

« breaking down the barriers »

Four case studies on partnership and joint working between young people's counselling services and statutory mental health services

The case studies highlight the results of a series of in-depth interviews conducted in four contrasting areas between representatives of Social Services, Health Authorities, Primary Care Trusts, Child and Adolescent Mental Health Services (CAMHS) and Young Peoples Information, Advice, Counselling and Support Services (YIACS) operating in the Voluntary Sector.

The interviews explored in more depth the gaps that exist between YIACS working collaboratively with statutory mental health services and those experiencing barriers. These gaps were highlighted in the 'Breaking Down the Barriers Key Evaluation Findings' – the results of an England-wide survey of YIACS providers and users published in March 2001. The interviews followed up these findings and further investigated the relationship between YIACS and statutory mental health providers and commissioners. The four resulting case studies highlight some of the key elements supporting partnership and joint working. These factors may contribute to successful models of partnership and joint working between Voluntary Sector YIACS and Statutory Mental Health Services.

The key elements underpinning partnership and joint working

- A clear strategic purpose.
- A shared commitment to working together.
- Mutual confidence and trust between the partners.
- Willingness to be open-minded, flexible and prepared to listen.
- The ability to manage complex relationships.
- Key people with the right amount of power and influence willing to give up some resources, power and control to make it work.
- Key personalities that can be replaced.
- The meaningful involvement of all the stakeholders.
- Partnership working, not empire building.
- The ability to exploit the advantages of co-terminous boundaries or to work together to overcome the gaps.
- Secure infrastructure costs and long-term funding.
- Partners have equal access to decision-making.
- The commitment to ensure young people's services are established with the most appropriate provider.
- A shared understanding of counselling and its effectiveness.
- A shared understanding of the differences in the core characteristics of young people's services.
- Familiarity with the scope of young people's services in the locality.

The absence of partnership and joint working can lead to problems in the co-ordination, planning, communication, development and delivery of young people's services.

Contents

Introduction to the Case Studies	page 3
The Plymouth Case Study	page 4
The Hackney Case Study	page 10
The Newcastle Case Study	page 15
The Croydon Case Study	page 20

Acknowledgements

Thanks to the interviewees for their contribution to the case studies – Executive Director and the Health Services Manager – Plymouth Youth Enquiry Service (YES), Director for Mental Health and Learning Disability – Plymouth Community Services NHS Trust, Social Services Manager for Mental Health – Plymouth. Director for Off Centre – Hackney, Health Promotion Manager – Hackney, Head of Schools Plus – Hackney Education, Assistant Manager – Newcastle Primary Care, Adolescent Psychiatrist – Newcastle, Project Worker, Streetwise – Newcastle, Clinical Services Manager – Croydon CAMHS, Consultant Child and Adolescent Psychiatrist – Croydon CAMHS and the Director, Off the Record – Croydon.

Thanks are also due to the ‘Breaking Down the Barriers’ Professional Reference Group members – Kevin Feaviour, University College of St Mark & St John – Plymouth, Kevin Sullivan, Child Development Centre – Hereford, Michelle Rodgers, Director, Off Centre – Hackney, Dr. Clare Lamb, Child & Family Service – Wirral and West Cheshire Community NHS Trust, Kathy Nairne, South London and Maudsley NHS Trust, Martin Calleja – Lambeth Social Services (London) and Keren Corbett, West Midlands NHS Executive.

Thanks also to Youth Access’s National Executive BDBP sub-group and Georgie Parry-Crooke, External Advisor to the Breaking Down the Barriers Project.



Introduction to the Case Studies

Aim of the ‘Breaking Down the Barriers’ project

The overarching 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 across England.

Policy context

The Health Act 1999 enables Local Councils and the NHS to work more closely together. The Act swept away the legal obstacles to joint working creating three new opportunities for partnership working. Firstly, the ability to pool budgets across Health and Local Authorities – putting money into a single budget to fund a whole range of care services. Secondly, the establishment of a Lead Commissioner in either Health or the Local Authority, commissioning services on behalf of both bodies and delivering a wide range of services to people with mental ill-health. Thirdly, integrated providers, Local Authorities and Health Authorities merging their services to create a one-stop package of care. The Act established measures that support and promote the development of joint working in mental health. The New NHS White Paper set out the Government’s overall strategy for modernising the Health Service and addressed a variety of themes including developing partnership working and improving the planning and commissioning of services.

The National Services Framework (NSF) for Mental Health sets the agenda for mental health services and will determine how they are planned, delivered and monitored and expects local commissioning to develop through the new flexibilities set out in the Health Act. The NHS Plan aims to produce a Health Service fit for the 21st century designed around need. One of the core principles enshrined in the Plan is the need to ensure the development of seamless services through effective joint working with, among others, the Voluntary Sector.

About the BDBP evaluation

The results of the England-wide evaluation were published in March 2001.¹ The evaluation aimed to

collect information about young people’s information, advice, counselling, and support services (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 providers and commissioners. The evaluation included a survey of YIACS, providers and users and structured interviews with those unable to complete the questionnaires.

Of the 151 YIACS providing counselling to young people across England 72% (109) took part in the survey. Ninety young people were targeted across the nine regions of England, of which 69% (62) responded.

Background to the case studies

A set of criteria was used to target interviewees across four regions in both urban and rural areas² where both positive examples, as well as barriers to partnership working were cited in the survey results.

The case studies highlight the barriers to joint working, including what worked well. The aim was to identify the key elements of effective partnership and joint working and the barriers to be overcome, whilst recognising the demographic differences between the four areas.

The case study interviews covered the following:

- What type of relationship exists between statutory mental health providers, commissioners and YIACS?
- What examples of partnership or joined up working exist between them?
- What joint responses to young people’s mental health needs have been generated through partnership work and what has been the impact?
- Do statutory mental health providers, commissioners and mental health leads accept counselling as an intervention?
- What has and has not worked well and why?

¹ The ‘Breaking Down the Barriers’ Key Evaluation Findings 2001 are available from Youth Access.

² Unfortunately, the rural representatives identified were unable to participate in the interviews due to staff changes – (two of the case studies cover a mix of rural and urban areas).

The Plymouth Case Study

1. About Plymouth

Plymouth is the last major urban centre in the South West peninsula. It has a population of approximately 250,000 people (1991 Census) and has one of the most deprived wards in the country (St Peters). There is a large Chinese community and a significant number of short-term residents due to the University and the Navy. Plymouth is in a Health Action Zone and is being encouraged to consider different and innovative ways to improve the health of the local population. Plymouth forms part of the South and West Devon Health Authority, a predominantly rural area with approximately 550,000 people. Plymouth Community Services NHS Trust provides the local mental health services and covers Plymouth, as well as approximately 90,000 people in the surrounding area. The City of Plymouth gained Unitary Authority status in April 1998 and is covered by a single Primary Care Group.

In 1996/97, there were 347 hospital admissions of Plymouth residents suffering from depressive disorders. Of these, 26 were persons aged 0–24 years. In Plymouth, the admission rate is 149 per 100,000 of the population compared to 128 per 100,000 for the rest of South & West Devon Health Authority.

2. The interviewees

Those interviewed for the Plymouth case study included the Executive Director and Health Services Manager, Plymouth Youth Enquiry Service (YES), the Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust and the Social Services Manager for Mental Health, Plymouth.

3. The relationship

“The Director for Mental Health at the Community Services NHS Trust became informed about the work of YES and was more radical in his thinking than his predecessors.”

(Executive Director, Plymouth YES)

In Plymouth, the partnership relationship developed in different ways over a period of seven years. The relationship had varying and changeable layers of informality and formality – including different expectations of what was or might be.

“The relationship with YES changed and became formal when I was asked to represent the Department when the Early Intervention Service – Insight (EIS) was in its development phase. The Social Services role changed to promoting the Insight-EIS across the Department and supporting staff in YES to help with liaison issues, or to trouble-shoot, if necessary, when they needed to access Social Services.”

(Social Service Manager for Mental Health, Plymouth).

The relationship grew through shared journeys to and from Health Action Zone (HAZ) meetings, which created opportunities to find out more about YES than that available in annual reports. It included regular, informal contact with YES as a resource to access services for young people. As a result of this informal contact, a networking relationship was established and developed further when YES applied to the Trust for funding. A closer relationship developed between the statutory interviewees through regular joint meetings on the merger between Social Services Mental Health and Mental Health Services managed by the Trust, (due to integrate and become part of the Primary Care Trust in April 2001).

“There’s nothing new about this relationship. I previously worked as a psychiatric nurse for 15 years and then moved into mental health social work. Multidisciplinary working was a common phrase – because I had experience of both sides of the coin – it was easier for me to realise the benefits of a close working partnership with the NHS Trust and YES. It’s natural that I have a close working relationship with the Director for Mental Health and Learning Disability and his colleagues.”
(Social Service Manager for Mental Health, Plymouth).

4. Has the relationship generated any partnership or joined up responses?

The Sainsbury Centre for Mental Health was commissioned to conduct a local needs analysis, using the Health of the Nation Outcome Scale (HoNOS), to look at the total population’s mental health needs in Plymouth. Further to this, an audit of people with psychosis was conducted across the age range.

The research findings from the needs analysis and audit showed that young people under 30 were not engaging with statutory mental health services. These findings were also backed by anecdotal evidence provided by YES and MIND reporting that young people who were psychotic were approaching them for help.

In July 2000 the Insight-Early Intervention Service (EIS) opened for young people aged 16 to 25 experiencing their first episode of psychosis. The project was located in YES after being awarded Health Action Zone (HAZ) Innovations Funds.

4.1 Why did statutory mental health services in Plymouth think YES was the most appropriate provider for the Insight-EIS?

The findings arising from the Sainsbury needs assessment and the audit had highlighted some key issues that needed to be tackled with regard to young

people’s mental health needs in Plymouth. These included a number of concerns about young people’s access to services generally and more specifically, to the appropriate level and type of provision. It was found that young people were not engaging well with services and the stigma attached to psychiatric services was affecting use. Psychosis often does not develop until a young person is about 16 and near to the cut-off age for Child and Adolescent Mental Health Services (CAMHS). The impact of transitional problems between (CAMHS) and Adult Mental Health Services results in young people not being able to access the appropriate level and type of service they need.

The unanimous view of the interviewees was that there existed a widely shared confidence and trust in YES amongst other organisations, young people and the community of Plymouth. YES is a street-level agency with a range of services under one roof for young people aged 13 to 25 in Plymouth and the surrounding villages. Young people can access counselling, information and support, child advocacy, a mentoring scheme, personal development, sexual health advice and an appropriate adult scheme offered in a holistic, young person-centred framework.

YES is widely recognised as a service that is accessible and engages young people.

“It has always been part of YES’s philosophy, right from its beginnings, to engage and provide accessible services to young people. The Insight-EIS needed to be based in an environment that is responsive to young people, meets their needs and provides a welcoming and young person-centred environment, not a mental health one.”
(Executive Director, Plymouth, YES)

The statutory interviewees felt that there was either little or no stigma attached to going into a service like YES; for example you could be just popping in for a coffee or for some sexual health advice.

It was hoped that in the future the Insight-EIS may be able to provide a bridge across the transition problems that 16 to 25 year olds face trying to access

age-appropriate services, thereby creating a seamless service not restricted by age.

“If a young person went to Insight-EIS at YES and did not have psychosis, they would still be able to easily access other parts of the service, if they needed or wanted to. However, in the NHS they would not be able to offer the young person another service and would just say sorry we can’t help with anything else.”

(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

The Insight-EIS can be accessed by any 16 to 25 year old via Primary Care, the YES counselling service or by a young person walking in off the street or making contact through outreach workers. The Insight-EIS additionally benefits from YES’s ability to work with a range of needs and with young people in distress, who do not fit into the diagnosis framework.

“Because it’s provided on an informal basis and not reliant on GP referrals, we hope that those young people detached from formal networks will find an easier pathway to access the service and it will not be seen as big brotherish.”

(Social Services Manager for Mental Health, Plymouth)

4.2 How does partnership working tackle these concerns?

“The focus is on developing a service committed to young people and delivered by people committed to young people and not developed from a purely clinical point of view, which YES can provide.”

(Social Services Manager for Mental Health, Plymouth)

For those young people using the Insight-EIS, Community Services NHS Trust were able to parachute in staff who could access quickly and easily health care management services across both Social Services and Health. The Trust brought in an Occupational

Therapist, a Psychiatrist, an Education and Community Psychologist and a Community Psychiatric Nurse. This resulted in a multi-disciplinary team comprising voluntary and statutory staff working together in a Voluntary Sector agency, managed by YES and able to access successfully statutory care services.

5. Has working together had any impact on young people’s mental health in Plymouth?

“It is hoped that earlier access should provide the opportunity of recovery as an option and enable a young person to feel more intact in terms of their personality.”

(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

Usually a young person’s first experience of psychosis results in them being detained under the Mental Health Act (1983) and being forced to accept medication – often against their will. The Insight-EIS was established to provide access for young people before their first psychotic episode and to improve their long-term outcomes.

“We hope it will prevent young people from being defined as psychotic patients rather than young people. We want them to be protected from the reductionism of the medical model.”

(Executive Director, YES)

“What is important here is the person not their age and how we provide the Insight-EIS. The age divide for young people with psychosis is artificial. The Government definition for working age adults can either be 16, 18 or 21 for those in college. If a young person develops psychosis this is a very muddy area if you are 16 or 18. What was needed was a service, which was not hung up on the problem of age. YES was the ideal location because it does not operate these age limits and works very well with young

people up to 25.”

(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

- **The long-term gains**

The Trust hopes to build a model that will influence how mental health services in Plymouth are developed over the next 15 years. The Insight-EIS's long-term objective is to improve young people's mental health so they do not become part of the current problem of people caught up in the revolving door syndrome. If successful, it is hoped Plymouth will see a significant decrease in this problem. There is however, some concern expressed by the Trust that attention will focus on the short-term, rather than the long-term gains of the Insight-EIS.

- **Breaking down stigma**

“It is anticipated that young people may feel less disabled by their mental illness compared with the way that young people with schizophrenia can be alienated and feared by society. Setting up the Insight-EIS in YES may at the same time hopefully increase other young people's awareness of mental illness and contribute to breaking down the fear and stigma that these young people are not mad, axe-wielding people, as widely portrayed.”
(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

- **Relieving the burden**

The Insight-EIS has relieved a small, but significant burden on mental health services by currently picking up approximately 15 to 20 young people in crisis. It is unlikely that the Insight-EIS could be described as providing value for money at the moment. However, in the longer-term the potential decrease in the numbers caught up in the revolving door syndrome combined with the benefits of young people being less stigmatised by their mental ill-health may provide considerable added value.

“We hope this will prove to be a more effective way. Less expensive in the longer term and can demonstrate better outcomes for young people who are treated holistically in their environment in a person-centred way rather than a problem-centred way.”

(Executive Director, Plymouth YES)

5.1 How are the perceived characteristics of the EIS different from those of the statutory sector mental health?

All the interviewees thought that young people would not see the Insight-EIS as an institution. As a service based in a shop-front setting in the centre of Plymouth on all main bus routes, it provides informal access.

“YES is not seen as a statutory agency, because of this it is perceived as being a part of youth services. It is not seen in the same way as Social Services is. A young person can go to the same service that is offering the Insight-EIS to get a condom. YES is recognised as a place that young people go for a chat, a cup of coffee, for counselling, sexual health or a variety of other reasons. It is seen as an accessible resource and a safety net outside the statutory framework.”

(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

6. How does working together fit with central and local government strategies and initiatives?

“YES is constantly thinking about better ways of meeting young people's needs. Central Government policy was the trigger to get on with it.”

(Social Services Manager for Mental Health, Plymouth)

The NHS Plan states that all areas should establish an EIS.³ Plymouth had conducted the needs assessment, identified the need and responded to it with the Insight-EIS ahead of the NHS Plan guidance.

“We were already working in partnership with each other, the policy reinforces that. The National Service Framework (NSF) for Mental Health reinforces what we have already done. The partnership was in place and people were working together.”

(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

In Plymouth, the Voluntary and Statutory sector partnership was already in place. The NHS, Social Services, Hostels, Housing Associations and the Voluntary Sector were all working together on joint initiatives. The potential for the service existed before the HAZ – the HAZ funds made the idea possible. The local Mental Health Forum, made up of local mental health users, their representatives and the relevant statutory and voluntary groups were all brought together to discuss the EIS project. The HAZ brought people together and provided a platform to collaboratively develop initiatives, like the Insight-EIS.

“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 for Mental Health, Plymouth)

The key to gaining universal support for the Insight-EIS was the commitment to work together combined with the personalities able to make things happen. Everyone working with young people was involved in

the commissioning process and all willingly signed up to the project and working together (also an expectation of the HAZ bidding process). These factors secured the partnership. The commitment to partnership working between the Health Authority and the Local Authority was also described as having a significant impact on the overall process.

“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 Insight-EIS 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 Services NHS Trust)

7. Conclusion

“The key people were open and had appropriate power and influence to get other people on board, as well as a commitment to ensuring services were placed with the most appropriate provider. The success of the Insight-EIS was very dependent on the people involved, their personal characteristics, commitment and a willingness to challenge boundaries as well as an established foundation of trust in YES. The foundations were in place for partnership working to work.”

(Executive Director, Plymouth YES)

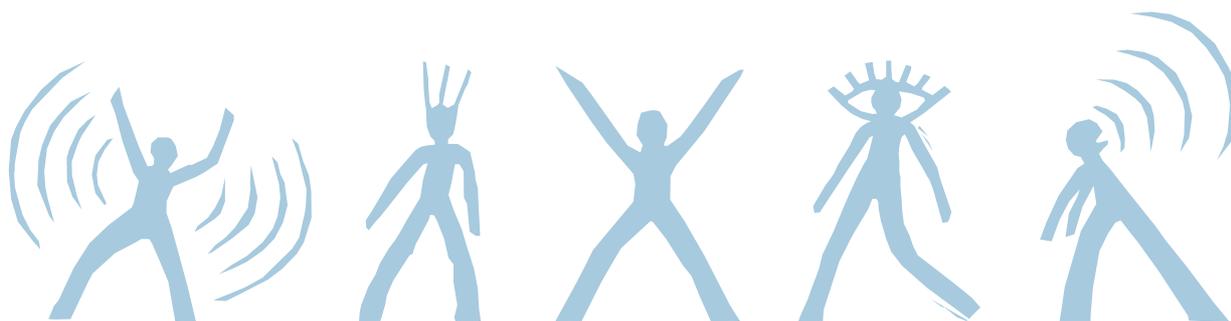
³ (NHS Plan p119, section 14 point 30)

There was also recognition of each partner's limits, the balance between giving up power and resources and the statutory responsibilities to young people that could not be relinquished.

“There were perceived barriers that did not materialise, for example that CAMHS wouldn't support the EIS, or fears that the service would be flooded which were unfounded.”
(Director for Mental Health and Learning Disability, Plymouth Community Services NHS Trust)

KEY ELEMENTS TO PARTNERSHIP WORKING IN PLYMOUTH

- YES is widely recognised as a service that is accessible and engages young people.
- The existence of a widely shared confidence and trust in YES amongst other organisations, young people and the community of Plymouth.
- Key players with previous experience of the benefits of a close working partnership.
- A shared concern about young people's engagement with mental health services and their access to the appropriate level and type of service.
- A focus on developing a service committed to young people and delivered by people committed to young people.
- A shared belief that Insight-EIS needed to be based in a welcoming environment that is young person-centred and responsive to their needs.
- A shared aspiration that earlier access can provide the opportunity for recovery and improve long-term outcomes.
- A shared hope of building a model able to improve the mental health of the Insight-EIS user-group and influence the development of mental health services.
- Previous and current experience of working together on joint initiatives.
- A commitment to working together and meaningfully involve all the stakeholders.
- Everyone working with young people involved in the commissioning process.
- A willingness to maximise the potential of central Government initiatives to develop and deliver local services.
- Getting the key personalities on board.
- A rejection of empire building and self-interest.
- The commitment to partnership working between the Health Authority and the Local Authority.



The Hackney Case Study

1. About Hackney

The London Borough of Hackney covers a total of 1,970 hectares, stretching from Liverpool Street in the south to Stamford Hill in the north and from the River Lea in the east, across to Finsbury Park, including part of Islington to the west. It comprises the areas of Hackney, Shoreditch and Stoke Newington, originally separate municipal boroughs, which were amalgamated in 1965 to form the London Borough of Hackney.

The 1991 Census showed Hackney as having 192,900 residents and a relatively young population compared with Inner and Greater London. Hackney also has a very high number of households with three or more children, which at over 5,000 is the third highest in London.

Hackney is ranked as the UK's most deprived borough with 43% of school age pupils eligible for free school meals. It also has the highest level of lone parent families in the UK – 8.4% of the population compared with Greater London at 4.8%. Nearly 6 out of 10 of these families are not economically active. Two thirds of households have a gross income of less than £10,000 per year and 62% of households do not have access to a car.

Hackney's population is very diverse with close to 50 per cent of the population belonging to black and ethnic minorities, including significant numbers of people from Black Caribbean, Turkish and Orthodox Jewish communities. This very diverse range of communities means that over 40 different home languages are spoken. Hackney also has a high level of refugees and asylum seekers with estimates of the size of this community being at least 16,000 people.

One quarter of all those unemployed in Hackney are aged 16–24 years old. Seventy five percent of young black men in this age group are unemployed. Thirty three percent of all reported crimes involve young people under age 17 and young people account for approximately 16% of known burglaries, 16% of sexual offences and 5% of domestic violence.

Mental health services for the Borough are a diverse mix of Statutory and Voluntary Sector providers. Health Authority figures show between 8,000–9,000 children and young people with mental health issues and nearly 4,300 young people experiencing moderate to severe mental health difficulties. Hackney also has one of the highest admission rates to psychiatric hospitals in the UK, with young black men under 25 years being disproportionately represented. Hackney has high levels of morbidity and has more people with disabilities than most other London boroughs, with nearly 10,000 households having at least one member with a disability or long term illness.

2. The interviewees

Those interviewed for the Hackney case study included the Health Promotion Manager (Mental Health Lead for the National Service Framework (NSF) Mental Health Standard One), Head of Schools Plus, Hackney Education (Connexions Lead, co-ordination of planning for children and young people's services) and the Director for Off Centre, Hackney.

3. The relationship

In Hackney, relationships between the interviewees have existed over a period of ten years. The relationship has had different elements over this period: advisory, consultancy and previous management committee involvement at Off Centre.

“Current contact with Off Centre has been through the Children and Young People's Joint Executive Team (JET). Invitations have been extended to Off Centre to attend Health Action Zone (HAZ) and Health Improvement Programme (HImP) meetings.”

(Health Promotion Manager, Hackney)

The Head of Schools Plus has worked for the London Borough of Hackney for the last 10 years and for the last 7 years has been a member of the JET for Children and Young People on which Off Centre is also represented. The Head of Schools Plus has commissioning responsibilities and co-ordinates the existing Children's Plan and policy, together with responsibility for the local Connexions strategy. Current contact with Off Centre exists through the Children and Young People's JET and shared consultancy on the development of policy and practice with young people.

4. Has the relationship generated any partnership or joined up responses?

“Hackney has been characterised by turbulence, change and restructuring. It's both comforting and supportive that the counselling work continues in Off Centre. Adolescent mental health is a neglected area – sharing ideas in partnership can generate different responses to young people that can be both helpful and important.”
(Head of Schools Plus, Hackney)

Off Centre is highly regarded and respected in the Borough. The organisation has considerable experience of working with young people, is in constant demand and considered to be very responsive to young people's needs.

The agency provides a number of services under one roof including information, outreach, personal support, advice and a counselling and therapy service. A range of counselling is offered, including psychodynamic, humanistic and person-centred, psychotherapy and art, drama and family therapy.

Off Centre described the difficulties they experience disseminating information about their work with young people across the Borough.

“It's become difficult to know which forums to do it through anymore due to the current problems the Borough of Hackney faces, which have contributed to the dismantling of current partnership structures. We anticipate being involved in new ones but this will take some time.”
(Director for Off Centre, Hackney)

Off Centre has worked in collaboration with the Health Authority to establish new posts including a 'fast-track' response to 13 to 17 year olds who self-harm and are seen at the Homerton Accident and Emergency Department. The post was set up to provide more patient choice and to prevent young people being discharged without support after a suicide attempt.

“As part of the mental health promotion strategy Off Centre has produced suicide prevention information for use in schools.”
(Health Promotion Manager, Hackney)

A partnership between Education and Off Centre has developed through the exchange of ideas and this has impacted on the development of local policy and planning.

“I have been informed by Off Centre about some of the planning I have done with regard to the closure of a special school. I needed to look at the referral procedures. I was able to seek advice from Off Centre about the clinical impact on referrals and issues of how referral procedures can impact on social exclusion. We have created partnership through the exchange of ideas which have influenced policy and planning and have generated a different response to young people's referrals in Hackney.”
(Head of Schools Plus, Hackney)

5. Has working together had any impact on young people's mental health needs in Hackney?

“Off Centre has a persona of being very different from somewhere like the Tavistock. It has an overall feeling of not being stigmatising and professionals refer with confidence. They have a lot of experience of working with young people particularly with regard to providing counselling and self-harm work. The Service is very responsive to young people and does not have that hard-end psychotherapeutic image. Unfortunately because Off Centre doesn't have the status of a child and family centre, it can't attract the core funding it needs, despite its good work.”
(Head of Schools Plus, Hackney)

Off Centre's contribution to the Healthy Schools Initiative has resulted in a joint piece of work with the Samaritans and Hackney schools. The joint work resulted in accessible information for PSHE lessons on suicide, depression and stress, including making contributions to the curriculum to better inform teachers carrying out the PSHE classes.

“Off Centre, is in demand, they also have a waiting list. They see a lot of black people in the Borough and are a very well regarded organisation in Hackney generally.”
(Health Promotion Manager, Hackney)

The London Borough of Hackney is in financial crisis, and this has created a general view among interviewees that it is hard to adequately assess the impact of work with young people at the present time. This is because the structures for coming together during this turbulent period are not operational and contact is predominately driven by the need to find more savings.

“The Local Authority tell us how very good the work at Off Centre is and how much they like the work we are doing, but unfortunately are unable to fund us to an appropriate level, similarly, the PCT feel unable to contribute to core costs.”
(Director for Off Centre, Hackney)

• **Is counselling accepted as an intervention in Hackney ?**

The view of counselling in the Borough is mixed. It is either seen as an intervention that is needed and should be funded or as controversial. There is a need to clarify the meaning of counselling as distinct from using crisis listening skills or mentoring.

“I don't know – I know it's controversial. Some people value counselling and some don't.”
(Health Promotion Manager, Hackney)

• **It's in short supply and there is no specific funding stream for it –**

“I think it is valued, but it is in very short supply. It all depends on the definition of counselling. There isn't a specific funding stream for counselling. Perhaps the Personal Advisor will

establish cohesion with regard to access to provision. There needs to be clearer distinctions between what is listening, mentoring, counselling, counselling skills, etc.”
(Head of Schools Plus, Hackney)

• **Demand exceeds supply – do you have to convince funders of the effectiveness of counselling as an intervention?**

“Yes we do. Our services are really well used and demand exceeds supply, particularly for counselling and psychotherapy. We get a lot of referrals from professionals, as well as parents and young people who want the service. Young people's feedback to us produces clear evidence of the effectiveness of the work. We do have a hard time convincing funders that counselling can produce lasting tangible outcomes. Some funders see our work as solely the responsibility of statutory funders. Others do not see counselling/therapy as activities that can help to meet their specific agendas, for example, getting young people into jobs. However, capacity building, recovery from trauma, increased confidence, raised self-esteem are all outcomes associated with counselling and help young people prepare themselves for independence.”
(Director for Off Centre, Hackney)

6. **Have central or local government initiatives had any impact on working together?**

The Mental Health Leads in Hackney are attached to the Mental Health Trust (open since April 2000), but experience of making contact had not been fruitful. It is hoped that new structures and delivery plans for CAMHS will change this.

The National Service Framework (NSF) for mental health has had no impact yet in Hackney.

“Not yet– but there will be. Hopefully the Mental Health Advisor should start getting the promotion off the ground and hopefully that will bring in organisations like Off Centre.”
(Health Promotion Manager, Hackney)

Additionally, the whole focus for young people's mental health needs has slipped, despite the many agendas and local initiatives.

“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)

The HAZ idea of breaking down the barriers is seen as worthwhile and a good idea, but there is insufficient funding available.

Hackney had seen pieces of work completed in relation to the Children Plan and local HImP and part of the HAZ monies are currently being used to conduct a mental health needs assessment of local young African and Caribbean people. However there was concern to maintain the work arising out of these initiatives and ensure the continuance of good quality services to young people in Hackney.

“A lack of continuation funding generates terrible instability when planning services to respond effectively to need. 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)

The Healthy Schools Initiative is seen as being on the right track, but it needs to ensure that:

“It includes creating an environment that is listening to young people and is conducive to their needs.”
(Head of Schools Plus, Hackney)

7. Conclusion

“Things are compartmentalised. Dissemination is very difficult. Social services have just changed their structure again. It might be more effective to work together using the tier 1 to 4 framework model.”
(Head of Schools Plus, Hackney)

A number of specific barriers were identified in Hackney. The continuing financial crisis has inhibited planning and joined up thinking and led to the lack of recognised structures to effectively disseminate information about work with young people's mental health. The inability to attract core funding without statutory status and the lack of continuation monies impacts on the provision of quality services. The uncertainty and consequent low morale in Hackney combined with continuously changing structures and the discontinuity of a joint planning structure were not conducive to building partnerships. Attempts to meet with the Health Authority Mental Health Leads had been unsuccessful.

“The continuing financial crisis in Hackney makes it hard to find meaningful and new ways of joint working with the Voluntary Sector.”
(Health Promotion Manager, Hackney)

The financial crisis in Hackney has impacted adversely on the joint planning structures.

“Difficulties are compounded because the joint planning structures should go through cycles. What is currently happening in Hackney undermines these things. Some developments are inevitably not thought through. Emotional and behaviour needs are being lost in all these initiatives.”
(Head of Schools Plus, Hackney)

The current situation hinders providers like Off Centre in their work with young people's mental health needs. This is despite Off Centre being seen as a good alternative to the mainstream.

Interviewees felt that good partnerships required flexibility and an understanding of people's roles and responsibilities without professional status and jargon getting in the way.

KEY ELEMENTS TO JOINT WORKING IN HACKNEY

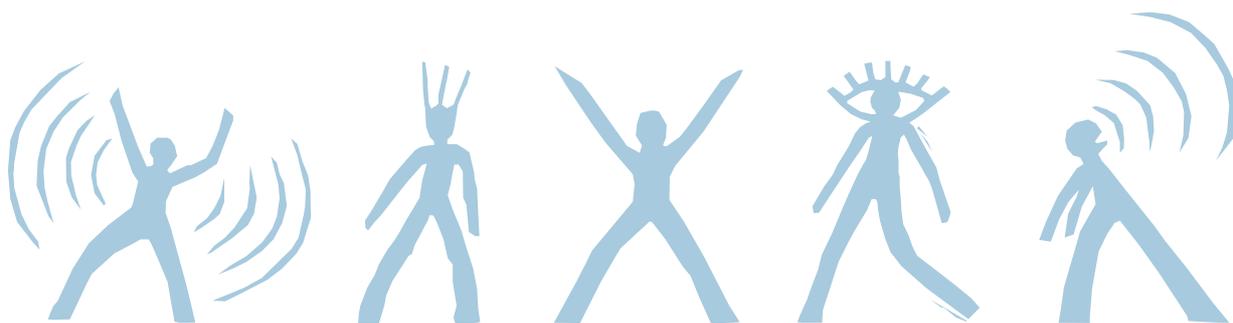
- Off Centre is highly regarded and respected in the Borough and has substantial experience of working with young people.
- Off Centre has considerable experience of providing counselling and self-harm work.
- Off Centre is seen as a non-stigmatising service and professionals refer with confidence.
- The Service is in constant demand and considered to be very responsive to young people
- Sharing ideas in partnership has generated significant responses to young people.
- The exchange of ideas has influenced policy and planning and generated a different response to young people's referrals.

BARRIERS TO JOINT WORKING IN HACKNEY

- The current financial crisis in Hackney
- The mixed views of counselling.
- A need for clearer distinctions between counselling, counselling skills, crisis listening skills and mentoring.
- Absence of a specific funding stream for counselling.
- Current initiatives and agendas that do not specifically or adequately focus on young people's mental health.
- A lack of continuation funding, generating instability in planning services.

• **Postscript**

“Since completion of the case study, there have been a number of promising developments within the London Borough of Hackney, the Health Authority and the Voluntary Sector. These include the establishment of the Health and Social Care Partnership Board, the new Mental Health Trust and the City and Hackney Primary Care Trust. Partnerships for Connexions, the Children’s Fund and the Community Legal Service have also been established. In my role as Director for Off Centre, I am involved in these new arrangements for joint planning and represent the Voluntary Sector on the Children’s Board, the local Management Committee for Connexions and the Teenage Pregnancy Steering Group. There is involvement also in the DAT, the development of a strategy for CAMHS, the Community Legal Service, Mental Health Promotion work in schools and the development of the HImP.”
(Director for Off Centre, Hackney)



The Newcastle Case Study

1. About Newcastle

Newcastle is at the heart of the North East Region and the Tyne and Wear conurbation. The population of the city is 279,500 people, of which there are approximately 62,1000 15 to 25 year olds.

The index of local deprivation (1997) showed that of the 354 districts of England, Newcastle upon Tyne ranks ninetieth as the most deprived local authority district with regard to unemployment, receipt of benefits, mortality rates, low educational achievement and crime amongst other indicators. The differences between the most and least disadvantaged communities within Newcastle is extreme with the West City ward being one of the most deprived.

Newcastle upon Tyne had the second highest percentage of 16 year olds (DETR 97) 16.3% with no GCSE passes. Illegal drug misuse is an increasing problem. The gap between the better off and the less well off has widened over the last two decades and Newcastle has fared badly in this respect.

In 1997/1998, 2051 people in Newcastle made applications to the local authority because they were homeless. One third of the applicants were made homeless due to parents, relatives or friends no longer willing to accommodate them. Of the 725 people admitted to temporary accommodation, 18% had drug or alcohol related problems and 185 mental illness. Mental health problems, particularly schizophrenia, are common among homeless people in Newcastle. Anxiety, stress-related problems and emotional distress and depression are very common and appear to be particularly prevalent amongst young homeless people.

2. The interviewees

Those interviewed for the Newcastle case study included the Assistant Manager, Newcastle Primary Care (Mental Health Lead on Children and Young

People's Services), Adolescent Psychiatrist, Newcastle (voluntary relationship with Streetwise) and Project Worker, Streetwise, Newcastle (responsible for providing counselling services).

3. The relationship

In Newcastle, the history of the joint working relationship has different strands, including the coming together of Streetwise and the Primary Care Group (PCG) at the Newcastle West Primary Care Group (NWPCG) Mental Health Sub-Group. Advice, support and consultancy are offered to Streetwise from a local Adolescent Psychiatrist (in a voluntary capacity). The NWPCG are responsible for leading on service planning for children and young people in Newcastle West.

“I’m a voluntary representative on the management committee of Streetwise providing management support and advice, as well as consultancy. All in a voluntary capacity. The Young People’s Unit wouldn’t be able to support this in work time.”

(Adolescent Psychiatrist, Newcastle)

The relationship between all three interviewees has been affected by staff changes. The Adolescent Psychiatrist replaced a former psychiatrist from the Young People’s Unit (CAMHS), who previously offered consultancy and advice in a voluntary capacity to Streetwise. A previous joint working relationship developed between a former Primary Care Counsellor who along with Streetwise attended the Black Mental Health Forum.

A joint working relationship was re-established when the NWPCG extended an invitation to Streetwise to join the Mental Health Sub-Group. The overall aim of the Mental Health Sub-Group was to look at mental health needs in the City and report their findings back to the larger Primary Care Group in Newcastle.

4. Has the relationship generated any partnership or joined up responses?

“There is little working together with regard to agreeing the scope for provision for young people’s mental health.”

(Assistant Manager, Newcastle Primary Care)

The NWPCG are concerned about young people’s mental health in the local area and have agreed that young people are a priority. They have established a Healthy Network bringing Social Services, the Careers Service, Housing Associations and local projects together. The NWPCG lead on the CAMHS Multi-Agency Group and the Adult and Young People’s Health Strategy Group. The Strategy Group evolved from a need to support coalface staff working with young people, on restricted and/or limited short-term funding.

The Adolescent Psychiatrist in his role at the Young People’s Unit (YPU, CAMHS) has responsibilities for the development of district adolescent services for young people aged 13 to 19 through the development of clinical work and consultancy with Health, Social Services, the Voluntary Sector, the Education Department and residential care. It does not include his voluntary role with Streetwise.

The Black Mental Health Forum, which Streetwise and the PCG counsellor attended, identified two key concerns for black people in Newcastle. This included reports of difficulties in accessing counselling services either directly or via their GP and also a lack of local black counsellors. In response, a pilot project (funded by the Kings Fund) was set up in a counselling service in a Minority Ethnic Centre in Newcastle.

“The project was set up and managed against Streetwise’s advice. In such a way that the service was just an add on to an adult service and not a service that could cater specifically for the needs of young people. Streetwise continued to support the initiative for adults as it showed satisfactory outcomes for them. Streetwise was unhappy to be part of a service that could not provide the same level of confidentiality and accessibility that

Streetwise provides to all young people accessing its services. As an alternative, Streetwise made available some outreach counselling and support sessions to young black people within schools and other youth settings.”

(Project Worker, Counsellor, Streetwise, Newcastle)

Young people were not accessing the pilot service for a number of reasons. These were already known to Streetwise from their substantial experience of working with young people. Furthermore, young people had to access the service via an answer machine and as the service was based in an adult centre, young people came into contact with family members or family friends. The service was unable to provide the traditional level of confidentiality offered in young people’s services, or the immediate response that Streetwise believes is necessary to enable young people to access services.

Both Streetwise and CAMHS said they have little or no contact with local Mental Health Commissioners.

“There are certainly lots of perceived gaps that lots of young people fall through when you talk to Streetwise or Social Services. There is no true multi-agency working and there are no seamless services in this area.”

(Adolescent Psychiatrist, Newcastle)

5. Has working together had an impact on young people’s mental health needs in Newcastle?

“I have certainly met with the Health Authority and discussed perceived needs. There is a massive perceived need for substance misuse services, but when they are established young people are not using the services. Why? Because the issue is a developmental one. Young people address these issues in different ways. You can’t force them to work with an issue they don’t want to work with. You also can’t force young people to use a service they don’t want. Working with young people’s mental health issues is a continuous adaptation.”

(Adolescent Psychiatrist, Newcastle)

It appears that young people are not being encouraged to use other services. Some staff at the YPU CAMHS will tell young people about Streetwise, but not actively refer them.

Streetwise has held focus groups to establish what young people need. Apart from a needs assessment carried out three years ago, there is little joint working around assessment, referral and the impact of services on young people's mental health needs. Streetwise has identified a need for improved access to specialist staff, such as a dual diagnosis worker in the organisation.

“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)

The NWPCG describe a number of groups of young people who they are concerned about, including those who have drug and alcohol problems and young people leaving care.

“They are not accessing services. There are issues about how to reach these young people. We are trying things like the nurse, but we are not aware of other projects we could access for information about this work. Projects in our area say they have been doing work with young people for years, but how do we know what they are doing when there is no common consensus about the services being provided.”
(Assistant Manager, Newcastle Primary Care)

5.1 Is counselling accepted as an intervention in Newcastle?

There is no common consensus about what counselling is:

“On the young people's strategy group there are a number of groups who provide counselling, or

counselling skills work, but there is no common consensus of what counselling is about or that certain kinds of counselling are more specific to young people. We know that young people do not use their GP to access services and that they are not accessing services. We are beginning to develop a local strategy to look at this area. We haven't had the discussion/debate about counselling services specifically for young people, but we are beginning to have it.”
(Assistant Manager, Newcastle Primary Care)

The NWPCG thought that mental health staff working with young people probably felt that they have the same skills as counsellors and that outcomes are probably the same. The NWPCG did not have access to, nor were aware of, any information about counselling definitions or services specifically designed to meet the needs of young people.

“We don't know about these different definitions of counselling, counselling skills, crisis listening or characteristics of young people's services. A mental health practitioner in primary care, like a school nurse who provides a drop-in and outreach service locally, is providing counselling skills work. She believes it to be very effective and would expect the outcomes to be the same.”
(Assistant Manager, Newcastle Primary Care),

Some psychiatrists in the YPU CAMHS are supportive of counselling as an intervention, but the views of other psychiatrists in other sections of the Unit are less clear.

“My Unit is supportive of counselling for young people. I don't know exactly what model they use at Streetwise, but I don't exclude any model in my work with young people. I am very eclectic. I use cognitive, psychoanalytic, solution-focused, and just what is right at the time for that young person. I don't have a biological view of mental health. I won't exclude anything that might help, even shiatsu.”
(Adolescent Psychiatrist, Newcastle)

Streetwise did not initially offer counselling as a service. It has evolved as a response to meeting the needs of young people accessing the service.

“Streetwise uses a youth work model to define its services, based on young people being able to make informed decisions about their lives, as well as explore the issues that are most important to them. The organisation does not offer a discrete counselling service. Workers are employed generically to provide information, advice and counselling. However, because of this history it is not a requirement at present to be a trained counsellor.”

(Project Worker – responsible for providing counselling services, Streetwise, Newcastle).

There is a tension in Streetwise about providing counselling in a youth work setting. The tension is described as a pull between different needs and priorities as a result of restricted resources and different views about what counselling is. The dilemma is whether it is more effective to provide drop-in crisis work for young people or longer-term work like counselling. In some youth work settings Streetwise felt counselling is misunderstood and often described simply as listening. In these circumstances it is unlikely that the staff member providing the ‘counselling’ is a qualified and trained counsellor.

“Streetwise is in a transition about creating a counselling service that is distinct from the rest of the service for young people. There is a tension with mixing the counselling service with the youth work profession. This is a tension between the provision of counselling skills provided by trained youth workers and the provision of counselling provided by trained counsellors. We use BAC guidelines but do not have a discrete counselling service and the desirable clear boundaries because of this tension. We need to move to a position of having a distinct counselling service at Streetwise. We have agreed to use the Youth Access standards but their implementation has to be planned and will involve organisational time and change.”

(Project Worker – responsible for providing counselling services, Streetwise, Newcastle).

6. Have central or local government initiatives had any impact on working together?

NWPCG said it is the Health Authority’s responsibility to lead on the implementation of the National Service Framework (NSF) for mental health. Newcastle is in a Health Action Zone (HAZ) and the Voluntary Sector have been involved in and consulted on the local Health Improvement Programme (HImP).

“We get a lot of Government directives, but nobody is really asking young people what they need and what they want. In Newcastle, people have their own agendas. I want to get the Voluntary Sector together with statutory mental health services so we can talk about what is really needed. Government has just made available some money for tier 4 services at the Young People’s Unit, (CAMHS) but we don’t need tier level 4 monies for young people. Most young people don’t want to see a psychiatrist for a start. What are we doing forcing young people into services they don’t want or we think they need?”
(Adolescent Psychiatrist, Newcastle)

7. Conclusion

“There is still so much de-mystification work to be done in Newcastle around medicine and psychiatry in general, and an organisation like Streetwise who works with young people with mental health needs. They engage with young people – this works, what is the problem?”
(Adolescent Psychiatrist, Newcastle)

The interviewees in Newcastle pointed to attempts to come together at meetings, but on the whole described an environment where little joint working takes place. There is tension and uncertainty about what counselling is and what services for young people do.

“I’m not aware of any Health Authority Mental Health Lead. I don’t think the local Primary Care Groups know exactly what services young people are getting.”
(Adolescent Psychiatrist, Newcastle)

The tension and misunderstanding about what counselling is, does not just exist across organisations that may not be familiar with the work. It also exists inside organisations that are providing mental health services to young people, both in the voluntary and statutory sector.

“It would help if there was a statutory requirement to be registered as trained counsellors to dispel the myth that counselling skills are the same as offering therapeutic counselling. It is also important to be clear about the distinction between counselling with young people and youth work. There needs to be a widespread debate about counselling within Youth Services.”

(Project Worker, Counsellor, Streetwise, Newcastle)

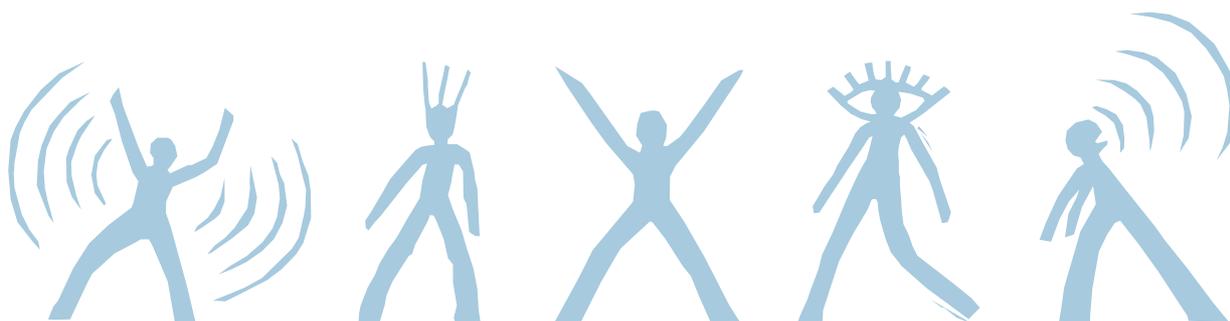
• **Postscript**

“Since this interview Streetwise has created a discrete counselling service managed by a registered senior counselling practitioner (UK Register of Counsellors) and also a discrete youth work service, which will be managed by a senior youth work practitioner. Each service is valued and respected in its own right and can access specifically allocated resources to create and develop effective counselling and youth work provision.”

(Senior Counselling Practitioner, formerly Project Worker, Streetwise, Newcastle)

BARRIERS TO JOINT WORKING IN NEWCASTLE

- A lack of working together to agree the scope of provision for young people’s mental health.
- The lack of shared understanding of how services need to be provided for young people.
- The lack of contact with local Mental Health Commissioners.
- The absence of effective multi-agency working.
- A lack of knowledge of what young people’s mental health services are providing.
- Lack of knowledge about sources of information about young people’s counselling services.
- A lack of consensus about counselling, counselling skills, crisis listening and youth work.
- A lack of consensus about asking young people what they need and want.



The Croydon Case Study

1. About Croydon

Croydon is an outer London Borough with wide variations. It has areas of urban deprivation with high levels of crime, as well as more affluent suburban areas. It has a population of approximately 334,000 (1991 Census) and is growing at a faster rate than the average outer London borough. Compared to the national average, the local population has a much higher proportion of minority ethnic communities, mainly Asian, African and Caribbean people. They make up approximately 20% of the local population. There are wide gaps in health indicators across the Borough. Croydon has one of the highest child and adolescent populations in London. It is estimated, using the Rutter et al (1974) estimation, that approximately 4,000 children and young people in Croydon have moderate to severe problems with a further 7,000 to 8,000 experiencing mild mental health problems.

2. The interviewees

Those interviewed for the Croydon case study included the Clinical Services Manager, Croydon, CAMHS, Consultant Child and Adolescent Psychiatrist (lead clinician), Croydon CAMHS and the Director, Off the Record Croydon.

3. The relationship

The history of how the partnership relationship developed in Croydon, had a number of different strands. These included established liaison across the sectors, attendance at joint meetings and working groups, plus a shared knowledge of the work of YIACS.

“We have also made a connection with the Voluntary Sector through one of the counsellors at Off the Record who has a clinical placement with us. This placement creates the opportunity to exchange ideas.”

(Clinical Services Manager, Croydon CAMHS,)

There has been considerable joint working within the Children and Young People’s Joint Planning Team (JPT) Mental Health Sub-Group, which is the main strategic forum on the development of adolescent services and young people’s mental health in Croydon. Over a period of 6 years a relationship between the Child and Adolescent Psychiatrist (lead clinician) from the Child and Family Team (Croydon, CAMHS) and Off the Record has developed and become closer in recent years. Regular contact has been established at the Children and Young People’s Mental Health Sub-Group meetings. There was already an overall awareness of the work and practice at Off the Record, particularly with regard to work with young people with mental health problems and self-harming.

“The Clinical Service Manager had a history of involvement with a YIAC in Essex, so there was real scope for joint working.”

(Director, Off the Record, Croydon)

4. Has the relationship generated any partnership or joined up responses?

Off the Record has twin aims of which one is to raise the awareness and profile of young people’s mental health needs in the Borough via meetings, forums and projects. Off the Record has been a member of the multi-agency Children and Young People’s Joint-Planning Team Mental Health Sub-Group from its

inception and serves as a representative of the Voluntary Sector on the Children and Young People's Network Group.

“Off the Record was developed with Department of Health London Initiative Zone monies. It was established as a direct access service for young people with more complex or enduring needs and as an alternative model to the traditional statutory model.”

(Director, Off the Record, Croydon)

The Mental Health Sub-Group identified a number of areas for CAMHS modernisation monies. These included a local mental health needs assessment and a multi-disciplinary project for tackling young people's mental ill-health in secondary schools.

■ **Secondary Schools Project**

This new initiative has been in development for six months and aims to support schools in meeting the mental health needs of pupils through consultancy, staff support and direct work with vulnerable young people, including young black pupils at risk of exclusion. A multi-disciplinary team was established and drawn from Health, Social Services and the Voluntary Sector. The team comprises a Programme Co-ordinator, Family Therapist, Educational Psychologist, Social Worker and a Specialist Minority Ethnic Worker seconded from Off the Record (who also has a clinical placement in Croydon, CAMHS). The project is managed through Croydon CAMHS, but with the staff employed through Health, Education and Off the Record. The project is overseen by an Advisory Group comprised of managers of the partner agencies.

“This is a new venture, which will test the benefits and tensions of multi-agency working.”

(Director, Off the Record, Croydon)

■ **Mental Health Needs Assessment**

The Mental Health Sub-Group identified the need for a comprehensive children and young people's mental health needs assessment to underpin the strategic planning for local services. It was agreed to use non-recurrent CAMHS modernisation monies. The needs assessment has been divided into two parts with the

Institute of Psychiatry undertaking a review of statutory sector services and Young Minds conducting a review of Voluntary Sector organisations.

“The Voluntary Sector review is in recognition of the key role played by Voluntary Sector services in addressing the mental health needs of children and young people in Croydon. Off the Record will act as the key contact point for the Voluntary Sector work.” (Director, Off the Record, Croydon)

Overall the needs assessment will provide a map of current Statutory and Voluntary Sector provision and will highlight areas of unmet need. The needs assessment findings will inform the Partnership in Action agenda of creating an integrated Health and Social Services CAMHS. The findings will also inform local strategic commissioning plans.

4.1 Is counselling accepted as an intervention in Croydon?

“Yes, we respect counselling as a method and have a positive view of counselling around the Borough.”

(Consultant Child and Adolescent Psychiatrist, Croydon CAMHS)

Counselling as an intervention is respected and seen positively by CAMHS, but this is less clear for Adult Services.

“Yes, certainly the availability of counselling as an early intervention is important partly because it doesn't contain that psychiatric stigma. There's no sign outside that identifies it as a statutory service.”

(Clinical Services Manager, Croydon CAMHS)

5. Has working together had any impact on young people's mental health in Croydon?

Croydon CAMHS and Off the Record have established a relationship based on confidence and mutual respect.

“We prefer young people to not get a psychiatric history and will refer young people to Off the Record because they are out of the loop and young people can have confidence in them. There is mutual respect for confidentiality – we do not follow up the referral.”

(Clinical Services Manager, Croydon CAMHS)

Croydon CAMHS refer young people to Off the Record, when a young person has misgivings about their services or because of the presence of parents. At Off the Record, a young person can access a well-trained counsellor to talk about their thoughts and feelings.

“There is a substantial possibility for the Voluntary Sector in Croydon to establish services to meet the needs of 18 to 25 year olds that adult services aren’t.”

(Consultant Child and Adolescent Psychiatrist, Croydon CAMHS)

The JPT Sub-Group was established to oversee all developments affecting children and young people’s mental health in Croydon, to contribute to policy development and to share information. Unfortunately, the Sub-Group is not well attended across all the sectors. While it is used as a forum for setting priorities and sharing information and ideas, there is an overall view that the Group needs to have stronger links, including with the Primary Care Groups.

“There is concern about how much authority the Group really has. Further up the structure, decisions are made quickly without regard for the consequences ... ”

(Director, Off the Record, Croydon)

6. How does working together fit with Government strategies and initiatives?

In Croydon, the National Service Framework (NSF) for Mental Health is seen as being for adults of working age only, and has taken the focus away from children and 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 NSF for Children and Young People we just haven’t got the leverage we need.”

(Consultant Child and Adolescent Psychiatrist Croydon CAMHS)

“The HAS report, ‘Together We Stand’ (1995) has added weight to multi-disciplinary working. It has generated a lot of good work. In Croydon, we have coterminous boundaries between the Local Authority and Health Authority which should aid joint planning and working but this isn’t always used to best effect.”

(Director, Off the Record, Croydon)

There is concern in Croydon about the lack of infrastructure funds available in modernisation monies.

“The problem with the modernisation monies is that we do not get infrastructure monies so the service is expected to respond as though it is three times bigger than it actually is. You cannot just add a bit on the outside without funding the centre.”

(Clinical Services Manager, Croydon CAMHS)

Sure Start is just starting in one ward, which Croydon hopes will be beneficial and effective.

7. Conclusion

“There needs to be equal access from the Voluntary Sector to decision-making.”
(Director, Off the Record, Croydon)

All the interviewees said that they have a fairly good joint policy and consultation structure, but do not have an operational forum. Without an operational forum, they are unable to prevent young people falling through the net or getting lost in the system. The

current forums have no resources to enable them to comment on or address these kinds of problems. For example, Croydon has a high number of young refugees. However, when a young traumatised refugee is feeling culturally dislocated and does not attend an appointment and then moves to another hostel in the Borough, no one knows what has happened to them. It is hoped that the forthcoming needs assessment will identify some of these gaps and unmet needs.

“If there was more money available to CAMHS and less empire building and a fairer distribution of power more could be done. The figures will tell us there is no difference between CAMHS and Adult Services except their services are three times as big.”

(Clinical Services Manager, Croydon CAMHS)

KEY ELEMENTS TO PARTNERSHIP WORKING IN CROYDON

- Croydon CAMHS and Off the Record have a relationship based on confidence and mutual respect.
- Croydon CAMHS respect counselling as a method and there is a positive view of counselling in the Borough.
- Off the Record has considerable experience of working with young people with mental health problems and who self-harm.
- A substantial history of established liaison across the sectors at strategic forums and working groups.
- A shared view of the importance of counselling as an early intervention.

KEY BARRIERS TO JOINT WORKING IN CROYDON

- Counselling is widely supported in Croydon but the view of Adult Services is less clear.
- A lack of strong links between the JPT Sub-Group and the Primary Care Groups.
- Inequality in access to decision-making forums for the Voluntary Sector.
- An inability to exploit joint working in an area with coterminous boundaries.
- A need for a fairer distribution of power and resources between CAMHS and Adult Mental Health Services.
- An equivalent NSF for Children and Young People.
- The impact of the lack of funds on joint working.



« breaking down the barriers »

Four case studies on partnership and joint working between young people's counselling services and statutory mental health services



further information on breaking down the barriers

- **Breaking Down the Barriers** project information sheets
- **Youth Access Key Evaluation Findings – 2001**
- **Four case study examples of partnership/joint working – 2001**
- **England-wide consultation on the Key Findings Paper – August to October 2001**
- **Breaking Down the Barriers** strategy launch – Spring 2002

Case study author:
Catherine Wilson,
National Development Manager –
Mental Health
Email: catherine@youthaccess.org.uk

© Youth Access 2001

Funded by:
The Department of Health
The Balcombe Trust

Price £5.50 (inc p+p)

Youth Access
1-2 Taylor's Yard
67 Alderbrook Road
London SW12 8AD
Tel: 020 8772 9900
Fax: 020 8772 9746
Email: admin@youthaccess.org.uk

Registered Charity No. 1042121
Company Limited by Guarantee No. 2967126
VAT Registration No. 477 9640 87