

New Horizons



*youth*  
**ACCESS**

## Towards a shared vision for mental health

# The New Horizons consultation process

## Youth Access' response to the Horizon's consultation

### Background information about Youth Access

Youth Access is the national membership organisation for Young People's Information, Advice, Counselling and Support services (YIACS).

As the national umbrella body for Young People's Information, Advice, Counselling and Support services (YIACS), Youth Access believes all young people have a right to locally accessible, free, confidential and impartial information, advice, counselling and support. We work in partnership with our members, The National Youth Agency and other organisations to promote the development of high quality, young people-centred services.

Youth Access has over two hundred member agencies (YIACS) working with thousands of young people across the country every day, dealing with over a million enquires a year on issues as diverse as sexual health, emotional and mental health, relationships, homelessness and benefits.

YIACS are the largest provider of youth counselling services across the country. Agencies have between 10 and 60 staff per organisation. Our member agencies provide free, discreet, self-referral counselling services in one stop shop settings as well as wrap around services such as advice, information, sexual health and specialist support.

Youth Access promotes young people's services that:

- respect the dignity and self-worth of each young person
- respect and value individual differences
- recognise and are sensitive to the growing autonomy of each young person

- respect every young person's right to be a voluntary participant in any helping process
- Recognise the potential of each young person.

Youth Access works towards good outcomes for young people by working with and through its members and other organisations to secure provision that:

- Responds to the information, advice, counselling and support needs of young people
- Achieves high standards of ethics and good practice
- Demonstrates a commitment to evidence-based practice
- Advocates for individual and groups of young people
- Involves and encourages the participation of young people

### **The YIACS Offer**

Youth Access membership of Young People's Information, Advice, Counselling and Support Services (YIACS) are an important element in the local delivery of integrated youth support services. They combine both prevention and early intervention services.

Open to all young people, YIACS offer a universal access point to target and specialist services, enabling them to make an important contribution to local offers of Information, Advice and Guidance and Targeted Youth Support.

YIACS have their roots in youth 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 an approach, which works successfully with young people. YIACS can offer young people:

- Simple and easy access to information, advice, counselling and support – either through self-referral or with the support of friends, family or another professional.
- A range of free services “under one roof” delivered by professional and trained staff working in multi-disciplinary teams who understand young people and who have good links with other services that young people might also want help to access.
- A young person-friendly environment offering a flexible mix of drop in and appointments, and with help available on a one off, occasional or regular basis, and over the short, medium and long term.
- Impartial help that works alongside young people at their own pace; helping each young person to identify and understand their unique needs and aspirations, supporting them to make their decisions and achieve their goals.
- Respect and recognition of every young person's right to privacy and confidentiality within a framework that promotes the safety and well-being of all young people.

- Help to negotiate and reduce the gaps and age barriers present in other services by being available to a broad age range of young people, often up to 25 years.
- Accountable services that secure young people's participation and involvement in supporting and evaluating their continued quality and effectiveness and ensuring they deliver the best outcomes for young people.

## Evidence

Since 1999, Youth Access have initiated and contributed to a number of emotional and mental health research projects and developed a range of evidence in relation to the provision of youth counselling services. The starting point for much of this work was the longstanding concern that the services in our membership were often poorly understood or recognised, in relation to their response to young people's mental health needs. In addition, relationships between Youth Information, Advice, Counselling and Support Services (YIACS) and statutory mental health services were too often characterised as at best indifferent and at worst as hostile. While this situation presented immediate problems for Youth Information, Advice, Counselling and Support Services (YIACS), it was and to a considerable extent continues to be, young people who lose out.

Please see attached for a list of Youth Access's research references and other relevant references.

## Youth Access' response to the New Horizons Consultation questions

### **1. What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?**

1.1 Youth Access' three most important areas for change in mental health care, for 13 to 25 year olds, in the next 10 years are:

- The development of young peoples' mental health services (for 13 to 25's) in a wide range of settings (particularly the Voluntary and Community Sector (VCS) distinct from child and adult, with excellent joint transition arrangements and support across each area. Thus ending the difficult, forced and often inappropriate transitions from adolescent to adult mental health services and the appalling consequences they result in for young people.
- Invest in existing non-statutory models of good practice (please do not overlook the Youth Information, Advice, Counselling and Support Services (YIACS) and other VCS models).

- For example, Youth Information, Advice, Counselling And Support Services (YIACS) that offer 13 to 25's access to non-stigmatizing mental health services (Counselling, CBT and other flexible therapeutic interventions) in young- person friendly settings, under-one-roof combining counselling and other mental health services with information and advice plus physical/sexual health services.
- Invest in research to produce credible evidence and support the development of effective interventions in non-statutory settings too (for e.g. Youth Information, Advice, Counselling and Support Services (YIACS)). Services that best meet the needs of young people with complex problems experiencing the combined effects of mental ill health, physical health problems, homelessness, debt and social welfare problems.

1.2 Youth Access has identified these three areas for change in mental health care for 13 to 25 year olds for the reasons outlined below:

- The development of young peoples' mental health services (for 13 to 25's) in a wide range of settings (particularly the VCS) distinct from child and adult, with excellent joint transition arrangements and support across each area.

*"Although public services are meant for everyone, young people with complex needs and those making the transition from childhood to young person and adulthood often find themselves faced with traditional services that do not meet their needs: services are age-specific, tailored to children or adults only, are not easy to access i.e. you can't just drop-in, they don't provide outreach, or are generally not young person friendly. Policy and programmes are predominately targeted at specific age groups or problems, there are relatively few examples of public services that address the needs of 16 to 25 year olds in the round or ensure an effective transition from youth services to adult services."<sup>1</sup>*  
(SEU, Young Adults Complex Lives 05)

The SEU report on Young Adults with Complex Lives highlighted services that can look at the person and the range of the problems they face, and which work collaboratively and across organisational boundaries. Youth Access and several Youth Information, Advice, Counselling and Support Services (YIACS) are highlighted in the report as promising examples of services that overcome access issues and stigma, as well as being culturally appropriate. Youth Information, Advice, Counselling and Support Services (YIACS) are described as good examples of holistic services pulling together to work with young adults with complex needs under-one-roof.

*"Although specialist services are required for complex or serious mental health issues, the basic service model for young people needs fundamental change. Access to services should be possible whatever the entry point. Services must be able to integrate their response to differing needs (e.g. mental health, sexual*

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<sup>1</sup> SEU.YP Complex Lives 2005) p.8.

*health and housing) at the point of entry, which will usually be in a non-mental health setting."*

(Listen UP Person-centred approaches to help young people experiencing mental health and emotional problems, 2007)

- Invest in existing non-statutory models of good practice. Please do not overlook the Youth Information, Advice, Counselling and Support Services (YIACS) and other VCS models working with 13 to 25 year olds.

*"The Youth Information, Advice, Counselling and Support Services (YIACS) model of under-one-roof 'one stop shop' services for young people offer non-stigmatising, young person-friendly services including drop-in, self referral and shorter waiting times. Youth Information, Advice, Counselling and Support Services (YIACS) offer multidisciplinary teams providing a range of services so that young people can get help with legal rights-based problems alongside help for emotional and mental health difficulties."*

(2006 SOS, Young Minds)

- Invest in research to produce credible evidence and support the development of effective interventions in non-statutory settings too (for e.g. Youth Information, Advice, Counselling and Support Services (YIACS)) - that best meet the needs of young people with complex needs.

*"Out of the 700 billion or so spent on research less than 20 million goes on mental health."*

(Radio Four this Morning Interview Professor Til Wykes and Professor Chris Kennard (2009)

The below provides an example of a research proposal supported by leading researchers in the field of mental health and advice (Professor Peter Fonagy and Professor Pascoe Pleasance UCL). Youth Access has secured half the finance for this study and has tried to elicit support from the DCSF and DH. We keenly await a response.

*"The promotion of good mental health amongst young people is central to national policy, with counselling increasingly recognised as making an important contribution. Much provision is in the voluntary sector and shown to reduce stigma and increase accessibility. However, while valued by users, the evidence base for counselling as an addition to advice and support is lacking. This study will: gather new robust outcomes data about youth counselling via a random control trial... plus detailed qualitative information about how counselling, provided in addition to information, advice and support, can improve young people's emotional and mental wellbeing; evaluate the costs of providing youth counselling services and the impact of such provision on the costs of other statutory provision used by young people.."*

(2009 Barbara Rayment Director, Youth Access)

## **2. Do you support the twin themes of public mental health/prevention and mental health service development? Please explain your views, giving examples if possible.**

Youth Access supports the twin themes of prevention and development in mental health. There is considerable evidence and has been now for several years (see references attached) from Young Minds, the Mental Health Foundation, the former SEU, Youth Access and others that demonstrate the importance of prevention, early intervention particularly in children and young people lives and the need to develop responsive, high quality services that put Young People at the centre.

A key issue is how to move resources into this aspiration and out into services that truly connect with local young people and provide the non-stigmatising, flexible, young person friendly approach required? These services exist now, but too often, they are at the end of the line for any health funding at local level. What is needed is a requirement to fund a percentage of Youth Information, Advice, Counselling and Support (YIACS) type service providing early intervention and prevention. It is not enough to simply focus resources at the child/family end – important as it is. The needs of young people as they make the transition into early adulthood must be paid equal attention.

*"There is evidence to confirm that preventative measures are effective, as they reduce risk factors, strengthen protective factors and decrease the symptoms and onset of some disorders.... The importance of intervention at the earliest stage possible has also been recognised."*<sup>2</sup>

Over the last decade, increasing information about the benefits of early intervention and prevention has emerged; this is a key theme in the extensive review undertaken by Fonagy and colleagues 'What works for whom? A critical review of treatments for children and adolescents'<sup>3</sup> and in research by Kurtz who notes:

*"although limited and sometimes contested, there is a growing body of evidence showing that mental health promotion, preventative approaches and early intervention can, and do, improve mental health and related outcomes for children and young people."*<sup>4</sup>

The longer-term adverse consequences of not intervening in people's mental health have also been highlighted – for example in Young Minds 'A Call to Action: Commissioning Mental Health Services for 16-25 year-olds':

*"There is an economic cost to not providing, as well as in providing, services to meet the needs of young people. Long-term mental health problems manifest themselves in childhood and adolescence."*

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<sup>2</sup> British Medical Association, (2006). Child and Adolescent Mental Health. A guide for healthcare professionals.

<sup>3</sup> Fonagy, P; Target, M; Cottrell, D; Phillips, J. and Kurtz, Z. (2002). What works for whom? A critical review of treatments for children and adolescents. Guilford Press.

<sup>4</sup> Kurtz, Z; Lavis, P; Miller, L. and Street, C. (2006). Developing Comprehensive CAMHS: A Guide. London, YoungMinds.

Similar points emerge from work at the Nuffield Foundation and the Social Exclusion Unit's report 'Mental Health and Social Exclusion' (ODPM, 2004). Enhancing health and educational outcomes will benefit young people in the shorter term, but will of course benefit all of us in the longer term. A significant proportion of young people with mental health problems will go on to be adults with not just ongoing mental health problems, but also a range of other poor outcomes: difficulties with relationships, employment, and involvement in crime and social exclusion. Research has shown that at age 28, people with continuing high levels of antisocial behaviour cost society up to 10 times more than those with no problems. These are the costs of public services such as extra educational provision, foster and residential care, and unemployment benefits, quite apart from the personal costs to the individual.<sup>5</sup>

The Children's Commissioner at the launch of the Mental Health Foundations, Listen UP in 2007 called for a radical rethink in the way mental health services are developed for young people, highlighting the good practice models – Youth Information, Advice, Counselling and Support services (YIACS) in the study. Listen UP demonstrates that the voluntary sector is providing the kind of mental health services that young people want – flexible, informal and holistic – but often in the face of chronic funding shortages.

Recommendations to the Government and commissioners include the need for:

- serious backing for voluntary sector providers of young people's mental health care
- changes in the way in which Children and Adolescent Mental Health Services (CAMHS) are delivered.

The majority of services (6 out of the 8) highlighted in the research as providing the mental health services young people want are YIACS type services in the under-one-roof model.

**The six Project sites were:**

Experience in Mind, Mind in Brighton and Hove, and Hove YMCA

Support @ The Junction, The Junction, Colchester

The Market Place, Leeds

Community Links, Canning Town

Streetwise, Newcastle

IceBreak, The Zone, Plymouth.

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<sup>5</sup> Ann Hagel, (2004). P5. Nuffield Foundation, Time Trends Youth Access in Adolescence. The Nuffield foundation 2004 : ([www.nuffieldfoundation.org](http://www.nuffieldfoundation.org))

**3. Are the guiding values described in section 1 the right ones? Please explain your view giving examples, if possible.**

Youth Access supports the values described and expects our member agencies, Youth Information, Advice, Counselling and Support Services (YIACS) to sign up to similar principles. Member agencies sign up to the Youth Access core values and principles of delivering services to young people (see outline in background information). Key values and principles include for example, delivering services that respect, value, recognize the autonomy and potential of young people. YIACS ensure that young people are central to the service and the interventions and support offered is continuously responsive to their needs.

**4. What should the Government do to promote more personalised services for people with mental health problems and their families? It would be helpful to hear about both what works in your area, and, if appropriate, what does not and what could be done in the future.**

Youth Access through its member agencies supports the principles of personalization in the context that: services should offer young people choice; should be designed to meet young peoples' needs; offer interventions that are responsive, flexible and adaptable and provide onward supported referrals to other services when needed.

*"I have been a regular visitor of map for 9 years and all I can say is that map is a very warm welcoming place. They have helped me so much through the years, with things concerning my health, drugs, relationship problems, adoption, suicide, housing and regular counselling because of depression. The staff here are very friendly and takes every ones individual problems seriously and deals with them the best they can efficiently. What A Great Place."*

(Young person on their experience of MAP in Norwich 2009)

**5. In your view, which are the most important areas in mental health services where value for money could be improved? And how should that be done? If possible, please indicate examples of the current costs of services and areas where the potential savings might exist.**

Value for money can be measured in whether emotional and mental health services for young people deliver results, and the right services are provided at the right time. Public services are meant to be for everyone, but young people with complex needs and those making the transition from childhood to young person and then on to adulthood often find themselves faced with traditional services that neither meet their needs, understand or are young person-friendly.

There is a significant amount of evidence that demonstrates early intervention and prevention in adolescence can improve long term outcomes for young people in adulthood. (BMA 2006, Kurtz, and Fonagy 02)

In They Will Not Grow Out of It - Public Policy Research suggest:

*" that the emotional well being of a young person age 16 is a strong predictor of his or her mental health and life chances age 30."*

(Get Happy - Children and Young People's emotional well-being, PPR 2007)

Keeping people out of hospital though early intervention and careful management of conditions is not only therapeutically desirable, but at around £260 per bed per night in a new inpatient unit, it is also economically desirable. (NHS financial Management (2005/6) West park budget Information Darlington).

*"there is an economic cost to not providing as well as providing services to meet the needs of young people. Long term mental health problems manifest themselves in child hood and adolescence."*

(A Call to Action Young Minds 06)

Research shows by age 28 people continuing high levels of anti-social behaviours often associated with mental and emotional health problems have cost society up to 10 times more than those that haven't. (Nuffield Foundation 2004, Time trends in adolescent wellbeing).

Layard in his report Child Mental Health (2008) provides the evidence for investing in appropriate children and young people's mental health provision and the overall savings to the tax payer.

**6. Which areas can you identify where innovative technology can help people with mental health problems, and their families? It would be particularly helpful to hear about examples of what works well in your local area and what could be done in the future.**

YIACS use a range of interactive methods, texting, emails and web based on-line groups to supplement face-to-face work. Different methods are used for example, to remind young people of appointments or to provide support to those experiencing isolation in rural/seaside settings. However, the message we get back from young people is that they value face-to-face work most and use technology to support that or where access to face-to-face is not possible.

**7. In your view, where are the current gaps in research evidence supporting the development of New Horizons?**

Youth Access, Young Minds, the MHF and others have produced considerable qualitative and quantitative evidence supported by the former SEU's report on Mental Health and Young People's Complex (2005) lives demonstrating their

preference for Youth, Information, Advice, Counselling and Support Services (YIACS) or as referred to in your report specific youth mental health services in a range of settings.

However, as highlighted in our answer to Q.1. - there is very little funding and not much support from government to produce research on the combined impact of interventions for young people under-one-roof and in settings located in the voluntary sector that are non-stigmatizing and accessible (that meets the gold standard i.e. randomized controlled trials). Such evidence would provide more robust results that would generate more sustainable funding to support the sort of services described below that young people say they want. It would enable services to be in a better position to compete for commissions by creating a more level "playing field" in the evidence base attributed to voluntary as opposed to statutory sector-led provision and interventions. This would also contribute to the creation of an environment in which there might be a greater willingness on the part of the statutory health sector to learn from the voluntary sector and create stronger partnerships for the benefit of young people. Too often the absence of what is deemed a "sufficiently robust" evidence base has been used to the detriment of the voluntary sector; sometimes also masking the absence of any equivalent robustness of evidence for the statutory sector and its interventions.

*"Services targeted specifically at 16-25 year olds, which are 'young-people-friendly' in design and approach....Places to go for young people that are informal; are open in the evenings; work on a drop-in rather than appointment basis; and are staffed by skilled youth workers..".*

(Listen UP Person-centred approaches to help young people experiencing mental health and emotional problems, MHF, 2007)

The provision of advice to adults on social welfare issues, particularly debt, appears to have been accepted in recent years as an important intervention to prevent mental health problems. However, there is currently little research evidence on the potential of social welfare advice (e.g. on welfare benefits, housing and debt) to improve mental health outcomes for young people when delivered as part of a holistic package of support (e.g. alongside counselling and other support services). A forthcoming research report by Youth Access (due for publication this winter) explores the relationship between mental health, social welfare problems and youth. Drawing on robust data from the Civil and Social Justice Survey, it will demonstrate very strong links in all directions, suggesting that this is an area worthy of much deeper exploration.

**8. How can we support local leadership in building mental well-being and mental health care services? Please explain your view giving examples, if possible.**

It is essential to support and encourage leadership in settings other than the LAs, HAs and the NHS. Young people's services particularly those in the VCS often continue to struggle to gain access to meetings/fora to influence key decision-making and get their voice heard above the rest. Training for leaders in the statutory youth sector and the VCS youth sector plus a requirement that all

local decision making forums include proper representation from youth sector reps is necessary.

Leadership training offered to mental health managers in HAs and LAs should also be offered to managers in the youth and VC sector.

The CWDC on behalf of the DCSF is commissioning leadership and management training for different parts of the youth sector in order to create a more integrated approach to service delivery at the local level. The DH might consider as a first step how it can better support the provision of services for young people and their transition to adult services by making more active links with the plans and policies supporting integrated working. A second step could be to include a module for managers in the youth sector on developing local strategic leadership skills.

### **9. How can we promote joint working between local authorities, the NHS and others to make New Horizons effective in your local area?**

- Joint working across the sectors should be required/enforced

LAs, HAs, PCTs, the NHS and the VCS will have to be required to work together in order to deliver the New Horizons vision to meet the emotional and mental health needs of in this instance, young people.

For example, there is considerable feedback from across the young people's sector that both the NSF (see CAMHS Review) and the JPCF has failed to produce the sorts of services it ambitiously set out to achieve, because it did not make joint working, a requirement. Representatives and agencies from the youth sector were not invited to key decision-making forums and were not included in essential local mapping exercises to contribute to the assessment of young people's needs and to establish what services were currently meeting some of those needs. PCTs, LAs and CAMHS turned inwards - commissioning in-house, or contracted out NHS provision in the new guise of social enterprises. A number of CAMHS withdrew funding from YIACS that were commissioned to fill the gaps in local CAMHS as those services were perceived as a threat to CAMHS future. Subsequent evidence of CAMHS failure to meet those gaps is well documented in the recent CAMHS review. Tragically, the losers in all this were of course young people.

### **10. What do you think are the most important steps that the Government can take to reduce the inequalities that affect our mental health? And why?**

- Invest in training the relevant statutory and VCS workforce to work respectfully and inclusively with Young People.
- Invest in services and interventions that work best for Young People, that value, respect and respond to young people's needs sensitively and holistically. Tackle mental ill-health alongside other inequalities in the

same service for example discrimination (race, culture, gender, sexuality, disability) and education, unemployment and poverty. Consult organisations like Youth Access who have knowledge and evidence to contribute in this area.

- Comprehensively understand young people's emotional and mental health problems, the risk and resilience factors and range of other issues that impact adversely on their lives (e.g. unemployment, homelessness), and the need to respond holistically to those difficulties.
- Properly understand, invest in and promote existing YIACS type models and settings to better understand how and why Young People access these sorts of services and how these services operate across the superficial referral transitions imposed in the statutory sector.
- Youth policy needs to have more status, be valued and cross-cut consistently with other relevant policy areas and departments. Government should pool and align youth funding. Commissioners are inexperienced and do not do proper needs assessments.

In Transitions - Young Adults Complex Lives (2006), the recommendation below illustrates well the failure of government policy at local level, to ensure young people's access to counselling services through targeted youth support teams. The majority of TYS might need to spell this out or integrated IYSS and again teams across the country still fail to understand the important contribution counselling can make to improving young people's emotional and mental health and do not offer it to their local communities.

*"It states the DfES and the DH are to consider whether existing psychological and counselling services could be helped to offer more comprehensive, consistent and reliable coverage, perhaps by including counselling in the offer to be made to young people through targeted youth support teams."*

(Former SEU Action point 6 p.95)

**11. How best can we improve a) the transition from child and adolescent mental health services to adult services, and b) the interface between services for younger and older adults? What works well in your local area? And what does not?**

Youth Access wholeheartedly supports the long established, well evidenced argued need for youth mental health services, identified in your report (and in research by Young Minds, the Mental Health Foundation, Youth Access, Nuffield etcetera). To avoid the adverse long-term impact on young people's mental health because of not being able to access help when needed, which is both appropriate and sensitive to their needs.

- Ensure investment in non-stigmatizing, non-statutory services that work with the whole Young people's needs and work across the false age divide created between CAMHS and AMHS

It is vital that DH and DCSF invest in and improve the quality of existing Young people's emotional and mental health services in for example, YIACS one stop-shop-type settings. These services are well documented for their ability to work with YP (aged 13 to 25) across the transition age divide and offer an alternative to statutory mental health. Settings, that Young People are often rejected from, feel isolated within, drop out of, or do not take up because of the associated stigma and lack of responsiveness.

Young Minds<sup>i</sup> Evidence Based Practice research recommends the Youth Information, Advice, Counselling and Support services (YIACS) one-stop-shop service model as an important option for young people experiencing emotional and mental health problems (other than CAMHS or AMHS).

*"The YIACS model of under-one-roof' 'one stop shop' services for young people offer non-stigmatising, young person friendly services including drop-in, self referral and shorter waiting times. YIACS offer multi-disciplinary teams providing a range of services so that a young person can get help with legal rights based problems alongside help for emotional and mental health difficulties."*

(2006 SOS, Young Minds)

Streetwise, Newcastle (highlighted nationally as a model of good practice in the Listen UP: MHF research report, 2007) has worked closely with the local CAMHS Self Harm Unit and accepted referrals from them to provide longer term support to young people when the Unit's 6 sessions with the Young Person expires. Yet Streetwise has still not been able to secure any funding to support these referrals from CAMHS.

## **Streetwise Newcastle**

*Is an open access service used each year by over 6,500 young people aged between 11 and 25. It was set up in 1991 when two youth workers found that young homeless people in the centre of Newcastle were not accessing health services. The focus of the project was to move away from the medical model of service and provide an approachable, integrated service to the vulnerable young people who were being failed by the existing system. Today, the focus of the work lies within three key areas: mental health; sexual health; and drug and alcohol misuse. In addition, the service offers advice and information on housing, debt, benefits, training/education and careers. The majority of Streetwise services are delivered from the city centre premises, but the project does have an extensive outreach programme working with schools, providing counselling and sessions on drug and alcohol misuse. Preventative work such as smoking cessation and the condom distribution scheme is combined with counselling and other crisis interventions, with the aim of offering a complete service that caters to all the needs of young people.*

## **Service development work with CAMHS**

*Thirty-three percent of counselling sessions run by Streetwise involve work with self-harm. Work has been focused on developing services for young people who self-harm or have suicidal thinking. Streetwise forged strong links with the Child and Adolescent Mental Health Services' (CAMHS) self-harm team, working with them and accepting regular referrals of young people to Streetwise for longer-term work.*

*Streetwise has developed a self-harm and suicide risk assessment tool which incorporates a therapeutic action planning process for the young person. Streetwise has also worked in partnerships with CAMHS and Newcastle Social Services in providing outreach services to 90 unaccompanied minor and young refugees in Newcastle. This, alongside other work at Streetwise with Black and Minority Ethnic (BME) groups, aims to ensure that the service proactively targets young people from a range of backgrounds.*

- Transparent and consistent commissioning processes – plus a requirement to commission a percentage of provision from the VCS (including the youth sector) to ensure the current practice of Children Trusts, PCTs and health commissioners purchasing predominately statutory CAMHS, in-house LA services or NHS services is challenged.

Each health and social care community/economy should require a specialist (in youth mental health) lead agency and person to co-ordinate the commissioning of services for young people aged 13-25. This agency and person should convene a local partnership board to steer commissioning for young people, that includes all the key voluntary and statutory sector agencies and require decisions to be based on proper comprehensive needs assessment across the sectors.

Voluntary sector organisations should be commissioned for time periods of between three and five years, to allow for appropriate review, evaluation, service development and sustainability of young person-centred services.

Young people's views should be sought on the commissioning and development of mental health services in the VCS and statutory sector.

*"Commissioners need to consider the specific needs of this age group when planning and commissioning services. Failure to do so may contribute to the development of mental health service users being stuck in a cycle of hopelessness, unable to realise their full potential. Services that address the psychosocial needs of young people include early intervention in psychosis teams and drop in services linked to Young People's Information Advice, Counselling and Support Services (YIACS), resources which are not universally available.*

*(Young Minds, (2006). (In press). SOS Commissioning Guidelines).*

- Align youth policy and require CAMHS, AMHS the VCS (e.g. and youth service such as YIACS) to transcend organizational boundaries and work together to benefit YP.

*"Services (Schools, LAs, CAMHS, Children's Trusts, the youth justice system) are still not sufficiently well linked and often follow different guidelines. This suggests that there is scope for aligning policy better, but also for working harder to improve local relationships in order to achieve objectives. Local accountability and leadership is important, but the relationship between the DH and DCSF also 'needs clarifying."*

*(Davidson and Jezzard, National CAMHS Review, DCSF 08)*

An example of what works well when statutory services work with YIACS to provide non-stigmatising services to YP with significant emotional problems, in non-statutory settings locally.

### **The Zone - Plymouth**

Early detection and assessment of psychosis is an essential component of early intervention and Insight has, since its inception in 2000 developed a comprehensive and holistic service within The Zone.

**Icebreak** offers early intervention for young people experiencing significant emotional and behavioural difficulties. An integral part of The Zone, Icebreak aims to reduce the stigmatisation associated with the use of mental health services whilst recognising the need to work flexibly to engage young people in a way and in an environment, which is comfortable for them. The project received 150 referrals this year and our team of six full time coordinators carry an active caseload of 97. Young people are seen regularly, some daily, weekly, fortnightly or monthly, depending on the service they need, their issues, complexities and level of risk. The largest number of referrals came from GPs (30), with The Zone itself providing the next highest number at 28, which demonstrates that The

Zone is a good place to site a service whose aim is to identify young people earlier and prevent them continuing on into adult mental health services. The average age of our clients is around 19 years, suggesting that young people are accessing services early. This in turn should affect the number of young people presenting later with personality disorder.

The needs of the younger age group aged 14-18, are being met by a dedicated CAMHS worker. Almost twice as many males as females were assessed during the review period. One of the benefits of The Zone's multi-disciplinary approach is the ability to refer young people to other projects within the service and the majority of our clients were referred internally from projects such as accommodation and from the youth support workers who see young people with a wide range of issues

Additionally, clients are offered group work opportunities, for example, the Get Fishin' group within The Zone. Groups such as this also enable young people to mix and socialise with others their own age without being identified by a label.

- Local transition agreements and protocols should be required of all agencies in all settings working with Young people's emotional and mental health problems.

For more examples of what works well and what the challenges are see Listen UP the MHF Research (2007) which highlights 6 Youth Information, Advice, Counselling and Support type service models of good practice out of a total of 8 successful services.

## **12. In your view, what more should the Government do to combat stigma?**

- Invest in non-stigmatizing service provision in community based setting e.g. YIACS as well as schools and HEIs.
- Do not overly focus on schools and HEI's to the exclusion of youth and community based services. Whilst important settings, young people not in school employment or education will not use them and equally some Young People will not access services in schools and HEIs for all sorts of reasons of which a key reason often cited is confidentiality.

## Appendix

### References and links to supporting evidence

#### All youth Access publications can be downloaded at:

<http://www.youthaccess.org.uk/publications/>

#### Counselling and mental health

##### BDBP

Wilson C, (2001). Breaking Down the Barriers Key Findings. London: Youth Access.

Wilson C, (2001). BDBP: Four Case Studies on partnership and joint working between young people's counselling services and SMHS. London: Youth Access.

Wilson C, (2002). BDBP: a strategy in development. London: Youth Access

##### PTP

Taylor Mohammad F, Wilson C, (2003). Paths to Partnership, Key Findings. London: Youth Access 2003

##### A2C

Young K. Dr, (2005). Youth Access YIACS/CAMHS Survey. London: Youth Access.

Wilson C, (2006). Access to Counselling Key Findings Briefing. London: Youth Access.

Street C. Dr, (2007). Commissioning Counselling Services for Young People: a Guide for Commissioners. London: Youth Access.

Wilson C, (2007). Commissioning Young People's Counselling Services in YIACS: a Toolkit for Managers and Fundraisers of Services. London: Youth Access.

##### CWDP

Street C. Dr, (2008). Youth Access YIACS Counselling Workforce Survey, young people's consultation and recommendations. London: Youth Access. (Available late July early August 2008)

Wilson C, (2008). YIACS Counselling Workforce Key Findings Briefing. London: Youth Access (2008)

##### Advice

Kenrick, J. (2009). The Advice Needs of Young People – The Evidence. London: Youth Access

Kenrick, J. (forthcoming October 2009). Young People's Access to Advice – The Evidence. London: Youth Access.

Youth Access (2009). The impact of the recession on young people – and on their needs for advice and counselling services. London: Youth Access.

Sefton, M. (forthcoming 2009). Mental health and social welfare law problems: is there a role for social welfare law advice in improving young people's mental health? (working title). London: Youth Access

## **Other publications and links**

### What are child and adolescent mental health services?

Leaflet on children's and young people's mental health services

### Developing comprehensive CAMHS

Guide to improving CAMH services

### Putting participation into practice

Guide on participation practice

### Whose crisis

YM research report into emergency child and adolescent mental health services

### Where Next? Report 1

YM research report into new directions in in-patient mental health services for young people

### Where Next? Report 2

YM research report into new directions in in-patient mental health services for young people

### Minority voices: research & guide

YM research report into the awareness, understanding and experiences of black and minority ethnic groups' use of mental health services

### Perspectives on the causes of mental health problems in children and adolescents (sold out)

Review of leading figures' opinions about the causes of mental health problems

### A call to action: commissioning mental health services for 16-25 year olds

Free document on commissioning mental health services for 16-25 year olds for professionals

### Service-mapping

Professional resource for meeting the needs of the 16-25 age group

### Two steps forward and one step back

A guide for professionals, this highlights young people's views on transition from adolescence to adulthood

### Thoughts allowed

Information about young people's mental health experiences

 Looking after the mental health of Looked after Children

Publication on addressing issues of how in practice to work with children and their carers to promote children's positive mental health and to tackle more persistent difficulties.

 Emerging Practice: Examples of Mental Health Services

Emerging Practice: Examples of Mental Health Services

Listen Up! Mental Health Foundation (2007)

**Project sites (YIACS type services) – highlighted as models of good practice in Listen UP (2007)**

Experience in Mind, Mind in Brighton and Hove YMCA

Support @ The Junction, The Junction, Colchester

The Market Place, Leeds

Community Links, Canning Town

Streetwise, Newcastle

IceBreak, The Zone, Plymouth

**Other Information**

Name: Catherine Wilson

If you are responding on behalf of an organisation or interest group, please indicate the name of the organisation:

Respondent's role within the organisation: Development Manager Youth Counselling Services (National)

Gender  Female x Male  Transgendered  Rather not say

How old are you?

Under 18  18-24  25-34  35-54 X Over 55  Rather not say

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<sup>i</sup> SOS Emerging Practice: examples of mental health services for 16-25 year olds – YoungMinds 2006