

Putting Smail's ideas into practice: Introducing MAC-UK and the INTEGRATE approach

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MAC-UK is a charity which was founded in 2008 to change radically the way in which mental health services are delivered to our most excluded young people. In this paper, youth trainers and practitioners from MAC-UK, share their ways of working with excluded young people in the community, based on MAC-UK's INTEGRATE approach. The INTEGRATE approach is a set of service design and practice principles that have been co-produced with young people to reach out to, and effectively support, multiply excluded young people who otherwise find it difficult to access services.

In this model, mental health, understood using the ecological systems framework, is at the heart of the approach. As a result of working within this framework, MAC-UK projects seek not only to change the systems and services around young people, building community cohesion, access to resources and services, but also support young people to create change for themselves and improve their emotional wellbeing and resilience. The INTEGRATE model encourages youth-led practice and co-production across all aspects of service development and design, from employing those with lived experience in projects, to asking for young people's help to plan youth-led activities. This paper aims to further understanding of the needs of this group and provide a different way of conceptualising mental health services that moves us a step closer towards David Smail's ideas.

'Have you ever sold drugs so that you can make enough money to survive? Or known someone who sells drugs?'

'Have you ever spent a night in a cell?'

'Have you ever been to prison? Or had someone close to you go to prison?'

'Have you ever been stabbed? Or known someone who has been stabbed?'

These kinds of questions highlight the complex challenges inherent in the lives of the young people we work alongside at MAC-UK. Many of these young people have been described as 'gang associated',

or have been involved in serious criminal offending, for a significant proportion of their lives. Many would answer 'yes' to every question above, assuming they trusted you enough to give an honest answer.

Living lives punctuated by these experiences has a significant psychological impact. Indeed, evidence is accumulating about the unmet mental health needs of this group of young people, and suggests they experience mental health difficulties far more frequently than the general population (Coid, 2013; Corcoran, 2005; Home Affairs Committee, 2015; Madden, 2013). Recent research shows this group are significantly more likely to attract diagnoses of 'conduct disorder', 'alcohol dependence', 'psychosis', 'depression', 'anxiety disorder' and 'post-traumatic stress disorder' (Coid, 2013; Corcoran, 2005; Madden, 2013).

At MAC-UK, we recognise that the difficulties these young people face are not best understood by what is in their heads, but by what is in their worlds; and we try to offer our support from this position. We would very much agree with Smail (2003) when he said that:

If we need to change anything it is the social environment in which we are all located and embodied.

Drawing on the theory and values of David Smail's work, and also that of community psychology, MAC-UK has developed the INTEGRATE approach. This approach was co-produced in partnership with 'gang-affected' young people, with the intention of offering a different type of psychological 'intervention' (Zlotowitz et al., 2015). This approach intervenes at multiple levels, including with individual young people, their peer group and their wider community and context. The aim is to address simultaneously the material and psychological needs of excluded young people, recognising the impact of one on the other.

The approach was inspired by the recognition that, despite apparently high levels of need, this cohort was not typically engaging with services (Barrett et al., 2006; Chitsabesan et al., 2006). MAC-UK recognised the need to do things differently, and to bring mental health interventions out of the clinic and onto the street in a way that made sense to excluded young people. The best way to do that was to ask young people for their help and

to draw on the strengths, assets and resources of the community we are joining (Foot, 2012).

The INTEGRATE approach begins with **HANGING OUT** and **ASKING FOR YOUNG PEOPLE’S HELP**. This means finding opportunities to spend time with those we seek to support in a non-problem defined space. Very often it means going to the young people where they like to spend time, and asking them for help to design a project which appeals to their needs and interests and then to help lead it. During this time, clinicians are

focused on developing trusted relationships, often initially with community gatekeepers. We are helped in this work by a peer-referral system, which encourages young people to bring friends who might also benefit from support, and by working closely with ‘experts by experience’, often young men who have already been through an INTEGRATE project, who are able to form relationships, build trust, and encourage young people to interact with ‘professionals’.

Figure 1: Key Features of the INTEGRATE approach.



The next phase is **YOUTH-LED ACTIVITIES**. We support the young people to choose and lead any activity; this might be a music or gym project, faith group, or a trip out of the area. We are focused on the process, not the outcome of these activities. During the planning phase of such activities, we encourage young people to think about their needs, and to situate these needs in the context of their lives. This process shares conceptual links with Hagan and Smail’s (1997) power mapping. We have found that offering authentic opportunities for youth leadership generates a sense of ownership over the project, and improvements in wellbeing. Young people also benefit from having opportunities to develop ‘professional’ skills, like planning, budgeting and formal modes of communication.

The next phase, **STREET THERAPY**, often runs alongside the previous two phases, and throughout the whole approach. The basic premise is to draw upon psychological theory to inform our ‘mapping’ (clinical formulation) of young people, and the conversations project staff have with young people, in order to support their mental wellbeing. We have found that often young people need time and space to make sense of any personal emotional challenges, whether that includes anger, anxiety, depression, paranoia, or something else, before they feel ready to face up to the material challenges of their lives

(although sometimes the inverse is true, and material challenges take precedence). To do so, we might draw upon a range of approaches, from narrative therapy to CBT, but most broadly we employ **AMBIT**, a mentalisation-based approach, which encourages development of the capacity to think about the minds of others (Bevington et al., 2013). We also draw on the assets and strengths of young people within the group, so that young people begin to support each other.

The next phase is **BUILDING BRIDGES**. **INTEGRATE** aims to support young people to access services and opportunities, not to reproduce them. We try to get young people to a place where they feel able to engage with available services, and to break down any barriers that might prevent this. Often this means working with services to think about how they can adjust their ways of working to enable a young person to engage. We have supported young people to connect with mental health, housing, employment, immigration and criminal justice services, to name just a few.

The next phase is **YOUTH-LED TRAINING**. Working together, we aim to change the systems around the young people through delivering training to relevant organisations and agencies, always employing young people to co-lead the sessions. For example, young people have been invited to co-lead teaching sessions on clinical psychology doctoral

courses, and been involved with training other agencies, such as staff working in young people's hostels. This allows young people to have their voices heard, to develop professional skills, and to start to feel that they can be effective agents of social change.

The final phase is YOUTH SOCIAL ACTION. INTEGRATE practitioners help to give young people a voice in the wider community through offering opportunities to engage in various forms of social action. This might mean presenting at conferences, to funders, or to local or national government agencies. We have also supported young people to start their own projects, addressing the challenges of their communities by drawing on their own hard-won expertise. As professionals, we have found that working together with formally marginalised young people leads to a mutual boost to social capital, enabling us together to be more effective in driving changes in the social environment that might improve the lives of many young people living in similar situations to those with whom we have directly engaged.

As in so many psychological models, it is probably best not to think about these phases as strictly sequential. In our experience, individual young people have quite different journeys, and can easily be in more than one phase at one time. While the INTEGRATE model has been useful in guiding the work we do at MAC-UK, we recognise that it is bound to a particular context, and working with a particular group. None the less, we believe that the insights from INTEGRATE have more generalisable utility, and to this end have started to work towards a set of INTEGRATE principles, such as 'embracing everything as an opportunity', 'co-producing services with excluded groups', and creating 'flexible and responsive' 'psychologically informed' services.

This approach is clearly a fairly fundamental shift in how psychological services are traditionally delivered. However, we have found that we are able to draw on our skills and training as clinicians in this work, as long as we allow ourselves to work flexibly. What is required is an organisational service context which allows such novel ways of working, and this must be fought for.

Finally, we invite you to help us build a movement 'towards putting social justice at the heart of our work within mental health'. How might you incorporate co-production and the transformation of the social determinants of mental health into your work? You can make a start right now by joining the BPS Community Psychology Section, and if you or your organisation are interested in learning more about INTEGRATE and our ways of working, take a look at our website: <http://www.mac-uk.org>. Or get in contact with MAC-UK's training and consultancy partner The Integrate Movement: <http://www.integratemovement.org/>

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Join the BPS Community Psychology Section

<http://www.bps.org.uk/networks-and-communities/member-networks/community-psychology-section>

Join the Community Psychology UK Community Platform

<http://communitypsychologyuk.ning.com/>

References

- Bevington, D., Fuggle, P., Fonagy, P., Target, M. & Asen, E. (2013). Innovations in practice: Adolescent mentalization-based integrative therapy (AMBIT) – a new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, 18(1), 46–51.
- Coid, J.W., Ullrich, S., Keers, R., Bebbington, P., DeStavola, B.L. et al. (2013). Gang membership, violence, and psychiatric morbidity. *American Journal of Psychiatry*, 170, 985–993.
- Corcoran, K., Washington, A. & Meyers, N. (2005). The impact of gang membership on mental health symptoms, behavior problems and antisocial criminality of incarcerated youth men. *Journal of Gang Research*, 12(4), 25.
- Foot, J. (2012). *What makes us healthy. The asset-based approach in practice: Evidence, action, evaluation*. Retrieved from: http://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/Evidence/what_makes_us_healthy.pdf.
- Hagan, T. & Smail, D. (1997). Power-mapping—I. Background and basic methodology. *Journal of Community and Applied Social Psychology*, 7(4), 257–267.
- House of Commons Home Affairs Committee (2015). *Gangs and youth crime*. House of Commons. Retrieved from: <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmha/199/199.pdf> [last accessed 16 February 2016].
- Madden, V. (2013). *Understanding the mental health needs of young people involved in gangs*. A Tri-borough Public Health Report produced on behalf of the Westminster Joint Health and Wellbeing Board. Retrieved from: <http://www.mac-uk.org/wp-content/uploads/2013/03/Mental-Health-and-Gangs-Report-2013.pdf> [last accessed 16 February 2016].
- Smail, D. (2003). Psychotherapy, society and the individual. In Y. Bates & R. House *Ethically challenged professions: Enabling innovation and diversity in psychotherapy and counseling*. Hertfordshire: PCCS Books.