

**YOUTH HEALTH  
PARLIAMENT**

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**MENTAL  
WEALTH  
INITIATIVE**

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**DECEMBER 2016**

**YOUTH  
HEALTH  
PARLIAMENT**



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# 1 EXECUTIVE SUMMARY

**“I was judged for having a healthy BMI instead of being underweight, I wasn’t ‘sick enough’; I have no confidence in the mental health services for young people.”**

**“What I didn’t expect is complete silence during this waiting time! Some support should be provided whilst waiting for the help you need.”**

**“As a child with mental health problems I was far better looked after. When I turned 18 the support all went, leaving me in despair.”**

The above comments were collected in the Youth Health Parliament online survey and reported in ‘The View from the Waiting Room’ (Perry, 2016). Within the mental health field there is broad consensus that there is inadequate provision to meet the demands of the current mental health crisis (Kings Fund, 2015). This is reflected in austerity measures, which have caused ‘two thirds of councils and clinical commissioning groups to cut or freeze budgets for child and adolescent mental health’ (Knapp et al., 2016).

The education system plays a core part in the lives of young people. However, consultations with young people have found that ‘school was not an environment in which they felt safe to be open about their mental health concerns’ (Future in Mind, 2015). A whole-system approach is essential to improve access and outcomes in mental health (Future in Mind, 2015, MHT, 2016). The Mental

Wealth Initiative (MWI) thus proposes a ‘one stop shop’ drop-in centre offering holistic support, counselling and therapy. The MWI will target 11–25 year olds and offer both in person and online services.

This is not only a moral and social investment, but an economic one. Greater levels of mental resilience in young people will lead to greater educational attendance and attainment, greater levels in employment and a reduction in sick days taken. Mental health difficulties are estimated to account for 40% of all sick days taken (Sainsbury Centre for Mental Health, 2007). An increase in mental wellbeing also has a positive impact on physical health. Green et al. (2005) found that young people with mental health difficulties are significantly more likely to smoke and engage in substance misuse.

# 1 EXECUTIVE SUMMARY

## **The MWI differentiates itself by proposing a service with national ambition that utilises existing services and addresses gaps in provision.**

### **Age range**

The MWI will offer its services to young people between the ages of 11 and 25. The transition between young people's and adult services has been highlighted as a contributor to the duration of untreated psychosis, patients lost between services, and the increase of 'out of area' inpatient care (Royal College of Psychiatrists, 2012). Differences in service style and criteria has meant that young people with mental health needs have endured long periods without treatment or support before it was possible to be assessed by adult services.

### **Mid-level mental health**

The MWI will establish itself as a service that will meet the needs of young people before they reach the point of crisis. It will do this by providing holistic support in a safe and welcoming environment. Though mental health will be the focus of the service, the MWI recognises the complexity and interconnectivity of psychiatric and social factors that contribute to mental well-being and illness. As a result, the MWI will serve as a nexus between youths, mental health services, existing support services and statutory organisations.

### **Integrated provision**

The MWI will involve young people with lived experience of mental health difficulties in service design, decision processes and delivery at all levels, creating a psychologically-informed environment that meets the needs of the target population. This strategy follows recommendations of 'The Five Year Forward View for Mental Health' (2016) report: 'co-production with experts-by-experience should be a standard approach to commissioning and service design'.

### **Flexibility**

The MWI will adopt principles from Open Dialogue, an effective early intervention for psychosis. These are rapid and timely interventions, putting the individual at the heart of the service, building a team around the person, tolerating uncertainty and establishing partnerships with statutory and community services (Opportunity Nottingham, 2016; Seikkula and Olson, 2003).

### **Training and employment opportunities**

The MWI will provide opportunity for professionals to gain British Association Counselling and Psychotherapy (BACP) accreditation. Counselling and therapy training will be provided both in person and online, allowing professionals with appropriate experience to further their careers. Volunteering will be a cornerstone of the service, giving people with lived experience the opportunity to develop skills, receive training and find employment.

### **Data and research**

The MWI will collect data with consent from the individual in order to contribute to the body of evidence-based interventions. These data will be analysed on a local and national level to provide social and economic justification for the project, as well as to identify areas for progression.

## 2 INTRODUCTION

**Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.**

(World Health Organisation, 2016)

In our YHP report 'The View from the Waiting Room' (Perry, 2016), we sought direction on future reform by analysing feedback from patients on the current mental health system. This was informed by data collected from an online survey shared via social media. Of 138 respondents who had experienced, or were experiencing, a mental health difficulty, 90% had sought advice or treatment and 87% had used their GP as the first point of contact. When asked, 41% had found it difficult to access existing mental health services and 6% had found it impossible. This is in line with current research. 'The average wait for routine appointments for psychological therapy was 32 weeks in 2015/16' (MHT, 2016). An epidemiological study completed by Green et al. (2005) found that less than 25-35% of those with a diagnosable mental health condition accessed support.

Inaccessibility, long waiting times and rigid criteria for mental health services have a wider societal impact. In order to get by, some young people self-medicate with drugs and alcohol, exacerbating mental health and offending behaviour (Cambell & Abbott 2013). In our MWI survey, 81% of respondents said that they would prefer a drop in counselling service. In order to 'promote, protect and improve young people's mental health and wellbeing', NHS England recommends that every area should have a 'one-stop shop service that provides mental health support and advice to children and young people in the community' (NHS England, 2015).

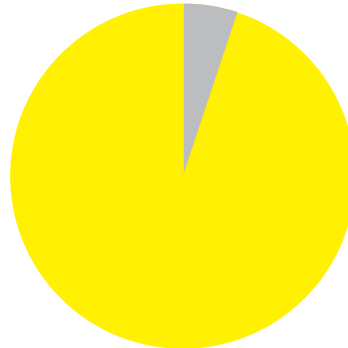
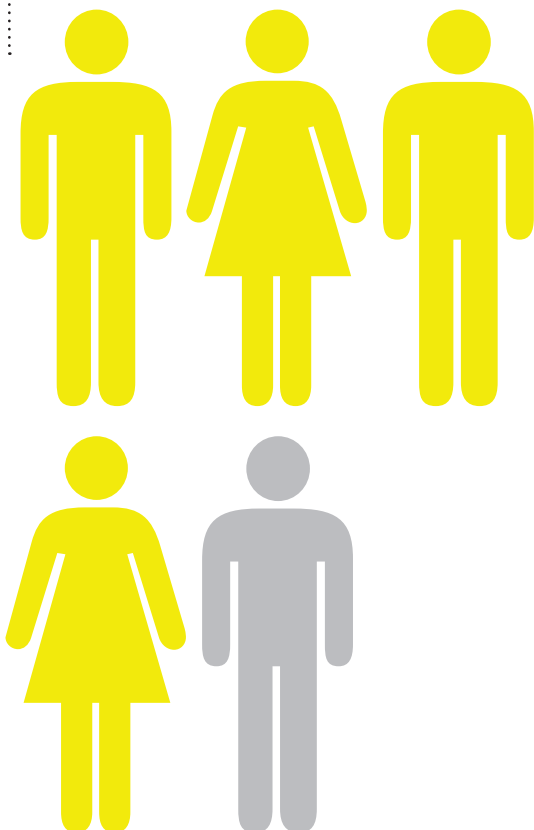
## 2 INTRODUCTION

The mental health crisis has far reaching consequences affecting all areas of society. However, those who are perhaps more vulnerable in our society, including ethnic minorities, LGBT and homeless individuals, often have a higher prevalence of mental health difficulties.

**80%**

**of the BME population feel unable to.. speak to people about their mental health. This suggests that most are functioning in social circles where one of the most important parts of their lives is left unspoken.**

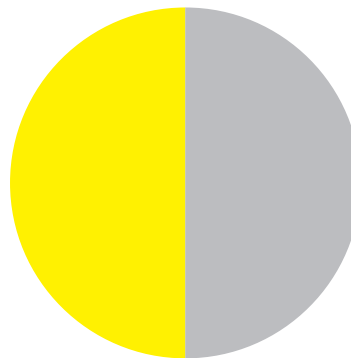
(Rehman and Owen, 2013).



**95%**

**of imprisoned young offenders have a mental health disorder**

(Cambell and Abbott, 2013).



**Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by**

**50%**

(Mykletun et al., 2009)

In order to improve mental health care in the BME community, the charity Mind published a briefing paper for Care Commissioning Groups suggesting that more social and interactive activities need to be run by people with lived experience. It also encourages the consultation and engagement of people who have lived experience when commissioning new services.

# 3 CASE FOR CHANGE

**To neglect mental illness in young people is not only morally unacceptable, but also an enormous economic mistake.**

(Knapp et al., 2016)

In 'The Five Year Forward View for Mental Health' (2016), the Mental Health Taskforce (MHT) acknowledges the current £280 million investment each year committed to improvements in young people and children's mental health services. However, the MHT also states that to plug 'critical gaps' the system will require an additional investment of £1 billion. This investment is intended for 24-hour crisis care, commissioning preventative and quality care, delivering on innovation and research as well as addressing inequalities in access and outcomes. It is therefore of great concern that 'two thirds of councils and clinical commissioning groups have cut or frozen budgets for child and adolescent mental health' (Knapp et al., 2016).

The current economic costs of mental health are profound; those with acute conduct disorder have 'estimated additional lifetime costs of around £150,000 per case - or around £5.3bn for a single cohort of children' (Friedli and Parsonage, 2007). Investment in an early intervention system can generate savings in areas such as primary care, paediatrics and child health services, mental health services, frontline education resources, special education resources and social care services (Knapp et al., 2016). Further to this, the employability rate for adults with mental health problems remains unacceptably low, with '43% being in employment compared to 73% of the general population' (Mental Health Taskforce, 2016). Investment in early intervention has the potential to bring about long term savings across all areas in society.

# 4 MENTAL WEALTH INITIATIVE PROPOSAL

The objectives of the Mental Wealth Initiative are to:

- **Provide integrated early intervention strategies for mid-level mental health conditions in a secure and safe environment for young people aged 11–25.**
- **Increase awareness surrounding mental health conditions so that when difficulties arise, people have better insight into the problem and know where to find help.**
- **Create system change within national policy, commissioning and service delivery so that meaningful interventions can be introduced. This in turn will enable local organisations to meet the needs of their population, streamline pathways and ease access into services, so that young people are empowered to make choices regarding the support they receive.**
- **Enable people with lived experience of mental health difficulties to influence service design, decisions and delivery at all levels.**

## 4.1 THE MWI CENTRES

### (i) Co-design

The Mental Wealth Initiative will collaborate with young people so that the service is designed to meet the needs of young people. This will go a long way towards breaking down the barriers that exist for people accessing services and provide contributors with invaluable experience. This also reflects Recommendation 8 in 'The Five Year Forward View for Mental Health' (2016). A current, unique example of this practice is Pause, a drop-in centre for 0–25 year olds set up in 2016, run by the Children's Society as part of Forward Thinking Birmingham (previously CAHMS). This welcoming space provides a variety of forms of mental health support that is largely guided by input of their hub of young people. During the short time it has been open, Pause has been providing excellent

quality care in an age-appropriate environment that centres around an understanding of the issues both children and young adults face today. The co-design aspect of the service has played a crucial role in its success.

### (ii) One Stop Shop

The MWI centres will provide low to moderate level support in a preventative manner. This early intervention is intended to slow or halt the progression of mental illness and help the user regain control, independence and ultimately happiness. The flexibility of the design means it can be used in addition to IAPT (Improving Access to Psychological Therapies) services to provide extra support and reassurance after discharge through teaching the individual to self-manage their condition, thereby reducing dependency on services. Access will be seven days a week with opening hours that extend beyond the standard working day of 9–5, with staff including clinical supervisors and support co-ordinators.

### (iii) Clinical supervisors and support co-ordinators

The service will employ clinical supervisors to deliver counselling and psychotherapy onsite. This will be available through self-referral as well as referral from professionals with the individual's consent. This service will also be available through an online communication platform upon request (see 'Web service' below). The MWI will follow current guidelines for clinical supervisors, ensuring they are properly equipped to provide high quality support. It is recommended that one hour of supervision is provided for eight hours of contact time (BACP, 2010).

The service will employ support co-ordinators in order to offer holistic support to young people accessing the service. The purpose of this role is to allow young people space and opportunity to express themselves. The co-ordinator can then provide appropriate advice and information regarding services that are available in the area, empowering the service user to choose the support they receive. It will also be the role of the co-ordinator to liaise with other services and organisations, building contacts for signposting



# 4 MENTAL WEALTH INITIATIVE PROPOSAL

across the whole system. This is in line with Recommendation 43 from the 'Five Year Forward View for Mental Health' (2016).

#### **(iv) Forming partnerships with existing statutory and non-statutory services**

The MWI will form partnerships so that young people experiencing mental health difficulties have a streamlined pathway to substance misuse support, sexual health, housing, offending and other support they may need. Having consent to communicate with other agencies will mean that young people will only have to tell their story once and not have to divulge potentially traumatic experiences to new people on several occasions.

#### **(v) Out of hours support**

In case of the need for help outside of service hours, all users will be sign-posted to existing 24-hour support services.

### **4.2 WEB SERVICE**

#### **(i) Information**

The website will contain NHS-accredited information and research evidence, available to all users. This will be written with input from young service users to ensure the descriptions and advice reflect experience of mental health difficulties and are inclusive of other cultures. This is in line with Recommendation 18 from 'Future in Mind' (2015).

#### **(ii) Online counselling**

In addition to the drop-in service, there will be the option of counselling via an online communication platform. This will increase availability and help reduce current waiting times. It will also provide qualified practitioners with further opportunities to gain experience for BACP accreditation.

### **4.3 DATA BANK AND ANALYSIS**

A select number of centres will be set up in various locations across the United Kingdom (the number is dependent upon investment). In order to measure the impact of the MWI, it will be crucial to gather data and track progress within each service. The MWI plans to adopt the Big Lottery, Fulfilling Lives model to achieve this. Baseline measurements will be taken when the young person first engages with the service, with follow up data captured and collated at quarterly intervals. Data collected with consent will be analysed by partnering research institutions to assess the social and economic impact of the service.

### **4.4 TRAINING OPPORTUNITIES**

MWI centres will provide supervised training for both trainee and qualified counsellors and psychologists to help them gain the experience they need to become BACP accredited practitioners. Youth Health Parliament has received feedback from such individuals who have detailed difficulties in finding this form of placement, especially in a face-to-face format and paid positions. By offering this highly desirable opportunity the MWI can help the mental health workforce to grow in a manner that unites staff and patients, forming a passionate and dedicated team.

Links with local universities will provide opportunities for staff within each service to expand their skillsets. The MWI will also enable volunteers within the service to gain invaluable work experience, access to training and opportunities for employment.

# 5 CONCLUSION

The MWI draws on recommendations made in the recent reports 'Future in Mind' (2015) and 'The Five Year Forward View for Mental Health' (2016). These will be used to shape the infrastructure of a service with national ambition that utilises existing services and addresses gaps in provision. The evidence presented in this paper suggests that services are not organised in a manner that is appropriate for young people, and while schools play a core part in the lives of young people, they are not necessarily an appropriate setting for mental health support. The overall view is that support is difficult to access and transition to adult mental health care needs to be addressed. The mental health crisis is creating significant economic costs to the UK and these costs are projected to increase. Action must be taken now so that the next generation is aware, resilient and supported.

The MWI addresses this problem by presenting existing services in a new way to make them more effective in supporting young people. A one stop shop is required for 11-25 year olds that embraces co-design and puts the individual at the heart of the service. For this to happen, a multi-agency approach is required. We need public support and investment from local services, professionals, corporate sponsors, the third sector and individuals to make the MWI centres a reality. The support and investment will provide centres where young people receive support before they reach crisis point, where evidence-based approaches can be implemented, analysed and developed, and where young people can express themselves in a safe, secure environment.

**[www.yhpmentalhealth.org](http://www.yhpmentalhealth.org)**  
**@yhpmentalhealth**

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# THE MENTAL WEALTH INITIATIVE

**YOUTH  
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The following insights come from interviews and research conducted by the Youth Health Parliament, a group of highly motivated and passionate future leaders determined to shape the future of the NHS.

**WE IDENTIFIED TWO MAJOR ISSUES WITHIN THE MENTAL HEALTH FIELD IN THE UK:**

## 1. DEPRESSION ANXIETY

There is a general consensus among mental health professionals that provision for 'mid-level' problems such as anxiety or depression is inadequate (e.g. The Kings Fund Report, 2015).



Training placements are becoming increasingly difficult for trainee counsellors to secure, as demand far exceeds availability (bacp.com).



### OUR PROPOSAL

is to bring together some of the 60,000+ (bacp.co.uk, 2016) trainee counsellors who are suitably experienced, knowledgeable and seeking placements with those suffering from mid-level mental health problems.

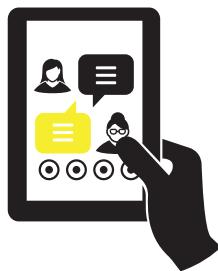


### PROVIDE LOCALLY-RUN DROP-IN CENTRES FOR 11-25 YEAR OLDS.

The Mental Wealth Initiative (MWI) aims to provide locally-run drop-in centres for 11-25 year olds. The drop-in centre will provide information, support and counselling. Each MWI centre will be a non-clinical, relaxed and welcoming environment, where young people are safe to express themselves.

### ONLINE COMMUNITY

The MWI's online community will provide support in the form of information pages and online counselling; an option to help remove some of the barriers which may stop some accessing the service. This will give young people a range of options to seek the mental health support that they want, in a way that suits them.



### DESIGNED AND DEVELOPED

The MWI is, and will continue to be, designed and developed in consultation with young people who have experience of mental health difficulties, in order to improve the experience of the service.



### CALL TO ACTION

We need support and investment from MPs, local services, professionals, corporate sponsors, the third sector and individuals to make MWI centers a reality. This in turn will ensure young people receive support before they reach crisis point and can express themselves in a safe, secure environment.

