

Green Paper: *Transforming Children and Young People's Mental Health Provision*

Youth Access' response to the DHSC and DfE: The role of VCS providers

We are grateful for the opportunity to respond to the green paper.

Our response does not follow the restrictive questions contained in the official online consultation exercise.

It focuses specifically on the role of voluntary sector providers, including Youth Information, Advice and Counselling Services (YIACS), and is set out under the following headings:

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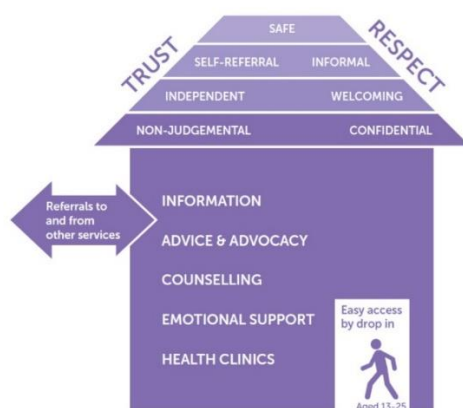
1. Introduction

1.1 About Youth Access and YIACS

Voluntary sector providers and YIACS were identified in Future In Mind as critical to the transformation of children and young people’s mental health services (CYPMHS) thus: *"Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop-shop services based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment."*

Youth Access is the national membership organisation for YIACS and a member of the Young People’s Health Partnership (which, in turn, is a member of the Health & Wellbeing Alliance). We champion young people’s right to access high quality, evidence-informed advice, counselling and support services.

The main purpose of the YIACS model is to offer an integrated approach to young people’s health and wellbeing concerns through a unique combination of prevention, early intervention and crisis work. YIACS break down the barriers to getting help. They support young people to address a wide range of social, legal, practical, emotional and mental health needs in a coordinated way. YIACS are focussed on alleviating distress, defending rights and supporting wellbeing. They deliver a combination of advice, counselling, health clinics and youth work in young person-centred settings.



The Youth Access YIACS model

Evidence demonstrating the effectiveness of YIACS’ interventions is set out later in this document.

We believe that all young people have a right to access young person-centred advice and counselling services where they will be:

- welcomed, listened to and respected
- free to talk about anything that is bothering them
- given free, high quality help on their own terms by people who are on their side
- helped to make their own decisions based on a clear understanding of their rights and options
- supported to develop into healthy, informed and active members of society

1.2 General comments on scope, resources and timetable

We strongly support:

- the green paper's intention to continue the transformation of children and young people's mental health provision by building on Future in Mind and the ongoing expansion of NHS-funded provision;
- the collaborative approach between Health and Education;
- the green paper's focus on earlier intervention with further investment and the emphasis on a whole school approach to providing early support for children and young people.

However, we are concerned that the accompanying funding and the implementation timescales do not match the scale of the problem. The level of funding and the timetable for implementing the green paper's proposals displays a lack of urgency and ambition. It is vital that, as a minimum, the promised £1.7 billion for CYPMHS is released by 2020 and that further funding is extended beyond this Parliament as part of a long-term reform programme.

We also believe there is a very real and significant danger that the green paper could, unintentionally, undermine the promising ongoing work to implement Future In Mind's 'whole systems' approach, which retains system-wide support. Local commissioners may become drawn to the areas of focus for the green paper and distracted from completing the broader work to transform CYPMHS.

Below we identify some major areas on which we believe there is insufficient focus in the green paper:

The role of the voluntary sector – The green paper does acknowledge the important role of the voluntary sector. However, there are no specific proposals for action to increase the role or capacity of voluntary sector providers. It is critical that the final proposals and accompanying funding add to the unfinished work to implement Future in Mind's vision of easy access, early intervention advice and counselling services in every community.

Prevention - The green paper mentions prevention in a few places, but the main proposal relating to prevention is for the establishment of a group that will review evidence and make recommendations for further research. There is an urgent need for concrete action on prevention, including investment in interventions that address the social determinants of young people's mental health.

Young adults - Although the green paper contains a section on 'Support for young adults', which proposes the establishment of a new national strategic partnership, it barely acknowledges the needs of those outside Higher Education or work settings and does not contain any proposals for concrete action to improve access to services. Young adults have the greatest unmet needs of any age group and have been overlooked for too long. The YIACS model was identified in Future In Mind as often leading the way in effective delivery to this age group, yet funding for services for young adults is declining. We are disappointed that the green paper does not contain proposals for ensuring a greater proportion of adult mental health funding is directed towards meeting the needs of young adults. We can only hope that the strategic partnership is a prelude to a major initiative in the near future.

2. Evidence of impact of VCS and YIACS interventions

2.1 Evidence for effectiveness of youth counselling services

Youth Access has been working with Professor Mick Cooper and British Association for Counselling and Psychotherapy to evaluate the outcomes of youth counselling services delivered through YIACS in England. Nine YIACS were recruited to the study and a total of 2,155 young people participated. Paired outcome data were available from 1,448 participants. Data was captured using tools used in CAMHS, allowing comparisons across settings.

Interim findings include:

- The demographic profile of young people seen in YIACS' community-based settings differs from that of CAMHS and school-based counselling services. YIACS appear to be particularly important in reaching vulnerable groups of young people and those from BAME backgrounds.
- The presenting issues in YIACS differ from those of CAMHS and school-based counselling services. The proportion of young people presenting with generalized anxiety disorder and depression/low mood is markedly higher in YIACS. Young people presenting in YIACS also had higher average levels of psychological distress at intake.
- The proportion of young people helped by YIACS showing levels of 'reliable improvement' and clinically significant change (or 'recovery') is comparable to that in CAMHS. Levels of 'reliable deterioration' in young people seen in YIACS is around half of that reported in CAMHS and school-based counselling services.
- Very high levels of service satisfaction were reported by young people in YIACS, greater than those reported in CAMHS.

The full findings are currently being prepared for publication.

2.2 Evidence for effectiveness of youth advice services

There is substantial evidence that the receipt of social welfare advice¹ by young people in a YIACS setting:

- commonly averts a range of serious adverse outcomes – including homelessness, criminal behaviour, mental health problems, social services intervention and even death;
- commonly leads to improvements in many aspects of young people's health and wellbeing – including physical, mental, social and emotional well-being, problem-solving skills, housing safety and ability to manage money.²

A close association between social welfare problems, mental health and youth has been established³ and there is mounting evidence of the beneficial impact on mental health of providing advice on debt, housing and benefits.⁴

¹ Social welfare advice includes advice on legal rights relating to housing, welfare benefits, debt, employment and education.

² *The Outcomes and Impact of Youth Advice – The Evidence*, Kenrick, J., Youth Access, 2011.

³ *With Rights in Mind: is there a role for social welfare law advice in improving young people's mental health? A review of evidence*, Sefton, M., Youth Access, 2009.

⁴ See, for example: *A helping hand: the impact of debt advice on people's lives*, Pleasence, P., et al., Legal Services Research Centre, 2007.

An independent academic assessment of the impact and cost-effectiveness of youth advice, using a standardised health assessment tool and NICE guidelines, found that:

- 70% of clients of youth advice services felt that advice resulted in improvements in stress (64%) and/or their health in general (34%);
- estimated savings for the NHS from reduced GP visits alone exceeded the average cost of advice provision;
- advice is clearly cost-effective on mental health grounds alone, disregarding any other benefits of advice.⁵

3. Schools and Colleges: Mental Health Support Teams & Trailblazers

3.1 General comments

We welcome the collaboration between Health and Education and the recognition of whole school/college approaches. Schools must be supported to create an ethos across the whole school community where emotional welfare is a top priority and where this is threaded through the school's policies, curriculum and pastoral support.

It is critical that that the proposals do not add new burdens on schools and that the rest of the system functions well. The proposals must therefore strengthen the broader commitments of Future in Mind and its whole systems approach.

We support the proposal for Designated Senior Leads for Mental Health, but it is vital that they are backed by strong senior leadership.

We also support the proposal for Mental Health Support Teams (MHSTs) in principle, but significant development work is needed to determine their exact role, skills and remit, and how they work with other professionals. MHSTs must not displace existing practitioners or be a new service with familiar barriers erected around it; they must build on the current infrastructure.

We are pleased that the green paper states that the planned trailblazer sites for MHSTs will examine how the support teams can best support children and young people who are not in school. However, it is also important to remember that services in schools do not meet the needs of all young people. Whilst schools are an important site from which to support children under the age of about 15, it is our experience that many of the most vulnerable, excluded or disengaged adolescents are far less likely to access mental health support in school settings. Indeed, we note that Future In Mind had identified that many young people *“reported that their school was not an environment in which they felt safe to be open about their mental health concerns”*. Similarly, at the Department of Health's Mental Health Takeover in 2017, many young people reported concerns about accessing support in schools, citing confidentiality concerns and the inability to self-refer.

It is vital, therefore, that young people have a choice about where they are seen and have easy access to complementary young person-centred services in the community, such as YIACS, that provide an independent alternative.

⁵ *The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice*, Balmer, N.J., and Pleasence, P., Youth Access, 2012.

3.2 Interventions – school counselling services

We are concerned about the limited range of specific interventions mentioned in the green paper that might be delivered through MHSTs. In particular, we are deeply concerned by the omission of counselling services.

The green paper's departure from the DfE's widely-supported 2016 'blueprint' on counselling in schools⁶ – which expressed the Government's "*strong expectation*" that "*over time, all schools should make counselling services available to their pupils*" – is hard to understand.

At Mental Health Takeover 2017, at which the Department of Health consulted young people in advance of the green paper, young people expressed a clear wish to have access to counsellors in schools alongside easy access drop-in support in community-based settings.

We support calls from the Local Government Association for the Government to provide funding to implement an independent counselling service in every secondary school and alternative education provision as a core part of the whole school approach.

3.3 The role of VCS providers

Many YIACS and other VCS providers have extensive experience of delivering effective services in schools and colleges. Learning from such interventions and delivery models will be important.

Most commonly, YIACS provide counselling in schools, but they also deliver a range of preventative work, including advice, coaching, mentoring, health education workshops, health and wellbeing drop-in services and even canine therapy.

Of the services provided in schools by YIACS, roughly half are commissioned directly by individual schools and half by CCGs/Trusts. Pressure on school budgets has led to several services funded by schools being cut in the last couple of years. If counselling services in schools cannot be sustained, there is a danger that this will lead to an increase in waiting lists in YIACS and CAMHS.

The important role that the VCS can play in supporting young people's mental health from prevention through to delivery of therapeutic services should be made explicit in the terms of reference for schools and colleges. As well as support from the local VCS sector, national or regional VCS organisations can provide specialist support for particular groups of young people where there is no local service – e.g. young carers, young Trans people, young people affected by the criminal justice system etc.

3.4 Trailblazers – models and lead bodies

In order for useful learning to emerge from the planned trailblazer sites, a variety of different models and service contexts should be tested. We believe it would be helpful if some of the trailblazers could focus on particular vulnerable groups, as well as testing whether/how they could incorporate support for young adults.

Models incorporating a strong contribution from voluntary sector providers, or even led by VCS organisations, should also be part of the mix.

⁶ *Counselling in schools: a blueprint for the future: Departmental advice for school leaders and counsellors*, DfE, February 2016

The most effective model of funding school counselling services is where the local authority and CAMHS jointly fund a VCS organisation to deliver counselling and preventative work across all schools and colleges in an area.

Mechanisms must be put in place to ensure accountability (to children, young people, families and communities, ultimately) for the distribution and use of the funding and to ensure resources reach the intended frontline targets.

We do not believe it will be helpful if all the funding were to go to CCGs. There is a good opportunity to trial other routes, including distribution directly to frontline voluntary organisations who may be in a better position than CCGs in some areas to use the money efficiently and effectively.

3.5 Reaching vulnerable young people

Reaching vulnerable young people will be a crucial role for the MHSTs and one which will best be achieved by working in partnership with local specialist VCS agencies, including YIACS.

All designated leads and MHST members should be trained to identify young people who experience different vulnerabilities including those who will not self-identify due to stigma and other issues. For example, young carers experience particular barriers to accessing mental health support and should be able to access support from the MHST as well as a statutory assessment under the Children and Families Act 2014 and Care Act 2014. Young People with experience of the criminal justice system have identified the need for mental health support at a much earlier stage to help prevent involvement in the criminal justice system. They also highlight the need for a trauma informed approach.

These two examples demonstrate the multitude of complex issues that vulnerable young people face and there are many other groups who will need specific support including – young LGBT people, young people living in poverty, young people who have experienced family breakdown, homelessness or housing insecurity, substance use, CSE. To support these young people, MHSTs will need effective training, support and supervision, as well as a network of local and national specialists to support them and the young people and families they are working with. They will also need to focus on key transition points for young people e.g. between school and college, from child to adult services to support continuity of support to age 25.

Every local area should be asking these young people about their experiences with support from participation experts. Young people with experience of the care system should be getting the support to which they are entitled but they should also feel empowered to make choices about the support that best fits their needs.

4. The waiting time standard and reducing waiting lists

Experience from allocation of CAMHS transformation funding to reduce waiting lists shows that YIACS have a critical role to play in supporting a reduction in waiting times for specialist services. Funding for this type of provision, as set out in Future in Mind, is an important part of reducing pressure on specialist services, reducing waiting times and improving support for young people.

In principle, we welcome the proposal to test a new waiting time standard in some trailblazer areas. In and of itself, the idea of a waiting time standard improving access is to be welcomed.

However, the adoption of such targets often carry a risk of distorting priorities and behaviour in unintended ways. There is a need for a proper assessment of the risks of potential knock-on impacts on other parts of the system (e.g. on YIACS and other early intervention services in the community) and on other aspects of CAMHS services (e.g. quality).

There are also dangers in implementing a waiting time standard in just one part of the system. Testing must go beyond NHS-delivered 'specialist treatment' to include voluntary sector providers, such as YIACS, who have been identified as having a crucial role to play in reducing waiting times.

Good data collection will be critical. The contribution of YIACS and other voluntary sector providers and other agencies needs to be counted if it is to prove its worth. Investment will be required to ensure all relevant providers have the capacity to flow high quality data into the system.

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