

Young People in Mind

The Young People



**YOUTH
ACCESS**

Championing advice and counselling

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Championing advice and counselling

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Introduction

The Young People in Mind project, funded by the Department of Education was delivered via a consortium of nine Youth Information, Advice and Counselling Services (YIACS) working across England led by Youth Access. The project had two key strands of activity: the first, to increase young people's access to counselling and other psychological therapies; the second, to build the local YIACS' capacity to engage with, and develop relationships with local statutory bodies.

This report focuses on the first area of Young People in Mind's areas of activity by providing an insight into the young people who accessed the counselling and other psychological therapies offered during the year in which the project ran. This report complements a second report, '*Young People in Mind: Transforming Service Delivery*'¹, which documents the work arising out of the project's other area of activity. This second report captures the strategic role played by the local YIACS in promoting and developing better integrated mental health services for young people in their local areas.

Together, the two reports from the Young People in Mind project will provide policymakers, commissioners and providers with a practical insight into the range of young people's needs met by YIACS, plus an indication of the outcomes achieved. The reports also show how investment in YIACS can bring an improved and integrated response to the delivery of local mental health and wellbeing support to young people; showing their particular value to young people as they move through late adolescence and into young adulthood.

Barbara Rayment

Youth Access

¹ Malek, M.(2016) *Young People in Mind: Transforming Service Delivery*, Youth Access

Section one: the background

Project overview

The Young People in Mind project was delivered through a consortium of nine Youth Information, Advice and Counselling Services (YIACS) working across England led by Youth Access. Funded by the Department of Education from 1st April 2015 – 31st March 2016, Young People in Mind set out to provide direct services to young people and also enable the nine YIACS to have increased capacity to engage with local partners. Its specific aims were to:

- Increase access to counselling and other psychological therapies to young people aged 16+ at high risk of mental health difficulties, especially at points of transition. It particularly sought to offer help to young people known to be particularly vulnerable to mental health difficulties. This includes those in or leaving the Care system, young carers, those who have experienced abuse and neglect, including sexual exploitation, as well as refugees and asylum seekers.
- Improve integration between the voluntary sector YIACS and statutory mental health and other services to improve support for young people, particularly at points of transition.

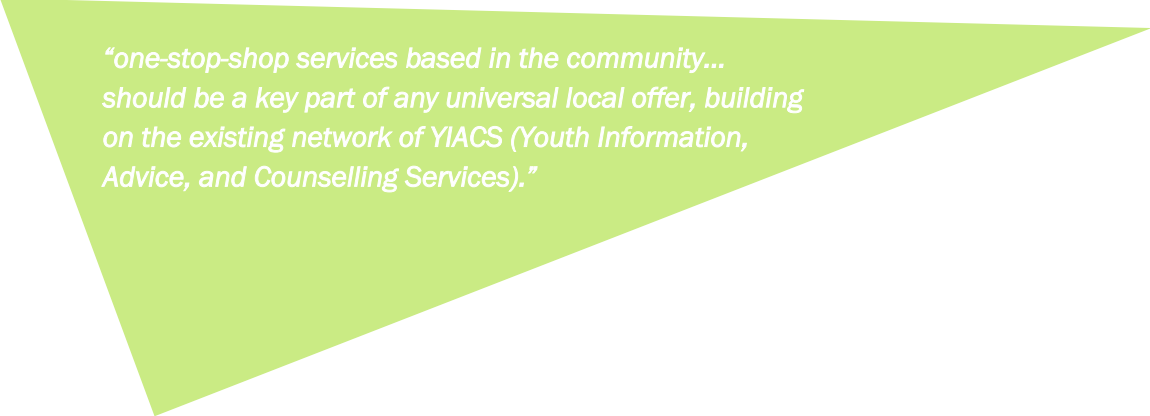
Working together, the Young People in Mind consortium focused on achieving the following:

- Offering 850 assessments and 4250 sessions of one to one counselling and other psychological therapies within their local community-based settings
- Supporting improvements in referral pathways and assessment processes between YIACS, specialist CAMHS, Adult Mental Health Services (AMHS), Children Services and Education, particularly for those aged 16+ years.
- Encouraging better information sharing, with young people's consent, between YIACS and other local services e.g. CAMHS, Education, Children's services.
- Helping reduce the risk of young people falling through service gaps and failing to access early help by formalising transition arrangements between YIACS, CAMHS and AMHS
- Encouraging more joint commissioning between CAMHS and AMHS to improve YIACS' capacity to work across age boundaries

Policy context

The Young People in Mind project took place at a time of unprecedented attention on young people's mental health. For YIACS, the publication of 'Future in Mind'² in March 2015 with its raft of proposals for improving children and young people's mental health, also marked the promise of a seminal moment in their history. For the first time, YIACS were formally recognised as an integral part of mental health services for young people.

'Future in Mind' proposed a key role for YIACS stating:



"one-stop-shop services based in the community... should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services)."

The publication of 'Future in Mind' and the subsequent confirmation by the incoming government of an additional £1.25b for children and young people's mental health thus offered a potentially fruitful context for the work of the Young People in Mind project.

Over the year in which the Young People in Mind project ran, a new five year plan to improve children and young people's mental health, as set out in Future in Mind was initiated. With the key mechanism for distributing part of the centrally announced £1.25b. of mental health funding dependent on the production of a local CAMHS Transformation Plan by October 2015, Young People in Mind's delivery partners were well-positioned to take up invitations to participate in local planning processes.

While the proposals for the Young People in Mind project were conceived prior to the requirement for local CAMHS to produce a Transformation Plan, the process offered an unexpected opportunity. For most of Young People in Mind's delivery partners the transformation planning process became a key vehicle through which they could focus their ambitions to strengthen local relationships and improve YIACS' integration with statutory mental health and other services.

Further information about the Young People in Mind project's involvement in the CAMHS transformation planning is contained in the project's second report 'Young People in Mind: Transforming Service Delivery'. That report, coupled with a broader analysis of YIACS' experience of the CAMHS transformation process published in other Youth Access' reports³ provide a good insight into YIACS' experience and contribution to better mental health services for young people following 'Future in Mind'.

² *Future in Mind: Promoting, Protecting and improving our children and young people's mental health and wellbeing*, Department of Health and NHS England, March 2015

³ Kenrick, J. (2016), *More of the Same? A report on how voluntary sector youth information, advice and counselling services (YIACS) are faring in the CAMHS transformation agenda*, Youth Access and Kenrick, J. (2016) *A foot in the door: VCS providers' view of CAMHS transformation*, Youth Access

What are YIACS?

YIACS' self-referral, accessible, young person-centred approach is highly valued by young people, particularly those who might otherwise struggle to access help with their mental health and wellbeing. Many young people prefer the non-stigmatising environment of YIACS, while others, due to increased thresholds and age cut offs in statutory mental health provision find YIACS offer an important alternative. As 'open access' services responsive to a wide range of needs of varying levels of severity and complexity, their flexibility and responsiveness makes YIACS' crucial to local mental health offers.

YIACS have their roots in youth and community work, yet have evolved a distinctive set of values, principles and standards. By drawing on the different traditions of youth work, advice work and counselling, YIACS have developed a unique approach that works successfully with young people. They offer a combination of early intervention, prevention and crisis intervention for young people.

Although the range of provision available in local YIACS is frequently determined locally by historic funding and other decisions, YIACS share the following features:

- A range of interventions delivered 'under one roof'
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door 'drop-in' sessions
- Free, independent and confidential

Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a universal access point to targeted and specialist services. This allows these service to support young people with a diverse range of issues that are frequently inter-related, including for example:

- mental and emotional health issues – e.g. depression, low self-esteem, self-harm, family problems and stress
- social welfare issues – e.g. benefits, housing, debt, employment
- wider personal and health issues – e.g. relationships, sexual health, drugs and alcohol, healthy eating
- practical issues – e.g. careers, money management, independent living skills

Why focus on 16+ year olds

While one intention of the Young People in Mind project was to improve YIACS' integration with wider provision, the second goal was to help ensure access to help and support for those aged 16+ years, particularly at points of transition. In the context of the project, this included the multiplicity of transitions young people make as they move to adulthood.

While a clear concern, and major focus of Young People in Mind was to respond to, and tackle the barriers arising out of the 'transition' problems created by the age boundaries of the mainstream mental health and social care systems, the project also sought to address the impact of the 'everyday life' transitions experienced by young people.

Change and transition from one environment to another is often stressful; creating a heightened risk of mental health issues for some young people. Leaving behind familiar and perhaps trusted support systems within, for example, school or home, and entering a new phase and stage, can leave young people feeling vulnerable as they face the need to find new ways of coping.

For other young people, late adolescence can also be a time when they feel most able and ready to seek help independently. This may include difficulties they have struggled with throughout childhood and early adolescence. However too often, at the very point when young people may seek help independently, they are also most likely to find the Health and Social Care systems the least ready to engage with them.

One of the particular strengths of YIACS is their flexibility on age. Unlike NHS CAMHS provision, where young people can find arbitrary cut offs in help at 16 or 17 years, and where they often struggle to 'fit' adult mental health service models and criteria, YIACS will generally see young people up to 25 years. In many areas across the country, YIACS are therefore offering an important safety net to young people who would otherwise not be offered help.

However, too often the help offered by YIACS to those aged 19-25 years in particular is based on fragile and short-term funding; only a handful of providers attract adult mental health funding. In the Young People in Mind consortium, Off the Record Croydon provides a good example of how joint funding of a service between CAMHS and AMHS works to provide a seamless, open access and early intervention support to young people into early adulthood. But this joint funding arrangement is rare.

'Future in Mind' also highlighted the well-documented problem of access to mental health services for young people 16 -25 years. Described by the former Social Care Minister Norman Lamb as a time when young people are on the 'cliff edge of support', there is a long history of widespread and systemic failure to tackle the issue. The planning and commissioning of age appropriate mental health services for young people from late adolescence into early adulthood remains a challenge.

While there are now some emerging signs of change, and work underway in some local areas to plan and commission services from 0-25 years, the pace of change remains slow and piecemeal. A number of the delivery partners in the Young People in Mind project sought to raise this issue again in their engagement with local partners. Further information on this activity is available in the Project's companion report.

The delivery partners

Nine YIACS formed the Young People in Mind's delivery partnership. With excellent local reputations, and with a number having won national awards, this nine-strong group of providers brought considerable experience and expertise to the delivery of the Young People in Mind project.

The following provides a short description of each of their services:

42nd Street, Manchester

42nd Street's vision is for all young people to feel supported to make choices and make the most of life. The organisation supports 11-25 year olds across Greater Manchester with their emotional well-being and mental health; promoting choice and creativity. 42nd Street champions young person-centred approaches that demonstrate local impact and have national significance. This is achieved by putting young people at the centre of all the organisation does. 42nd Street offers:

- One to one counselling, therapy (including CBT/IAPT) psycho-social support and advocacy
- Therapeutic group work
- A creative and group work programme
- A social action programme for young people
- Training programmes for professionals
- Collaboration with partners

42nd Street improves wellbeing and recovery, increases resilience and improves and increases accessibility and quality of services by ensuring young people have a voice and can influence change.

Alone in London, Islington

Alone in London has been supporting young people in London since 1972. It offers a range of services (family mediation, counselling, housing advice, employment and training support) to young people aged between 16 and 25 years. The organisation has a specific focus on Housing and Mental Health Support in Islington where it is based, and to all young people in the Capital. Alone in London offers a one-stop-shop model of service and provides:

- A central London drop-in centre offering advice and support for young people in crisis, who are homeless or at risk of homelessness
- Free telephone advice and assistance for young people;
- Free counselling at its offices and through satellite organisations across London
- Family mediation to enable young people to maintain positive relationships with their parents and family members
- Training and employment advice, guidance and support, especially for those with mental health difficulties;
- Schools Work: PSHE lessons on homelessness prevention and conflict resolution to 11-16 year olds (with 1200 pupils participating in workshops per year).

Croydon Drop In, Croydon

CDI provides a range of services:

- Counselling – Free, confidential counselling utilising CBT, SFT, Person Centred, Art Therapy and Hypnotherapy. From April 2016, this will be available to 11 – 18s only.
- Counselling in Schools – A commissioned service, currently delivering to 7 schools
- Outreach Health Education – workshops, small groups and 1:1 support in schools, colleges, youth projects and public venues. This includes a mobile unit 'TALKBUS' supporting transition workshops in schools and providing 'drop ins' borough-wide
- Advice & Advocacy – for young people 11 – 25 and their families.
- Parent Infant Partnership PIPUK – From April 16 working therapeutically with expectant mothers and babies up to age 2.
- Training – accredited and non-accredited programmes
- Youth Participation Programmes – Two youth participation programmes, one for young people on the waiting list and the other for those interested in training programmes and who go on to develop as peer educators and/or Trustees of CDI

MAP, Norwich

MAP's aim is to help young people 11-25 to have better, healthier, safer lives. The vision is for all young people to know what it is to be valued and to have the support and information they need to make a successful transition to adulthood.

MAP has two 'one stop shop' centres –Norwich and Great Yarmouth – and also operates an outreach programme, taking work into schools and 'Hubs' in Norfolk's coastal and rural market towns. MAP offers:

- Youth work and informal education, including positive activities, trips and experiences to help young people try new things, meet new people, gain confidence and learn new skills
- Independent advice on housing, money, benefits, education, training, employment, sexual health, relationships, welfare rights and responsibilities
- Counselling and other therapeutic services to resolve specific problems, to increase self-understanding, make difficult decisions or cope with a crisis

MAP works with many young people who are disengaged from society or have been disadvantaged by their background or current situation. They may have had a difficult start in life; be experiencing anxieties about school or in their relationships; or need advice about practical, financial or legal matters. Many young people come in crisis; some need immediate, short term support; others need longer term support; most need to know they can come back for more support if needed.

No Limits, Southampton

No Limits is a youth information, advice, counselling, advocacy and support service offering free and confidential services to children and young people under 26 living in Southampton and Hampshire.

No Limits works to a model of good practice supported by Youth Access. The organisation promotes rights-based information, advice and support. It offers quick and easy access to specialist help through drop in provision backed up by specialist services. This enables No Limits to offer young people holistic support 'under one roof.'

All No Limits' services strive to safeguard the welfare of children and young people to the highest standard and aim to involve children and young people in their planning, delivery and evaluation.

No Limits works in partnership with local authorities and other voluntary sector agencies to engage young people, provide them with up to date, accurate information and advice, and enable them to help themselves.

The No Limits counselling service offers free and confidential open-ended counselling to all young people aged 11-25. The organisation offers around 70 regular counselling appointments every week, and an additional 10-15 assessments.

Off Centre, Hackney

Off Centre provides mental health and wellbeing services to any young person aged between 11 and 25 years of age who lives, works or studies in the London Borough of Hackney.

Off Centre offers Counselling & Psychotherapy, Art Therapy and Dramatherapy, small group work, a LGBT Support Group, Advice, Information and Guidance, Peer Mentoring and outreach workshops in schools and the local community.

Off the Record Bristol

Off the Record Bristol works with young people aged 11-25 in Bristol and South Gloucestershire. The organisation provides free, self-referral services for young people including:

- 1:1 Therapy (Counselling, IAPT, CYP-IAPT, Art Therapy)
- Group Work (CBT/DBT focussed)
- Project Freedom: LGBTQ targeted Youth Work, groups and specialist counselling
- Project Zazi: BME Youth Work, groups, and specialist counselling
- Project Mentality: Volunteering and social action projects on mental health stigma
- Resilience Lab: Psycho-education / self-help workshops and resources

Off the Record Bristol also works with local NHS provision to offer integrated services:

- 3 FTE OTRB Youth Transitions Workers are co-located with adult community mental health teams to support CAMHS/AMHS transitions for 16-25 year olds.
- 1 FTE Youth Support Worker is co-located with the Early Intervention in Psychosis Team
- 5 FTE Youth Mental Health Practitioners are co-located with CAMHS Clinicians and Social Care in Crisis service – offering in-reach to A&E, the Police and Tier 4.

Off the Record, Croydon

Off the Record provides a range of free, confidential support services for children and young people in the London Boroughs of Croydon and through its Jumpstart project in Sutton. Current services in Croydon and Sutton include:

- Counselling – open access counselling services for young people aged 14-25 in Croydon and 11-21 in Sutton
- SkyCasts – weekly online workshops for young people aged 14-24 offering information, and peer support around issues such as depression, anxiety, self-harm and bullying
- Pulse – a young people's consultation group

In Croydon only:

- Compass – therapeutic support for young refugees, asylum seekers and forced migrants
- CBT groups – for young people aged 14-25
- Young Carers Project – offering information, advocacy, respite activities, family work, educational and emotional support for children and young people aged 7-25 with caring responsibilities in the home.
- BME Mental Health work – addressing the inequalities in outcomes and experience for BME communities accessing mental health services

From 2016:

- SkyLine – individual online counselling for young people in Croydon and Sutton
- Walk-in session – multi-agency weekly mental health walk-in session for young people in Sutton

YPAS, Liverpool

Established in 1966, YPAS's core delivery is to address the mental health and emotional well-being needs of Liverpool's children (age 5-15 years) and young people (age 16-25) and families by providing a wide range of support and therapeutic interventions in a non-stigmatised setting.

Counselling and Psychotherapy service:

- Individual therapy
- Issue-based group therapy (self-harm, anger management and survivor of sexual abuse)
- Systemic family therapy / family mediation / Nurture programme
- Parenting group
- The counselling and psychotherapy service also provides therapeutic services in primary, secondary and FE education including consultation and training to education staff.

Support Services:

- Information, Advice and Guidance provision
- Daily drop-in provision
- GP Champs (Health Drop-in service) co-facilitated by a GP
- LGB project – GYrO (Gay Youth are Out)
- Transgender Project – Action Youth
- Parenting Programmes
- Psychosocial activities
- Informal education programmes
- Advice on Prescriptions

Funding and coverage

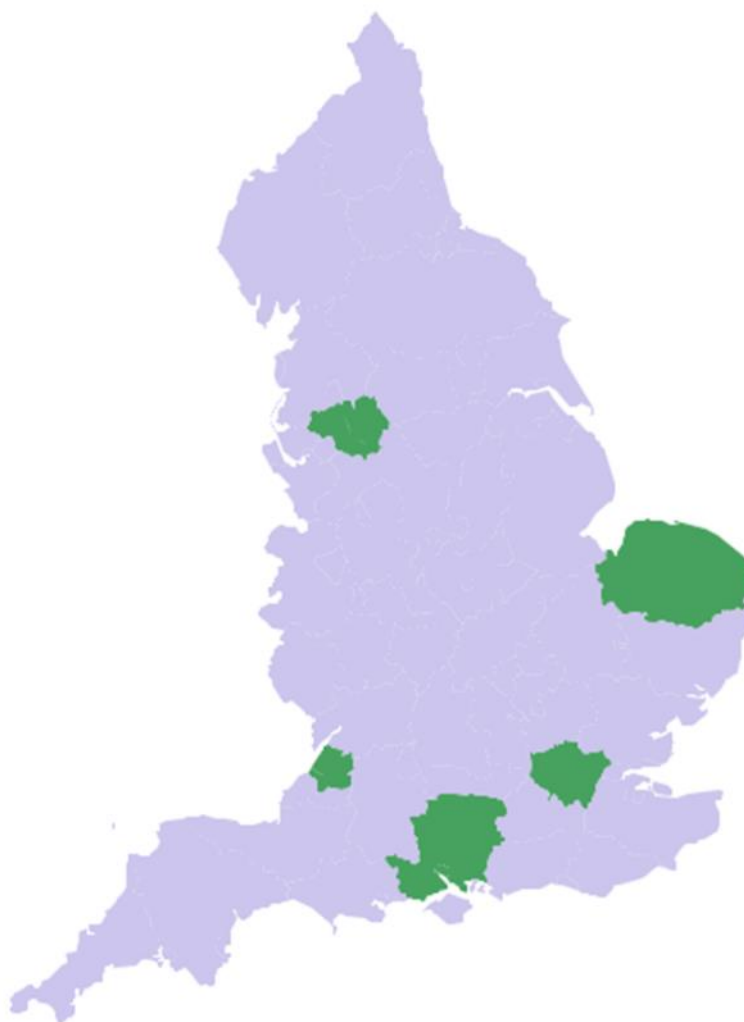
Each of the nine delivery partners was awarded a grant to deliver their part of the Young People in Mind project. The funds were used to cover both the delivery of services to young people, as well as supporting the YIACS' strategic engagement work with local partners.

The total funding allocated to each partner was relatively modest: seven partners received £45,500; one partner received £55,000 and the last partner received £60,000. The additional funding for the latter two organisations allowed these organisations to extend their delivery across more than a single area.

While individual unit costs for the delivery of one to one counselling and other psychological support vary across Young People in Mind's delivery partners, during the Project, the average cost of an hour's session for a young person was approximately £60.00. This figure includes all direct face to face costs, as well as all overheads.

Young People in Mind operated across twelve areas of the country:

- Bristol
- Croydon
- Great Yarmouth
- Hackney
- Hampshire: No Limits worked with a number of other YIACS across the county to enable young people in Winchester; Romsey and Test Valley; Fareham and Gosport; Havant; Totton and the New Forest; Aldershot; Hart and Rushmoor; Basingstoke and Eastleigh to have increased access to services
- Islington
- Liverpool
- Manchester
- Norwich
- Southampton
- South Gloucestershire
- Sutton



The services offered

Young People in Mind set out with a target to offer 850 initial assessments and 4250 one to one sessions of individual psychological help across the year. By the end of the year, the actual numbers of session offered were 1160 initial assessment sessions and 5505 ongoing counselling and other psychological support sessions to young people.

As part of the project, eight of the nine partners provided one or more of the following interventions:

- Counselling;
- Psychotherapy;
- Art therapy;
- Drama therapy

The final partner provided one to one psychological support only through the project – although young people also have the option of counselling through this agency.

Who offered the help?

There is sometimes confusion in the minds of for example, those who work in the statutory sector and sometimes commissioners about the qualification and skills of those working in the voluntary sector. This is not surprising given the diversity of the sector: from small local bodies run entirely by volunteers to those with multi-million pound turnovers.

As a result, YIACS can find their value as providers of mental health interventions misunderstood and their ‘voluntary sector’ status sometimes equated with dependence on a low-skilled and volunteer workforce. Volunteers are an important part of the YIACS’ workforce and their training and qualifications will vary according to the role they perform. However, those offering psychological therapies in these settings are either fully qualified practitioners, some of whom may also work within the NHS system or students on placement.

As part of the Young People in Mind project information was collected from each of the delivery partners about the qualifications and training of those providing the one to one help to young people. Table 1 shows the range of qualifications held by these practitioners. The list of qualifications includes only those of relevance to the delivery of psychological support. It does not for example, include first degrees in unrelated subject areas.

Table 1: Qualifications of Young People in Mind Project Staff


	Degree	Graduate Diploma	Masters	Doctorate	Certificate	Diploma in Supervision	CYP IAPT Trained
Total staff	13	55	16	2	3	9	12

The majority of the qualifications contained in Table 1 are relevant to the fields of counselling, psychology or other psychotherapeutic work. However a handful of staff also held social work and medical qualifications and these qualifications have also been included.

Of the thirteen first degrees included in Table I, five degrees are in the field of psychology with the remainder largely counselling-related. The majority of Post-Graduate Diplomas are related to counselling, while Masters level qualifications span a range of trainings, including art and drama therapies, as well as counselling and psychotherapy. The doctorates listed include psychology and medicine. Nine of the staff held diplomas in supervision.

Twelve staff offering interventions to young people through Young People in Mind had undertaken some form of training as part of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme. This was commonly training in CBT, but also included the supervision and leadership aspects of the programme.

Alongside formal qualifications, YIACS staff also undertake a very wide range of other training as part of their continuing professional development. The range of is extensive with common examples: safeguarding; attachment; suicide and risk; working with eating disorders; trauma; substance misuse; AMBIT and solution focused.



Alongside formal qualifications, YIACS staff also undertake a very wide range of other training as part of their continuing professional development

Section two: the young people

A note on the data

The Young People in Mind project collected a range of information on the young people who accessed help across the nine delivery partners. The following analysis is based on data collected between 1st April 2015 and 26th February 2016. The project continued to offer help to young people up until 31st March 2016 when the project ended, but time constraints limited the inclusion of data collected in the final weeks of the project in this report.

Between 1st April 2015 and 26th February 2016, 1158 young people were offered an assessment through the project. However, sixty six of those offered an assessment did not take up the offer and these have therefore been excluded from the analysis in this report. Unfortunately, due to resource constraints, the project was unable to gather further evidence about these 66 young people and the reasons why they decided not to attend the assessment sessions offered.

It should be noted that the data presented here does not represent the profile of all young people who use YIACS on a daily basis. The main target group for Young People in Mind's help and support was young people aged 16-19 years. The data included does not therefore reflect the pattern of use made across the full age range of young people seen by services. In addition, Young People in Mind did not invest in the full spectrum of services offered across the YIACS. The data presented here can therefore give only a partial picture of the young people who access YIACS' one to one psychological help each year.

The YIACS forming the Young People in Mind consortium already had well-established data recording systems before the start of the project. Their individual systems have evolved over a number of years, both out of a need to report across a number of funding streams, as well as to assist internal management information needs. At the outset, it was recognised that as a one year funded project, Young People in Mind's data requirements would need to work alongside the delivery partners' existing systems.

In order to meet the project's specific needs, and through a process of consultation with delivery partners, Youth Access led the development of a tool to assist a consistent, and project-specific approach, to recording information about the young people using Young People in Mind's services.

This report provides an analysis of the data gathered through the tool developed by Youth Access. In presenting this report, a few points need to be made in relation to data quality across the delivery sites:

1. **The impact of existing organisational reporting cultures:** The data collection tool sought to reduce differences in data entry through the production of specific guidance. Youth Access staff also offered telephone support. However, across the nine organisations and with the number of staff involved, there is likely to be some variation in the way data has been recorded across all the sites.
2. **Individual assessment:** The data provided in this report is based upon a mix of practitioners' judgement, as well as self-report by young people. Where relevant, nationally validated measures have been used to inform the gathering of the information.
3. **Timing of data collection:** Much of the data is based on initial presenting information. The report therefore largely offers a snapshot of the young people at the initial stages of help.

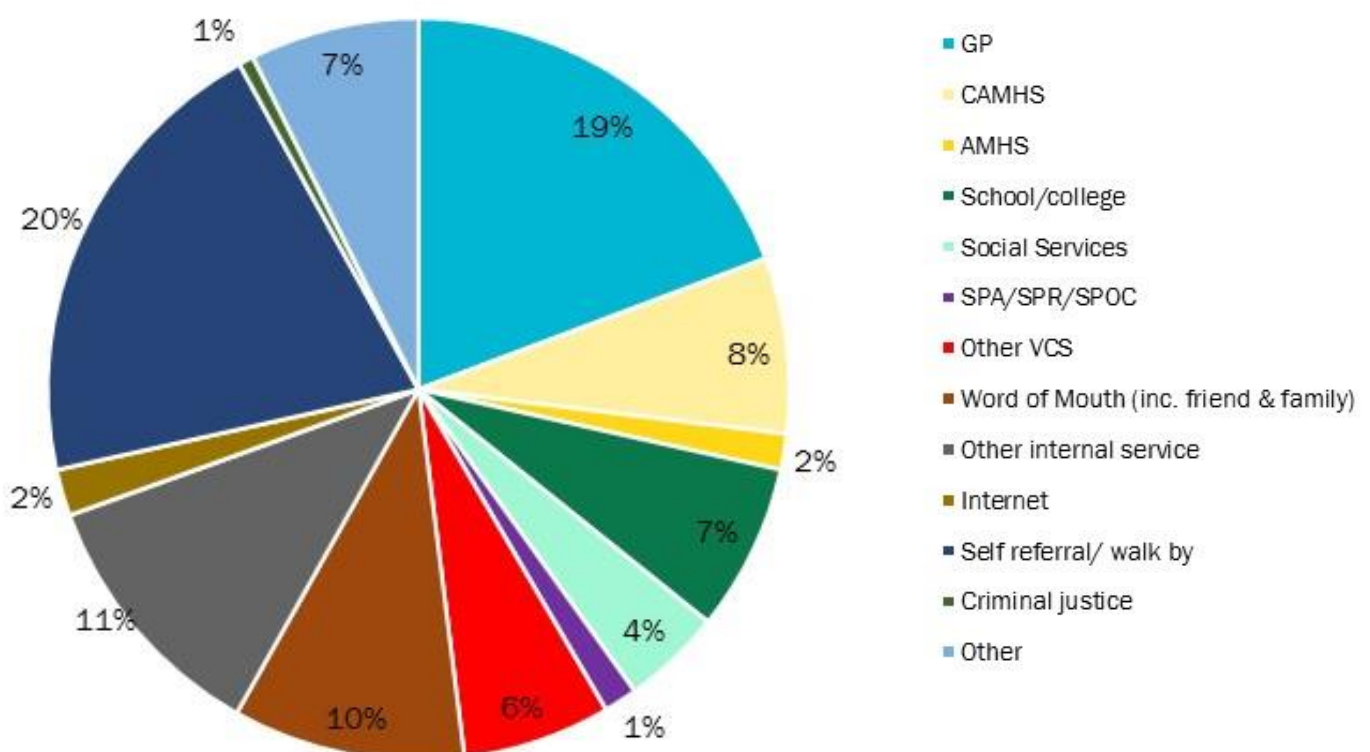
The following provides a breakdown of the young people who accessed the initial assessment sessions, together with information about the group of young people who went on to be offered, and took up, the offer of one to one counselling or other psychological support.

Sources of referral for assessment

A core feature of YIACS is their accessibility, and the opportunity they provide for young people to self-refer. While self-referral remains at the heart of their service offer, the routes young people take to reach YIACS' one to one counselling and psychological services are diverse, and there is some evidence to suggest the pattern has been changing over recent years.

As Figure 1 shows, the majority (20%) of the 1092 young people who accessed the assessment sessions offered through Young People in Mind did so as a direct result of a 'walk by'. Closely behind this group, at 19% of the total, were young people who had found their way into the service via their GPs. This indicates that GPs are an important referral point for young people; they also appear to be by-passing CAMHS and referring young people directly to voluntary sector services. The numbers of young people referred by GPs also appears to have grown significantly in recent years⁴.

Figure 1: Referral Source (n=1092)



⁴ Kenrick, J. (November 2013) *Picking up the Pieces: results of a survey on the state of young people's information, advice and counselling and support services*, Youth Access p23

A further 11% of the young people taking up assessment sessions did so as a result of their contact with other services offered within the YIACS. For example, a young person may initially approach a YIACS for help with housing or money. If they have mental health or other concerns, they will then have the opportunity to be referred for counselling or another internal service.

The next largest source of referrals were friends or families with 10% of the young people accessing an assessment through their help and support. CAMHS and adult mental health services also featured as a referral route at 8% and 2% respectively. The remaining sources of referral included schools/colleges, Social Services, Criminal Justice, the internet and others.

A handful of young people were referred into the YIACS via local 'Single Point of Access' (SPA), or Single Point of Referral (SPR) or Point of Contact (POC) arrangements. Given the limited availability of these arrangements in the project's local delivery areas, only 1% of the young people arrived for an assessment via this route. However, during the year a number of the YIACS were actively involved in discussions on the introduction of these referral arrangements in their local areas⁵.

While the introduction of SPAs is intended to enable children and young people to gain fast access to the most suitable provider of mental health services in a local area, at this point it is too early to assess their impact on young people's referral and access to YIACS.

Separately, Youth Access also asked delivery partners for further information about their local CAMHS and which young people would or would not be eligible for treatment within NHS settings. Age i.e. any young person aged 17+ years was cited as the main reason for young people not being offered help. The severity of the issues experienced was the next most common reason for young people not to be accepted by CAMHS.

However, it was also suggested that such criteria were not consistently applied, even within the same local area. A few areas also suggested that even where a young person was accepted into CAMHS (usually Tier 3 and above), young people would end up turning to the YIACS either as a result of a long waiting list for treatment or because they had been discharged for not attending an appointment.

It is difficult to assess the extent to which voluntary sector YIACS are providing a 'safety net' for young people who are unable to access CAMHS due to rising thresholds. The rise in CAMHS thresholds has been widely reported as a consequence of local service cuts⁶. As a result, some young people are compelled to seek alternative provision to NHS CAMHS. Their success in finding an alternative is however often dependent on the availability of a service such as a YIACS, or having the financial means to access private help. It is also the case that young people can and do make a positive choice to access YIACS, rather than CAMHS. Their reasons vary, but commonly include the lack of stigma and the greater accessibility and responsiveness of the YIACS.

⁵ *Young People in Mind: Transforming Service Delivery* provides examples

⁶ *House of Commons Health Committee Children's and adolescent's mental health and CAMHS, Third report of session 2014-15*; Frith, E.(April 2016) *Centre Forum Commission on Children and Young People's Mental Health: State of the nation*

CASE STUDY

Gabrielle is 18 years old of mixed White and Black Caribbean heritage. She is currently attending University, has a long term boyfriend and lives independently. She has contact with her family, but withdraws from them quite a lot, as she finds it difficult to manage a relationship with them.

Gabrielle's mum has mental health issues and Gabrielle believes her mum was depressed when she was born. While her mum and dad split up shortly after her birth, Gabrielle has always had a consistent relationship with her father.

When Gabrielle was young, she was left in the care of her aunt for the majority of the time. Her mum brought her back home when she was 8 years old, by which time her mum had had another child and Gabrielle then became a carer to her siblings and her mother. During her childhood, her mum's depression would sometimes worsen and she would become bed bound and unresponsive. As a result, Gabrielle often stepped in to look after the household, finances and siblings.

Gabrielle came to the YIACS with a range of issues, including crying a lot; low motivation; poor sleep pattern; feeling isolated and low confidence. Her goals were to reduce her anxiety; manage her moods better and improve her energy.

Through the support offered by the YIACS, Gabrielle explored her feelings and relationships with her family. At the end of the support, Gabrielle had a greater sense of self-acceptance and a more positive outlook. Her CORE scores had reduced and she felt she had learned new strategies for coping with her life. Gabrielle feels she is able to manage her relationship with her mother better and that there are no major issues left unresolved.

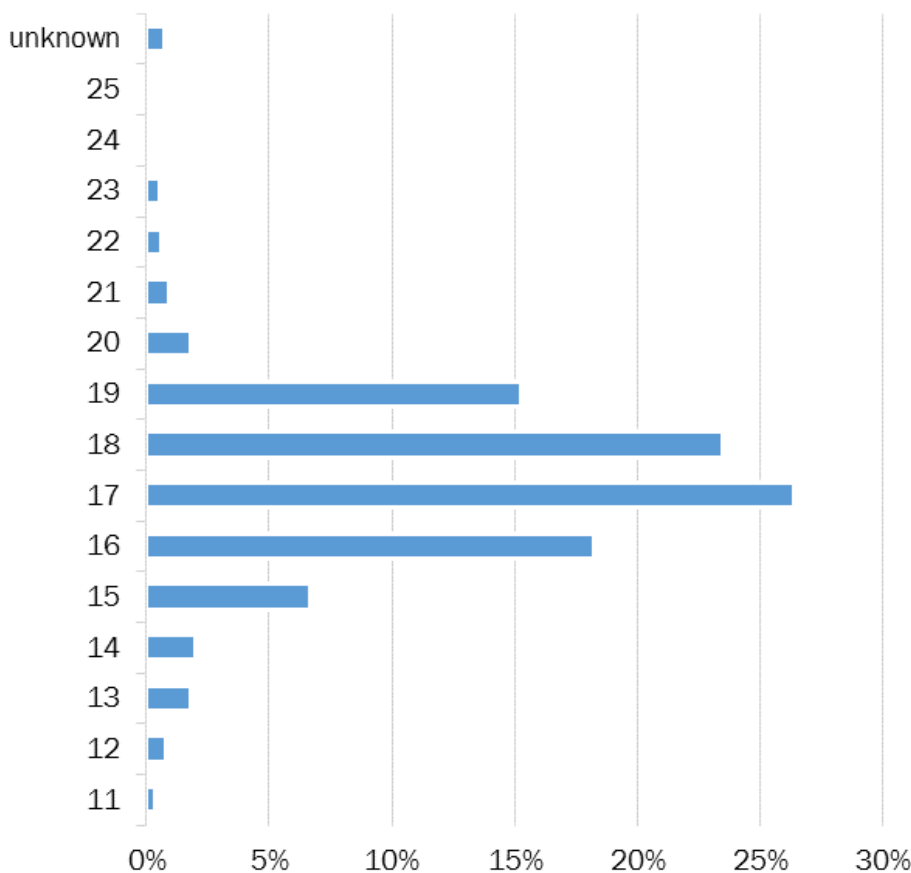


Demographics

Age at referral

Figure 2 shows the age of the young people at the point of referral into the project. The main target group for the Young People in Mind project was young people aged 16-19 years. At the point of first referral, the majority of young people i.e. 83% were in the target age range. Those aged 18 and 19 years in particular were also in an age range which would, according to previously mentioned reports, mean their access to CAMHS and adult mental health service was very limited.

Figure 2: Age at Referral (n=1092)



A further 7% of the young people seen for assessment were aged 15 years at the point of referral. Those aged 14 years and under, and 20 years and over, made up approximately 5% each of the 1092 seen. In approximately 0.5% of the 1092 cases, the date of birth was not recorded.

It is worth noting that the few under 14 year olds seen for an assessment were mostly as a result of a particular vulnerability and/or urgent need. This included, for example, children who had experienced sexual assaults, rape or were experiencing suicidal thoughts. In a number of cases, these young people were direct referrals by GPs. Those offered assessments and ongoing help at age 20 + years, were generally those who had been in the Care system or a young person with a disability.

Gender

Figure 3: Gender of Young People

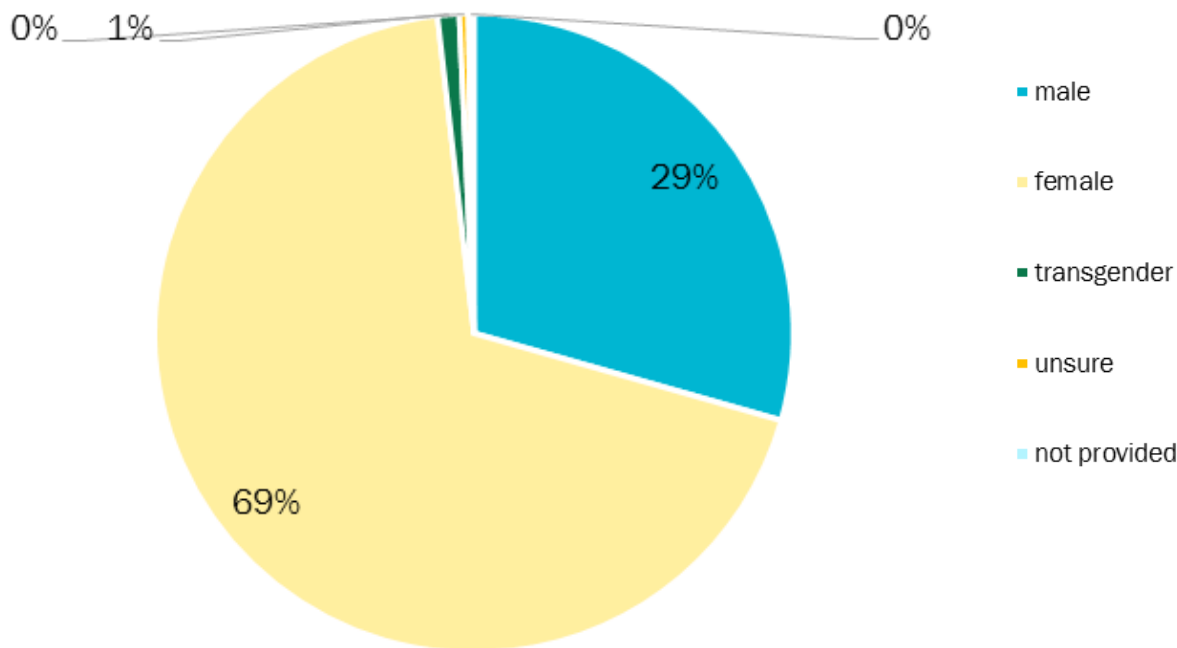


Figure 3 shows that the majority of the 1092 young people accessing the assessment sessions were young women – 69% of all those seen. Young men formed 29% of the group, with a much smaller number - 1% - stating their gender as ‘transgender’. Five young people stated they were ‘unsure’ of their gender, and in 3 cases, no information was provided.

While the proportion of young women using the Young People in Mind project reflects other trends of use by young people accessing counselling and other psychological support⁷, the pattern of use by gender across all the services offered within YIACS’ is likely to be different.⁸

While past data for mental health issues amongst young people points to boys accounting for a slightly higher proportion of mental health issues than girls (13% compared to 10% respectively), this data is now more than a decade old. More recent studies, particularly regarding the age range of relevance to the Young People in Mind project have indicated that emotional health issues are increasingly more common in girls and young women – 20% of girls compared to 7% of boys⁹.

⁷ Cooper, M. (2013) *School-Based Counselling in UK Secondary Schools: A review and critical evaluation* www.bacp.co.uk/admin/structure/files/pdf/11355_sbc%20review%202013-01-19%20-%20cooper.pdf

⁸ YIACS: *an integrated health and wellbeing model*, Youth Access 2014 p4

⁹ Key Data on Adolescence, 2015

http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/09/KeyData2015_Chapter6.pdf

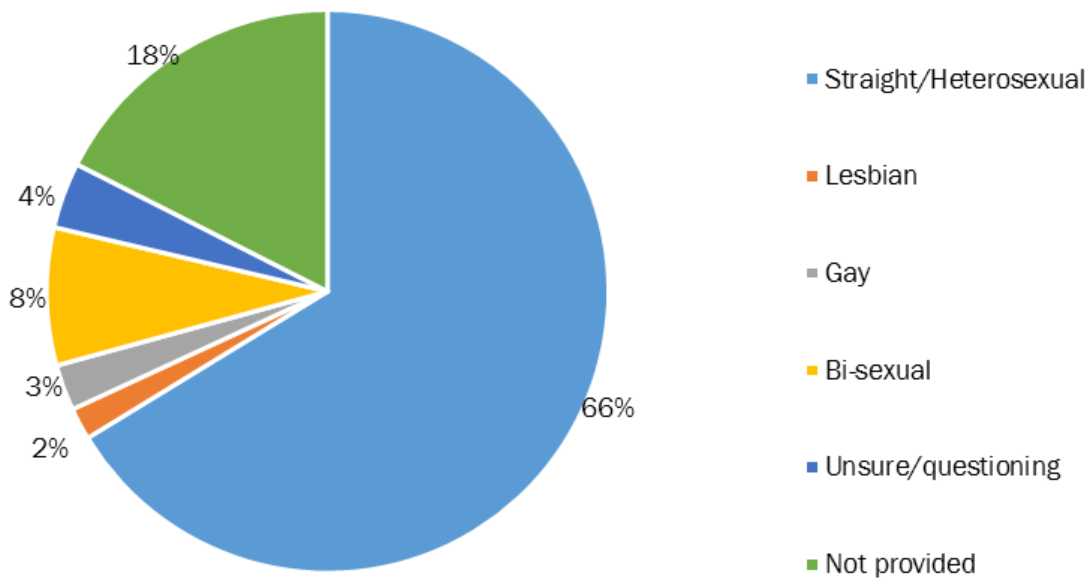
Sexuality

Given the additional mental health risks for young people who are Lesbian, Gay, Bisexual, Transsexual or Questioning (LGBTQ), the project wanted to understand more about the sexuality of the young people accessing the services offered.

Eight of the nine YIACS providing services within the project collected data from young people on their sexuality. However, for one service this was not data they routinely collected and they were unable to adapt their systems for a one year project.

The data presented in Figure 4 therefore offers a breakdown of the sexuality of the young people accessing the assessment sessions in eight of the project's sites only – a total of 872 young people.

Figure 4: Sexual Identity (n=872)



Most the young people (66%) providing information about their sexuality said they were heterosexual. A further 13% of the young people stated they were either Bisexual, Gay or Lesbian, while 4% said they were unsure. In 18% of cases no information was provided.

Nationally, the numbers of 16 -24 year olds reported to be gay, lesbian or bisexual is 2.7% (Office for National Statistics, 2014). Key Data for Adolescence¹⁰ suggests this is likely to be an underestimate due to the 8% who did not provide an answer. However, given that 17% of the young people accessing the Young People in Mind project stated they were either Lesbian, Gay, Bisexual or Questioning, their numbers would appear to be significantly higher than in the general population.

¹⁰ <http://www.youngpeopleshealth.org.uk/key-data-on-adolescence>

Ethnicity

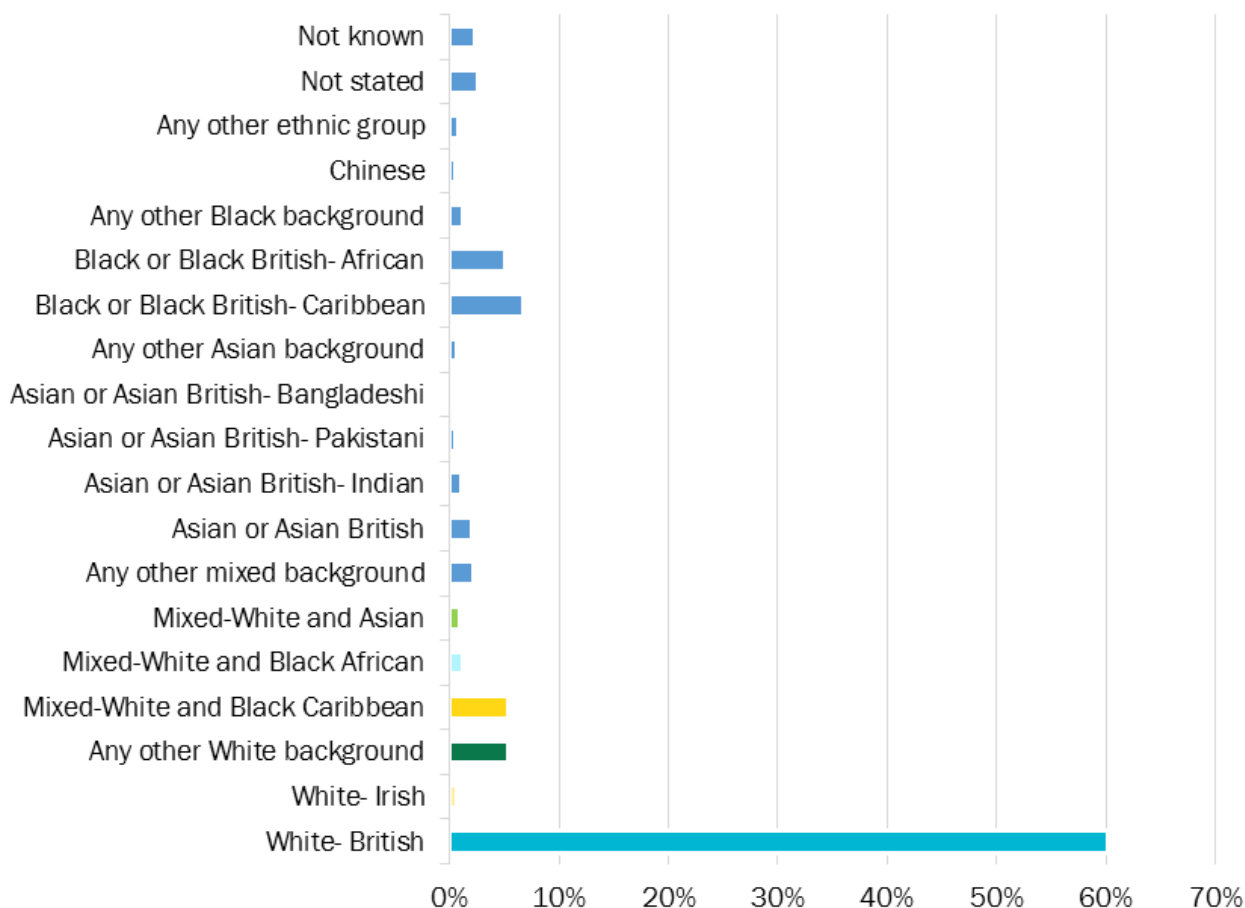
Sixty per cent of the young people accessing the initial assessments described themselves as White British; with the next largest group stating they were Black or Black British-Caribbean (7%). The following groups: Black-Black British African; Mixed White and Black Caribbean and Other White (not British or Irish) featured at 5% each of the total number accessing assessments. The backgrounds of the remaining 13% of the young people where ethnicity is known, ranged across a diversity of ethnic groups (see Figure 5).

Only a small percentage (5%) of the young people using the project were of unknown ethnicity; either because this was not stated (in 3% of cases) or the information was not recorded (2%). This means that where data is provided, 35% of the young people came from a non-White British background.

In the last known data from the 2011 Census, the numbers of young people aged 10-19 years who classified themselves as not White British was 21.5%. Given the numbers of young people seen from non-White British backgrounds as part of the Young People in Mind project, it suggests that YIACS are seen as accessible services by a diversity of young people.

It is also worth noting that due to the geographic spread of the partner agencies, in some cases the ethnic profile of service users differed markedly from the national picture presented in Figure 5. For example, in the case of the two North London services only around a quarter of the young people seen were from White British backgrounds. In one of these services, young people from Black or Black British-Caribbean backgrounds represented 22% of the service users, while in the other service just under 22% of its service users were from Black- Black British African heritage.

Figure 5: Ethnic Background (n=1092)



CASE STUDY

Savannah is a young woman aged 17 years from a Black Caribbean background. She lives with her single mum, who works full-time and her younger brother. She has no contact with father and he was never a presence in her life. Savannah regularly sees one grandparent, but has no other extended family. She is a full-time college student.

Savannah came to the YIACS following her GP's suggestion. Her mum had supported her to talk to her GP about her low self-confidence, depression and feelings about not fitting in. Savannah feels isolated and stays at home a lot when not in college. She has a history of being bullied at school from about age 10 to 15 years and a history of friendship issues/difficulties.

At the assessment, Savannah had clinically significant levels of social phobia (RCAD T-score of 76) and depression (RCAD T-score of 69). She wanted to understand why it was so hard for her to talk to people (particularly her peers) and socialise. Savannah wanted to become more confident and feel happier; to be less isolated and to feel there was hope for her future e.g. going to university, getting a job.

Through the counselling relationship, Savannah identified social anxiety as her main problem. She fully engaged and undertook tasks between sessions. After identifying why and how she avoided social contact, she practiced doing exposure tasks to challenge her anxious thoughts about what others think of her. Through her counselling, Savannah gained understanding of how anxiety affects her and how it can decrease through exposure.

By the end of her 13 sessions, she had several tools to help her with social anxiety, including identifying anxious predictions and coming up with realistic coping thoughts on her own. Her RCAD T-score for Social Phobia had decreased from 76 to 44 and her RCAD T-score for Depression had decreased from 69 to 54. Over the course of the work, her symptom tracker for Depression/Low Mood decreased from 21 to 10, and her symptom tracker for Social Anxiety decreased from 25 to 9. Most importantly, she now knows how engaged and committed she is to the process of taking the first steps towards understanding and managing her anxiety.



Vulnerability and Risk

Young People in Mind was particularly concerned to ensure that at least half the young people offered help and support through the project were in a vulnerable group i.e. in addition to their mental health or other needs.

The range of factors deemed to constitute an additional vulnerability were identified and agreed by partners at the outset of the project. As part of the assessment, both the number and type of vulnerability/risk factors present in a young person's life were therefore recorded. These factors may or may not have been the reason for a young person to seek help and young people's presenting issues were therefore collected separately; a breakdown of the range of these issues is contained at page 31.

Type of Vulnerabilities

The list of factors considered to place a young person's mental health and wellbeing at risk was initially drawn from the 'complexity factors' set out in the Current View Tool¹¹, (a CYP IAPT recommended tool). However, given the project's target age range, and informed by other available evidence, the list was extended to include some additional factors.

The list of the vulnerabilities drawn up for the Young People in Mind is not intended to represent a definitive guide. However, it allowed for the identification of 18 separate factors that may impact on a young person's mental health and wellbeing. Figure 6 shows the full list of factors.

Amongst the list are a number of safeguarding issues, such as sexual abuse and sexual exploitation, violence and neglect, alongside issues relating to parents/carers, such as their mental health and substance abuse. The list also includes the identification of young people lacking a permanent home and those who are not in education, employment or training (NEET); factors where there is good evidence about their impact on young people's mental health and wellbeing¹².

From the project's list of vulnerabilities, and as Figure 6 shows, the highest number of vulnerability factors related to sexual abuse, sexual exploitation and other safeguarding issues. A total of 202 young people were assessed as vulnerable due to these factors i.e. around 18.5% of the total number of young people offered an assessment. They also made up 13% of the total of number of vulnerabilities. The actual numbers of young people affected by sexual abuse, sexual exploitation and other safeguarding issues is likely to be an underestimate, since these factors may not be picked up in all cases at the assessment.

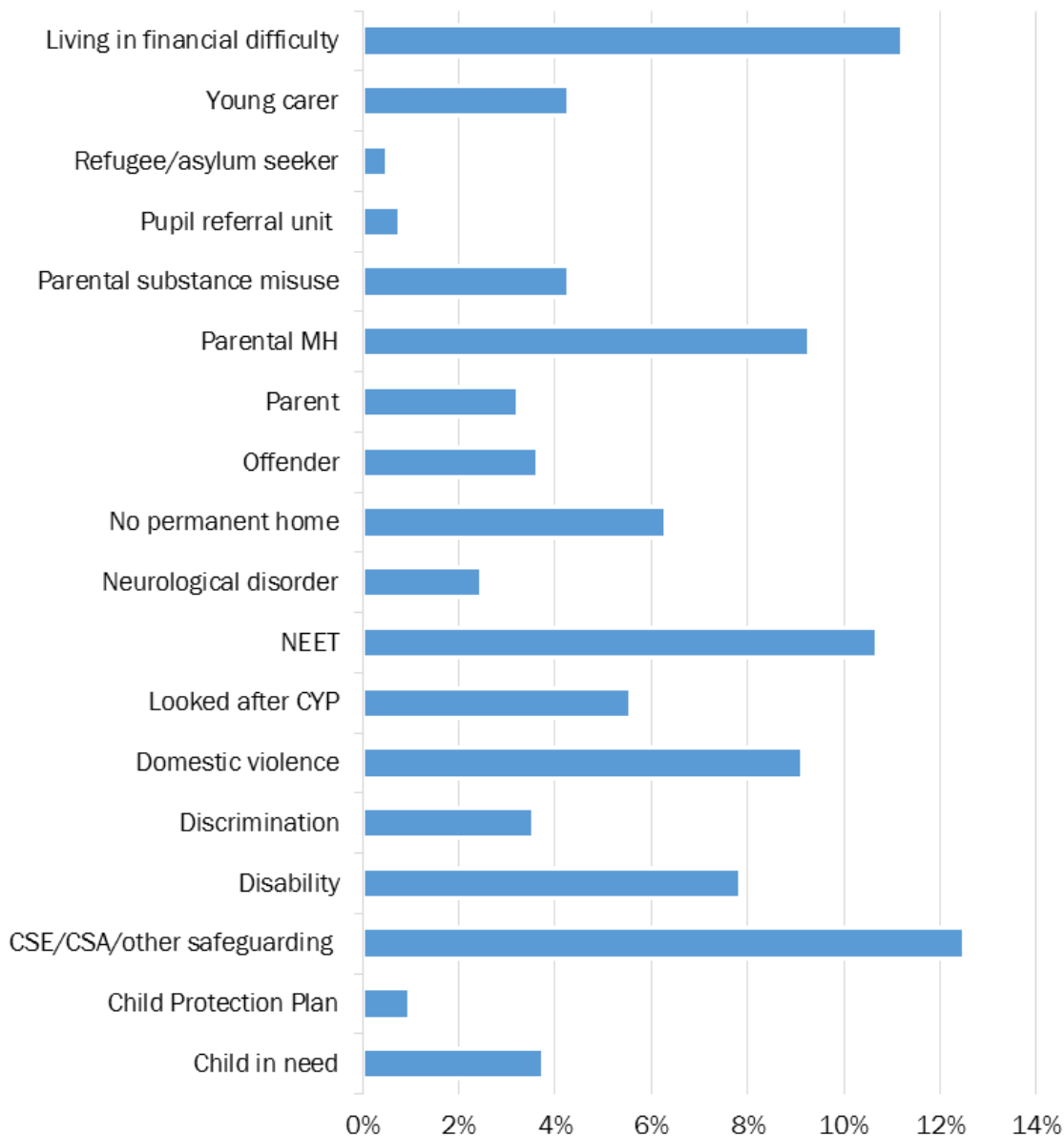
Being NEET or living in financial difficulty also scored highly: representing 11% each of the total number of vulnerability factors. Also high on the list was parental mental health and domestic violence (which includes both parental, as well as violence in the young person's own relationships); each formed 9% of the total number of factors.

A total of 8% of all the recorded vulnerabilities related to disability (excluding neurological disorders). Ninety seven of the young people offered an assessment had no permanent home and 86 young people were in the Care system; making up 6% and 5% respectively of the spread of vulnerabilities.

¹¹ https://www.ucl.ac.uk/ebpu/docs/publication_files/current_view

¹² Pleasence, P., Balmer, N.J., Hagell, A. 2015, Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues, Youth Access

Figure 6: Number of vulnerabilities by type (n= 1543 multi response)



Factors such as being a young carer, having a parent with substance misuse, being an offender, assessed as a 'Child in Need' or having experienced discrimination were all seen as contributing towards an increased risk to young people's mental health and wellbeing. These factors represent 4% each of the total number of vulnerabilities experienced by the young people accessing the assessments.

The remaining 8% of the total number of vulnerabilities recorded at assessment ranged across those who were themselves parents; young people with refugee/asylum seeker status; those attending Pupil Referral Units; those with a Child Protection Plan and/or those with a neurological disorder.

CASE STUDY

Zara is a 19 year old of mixed White/Black Caribbean parentage. She is bisexual, and has no particular faith or religion. She is studying business, and is a qualified fitness instructor.

Zara's mother died when she was 8. She was put into Care, but remained in close contact with her father. She is HIV positive. As a child, Zara has had counselling and help from CAMHS. She was referred to the YIACS by her social worker, as she was experiencing suicidal ideation, low mood, and was binge drinking. Zara attributed the cause of her issues to the turmoil of her on/off relationship with her boyfriend.

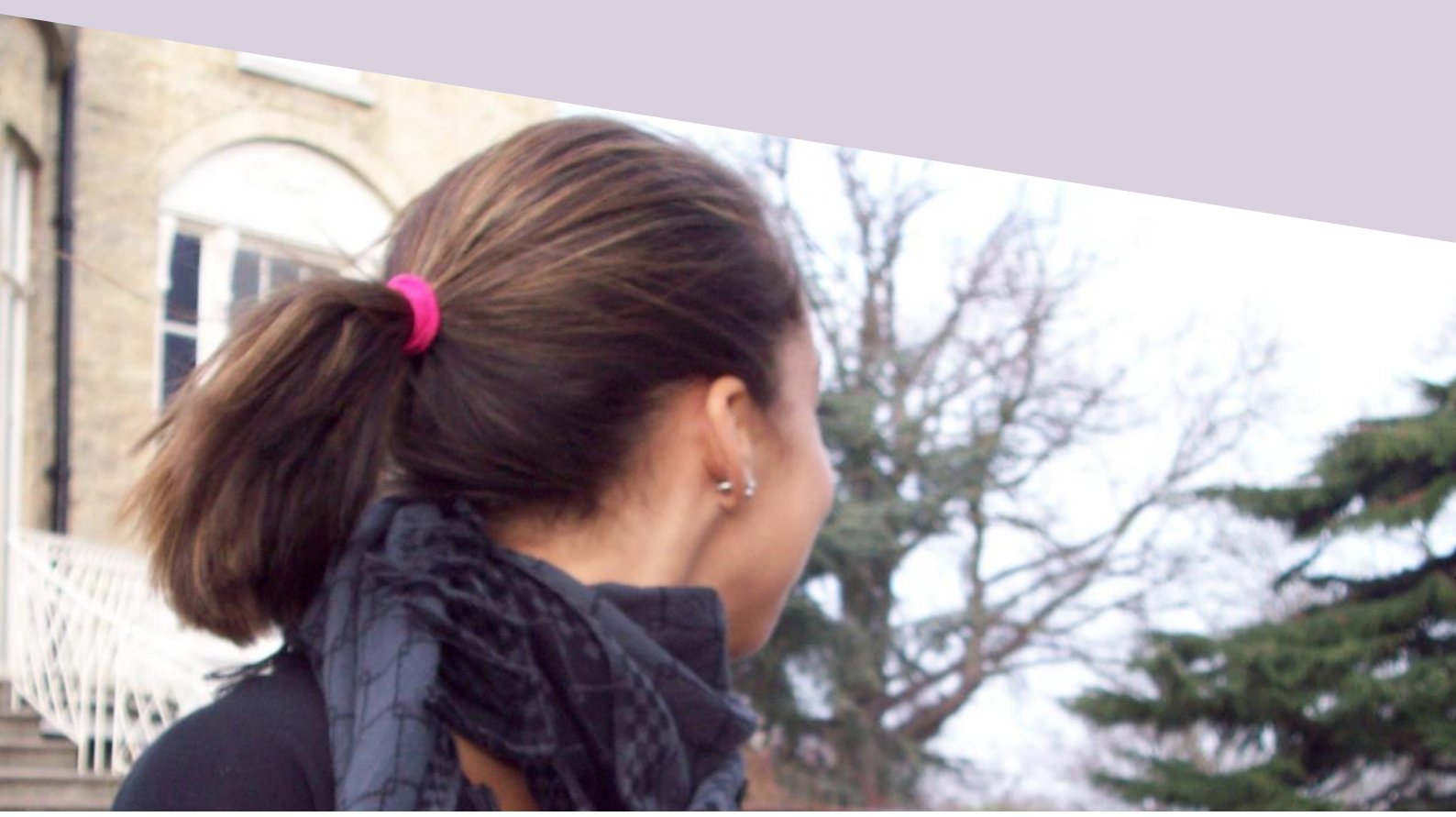
Zara wanted help with anger-management and depression. Her sense of self and self-esteem were low; she felt rage about the loss of her mum and her experiences of sexual and physical abuse. Zara also felt her alcohol abuse was a coping technique to help blank out her feelings.

In the first session, Zara was at pains to explain to the counsellor her feelings about her HIV status. She was able to connect her shame in part to her father's insistence on keeping it a secret, and also to her boyfriend's disapproval. Her feelings had also been compounded by her traumatic experiences at the hands of the police; she was charged with exposing someone to the risk of HIV infection when she bit them.

Through the counselling, Zara began to realise how and why she acted when under pressure and how her anger towards her boyfriend was a reaction to his domineering behaviour. Zara started to realise how much she had changed to please her boyfriend, including her appearance. She was hurt by his demands and also realised, she no longer wanted to deny her sexuality. Zara also felt her hopes for the future were being thwarted and frustrated by her boyfriend's lack of ambitions for himself or them as a couple.

Whilst her motivations wavered as she struggled with her college course, Zara managed to set up Zumba classes in her local church hall and towards the end of the sessions, applied for and got a job teaching in a gym. She began to develop a sense of belonging and purpose; she made friends and was able to accept that she was valued by her clients. These achievements and regular exercise calmed her; she became less aggressive, and more up-beat. As her self-worth developed, the relationship with her boyfriend ended.

At the end of the counselling, whilst there were still unresolved areas in her life, Zara no longer had suicidal thoughts, or used alcohol to cope. She was more self-aware and committed to working through her issues and seeking further help.

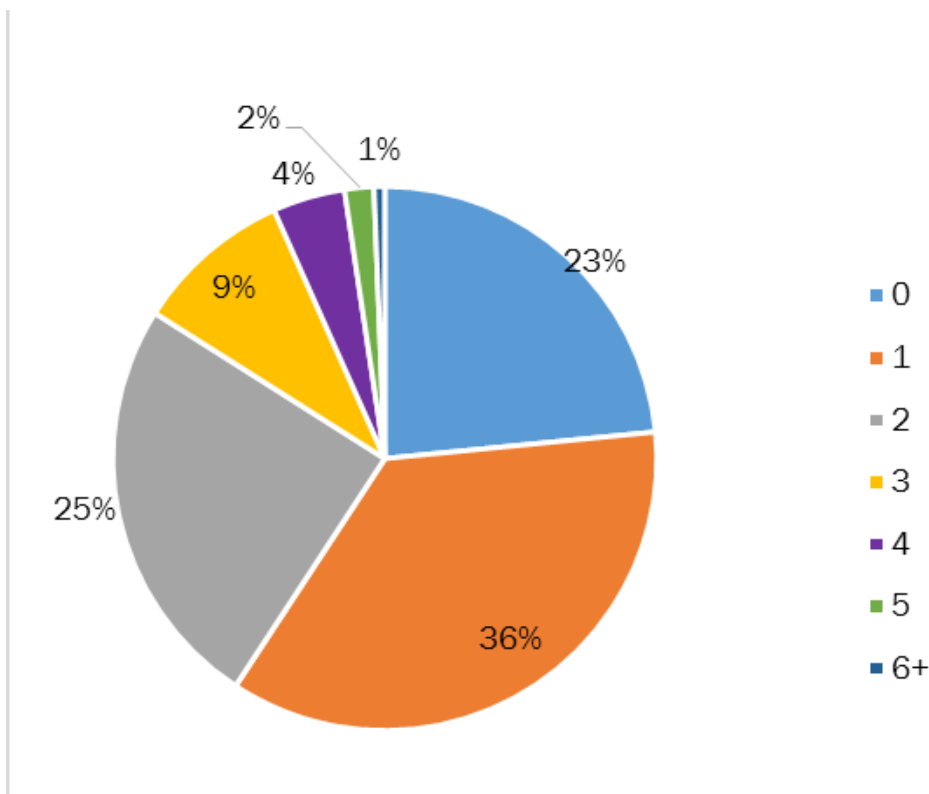


Number of Vulnerabilities

The Young People in Mind project set itself a target of ensuring that at least 50% of the young people offered help should be in a vulnerable group. Of the 1092 young people accessing the assessment sessions, 77% were assessed as having one or more of the identified vulnerability factors in their lives. Of these 41% had two or more risk factors (Figure 7).

The majority of young people had either one or two vulnerability factors present - 36% had at least one and 24% had two. However, 9% of the young people had 3 factors, 4% had 4 factors and 2% had 5 factors. Seven young people (1%) of the group were facing 6 or more vulnerability factors in their lives.

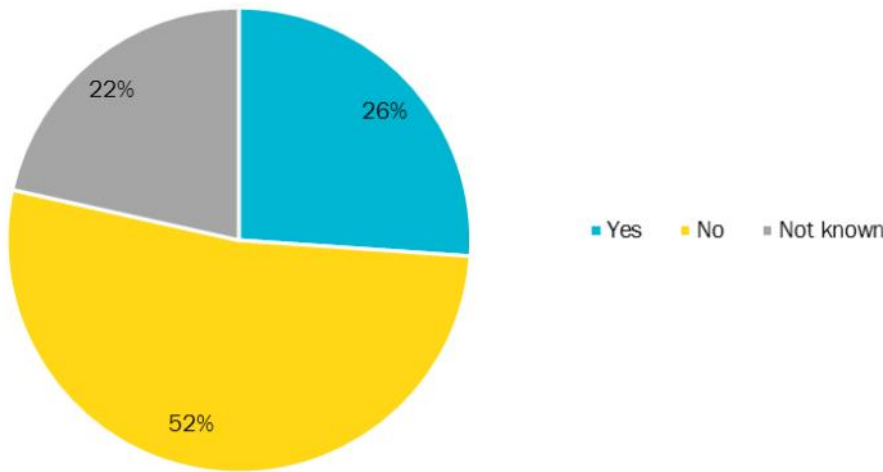
Figure 7: Number of vulnerability factors faced by young people (n=1092)



Contact with Statutory Mental Health Services

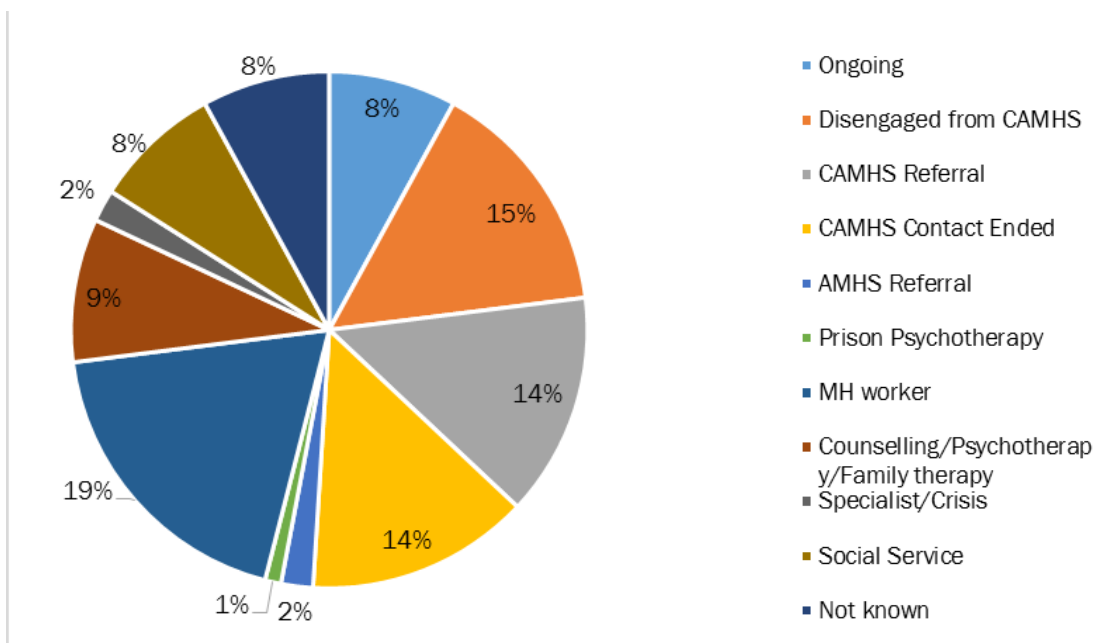
Young people's current or past contact with statutory mental health and/or Social Services was also seen by the Young People in Mind project as an indicator of vulnerability. While 52% of the 1092 young people seen for assessment (Figure 8a) were not recorded as having any previous or current contact with statutory mental health services, just over a quarter (26%) had past or ongoing contact. In the remaining 22% of cases, this information was not recorded.

Figure 8a: Proportion of Young People with Past or Current Contact with Statutory Mental Health Services (n=1092)



In Figure 8b, the 26% (284 cases) of young people stated as having current or past contact with mental health services has been analysed further. The largest number (19%) had had some contact with a Mental Health Worker. The next group at 15% comprised young people who had disengaged from CAMHS, followed by 14% who were referred to the YIACS following an assessment with CAMHS.

Figure 8b: Nature of Young People's Current or Past Contact with Services (n=284)



A further 14% had had some past contact with CAMHS. This included a number whose contact had ended due to their age, while for a few the contact had taken place when they were much younger. A total of 8% of the young people were still in contact with CAMHS or receiving other mental health support when they came to the YIACS for an assessment.

A smaller number of young people (9%) had had some experience of counselling or psychotherapy, often through schools. A small number (7%) had experience of more specialist treatment. This included young people who had contact with Eating Disorders Clinics, Early Intervention in Psychosis teams, Prison Psychotherapy services and inpatient care. A further 8% of the young people were still in contact or had past contact with Social Services. Whilst in the remaining 8% of cases, there was no information regarding the nature of the young person's contact.

CASE STUDY

Tyler is a 19 year old Black British young man of African Caribbean descent. He has a learning disability and has been diagnosed with Autistic Spectrum Disorder.

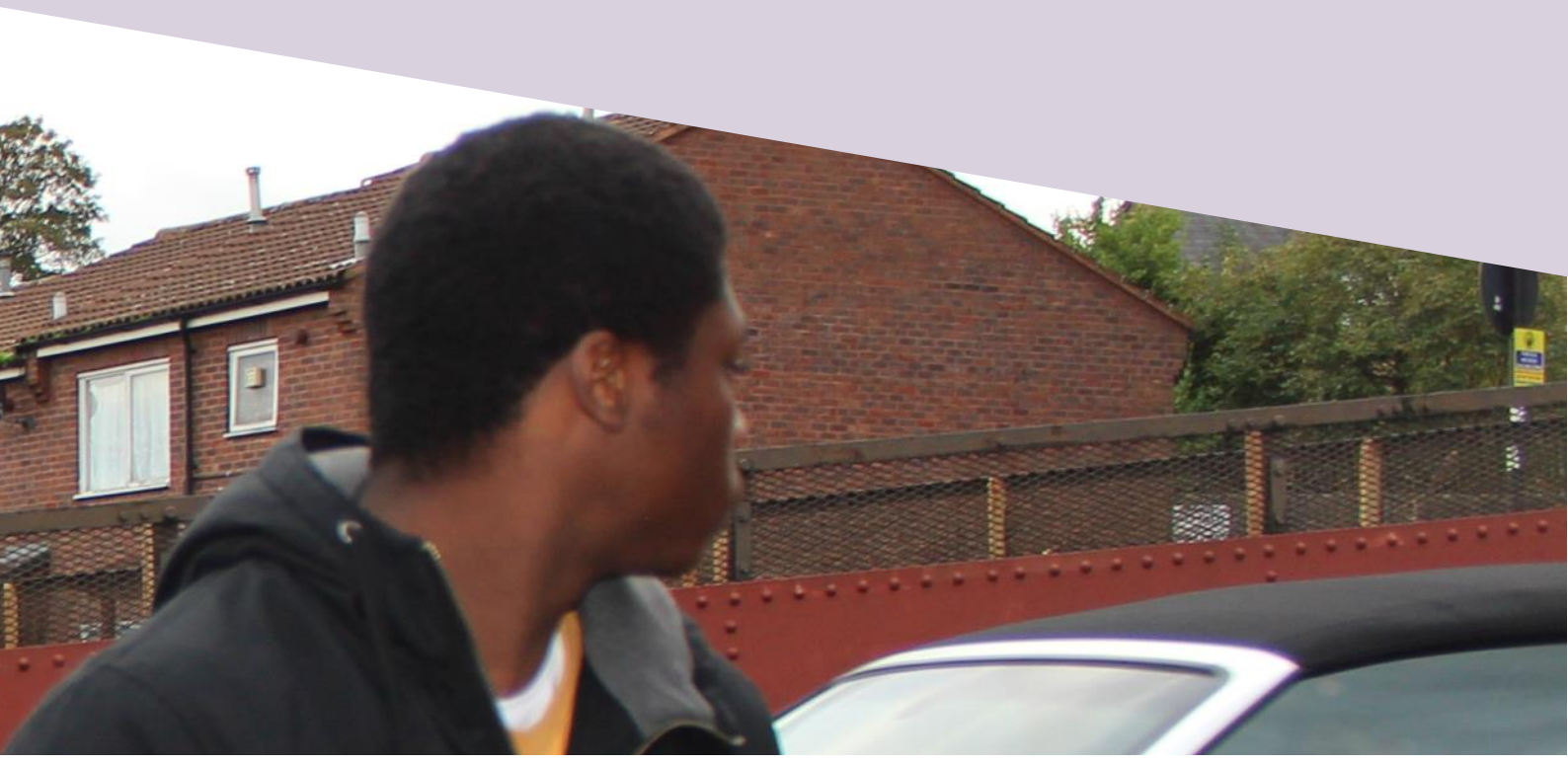
Tyler lives with his mother and 17 year old sister; an older brother and sister having left the family home. Tyler hasn't had contact with his father for many years. Both his older sister and his mother have ongoing mental health issues and have had psychiatric care.

Tyler was referred to the YIACS by the CAMHS Disability Team, as he had turned 18 years. At the time of the referral, his Transition Worker said she had tried to refer Tyler to Adult Social Care Services, but he did not meet their threshold. The Transition Worker was concerned about Tyler's obesity and other health issues. His presenting issues included: bullying, isolation, sleep apnoea, over eating and obesity, asthma, anger, violence, constant arguments with the family, suicidal ideation and the potential for seriously harming his sister and mother with a knife.

Tyler said he wanted to control his anger better, as he feared that one day he might seriously harm his younger sister. As the counselling progressed, it became clear that Tyler's anger and potential for violence could not be resolved outside the context of dysfunctional relationships between his family members. His anger seemed to be mainly caused by his younger sister's risky behaviour and the resulting distress experienced by his mother who seemed unable to control her daughter.

Towards the end of a twelve session contract, the counsellor felt that one to one counselling was not enough and he needed an approach involving other family members. Knowing he had already been turned away by Adult Social Care services, the counsellor tried to refer him to the Adult Learning Disability team, but without success as his learning disability was seen as too mild.

The counsellor then tried to refer the family to Children's Social Care Services based on the concern that Tyler's sister was seriously at risk of being harmed by him. She also seemed at risk of sexual exploitation (she had an abortion, went to parties with strangers, constantly spoke to strange men on the phone, went out late at night and was described by her mother as 'out of control'). Following the referral to the Children's Social Care team, a home visit was made although they decided not to take on the case. Several weeks after the counselling contract ended, Tyler re-contacted his counsellor saying he was seriously thinking about killing his sister. He sounded extremely angry on the telephone and the counsellor took his threat seriously. She spoke to his mother on the phone who admitted that she had lost control of the situation at home and needed help. The counsellor made another referral to Children's Social Care, but has not been informed of the outcome.



Educational risks

Poor school attendance is seen as having a close association with poor long term outcomes and a potential predictor of a more difficult transition to adulthood. While existing low or poor attendance and attainment was of lower relevance to Young People in Mind due to the target age range of 16-19 year olds, nevertheless the project set out to record this data.

In just under 59% of the 1092 cases information about young people's attendance and attainment was 'Not known' (Figures 9a and 9b). The numbers of those 'Not known' comprise both young people where attendance and attainment were not relevant, due to the age of the young person, as well as cases where information was not recorded. The majority are likely to fall into the former group, rather than the latter given the age profile of the group (Figure 2).

Young people's educational attendance and attainment were rated in accordance with the descriptions set out in the Current View Tool in the c.41% of the 1092 young people seen for initial assessment. The assessment was based only on the young person's self-report, since there were no readily available means for checking whether their assessment matched that of their school or college.

Where information on attendance is known, there were no issues reported by 214 young people; 79 young people were assessed as having 'Mild' difficulties; 83 with 'Moderate', while 75 young people were assessed with 'Severe' difficulties.

Figure 9a: Education: Attendance (n=1092)

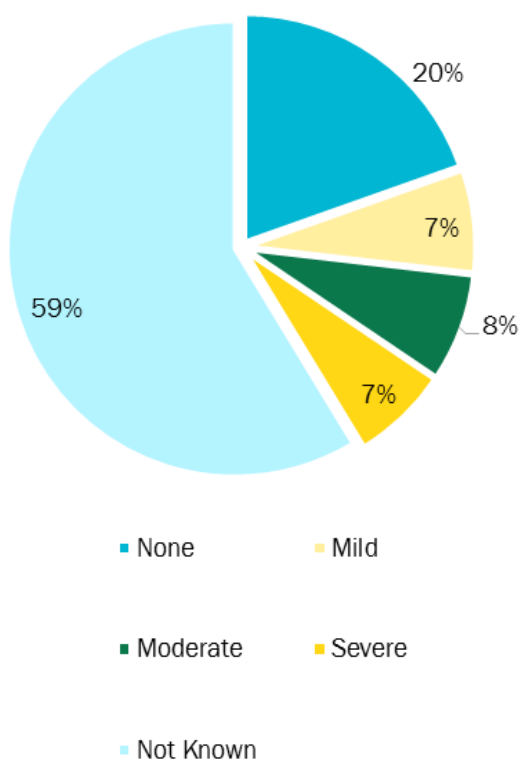
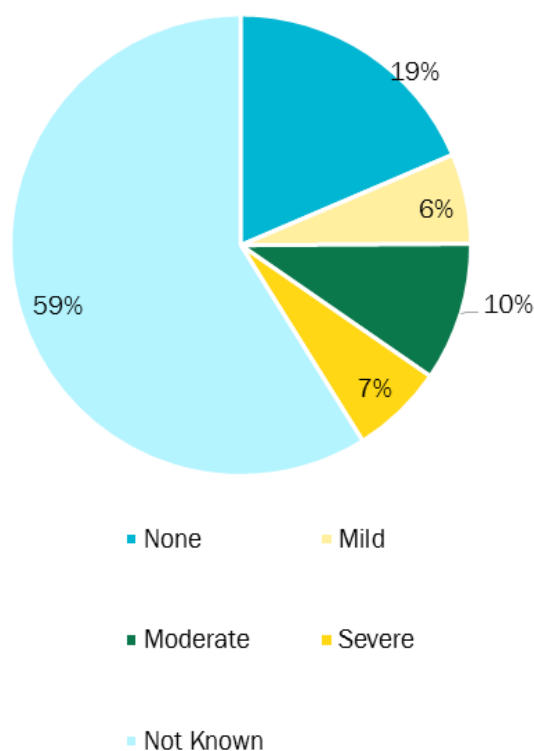


Figure 9b: Education: Attainment (n=1092)



Attainment issues closely matched the pattern for attendance difficulties (Figure 9b). Where attainment issues were known, and based again on the young person's self-report, 203 young people were assessed with no attainment problems; 69 young people had 'Mild' issues; 106 were stated as having 'Moderate' problems i.e. rated as significant problems, where they were likely to fail key exams at school or were below their year group in all subjects. In 71 cases, the young person was assessed with 'Severe' difficulties i.e. they had dropped out of education completely.

CASE STUDY

George, a White British young man, was 17 years old when he first started approached the YIACS for help. He had missed the last part of his schooling due to ME and also dropped out of his first year of college. Living with his mum, who also suffers from ME and depression, George's dad had rejected him and refused to see him as a result of him dropping out of college.

George was initially offered help by the YIACS through a crisis. His referral to the local IAPT Well-being service had been lost, and he was now on a waiting list for a further 8 weeks. He came to the YIACS experiencing acute depression - in his words feeling very bad and 'over the edge.' Already feeling depressed, the break-up of his relationship with his girlfriend meant he was now crying much of the time and experiencing dizziness and migraines.

At first George had intended to go back to the IAPT Well-being service, but as an offer never actually came through, he decided to come back to the YIACS for regular counselling sessions.

George's goals for counselling included: "Being ok with myself, dealing with loneliness; Improving self-confidence and self-esteem; have ways to control my anxiety/confidence to go out and about in the world."

As a result of the counselling, George described his life improving. He said "Getting out in the world has changed a lot and feeling more confident. Loneliness changed as I have a wider circle of friends; a lot of supporting people around me (friends and dad back in my life); Anxiety gradually getting better; Self-esteem and self-confidence getting there ever so slowly"

Rated on a scale of 1-10 (where 10 is the best and 1 the worst), George's well-being improved from 2 to 7.5; Getting on with people from 3 to 7; Education, Employment and Training from 0 to 8. His CORE score went from 18 to 10.

George has now returned to college and has successfully completed two terms, including a round of mock exams. He has also started driving lessons.



Presenting issues

Young people seek the help of YIACS for a very wide range of reasons. This is partly due to YIACS' offering counselling and other psychological support on an 'open access' basis, as well as the result of the range of other services and interventions they also provide. Young People in Mind provided a unique opportunity to systematically collect more detailed information on the wide number of issues young people present when they seek one to one counselling and other psychological support from YIACS.

In addition to the previously mentioned Current View tool enabling practitioners to record 'vulnerability/complexity factors, it also enables the recording of presenting issues within the context of children and young people's mental health services. While this clinician rated-tool was in use by some of the YIACS participating in Young People in Mind, the consortium decided a broader and more in depth understanding of the reasons why young people seek help could be provided through the development of a project-specific typology of presenting issues.

For the purposes of Young People in Mind, a range of presenting issues were therefore categorised into eight separate groups:

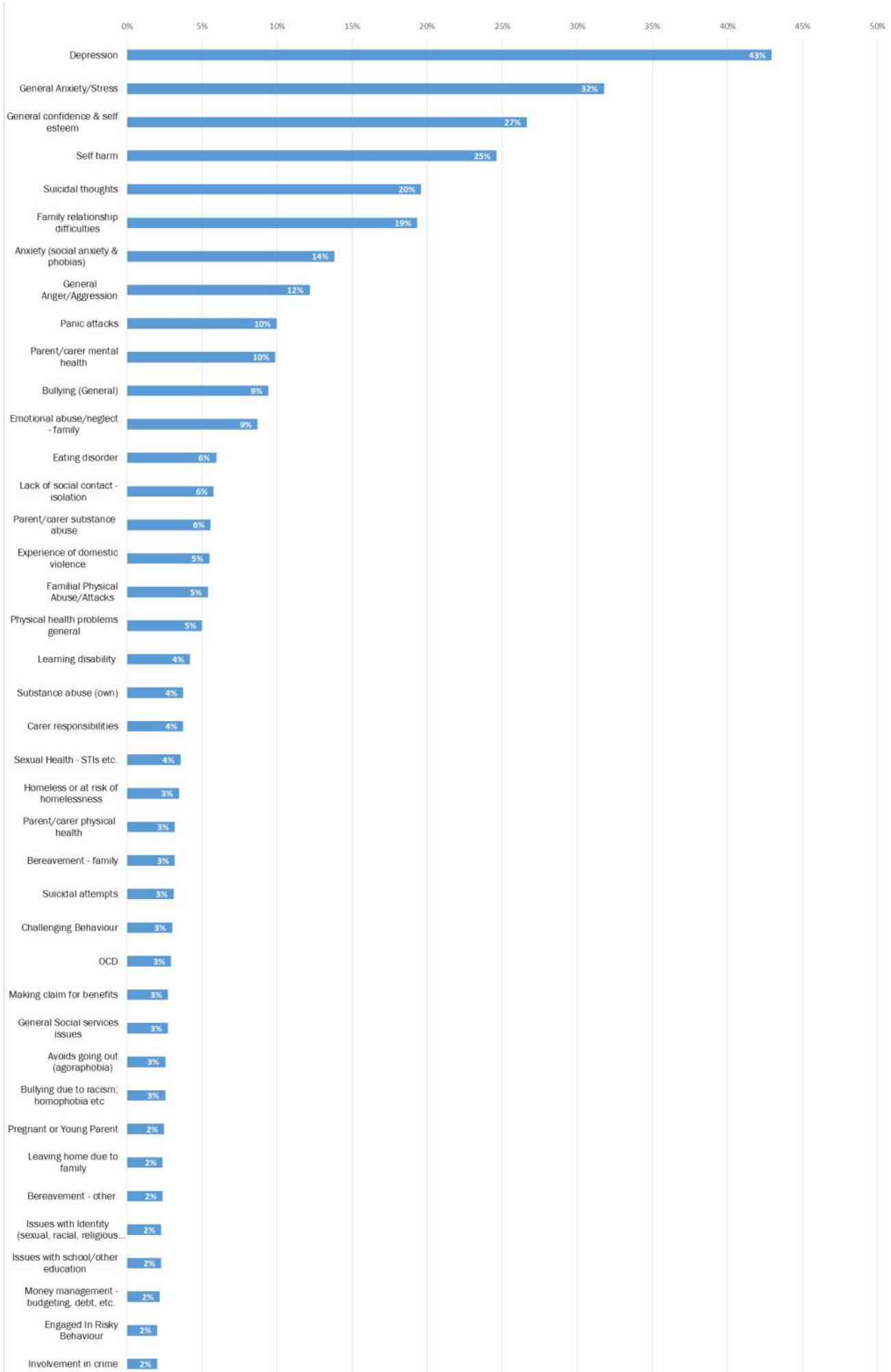
- Mental Health
- Own Wellbeing
- Own Health
- Family Health
- Bullying, Violence and Exploitation
- Risk to Others
- Housing and Money
- Problems with Public Bodies

The 'Presenting Issues' recorded by Young People in Mind include only those issues young people identified themselves i.e. they were the specific problems/issues young people wanted help with. These issues were not therefore necessarily the same as the factors that may have led them to be identified as having a particular 'vulnerability' as described in Figure 6. For example, a young person assessed as vulnerable due to a safeguarding issue may have sought help due to their concerns about their confidence or their anger management, rather than the safeguarding issue, although the latter might be a contributing factor.

The 1092 young people offered help as part of the Young People in Mind project brought a total of 3,999 presenting issues to the services – an average of 3.6 issues per young person. Figures 10 and 11 set out the 'top 40' of all the issues presented. Figure 10 shows the actual numbers of young people presenting with each of the 'Top 40' issues, while Figure 11 shows the 'Top 40' presenting Issues ranked as a percentage of all the presenting issues.

Figure 10 shows that 43% or 469 young people presented with depression; just under a third (347 young people) came with anxiety and stress; 291 young people were feeling a lack of confidence and self-esteem, while a quarter (269 young people) presented with self-harm and 214 or 20% of young people presented with suicidal thoughts.

Figure 10: The 'Top 40' Presenting Issues (n=3999 multi response), showing the proportion of all young people who reported issues

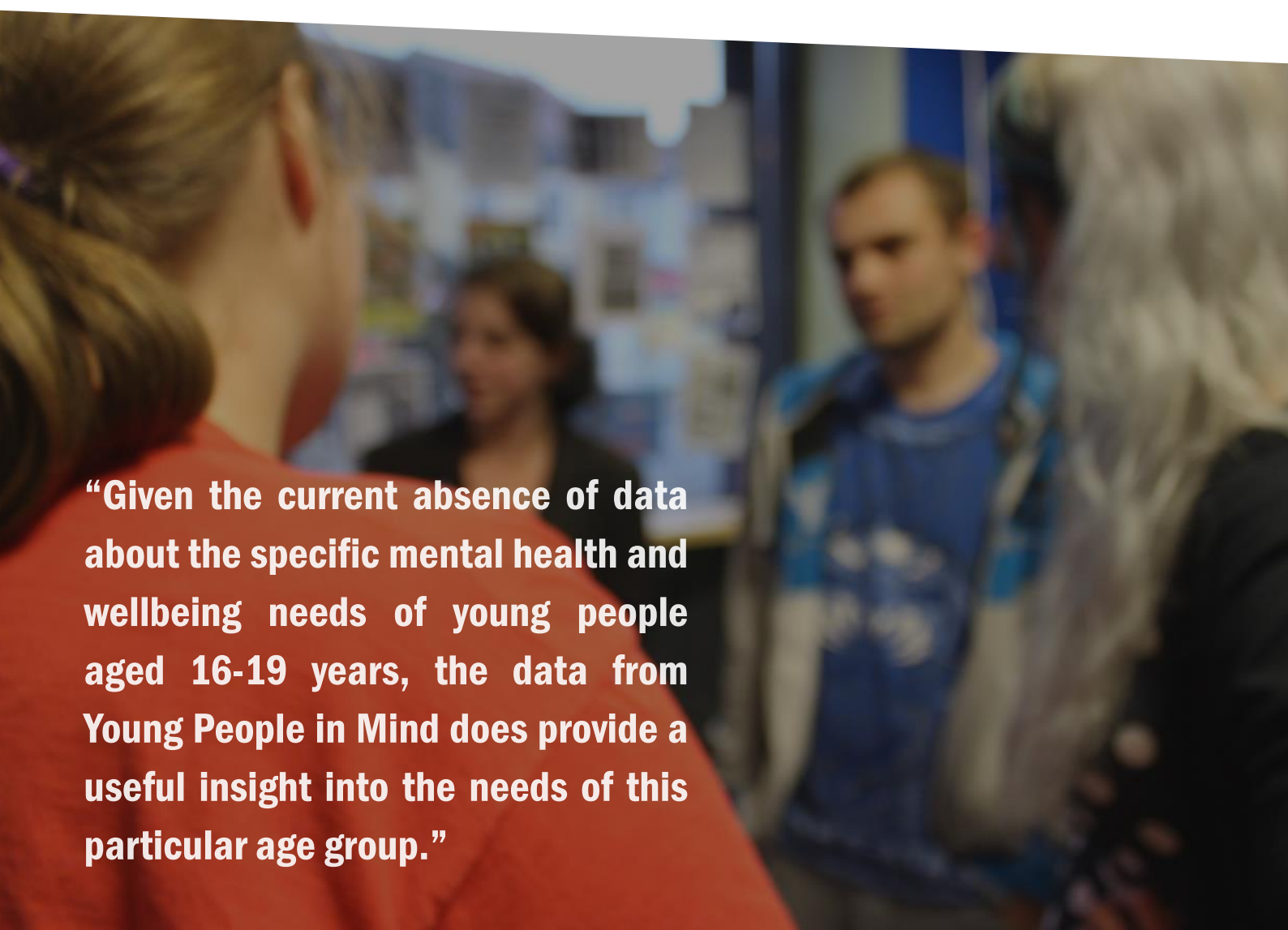


While mental health issues are within the top ten of presenting issues, the order of these issues appears to be different to the pattern presenting within NHS CAMHS. Family relationship difficulties, for example are generally cited as the top reason for accessing CAMHS¹³.

However In Young People in Mind, 'Family Relationship Difficulties' came in sixth place - below self-harm and suicidal thoughts, which ranked in fourth and fifth place respectively. According to data from the CAMHS Payment System Pilot, self-harm is ranked in eighth place. For young people, in the Young People in Mind project, Depression, Anxiety and Confidence/Self Esteem were the top three reasons for seeking help.

Clearly the different age range served by CAMHS compared to those in Young People in Mind has an impact on the issues presented in these agencies. While CAMHS includes children and young people aged 0-18 years, the key target group for the project was aged 16-19 years. However, it is equally the case that the pattern of presenting issues in this project may not necessarily reflect the pattern of issues across the whole age range of the young people accessing YIACS either.

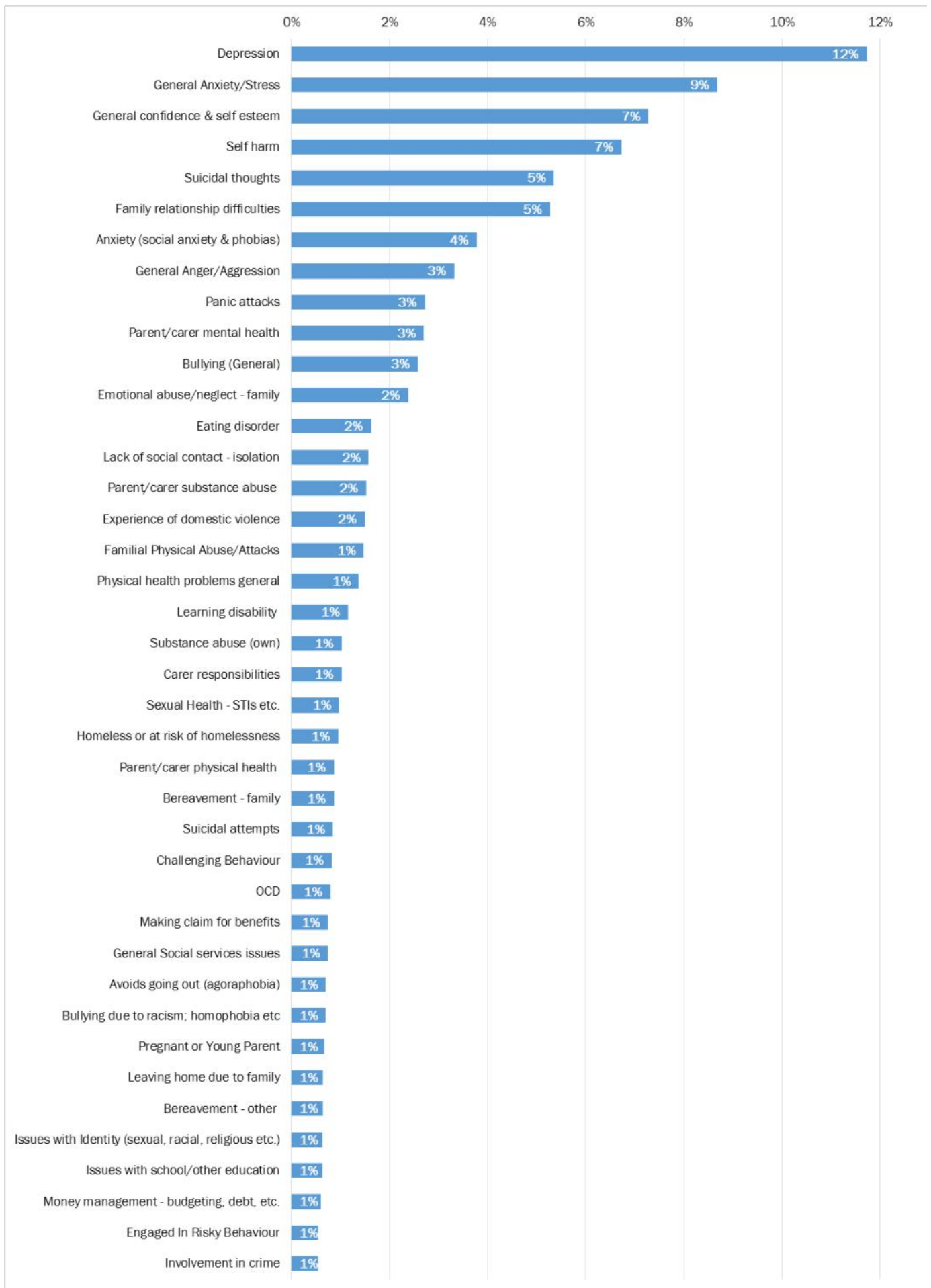
Given the current absence of data about the specific mental health and wellbeing needs of young people aged 16-19 years the data from Young People in Mind does provide a useful insight into the needs of this particular age group – despite its limitations, It is hoped that this information may be of value in informing local needs assessments, service planning and commissioning for older adolescents and into young adulthood.



“Given the current absence of data about the specific mental health and wellbeing needs of young people aged 16-19 years, the data from Young People in Mind does provide a useful insight into the needs of this particular age group.”

¹³ Child and Adolescent Mental Health Services Payment System Project Final Report June 2015 Appendix E: Data Analysis
<http://pbrcamhs.org/final-report/>

Figure 11: The 'Top 40' Presenting Issues as a percentage of all presenting issues (n=3999 multi response)



The following section provides a breakdown of the full range of issues presented and across the eight categories devised for purpose of the Project.

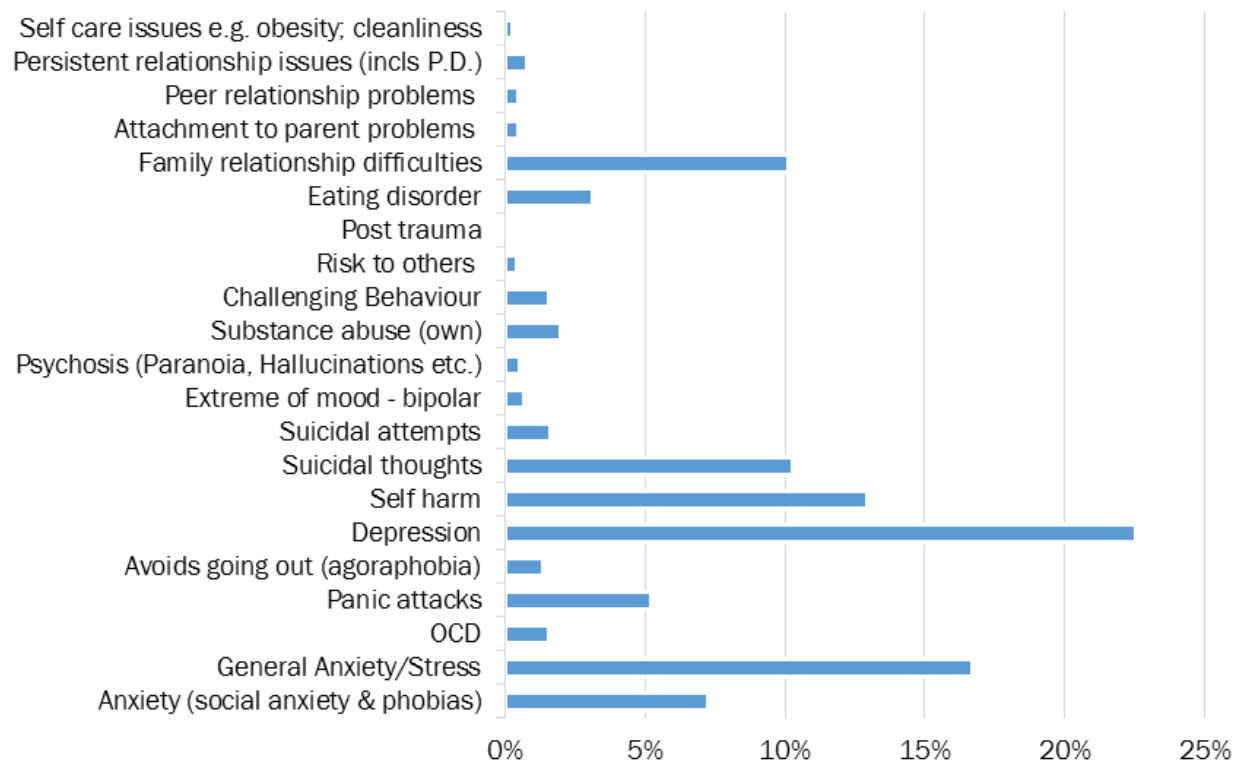
Mental Health

In order to enable some comparisons to be drawn between the mental health issues young people presented within Young People in Mind compared to national data available, mental health issues were grouped under most of the same headings as those listed in the Current View tool. However there are some differences. For example, only those issues in the Current View tool that were seen as most appropriate to the Project’s target age group were included.

Young People in Mind also added some issues not specifically collected by the Current View tool. For example, the project recorded the numbers of young people presenting with suicidal thoughts, which is not included in the Tool. While other categories such as ‘Poses risk to others’ is in the Tool, it was excluded from the ‘Mental Health’ category. Instead it became a category in its own right, so that a further breakdown of the risks posed could be recorded (Figure 12 (vi)).

Figure 12 (i) provides a breakdown of the presenting mental health issues and offers an insight into the range of problems that are seen daily within YIACS. The project did not set out to assess the level of severity of these difficulties. However, a youth counselling study currently taking place¹⁴ is gathering information about both the type and severity of mental health problems brought into YIACS. Both the emerging data from that study, and the data presented here, suggests a good deal of overlap between the range and severity of mental health problems seen within NHS and voluntary sector settings.

Figure 12 (i) Mental Health (n= 2081 multi response)



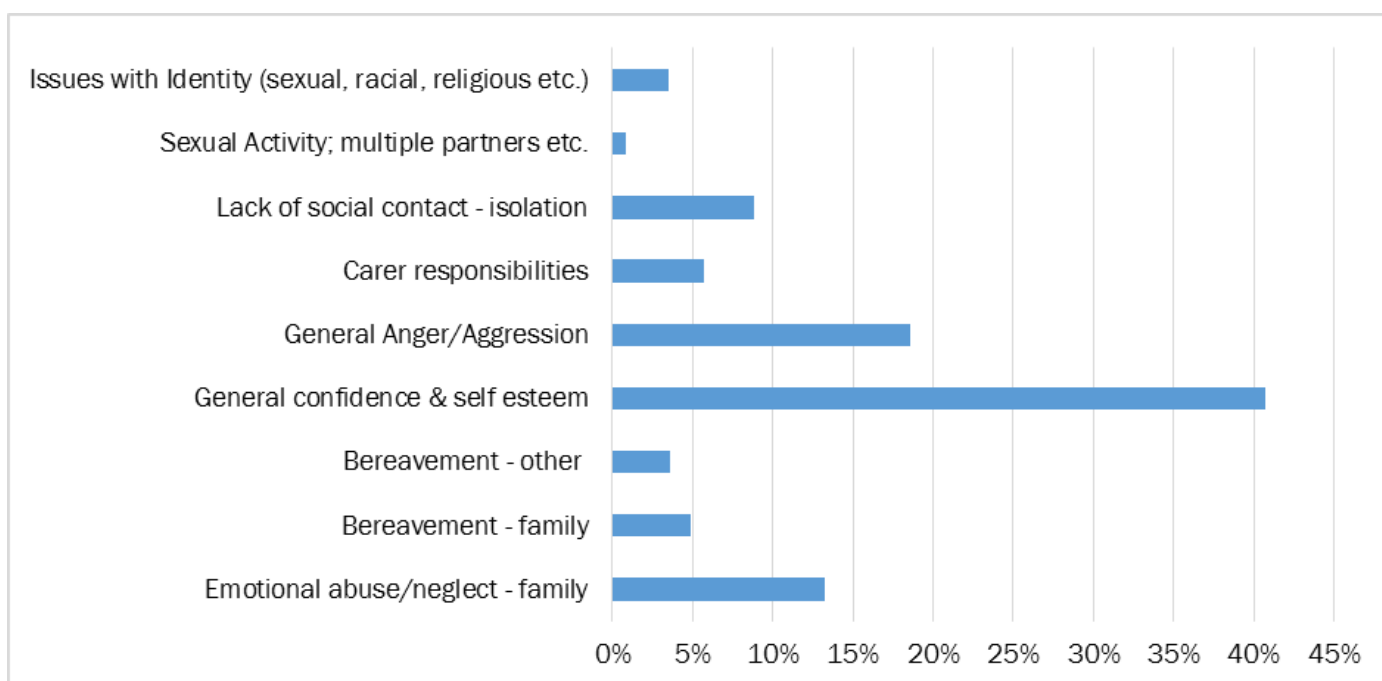
¹⁴ A youth counselling study involving nine YIACS working to an agreed protocol has been underway since September 2014. Youth Access is working with Roehampton University and the British Association for Counselling and Psychotherapy (BACP) with final results due to be published in late 2016.

Wellbeing

This category includes a range of issues that prompt young people to seek help during late adolescence: from issues connected to their identity to feelings of isolation. Topping the list of issues in this category (Figure 12 (ii)), and ranked third across all the presenting issues, are problems with confidence and self-esteem. In many instances this common problem for young people is unlikely to trigger help via CAMHS without the presence of other factors. The scale and importance of this issue to young people does however point to the importance of local areas having 'open access' provision.

Also listed in this group, and ranked twelfth in the overall range of issues, is family-related emotional neglect/abuse. The role of the voluntary sector in supporting young people facing these and other safeguarding issues has been made clear in recent reports from both the Children Society and NSPCC. Their reports suggest that older adolescents generally, and those who have experienced sexual abuse, but are not currently exhibiting a serious mental health problem are unlikely to be offered support from any statutory service provider. This is despite evidence suggesting the long term health and other impacts of abuse and neglect.

Figure 12 (ii) Wellbeing (n= 715 - multi response)



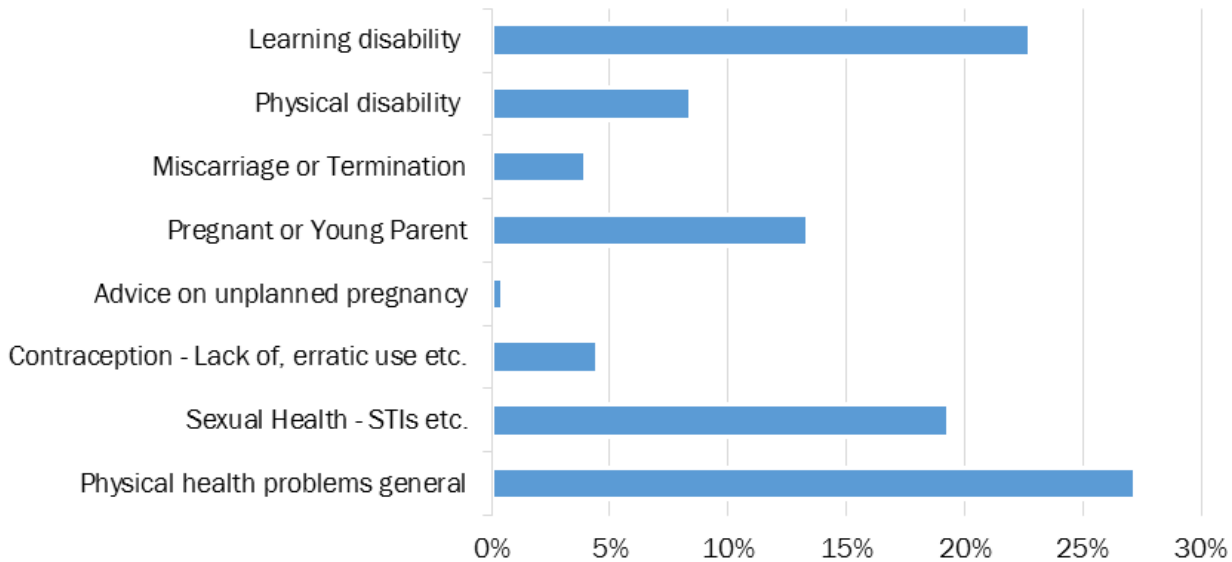
¹⁵ https://www.childrensociety.org.uk/sites/default/files/AccessDenied_final.pdf and

<https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/support-children-abuse-inadequate/>

Young Person's Own Health

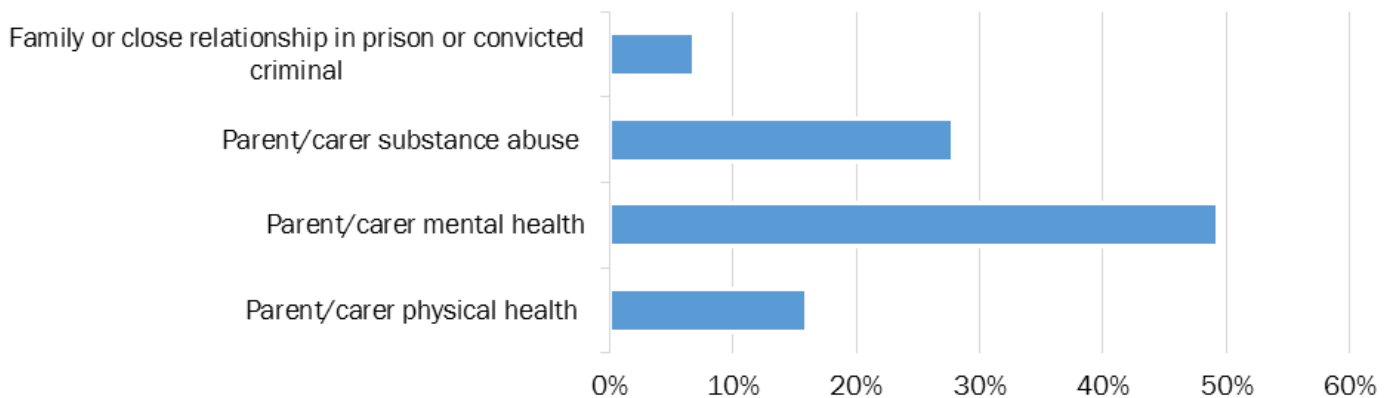
In this group, young people's main concerns related to their general physical health, as well as specific issues in relation to sexual health, pregnancy and parenting. A number of young people also came to services due to their concerns about having a learning or physical disability. Figure 12 (iii) shows the breakdown of the 202 issues presented in this category.

Figure 12 (iii) Own Health (202 multi response)



Young People's Family Health

Figure 12 (iv) Family Health (219 multi response)



A similar number of concerns about family members' health, as those of a personal nature were brought by young people to the YIACS – 219 family issues compared to 220 issues relating to the young person's own health. Most significant was a parent's mental health. A total of 108 young people presented with this issue, which also ranked tenth in the overall list of presenting issues. The next largest concern was parental substance misuse, which affected 61 young people, with concerns about a parent's physical health following in third place in this group. A small number of young people (15) brought concerns about a family or other close relation's involvement in the criminal justice system.

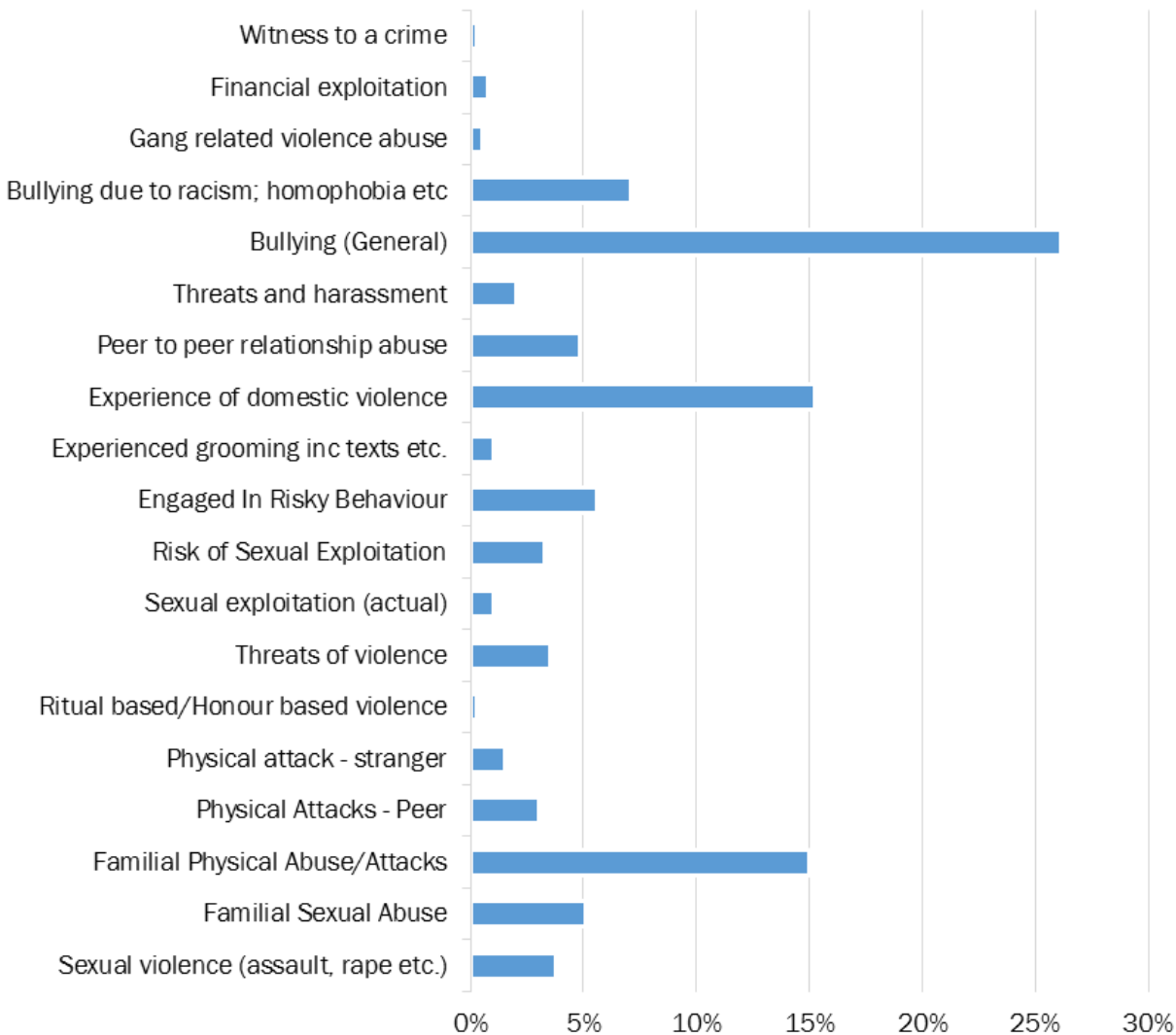
Bullying, Violence and Exploitation

In this category, (Figure 12 (v)) bullying of any kind was a presenting issue for 103 young people and ranked eleventh in the overall range of presenting issues. When added to bullying relating to racism or homophobia, which involved 19 young people, bullying becomes an issue that would rank it in the top ten of the most common reasons for young people presenting for help in the project.

Also significant in this group are young people experiencing domestic abuse – 60 young people in total – with 19 young people affected by violence in ‘peer to peer relationships.’ A number of young people also presented issues related to physical attacks on them by parents/carers – a total of 59 young people.

A small number of young people (20) presented with concerns about familial sexual abuse and 15 due to non-familial sexual assault and violence. Sexual abuse, sexual exploitation and other safeguarding issues were assessed as the leading ‘vulnerability factor’ (Figure 7) recorded for those young people taking up the assessment sessions offered by the project. The numbers presenting these issues should not therefore be seen as necessarily reflecting their prevalence amongst young people approaching the YIACS.

Figure 12 (v) Bullying, Violence and Exploitation (394 multi response)



CASE STUDY

Jack is a 19 year old white male who before he referred himself to the YIACS' counselling service was well-known to the organisation's drop-in staff team and had made use of a number of services within the organisation.

Jack had a history of being NEET, and living in financial difficulty. He had also had involvement with the youth offending service, and had been in custody. He was known to have difficulties with his mental health and had a history of self-harm. The organisation's drop in team also thought he might have learning abilities and had some concerns about his inappropriate behaviour and use of language.

Jack presented for counselling at a time when he was going through a court case that eventually led to him being placed on the sex offenders' register. As a result, he was feeling very angry, depressed and suicidal.

Initially, Jack wanted someone to listen to him – a space to offload and discuss the events leading up to his court case. There were many concerns regarding his relationships, including conflict with an ex-partner. Jack wanted to achieve positive relationships in his life and sought support to help him change his behaviour; to adopt more socially acceptable behaviour. He wanted to 'get back to my old self'.

Jack attended 6 counselling sessions and during this time explored changes he would like to make to his behaviour and his understanding of what is OK in terms of both behaviour and language. Through a solution-focused approach, he explored small steps that could lead to potentially positive outcomes in the next 5 years.

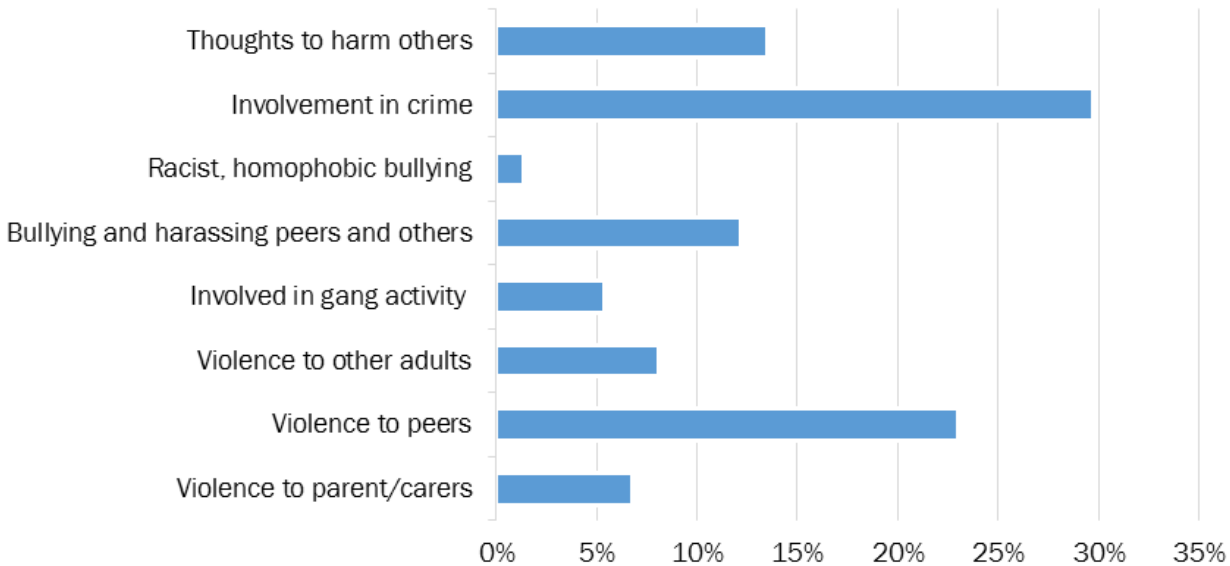
Jack's counselling ended abruptly after he disengaged, although he continued to sporadically access other services within the organisation, especially the drop-in, for support. While counselling had been an unsettling and uncomfortable process, Jack had started to explore some difficult issues and he retains the option of returning to counselling at a further point.



Risk to Others

A total of 74 issues were recorded under the category of 'Risk to others'. The leading issue was young people's concern about their involvement in crime, which was presented by 22 young people. However, if violence to peers, other adults and parents/carers are added together, then 'violence to others' becomes the main presenting issue in this category.

Figure 12 (v) Bullying, Violence and Exploitation (394 multi response)



Housing and Money

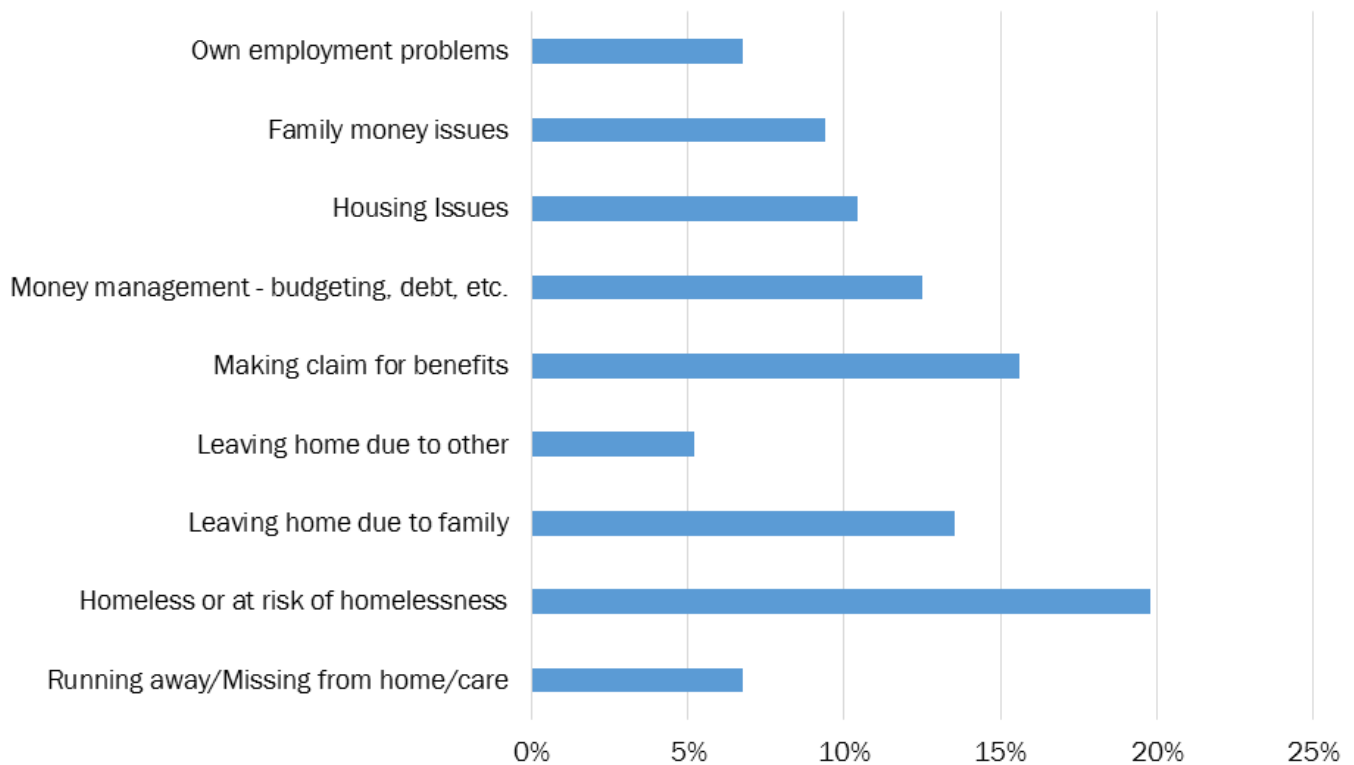
With the "social determinants" of health a source of interest to public health¹⁶, Young People in Mind also sought to track the prevalence of some key social issues, such as housing and money. These issues are known to have an impact on young people's mental health and the project wanted to understand to what extent they present in counselling and other psychological support interventions.

Figure 12 (vii) shows that being, or at risk of homelessness was the leading presenting issue in this category - affecting 38 young people. There were also a number of other housing-related concerns, including leaving and running away from home. The main money concerns were in relation to benefit claims (30 young people), with some young people (24) presenting with money management problems.

The level of needs in this category should not be understood to reflect the actual volume of housing and money-related needs presenting in YIACS. Many of these issues are likely to be picked up and supported via other interventions often available in the YIACS settings e.g. through advice and drop in services.

¹⁶ Fair Society, Healthy Lives, The Marmot Review, 2010

Figure 12 (vii) Housing and Money (192 multi response)

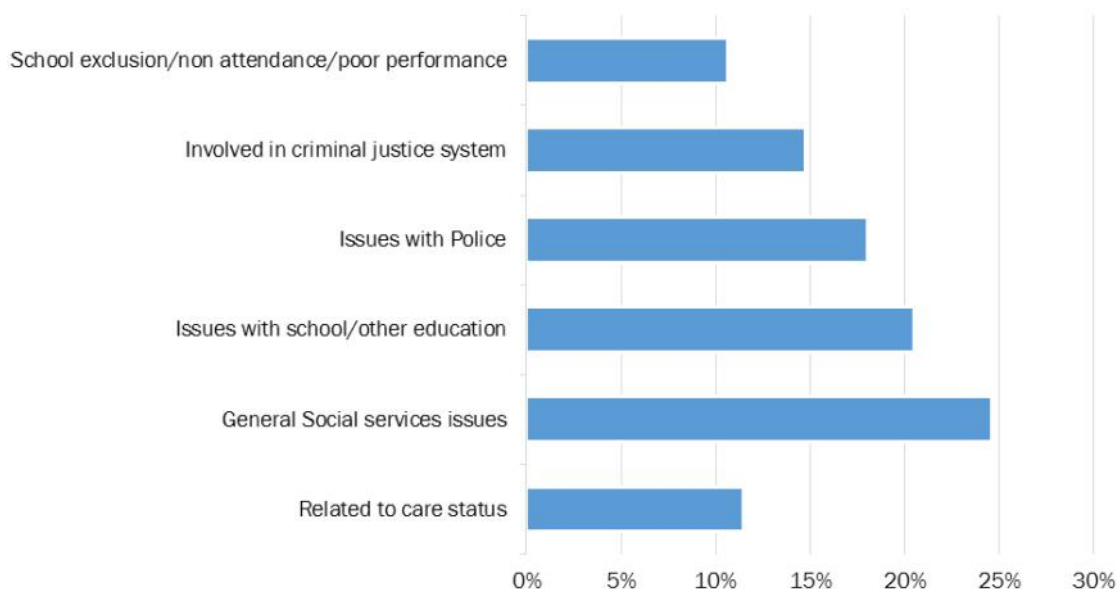


Problems with Public Bodies

The final of the eight categories of presenting issues defined by Young People in Mind involved difficulties in dealing with public bodies. For young people, there is evidence that such difficulties can be a cause of both stress and anxiety, as well as causing young people to become marginalised¹⁷.

The leading issue in the ‘Problems with Public Bodies’ category related to difficulties with social services; impacting on 30 young people (Figure 12 (viii)). Difficulties with school, police and the criminal justice system were recorded as the other main public bodies where young people encountered difficulties.

Figure 12 (viii) Problems with Public Bodies (n= 122 multi response)

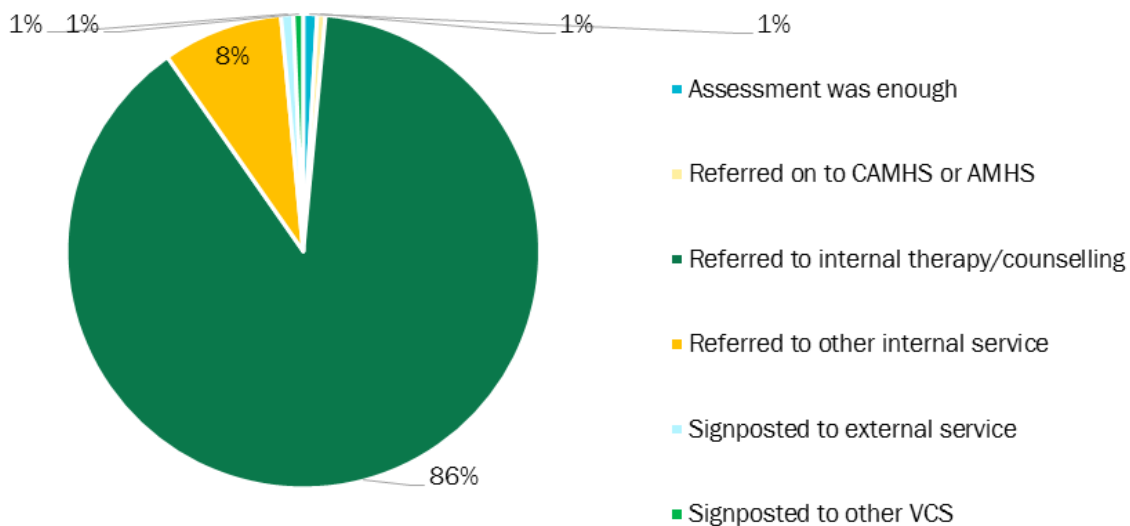


¹⁷ Youth Access/Justrights, *Make Our Rights Reality* 2014 (long version)

Post assessment

The Initial Outcome

Figure 13: The Outcome of the Assessments



Of the 1092 young people seen for an assessment, the majority (86%) chose, and were offered, one to one counselling or other psychological support from the YIACS. A further 8% of the young people were referred to another service within the organization—the services offered being dependent on the menu of provision available within each individual agency.

A significantly smaller proportion of young people were referred externally and to a range of other bodies. This included a total of 9 young people referred to a statutory service such as Social Care; 7 young people referred to an external voluntary sector organisation and 6 young people referred to either CAMHS or AMHS.

It is worth noting that the volume of referral between YIACS and CAMHS is more likely to be a pattern of CAMHS referring young people to the YIACS. Referrals to CAMHS by YIACS are less frequent, whether due to local thresholds or the young person's choice. In most instances, YIACS also suggest they have the skills to offer an appropriate level of support to the majority of young people approaching them for help.

In a very small number of cases, young people decided at the end of the assessment session that the initial assessment i.e. a single session was enough – 10 young people in total.

Uptake of counselling

Following the assessment, a total of 940 young people were offered one to counselling or other psychological support.

The following outlines the status of this group of young people at the cut off point for this report.

- **Those not ready to engage:** In the time between assessment and counselling or other psychological support being offered, 122 of the 940 young people were recorded as 'Not ready to engage with the service'. They therefore did not take up the service offered, although it is possible that some of these young people may decide to re-engage at another point in time.
- **Numbers on the waiting list:** A group of 80 young people were recorded as being on the waiting list for help and support. No information has been gathered in relation to waiting times. In most instances, the waiting time will depend both on the young person's time and any other preferences, together with the availability of a session and where relevant, the availability of a particular staff member.
- **Case open:** Of the 940 young people referred onto the one to one help within the agencies, 258 young people remained engaged in the help offered at the cut off point for this report.
- **Referred on:** Subsequent to the assessment a small number of young people - 13 in total were subsequently referred on. Many of those in this group were young people with more complex issues where the agency was working with them, whilst discussions were ongoing with other statutory services. Six of this group took up one session post-assessment; 4 young people engaged for between 3 and 6 sessions, while the remaining 3 young people engaged in between 10 and 15 sessions.
- **Planned ending with outcome data:** In the case of 333 young people, there was a planned ending with outcome data. Further information on outcomes is set out below.
- **Unplanned ending with outcome data:** A group of 58 young people had an unplanned ending, but outcome data is available due to routine outcome measurement within the agency.
- **Unplanned ending no outcome data:** In the case of 76 young people there was an unplanned ending, where no outcome data is available

Numbers of sessions

Figure 14 below provides a snapshot of the numbers of sessions taken up by all 1092 young people included in this report. It includes the assessment session, as well as the counselling sessions taken up.

The results presented in Figure 14 can only give an indication about the pattern of session use within YIACS, since the data is based on only 11 months of activity. In addition, as set out previously, 80 young people were on the waiting list and 258 young people were still engaged with the organisations.

However, at the cut off point for this report, the data suggests:

- around 18% of young people attended one session only
- 19% two sessions;
- 31% attended between 3 and 6 sessions; -
- 19% attended 7 -10 sessions;
- 10% attended 11-15 sessions
- 3% of the group attending between 16 and 32 sessions.

The session pattern emerging here may suggest a different pattern of session use in YIACS compared to CAMHS. This is based on a comparison with the pattern that emerged as part of the CAMHS Payment System Project.¹⁸ It is worth noting that around 29% of cases in the CAMHS Payment study were recorded as seen once only, compared to the 18% of young people who were seen once only as part of Young People in Mind.

However, it would be wrong to draw any particular conclusions about session use between the Young People in Mind data and the CAMHS Payment system data due to some marked differences between the two sets of data. For example, data collected as part of the CAMHS Payment System study ran over a 22 month period and only considered closed cases, plus the data included a wider age range.

¹⁸ file:///C:/Users/barbara/Downloads/Appendix-E-Data-Analysis-CAMHS-Payment-System-Project-Final-Report%20(1).pdf

Figure 14: Total number of sessions (including assessment) attended



Outcomes

Resource constraints and timescales limited the capacity of the Young People in Mind project to provide any detailed analysis on the outcomes of the help provided. As suggested earlier, within the next twelve months it is expected that a study currently underway will be better placed to offer a detailed analysis of the outcomes of youth counselling in the community settings of YIACS.

Many YIACS have implemented outcome measurement tools for a considerable number of years, with most employing nationally validated tools, with some use also made of in-house tools. The introduction of the CYP IAPT programme has further impacted on YIACS' use of measures; leading to an expansion in the range of tools implemented and a greater use of session by session monitoring.

Table 2 provides a breakdown of the range of outcome and feedback tools used across the agencies involved in the project. These are the tools used to help support the measurement of Young People in Mind's outcomes.

Table 2: Outcome and Feedback Tools

Tool	Number of Agencies Implementing
YP Core	6
CORE10	6
SDQ	2
Current View	4
Session rating scale	2
Outcome rating scale	1
RCADS	3
Goal-based	3
CHI ESQ	5
PHQ9	1
GAD7	1
Own feedback and evaluation form	1

Seven of Young People in Mind's delivery partners implemented outcome measures on a 'session by session' basis; one agency operated this approach in its crisis work, while for other work, the same agency implemented their selected measures every six sessions. The remaining organisation measured at start and end of the engagement.

At the cut off point for this report, the agencies reported outcomes for 532 young people on at least two time points. Of this group, 83% were stated by the agencies as having a 'good outcome', while 10% were said not to have achieved a good outcome. No data is available on the remaining 7%.

CASE STUDY

Sarah is a 16 year-old White British female who identifies as bisexual. Her mother died when she was about 4-5 years old due to a house fire. Sarah lives with her dad and says she was raised by nannies and au pairs due to her dad's work commitments. She describes him as supportive and that he has become a more substantial presence in more recent times.

Sarah was referred for help by her school's safeguarding team. She presented with significant low mood, suicidal attempts in the past 6 months and obsessive thoughts. Struggling with poor self-esteem and confidence, she had made several past attempts to take her life either by overdosing or by not eating. Sarah also reported excessive use of cannabis and other drugs, engaging in risky and challenging behaviour and finding it difficult to establish and maintain long term relationships of any type.

Prior to accessing the YIACS, Sarah had been supported by CAMHS and had regular reviews with a psychiatrist for about three years. Sarah was unsure about the help now on offer to her through the YIACS as she described her experience of past support as not helpful and felt professionals had let her down.

Sarah attended 20 counselling sessions; building her trust and confidence in the relationship. Her final CORE scores indicated positive change. She has started to recognise her negative thinking patterns and found ways of not allowing them to take over. Her need for crisis support also decreased significantly and she reported experiencing extreme distress less frequently. Her relationship with her dad improved and she also started to think about her future and applying to college. Her school reports said she had made impressive improvements her attendance and performance; was more willing to engage in lessons and produce course work.

Sarah's own feedback says:

'This therapeutic relationship has been a very positive experience for me, even though difficult at times. My counsellor's empathic and non-judgemental approach has enabled me to open up about different aspects of my life and focus on myself more which I have been very reluctant to do with any other professional that I have been involved with therapeutically in the past. I felt listened to and that somebody cares.'

'Friends noticing that I am not as emotionless anymore and this feels good. It has also enabled me to feel more comfortable in friendships and be more of myself.'

'I am aware that I may have to go back to therapy at some point in the future after the support at ends but I am now more willing to consider that possibility because of how accepted, listened to and not judged I felt in this therapeutic relationship.'



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