Mind Mind Cymru

The Missing Middle programme

Impact, enablers and learning

March 2025

Contents

Key findings

- **There is a high level of need for support for young people with mild to moderate mental health symptoms**
- **Many young people would try to manage their symptoms on their own if this service didn't exist**
- **Schools are shown to be the most effective referral pathway into the service**
- **71% of young people experienced improvements to their mental wellbeing while attending the service**
- **63% of young people experienced improvements to emotional and behavioural difficulties while attending the service**
- **The tools and resources included in the wellbeing toolkit help young people to manage their mental health**
- **The supportive practitioners put young people at ease**

"If this service didn't exist, I would probably be in a much different place than I am now"
Young person

"Definitely a very big advocate for [the service]. Having been involved with [the adult iteration of the service] for a number of years and also having seen alternatives, this is definitely meeting that need. Also hearing feedback from one of the GP practices, they feel it is such a valuable service for their young people"
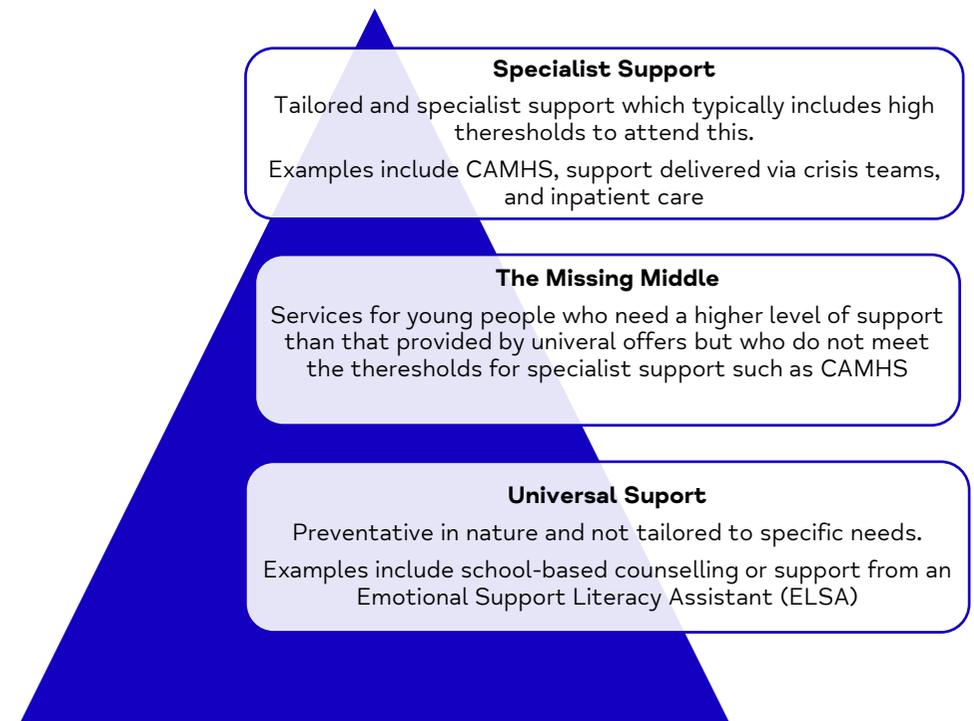Service Manager

Acknowledgements

We'd like to thank everyone who took part in this evaluation, especially the young people who shared their experiences of the service with us. We'd also like to thank the programme team at Mind for commissioning this evaluation, and for their support throughout.

Background

Improving the availability of prevention and early intervention support for young people emerged as a priority within Mind's 2021 strategy. This stemmed from a concerning trend showing a rise in poor mental health in young people. Coupled with high thresholds for specialist support, too many young people are unable to access support when they need it.

The term 'Missing Middle' refers to young people with mild to moderate mental health problems who don't meet the thresholds to access specialist support (for example NHS Children & Adolescent Mental Health services (CAMHS)) but whose level of need is higher than the remit of universal support.

Specialist Support

Tailored and specialist support which typically includes high thresholds to attend this.

Examples include CAMHS, support delivered via crisis teams, and inpatient care

The Missing Middle

Services for young people who need a higher level of support than that provided by univeral offers but who do not meet the theresholds for specialist support such as CAMHS

Universal Suport

Preventative in nature and not tailored to specific needs.

Examples include school-based counselling or support from an Emotional Support Literacy Assistant (ELSA)

In Wales, a 2018 Senedd Committee inquiry[1] raised awareness of the 'Missing Middle' and highlighted the urgent need to address the challenges faced by these young people. Six years on and many updates later, Wales has witnessed significant developments in this area, with national programmes, legislation and strategic frameworks all aiming to ensure a whole system approach is adopted, and that a multi-agency response is taken to meet the needs of these young people.

Acknowledging our potential role in this, and in response to these unmet needs, Mind Cymru has committed to leading a cross-locality programme to pilot potential solutions.

Mind took a service design approach to adapt Mind's guided self-help model for adults (known as Active Monitoring/ Supported self-help) which has an existing evidence base showing positive outcomes for adults. As well as taking learning from Mind's Big Umbrella[2] programme for young people. Mind worked with

stakeholders across England and Wales, local Minds, young people, parents and caregivers to explore the level of need and test proposed models. In 2020 a local Mind piloted the final model which is now called Mind's guided self-help model for younger people. Since the initial pilot, several other local Minds have gone on to deliver this service as they also identified the need for a younger persons-guided self-help service within their locality.

Mind Cymru concluded that Mind's guided self-help model could offer a solution to the 'Missing Middle' gap identified in service provision in Wales. This is where the idea for the Missing Middle programme stemmed from. Mind Cymru recruited three Welsh local Mind delivery partners to pilot the programme, building relationships and referral routes with CAMHS, GPs and schools.

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[1] Senedd Cymru Welsh Parliament (2017) The Emotional and Mental Health of Children and Young People ("Mind over Matter")

[2] Big Umbrella started life as a Department for Education funded programme. Mind designed the programme with young people aged between 10 and 18, educators and mental health professionals. Over 15,000 primary and secondary school pupils tested the model and local Minds delivered Big Umbrella within schools. This included a mix of assemblies, workshops and one-to-one sessions aimed to provide mental health support and awareness.

Programme summary

The Missing Middle programme uses Mind's guided self-help model for adults which has been adapted for younger people.

This model has been designed as a tier 1 / step 2 intervention and fits within the National Institute for Health and Care Excellent (NICE)[3] guidelines for guided self-help (see appendix 1 for more information about tiered/stepped care model in England and Wales by severity of need).

The model is designed as an early intervention service for young people aged 11 – 18 years old with mild to moderate mental health problems. It can be provided without the need for a formal diagnosis. It can also support young people who are on a waiting list for services to prevent their problems from worsening.

It's delivered as a free, six-week, guided self-help service to equip young people with the knowledge and skills to understand, protect and improve their mental health.

The support isn't counselling or cognitive behavioural therapy (CBT) but is delivered by trained mental health professionals who draw on counselling skills and CBT tools, as well as other resources as part of a bespoke package of support.

Each young person receives up to 5 x 20-minute one-to-one sessions with a trained local Mind practitioner to create a wellbeing toolkit which includes evidence-based tools. Young people can choose to bring a trusted adult with them to the sessions if they wish. An optional 'getting to know you' session is also offered as needed (see appendix 2 for an outline of each of the sessions.)

The wellbeing toolkit is unique to the individual and contains a range of tools and resources designed around the young person's needs. In addition to supporting common mental health problems, the service can provide content to support with the following topics:

1. About anger

2. Coping with loss

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[3] NICE helps practitioners and commissioners get the best care to people, fast, while ensuring value for the taxpayer
https://www.nice.org.uk/about

3. Coping with stressful and anxious feelings

4. Feeling lonely

5. Low mood

6. Positive self-talk

Young people can use the strategies that they've learnt and the tools and resources beyond the duration of the intervention.

What we funded

National Mind funded 3 local Minds for 21-23 months during 2023 - 2025 to deliver the Missing Middle within their communities.

Local Mind	Funding period	Target reach
Cwm Taf Morgannwg Mind	July 2023 – March 2025	200 young people
Swansea Mind	July 2023 – March 2025	200 young people
Neath Port Talbot Mind	April 2023 – Jan 2025	240 young people

The 3 sites tested the following referral pathways into the service:

- Child and Adolescent Mental Health Services (CAMHS)
- Schools
- GP practices
- Self-referral
- Community services (for example youth services)

Evaluation approach

Mind's Evaluation, Performance & Research team conducted an internal evaluation to:

- understand the impact of the service on young people

- understand any impact on the wider mental health system

- gather learning about the effectiveness of referral pathways through both statutory (for example CAMHS and GP practices) and non-statutory services.

This report presents the findings from this evaluation.

Quantitative methods

Quantitative data was collected from young people by local Mind practitioners to understand the impact of the service, and user satisfaction. Practitioners also recorded the number of referrals and engagement with the service. The data collection was designed to measure any changes in young people's mental wellbeing and emotional & behavioral difficulties while attending the service. The data collection included:

- Referral pathway into the service
- Number of sessions attended
- 2 validated outcome measures capturing mental wellbeing (Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)) and emotional and behavioural difficulties (Strengths & Difficulties Questionnaire (SDQ))
- Demographic questions to understand who is accessing the service
- Onward referrals
- Service feedback questions

Qualitative methods

Through qualitative methods, we aimed to understand young people's experiences of accessing the service and the impact of service, along with parent/caregivers' feedback and ideas to improve the service.

Qualitative methods were also used to gather process learning from local Mind Service Managers about successes and challenges when delivering the service, and referral leads' views and experiences of referring into the service.

We initially planned to conduct semi-structured online interviews with the research participants. However, challenges to recruit participants within the timeframe meant that we took the decision to offer participants the option to take part in an online interview or complete an online form about their experiences and feedback.

Young people, parents/caregivers and referrals leads were recruited via local Mind practitioners, who used an information sheet to outline the research to potential participants. The opportunity for young people and parents/caregivers was incentivised with a £25 online voucher.

Caveats/limitations

Quantitative methods

The quantitative data collection, which was administered by the local Mind practitioners, was voluntary to complete. Not every participant answered every question, and the total number of responses for individual questions differs. Base sizes (n) are reported by each chart/graph.

Qualitative methods

Most of the participants who took part in the qualitative research opted to complete the online experiences and feedback form. While offering participants the option to complete the online form encouraged more people to take part, the data collected via the online form is less in-depth compared to the data collected via the interviews. This is because the online form included a selection of key questions and did not include opportunities to prompt participants to expand on their answers.

No young men/boys, non-binary, or young people from racialised communities took part in the qualitative research. Therefore, their views and experiences aren't represented within the qualitative findings.
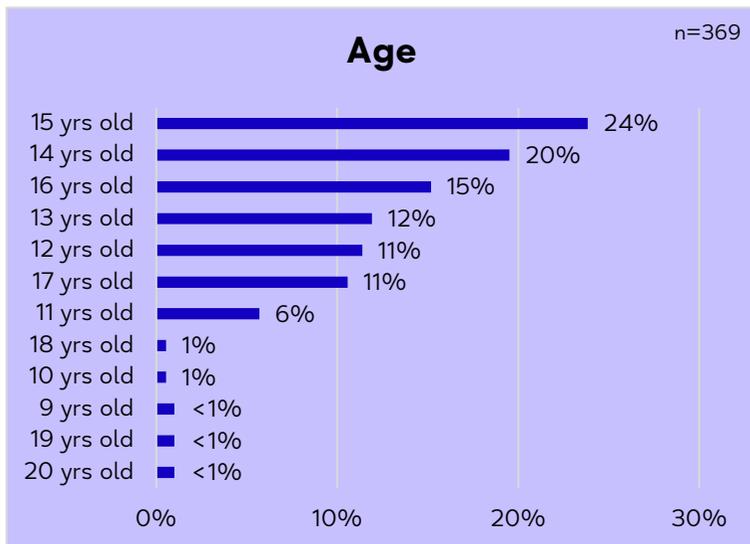
We didn't manage to hear from any GP practice referral leads within the qualitative research, therefore their views aren't represented in the findings.
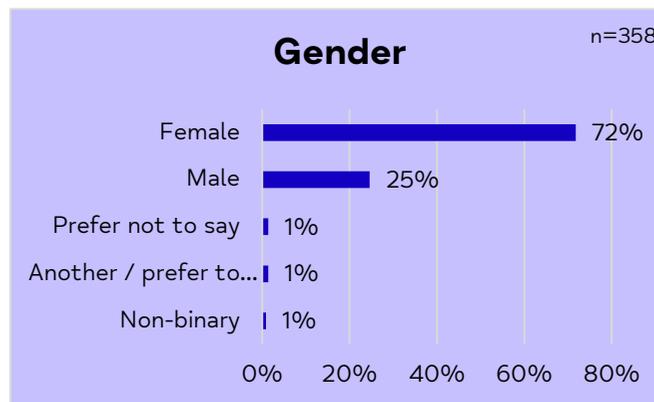
Demographics

Quantitative data collection

This following section presents the demographics of young people who attended at least 1 session.

Young people who attend the Missing Middle are aged between **9-20 years old.** The average (mean) age is 14 years old.

Age

n=369

Age	Percentage
15 yrs old	24%
14 yrs old	20%
16 yrs old	15%
13 yrs old	12%
12 yrs old	11%
17 yrs old	11%
11 yrs old	6%
18 yrs old	1%
10 yrs old	1%
9 yrs old	<1%
19 yrs old	<1%
20 yrs old	<1%

Nearly three quarters (72%) of the young people who attend the service are **female.** While young women/girls are more likely to experience mental health problems than young men/boys it will be valuable to explore whether barriers exist for young men/boys to access the service.
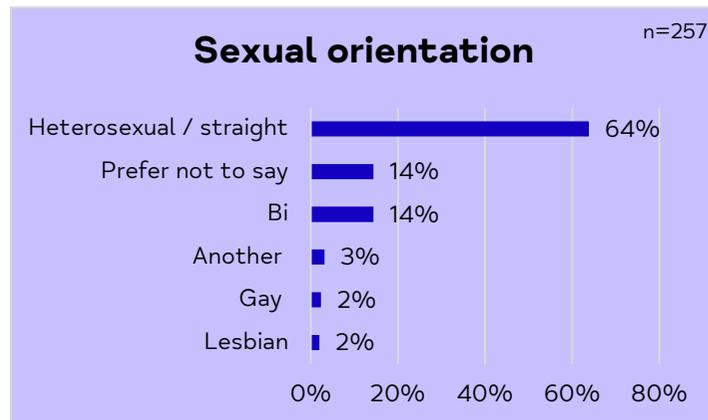
Gender

n=358

Gender	Percentage
Female	72%
Male	25%
Prefer not to say	1%
Another / prefer to...	1%
Non-binary	1%

3% of young people who attend the service identify as **trans/transgender**, and 3% prefer not to answer this question.

Trans identity

n=240

No	95%
Prefer not to say	3%
Yes	3%

0% 50% 100%

99% of young people who attend are **White or White British,** indicating that barriers may exist for young people from racialised communities to access the service.

Ethnicity

n=289

White or White British	99%
Other Ethnic Group	1%
Mixed	<1%

0% 50% 100%

Around two thirds (64%) of young people who attend the service identify as **heterosexual/straight**.

Sexual orientation

n=257

Heterosexual / straight	64%
Prefer not to say	14%
Bi	14%
Another	3%
Gay	2%
Lesbian	2%

0% 20% 40% 60% 80%

## Qualitative data collection

14 people took part in the qualitative research, covering a variety of different positions and experiences across the programme.

Audience	Method	Count
Young people	Online interview	1
Young people	Online experiences and feedback form	5
Parents/caregivers	Online experiences and feedback form	3
Service Managers	Online interview	3
Referral lead (CAMHS)	Online interview	1
Referral lead (Schools)	Online experiences and feedback form	1
Total sample size		14

Young people

6 young people took part in the qualitative research. They were:

- Aged between 14-18 years old
- Female
- White British
- 1 x young person qualified for free school meals (asked as a proxy for experience of poverty).

n=6

Age

Age	Count
18 yrs old	2
16 yrs old	2
15 yrs old	1
14 yrs old	1

Count
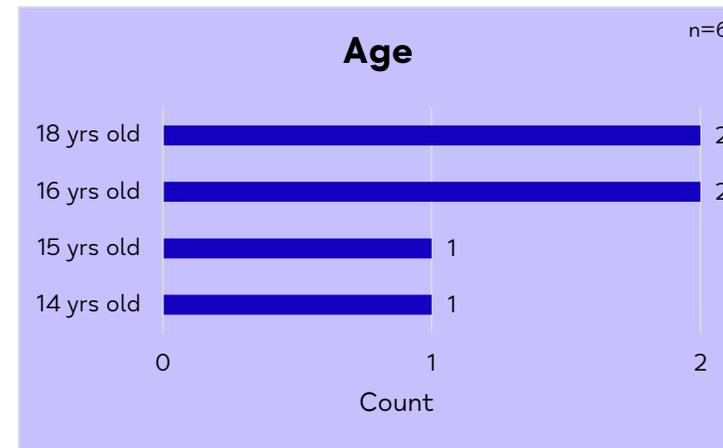
Parents/caregivers

3 parents/caregivers took part in the qualitative research. They were:

- Aged between 43-67 years old
- Female
- White British
- They have a range of experiences relating to poverty (for example, some were experiencing poverty, and some were financially secure).
- All 3 have some experience of mental health problems, including personal experiences, use of services, and being a friend or family member to someone with a mental health problem.
- 2 out of 3 have a long-term health condition.

Findings

Need for the programme

There is a need for mental health services for young people who do not meet the thresholds for specialist services, including for prevention and early intervention support. This need was highlighted across the research.

"We get a lot of feedback from our community asking why haven't we got any of these services? So, it's definitely needed. We're very happy to have it"
Service Manager

"From the start of the project we've had an increased interest in our services from parents of younger people, so I would say that there, yes, there's definitely a need"
Service Manager

"3 areas [highlighted as priorities by GPs] are mental health, children and young people, and early intervention and prevention, and I was able to say, well, our service takes tackles all 3 of those"
Service Manager

Engagement

Reach & engagement

512 young people were referred into the Missing Middle programme between April 23 – Nov 24. Nearly **two thirds** of these (63%) were referred into the service via **Neath Port Talbot** Mind.

Of the 512 young people referred into the service, **366** (71%) attended the **first session,** and **227** (44%) attended the 5th and **final session**.

For young people who attended the first session, the average number of sessions they attended was **4**.

Some young people **disengage early** from the service. Service Managers suggested a number of possible reasons for this including:

- a preference for less structured support
- a preference for talking therapy
- a lack of motivation to attend (particularly if their parent/caregiver had referred them)
- because their needs had been met
- their situation had changed, or

- wanting to avoid saying goodbye to the practitioner (which some young people can struggle with)

"Some people who are reluctant to engage in a structured based programme, they might attend the assessment and session 1 and then realise you know, this isn't for me"
Service Manager

"Feedback from practitioners was that it wasn't necessarily the young person that wanted to do the service. It was perhaps imposed on them by their parents/guardians"
Service Manager

Some young people attended the sessions but struggled to motivate themselves to engage with the resources within the wellbeing toolkit outside of the sessions.

"There'll be people who are reluctant to engage in resources. They'll attend all 6 sessions, but they still might never have engaged in a resource outside of the session"
Service Manager

Referral pathways

The most frequent **referral pathways** into the service are:

- Schools (44%)
- GP practices (34%)
- Self-referral (9%)

n=507

Interestingly, although the aim of the programme was to test referral pathways through statutory services, referrals from Child and Adolescent Mental Health Services (CAMHS) make up just 1% of the recorded referrals into the service.

Parents/caregivers reported hearing about the service from a mix of places. This included through social media (Facebook), from their child's school, or from CAMHS.

Topics for support

The most frequently accessed **topics** for support are:

- Anxiety (52%)
- Anger (23%)
- Low mood (17%)

n=440

The most frequent reasons given by young people through the qualitative research for attending the service are to access support **for anxiety or low mood**. We also heard that some young people want help to prevent and better understand their mental health symptoms.

Some young people were hoping to get help with specific behaviours affected by their symptoms (for example, help to leave the house or attend school).

"I was hoping this service would help me learn how to cope with my anxiety and panic attacks"
Young person

"To give me more understanding of what I'm going through and how to prevent it"
Young person

"Hoping that it would help me get into school more and help with my anxiety in general"
Young person

Parents/caregivers also cited anxiety as the most frequent reason why the young person they care for attended the service.

Other reasons given by parents/caregivers include getting help for their young person with over thinking, for low self-esteem and with motivation.

Outcomes and impact

Young people's outcomes

Quantitative data

The table below presents the number of young people who completed the outcome measures at both time points (baseline and their final session).

| Audience	Outcome measure	Count
Young people	The Strengths and Difficulties Questionnaire (SDQ)	273
Young people	The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)	256

This section presents:

- the level of change to young people's mental wellbeing, and;
- the level of change to young people's emotional and behavioural difficulties from the first to the last session.

On average, young people's **mental wellbeing** and their **emotional and behavioural difficulties improved** from the first to the last session. These scores are presented as tables on the following pages.

Mental wellbeing scores **improved** on average from being classified as 'low mental wellbeing' to 'average mental wellbeing' across the duration of the service.

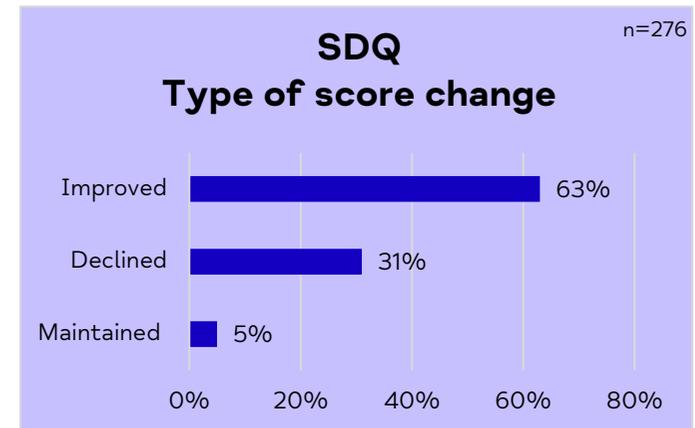**71%** of young people experienced improvements to their mental wellbeing outcome scores.

Outcome measure	Baseline average (matched pairs)	Final session average (matched pairs)	Average overall change
Mental wellbeing (SWEMWBS)	19.0	21.4	+2.4 (improved)
Category	Low mental wellbeing	Average mental wellbeing	
Sample size (n)	256	256	

SWEMWBS Type of score change

n=256

Improved 71%
Declined 19%
Maintained 10%
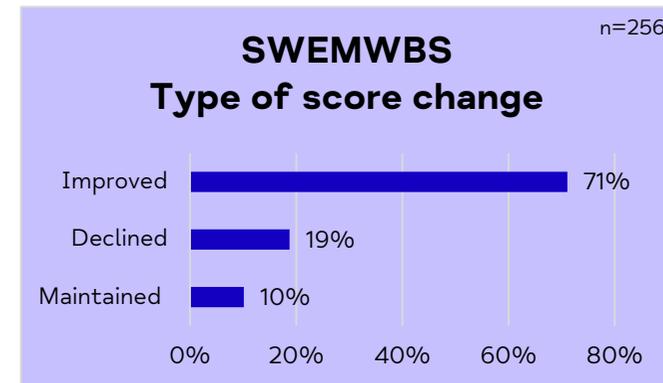
Emotional and behavioural difficulty scores **improved** on average from being classified as a 'cause for concern' to 'borderline' across the duration of the service.

63% of young people experienced improvements to their emotional and behavioural difficulties outcome scores.

Outcome measure	Baseline average (matched pairs)	Final session average (matched pairs)	Average overall change
Emotional and behavioural difficulties (SDQ)	20.3	16.7	-3.6 (improved)
Category	Cause for concern	Borderline	
Sample size (n)	273	273	

SDQ Type of score change

n=276

Improved	63%
Declined	31%
Maintained	5%

0%   20%   40%   60%   80%

These findings indicate that the majority of young people experienced **improved mental wellbeing** and **reduced emotional and behavioural difficulties** while attending the Missing Middle.

The level of change to young people's outcomes by each delivery site is presented in appendix 3 of this report.

Young people's outcomes

Qualitative data

This section presents changes to young people's outcomes while attending the service as reported through the qualitative data.

Most young people reported experiencing some **improvements** to their **mental health symptoms** (for example, anxiety), a greater awareness of how to **manage their symptoms**, and a **better understanding** of their symptoms from accessing the service.

> **"It did help me with my anxiety. Quite a lot"**
> Young person

> **"Yes, I got a much better understanding of what is happening as before I felt as if I was going crazy"**
> Young person

We heard from one young person who told us that although they'd found the advice they received helpful they still felt the same.

For a smaller number of young people, although their symptoms had improved, this hadn't necessarily translated to behaviour change. For example, they still struggled to leave the house or attend school (things they were hoping the service would help with).

> **"Although it did teach me some strategies to manage my anxiety and depression, I still really struggle with leaving the house"**
> Young person

One young person said that they would recommend the service to help with common mental health problems, such as anxiety and low mood. They would also recommend it for learning how to set boundaries.

Parents/caregivers agreed that the service had helped their young person with their symptoms (particularly with anxiety). Parents/caregivers also reported that the service helped their young person gain a sense of perspective on their worries.

Service Managers observed several benefits to young people from taking part. These included appearing to have good mental health after attending, gaining a sense of perspective and more positive outlook, feeling less alone, being more likely to social groups, and an increased understanding that support exists.

> **"If we think back to when this service started, and they access [the service] and they wouldn't go to social groups or things like that. Now I go to a venue where I see that young person all the time and they've got an apprenticeship and they're doing all these things, and their mental health is quite good"**
> Service Manager

> **"We have had a number of young people that have really taken on board what they've learnt, what they've discussed in those sessions, and it has really changed their outlook"**
> Service Manager

> **"Some of the feedback we've had from young people is they're not alone. It's not wrong for them to think the way that they're thinking. That there is support out there that they can access"**
> Service Manager

For one young person we spoke to, although their mental health had improved they were unsure whether the improvements would last. Nonetheless, we heard that young people don't often return to the service, and that Service Managers rarely refer young people back to CAMHS (also reflected by CAMHS). This evidence indicates that the level of need for support reduces after attending the service.

The 2 referral leads we spoke to were positive about the impact of the programme and saw this as an important addition alongside school-based counselling.

Referral leads told us that the service is particularly important for young people who may prefer to access support *away* from their school. While 1 referral lead was positive about the ability to been seen quickly compared to other services.

Referral leads also highlighted the importance of this support for young people who wouldn't have qualified for support from CAMHS (also known as the 'Missing Middle').

> **"Sometimes it's like they need that lower level than CAMHS. So, coming to us and having that availability through Mind is really helpful"**
> CAMHS referral lead

Service Managers felt that the benefits were dependant on whether the service was the right fit for the young person (i.e., they have mild-to-moderate symptoms),

along with how engaged the young person was with the service.

"I think it depends on the category that they fit into, whether the programme is actually an appropriate service for them to whether they're going to benefit from it"
Service Manager

"We do say that they're only going to get something out of the programme if they want to be here and you know, this is about them and empowering them to support their mental health"
Service Manager

Onward referrals[4]

Just over half (56%) of young people were **referred to another service** by their local Mind practitioner. This indicates that the Missing Middle helps young people to access further support if needed.

Onwards referrals chart, n=102:
- No referral needed: 44%
- Primary care: 23%
- Other community service: 18%
- Secondary services: 14%
- Other: 2%

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[4] It's worth noting that there is a high percentage of data missing about onward referrals. It's unclear whether the missing data represents young people who did not require a referral to another service or whether this data wasn't recorded for every young person.

Mental health services

This section presents the impact of the Missing Middle on other mental health services as reported through the qualitative data.

Many of the young people we spoke to told us that if this service didn't exist, they wouldn't have sought support elsewhere and would have tried to **manage their symptoms on their own**. This indicates the importance of the service to prevent mental health problems from escalating.

"[I would have done] nothing but my anxiety would have been worse without the help provided"
Young person

"I probably would have just tried to deal with my anxiety as best as I can on my own"
Young person

"Suffered in silence [if this service didn't exist]"
Young person

We heard from a smaller group of young people who would either have accessed counselling from their school or gone straight to CAMHS if the Missing Middle didn't exist.

Parents/caregivers were more likely to look for support for their child elsewhere if this service didn't exist. For example, from another local service, from their child's school or from their GP. Although they anticipated that accessing these options would involve a long waiting list. A smaller number of parents told us that they would have done nothing if this service didn't exist.

"I would have put a referral into a local organisation that has a long waiting list. I would have also discussed with his school. I think he needed face to face support rather than online resources"
Parent/caregiver

Service Managers shared examples of how the Missing Middle has taken the **pressure off school-counselling** and **GP practices.**

"A lot the schools that we were in partnership with, it takes the pressure off because then their school counselling waiting list isn't as long if they refer to us directly. Those types of things, so that's always quite good to hear"
Service Manager

Service Managers were however unclear whether the availability of the service had impacted on CAMHS.

> **"I'd love to say that we had an impact on the fact that CAMHS had a massive waiting list and now they don't. But there's no way of us knowing that"**
> Service Manager

One Service Manager questioned whether some of the referrals from CAMHS were in fact delaying young people who needed support from CAMHS from accessing this.

> **"I don't know whether we're helping them or whether we're just prolonging the young person's wait for services"**
> Service Manager

Enablers and barriers to positive outcomes

This section presents the mechanisms or 'enablers' of positive outcomes as well as the barriers to this within the service.

Accessing the service

Both young people and parents/caregivers see the **short wait** to access the service as a positive. Some parents/caregivers said this helps their young person to stay motivated to engage. Some parents/care givers also told us that the short duration of the sessions helps their young person to stay focussed.

> **"The fact there was no waiting list was amazing, as he agreed to seeking support and the initial appointment happened within a week, so he hadn't changed his mind set of accessing support"**
> Parent/caregiver

> **"It was only about a month, which is again less than I expected, so that was nice"**
> Young person

We heard from young person that signing up is easier than they'd expected.

> **"It was a lot easier than I thought it was going to be"**
> Young person

One young person mentioned that it's important that the sessions are free, so that young people don't have to worry about paying for them.

> **"I just really like how it's free because especially in my local area, people don't have the money to go and pay for professionals to help them, so it's nice to have a service where you don't have to worry about paying and worrying that it's going to have to stop because you don't have the money"**
> Young person

One young person told us that being able to take part over Zoom helped them to access the service. While a parent/caregiver mentioned that it was important for their young person to attend in person. These different

views highlight the importance of being able to **choose** how to attend the sessions.

Strategies and techniques

We heard that the content within the **wellbeing toolkit** helps young people to **manage their symptoms.** This includes learning strategies such as grounding techniques and coping skills. The worksheets also help young people gain a sense of perspective and feel less alone. The 'Low Mood Book Club' was mentioned as being particularly helpful.

> **"Grounding techniques and the worry worksheets were good for like breaking things down and not seeing like it wasn't such a big issue"**
> Young person

> **"It was helpful to see that I wasn't the only person going through it"**
> Young person

> **"I think the biggest impact is that they're building this safe environment and also offering the coping skills. I think the biggest impact is the coping skills"**
> Service Manager

Young people told us that the wellbeing toolkit covers a range of relevant and useful topics and activities in an easy-to-understand way. Being able to pick and choose from these and use at their own pace or with the practitioner are also seen as positives. One young person mentioned that some of the content covered things they already knew.

> **"There was also a lot of different topics, so, I didn't feel like I had to refuse anything because there was always another option if one topic didn't suit me"**
> Young person

> **"You could understand it [the workbook] quite easily and relate to it quite a lot. And the activities in each book were really good as well"**
> Young person

> **"It's a safe format for them with the workbooks, the exercises. It's something that they can work through either at their own pace or with a practitioner and it's something that they can take forward with them. Well, for the rest of their lives"**
> Service Manager

We heard from both young people and parents/caregivers that it's helpful to be able to refer to the wellbeing

toolkit outside the sessions and after the sessions have finished.

> **I think it was great because even once you've stopped [the service], you can still use the worksheets and still do it by yourself and carry on afterwards**
> Young person

> **My son finds it hard to process things quickly, so being able to refer back to information was really useful**
> Parent/caregiver

Supportive practitioners

When asked what they **liked best** about the service, young people mentioned the **practitioners.** They describe them as friendly and caring, that they gave helpful advice, and create a safe and anonymous space that allows them to open up.

> **The booklets I was given and the lady I was speaking to was so friendly and helpful**
> Young person

One young person described having a positive first impression of the service, which didn't feel medical and that it was easy it was to talk to the practitioner.

> **It was very easy to talk in the room and with the person. It wasn't like medical or professional or anything. It just felt like having a nice open chat**
> Young person

One young person mentioned changing practitioners part way through which they'd found challenging.

A parent/caregiver highlighted how helpful it was for their son to work through things with a professional and that it made them realise that it's not scary to get support.

Service Managers and parents/caregivers also mentioned the practitioners as a key enabler of positive outcomes for their young people. This was due to the practitioners skills to put young people at ease, their empathetic nature, their ability to create a safe space, taking time to explain things, taking an interest in the young person, and from being a neutral person to speak to.

"You can just see from the feedback we're receiving where children haven't been able to work this way before and haven't taken as much benefit from a service that they do from this. And a lot of that feedback is also about the materials and how relatable and empathetic [the practitioner] is working with people"
Service Manager

One Service Manager highlighted that a **unique benefit** of this service (compared to counselling) is being able to learn techniques to manage your mental health without needing to talk in-depth about your personal experiences. Something which is important for people who don't feel able to do this.

"In comparison to something like counselling...I find [the service] is for people that do struggle talking about their personal experiences. Missing Middle can help with that, because you can learn skills. You don't have to go into the deep stuff that you were doing with counselling"
Service Manager

Service rating[5]

- On average, young people rate the service as 8.7 out of 10 (n=122)

- 100% of young people would recommend the service to family or friends (n=63)

Overall, everyone we spoke to as part of this evaluation was **positive** about the service.

Young people and parents/caregivers find the service helpful, with some expressing that without this they don't know where they would have gone. Service Managers and referral leads perceive that the Missing Middle is working well for its target audience.

"I would definitely recommend it to anyone with struggling with anxiety or low mood, and certain boundaries was one thing we covered in the sessions a lot and I feel like that's something a lot of people I know struggle with. And it's not usually brought up a lot, so it was nice to have a place that brought up the topics that other people didn't want to"

Young person

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[5] It's worth noting that a high percentage of responses to these questions are missing and it's unclear the reason for this. Therefore, these findings should be treated with caution.

Ideas to improve the programme

This section presents ideas to improve the programme as reported through the qualitative data.

Increasing the length of the sessions

It was suggested that **increasing the length** of the sessions from 20 to **30 minutes** would make them these more impactful.

One young person mentioned feeling rushed in the sessions and another mentioned that they had less time to work with the practitioner in the sessions which included completing the outcomes measures. Increasing the length of the sessions was perceived to be particularly important for older young people (aged 16-18 years old) who Service Managers said were more likely to have a higher level of need.

"How would I design it? Most probably they [the sessions] should have half an hour minimum"
Service Manager

"The questionnaires take up most of the session, so you can't really talk about anything else"
Young person

Increasing the number of sessions was suggested as another way to improve the service. This is because it can take time to decide which topics to work on, for the young person to open up, and to support young people with a higher level of need.

"Sometimes we're finding with young people, so same with our adult service as well, that when they first come to us for that initial assessment, they're not quite sure which sort of pathway they feel that they need to concentrate on at that time…

Also building that therapeutic relationship with the practitioner, especially with young people, can take a bit of time for them to sort of build that trust. It may not be until perhaps the second or the third session the person is starting to open up about their feelings"
Service Manager

"Somebody who is severe, they might need more than six weeks"
Service Manager

Adapting the wellbeing toolkit

Other ideas to improve the service from young people centred on the **wellbeing toolkit**. This included having resources to manage symptoms for each topic, as well as including links to further information that could be explored after the sessions. Another suggestion was to make increase the size of the writing in the toolkit to make this easier to read.

One Service Manager suggested including content for young people who are having problems attending school, and for young people who are struggling with their gender identity. Neither of these topics are currently covered by the materials.

"Something to maybe factor in is the potential of the young person's emotions affecting school attendance. We don't have a resource that links those or talks about those. So, something along that line would be quite helpful"
Service Manager

"We have a lot of young people struggling with identifying what gender they want to be or who they want to be, but we don't have anything that can help support that"
Service Manager

One Service Manager highlighted challenges to provide materials and resources which are universally appropriate for 11–18-year-olds. They suggested that tailoring the resources for different ages would help.

Service Managers also observed that older young people (aged 16-18 years old) are more likely to have a **higher level of need** compared to the younger age group**.**

At present Service Managers are adapting the sessions for this age group by bringing in materials and resources from their adult services. For example, mindfulness and breathing techniques. They noted that while the service isn't designed for young people with severe and complex needs, it could be adapted to accommodate those with a higher level of moderate need.

Another Service Manager suggested working with young people and practitioners to review the materials as these haven't been refreshed for the past couple of years.

Clarifying the thresholds for the service

Although supporting young people with severe needs isn't in the scope for the service, the findings indicate that a number of young people with **above mild-to-moderate needs** are signposted to the service. This shows a need to improve the description of the service so that it's clearer who this is and isn't suitable for. Although out of scope for this service, this also indicates a need to increase the availability of services which support young people with more severe needs.

Reviewing the outcome measures

We heard from the Service Managers that the outcome measures (particularly the SDQ) were less effective for young people who are **neurodiverse.** Therefore, indicating the need to review these measures.

"One of the practitioners, she had a young person who was neurodiverse, and they found the outcome measures difficult"
Service Manager

Ideas for other ways to support young people

Although out of scope for this programme, participants also suggested **other ways** that the federation (national Mind & local Minds) could support young people.

Providing an **online offer** was the strongest theme of other ways to support young people. Ideas included developing an app to help young people to look after their mental health.

We also heard from a referral lead that bullying, along with the impact of social media on self-esteem and confidence, are both negatively affecting young people's mental wellbeing. They suggested that making relevant information available online, that's easy to access, could help young people to understand what they're experiencing.

"It is a big thing regarding bullying that I'm seeing at the moment. There's a big thing about our self-esteem and confidence in social media is impacted on all that. I don't know if there's anything like videos that I can direct children to? Just for them to understand what they're going through and that it's normal to feel upset and validate their feelings"
CAMHS referral lead

A Service Manager suggested having a safe online network for young people. They felt this would address a gap in on-going support in Wales and that it would be a helpful form of support for young people once they finish attending the Missing Middle.

"So it might be that once a young person has completed the programme, there was a platform that they can go on safely but anonymously, but where there are perhaps additional resources that they would be able to access [...] Whether collectively, collaboratively, we can come up with some sort of support network for those young people going forward"
Service Manager

Offering **in person** activities is also seen as important and one young person suggested teaching about mental health in schools to both pupils and teachers. For example, how to manage common mental health conditions.

"Going to schools and teaching both students and teachers how to deal with different disorders such as anxiety or depression"
Young person

Responding to the unmet needs of young people with severe and complex needs, one Service Manager suggested developing a longer-term trauma-informed service based on the NICE guidelines for this group.

"Obviously there'll be some cases where they fall into the high or the severe category and the Missing Middle just isn't enough"
Service Manager

Another Service Manager mentioned that they'd like to offer a 'no wrong door' service with a limited waiting list for young people, as they already offer for adults. They would like to see the Missing Middle included as part of a menu of options for young people to pick and choose

from. Other types of support they'd like to offer included counselling, group support and drop-in sessions.

Another idea is **raising awareness** of the support that is already provided by the Mind federation so that young people who need support can access this.

"I think there should be more awareness about Mind so other young people suffering with mental health issues can have support"

Young person

Process learning

This section presents the areas that are working well and areas to improve when setting up and delivering the programme, including referral pathways. The findings in this section come from the qualitative research with Service Managers and referral leads.

Working with young people

One Service Manager mentioned this was the **first time** they'd delivered a programme for **young people** and that through doing this they'd learnt how to deliver safe services to young people. They found it helpful to be able to draw on the expertise of people working in CAMHS and from national Mind when setting up and delivering the service. The main change they needed to make was to ensure that their organisation's policies were updated to reflect how to work safely with young people.

"I personally learnt a lot more about children and young people's policies side of things and safeguarding"
Service Manager

Staff training and on-going support

The training provided by national Mind for Missing Middle practitioners is **well rated**, including the option to reach out with any questions.

Service Managers gave the following suggestions for **additional content** for the training:

- safeguarding children and young people

- what to say / not say in the sessions

- how to make the best use of the time within the sessions (as some practitioners struggled to complete some of the tasks (for example, the outcome measures)) within the allocated time

- content on coping skills

- to have a more consistent approach to shadow experienced practitioners.

We also heard that it would be helpful to offer more **regular opportunities** for new practitioners to be able to take part in the training, so this didn't delay them from facilitating the sessions.

"Maybe just more training. You know more of the children, young people safeguarding risk and things like that"
Service Manager

"Maybe this is how it goes or things to say and not to say to keep within the structure. Because what a lot of the team are finding are the counsellors are trying to keep the session within those 20 minutes is really difficult"
Service Manager

"I think going forward it's making sure that there are regular training opportunities. [...] If you're having to wait 2 months or so it can be problematic if you're trying to start a project, because until they've done the training, obviously people can't practice"
Service Manager

One Service Manager could see the benefits of providing training in house (i.e., through their local Mind), especially when there is a gap until the next national Mind-led training. However, this would require a specific budget to be set aside for this.

Having supervision, including clinical supervision, for practitioners was seen as important. Along with opportunities to share learning about facilitating the sessions with other practitioners.

Staff knowledge, skills and experience

It's important for practitioners to have previous experience of working with **children and young people**, as well as experience of working in **mental health**.

Practitioners should understand how to work with young people. For example, having good communication skills, being approachable, and being able to foster trusting relationships. It's also important for practitioners to understand how to work with neurodiverse young people so they can be supported effectively.

"Good communication skills, I think is really important, but also somebody needs to be approachable for a young person [...] They've got to want to trust you and want to talk to you. So, I think being approachable and being able to get to their level"
Service Manager

"The [neurodivergent] young person didn't feel comfortable in the setting of the room because the way the room was set up was quite triggering, so she [the practitioner] knew how to adapt her environment"
Service Manager

We heard that practitioners who had previously been counsellors sometimes struggled to adapt to the structured format which is different from how they are used to working.

Staff retention

All 3 sites have experienced challenges to **retain staff.** This was one of the **main challenges** when managing the programme.

A variety of reasons were given for staff leaving the programme early which included, insecure funding, challenges to grasp the structure of the programme, challenges to build rapport with young people, when navigating a challenging relationship with a referral organisation, and from competing commitments outside of work.

Advice and funding

Each local Mind is going to continue to deliver the programme post March 2025 and have secured funding for this.

Senior Managers would advise other local Minds who are thinking of delivering the Missing Middle to speak to local Minds with experience of delivering this to share learning and expertise. They also recommend exploring local options to fund the programme.

Referral pathways

1. CAMHS

All 3 sites established referral pathways with their local CAMHS. However, each site experienced **challenges** when setting up and maintaining this pathway.

All 3 sites struggled to start the relationship with CAMHS, which was seen to be one of the **biggest challenges** they faced when setting up the programme.

"It took us a long time. We'd emailed them, and they'll be like, we'll get you in touch with the right person and then they'd give us an e-mail address of someone, and then we'd e-mail that person, and they're like, oh, we're not the right person [...] we found that really difficult"
Service Manager

For one of the sites, although the pathway with CAMHS had started well, the relationship was then disrupted due to staff turnover at CAMHS. This in turn led to fewer referrals coming from CAMHS.

"Because there has been a high turnover rate in CAMHS, the original people are no longer there and trying to open up that communication to get in there to have a conversation about this is our service, this is what we're doing has been very, very difficult [...] I don't feel at the moment there's a member of staff in CAMHS that really understands what this service is and what it can do"
Service Manager

For one site, although they get referrals from CAMHS, they're not able to refer young people into CAMHS, even though they would like to do this.

A further challenge is **high level of need** seen in some of the young people referred from CAMHS.

We heard several examples of inappropriate referrals from CAHMS into the Missing Middle for young people with severe and complex needs. One Service Manager hypothesised a reason for this could be that CAMHS hoped the young person would be seen quicker through the Missing Middle.

One site found that making their referral form clearer helped to reduce the number of inappropriate referrals they had been receiving from CAMHS.

> **"I would say that we have a number of people that are coming through that would exceed the threshold for the service. We do have people that are referred to us from CAMHS. Even though we know that most people probably would meet their threshold, but they think that they can be seen perhaps quicker through our services"**
>
> Service Manager

> **"We did have the problem of CAMHS wanting to discharge to us ...quite complex cases [...] in a lot of cases they needed more support than we could offer"**
>
> Service Manager

Another (on-going) challenge is determining whether young people are suitable for the service when (historic) self-harm is involved. Discussing individual cases by email has been helpful to determine suitability in some cases.

2. Schools

Two of the delivery sites work with schools. Although they're not able to go directly into every school in the area, they've developed relationships with surrounding schools so they can also refer pupils into the programme.

Schools (and other education settings such as colleges) were found to be the **most straight forward** (external) referral pathway to set up and manage. This was helped by building on existing relationships with schools, including with school counsellors. Service Managers also found it straightforward to develop relationships with new schools via their counsellors. Attending college events helped to build relationships with college counsellors. Having promotional materials in colleges also helped to raise awareness of the programme.

"The schools, I think was the easiest side of things because we already had some relationships with schools and then other schools talk so we found that quite easy. And also because we are based in some schools, we have a relationship with the school-based counsellors through the Council, so they will also refer people to us either directly or outside and so on"
Service Manager

"Setting up relationships with the local colleges, we get invited every year to what they call the freshers fairs for them. So, we'll go out, we'll promote our services, that way can build up a relationship with the college-based counsellors. They'll also have our posters and things up around the college, which is good"
Service Manager

3. GP practices

Two of the sites have established referral pathways with local GP practices. This includes the option to be referred into the programme by the practice or to self-refer.

Both sites experienced **challenges** to establish a relationship with their local GP practice/s, which have since been partly overcome. This included initial challenges to gain buy-in from GP practices, and challenges to secure space to deliver the service in GP practices. The latter was important for one of the sites, as they felt their site wasn't suitable to work with young people (due to the nature of some of the adults they supported). One site hoped that having the evaluation report would help with secure buy-in from their local GP practices.

"I think for us it's building those partnerships. I think with the GP surgeries, obviously there was that challenge at the start [...] And then it took a while. So that was good because now actually we do get a steady flow of GP referrals, which is quite nice"
Service Manager

"I think once the evaluation is done and there's a report, we can use that to go forward to say, this is what we've done previously, this is how it's helped young people, and this would be a benefit to you and the wider community. So, I think having that evidence would be what helps"
Service Manager

For one site, the relationship established once they found the right contact in the surgery. After this they gave a presentation at a GP practice cluster meeting which helped them to establish pathways with 4 practices in the area.

"We went to a GP cluster meeting, and we put a presentation together and then we said, right if you want to refer in this is how it would be. And in that way we got the direct partnership with 4 [...] But initially trying to get to that point was quite difficult. It took us a really long time"
Service Manager

We heard that for other site, although the practice managers had initially showed an interest in the service, it was challenging to build a meaningful relationship with them. However, once this pathway was eventually established this was cited as a key achievement of the programme.

One of the sites mentioned that when their practitioner left the role this then disrupted the relationship they'd built with the GP practices which then led to a reduction in referrals from the practices.

4. Self-referral

Two of the sites mentioned that the ability to self-refer is an important pathway into the programme. Both sites mentioned receiving quite a few self-referrals, which include options for the young people or parent/caregiver to refer directly into the programme.

5. Community services

One of the sites has spent time building relationships with local young people and family-focussed community services as another way to get referrals into their programme. They found that doing this in person helped to establish the relationship.

> **"We go to a lot of events and things like that. You know we talk to them [community services] or build up relationships with them. So, they know that they can refer into us directly and we can support young people that they're supporting"**
>
> Service Manager

Referral lead impressions of the programme

The overarching feedback from the 2 referral leads is that the referral pathway and the programme are both **working well.**

One referral lead (from CAMHS) mentioned that they'd previously had a positive experience of working with local Mind adult services, but they hadn't been aware that the local Mind they also offered services for young people.

They are positive about the programme and flagged the importance of early intervention support for young people.

When they'd heard about the idea for the referral pathway, they were initially worried their involvement would take time away from their day job, although this hasn't been a problem in reality.

Both referral leads (CAMHS and schools) are positive about the short timeframe for young people to be seen.

Referral lead reflections on the working relationship

Two-way communication is key to discuss the service is suitable for individual young people. Where there is uncertainty, referral leads find it helpful to discuss this with the practitioner over email.

Overall, referrer leads rate the communication and working relationship with the practitioners as positive.

Scheduling occasional face-to-face meetings would help to further strengthen the relationship as well as discuss individual cases.

Plans to continue, adapt and expand referral pathways

All the Service Managers and referral leads we spoke to are planning to continue with the referral pathways and had ideas to improve and expand these. The strongest theme to improve the pathways is to **increase local Mind capacity** to work with more pupils and families in **schools.**

> **"We would love to continue, have more staff in the service, open up potentially if we could get some relationships with schools and just more in the community as well [...] and then after that we'd would love to branch more out to families"**
> Service Manager

One of the referral leads would like to see more marketing to families to raise awareness of the programme. They suggested that it would be helpful to have a leaflet or QR code that they could give to families with information about the programme.

Other ideas to improve/expand the referral pathways include establishing a formal way for GPs to refer into the programme (beyond emailing), establishing a variety of different paths into the service, and building relationships

with more community organisations so they can also refer into the programme. We heard that the best way to raise awareness and build relationships is to do this in person.

"We went out to the schools. We had meetings with them face to face. We talked them through the service [...] We went into doctor surgeries. We did all of those things. So, they saw our faces"
Service Manager

Conclusion

There is a **high level of need** for programmes which support young people with mild to moderate mental health problems who **don't meet the thresholds** for specialist services.

A **greater number** of young people accessed the programme throughout the **Neath Port Talbot** area compared to the other sites. It would be interesting to explore the level of need across Wales through further research.

Some young people **drop out of the service early** and Service Managers suggested there were several possible reasons for this with some indicating that the Missing Middle wasn't the right fit for everyone. It may be useful to consider reviewing how the service is **promoted** to make this clearer, so that young people can decide if they want to attend. Some young people also **struggled to engage** with the **materials** outside of the sessions and future iterations of the service should take different motivation levels into account.

Some young people are referred into the service with a **high level of need** (especially from CAMHS). It will therefore be important to make the **thresholds** for the service **clearer** and ensure that other organisations referring into the Missing Middle understand who the programme is and isn't designed to support. Although out of scope for this programme, this also indicates a need to increase the availability of services and support for young people with a high level of need. For example, while they wait to access CAMHS, and when they are discharged from CAMHS but require on-going support.

More young women/girls access the service compared to young men/boys, indicating that **barriers** may **exist** for **young men/boys** to take part. However, it's worth noting that young women/girls are more likely to experience mental health problems compared to young men/boys. In addition, young people from **racialised communities** (who are at higher risk of developing mental health problems as adults) are **underrepresented** within the programme.

Young people predominantly access the programme for support with **anxiety, anger and low mood**. The Missing Middle is **effective** to **boost young people's wellbeing**

and supports them to **understand** and **manage** their **mental health** (particularly anxiety and low mood).

It's **not clear** from the research whether the programme helps young people with **anger,** and measuring changes to this as a specific outcome isn't included within the existing data collection. Furthermore, the qualitative research didn't hear from any young men/boys, who are more likely to be referred to counselling for anger (through schools in Wales) compared to young women/girls[6]. **Understanding how young men/boys experience** the programme should be a **priority** for future research.

Some young people want support for how their symptoms affect specific **behaviours** (for example challenges to leave the house and attend school). However, the service (in its current form) **isn't necessarily helping** young people with these challenges. **Including content** to help young people with these needs should be a **priority** for the future.

It will be important to consider **adapting the wellbeing toolkit** to include the other ideas for additional content included within this report. For example, helping young

people who are struggling with feelings around their **gender identity.**

Enablers of positive outcomes experienced by young people while attending the service include learning **coping strategies** and **techniques** to manage symptoms and gaining a sense of perspective on worries and more positive outlook. The **supportive practitioners** also help create a **safe space** where young people feel comfortable to open up.

A **unique benefit** of the service is enabling young people to **access support** without needing to talk in-depth about their **personal experiences.** This means that the service can support young people who feel less comfortable to attend counselling/talking therapies. Another unique benefit of the programme is that young people can **refer back** to materials outside of the sessions and after the sessions have finished.

It would be interesting to conduct **follow up research** to understand whether any improvements experienced by

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[6] Welsh Government (2022) Counselling for children and young people: September 2020 to August 2021

young people while attending the programme are long-lasting.

The **short length** of the sessions (20 mins) is on the one hand, helping young people who may **struggle to focus** with longer interactions. On the other hand, the sessions **may not be long enough** to fully explore the topics in the way young people would like to. **Increasing the length** of the sessions to **30 mins** was the **strongest theme** on how to improve the service.

The relatively **limited number** of sessions (5 sessions, plus an additional optional session) may not be sufficient for young people to choose the **correct pathway,** to **build trust** with the practitioner, or provide support for young people with more **severe or complex** mental health needs (typically for 16–18-year-olds). We also heard that some practitioners had brought in materials from adult services when working with older young people. It would be useful to **review the materials** for **older young people** and test offering a **greater number** of sessions to this group.

Emerging findings indicate that **neurodiverse** young people **struggle** with the **outcome measures** (particularly the SDQ). It will be important to work with

neurodiverse young people to design a **more effective** approach to measuring changes to their outcomes while attending the service.

Although referrals come from a range of statutory and non-statutory organisations, the majority of these come from **schools**. The findings also show that the school referral pathway has been the easiest pathway (with an external organisation) to set up and manage.

Building on **existing relationships**, and meeting in **person**, are key ingredients to build effective relationships with referral leads.

Training for practitioners from **national Mind** is **well rated**, and Service Manager's would like **more regular** opportunities for new practitioners to attend this. Including content on how to **safeguard** young people will be an important addition to the training - especially for local Minds who haven't worked with young people before.

It will be important to continue prioritising employing practitioners who are experienced in working with **children and young people** as well as working in mental health. Staff who have previously trained as counsellors may need additional support to understand how the support differs from talking therapies.

Sites **struggled** to **retain practitioners** and gave a variety of reasons for this. While some factors (such as external commitments) are challenging to address, **securing long-term funding** may help retain some members of staff.

Participants also shared ideas for **other ways** that the federation can **support young people.** This included having information and support for young people **online,** along with teaching coping techniques in **schools.**

Recommendations

1 Consider conducting **further research** to explore the **level of need** for the programme across Wales.

2 Review the promotional materials to make the scope of the programme clearer (e.g., highlighting that this is **supported self-help** model for young people with **mild-to-moderate** mental health problems) and ensure that referral partners understand this. Review the assessment process to ensure that young people with severe and complex needs are signposted to alternative appropriate support as needed.

3 Consider how to best support young people who **struggle to engage** with the materials outside of the sessions.

4 Explore ways to increase the number of young people from **racialised communities** who are supported by the programme.

5 Include content to go beyond learning strategies and techniques to manage symptoms, to be able to take action to **prevent/minimise specific unwanted behaviour** (for example, tackling non-school attendance and challenges to leave the house).

6 Include content to support young people struggling with their **gender identity**.

7 Increase the length of the sessions to **30 mins.**

8 Review the suitability of the materials for **16–18-year-olds** and consider extending the number of sessions for this group.

9 Work with **neurodiverse** young people to redesign the outcome measures so they are appropriate for this group.

10 Focus resources on building relationships with **schools**, which were shown to be the most effective referral pathway into the service.

11 Increase the **frequency** of national Mind **training** for practitioners so that new starters can attend this before they start facilitating sessions. Include **additional content** on safeguarding children and young people, along with how to work with neurodiverse young people.

Appendix

Appendix 1.

Tiered/step mental health support in England and Wales: by level of severity

England

Step 5
Step 4
Step 3
Step 2
Step 1

Risk to life, severe self-neglect

Recurrent, atypical and those at significant risk

Moderate to severe mental health problems

Mild mental health problems

Recognition

Tier 4
Tier 3
Tier 2
Tier 1
Tier 0

Wales
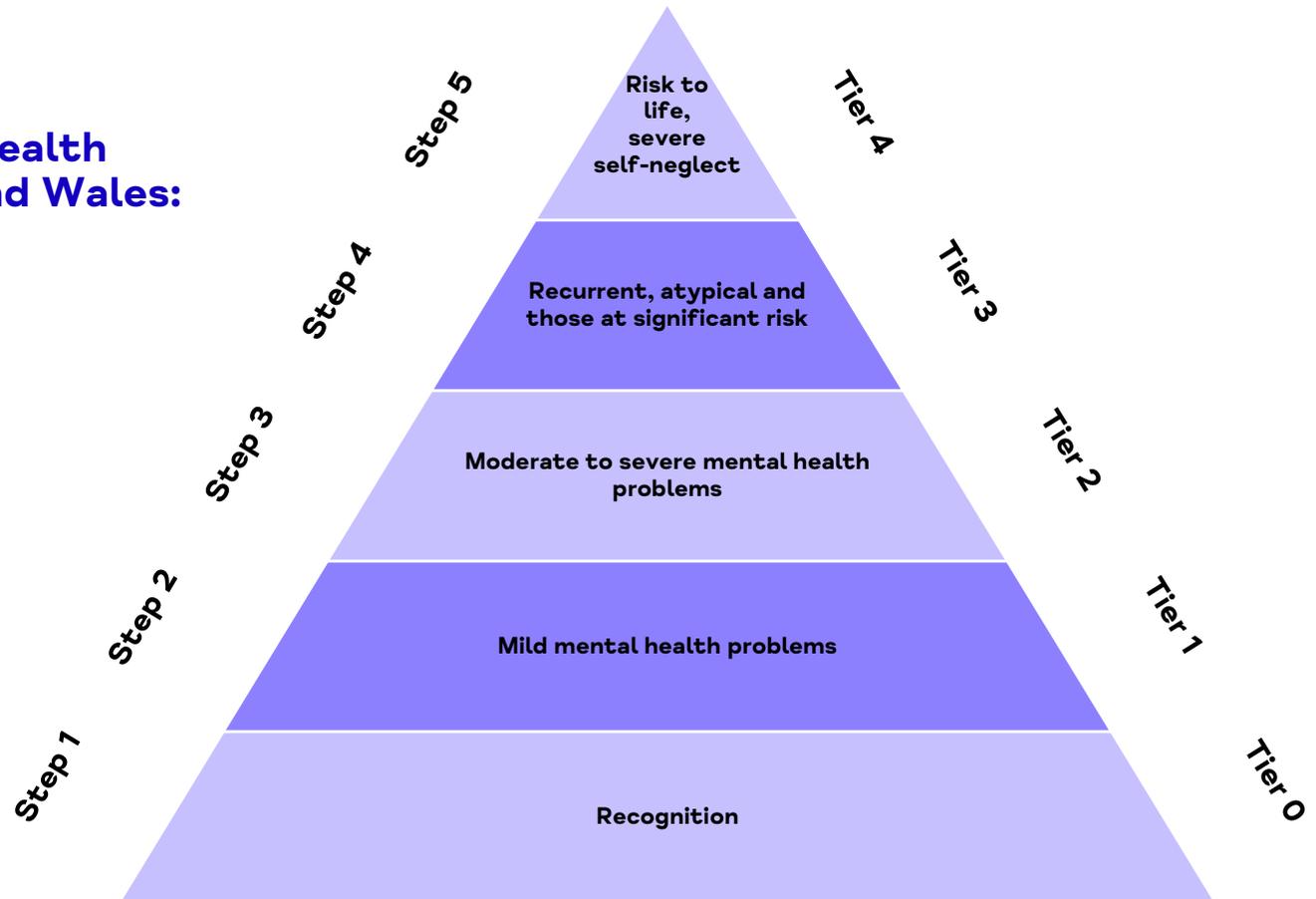
Appendix 2.
Session outline

Seeking Support

GPs, schools & CAMHS.

Introduction appointment

40-minute conversation to complete the assessment form.

Session 1

20 minute 1:1 session with a trained practitioner

Session 2

20-minute 1:1 session with a trained practitioner
Outcome measures

Session 3

20 minute 1:1 session with a trained practitioner

Session 4

20 minute 1:1 session with a trained practitioner

Session 5
20-minute 1:1 session with a trained practitioner
Outcome measures

Guided self-help resources to support wellbeing and mental health

Appendix 3.

Young people's outcomes by local Mind delivery site

- **Mental wellbeing**

Site	Baseline average (matched pairs)	Final session average (matched pairs)	Average overall change
Overall	19.0 'Low mental wellbeing' n=256	21.4 'Average mental wellbeing' n=256	+2.4 (improved)
Cwm Taf Morgannwg	18.7 'Low mental wellbeing' n=42	21.8 'Average mental wellbeing' n=42	+3.1 (improved)
Neath Port Talbot	19.0 'Low mental wellbeing' n=183	21.3 'Average mental wellbeing' n=183	+2.3 (improved)
Swansea	19.3 'Low mental wellbeing' n=31	20.9 'Average mental wellbeing' n=31	+1.6 (improved)

- **Emotional and behavioural difficulties**

Site	Baseline average (matched pairs)	Final session average (matched pairs)	Average overall change
Overall	20.3 'Cause for concern' n=42	16.7 'Borderline' n=42	-3.6 (improved)
Cwm Taf Morgannwg	21.0 'Cause for concern' n=42	16.7 'Borderline' n=42	-4.3 (improved)
Neath Port Talbot	20.3 'Cause for concern' n=183	16.9 'Borderline' n=42	-3.4 (improved)
Swansea	19.5 'Cause for concern' n=44	16.0 'Borderline' n=44	-3.1 (improved)