

# « breaking down the barriers »

## key evaluation findings on young people's mental health needs

Despite the increased incidence of mental health problems amongst 16 to 25 year olds, Youth Access finds that young people's emotional and mental health needs are not being adequately met.

The 'Breaking Down the Barriers' evaluation used evidence-based methods to:

- Provide a snapshot of young people's information, advice, counselling and support services (YIACS) across England
- Find out the views of users and providers of YIACS
- Identify the users YIACS see and what their mental health needs are
- Identify any gaps or barriers preventing young people from accessing YIACS
- Find out about existing relationships and partnership working between YIACS, Children and Adolescent Mental Health Services (CAMHS), adult mental health services and mental health leads
- Find out what works well and what does not.

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# 1. Key findings

- Over two-thirds of YIACS see young people with mental ill-health and over three-quarters with depression. Of the young people surveyed over half had a diagnosis or had experienced mental ill-health.
- Young people saw a counsellor for a variety of reasons. For example, to get help with low self-esteem and lack of confidence; depression; family problems; difficult behaviour; self-harm; suicide attempts; substance misuse; eating disorders; bullying; harassment and discrimination; problems in care/leaving care; unemployment; exclusion from school and teenage pregnancy.
- Many young people using YIACS live in areas of socio-economic disadvantage and have experienced homelessness and discrimination. Most young people felt that life experiences, which had significantly made them feel different about themselves included poverty, homelessness, death and loss, sexual abuse, family breakdown and discrimination.
- Young people who feel unhappy, in distress or at risk want to access quickly and easily 'someone to talk to', who can provide confidentiality, practical help and support that is non-judgmental and young person-friendly.
- Counselling helped young people to feel stronger, more stable and able to cope, to gain in self-confidence, self-respect and self-esteem. They felt more in control of their lives, reduced their drug and alcohol use and experienced significant improvements in their social and personal lives.
- Some young people accessed counselling immediately whilst others took different routes, accessing information, advice, outreach or personal support before seeing a counsellor.
- Many young people expected counselling to be boring or embarrassing and frightening with the counsellor doing all the talking. Instead, it was much more supportive than they expected; the counsellor listened, they felt comfortable and were not judged.
- Almost every young person would see a counsellor again if they wanted to because counselling met their needs.
- For most YIACS, the relationship between the counsellor and the young person combined with the ability to be flexible and use counselling models that work best for the young person are of equal importance.
- Some young people had experienced stigma and bullying because they told friends they were seeing a counsellor. They said a change in attitudes towards counselling would make it easier for other young people to access help.
- Most YIACS use a range of codes and guidance to define quality and good practice, including the Youth Access

National Quality Standards, the British Association for Counselling and Psychotherapy Code of Ethics and Practice, local authority and youth service standards.

- Most young people referred themselves directly to YIACS and found out about counselling through their friends.
- Young people living in rural areas had difficulty accessing YIACS because of poor public transport, no transport of their own and a lack of money to pay for taxis. They did not want to ask parents or carers for a lift because they did not want them to know they were seeing a counsellor.
- Young people wanted access to counselling services to be improved by getting rid of long waiting lists, having more counsellors, not restricting opening times, improving public transport, improving access to the building and providing childcare support.
- Just over a quarter of YIACS are open every weekday. Less than three-quarters are open some weekdays, afternoons or morning only. Few are open on evenings and Saturdays.
- Inadequate and patchy services, a lack of resources and partnership working, resulted in young people not being able to access the services they need.
- Some of the young people who were 'harder to reach' faced issues around identity and discrimination; they felt disempowered causing additional stress and anxiety. Areas identified included tackling macho behaviour, the bottling up of feelings that led to violence, social isolation, addiction,

feeling excluded, the effects of war trauma, chaotic lifestyles, intercultural issues, low self-esteem and cultural conflicts.

- Most YIACS have informal referral arrangements with CAMHS and a few with adult services. Under half said they could get virtually no help for 16 to 18 year olds. A few YIACS had established formal referral arrangements with CAMHS that worked well.
- For a third of YIACS long waiting lists and the stigma attached to statutory services affected the take-up of referrals by young people.
- Young people often experience a mismatch between their needs and what is available to meet those needs. They experience being unsuccessfully squeezed into the end of children's services, inappropriately fitted into adult mental health services or find their local young person's counselling service has just closed down or one does not exist in their area.
- Many YIACS would like to attend forums, consultations and multi-agency groups but have experienced barriers because of a lack of money, time and staff.
- Over half of the YIACS identified value conflicts with the statutory sector as a barrier to joint working.
- Some YIACS have established significant relationships with the statutory sector. These are based on a shared respect and understanding of the core characteristics of young people's services and a shared

commitment to developing provision that is accessible and appropriate for young people.

- The majority of joined-up working between YIACS, CAMHS and adult services was concerned with establishing referral arrangements, attending meetings and forums. This was mostly with CAMHS and less frequently with adult services. A few YIACS have established close working relationships with the statutory sector and contribute to multi-disciplinary teams or have developed multi-disciplinary solutions across the sectors for young people in YIACS and their local communities.
- Many YIACS and some CAMHS staff did not know if they were in a Health Action Zone (HAZ), an Education Action Zone (EAZ) or if there was a local mental health plan, or mental health leads in their area.
- Just under three-quarters of all YIACS rely on one-off non-renewable short-term funds. Many are unable to secure funding to maintain the infrastructure of their agencies.

**The key findings will form the basis of an England-wide seminar and consultation to develop a national strategy to tackle inequalities in mental health services for young people.**

## ***Aim***

**The overall aim of ‘Breaking Down the Barriers’ three year programme is to work with the statutory and voluntary sectors to facilitate effective responses to meet the mental health needs of 16 to 25 year olds by enhancing provision and developing the role of young people’s counselling services.**



For all young people the transition from adolescence to adulthood is a critical stage in their development. However, this is not sufficiently acknowledged in the planning and development of services. Furthermore, when this transition is combined with difficulties such as poverty, social exclusion, discrimination, family or care breakdown, violence, sexual abuse, loss or mental illness, young people need to be able to access appropriate help. There should be quick and easy access to a range of age-appropriate and young person-friendly mental health services, but this is not happening currently.

## 2. About the evaluation

### Reasons for carrying out the evaluation

The 'Breaking Down the Barriers' evaluation was conducted to collect information and evidence about YIACS, the views of young people using YIACS, their mental health needs, gaps in provision, what works and examples of partnership working between YIACS and statutory mental health services. This was intended to:

- Inform decision-making
- Provide evidence
- Inform policy
- Highlight good practice worth replicating
- Identify gaps in provision
- Set the findings in a wider context through the involvement of young people, YIACS and the statutory mental health sector
- Provide information for planning
- Challenge assumptions
- Offer the chance for other views to be heard.

### How was the evaluation conducted and what are the findings based on?

A combination of qualitative and quantitative methods were used to enable the evaluation to obtain different perspectives, as well as ensuring a rigorous and appropriate approach to maximise participation from service users, providers and commissioners from the statutory and voluntary sectors. Two different questionnaires were used to survey both the providers of YIACS across England, as well as the young people using those services between February and March 2000. Telephone interviews were used with people who had difficulty in completing the questionnaires. Depth interviews were additionally conducted with a number of representatives of social services, health authorities and trusts, CAMHS and YIACS between October and December 2000.

### Who took part in the survey?

#### • The providers – the YIACS

Of the 360 YIACS across England 151 provide counselling to young people, of these 72% (109) took part in the survey. Of the 109 YIACS (Figure 1) who participated in the survey 76 are Youth Access members.

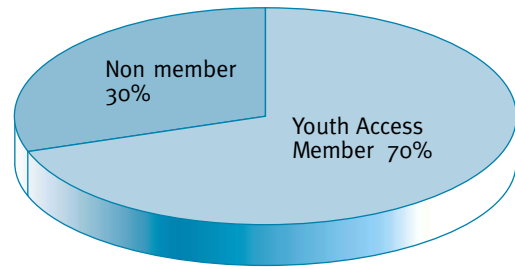


Figure 1 Breakdown of YIACS participating in the survey

Well over two-thirds of the participating YIACS provide a combination of services (Figure 2) under one roof to young people. These are counselling, advice, information, outreach and personal support services (drop-in, befriending and informal support). A further 61 agencies also provide sexual health services.

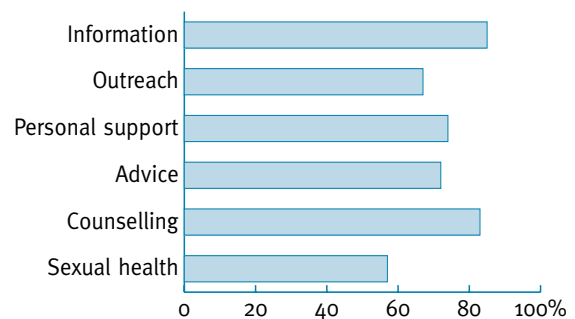


Figure 2 The range of services provided by YIACS under one roof (multi-response)

The majority of YIACS operate in mixed urban and rural areas.

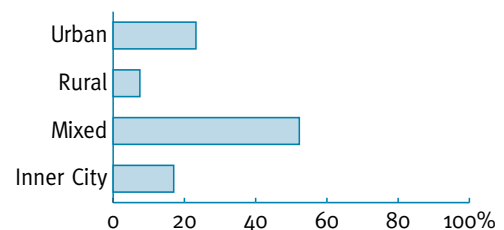


Figure 3 Geographical mix of area covered by YIACS

#### • The young people

Across the nine regions a number of YIACS were targeted to obtain a sample of young people having counselling; seeking a total of 90 participants. Only seven regions were able to take part, from which 62 young people responded – representing 69% of the original target.

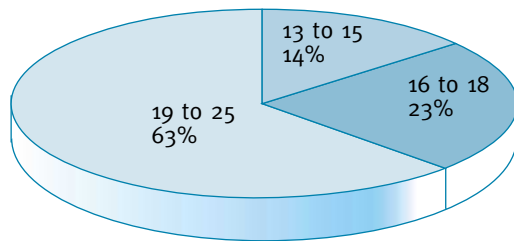


Figure 4 Age of young people who took part in survey

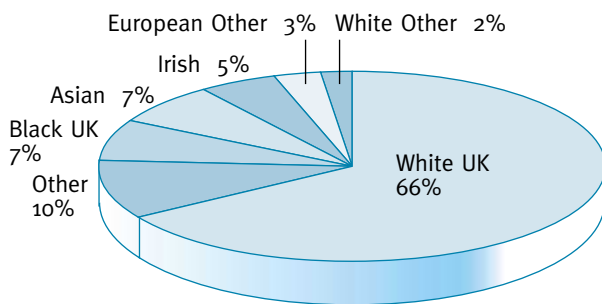


Figure 5 Ethnicity of young people who took part in the survey

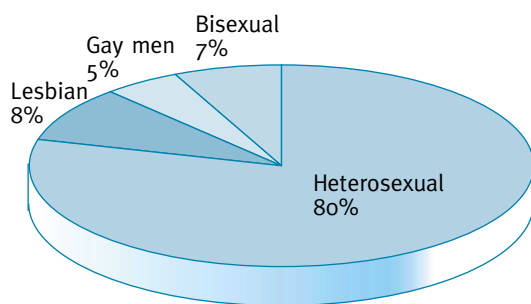


Figure 6 Sexuality of young people who took part in the survey

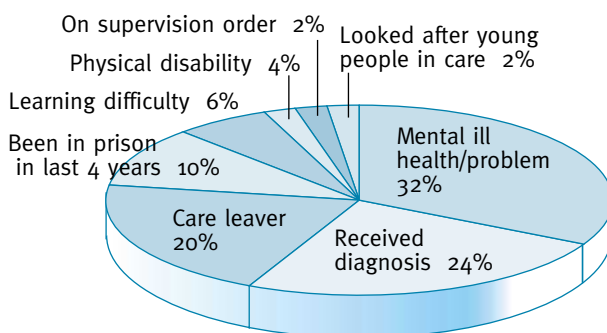


Figure 7 Additional information about the young people who took part in the survey

## Who else was involved in the evaluation?

The 'Breaking down the Barriers' project Reference Group is made up of representatives across England, from health and social services, mental health commissioners, the NHS Executive, education, child and adolescent psychologists and a psychiatrist plus managers and young people from an urban and rural YIAC. All Reference Group members have contributed their advice and experience to the evaluation.

Georgie Parry-Crooke provided specialist advice and supervision on the evaluation and the methods used. Georgie is senior lecturer in the masters in social research methodology and course leader in evaluation and social research at the University of North London. She is also an independent research and evaluation consultant.

## Background to the evaluation

For the last 25 years, YIACS have provided counselling, information, advice and support 'under one roof' to 13 to 25 year olds. These services have made a significant contribution to the development of flexible working models. Their key characteristics are that they enable young people to access services in a young person-friendly framework of early intervention and prevention based on their needs.

YIACS have been bridging the gap between CAMHS and adult services by providing a continuum of helping interventions in a confidential, generalist and specialist framework, through multi-disciplinary teams of counsellors, advice and information workers, group workers, support and outreach workers. Some YIACS are also funded to work with young people across the tiers 2 and 4 of mental health services. YIACS provide an holistic response to young people with a wide range of mental health needs; enabling them to build their resilience against the development of mental health problems in adulthood.

Against this background the 'Breaking Down the Barriers' evaluation identified a range of barriers that impact on young people trying to access the services they need. The barriers include:

- Access to patchy YIACS characterised by a postcode lottery;
- Inadequate public transport;
- Incoherent funding strategies not concerned with sustainability and accessibility;
- Negative attitudes towards counselling;

- YIACS seen as providing mental health services at tier level one only;
- Age and geographical boundaries restricting access to CAMHS;
- A lack of appropriate referrals of young people to adult services;
- Bureaucratic referral procedures and long waiting lists to and between (CAMHS) and adult mental health services;
- A lack of co-ordination and joined up working.

These barriers make it almost impossible for 16 to 25 year olds to access age-appropriate provision across the 1 to 4 tiers of mental health services because the structure of the provision and its restrictive boundaries mean services cannot respond to need.

### *The policy context to the evaluation*

#### **Are the mental health needs of 16 to 25 year olds being neglected?**

- 16 to 25 year olds make up about 11% of the UK population, approximately 6 million young people, a growing number. A DETR review of how public spending is allocated across geographical areas demonstrated that spending on 16 to 24 year olds in the most deprived areas is actually 14% less than in average areas.<sup>1</sup>
- The mental health needs of 16 to 25 year olds are neglected in terms of policy, research and the allocation of resources. The result is that when many young people are at their most vulnerable and in need of help, they are confronted with a maze of inadequate and patchy services.
- In the last few years there has been a steadily increasing awareness and *recognition of the risk factors* associated with the mental health of 16 to 25 year olds. However there has been a failure to develop a more comprehensive response to young people's emotional and mental health. Attention has focussed on interventions to tackle young people's anti-social behaviour such as criminality, problems of violence and aggression and not on the underlying issues. The reprioritisation of mental health services for children has not included a strategy for young people up to 25.
- The varying and inconsistent use of cut-off ages applied to young people trying to access mental health services across England continues. Current policy seems to support the introduction of more

age restrictions and a rejection of separate services for adolescents. The cut-off age for the Connexions strategy of 19 years and the setting up of the new Cabinet Committee for Children and Young People with its focus on 4 to 13 year olds and under 19 year olds (with regard to ensuring the success of anti-poverty, disadvantage and social exclusion policies) is likely to exacerbate young people's problems. Nineteen to 25 year olds mental health needs will be ignored, thereby worsening equality of access to services. It could result in a mandate for providers and commissioners to say 'young people's mental health needs are not our responsibility.'

*“Mainstream service providers in the voluntary and statutory sector are often not well attuned to the levels of unmet need amongst young adults ... the obvious conclusion is that young adults should be re-prioritised by policy makers concerned with the problems of social exclusion.”*

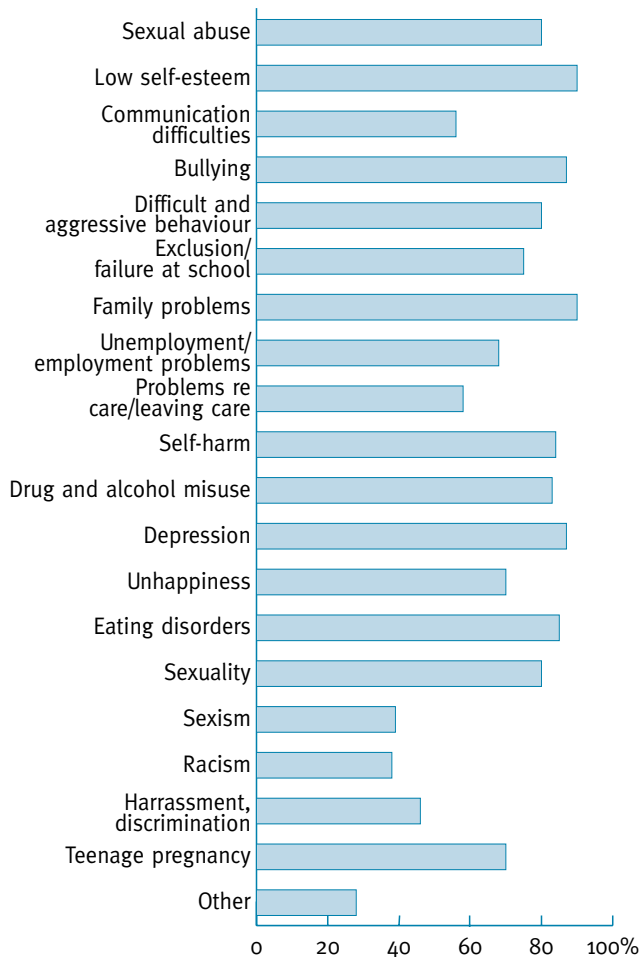
*(Sidelined 2000, New Policy Institute)*

## **3. What are the mental health needs of the young people YIACS see?**

*“Abuse – like rubbish and dirty, that’s what I felt like.” (16 year old)*

Young people wanted to see a counsellor for help with a wide range of issues. YIACS said low self-esteem, family problems, difficult and aggressive behaviour, self-harm, drug and alcohol misuse, depression, eating disorders, sexual abuse, sexuality and bullying were amongst the highest presenting issues for counselling from young people. School exclusion and failure at school, communication difficulties, employment concerns, problems living in care and leaving care, teenage pregnancy and unhappiness were over half of the issues presented for counselling. A third presented with harassment/discrimination, sexism and racism issues (Figure 8).

*“Lack of emotional support from parents. Lack of love, lack of understanding, absence of parental loyalty, were all experiences that affected the way I felt about myself.” (24 year old)*



**Figure 8** Young people's presenting issues for counselling (multi-response)

### What are the risk factors associated with where young people live?

Significant life events such as death of a parent, family member or carer, divorce of parents and loss of friends were experienced by young people in well over two thirds of organisations. Just over half of the young people said poverty made a difference to how they felt about themselves and well over a third said a lack of self esteem, experiences of discrimination followed by homelessness were also significant factors.

YIACS said a number of risk factors in the local community and geographical areas they are based in could contribute to young people's mental ill-health. Eighty-two YIACS said they work in areas of socio-economic disadvantage; 75 identified homelessness for young people as a problem and 60 said different forms of discrimination were a local problem.

*“The death of my mother has affected me deeply. Since she died I have no one to love and support me the way she did. I have no father and lived with different families who do not seem to understand me.*

*“Because she died when I needed her most I don't have security and confidence in myself.” (17 year old)*

### Do these young people face additional mental health risk factors?

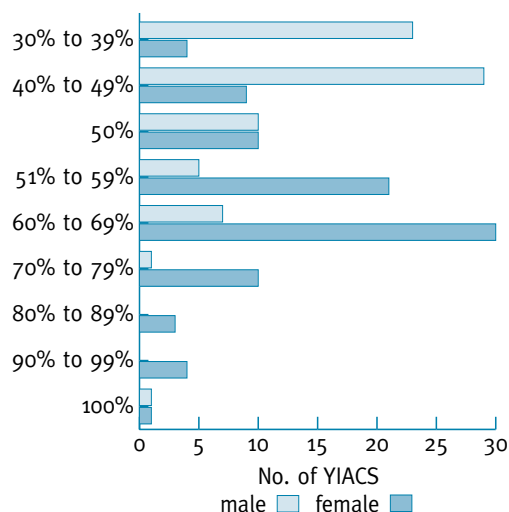
YIACS identified a number of other additional risk factors young people faced. Ninety four percent said family breakdown was most common; well over three-quarters reported factors such as overt parental conflict, hostile and rejecting relationships and physical, sexual and emotional abuse. Slightly less than three-quarters of agencies described the failure of the parent or carer to adapt to a young person's changing needs, as well as parental psychiatric illness, parental criminality and alcoholism. Over one-third said that prejudice and discrimination, as well as inconsistent and unclear discipline were factors.

Of the young people who responded, over half had experienced hostile and rejecting relationships. Just under half, family or care breakdown followed by physical, sexual and emotional abuse, death or loss of a family member, carer or friend and serious conflict with a parent or carer.

*“Sexual abuse – loss of self respect that's what I felt.” (20 year old)*

### Who are the young people that YIACS see?

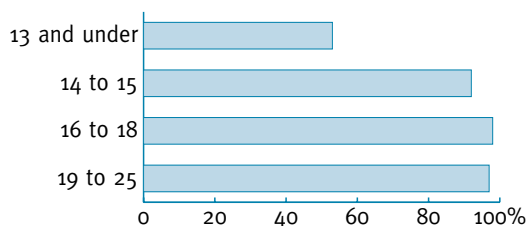
Most YIACS monitor aspects of their client base with regard to gender (Figure 9) and age (Figure 10), but for



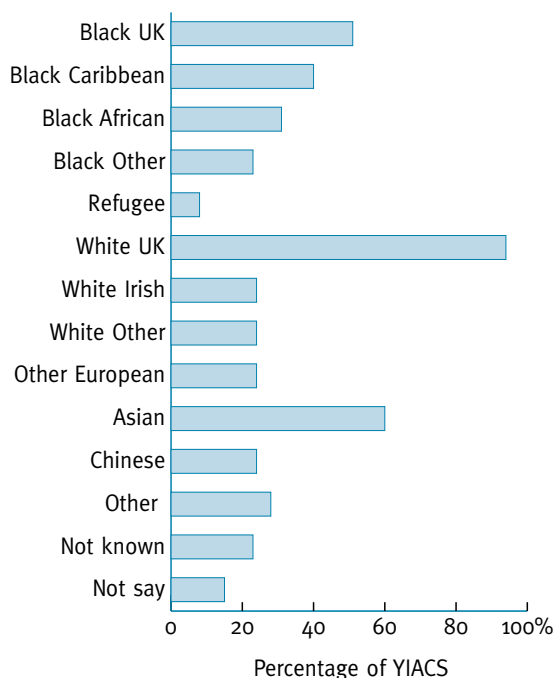
**Figure 9** Percentage of males/females seen by YIACS (multi-response)



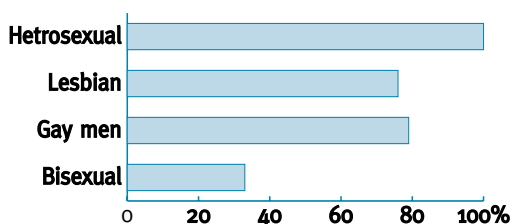
some there are significant gaps in monitoring other aspects of their client base. All YIACS see 16 to 25 year olds; many also worked with 14 to 15 year olds and two-thirds worked with 13 year olds and under. The majority see more young women than young men, although there is some variation where projects target young men or there is a balanced gender split in staff and gender specific services are provided. Eighty four percent of YIACS keep statistics on ethnic origin (Figure 11) with 30% collecting figures on the sexuality (Figure 12) of young people using their services.



**Figure 10** Ages of young people seen by YIACS (multi-response)

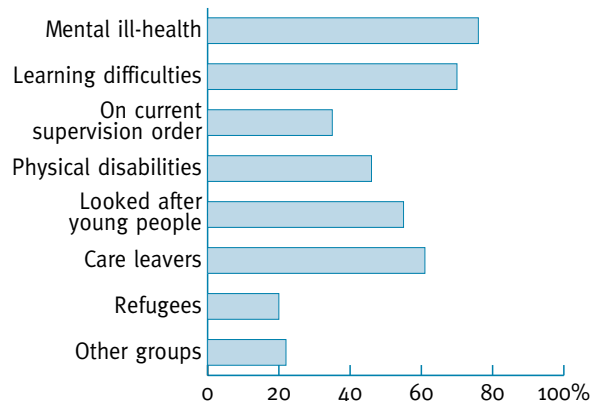


**Figure 11** Ethnicity of young people seen by YIACS (multi-response)



**Figure 12** Sexuality of young people seen by YIACS (multi-response)

Well over two-thirds of YIACS said they work with young people with mental ill-health. Just over two-thirds with young people with learning difficulties, under two-thirds with care leavers and just over half with 'looked after children'. Over a third of agencies worked with young people with physical disabilities, just over a third with those on supervision orders and just under a quarter with refugees (Figure 13).



**Figure 13** Additional information about young people seen by YIACS (multi-response)

*“The focus has slipped for young people’s mental health needs. There are many initiatives and agendas that incorporate it, but don’t focus on it. Positive mental health is critical to school achievement ... It is important to be responsive to young people’s mental health needs rather than reactive, working in partnership with young people ... rather than in a statutory way.”*

*(Head of Schools Plus, Hackney Education)*

## RECOMMENDATIONS

- Every young person in England when unhappy, in distress, at risk or ‘needing someone to talk to’ should be entitled to access, quickly and easily, counselling, practical help and support in a young person-centred, generic service when they need to.
- Youth Access in collaboration with its members and other agencies should systematically collect national data on the young people using YIACS and their changing mental health needs, to inform and influence national and local policy. This data could be used to contribute to national and local need assessments, gaps in services and existing provision.

## 4. Do YIACS contribute to improving the mental healthiness of young people?

*“The availability of counselling as an early intervention for young people is important because it doesn’t carry that psychiatric stigma.”*  
(CAMHS Croydon, Clinical Services Manager)

YIACS said they contribute to improving the mental healthiness of young people in a number of ways. This includes providing a safe, welcoming, young person-friendly and non-judgmental service environment. They listen to young people, offer empowering relationships, provide ongoing support, build self-confidence, self-esteem and self-respect and enable young people to make informed choices and decisions.

Young people see the range of practical and emotional support on offer in YIACS as helpful. Early interventions for young people are seen to significantly decrease the potential of developing chronic and severe mental health problems in adulthood.

*“We enable and empower young people to identify their issues and make their own choices as to how to respond. We encourage young people to get to know themselves, their strengths and weaknesses and to identify how they might respond to future problems. We support young people, listen and care about them. Ultimately they get to care about and value themselves.”* (One to One Counselling, Bolsover)

From young people’s feedback, a number of key outcomes were identified by YIACS on the effectiveness of counselling. These were that young people felt stronger, more stable and able to cope and had gained in self-confidence, self-respect and self-esteem. They were developing and sustaining relationships; feeling more in control of their lives; there was an increase in social functioning; a significant reduction in drugs and alcohol use and a clearer sense of self and direction. Significant improvements in their personal and social life were cited, as well as wanting to end counselling and move on.

*“You’re not a failure to admit that you need some help with emotional concerns. If your parents are unable or unwilling to provide that support you have*

*to look elsewhere. Do not suffer in silence. It has to be acknowledged on a universal level that we all have feelings and sorrows and these have to be expressed in order for us to be peaceful human beings.”* (24 year old)

### **What did YIACS and young people have to say about mental health?**

The stigma often attached to mental ill health impacts on some YIACS too. Over a third said they did not use a definition of mental health. Some YIACS did not use a definition because it might alienate young people from using the agency. A third used their own definition and the rest used either the Health Development Agency (HDA), the NHS Advisory Service, Young Minds, the Mental Health Foundation or a non-medical model definition of mental health. Over a third of young people described mental health as being about the state of your mind, followed by mental illness, madness and emotional well being.

*“It used to freak me out, I’m not mad, everyone can get physically ill – there shouldn’t be such a stigma.”* (25 year old)

### **Are YIACS working with young people with mental ill health?**

YIACS who did not use a definition of mental ill-health considered only young people with a diagnosis as having mental ill-health. However, well over three-quarters of YIACS said they worked with young people who are depressed. Over a quarter of young people said they had a mental health problem with just under a quarter saying they had had a diagnosis.

*“Changing people’s attitudes towards mental health and counselling, letting young people know that it is all right to ask for help, that admitting you need help and support doesn’t mean you have failed. Counselling needs to be made more available to young people ... ”*  
(24 year old)

## RECOMMENDATIONS

- Access to a range of age-appropriate young person friendly mental health services should be improved. The aim being to decrease the risk of mental health problems becoming chronic or severe in adult life, thereby enabling a young person to fulfil his or her potential.
- Central and local government, professionals and commissioners of services should recognise that YIACS work with young people with a range of mental health needs and make a significant contribution to the mental healthiness of 16 to 25 year olds.
- YIACS, Youth Access and other mental health services need additional resources to tackle the stigma and fear associated with young people's mental health.

## 5. About the counselling

*“More young people – say 13 to 14 year olds – should be told about counselling so they don't have problems for as long as I did.” (19 year old)*

### **Why did young people want to see a counsellor?**

Over three-quarters of young people wanted to see a counsellor for help with a combination of issues including low self-esteem and a lack of confidence. Just under three-quarters saw a counsellor about unhappiness and depression. Over half wanted help with family problems and a third with difficult and aggressive behaviour, suicide attempts and drug and alcohol misuse. Just under a third wanted help because of self-harm and just under a quarter with eating disorders, unemployment and employment problems and bullying. This was followed by harassment, problems in care or leaving care, racism, sexuality, and exclusion from school and teenage pregnancy.

*“To try and sort themselves out before it gets too late.” (18 year old)*

Over half of the young people accessed a counselling service immediately, while others accessed it later via

other services in the same agency. They took different routes including accessing information, advice, outreach and personal support before moving on to counselling. Most young people's choices reflected their priorities, which included problems with housing and homelessness. Others felt unable to cope or carry on, wanted support with emotional problems or help for rape or sexual abuse. While some accessed what was easiest for them first, most said they needed 'someone to talk to', who could offer confidentially and was non-judgmental. They did not want to talk to family, carers or friends. They had felt desperate and they found that counselling had helped.

*“It's someone to talk to and get support from, who doesn't judge and be negative towards you.”  
(24 year old)*

### **How often did they have counselling? Was it different to what was expected and would they have it again?**

*“I thought that it would have been difficult to talk about things to him, but it was really comfortable and he made it really easy for me.” (16 year old)*

Well over two-thirds of the young people attended counselling weekly. Many found it better than they had expected. Just over half said they had expected it would be awkward, embarrassing and frightening; that the counsellor would do all the talking or that it would be boring. Instead, the counsellor had listened and responded, they had felt comfortable and it was better than expected. They were not judged and had not expected so much support. Most commented that they would have counselling again if they needed it. Nearly every young person said they would use the same service again because the people were friendly. They wanted to see the same counsellor and had found counselling beneficial. Two young people who would not use the counselling service again said this was because of being over 25 and recognising people who worked in the building.

*“I was very suspicious. I thought I'd be judged, told off or sent to hospital, if I told her everything. It took me a long time to reveal everything.” (20 year old)*

## What is the range of counselling offered?

The range of counselling offered is extremely wide from holistic through to Rogerian, humanistic, psychodynamic, analytic, cross-cultural and cognitive counselling and models designed to work specifically with young people such as Geldard and Geldard, (a proactive approach to counselling adolescents). Over half of the YIACS said the most effective model of counselling used with young people is person-centred (Egan and Rogerian). This was followed by short-term solution focussed, integrative, humanistic and psychodynamic. Some felt it was less about the specific model used and more about the ability to have a flexible approach and integrate models that work best for the young person. Most also felt that the relationship with the young person was of the utmost importance. Over two-thirds of YIACS said their counsellors had had some training to work specifically with young people.

*“There is no common consensus about the definition of counselling or counselling work with young people. We know that young people do not use GP’s to access services and aren’t accessing services. Lots of mental health staff are trained in counselling skills and feel they are doing the same work as counsellors in young people’s projects. There is a belief on the statutory mental health side that the outcomes are the same while from the counsellors side they think the overall outcome is different.”*  
(Assistant Manager, Newcastle Primary Care, Mental Health Lead on children and young people’s services.)

The majority of YIACS provide ‘one to one’ counselling offering a combination of short-term (up to 6 months) and long-term counselling (up to 2 years) with nearly all providing short-term and most providing long-term work. Over three-quarters provide crisis counselling, with under a quarter providing family and group counselling (Figure 14).

*“Counselling is a relationship voluntarily entered into by a young person who wants to understand their feelings and reactions to difficult situations in their lives. The counsellor uses a contract to help the young person to understand themselves and other people better, to make choices about how they want to live their lives.”* (Off Centre, Hackney)

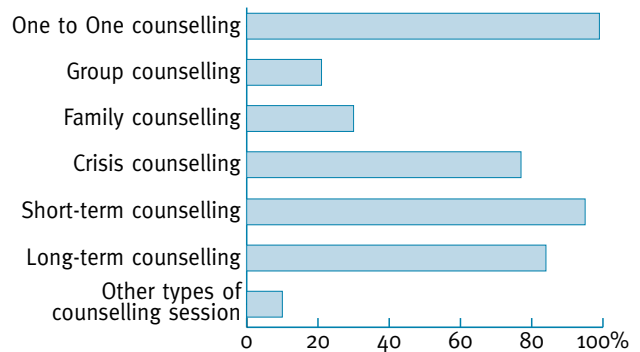


Figure 14 Ways in which counselling is provided by YIACS (multi-response)

When asked what definition of counselling was used, over a third used their own definition. These YIACS wanted to ensure in their information and publicity that counselling was understood and therefore easy to access. A quarter used the British Association for Counselling and Psychotherapy (BACP) and Youth Access’s counselling definition.

## Was there a stigma attached to having counselling?

Most young people said they would tell their friends they were seeing a counsellor. A few said they would not because it was private or they feared a negative reaction. Under a quarter said they had experienced some stigma or bullying because they had attended counselling and had told friends.

*“Take away the ‘taboo label’ off counselling, get more funding for organisations to provide good quality counselling services.”* (19 year old)

## How is good practice and the quality of counselling measured?

Just under half of all YIACS are using their own organisational codes and guidance and outcome measures to define and measure performance and good practice. Just over one third are working towards using Youth Access’s National Quality Standards, while just under a third use the British Association of Counselling and Psychotherapy’s Code of Ethics and Practice. Next most used were local authority quality assurance measures and standards and Youth Services’ guidance and procedures. YIACS use a range of outcome tools including mental health indicators.

Most were keen to have more information about what other YIACS were using.

More YIACS wanted to implement Youth Access's Quality Standards, but cited that more time, advice and ongoing support to get them in place was needed. Often implementation conflicted with other priorities.

#### RECOMMENDATIONS

- A national strategy which prioritises young people's mental healthiness and emotional well-being should be developed cross-departmentally at central, regional and local level as a priority.
- Young people should be encouraged and supported when they ask for help. Negative professional and public attitudes to mental health and counselling should be challenged.
- A nationally agreed definition of counselling should be used which is understandable and accessible for all young people with a distinction made between the provision of counselling, the use of counselling skills and the use of listening skills.
- Youth Access should establish a national training programme and investigate through consultation, an accreditation system for YIACS members to inform, support and advise on implementing and monitoring national quality standards to ensure consistency across services.
- There needs to be more research and better dissemination of current findings, including sharing information and advice on the effectiveness of counselling and the use of recognised evaluation tools that successfully measure counselling outcomes for young people.

*“I felt I was going mad, and I didn't want to go to my GP. I had heard it was safe here so I tried it out.” (20 year old)*

## 6. Access to counselling services and waiting times

### *How do young people find out about and get access to their local YIAC?*

Just under a third found out via a friend using the service. Others saw a leaflet or poster, spoke to Youth Access or another agency, found it in the local telephone directory or a publication, heard about it from their social worker or probation officer. Half, by far the largest group, referred themselves directly to the YIACS. Others accessed the YIACS either through their doctor, friend, youth worker, or parent. Over one-third got an appointment the same day via a drop-in service.

Well over a third got an appointment within one working week with 4 young people waiting for up to two weeks, 2 waiting 3 to 4 weeks and 8 waiting between 1 to 3 months. Well over half described their first contact with the YIACS as very good, over a third as good with three describing it as poor or very poor. When asked if they were satisfied that the services they received met their needs, 96 % said yes and 4% said no. This was either because the service did not meet their needs or they were not offered enough time, or they experienced communication problems.

Young people living in rural areas said getting to services was difficult because of poor public transport and a lack of money for taxis. They did not want to ask parents or carers for a lift either because the problems were connected to the family environment or they did not want them to know.

*“If you don't want your parents to know you are going to counselling because its about family problems and there are no buses and you don't know anyone with a car, you won't be able to get help.” (20 year old)*

### *What young people said would enable others to access counselling services*

Young people said there is a need to overcome both the perceived stigma and a general lack of understanding and knowledge about counselling. There needs to be more emphasis on how easy it is to

get help when you know how. Access to services could be improved by ensuring full disabled access to the whole building; not restricting opening hours; having more services at night; having childcare facilities and improving public transport from villages that corresponded with the opening times of services. Waiting lists are seen as too long with a need for more counselling staff.

Over a third of YIACS said that demand for counselling from young people exceeded what they could provide. Just under a half of these said demand exceeded provision by 25%, over a quarter by 50% and just under a quarter by a 100% with the remaining organisations saying between 51% to 75%.

*“Stigma – there is a lack of knowledge about the different services that are free and open. You have to ring 10 different agencies before one helps you. If you’re distressed you wouldn’t have the bottle to make the second call, let alone the tenth.”*  
(23 year old)

### **YIACS views on access in rural and urban areas**

Just under half said that inadequate and patchy services and a lack of resources for young people affected their ability to access the help they need. Just under a quarter said that the lack of public transport from rural areas followed by not being able to offer services outside their geographical areas impacted on access. Geographical isolation and a lack of money for bus fares were cited as exacerbating young people’s difficulties. Under a quarter said they did see young people outside their geographical area. Those working in rural areas said transport issues are central to access, as is isolation and a lack of money. Insufficient staff to offer outreach services to young people in isolated areas, short or restricted opening hours, not opening at weekends and in school holidays compounds access problems.

Further barriers to access included insufficient staff, the location of the service, the size, layout and access to the building. A lack of information or knowledge about the service, unacceptable delays for counselling due to long waiting lists, suspicion or stigma associated with the building for those based in church buildings and difficulties in obtaining a mix of counsellors appropriate to the local client group create

additional barriers. Young people’s access to counselling services, in some instances, can be dependent on the attitudes of professionals to counselling and to young people only services.

Only just over a quarter of the 109 YIACS surveyed, are able to be open every weekday. Less than three-quarters of YIACS only open some weekdays, afternoons or morning only. Nine are open on some evenings and 23 are open on Saturdays. Those YIACS operating restricted opening times said this was due to an overall lack of resources such as money, staff and time.

### **RECOMMENDATIONS**

- A designated number of YIACS should be open 24 hours a day seven days per week in strategically placed geographical locations based on need and accessibility to cover both urban and rural areas. To complement this service there should be a 24-hour call centre and web access for young people, staffed by young people’s counsellors, with access to a national database of young people’s services and fast-track access to statutory mental health services.
- There should be an end to the postcode lottery for young people needing to access YIACS across England.
- There should be an increase in funding to maximise opening times, to identify and prioritise ways of reaching young people in rural areas, tackle public transport problems, increase the availability of counsellors, shorten waiting lists, offer more same day appointments, offer childcare facilities and increase paid and volunteer staff.
- Access to provision for young people, should be based on their needs, the type of service they want and the effectiveness of the service. Young people’s experiences of problems relating to access should be taken in to account in the development of new and existing provision. Access should not rely upon the attitudes of the referring professional or agency towards counselling or young people’s services.

## 7. Who are the ‘hard to reach’ groups of young people not accessing YIACS and why?

In describing the ‘hard to reach’ groups in YIACS’ localities, variations occurred from area to area. Black, Asian and minority ethnic groups were identified by just under a third of YIACS across the different regions, followed by over a quarter who identified young people isolated in rural areas. Young men, young people excluded from school and non-attenders, ‘looked after’ young people and care leavers were also identified by some YIACS as ‘hard to reach’ in their area. In a small proportion of YIACS, homeless rough sleepers, young Asian women, young lone mothers/parents and the young disabled were groups highlighted as not successfully reached in their area.

*“Finance prevents us from offering more than a minimal outreach service.” (Youth Start, Rotherham)*

Some YIACS said issues about identity, experiences of discrimination and feeling disempowered were causing additional anxiety and stress for young people. A need was identified to provide more practical support and an increase in the availability of staff to provide regular ongoing contact. Other needs identified included tackling macho behaviour and the bottling up of feelings, which can lead to violence. Some identified the effects of major war trauma, social isolation and feeling excluded, addiction, high suicide rates, white male low self-esteem and supporting young people with chaotic lifestyles. Understanding the effects of different cultural expectations on young people between communities, and the cultural conflict that can develop from conflicting expectations, is very important.

Well over half of all YIACS said increased resources and secure long-term funding could improve access in a number of ways; more than a quarter wanted to set up outreach and satellite services, followed by a few agencies who identified better publicity and information about services in other languages. For others better partnership and joint working with health and social services, more training and an increase in minority ethnic staff and volunteers would all contribute significantly to reaching these groups.

## Changes that would make a difference to hard to reach groups

An increase in secure core (infrastructure) funding would make a huge difference, not just funding available for ‘add on’ projects and new schemes. It would need to include resources to employ staff, improve the building, reduce waiting lists, provide childcare, expand opening times, offer counselling at more variable times, resources to develop a mobile service for rural areas and set up a rural counselling services. Making better use of technology would make a difference too by offering different access and information points.

*“More outreach, evening and weekend openings.”  
(Information Shop, Blackburn)*

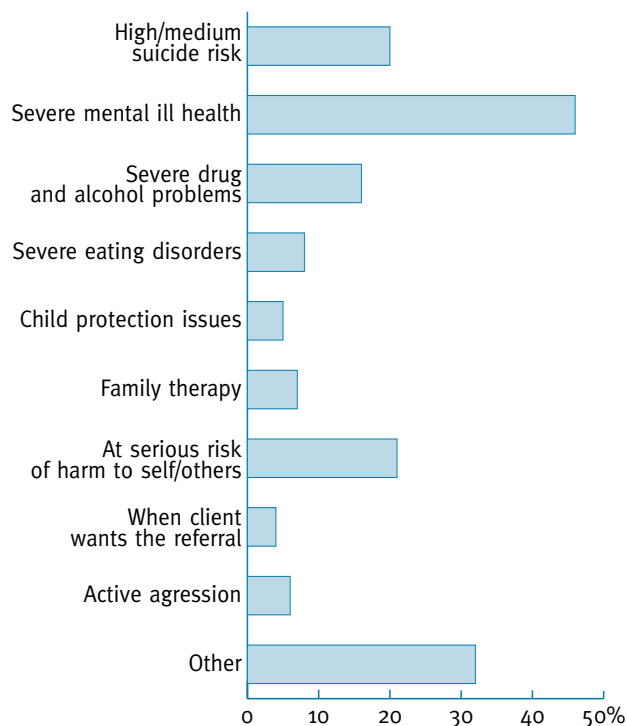
### RECOMMENDATIONS

- There should be an increase in both core and service funding to YIACS to improve and expand services and access to meet the specific needs of the young people not currently being reached.
- A collective strategy and training programme should be developed at national, regional and local level between health, social services, the voluntary and community sector to bring everyone together to improve access for all ‘hard to reach’ young people.
- Access for all should be improved through services developing strategic objectives which meaningfully involve ‘hard to reach’ young people in the planning, development and evaluation of services.

## 8. Young people’s referrals to CAMHS and Adult Mental Health Services

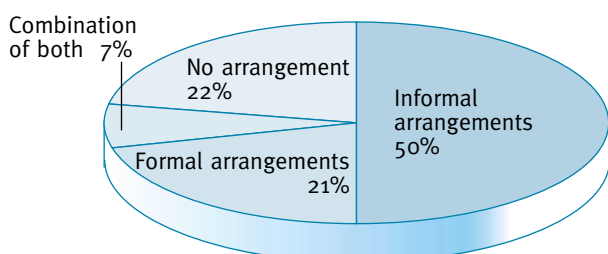
YIACS work with some young people who may need to be referred to statutory CAMHS or adult mental health services. Just under half of all YIACS have made onward statutory referrals (Figure 18) where a young person was experiencing severe mental ill-health and a quarter because of serious risk of harm to self and others. This was followed by under a quarter being referred because of high/medium suicide risk, severe

drug and alcohol problems, severe eating disorders, child protection issues and active aggression. Some young people had requested a referral or a need for family therapy was identified by the agency (Figure 15).



**Figure 15** Reasons YIACS refer young people to CAMHS and Adult Services (multi-response)

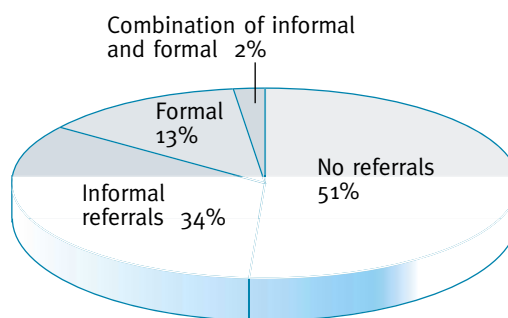
In the main, YIACS have informal referral arrangements with statutory services. Some have formal arrangements with CAMHS (Figure 16) and adult services while others have none. Half of the YIACS said they had informal referral arrangements with adolescent mental health services, while under a quarter had formal arrangements and a few had a combination of both. Nearly a quarter had none.



**Figure 16** Types of referral arrangements to CAMHS

Over half had no referral arrangements to adult social services (Figure 17). Over a third had informal and a few had formal arrangements. This was followed

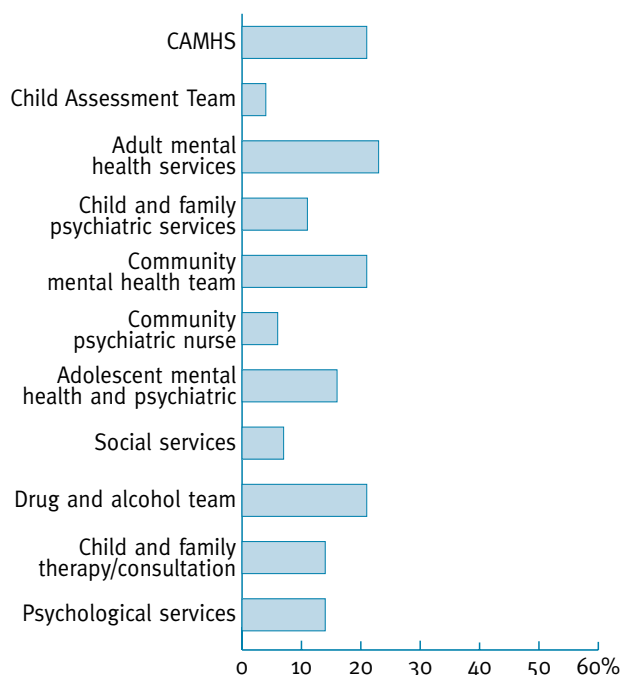
by a combination of both informal and formal referrals to adult social services.



**Figure 17** Types of referral arrangements to adult social services

*“We have a local CAMHS strategy, the problem area is the interface between adult and CAMHS services particularly around referrals – there is a very limited interface.” (Assistant Manager, Newcastle PCG)*

Whilst YIACS are making referrals to a range of statutory agencies (Figure 18) some identified a number of barriers. About half of all the YIACS said that they could get virtually no help for 16 to 18 year olds from statutory services. Just under a third said very long waiting lists were a problem followed by the stigma attached to the service. Other barriers identified were the lack of adolescent services in their areas with either young people being squeezed into



**Figure 18** The range of statutory services YIACS referred YP to (multi-response)



the end of children's services or fitted inappropriately into adult services. A few YIACS described good relationships with their local CAMHS and experienced no barriers when making referrals, though this was not the same for adult services.

*“It is not uncommon for a young person to turn up to see me and express dissatisfaction at seeing a psychiatrist or being stigmatised. It is not a good idea to stigmatise young people and make them part of the mental health system. Young people still struggle with engaging with Mental Health Services due to the perceived stigma, so alternative resources should be considered and resourced.”*  
(Adolescent Psychiatrist, Newcastle)

### RECOMMENDATIONS

- As a matter of priority, all YIACS and statutory mental health services should work more closely together to ensure young people are able to access easily when they need to, age-appropriate and young person-friendly mental health services in the statutory sector.
- Geographical gaps and boundary limitations need to be bridged in order to reduce rural isolation through more partnership working and sharing of resources such as counselling banks, buildings, mobile units, transport and satellite services.

## 9. Partnership and joint working with statutory mental health services

YIACS examples of joint working included agreed referral arrangements, attendance at meetings, shared consultancy and in a few instances staff seconded from health and social services. This included multi-disciplinary teams working across the sectors in for example schools and YIACS. Well over two-thirds of YIACS had relationships of varying degree with their local CAMHS, children and families social services, primary care services, youth justice, drug and alcohol services and education services. Under half had established similar relationships with their general hospital psychiatric service, adult social services,

hospital clinical psychology departments and the prison service.

*“Partnership working is not about empire building. If people's roles are perceived as one of self-interest, it won't work. It works in Plymouth. Support for the early intervention service (a multi-disciplinary team working in YES to meet the needs of young psychotic people) was given, because we are not in it for self-interest and we were willing to give up resources or some level of control or some power to make it work. I could have set it up in the NHS and not seconded staff to YES, but the priority here is service development for young people ... we came as an honest broker. If we can do this, it helps to create a culture where in the future there will be support for a service wherever it's based because it is the most appropriate provider for the client.”*  
(Director for Mental Health and Learning Disability, Plymouth Community Health Trust)

### Commissioning, planning, consultation and interagency groups attended by YIACS

Under a third of YIACS attended health and sexual health forums, housing and homeless forums, with just over half attending the young people's forum and young people's mental health forum, followed by the PCG network meetings. A small proportion attended CAMHS joint planning groups, HImP (Health Improvement Programme Planning Groups) and HAZ (Health Action Zone) forums. Just under two-thirds said they would like to attend these and other forums to ensure they were included in planning processes, but could not attend because of a lack of time, money and staff. Some YIACS said that the identification of one Voluntary Sector Lead to represent the whole of the voluntary sector on forums and consultations was very unsatisfactory. Often the selected representative would not have adequate knowledge of young people's mental health needs, what counselling is or that young people's services have distinctly different characteristics from adult services.

*“Due to the pressure of time – balancing the need to respond to young people while wanting to be involved in external groups, means the voice and needs of young people is often missing.”*  
(The Warren, Hull)

Whilst some YIACS are in a HAZ or EAZ (Education Action Zone), many do not know about the programmes or described them as a ‘complete and utter mystery’. Over two-thirds had a copy of their Children’s Services Plans and a few did not know of their existence. Under one third said their Health Authority or Trust had a written policy and commissioning plan for meeting the mental health needs of young people in their area, while the rest did not know of or did not have a copy. The National Service Framework (NSF) for mental health, the HImPs and best practice commitment to involving voluntary sector representatives in discussions about local need and joint working seemed to only be working for a few YIACS.

*“Implicit in the NSF for Mental Health is that a lot of people get drawn together and this sharpens thinking about the process of joined up working. The HAZ programme has brought together user involvement, Best Value and clinical governance and the incentive to get on with it and see ideas through. The more we work together it is easier to be more open-minded and feel more comfortable about and optimistic towards other services working with young people.”*  
(Social Service Manager, Mental Health Plymouth)

The NSF for Mental Health is experienced by most as only focussing on working age adults, even though aspects refer to young people and in particular the disproportionate level of suicide amongst young people.

*“The NSF for mental health is for adults of working age – it is not seen as being for young people ... for the local authority it is a ‘must do’ and dominates discussions. It has taken the spotlight away from children and young people ... without an equivalent we just haven’t got the leverage we need.”*  
(Child and Adolescent Psychiatrist, CAMHS Croydon)

### **Barriers to partnership and joint working**

*“There is no real ‘joined up working’ and communication between CAMHS and young people’s services, adult services or primary care groups. I’m not aware of any mental health leads and we are not consulted about young people’s needs. I support counselling as an intervention in my Unit. I can’t speak for the others.”*  
(Consultant Adolescent Psychiatrist, Newcastle)

Just under half of all YIACS identified a value conflict with the statutory sector as a barrier to joint working. For some this is because counselling is not recognised as an intervention that is wanted or works. For others it is an unwillingness to recognise that young people’s services have different characteristics from adults. A third added that limited time, working in a small organisation with mostly part-time staff and coping with ongoing funding problems and crises, affected their ability to be able to work together. A lack of liaison and a lack of communication between some voluntary and statutory sector had created additional barriers to working together.

*“It seems that there is no real joined up thinking or working in the borough. The statutory sector and the voluntary sector operate increasingly separately due to a lack of resources and time. Changes to joint planning structures have yet to be finalised, so we find out what’s going on when we need to through the contacts we have established.”*  
(Off Centre, Hackney)

### **RECOMMENDATIONS**

- There is a need to create a culture of partnership working that is not based on self-interest and empire building, but on combined support across the sectors for services to be based with the most appropriate provider for the client group
- There is a need to disseminate information and examples worth replicating of successful ‘joined up working’ across the sectors, as well as highlighting problems and solutions to improve relationships.
- There needs to be more understanding of the work YIACS are doing locally with young people, the characteristics of young people’s services and more cross-working, i.e. more ‘joined up working and thinking’ between the sectors.
- Value conflicts, professional fears, jealousies and doubt about the credibility of counselling and work with young people should be challenged through more research, improved dissemination of information and better promotion of the benefits and effectiveness of counselling at national and local levels.
- The statutory sector with its various responsibilities for joint working and

consultation with the voluntary sector needs to address the issues facing very small organisations without sufficient staff, time and money to be able attend and contribute their experiences to joint-sector meetings. This could be achieved in a number of ways, through extra transport provision, out of hours meetings or the YIAC being involved in electing another expert provider to give information on their behalf.

## 10. Is there a need to create a more coherent and stable funding structure?

An absence of national and local policy and planning has created services characterised by a postcode lottery, resulting in incoherent funding strategies, producing inequality in access to counselling services across the country.

*“These barriers young people face accessing services could be overcome by providing the appropriate funds ... that match the work currently undertaken, which is vast – saving the Government millions of pounds per year.” (Urban Access, Hemel Hempstead)*

Just over two-thirds of YIACS receive some funding from Youth Services, with just under half reliant on charitable trusts. This was followed by under a third being reliant on the National Charities Lottery Board (NLCB), joint finance and health (tiers 1 to 4 and sexual health monies), with a small proportion receiving some funding from leisure services. Some 78 YIACS said they are dependent on a combination of one off non-renewable, short-term project based funding from the NLCB and charitable trusts to provide services to young people.

*“A barrier that affects access to our organisation for young people is a lack of funding to meet the demand for counselling resulting in unacceptable waiting times.” (MAP, Norwich)*

Well over a third of YIACS spend between 1 to 4 hours per week trying to secure funds for their organisations. A quarter spend between 5 to 10 hours per week and five organisations spend between 11 to 20 hours per week. Some YIACS said that they remained unprioritised services, subject to the whims of local

government, reliant on short-term funding, suffering regular cuts and in some instances parts or the whole service closed down.

*“A lack of continuation funding can generate instability. It is not always helpful to receive short-term monies which will come to an end in a year or two’s time and then we are expected to maintain staff and good quality services without the money to do it.” (Health Promotion Manager, Hackney)*

Young people’s services were seen by some YIACS as ‘changing services’, constantly responding to young people’s changing needs. YIACS found they were constantly reinventing themselves to obtain one off grants, because funders failed to recognise the already innovative and changing nature of their services.

### RECOMMENDATION

- There must be a sustainable funding structure for YIACS, which funds the infrastructure of the agency, as well as the primary activity of the organisation. This will enable organisations to provide reliable, responsive, quality services that can meet young people’s changing needs.

## 11. What will happen next?

The ‘Breaking Down the Barriers’ project findings will form the basis of an England-wide seminar and consultation, led by Youth Access, to develop a national strategy to tackle inequalities in mental health services for young people by:

- Increasing awareness of 16 to 25 year olds’ need to access age appropriate young people-friendly mental health services;
- Increasing awareness, co-operation and joint working between statutory and voluntary mental health services for 16 to 25 year olds;
- Increasing the number of counselling services for young people across England;
- Contributing to preventing and reducing mental health problems for 16 to 25 year olds now and in the future;
- Promoting the need for sustainable young people’s information, advice and counselling services;
- The promotion of new models to reach ‘hard to reach’ young people.

# « breaking down the barriers »

key evaluation findings on young people's mental health needs



## further information on breaking down the barriers

- **Breaking Down the Barriers** project information sheets
- Youth Access's recommendations arising from the Key Findings Paper – April 2001
- Case study examples of partnership working – April 2001
- England-wide seminar and consultation on the Key Findings Paper – April 2001
- Full report on **Breaking Down the Barriers** – September 2001
- **Breaking Down the Barriers** strategy will be launched in December 2001

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