Site ID	<input type="text"/>	Male	<input type="checkbox"/>
Client ID	<input type="text"/>	Female	<input type="checkbox"/>
	Letters only Numbers only	Age	<input type="text"/>
Therapist ID	<input type="text"/>	Stage Completed	
Subcodes	Numbers only (1) Numbers only (2)	S Screening	Stage
Date form given	d d / m m / y y y y	R Referral	<input type="text"/>
	<input type="text"/>	A Assessment	Episode
		F First Therapy Session	<input type="text"/>
		P Pre-therapy (unspecified)	
		D During Therapy	
		L Last Therapy Session	
		X Follow up 1	
		Y Follow up 2	

These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then put a cross in the box you think fits best. Please use a dark pen (not pencil) and mark clearly within the boxes.

OVER THE LAST WEEK...	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I've felt edgy or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I haven't felt like talking to anyone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I've felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I've thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. There's been someone I felt able to ask for help	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. My thoughts and feelings distressed me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. My problems have felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. It's been hard to go to sleep or stay asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I've felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I've done all the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Thank you for answering these questions

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CORE-10

Appendix F3

CLINICAL OUTCOMES in ROUTINE EVALUATION

CORE-10 Screening Measure

Site ID <input type="text"/>	Stage Completed S Screening R Referral A Assessment F First Therapy Session P Pre-therapy (unspecified) D During Therapy L Last therapy session X Follow up 1 Y Follow up 2
Client ID <input type="text"/> / <input type="text"/> letters only numbers only	Episode <input type="text"/> Stage <input type="text"/>
Sub codes <input type="text"/> / <input type="text"/> / <input type="text"/> Therapist ID numbers only (1) numbers only (2)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date form given D D / M M / Y Y Y Y <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	Age <input type="text"/>

IMPORTANT - PLEASE READ THIS FIRST
 This form has 10 statements about how you have been OVER THE LAST WEEK.
 Please read each statement and think how often you felt that way last week.
 Then tick the box which is closest to this.
 Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I have made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total (Clinical Score*)

* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire

CORE-10 Copyright CORE System Trust (February 2006)



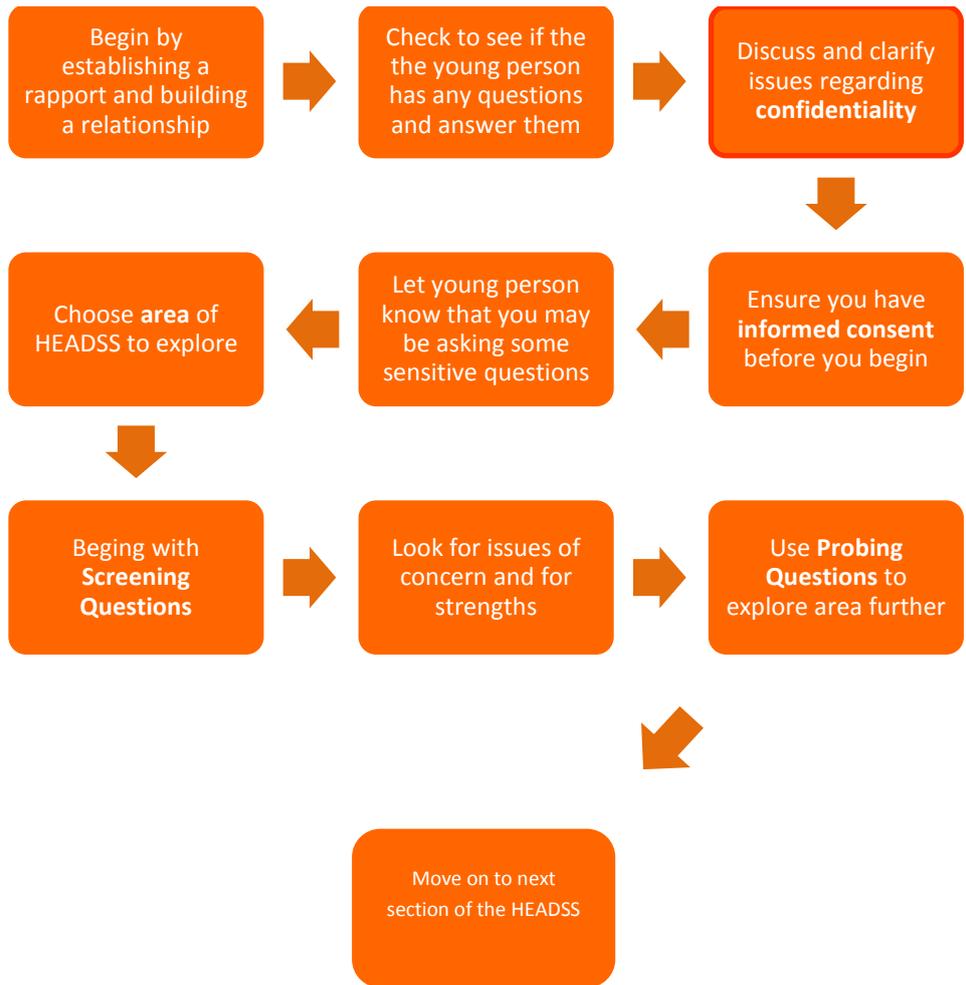
HEADSS Assessment form

Appendix F4

The HEADSS

Framework for Understanding Young People

When using the HEADSS assessment process, follow the steps below to guide your engagement and exploration with the young person.



In each section, you will be given examples of Screening and Probing Questions. These are a guide to the kinds of questions it is important to ask a young person. You are free to add to this list and to rephrase the questions to suit the young people you are working with.

You may not complete this screen in one session. If you run out of time, you can return to it when next you meet the young person.

Seek supervision if any issues of concern arise.

Home, Family and Environment

H

Screening Questions:

1. Where do you live?
2. Who lives at home with you?
3. How long have you lived there?
4. What is it like to live there?
5. Is this stable accommodation for you?
6. What are your relationships like at home?
7. How do people get on together there? (If not) Can you tell me a little more about what the issues are?
8. Do you feel OK and safe at home?
9. Who in your family can you rely on for support?
10. Do you spend time doing things with your family?

Probing Questions:

1. How do you get on with your family (ask them about each family member)?
2. Who are you closest with in your family? What is it about this person that you like/connect with?
3. Have there been any changes in your family/home recently (e.g. someone left/arrived)?
4. Are your parents well/OK? (If not) What's going on for them?
5. What do your parents do for a living?
6. What kinds of things do you and your family argue about the most? What happens in the house when there is a fight? How is that for you?
7. Is there anything you would like to change about your family? Why?
8. Have you ever had to live away from home? Why? When? What was that like?
9. What are the good things about your family? What do you like most?

NOTES:

Education and Employment

E

Screening Questions:

1. So you're at school/working/looking for work. How's that going?
2. Do you enjoy school/work? What do you/don't you like about it?
3. What is it in school/work that you are good at?
4. Do you go every day? [If not] What makes it difficult to get there every day?
5. How do you feel you're coping with school/work? How do you feel about this?
6. Do you have a favourite teacher/workmate? What is it about them you like?

Probing Questions:

1. Are you doing what you want to do at school/work?
2. What would you prefer to be doing?
3. What are your ambitions/hopes for the future?
4. Tell me about your friends at school/work?
5. How do you get along with your peers?
6. Who supports you most to get on with school/work?
7. Is your school/work a safe place? [If not] Why does it not feel safe?
8. How much school/work do you miss?
9. Have you ever been suspended/fired?
10. Why is it so tough at school/work? Do you need help with this?
11. Does this ever get you down? How do you cope with that?
12. Is there anyone you can rely on for support?

NOTES:

Activities and Friendships

A

Screening Questions:

1. What do you like doing?
2. Do you get much exercise? Doing what?
3. Do you enjoy it?
4. Do you have friends that you hang out with?
5. Can you tell me about your friends?
6. Do you mainly spend time on your own? Is that OK with you?
7. What are you good at? How does it make you feel when you are doing that?
8. What would other people in your life say you are good at?

Probing Questions:

1. Are most of your friends from school/work or elsewhere?
2. Are your friends the same age as you?
3. Do you have one close friend or a few friends?
4. Can you tell me about who you are closest to? What is it about them you like?
5. If your friends were to say something good about you, what would they say?
6. Do you have a lot of friends? Why do you think that is?
7. Are there things you would like to be doing that you're not doing at the moment?
8. What do you do on the weekends?

NOTES:

Drugs and Alcohol

D

When exploring the area of drugs and alcohol, questions should take into account the young person's developmental age. For younger people, you might consider beginning your questions with "Do you....". For older young people, it may be more appropriate to begin some of the questions with "What do you....".

Screening Questions:

1. Do you drink? Smoke?
2. Have you tried or used drugs? What have you tried?
3. What do you like about it? What don't you like?
4. Have you regularly used alcohol or drugs to help you relax, calm down or feel better?
5. Have you had any problems with family, friends, police (or courts) related to drinking or using drugs?
6. Would any of your friends or family say you have a problem with drinking or drugs?
7. How have you managed not to drink/take drugs/smoke? How do you feel about the fact you don't drink/take drugs?
8. How did you manage to get off the drink/drugs? What helped you? Who supported you with that?

Probing Questions:

1. How do you (and your friends) take them? (drugs)
2. Do you regularly use other drugs? How much and how often?
3. Do your friends use alcohol or drugs? When? (e.g. parties) How often? How much?
4. Does anyone in your family drink, smoke or use other drugs? If so, how do you feel about this - is it a problem for you?
5. Would you like it to be different? In what way? Who in your life might help you get there?

NOTES:

Sexuality and Relationships

S

Questions about relationships and sexuality can be particularly sensitive and intimidating for young people. It is important to be aware of how a young person is responding and reacting to these questions. If a young person is struggling to answer these questions, consider talking with them about how to explore these issues in a way that is comfortable for him/her. For younger people, while it is important to explore some of these issues, you need to use your judgement about which questions to ask. You may only ask one or two general relationship questions and only ask further questions if they report something of concern.

Screening Questions:

1. Are you in, or have you ever been in a relationship?
2. Would you like to be in a relationship? What do you think would be different if you were?
3. Are you sexually active? How do you feel about that?
4. Do you use condoms, or something else?
5. Have you ever wondered about your sexuality or explored your sexuality? (gay, lesbian, bi-sexual, transgender or questioning)

Probing Questions:

1. Do you use contraception? What sort and how often (10, 50, or 70% of the time)?
2. Have you ever had pregnancy concerns – e.g. being or getting someone pregnant?
3. Do you have any concerns about sexually transmitted infections?
4. Have you ever felt pressured or uncomfortable about having sex?

Remember, if a young person discloses abuse, even if this was in the past, you will probably need to contact the HSE social work services about this. Ensure young people are aware of this.

NOTES:

Signs of Mental Health Difficulties and Safety S

This part of the HEADSS guides you in asking questions that will help you uncover some of these signs. It may seem like there are a lot of detailed questions in this section of the HEADSS but they all have a purpose in understanding whether young people are developing or experiencing a more serious mental health issue.

Screening Questions:

1. Do you feel unusually anxious or worried?
2. Do you feel sad or down more than usual? Have you ever felt that way? For how long?
3. Have you lost interest in things that you usually like?
4. Are you having trouble sleeping?
5. Do you have a good appetite? Has that ever changed? When was that? Do you know why?
6. Do you find yourself spending less and less time with friends?
7. Would you rather just be by yourself most of the time? Why?
8. How do you feel about how you look? Does it worry you? Is that affecting your eating? Have you lost or gained weight recently?
9. Have you ever deliberately harmed yourself in any way?
10. How are your energy levels? Do they seem unusually high or low?
11. Some people can see or hear things that other people don't seem to see or hear, especially when they are stressed – has that ever happened to you?
12. Have you ever had the feeling that someone is out to get you? Can you tell me a little more about that?

Probing Questions:

1. Can you tell me more about or give me an example of....(depending on what issue young person identifies as problematic)?
2. Did you ever get help with that? From who? Are you still involved with them?
3. What helped you get through that? How are you managing with that now?
4. Who is supporting you to deal with that? Who would you like to support you to deal with that?
5. Have you ever thought you'd be better off dead or have wished you were dead? When was that? Do you still think that?
6. Have you ever thought about killing yourself? Is that something you are thinking about at the moment?
7. Do you have a plan for how you would kill yourself? Can you tell me what it is?

NOTES:

Appendix G: Youth Participation Model

The chosen model of youth participation for Jigsaw is based on the IAP2 – Spectrum of Public Participation. The spectrum was designed by the *International Association for Public Participation* to assist with the selection of the level of participation that defines the public’s role in any public participation process. The spectrum shows that differing levels of participation are legitimate and depend on the goals, time frames, resources, and levels of concern in the decision to be made. The spectrum is essentially a matrix identifying the various levels of public participation. The levels of participation in the spectrum/matrix include *inform, consult, involve, collaborate and empower*. Each level of participation is chosen based on the specific goal of the project and the promise being made to the young people.

Jigsaw’s adaptation of the model takes into account the varying ways young people can be involved in the organisation and incorporates where decisions lie to give both young people and staff clarity. This model can be used for staff and young people to identify where they are at in relation to participation and ensures that young people are appropriately and meaningfully involved. The adaptation of this model involved consulting with young people and staff across Jigsaw to identify how this model would have practical use in the work undertaken.

Model of Youth Participation used in Jigsaw					
	Inform	Consult	Involve	Collaborate	Empower
Youth Participation Goal	To provide young people with information about developments within Jigsaw	To obtain feedback from young people	To work directly with young people throughout a process to ensure that the concerns are of young people are consistently understood and considered	To partner with young people in each aspect of the decisions including the development of solutions	To support young people to lead projects, programmes and actions.
Decision Making	Decision making lies with Jigsaw	Decision making lies with Jigsaw	Decision making lies with Jigsaw	Young People and Jigsaw share decision making	Young People play a central role in decision making.

Model of Youth Participation used in Jigsaw					
	Inform	Consult	Involve	Collaborate	Empower
Commitment to young people	We will keep you informed	We will listen to you, take your thoughts and provide feedback on how you influenced the decisions	We will work with you to ensure that your concerns and issues are directly reflected in the development of Jigsaw and provide feedback on how you influenced the decisions	We will look to you for direct advice and guidance and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what young people decide
Example tools	Fact sheets Websites Face book groups Information sessions	Focus groups Surveys Meetings	Workshops Meetings	Meetings Young people involved in relevant structures	Meetings
Activities	YAP meetings	Community consultation New projects YAP Meetings	Board meetings of Directors Jigsaw Advisory Groups Sub groups	Board subcommittees Peer Education Management Advisory Groups, i.e. Research Recruitment of staff	The YAP work plan Speak Your Mind Campaign Leaflets

TEPPS

Participation in after-school programs is an important lever to improve adolescents' health and wellbeing; however, well-defined measurement of the quality of participation in these programs is limited. The present study validated a newly designed measure of participation in a sample of urban youth enrolled in community-based after-school programs. Exploratory and confirmatory factor analyses were used to test the structure of the 20-item Tiffany-Eckenrode Program Participation Scale (TEPPS). Results suggest that the scale is comprised of four subscales (Personal Development, Voice/Influence, Safety/Support and Community Engagement). The TEPPS was also correlated with several commonly used measures of program participation. Findings from this paper provide support for the use of the newly designed scale as a valid and reliable measure of quality program participation by youth.

Appendix H: Jigsaw Workshops

Training Summary

What is Jigsaw?

Audience: Professionals and organisations working in an area where a Jigsaw Service is located
Length: 40 minutes

It's time to start talking

Audience: 13-17 year olds
Length: 40 minutes

Supporting young people's mental health

Audience: Parents, guardians, interested adults
Length: One hour

5-a-day for mental health

Audience: 17-25 year olds in 3rd level education
Length: One hour

My mental health: What helps

Audience: 16-25 years olds in informal settings
Length: Two hours

Self-care for One Good Adults

Audience: Adults who work or volunteer with young people
Length: One hour

One Good Coach: Promoting young people's mental health

Audience: Sports coaches
Length: 50 minutes

Understanding youth mental health

Audience: Those who work or volunteer with young people
Length: One-day interactive workshop

Minding youth mental health

Audience: Adults who work or volunteer with young people
Length: One-day interactive workshop

Appendix I: *Description of the PQASSO Quality Areas*

Quality Area 1 – Governance

Board members have overall legal responsibility for the organisation. This Quality Area is about how the Board provides the strategic direction for the organisation, how it ensures the organisation meets all legal requirements and is governed effectively, and how the Board is accountable to its stakeholders. The Board reviews its practices, ensuring it has the right skills and experience.

Quality Area 2 - Planning

Having a clear overall purpose and planning ahead are essential for any sound organisation. This Quality Area is about defining your mission, aims and values, based on understanding what your users and other stakeholders need. You then plan what you will do and agree outcomes, set targets, and systematically review progress. Where relevant, you involve users.

Quality Area 3 - Leadership & Management

Organisational leaders provide inspiration and direction, both internally and externally. Managers are responsible for planning and organising resources, and supporting people to get the results the organisation wants. This includes responsibilities for legal and financial matters, policies, systems and procedures. Managers also need to communicate well and encourage a constructive working environment.

Quality Area 4 - User-centred service

Your organisation exists because of the benefit it can bring to its users. This Quality Area is about how you get to know who your users are and what they need, and how you inform and involve them in order to achieve better outcomes for them. You must have effective ways of collecting and reviewing user feedback.

Quality Area 5 - Managing people

Staff and volunteers are your organisation's most vital resource. This Quality Area is about how you recruit and manage them so that the organisation flourishes. It is also about how you value and support them so that they are motivated and effective.

Quality Area 6 - Learning and development

Learning opportunities are essential for the development of the organisation and its people. This Quality Area is about how people get the information and skills they need to work well. This includes having an organised approach to training and other opportunities for learning.

Quality Area 7 - Managing Money

For an organisation to survive, it must manage money competently. This Quality Area is about how you attract money to support your work, and then manage it effectively. This includes meeting your legal responsibilities and having a planned approach to getting the most out of your financial resources.

Quality Area 8 - Managing resources

This Quality Area is about how you manage non-financial resources - for example, equipment, premises and information -for the benefit of the organisation and its aims. This includes maintenance, health and safety, and environmental sustainability issues.

Quality Area 9 - External communications

Raising your profile and being clear about what you want people to know is essential if you want to promote your work and represent the needs of your users. This Quality Area is about how you raise awareness of your services and activities externally. It is also about how you communicate with external stakeholders and influence change.

Quality Area 10 - Working with others

Working with other organisations, in partnership or simply to gather information, can help your organisation to meet its aims. This Quality Area is about how you link with other organisations, how you give and get information, and how you systematically strengthen your work through partnership.

Quality Area 11 - Assessing outcomes and impact

To ensure the best possible health and performance of your organisation, you need to systematically gather information and review it. This Quality Area is about the systems you use for monitoring and evaluation. It is about ensuring that people understand them and are using them effectively to learn from and improve what you do.



Appendix J: Sample Jigsaw Referral Letter to GP

Dr.....
Dublin GP Practice,
123 Dublin Road,
Dublin 1



DATE

Private and Confidential

Re: Young Person DOB: Address: 1 Jigsaw St, Dublin 2.

Dear Dr,

I am writing to inform you that the above named young person attended for their initial screening appointment today to ascertain whether the support offered by Jigsaw would be sufficient to meet their current presenting needs. Jigsaw is a primary care early intervention service that seeks to support young people (aged 12-25) who are experiencing mild to moderate mental health difficulties.

In the course of this initial screening appointment, x shared certain information with us which indicated that her current presenting needs would not be sufficiently met by Jigsaw at this time. Ann presented objectively with a flat affect, showing difficulty in maintaining appropriate eye contact and advised that for the past three months she has been struggling with the following difficulties:

Low mood- x advised that her mood is pervasively low over the past three months, reporting a typical mood of 3/10 (where 0=low, 10=high) noting that it rarely raises higher than this

Anhedonia- x informed me that she has lost interest in activities previously enjoyed and finds it difficult to engage in her usual recreational activities

Suicidal ideation- x reports regular fleeting suicidal ideation without intent or plan. She reports that typically she will experience thoughts of “what’s the point” or “would it be easier if I wasn’t here” but advised that this tends to dissipate quickly once she is distracted, and confirmed that she has never considered methods or formulated any plans with the intent to harm herself

Poor concentration- x advised that since returning to school five weeks ago she has found it difficult to engage with her studies or concentrate in class

Social withdrawal- x noted that she has been gradually withdrawing from friends for the past three months, advising that over the past four weeks she has not left her home except to attend school

Sleep disturbance- x advised that over the past three months her sleep has been significantly disturbed reporting that she will not fall asleep until approximately 3am most nights, and then will struggle to wake in the mornings, noting that on weekends she will typically sleep until 4pm in the afternoon

Appetite disruption- x informed me that her appetite is significantly disrupted, advising that on some days she will not feel like eating at all, and then on other days she will graze on food throughout the day

High levels of distress- As part of the initial screening meeting a YP CORE (standardized psychometric tool measuring levels of distress over the past week) was administered, and Ann scored 29/40 placing her in the clinical range for levels of distress

x advised that the following difficulties have impacted her functioning in the following areas:

School: x has missed eight days out of the past week in school, and notes a decline in her academic performance

Friends: x reports that she is no longer communicating with her friends, which is contributing to her low mood

Activities: x has ceased engagement in a number of her recreational activities including football, piano and coding

Sleep and appetite: (as discussed above)

In light of the difficulties outlined above and the impact on her functioning at present, we have identified that Jigsaw would not be an appropriate support for x at this time. We have agreed with x and her parents, that it may be beneficial for them to seek a full assessment from a multi-disciplinary mental health team (CAMHS). We have advised x and their parent to attend your practice at the earliest possible convenience to seek further support regarding their current difficulties, and to be supported in accessing CAMHS for further assessment.

If you require any further information, or have any questions, please do not hesitate to contact me on (01) 123456.

Yours Sincerely,

.....

CORU Registered Social Worker

Clinical Coordinator

Jigsaw

Appendix K: Local Jigsaw Analytics

Analytics

Note: Cork, Dublin City, Galway, and Kerry services opened in different years. Hence the level of data recorded varies. Each service began recording data on the JDS in the following months:

Cork – May 2017; Dublin City – November 2016; Galway – August 2009; Kerry – April 2011

Data in this Appendix is from REACH of Louisville.

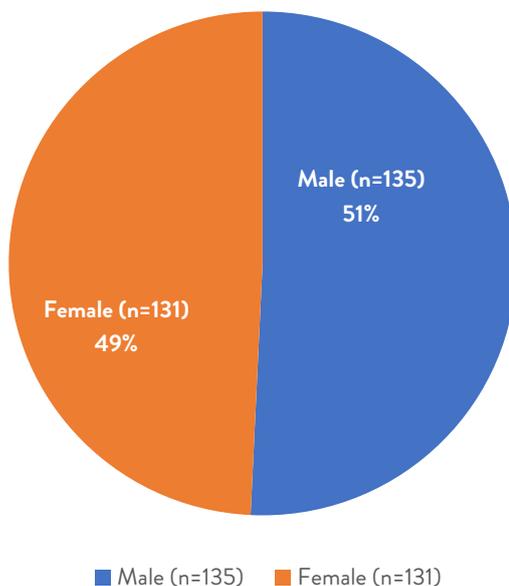
Gender of Service Recipients 2017

Appendix K1

Gender of Service Recipients

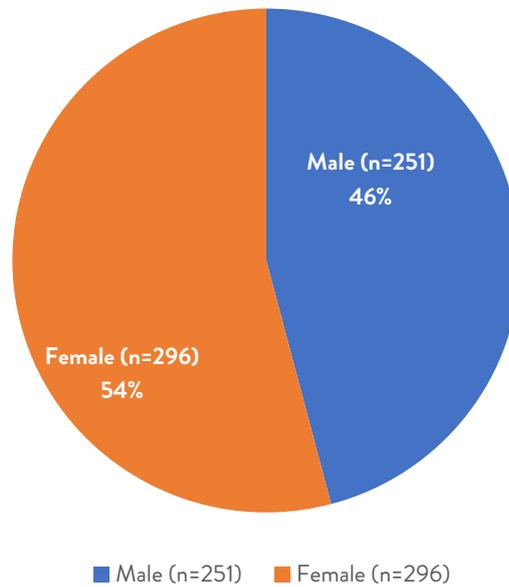
Jigsaw Cork

01/01/2017 - 31/12/2017



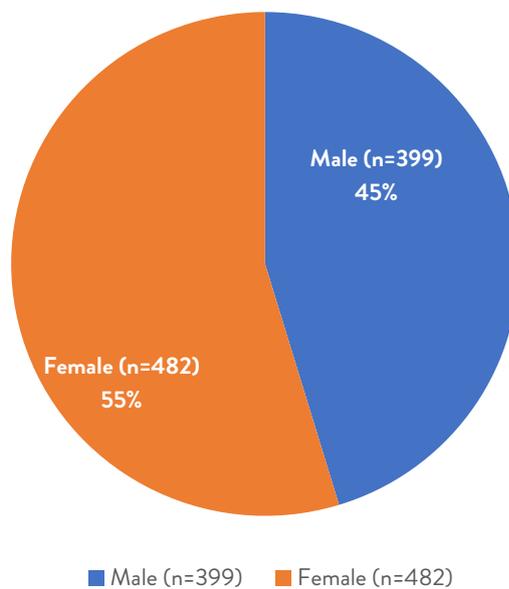
Appendix K2

**Gender of Service Recipients
Jigsaw Dublin City
01/01/2017 - 31/12/2017**



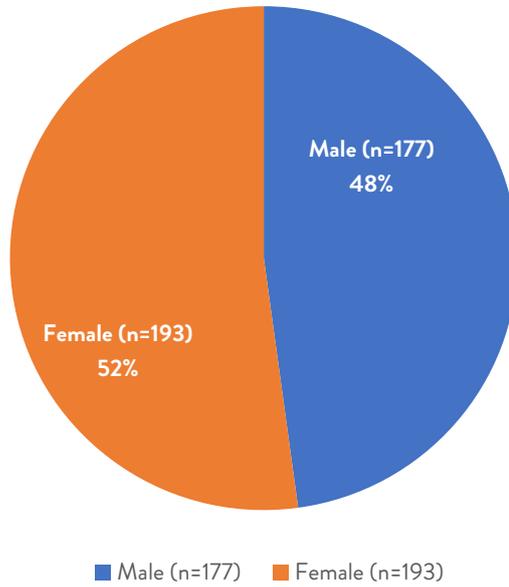
Appendix K3

**Gender of Service Recipients
Jigsaw Galway
01/01/2017 - 31/12/2017**



Appendix K4

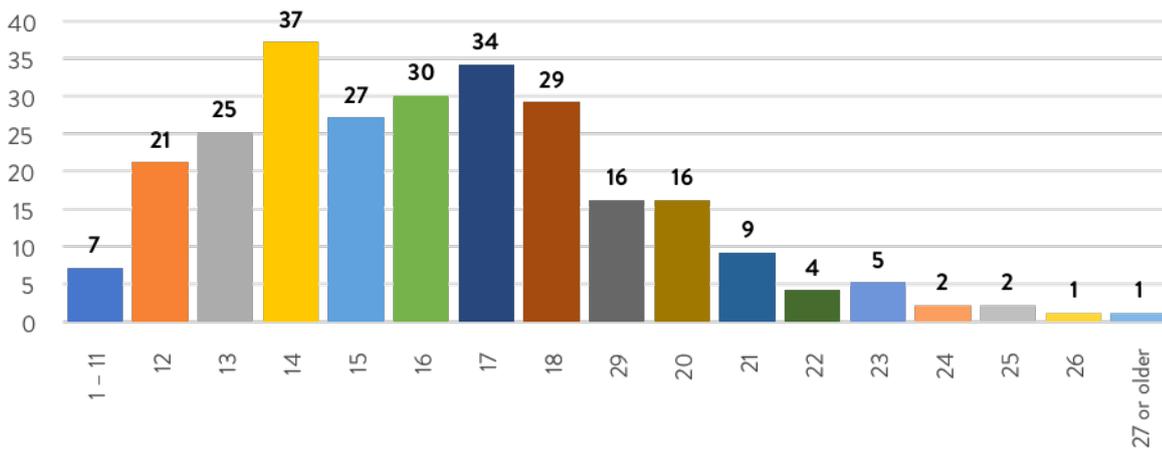
Gender of Service Recipients Jigsaw Kerry 01/01/2017 - 31/12/2017



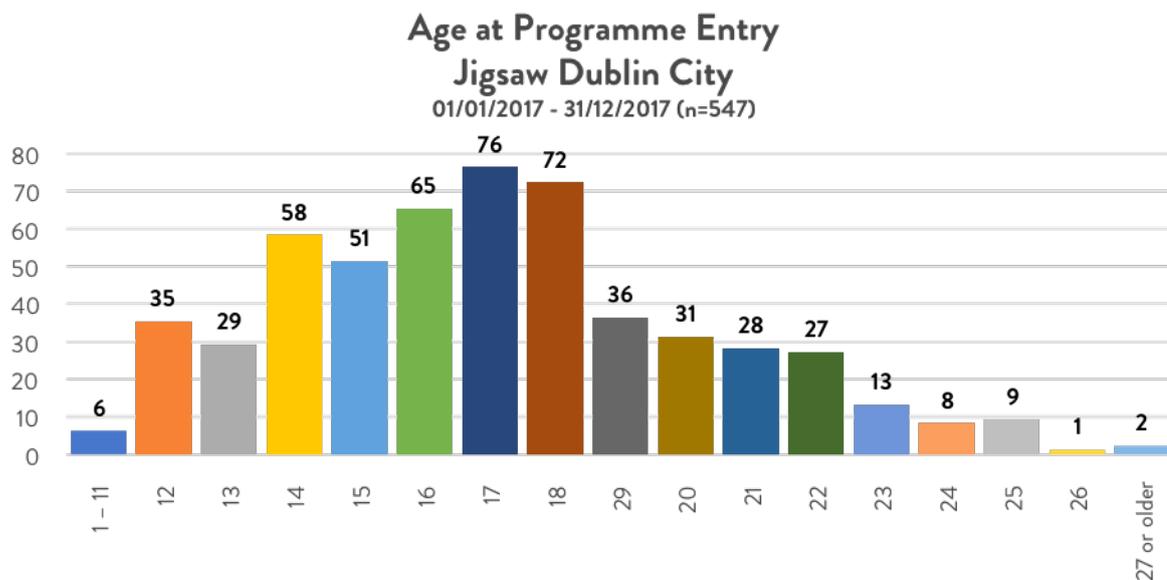
Age at Programme Entry 2017

Appendix K5

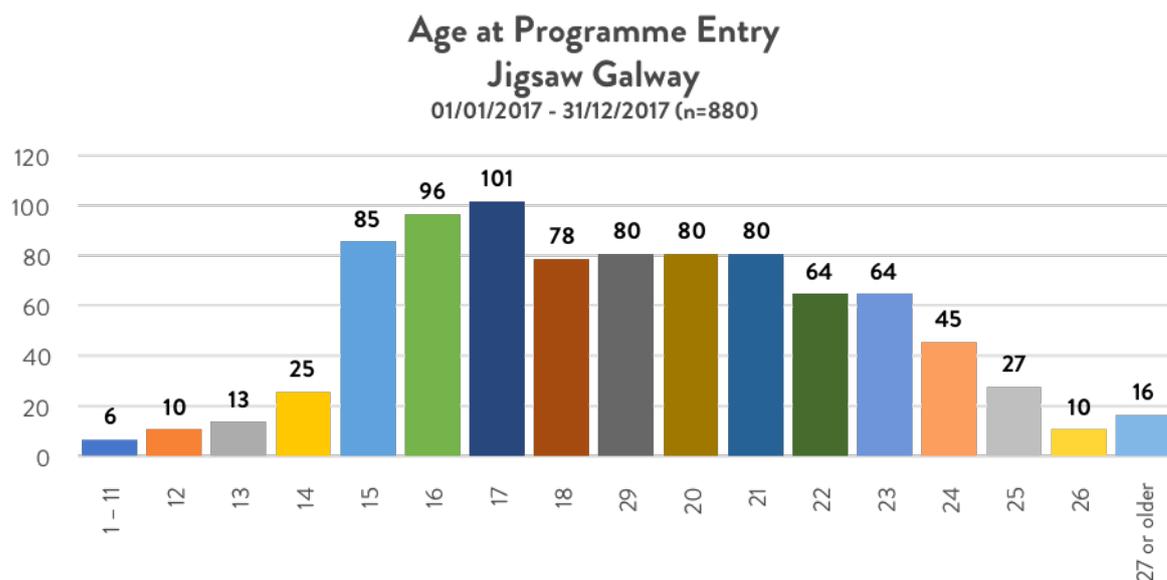
Age at Programme Entry Jigsaw Cork 01/01/2017 - 31/12/2017 (n=266)



Appendix K6

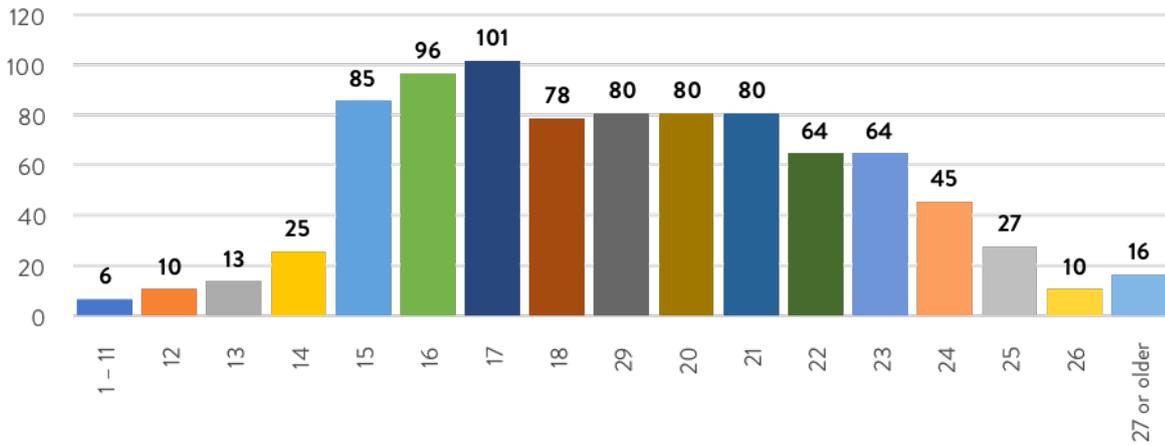


Appendix K7



Appendix K8

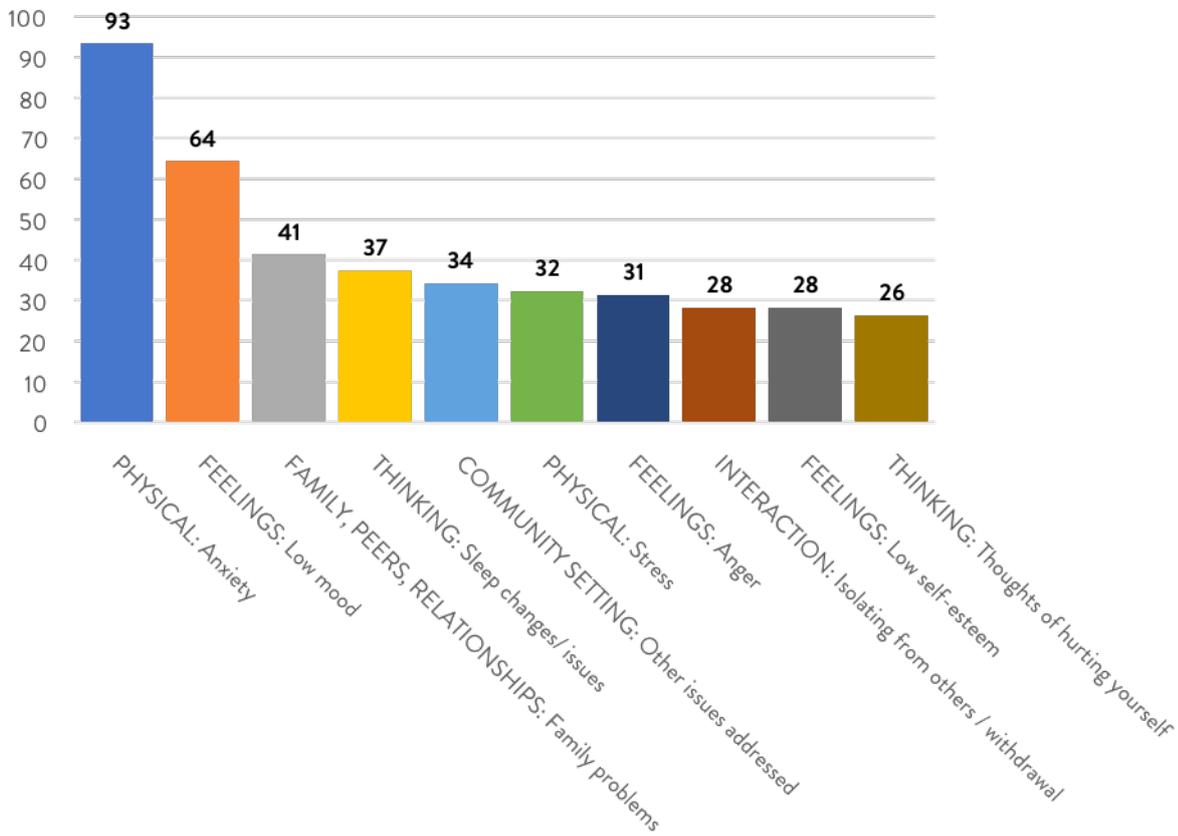
Age at Programme Entry
Jigsaw Kerry
 01/01/2017 - 31/12/2017 (n=370)



Top 10 Presenting Issues 2017

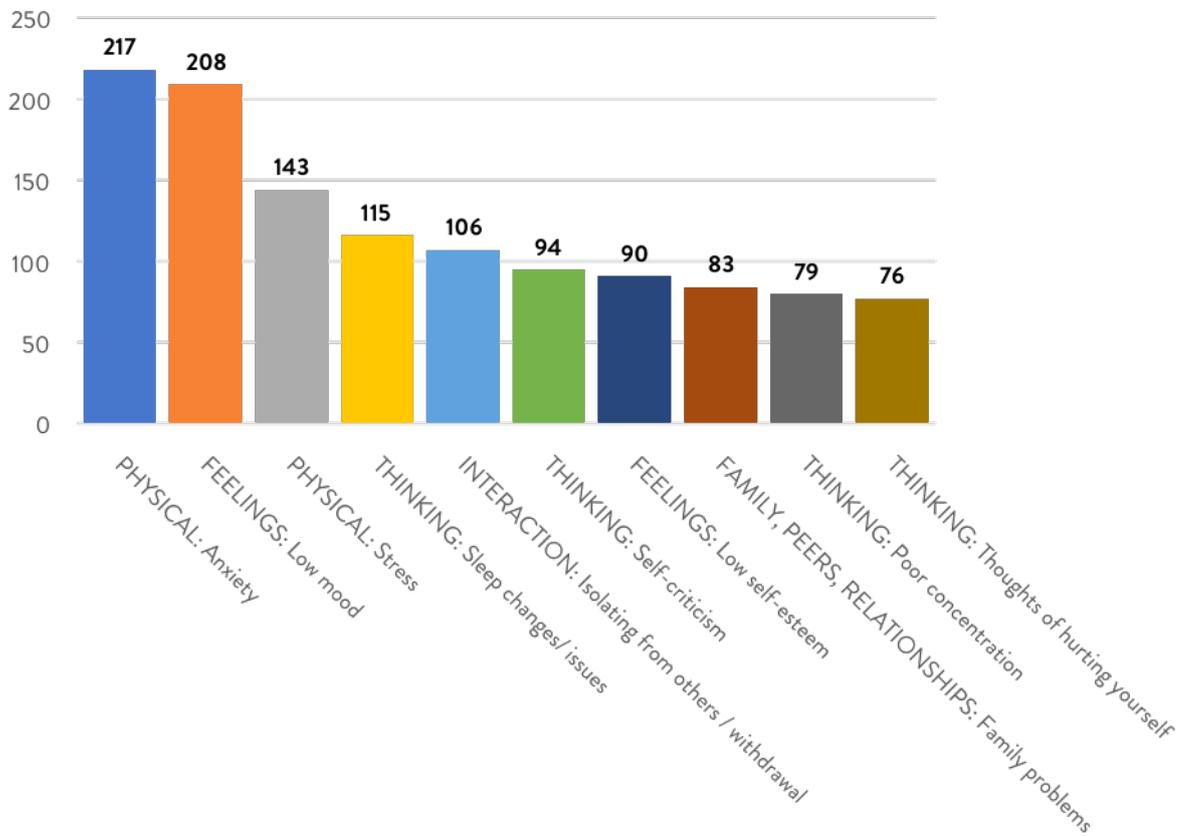
Appendix K9

Presenting Issues – Top 10
Jigsaw Cork
 01/01/2017 - 31/12/2017 (n=266)



Appendix K10

Presenting Issues – Top 10
Jigsaw Dublin City
 01/01/2017 - 31/12/2017 (n=547)

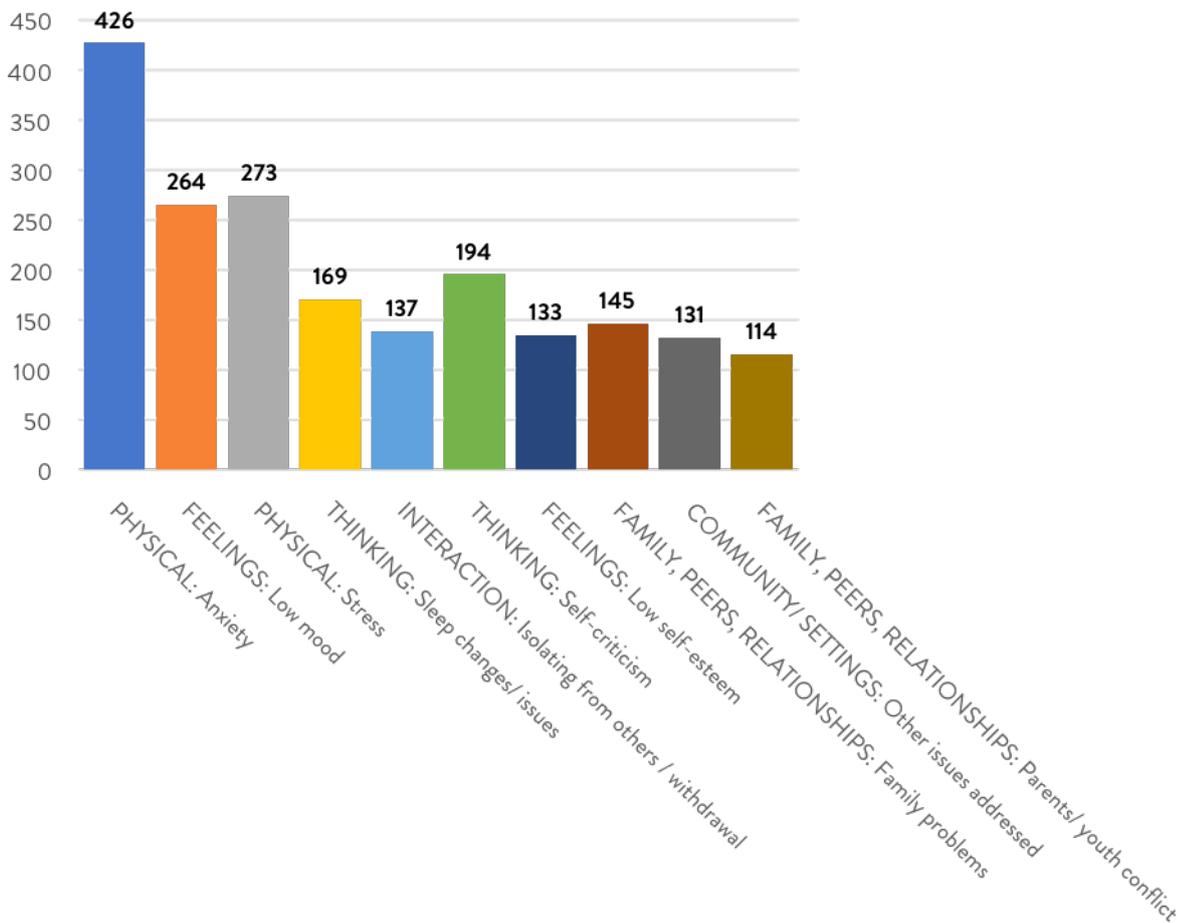


Appendix K11

Presenting Issues – Top 10

Jigsaw Galway

01/01/2017 - 31/12/2017 (n=881)

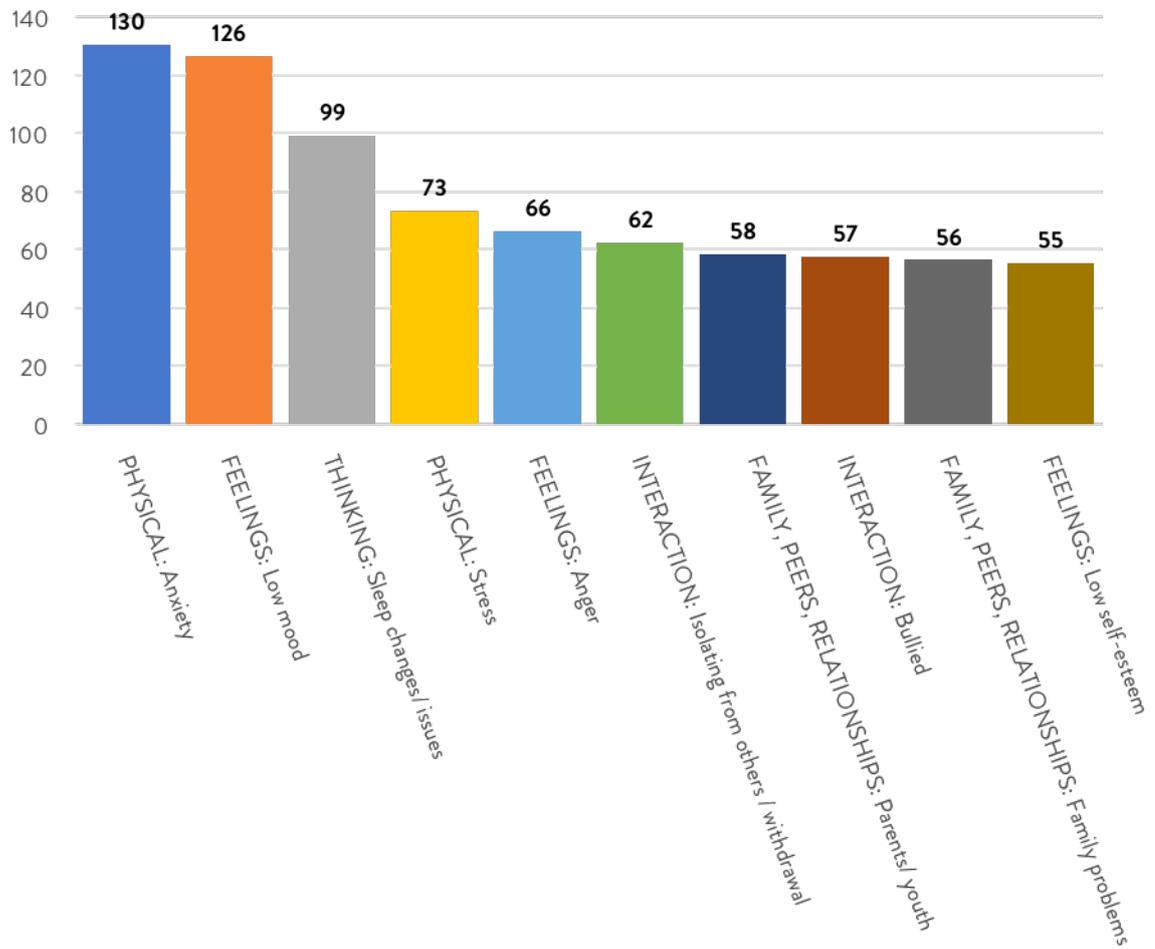


Appendix K12

Presenting Issues – Top 10

Jigsaw Kerry

01/01/2017 - 31/12/2017 (n=370)



Appendix L

Jigsaw Hub Organisational Chart

