



Wigan CAMHS: The role of the Thrive Mentor

Marie Baron, the Commissioning Transformation Manager for children and young people's Mental Health and Learning Disability Services met with the i-THRIVE team to discuss the role of the Thrive Mentor in Wigan.

1) Was there a gap you were trying to address by having a THRIVE mentor?

We had a young person in an inpatient setting under the care of CEDS (Community Eating Disorder Service) who was ready to come home, but the YP was fearful and anxious of the transition back into an uncontrolled environment. This led us to contemplate what support would be needed to help their transition; we considered a Healthcare Assistant. However, at this time Wigan Local Authority offered mentorships through the volunteer programme, so young people interested in supporting other young people could volunteer. After a conversation with GMAC (Greater Manchester Assessment Centre), we decided to reach out to our volunteer leads to see if there was any support that could be offered and coincidentally, they had just recruited a volunteer who was looking to work with young people. Given that the needs of this YP were around building confidence, we felt a volunteer could support this.

2) What is the role of a THRIVE mentor?

The role of the Thrive Mentor was to support the young person from the inpatient unit back home. Firstly, the mentor had to meet with the young person in the inpatient setting to introduce themselves and to have a chat so they could start to build a relationship. The mentor worked with the young person to identify the outcomes they wanted to achieve and what they wanted support with. As a result, the young person was able to be reintegrated into home and community life.

3) How was the volunteer supported?

We held an initial meeting with the volunteer, the lead and GMAC Team to go over what the specific needs were of the YP and scheduled frequent reviews for the volunteer with myself and the volunteer lead. We supported the volunteer to go and start building the relationship with the YP while she was still an inpatient to support the discharge. We supported the volunteer to access THRIVE Training from the portal and provided them with key contacts to discuss any concerns and or issues. They also had access to internal training on setting targets with YP and how best to support their independence without 'doing it for them'. In supporting the volunteer, we made sure their family were aware of who to contact if there were any concerns.

4) What are the benefits of the THRIVE mentor?

The Thrive Mentor had such a significant impact on that young person's life. With the support of the mentor, the young person was able get back into the arts scene that they were really interested in prior to being admitted and they were able to apply to several colleges. The young person had a lot of anxiety about the application process to college and felt it was quite daunting and a long process. Yet the mentor supported this young person to develop tools to overcome these anxious feelings and eventually apply. The young person is now Thriving, they have started college, reengaged with her



family, and reengaged back into the community. *For the case study written by the Thrive mentor, see below.*

4) How has the THRIVE mentor impacted professionals?

It had a significant impact on the system because without the volunteer programme we would have had to look at funding someone to support the young person. The cost implications were significant as volunteers don't require funding which meant it created a bit of capacity within the Community Eating Disorder Team.

5) Did you face any challenges with implementing the THRIVE mentor role?

Although the volunteer programme helped with cost, a small budget was still required. For example, the mentor required a work phone, so they were able to put boundaries in place with the young person. The mentor wanted to take the young person to the Zoo, which is not a massive ask, but it was a struggle to find any form of budget for these things.

If we are to utilise volunteers within our services who do such a wonderful thing, the work they do should not come at a cost to themselves. The mentors should be able to put boundaries in place with the use of work phones, so they are not receiving calls at all hours, be able to receive training and to have funds to take the young person places. In this instance, we provided the mentor with the Thrive framework and the Eating Disorder Team provided the training. In the future, the biggest challenge will be finding a budget to fund the necessities that come with the role.

7) How does the role of a THRIVE mentor align with the THRIVE framework?

The Thrive mentor sits within that Thriving needs-based grouping as well as getting help as it aims to support that young person to step down from services and reintegrate into community.

8) What are the plans for future developments?

At this point, the Thrive Mentor has now stepped down from supporting the young person as she is Thriving, but the mentor still sits within the volunteer programme. As a service we want to develop and expand the offer of Thrive mentors to provide support to our young people. We are looking to work with people undertaking Psychology degrees or those working in mental health at the VCSE level across the Wigan Borough to expand the offer of Thrive mentors.

However, we have had a few struggles with expanding this offer as again identifying the type of budget required and who will fund this has not been confirmed. In addition, we need to make sure we have identified a person who will oversee the programme and the safeguarding requirements. It is very early days, but it has great potential.



Thrive Mentor – Case Study

“I was allocated my first YP when S sent an email requesting a mentor to support with mental health. As I had plenty of time to give and experience with mental health, I asked to take this role. My first meeting with L was on the mental health ward as she was still an inpatient. She was extremely quiet and nervous as she was anxious surrounding discharge and was unsure of my role. I spent an hour introducing myself, my role and what I can offer mean whilst trying to get to know L.

After this meeting I next arranged to see L after discharge. From professional meetings, OT reports and speaking with L, I had many ideas to approach. Therefore, I printed off a goals pyramid to prioritise anything L wanted to work on. Together we completed this and had lots to work towards. As L expressed interest in starting College in September, we researched options for the subjects she was wanting to do. I then emailed colleges to start the process. At this point L was still very shy and struggled to engage in conversation due to anxiety. L stated she was struggling with her meal plan and felt awkward when going out, so I explained she must give herself time and chance to settle back to being in the community. I also encouraged exercising her choice with food after having such strict restrictions in hospital.

The next session, I created and completed a CV with L as getting a job was most the important goal. This led into the next meet up where I helped her to apply to a couple of jobs so that L knew what to do when I was not there. I had also heard back from a college, so we wrote a personal statement and applied for a place. I encouraged L to go home and apply for more suitable jobs and to book onto a college open day which she did. At this session L was beginning to relax more and be chattier. She was settling in home very well after re-decorating her room and engaging well with meal plans and appointments.

The next appointment, I took L to a college open day, and we spoke to different teachers about the best pathway to get her onto paediatric nursing at university. L was very anxious and overwhelmed as it was busy, so I did most of the talking and picked up all the leaflets for her to process later at home. We discussed the options and L was excited on leaving surrounding the T qualification. By the next visit, L had applied for a place by herself and was very upbeat.

Surrounding this time, I had a phone call from L’s mum to thank me for all my help as she has really seen a difference in her. L’s confidence has significantly improved, and she was now going out alone to meet up with lots of friends, of which she never did before her 14-month hospital admission. As a result of all Ls hard work and progress I took her to a trampoline park to have some fun. This session felt like such a rewarding break through as L’s mood was great and she was engaging in amazing conversations.

With all the serious tasks achieved, I wanted to re-introduce art as L used to love this hobby. I took her to a craft shop where you pick pottery and paint it. She picked a mug and did some incredible painting which she was keen to give her mum as a present. L was now displaying hardly any signs of anxiety and initiating most conversations. L was also advocating for her wants and needs by asking me for support and help. She had been offered an interview for a job and was unsure regarding what to say so I gave her some tips and examples. She asked if next visit we could go for a walk so I took her to a local park. When I picked L up, she informed me that she has been offered two jobs and that she is accepting both. She starts her first trial shift in a few days. During the walk, L was the calmest I had seen her. She was talking positively about the future and has made me immensely proud of how far she has come in such a short space of time. We still have some small goals to work towards but in just 6 weeks, L is fully reintegrated into the community and happy.”

