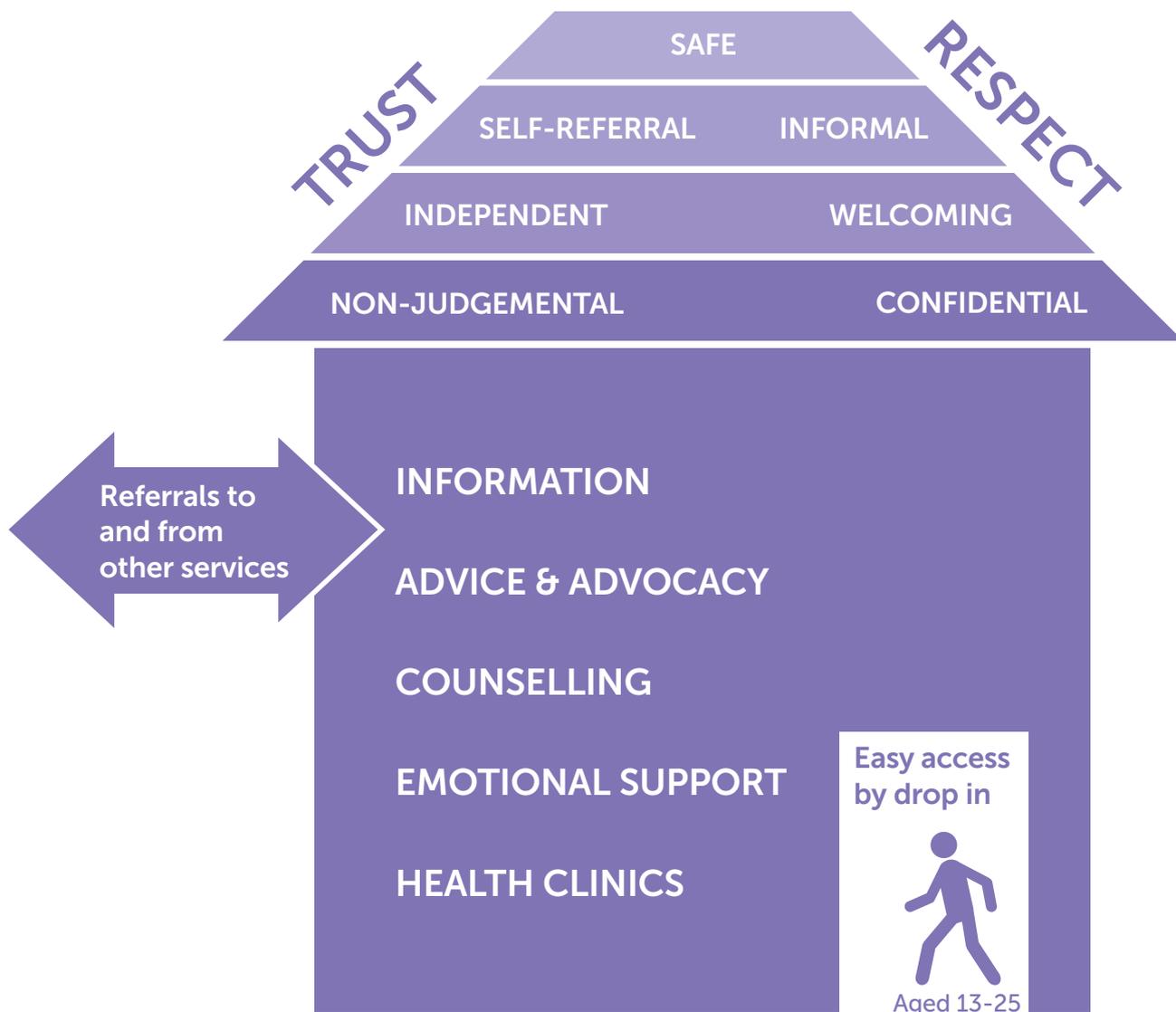


YIACS: an integrated health and wellbeing model

Youth Information, Advice and Counselling Services



youth
ACCESS

“YIACS provide a ‘one stop shop’ and young people like being able to access a range of services in this way.”

New Philanthropy Capital, 2008¹

Why are YIACS needed?

Unmet health needs

£4 TRILLION The cost of preventable health and social outcomes faced by children and young people over a 20-year period.²

Young people have experienced the least improvement in health status of any age group in the UK population over the last 50 years. Adolescence is a second critical opportunity to intervene.³

5 of the top ten risk factors for the total 'burden of disease' in adults are initiated or shaped in adolescence:

- 75% of mental illness in adult life starts before age 24.⁴
- 90% of lifetime smoking and 80% of lifetime alcohol or cannabis habits are initiated by age 20.⁵



“The moral and economic case for interventions to improve children and young people’s mental health and wellbeing has been known for some time”

Joint Commissioning Panel for Mental Health, 2013⁶

Unmet mental health needs

£59,130 The annual cost to the state of mental health problems in adolescence per young person⁷

Interventions that shorten the duration of episodes of mental ill-health in adolescence could prevent lifetime illness⁸

3 IN 4 young people with problem behaviours, anxiety or depression get no treatment⁹

The greatest gap between mental health prevalence and service use occurs amongst young people under the age of 25.

15 WEEKS The average waiting time for CAMHS¹⁰

Access to treatment and support is worsening and service providers report increased complexity and severity of problems among young people seeking services.

“The mental health needs of this diverse group are distinct from those of both children and adults...services and pathways which straddle the service transition period of 16-18 years, and provide services up to the age of 25, can help to overcome some of the barriers [to accessing services].”

Social Care Institute for Excellence, 2011¹¹

¹ *Heads Up: Mental health of children and young people: A guide for donors and charities*, Joy, I., et al., New Philanthropy Capital, 2008.

² *Early Action Landscape Review*, National Audit Office, 2013.

³ *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays*, Department of Health, 2013.

⁴ *Age of onset of mental disorders: a review of recent literature*, Kessler R.C. et al., *Current Opinion in Psychiatry* 2007; 20(4): 359.

⁵ CMO report, DH (2013) op. cit.

⁶ *Guidance for commissioners of CAMHS*, Joint Commissioning Panel for Mental Health, 2013.

⁷ CMO report, DH (2013) op. cit.

⁸ *The prognosis of common mental disorders in adolescents: a 14-year prospective cohort study*, Patton, G., et al., *The Lancet*, Volume 383, Issue 9926, Pages 1404-1411, 19 April 2014.

⁹ *How Mental Illness Loses Out In The NHS*, LSE / ESRC, 2012.

¹⁰ *CAMHS Benchmarking Report December 2013*, cited in Annual Report of Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence, Department of Health, 2014.

¹¹ *Children’s and Families’ Services Guide 44: Mental health service transitions for young people*, Social Care Institute for Excellence, 2011.

Unmet social welfare needs

1.3 MILLION The number of 16-24 year olds left to cope alone with complex housing, money and employment problems each year¹²

Young people are twice as likely to fail in attempts to get advice as the general adult population.¹³

£13,000 The cost to local public services of each young person who fails to get advice¹⁴

These costs result from stress, homelessness, disruption to education and contact with social services.

80,000 16-24 year-olds become homeless each year,¹⁵ costing public services around £26,000 per person¹⁶

Homelessness trebles a young person's chances of developing a mental health problem.¹⁷

77% of young people are in debt by age 21¹⁸

Each person in debt costs the state £26,000.¹⁹

Young people's service preferences

78% of young people prefer using advice services specifically aimed at young people²⁰

80% feel it is important to get help with everything that is troubling you in one place²¹

85% of young people would design mental health services for young people that go up to age 25²²

“it makes it easier that the services are linked, you don't waste your time going from one to the other or going to the wrong place at the wrong time.”

17-year-old female



“ [young people wanted] services to practise holistically and offer a diverse range of support to meet young people's mental health, emotional wellbeing and practical needs.”

Mental Health Foundation, 2007²³

¹² *The Advice Needs of Young People – The Evidence*, Kenrick, J., Youth Access, 2009a.

¹³ *Young People's Access to Advice – The Evidence*, Kenrick, J., Youth Access, 2009b.

¹⁴ *Youth advice: a mental health intervention?* Youth Access, 2012.

¹⁵ *Ending youth homelessness: Possibilities, challenges and practical solutions*, Quilgars, D. et al., Centre for Housing Policy, University of York & Heriot-Watt University, July 2011.

¹⁶ *Work it out: barriers to employment for homeless people*, New Economics Foundation, 2008.

¹⁷ *Transitions: Young Adults with Complex Needs*, Cabinet Office, Office of the Deputy Prime Minister, 2005.

¹⁸ Rainer press release, November 2007.

¹⁹ New Economics Foundation (2008) op. cit.

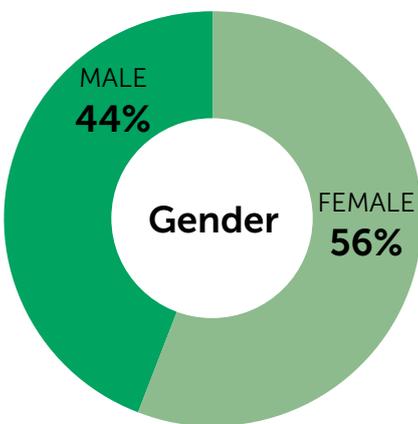
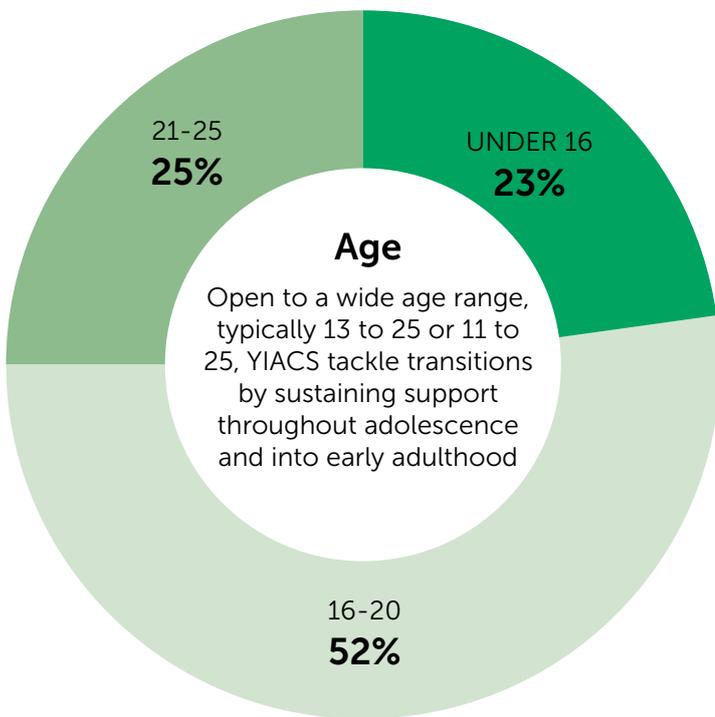
²⁰ *Young People's Views on Rights and Advice Services*, JustRights, 2014.

²¹ Ibid.

²² Results from a small survey conducted by Youth Access <http://www.youthaccess.org.uk/uploads/documents/Infographic.pdf>

²³ *ListenUp! Person-centred approaches to help young people experiencing mental health and emotional problems*, Garcia, I., et al., Mental Health Foundation, 2007.

Who uses YIACS & why?



Vulnerability factors

Of young people presenting to YIACS for social welfare advice:

- 52%** are NEET²⁵
- 66%** have mental health issues²⁶
- 17%** have severe mental health problems²⁷

“An integrated one-stop-shop support strategy for young people could help make spending on youth services more efficient by including multiple services as part of a joined-up package.... This should include careers guidance, health information and advice, legal and housing support, access to internet and other essential services.”

The CBI, 2008²⁸

“One of the key principles for mental health policy solutions for children and young people.... is the importance of services being joined-up, integrated and co-located.....less fixated on boundaries of age (thus dealing better with transitions from adolescence to adulthood)”

Centre for Social Justice, 2014²⁴

Most common presenting issues:

-  MENTAL & EMOTIONAL HEALTH
-  SEXUAL HEALTH
-  HOMELESSNESS
-  RELATIONSHIPS
-  MONEY & BENEFITS
-  DRUGS & ALCOHOL
-  SAFEGUARDING
-  EDUCATION & EMPLOYMENT

Issues are frequently **inter-related** – requiring an integrated response to young people’s emotional, health, social and practical needs

²⁴ *Enough Is Enough*, Centre for Social Justice, 2014.

²⁵ *Youth Advice Outcomes Pilot*, Evaluation Trust, 2010.

²⁶ *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.

²⁷ *Ibid.*

²⁸ *Towards a NEET solution: tackling underachievement in young people*, The Confederation of British Industry, 2008.

How do YIACS respond?

1 MILLION

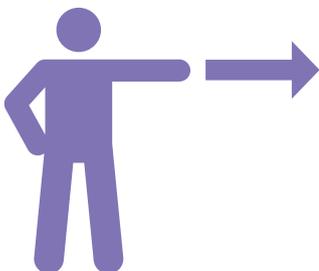
The number of enquiries YIACS respond to each year

89% of YIACS report increased demand over the past year.²⁹

Only 26% of YIACS expect to be able to meet demand over the next 12 months. Key areas of increased demand over the last 5 years: Mental and emotional health; Housing and money; Self harm; Safeguarding (incl. sexual exploitation).

“ Services which provide, or signpost to, help on a broad range of issues that concern young people are more useful than single issue services. ”

Department of Health and Association for Young People's Health, 2010³⁰



Common interventions:



COUNSELLING & OTHER THERAPIES



ADVICE WORK



YOUTH WORK



HEALTH CLINICS



SOCIAL WORK



GROUP WORK



ADVOCACY



COMMUNITY EDUCATION

Drawing on the different traditions of several disciplines, YIACS have evolved a distinctive set of values, principles and standards – and have developed a unique approach that works successfully with young people.

170 The number of YIACS in Youth Access' membership

85% of YIACS are charities, with the remainder mainly managed by local authorities

“ YIACS provide treatment for young people who would not otherwise access support....Collectively, YIACS see approximately 44,000 young people a week in England.... to get this range of support from the statutory sector a young person would typically have to access two or three different services. ”

New Philanthropy Capital, 2008³¹

But YIACS services are being cut.....

78% of YIACS were in receipt of local authority funding in 2013 – down from 90% in 2011³²

68% received health funding (up from 59%).

36% The amount spending on youth services in England has fallen in the past two years.³³

Spending is forecast to be reduced by a further 66% by the end of the decade³⁴



²⁹ Picking Up The Pieces, Youth Access, 2013.

³⁰ Making Health Services Work for Young People: Sharing the learning from the Teenage Health Demonstration Sites, Association for Young People's Health and Department of Health, 2010.

³¹ Heads Up: Mental health of children and young people: A guide for donors and charities, Joy, I., et. al., New Philanthropy Capital, 2008.

³² Youth Access (2013) op. cit.

³³ Youth services spending down by one-third, BBC website, 25th March 2014.

³⁴ Under pressure: How councils are planning for future cuts, LGA, May 2014.

What's the evidence for YIACS' effectiveness?

Numerous Government and independent reports over the past 40 years have recognised the benefits of an integrated YIACS-type model of support for young people. Those to publish such reports recently include: The Department of Health³⁵; The Department for Education³⁶; Social Care Institute for Excellence³⁷; The Social Exclusion Unit³⁸; The Mental Health Foundation³⁹; The Marmot Review⁴⁰; and The Audit Commission⁴¹. Whilst there have been no high quality studies conducted to evaluate the YIACS model as a whole, there is plenty of evidence to support some of the specific interventions provided by YIACS.

“The co-location of services such as healthcare, housing support, access to benefits and financial support and careers advice and guidance in a joined-up approach could help young people to access more easily the help they require. Such provision could prove to be more cost-effective than current structures.”

House of Commons
Children, Schools and
Families Committee, 2010⁴²

“[Without counselling] I wouldn't be alive I don't think, I was on self-destruct, out of control, drinking heavily and taking drugs”.

Young female, aged 19

Evidence for effectiveness of youth counselling services

15:1 For every £1 spent on preventive therapies, £15 is saved⁴³

But the vast majority of the NHS budget for young people's mental health services is still going on crisis care.

YIACS evidence the impact of their youth counselling services through the use of nationally recognised and validated clinical outcome tools, including SDQ, YP CORE, CORE-10, GAD-7, PHQ-9 and HONOSCA. Although direct comparisons with statutory CAMHS services are not currently possible, it appears likely that YIACS may achieve results that are at least as good at a lower cost with clients who often have similar levels of need. YIACS' relative efficiency is partly the result of their greater accessibility (including shorter waiting lists), strong relationships with clients (enabling them to keep young people engaged with the service), and lower delivery costs.

We are currently working with Professor Mick Cooper to improve the national evidence-base for youth counselling services by undertaking a **national study of youth counselling** in community-based YIACS settings. Interim results will be published in 2015.

There is already a substantial body of evidence indicating the effectiveness of counselling services more generally:

- NICE guidance recommends that young people with severe or moderate depression be offered, as a first line of treatment, a specific psychological therapy.⁴⁵
- The Department of Health has recommended that “*there is evidence of counselling effectiveness in mixed anxiety/depression, most effective when used with specified client groups*”.⁴⁶
- A major review of counselling and other psychological therapies found that:⁴⁷
 - Almost eight out of ten clients who receive therapy improve to a greater extent than the average person who does not participate in therapy – and to an extent that is almost certainly *not* due to chance, i.e. a ‘significant’ difference’.
 - Improvement in mental health tends to be maintained one or two years after therapy has ended.
 - Counselling and psychotherapy are relatively cost-effective forms of mental health treatment.
 - Both older and younger clients gain relatively equally from therapy, with the exception of the treatment of depression, where there is evidence that younger clients respond better to therapy than older ones.
- A reanalysis of data from one of the largest randomised controlled trials to date found that counselling was as effective as CBT for depression.⁴⁸
- Youth counselling services have been found to be effective in preventing mental health problems and in reducing crises and suicide amongst young people.⁴⁹

“We know that psychological therapies work for many people. But we also know that they need to be delivered in different ways to children and young people, compared to adults.”

Department of Health, 2014⁴⁴

Evidence for effectiveness of youth advice services

70% The proportion of young people reporting improvements in their mental or physical health after getting advice in a YIACS

There is substantial evidence that the receipt of **social welfare advice** 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.⁵⁰

A close association between social welfare problems, **mental health** and youth has been established⁵¹ and there is mounting evidence of the beneficial impact on mental health of providing advice on debt, housing and benefits.⁵² 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.⁵³

“ [If I hadn't got advice]... I would have been homeless, mentally disturbed and in the gutter.”

Young male, aged 21

Evidence for delivering sexual health services in YIACS settings

£2.5 BILLION

The annual savings to the NHS from the provision of contraceptive services. Every £1 invested in contraception services saves the NHS £11.⁵⁴

There is substantial evidence for the effectiveness of locating **sexual health services** in holistic drop-in settings that are already accessed by young people.

- Official guidance on effective delivery of teenage pregnancy strategies has stated that the factor having the biggest impact on conception rate reductions in high performing areas was the provision of young person-focused sexual health services that are trusted by teenagers.⁵⁵
- An evidence review to inform new NICE guidelines on contraceptive services for young people cites the importance of: trust in services; accessible locations and opening hours; choice; walk-in services; respectful and non-judgemental staff; and a comfortable and welcoming atmosphere.⁵⁶

³⁵ *Healthy lives, brighter futures: The strategy for children and young people's health*, Department for Children Schools and Families and Department of Health, 2009.

³⁶ *Promoting the emotional health of children and young people*, DCSF, 2010.

³⁷ *Mental health service transitions for young people*, Social Care Institute for Excellence, 2011.

³⁸ Office of the Deputy Prime Minister (2005) op. cit.

³⁹ Garcia et al. (2007) op. cit.

⁴⁰ The Marmot Review (2010) op. cit.

⁴¹ *Against the odds: Re-engaging young people in education, employment or training*, Audit Commission, 2010.

⁴² *Young people not in education, employment or training*, House of Commons Children, Schools and Families Committee, 2010.

⁴³ *Investing in recovery: making the business case for effective interventions for people with schizophrenia and psychosis*, Knapp, M., et al., PSSRU, LSE and Centre for Mental Health, 2014.

⁴⁴ *Closing the Gap: Priorities for essential change in mental health*, Department of Health, 2014.

⁴⁵ *Depression in Children and Young People: identification and management in primary, community and secondary care*, Clinical Guideline 28, The National Institute for Health and Clinical Excellence (NICE), 2005.

⁴⁶ *Treatment Choice in Psychological Therapies and Counselling*, Department of Health, 2001.

⁴⁷ *Essential research findings in counselling and psychotherapy*, Cooper, M., 2008.

⁴⁸ *Comparison of non-directive counselling and cognitive behaviour therapy for patients presenting in general practice with an ICD-10 depressive episode: a randomised control trial*. King, M., et al., Psychological Medicine, 2013.

⁴⁹ Garcia et al (2007) op. cit.

⁵⁰ *The Outcomes and Impact of Youth Advice – The Evidence*, Kenrick, J., Youth Access, 2011.

⁵¹ *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.

⁵² See, for example: *A helping hand: the impact of debt advice on people's lives*, Pleasence, P., et al., Legal Services Research Centre, 2007.

⁵³ Balmer and Pleasence (2012) op. cit.

⁵⁴ *Teenage pregnancy: Past successes – future challenges*, Teenage Pregnancy Independent Advisory Group, 2010.

⁵⁵ *Teenage Pregnancy Next Steps: guidance for local authorities and PCTs on effective delivery of local strategies*, Department for Education and Skills, 2006.

⁵⁶ *Contraceptive services with a focus on young people up to the age of 25*, NICE guidelines, March 2014.

10 reasons to commission YIACS

1. YIACS address multiple needs through an integrated 'under one roof' approach

Single issue-based services cannot provide the coordinated support young people want and need across mental and emotional health and wellbeing, sexual health, housing/homelessness, money, drugs and alcohol, relationships, employment and sexual exploitation.

2. YIACS are accessible to and trusted by young people

The service characteristics and style of service delivery of YIACS – dedicated to young people, informal, flexible, non-stigmatising, self-referral, independent – reflect the way young people seek help.

3. YIACS engage 'hard-to-reach' groups of vulnerable young people

High proportions of young people helped by YIACS are from the very disadvantaged and vulnerable groups that many statutory services struggle to serve; and YIACS' shorter waiting times and stronger relationships with their service users keep young people engaged.

4. YIACS address common service gaps and tackle 'transitions'

YIACS are open to a wide age range, typically 13 to 25, sustaining help to young people throughout adolescence and into early adulthood – and preventing the 'cliff-edge' that hits young people moving between child and adult services with arbitrary age boundaries.

5. YIACS offer potential to address the recognised crisis in mental health services for young people

YIACS are increasingly involved in the delivery of the Children & Young People's Improving Access to Psychological Therapies programme. The flexible approach of youth counselling services can overcome the barriers to early intervention (e.g. the prohibitive clinical entry thresholds of CAMHS).

6. YIACS achieve excellent outcomes

Robust data from use of validated outcome tools proves that YIACs improve mental and physical health and reduce youth homelessness, unemployment and crime. YIACS' integrated approach gets better results than delivering in traditional silos.

7. YIACS are cost-effective

Research shows YIACS achieve significant savings for the public purse – reducing GP, housing and social services costs. YIACS' early intervention and prevention approach represents better value for money than continuing to invest in failing statutory models focussed on crisis intervention.

8. YIACS deliver high quality services

Underpinned by recognised values, principles and standards, YIACS can be trusted to provide safe settings and work to high professional standards.

9. YIACS are delivered in the community, by the community, for the community

Involving young people in their design, planning, delivery and governance, YIACs add significant social value to their local communities.

10. YIACS complement local statutory services

YIACS do not duplicate statutory services, they extend the local offer provided through children's and mental health services. Taking a social developmental rather than an overly clinical approach, and delivered most effectively in independent voluntary sector settings, they provide an important choice to young people.