#

# Case Study 2 – “COME OUT” Project[[1]](#footnote-1)

## *Introduction*

The **Local Health Services of the city of Parma** include a specific service devoted to the target of adolescents (CAGE – Center for Adolescents and Youth). Health professionals of the service, some years ago began to notice the emergence of new manifestations of adolescents’ health (mental and physical) problems, and started to systematically reflect on such issues with the scientific support of important experts (in psychology and psychoanalysis, sociology, etc.) on developmental changes during adolescence and on the social forces that are currently impacting on young people life.

The ***Come Out project*** originated in the context of such reflections with the **aim** to involve all community actors who, in different ways, are working with this target, to initiate a collective reflection on adolescents’ new needs, develop a shared understanding, as well as to empower all the actors by developing a shared approach in the interventions targeted to this population in the context of the local community.

More specifically, the **goal** of “Come out” project is to **develop a system allowing to detect**, at an early stage, adolescents’ emerging problems in the local community, by engaging the **resources of different types of community actors**, including those ones who are not health professionals (e.g. informal stakeholders). The first experience (named "Don’t get hurt") was implemented in the rooms of the emergency department of the local hospital, a high accessibility (and used) site for teenagers and young adults. From 2006 to 2009, the emergency room became a place where the professionals, besides taking care of a broad spectrum of illnesses and injuries requiring in some cases immediate attention, had the opportunity to detect also the signs of youth psychosocial and mental health problems. In fact, many young people do not express their needs or their distress and emotional pain through seeking help, but express them through risky ad self-harming behaviours, that lead them to the emergency services. This experience and this approach to the intervention with adolescents, which proved to be effective, was subsequently extended to other contexts and involved other types of actors, leading to the formal establishment of what is now known as “Come out” project.

*We called this new project 'Come out' based on the idea that young people problems are hidden to the health services and that our task is to let them emerge and come into contact with the system of care.* (COPPCO04)

“Come out” can thus be defined as a prevention / health promotion project that aims to engage, and create connections among, different community actors, including those ones who are not mental health professionals (and thus, who do not have a specific role or mandate on the diagnosis and treatment of youth’s problems. It is an outreach model of intervention, based on the idea that, instead of waiting for young people to access health services, it is better to increase the capacity of nonprofessionals to become sentinels and identify young people who need help/support, providing them the information/contacts of health services that they may approach. Such characteristics make the project clearly consistent with a community assets based approach.

“Come out” has currently been introduced in a range of **different contexts**, by engaging the schools, the police and judicial system, sports and leisure associations, commercial and work organisations, and different places in the community where boys and girls tend to gather, such as bars, beauty centers, etc.

### Structure, functions and actions

Structurally, the project mainly revolves around its Head and its established network of community stakeholders:

*In 2013, …we ended by establishing the partnership of 'Come Out', including several representatives of* ***Local Health Services*** *(Substance abuse prevention services, Neuropsychiatric services for children and youth, youth services, outreach workers),* ***Primary Care and Pediatric Services****,* ***Police****,* ***Secondary Schools****,* ***Municipality of Parma*** *(Social Services, Youth Councils and Youth Centers). The partnership developed a structure, including the Inter-institutional Coordination group, that meets on a monthly basis, and a series of projects (involving as partners from two to four members of the network) to implement “Come out” in the various contexts: school, law enforcement, sport, etc." (COPPCO04)*

The professionals of 'Come Out' established, as the main goal of the project, to enhance the capacities of the network to detect youth problems, by supporting the functions of youth listening, guidance and direct help. The intervention aims therefore to develop specific social skills required to work with adolescents in order to improve youth’s available opportunities, self-help and access to appropriate services when needed.

The Local Health Services (LHS) of Parma have a key role in “Come out” as they provide human resources to the project; health professionals involved in the project are staff member of LHS.

### Formation and maintenance of the partnership

In order to develop and strengthen “Come out” model of intervention with youth, in addition to the support of the network of Parma district Area Plans, it was necessary to **ask for the support of other partners**. In 2013, the working group expanded into a permanent partnership on the “Come out” project, including several social and health services actors.

Later on, a conference on “Come out” project was organised (November 2014), and a new partnership was established with the **University of Parma**; the latter suggested to extend the collaboration also to commercial actors of the city (beauticians, bartenders, etc.), to introduce them to outreach work with youth.

The key event for the continuation of the project was, however, the approval of the “***Project Adolescence”*** of **Emilia-Romagna Region**, in 2013, where “Come out” representatives were invited to take part to working group established by the Region (including representatives of the different services and organisations dealing with young people at Regional level; see IO1 for more details) to implement the activities of this project.

The institutional and political recognition of “Come out” project, through its **inclusion** in the Regional “Project Adolescence”, allowed to expand the range of its collaborations and connections with different agencies and services and resulted in a formally recognized space for dialogue and integration, which fostered the creation of a common ground and of a shared language, and facilitated **communication and integration at a community level**.

## *Inclusion of the target group*

The direct target group for “Come out” are not young people/adolescents, but “**community adults**” who have contacts with young people, including adults who are not health professionals/members of the helping professions. These include ER medical doctors, local and national police force, teachers, sports coaches, retailers and business-owners (bartenders, estheticians, shopkeepers, etc.).

*There are people who show their difficulties by going to the local health service and asking for help; other people, on the other hand, display their distress through self-harm behaviors (e.g. cutting parts of their body), threatening their own health or other people’s safety, with risk and criminal behaviors. (COPPCO04)*

The project targets those adults who may encounter young people involved in self-harming practices, risk and criminal behaviours. It attempts to help them develop the skills to recognize these behaviors as ways that adolescents use to express their own distress and to act coherently addressing young people to the appropriate services:

*We tried to help adults to look at young people not only as “delinquent”, to be repressed or punished, but as people who display their inner distress through problematic behaviors; so we involved cops, police forces, with the idea that if they are adequately trained and connected with educational, health and welfare services, they can become part of the system that supports/helps adolescents; the same logic can be applied in other fields like sport, with coaches, team trainers, but also with shop owners, and commercial activities. (COPPCO04)*

***An example: the training work with the police***

The implementation of the project with the different groups of adults involved, usually envisages a first phase of reflection on adolescence and on the typical problems faced by young people during this developmental period, using focus groups. The **facilitator** (psychologist) helps participants to explore in depth the emerging issues, in order to develop a more articulated representation of adolescence. Then, the following steps are focused on the relational and communication skills; role playing and simulations are used to explore the real life situations that challenge adults when confronted with adolescents:

*We use focus group, we prefer an informal interactive methodology because it is flexible, and can take in to account the different perspectives and the different needs of our participants. The focus group starts with a brainstorming on the idea of adolescence, so we start from their representations of adolescence and then we provide some information, then we go back to participants exploring their impressions, difficulties, and curiosity, circulating their ideas during the second meeting we use role-playing and simulations to deal with participants’ concrete experience, starting from the most challenging and demanding, trying to see how the “new” knowledge shared within the group can generate new ways of dealing with problematic situations and stimulate further reflections. (COPPCO03)*

Involving these actors, as community “**sentinels**” of youth distress, allows to expand the supporting network around young people, and this increases the opportunities to reach youth, and especially those ones who are most in need, as well as the outreach capacity of the community in general. This approach allows thus to discover and develop community resources even in those circumstances where people might apparently feel that there are no resources at all (e.g. in more disadvantaged communities). As a further example, generally the local police officer is not perceived as someone who has the task (and the professional culture) to take care and provide help to a “troubled teenager”, but he/she can be trained to be a node of the proximity/outreach network and develop the skills to detect and orient/guide the “troubled teenager” to the appropriate service:

*I worked with adults, so that they could use a more complex approach with [starting from a more articulated vision of] adolescents. (COPPCO04)*

*These adults have heterogeneous roles in the community, but they can develop a “special” sensitivity toward adolescents. We are not asking them to take our role as psychologists, but we ask them to be careful, to pay attention to specific adolescent dynamics that may act as alarm bells, and to be there for young people as “linking agents”, giving them the opportunity to get in contact with professional services. (COPPCO03)*

The actions implemented by the project are planned through small group meetings with members of the partnership, led by a psychologist in the role of facilitator. Activities discussed in such meetings also aim to help participants to understand the importance of their involvement and of creating effective connections among all the services and persons that are part of the network. Clarifying (also visually) the structure of the network is important, as mentioned by one participant:

*To provide a cognitive structure of the network, a cognitive map of the relationships between the different components of the network is very useful because they are ready to take on the role of educators, but they need to know when they cannot go further and then… the possibility to mentally visualize the network and recognize all the members. (COPPCO04)*

1. This case study is based also on the book “Come Out. Intercettare, orientare ed includere adolescenti difficili nel processo di cura” edited by Vanni, F. (2017). [↑](#footnote-ref-1)