

On the Right Tracks

A guide to commissioning counselling services for
young people 13-25 years



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Note

We have attempted to ensure that all the information in this document is accurate and up to date. However, in a constantly evolving policy and research context with new information, resources and evidence in development, this publication cannot guarantee to include all these at the point when this document reaches you.

Foreword

Statutory, NHS-based child and adolescent mental health services (CAMHS) play a vital role in helping many young people in the UK to address their mental health problems. However, not all young people like the formality of a clinic-based setting; and some may be experiencing psychological difficulties, such as family and relationship problems or bereavement, that fall outside of clearly specified mental disorders.

Community- and school-based counselling services provide an alternative mechanism through which young people can address their difficulties and achieve greater psychological wellbeing. As the evidence in this report demonstrates, they are experienced by many young people as accessible, non-stigmatising, and young-person friendly services – providing young people with an opportunity to address a range of problems ‘under one roof.’ They can also be easily accessed by *all* young people through the process of self-referral. This means they have the capacity to act as a site of early intervention: helping young people to address difficulties in an informal setting before they escalate into more serious mental disorders.

In recent years, the mental and emotional health of young people has been increasingly recognised as a key social concern. Any attempt to address this needs to provide a range of services to meet the diversity and complexity of need amongst today’s youth. School- and community-based counselling services are not *the* answer, but they can be one very important part of the jigsaw. Working alongside statutory services, they can help to provide a portfolio of treatment models that can cover the fullest possible range of young people’s needs and preferences. In *On the right tracks*, the case for counselling services for young people is made and, in doing so, the report serves as a valuable resource in supporting the development of mental health interventions for our youth.

Mick Cooper

National Advisor for Counselling, Children and Young People’s IAPT

Professor of Counselling Psychology, University of Roehampton

Introduction

This guidance complements and should be read alongside new commissioning guidance arising out of the work of the Joint Commissioning Panel (JCP) of the Royal College of General Practitioners (RCGP) and the Royal College of Psychiatrists (RCPsych). This guide particularly supports guidance from the JCP on commissioning CAMHS, and is also relevant to the JCP's commissioning guidance on Transitions¹.

This guide updates previous commissioning guidance for counselling services for young people published by Youth Access.

Who should read this guide?

This guide will be of particular interest to commissioners and funders, including independent funders who are interested in the following:

- supporting and **improving young people's mental health and emotional wellbeing**
- offering **early intervention and prevention services for young people's mental health and emotional wellbeing**
- **tackle gaps in provision for 16-25 year olds** who often fall between the responsibilities of youth and adult statutory services

This will include commissioners and funders across:

- Local authority children and young people's services
- Public Health services
- Social Care
- Housing support for young people
- Young adult services
- Clinical Commissioning Groups
- Schools
- Others wishing to commission a youth counselling service

While this guide focuses on the particular role of youth counselling providers in local community-based settings, it is also relevant to the delivery of counselling in other settings, such as schools.

¹ <http://www.icpmh.info/resource/guidance-commissioners-child-adolescent-mental-health-services/>

<http://www.icpmh.info/good-services/young-people-in-transition/>

Why do young people seek counselling?

Young people seek counselling for a very wide range of needs, difficulties and varying levels of complexity. They may be prompted to ask for help with the challenges of common 'life' events, as well as for more serious mental health problems. For many young people, it will be the first time they have sought professional help. However, some young people will arrive at a counselling service having had a range of past experiences of assessments and interventions from other organisations. Some of the most frequent reasons young people seek counselling include:

- Family and relationship issues
- Common mental health issues e.g. depression, anxiety, low self esteem
- Anger and challenging behaviours
- Self harm
- Abuse and neglect
- Bullying
- Bereavement
- Suicidal feelings
- Eating disorders
- Substance abuse

Who offers counselling to young people?

Much of the development and expertise in youth counselling lies in the voluntary sector, where provision has developed over the past four decades. A few services are also available through local authority-led provision; however their numbers have declined in recent years (Street 2013). While counselling services, largely designed for older client groups may also offer counselling to young people, many of the most successful providers are those designed specifically to meet young people's specific needs i.e. services whose central mission is to provide for young people aged 13-25 years. In many instances, these services offer counselling in combination with other help and support and are collectively described as Youth Information, Advice and Counselling Services (YIACS).

Often available in drop in and other informal settings, YIACS vary in the type and range of help available. Alongside their offer of counselling and other psychological therapies, they also offer various combinations of advice work, health clinics, community education and other personal support services. Through this combination, YIACS are able to offer early intervention, prevention and crisis intervention support to young people, not only for common mental and emotional health issues such as anxiety, stress, depression, low self-esteem and self-harm, but may also offer help for:

- wider personal and health issues, e.g. sexual health, drugs and alcohol, healthy eating, smoking
- social welfare issues, e.g. benefits, housing, debt, employment
- practical issues, e.g. careers, money management, independent living skills

Historically, the funding of youth counselling services has been through a sometimes fragile and complex mix of sources, including local authority and mental health funding streams as well as trusts and donations. Variations in the services offered by YIACS are often determined by local contexts and resources. YIACS differ considerably in size from small part time providers to large organisations with 40 plus staff. Historically, most of these organisations have offered their counselling service through a mix of paid and volunteer staff. Volunteer counsellors are a mix of counselling students on placement, as well as fully qualified and experienced counsellors who may have paid counselling work in other settings.

Counselling, particularly that offered in YIACS-type settings is not restricted to a single theoretical model and ranges from person-centred, humanistic, solution focused, psychodynamic, analytic, integrative, cross-cultural and cognitive. Regardless of their theoretical orientation, counsellors employed in YIACS are well trained and qualified; with practitioners holding post-graduate diplomas and degrees in therapeutic counselling, as well as training in psychotherapy, family therapy, psychoanalysis and Cognitive Behaviour Therapy (CBT) (Street, Allan, Barker 2008). Some of the providers are also partners with their local Child and Adolescent Mental Health Services (CAHMS) in NHS England's Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme and are benefiting from the training offered within this programme.

“NPC's research suggests that YIACS are of critical importance to the mental health sector”

Heads Up, New Philanthropy Capital 2008

A Definition of Counselling

Counselling is an activity voluntarily entered into by a child or young person who wants to explore, understand and overcome issues in their lives which may be causing them difficulty, distress, and/or confusion. A counselling relationship has identified boundaries and an explicit contract is agreed between the young person, counsellor and, where appropriate, parent or carer. The aims of counselling are to assist the child or young person to achieve a greater understanding of themselves and their relationship to their world, to create a greater awareness and utilisation of their personal resources, to build their resilience, and to support their ability to address problems and pursue personally meaningful goals. A counsellor should be trained (or in training) to a diploma level (postgraduate or undergraduate), a member of a professional body, and bound by a code of conduct. If working with young people, a counsellor should be able to demonstrate the competences set out in the BACP's 'Competences required to deliver effective humanistic counselling for young people.'

Who offers counselling to young people?

The Core Characteristics of YIACS

One of the main reasons youth counselling services, particularly those offered in the context of a YIACS service delivery model are effective is their enduring popularity with young people. There is considerable evidence that the style and approach of these services, which draws on the different traditions of counselling, youth work and advice work, is particularly appropriate for young people (Lee, Kenrick 2010). Although their service offer may vary, YIACS have evolved a distinctive ethos and organisational culture and are bound together by a common set of characteristics, values, principles and standards.

Accessible and responsive

Youth counselling providers pay considerable attention to the accessibility and responsiveness of their service to ensure waiting times are kept to the minimum. Many services are organised to offer a quick response to requests for first appointments for counselling, the fast tracking of urgent cases and the offer of other services such as drop in sessions while young people wait to be assigned a counsellor following an initial assessment. Most services will also be available into the early evening and sometimes at the weekends.

Self referral

Youth counselling services are open access and have always been offered on a self referral basis. Young people may also be signposted or referred by other professionals, including GPs, CAMHS, social workers, youth workers and teachers.

Young person-centred

Youth counselling services have grown out of a social developmental approach to mental health, rather than the medical model of much of the statutory mental health sector. A young person's arrival in a service will generate a response to whatever issues the young person presents. Most youth counselling services will work with young people to help them decide whether counselling or another type of intervention would be more appropriate to their needs.

Non-stigmatising

The informal settings of youth counselling enable young people to walk off the street into the provision. Their location in converted shop front or residential premises coupled with their young person-friendly interiors, often co-designed with young people, supports and facilitates young people's physical and psychological access.

Confidential

Confidentiality is highly prized by young people and is central to building relationships of trust. Counsellors' code of ethics places a strong emphasis on confidentiality in the counselling relationship and counselling, particularly that offered in the context of voluntary sector YIACS settings, can offer a respect for confidentiality that is often harder to provide in a statutory or mainstream setting.

Voluntary participation

A further critical factor in working successfully with young people is the voluntary nature of the counselling relationship. Young people make an active choice to access the help available and to stay engaged in the counselling relationship – albeit with some occasional active encouragement and support. Counselling focuses on the issues that matter to the young person, rather than the concerns of others. While the benefits of the relationship may also extend to others, it is not its purpose unless the young person chooses.

Wide age range

Most youth counselling services in YIACS are open to a wide age range of young people, typically across the ages of 13-25 years. One of the strengths of these services is their capacity to cut across many of the age cut-off problems of other providers, particularly those of statutory mental health services, where young people will often find they do not fit or meet their entry criteria.

Holistic

The open access nature of the provision means services have developed the capacity to respond to young people with wide and varied needs. While the depth to which individual services may respond to these different needs may vary, their approach is holistic. The approach enables a response to the more commonplace challenges of adolescence, as well as the challenges faced by young people with multiple and complex needs.

'Under one roof'

Much youth counselling in the voluntary sector is available in an 'under one roof' style of delivery; offering young people the opportunity to access a range of interventions in a single setting. A multi-disciplinary team approach enables wrap-around help and support to be available to young people.

Free and independent

Youth counselling services in YIACS recognise that equality of access to young people can only be guaranteed by provision remaining free at the point of delivery and services cherish their independence.

Youth Access Values and Core Principles

Values

Youth Access believes services must:

- respect the dignity and self-worth of each young person
- respect and value individual differences
- recognise and be sensitive to the growing autonomy of each young person
- respect every young person's right to be a voluntary participant in any helping process
- recognise the potential of each young person



Statement of Core Principles

- Young people are central to the service and member agencies are committed to responding to their needs
- Member agencies believe that young people have a right of access to quality information, advice and counselling services
- The basis on which young people are able to make use of a service is made clear to each of them individually and a contract is agreed where appropriate
- Member agencies of Youth Access aim to empower young people and treat them with respect based on an understanding of their individual culture and background
- In all aspects of their work, member agencies of Youth Access aim to counter the oppression and discrimination faced by young people
- Member agencies of Youth Access are working towards equality of access for all young people for whom their service is designed
- Member agencies of Youth Access take all reasonable steps to ensure the safety and wellbeing of young people and workers in an agency
- Member agencies of Youth Access are committed to ensuring their workers are competent to perform the range and depth of duties offered by the agency and provide a framework for staff development that includes support, supervision and training
- Member agencies of Youth Access are committed to establishing and maintaining procedures for monitoring and evaluating the service they provide

Ten reasons for commissioning youth counselling services

1. **The risks of mental health problems in young people**

Young people are at greater risk of mental health than physical health problems; 75% of adult mental health problems are first experienced before the mid-20s.

2. **The benefits of early intervention and prevention**

There is good evidence that intervening early when problems are first identified makes good sense for young people, their families, carers and the public purse by reducing lifetime illness.

3. **Improving engagement in help**

The non-stigmatising, informal, flexible and young people-friendly settings of youth counselling services are effective in securing young people's access and engagement in help

4. **Promoting choice in local services**

Youth counselling services complement and extend local offers of mental health and emotional wellbeing support for young people.

5. **Offering an integrated approach**

Young people value and benefit from an integrated approach, which addresses their mental and emotional health needs alongside wider health, social and practical needs.

6. **Reflecting young people's preferences**

Youth counselling services have long been provided in the ways that reflect the preferences of diverse groups of young people.

7. **Tackling "transitions"**

Often available to young people up to 25 years, youth counselling services are able to sustain help to young people through adolescence and into young adulthood.

8. **Meeting service gaps**

Youth counselling services are well-placed to address the frequent gaps and problems created by the different entry criteria of statutory adolescent and adult mental health services

9. **Achieving good outcomes**

Counselling services work to high professional standards; achieving good outcomes for young people as well as adding social value to their local communities.

10. **Improving access to psychological therapies**

Youth counselling services contribute to an ongoing demand for and policy focus on improving young people's access to a range of psychological therapies.

Commissioning for Quality

Understanding what makes a quality service when commissioning mental and emotional health services for young people often presents challenges and concerns. As with any provision regarding the emotional wellbeing and mental health of young people, three core questions are relevant to the quality of youth counselling provision:

- How **safe** is the service?
- How **effective** is the service?
- How **positive** is the **experience** offered to young people?

Safe practice

Child protection and safeguarding

Youth counselling providers should have comprehensive policies and procedures in place to ensure the safe recruitment of paid and volunteer staff and appropriate checks and vetting procedures. It should also link to the induction and training of staff, line management and clinical supervision. Clear procedures must be in place for identifying, managing and reporting issues of concern and these should be appropriately available to all those who work in or use the service.

Confidentiality

Youth counsellors offer young people a confidential relationship within a legal and ethical framework. Service providers must have policies and procedures in place to underpin this relationship that sets out its limitations and outlines the particular responsibilities of staff and managers. There should also be clear information and a process for communicating the policy to young people and other stakeholders, as well as procedures for gaining, where relevant, young people's consent to counselling and the relationship between confidentiality and information sharing.

Workforce and training

The minimum qualification for employing paid staff in most youth counselling organisations is a post graduate diploma in counselling. Many qualified counsellors will also be accredited to one of the professional bodies, such as the British Association for Counselling and Psychotherapy (BACP).

It is common practice amongst youth counselling agencies to recruit volunteer counsellors. While many volunteers are qualified, others are students in training. A general minimum requirement for student volunteers is completion of the first year of a post-graduate diploma course.

Most counselling training in England offers little or no content on the specific needs of either children or young people. Many youth counselling services redress this gap by offering newly appointed staff structured induction, training and support to assist them to develop their skills and knowledge in working with young people. Commissioners are advised to check whether counselling staff have the relevant skills and experience to work with young people when commissioning a service.

Clinical Supervision

A quality youth counselling service makes the distinction between clinical supervision focused primarily on ensuring safe and effective practice with counselling clients and line management supervision. The latter is mainly concerned with the management of the work, compliance with policies and meeting targets, although there is a degree of overlap between the two processes.

All counsellors must have regular clinical supervision from a suitably qualified supervisor. For individual counsellors, the minimum is 1.5 hours per month; although amounts will vary depending on client caseloads and individual levels of experience. Supervisors may also be accredited through, for example, BACP.

Effective practice

Access

Accessibility is likely to be a key strength of a youth counselling agency and services should demonstrate their commitment to continually improving access. This can include strategies to encourage take up by diverse groups of young people and a service's responsiveness to offering first and ongoing appointments, as well as their management of waiting lists. If a young person has to wait for counselling, those organisations offering a "drop in" facility, and other services and activities alongside counselling may also offer other forms of support. Other good indicators of a service's accessibility are its physical location, the availability of counselling in young person-friendly settings and the quality of information available to young people about the services and how to get in touch.

Assessment

Most services should seek to ensure a first appointment for counselling is offered as quickly as possible – often within two to four weeks. A first appointment should involve a young person-centred assessment; a process to help the young person define their difficulties and identify their strengths. The assessment should also take account of any risks, including risks to self and others, such as self-harm, suicidal thoughts and safeguarding. Where there are risks and it is possible and appropriate, the counsellor and young person should also determine sources of support, and agree who the young person will ask for help if they feel themselves to be at risk of harm. Counselling assessments should also note any diagnoses, medication and/or any previous therapeutic interventions. Following a counselling assessment, some young people will choose to go no further or may require other forms of support and a referral elsewhere. However, many will go on to see an individual counsellor and, where possible, a service should try to give young people a choice in whom they see and when.

Service take-up

An effective organisation closely monitors service take-up by young people. The data should be able to demonstrate a service is reaching its intended target group and understands the issues and needs young people present. The service should also be able to show how it uses the data to redress any service barriers and gaps and how it informs wider planning and strategic goals.

Outcome Measurement

Many youth counselling services implement outcome tools in their work with young people and often this includes nationally validated tools. However, agencies often have limited capacity to analyse the data due to limited administrative capacity and/or IT systems. Commissioners should consider how their expectations regarding performance requirements in relation to outcome measurement match the value of any counselling tender.

A positive experience for young people



“It was better than advice because I was challenging my own thinking and then making my own decisions. This has helped me trust my own opinions, make decisions, make friends and meet new people. I have gained an understanding of my values and beliefs. Sometimes I would have liked to come in more than once a week. Counselling has changed my life and I think it should be available to everyone.”

Female 17 years, Croydon Drop In

The counselling relationship

Youth counselling services should provide young people with a range of information about counselling and what to expect. Counselling should be an empowering process for a young person; one that offers a sense of control over the choices and decisions arising both within the counselling relationship and beyond. Opportunities should be available for a young person to offer feedback on their experience of the counselling process and to comment more generally on how the service is delivered and managed. Effective services will be able to demonstrate how they use young people’s feedback to inform their service delivery.



“Counselling helped me by knowing that I could come to someone to tell them what was happening and how I felt. I can manage my anger now and know that I have people who care. I am grateful that my counsellor helped me with my problems.”

Male 13, Croydon Drop In

Beyond the counselling relationship

In addition to young people having opportunities to feedback and comment on their individual experience of counselling, many youth counselling services also offer opportunities for young people to get more involved in the design, planning and, in some cases, delivery of aspects of the service. A youth counselling service should be able to describe how it promotes young people’s participation and involvement and the impact this has on its service.



“Coming to sessions feels good, I can get things off my chest and it helps me to feel calm.”

Male 14 years, 42nd Street

A Note on Standards

There are a number of quality assurance processes that are relevant to the delivery of youth counselling services.



Youth Access

Youth Access' nationally agreed standards comprise seventeen individual standards covering the work of YIACS and are accompanied by tools enabling a 360 degree self assessment against each standard. The standards are underpinned by a quality framework that encompasses Youth Access' values, principles and the key policies of: confidentiality and child protection; equality and diversity; and the involvement and participation of young people. The Youth Access standards reference and complement those set by **the British Association for Counselling and Psychotherapy (BACP)**

Youth Wellbeing Directory and ACE-Value Standards

A new online Youth Wellbeing Directory now allows commissioners to view information and evidence about individual counselling providers and other providers of mental health and emotional wellbeing services for 0-25 year olds. The evidence presented in the directory will assist commissioners to make judgements about the commissioning readiness of individual organisations.

The Directory is appropriate to providers across the statutory, voluntary and private sectors and enables them to register information at two levels. The first level includes basic service information with the second level enabling providers to demonstrate evidence against the ACE-Value Standards

The ACE-Value standards are an opportunity for individual providers to demonstrate the quality of their service across four key areas:

- A**ccountability – commitment to offer quality services and to demonstrate their impact
- C**ompliance – commitment to safe practice
- E**mpowerment – commitment to collaborative practice with service users
- V**alue - commitment to offer high value services and an opportunity to highlight the unique or special features of an organisation

The Youth Wellbeing Directory has been developed by the CAMHS Evidence-Based Practice Unit in partnership with other organisations, including Youth Access.

Further information about ACE-Value can be found at: www.youthwellbeingdirectory.co.uk

Thinking about commissioning a counselling service for young people?

A Quick Checklist

Does the service have:

- Policies on child protection and confidentiality?
- Qualified and accredited counselling staff, with specific training to work with young people?
- An established cycle of regular clinical supervision for counselling staff?
- A policy on the line management of counselling staff?
- A process for assessing young people's needs and risks?
- A process for measuring the outcomes of its work with young people?
- A system for monitoring and analysing service take up, including data on demographic and presenting issues?
- Opportunities for young people to comment and offer feedback on their experience of the service?
- Opportunities to be involved in other aspects of the service planning and delivery?

Commissioning Counselling in Schools

There is clearly a role for schools in helping to promote and provide access to emotional support and mental health services, including helping young people to access psychological therapies such as counselling (Children and Young People's Mental Health Coalition 2012). Schools that are interested in providing on-site access to a counselling service for their students are likely to consider the option of either commissioning an external organisation to provide the service or directly employing their own counsellor.

Where possible, Youth Access recommends schools consider commissioning an external provider to deliver the counselling. A suitably qualified and experienced local provider is likely to offer reassurance to a school's governing body that the counsellor is properly trained, supported, clinically supervised, insured and working within agreed policy frameworks and standards. From the perspective of students, an external provider is also more able to offer continuity of the counselling relationship beyond term time and the "school gate". It can also be a way to offer students who do not want to access in-school provision the alternative of seeking a counselling service in their local community. Most counselling services build effective relationships with local specialist CAMHS and other services relevant to young people's needs, which can help when appropriate, with effective consultation, signposting and referral.

Where schools decide to employ their own counsellor, governing bodies should be made aware of their direct responsibilities for the clinical governance of the provision. Governors will need to ensure the counsellor is suitably qualified and clinically supervised by a qualified practitioner. This will include holding a contract between the school and the person or organisation providing the counsellor's clinical supervision and checking that both supervisor and counsellor are covered by suitable professional indemnity insurance. Schools should also consider the capacity of a lone counsellor to build effective links with specialist CAMHS and other local services. These relationships can be crucial to the overall effectiveness of the service to individual students. In the case of long term absence by a single employee, schools also need to consider how they will maintain service continuity during the period. (A contracted service provider should have a contractual obligation to provide such cover.) Governors should be aware of the need to have a confidentiality statement for the use of students and parents. The British Association for Counselling & Psychotherapy provide further information for schools.

The Case for Youth Counselling: supporting evidence

There is now widespread political support for the role of talking therapies in meeting young people's mental health and emotional wellbeing needs, with the availability of counselling an important component of the therapies available to young people.

NICE, The National Institute for Health and Clinical Excellence issued guidance in 2005 on the treatment and management of depression in young people, recommending that those with severe or moderate depression be offered, as a first line treatment, a specific psychological therapy. At the time the Chief Executive of NICE and the Executive Lead for this guidance issued a statement stating: *"This guideline makes it clear that psychological treatments are the most effective way to treat depression in children and young people."*

Currently, NHS England's Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme (2011-2015) is helping to promote counselling through its appointment of a lead advisor on children and young people's counselling. Government is also investing in new e-learning resources for counsellors to work with young people up to age 25 as part of the new online resource MindEd (to be launched in April 2014).

The following highlights some of the evidence that supports the case for commissioning youth counselling services, particularly the need to commission services within the context of community-based YIACS' settings.

CYP IAPT and Youth Counselling in the Voluntary Sector



Case study: Croydon Drop In

Croydon Drop In is now one of a number of voluntary sector youth counselling services across the country that are partners in NHS England's Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT). For Croydon Drop In the partnership has involved the organisation's CEO undertaking the service transformation training; the Counselling Manager participating in supervision training and a counsellor training in CBT.

First opened in 1988, Croydon Drop In offers its services to 11 – 25 year olds and provides:

- Counselling from its centre and also in secondary and primary schools and in Pupil Referral Units
- Clinical supervision to family therapists within the local authority
- Advice & Advocacy to support young people with social welfare advice issues, such as housing and benefits
- Youth Participation to support young members with accredited training and personal development
- TALKBUS, a mobile unit delivering informal health education to young people in public venues, schools and colleges
- Training and workshops for young people and professionals on a number of topics, such as identity, substance misuse, homophobia, personal safety

Croydon Drop In is funded through a tender with the Youth Integrated Support Service (IYSS), CAMHS and via other independent trusts. Despite working with post 18s CDI receives no support from Adult Mental Health.

The risks of mental health problems in young people

“75% of those with life time mental health problems first experienced symptoms before their mid 20s”

Kessler and Wang 2007

While the risks of common physical health problems, such as cancer and heart disease rise steadily with age, adolescence and early adulthood is a period which is more likely to place young people at greater risk of mental health problems than physical ill health (Centre of Economic Performance Mental Health Policy Group, 2012). Common mental health disorders, such as depression and anxiety are more prevalent in young people than in other age groups and most adult mental health problems have their beginnings in the first two decades of life. Mental health problems cause enormous suffering to those affected during these early decades and, if left untreated, are likely to persist into older adulthood; creating further misery for the individual, their family and carers.

The range of mental health problems faced by young people includes:



- emotional disorders, for example phobias, anxiety, depression
- obsessive compulsive disorder
- substance misuse problems
- eating disorders
- post-traumatic stress disorder
- the psychological effects of abuse and neglect
- psychosis
- emerging borderline personality disorder.

The absence of up to date national evidence about the prevalence rates for young people’s mental health problems makes it difficult to assess the current levels of need. However, the last and most robust survey conducted by the Office for National Statistics in 2004 suggested around 13% of young males and 10% of young females have some kind of mental health disorder.

The evidence also indicates that young people living with parents with higher levels of educational attainment have lower levels of mental health problems. While mental health problems can and do affect young people from any background, some groups of young people are particularly vulnerable. By using parental educational background as a proxy for socioeconomic background, it has been suggested that lower levels of parental income corresponds with higher levels of mental health problems in young people (Hagell, Coleman, Brooks 2013). A regular national survey of 16-25 year olds by the Prince’s Trust (The Macquarie Index) has also shown young people reporting increased mental health problems, including self harm, insomnia, self loathing and panic attacks due to unemployment. Some academics and professionals have also suggested that since 2008 and the worsening economic climate, there may have been an increase in the numbers of young people experiencing difficulties.

In addition to young people in low income groups, the following groups of young people have also been recognised as having a greater level of risk to poor mental health: “Looked After” young people, those with disabilities, young people in certain ethnic minority groups and young people who are lesbian, gay, bisexual or transsexual have also been recognised as having a greater level of risk to poor mental health. These “high risk” young people are not only more vulnerable to mental health problems; they are also likely to be prone to other difficulties and risks. There is a strong association, for example, between mental health problems,

social welfare problems (such as homelessness and debt) and being a young person, particularly a young person in one of the 'high risk' groups (Sefton 2010).

For young people vulnerable to, or already experiencing, multiple and complex difficulties, an integrated approach, able to work across mental health, social needs and other health problems is likely to be of greatest relevance to their needs. Counselling services offered in the context of the YIACS service model may be particularly responsive.

Improving access and engagement

“YIACS provide treatment for young people who would not otherwise access support.”

Heads Up, New Philanthropy Capital 2008

Young people have consistently said they want services that are non-stigmatising, young person-friendly and available in informal settings (Lavis, Hewson, 2011). These characteristics are particularly important in securing their access and engagement in help. The style and approach of youth counselling services in YIACS settings fits well with the evidence about what young people want from services.

Service design has been noted as particularly important for those in high risk groups, impacting on take-up, continued engagement and completion of treatments (Knapp, McDaid, Parsonage 2011). The research underlines the importance of accessible young person-friendly mental health provision for young people up to 25 years. This is a time when young people are often vulnerable to multiple levels of need which can place them at higher risk.

A particular advantage to young people of a counselling service is the opportunity to self-refer. In a YIACS style setting, young people can directly contact a counselling service for an appointment, or access counselling via other routes, such as by initially seeking help for housing or sexual health needs. Many YIACS also offer 'drop in' services, which have the added benefit of allowing a young person to informally 'test' or 'check out' a service before asking for further help. Additionally, "drop in" services can also be very important for those who find it difficult to maintain appointments and can be the only way to offer help and support to some of the most chaotic and at risk young people. Many youth counselling services are also available in the early evening and at weekends.

Youth counselling services place a high value on offering a confidential space in which young people can develop voluntary and trusting relationships. For some young people, the ability to access a service independently is very important; allowing them to protect their privacy. Counselling services recognise the importance of parents and carers in young people's lives; however, few services have the capacity to work directly with them.

Service user involvement, which is an important aspect of the national policy agenda across Health and other public services, is a strong feature of many youth counselling services. Young people's participation and involvement has been a critical factor in helping to maintain and sustain YIACS' young person-centred ethos (Kenrick 2012). The voice of young people in shaping all aspects of service design and delivery is noteworthy and local agencies implement various strategies to promote young people's voice and inclusion. This includes user groups, regular review and evaluation events, as well as implementing service feedback tools to measure the value to individual young people of the counselling relationship.

Youth counselling services, particularly in YIACS settings, are also effective in reaching out to those who may not otherwise seek help. They take active steps to ensure their accessibility to the diversity of young people in their local communities (Street et al 2005). Many youth counselling services actively seek to address both physical and psychological barriers to their help by developing services targeted at particular groups and through the use of new technologies.

At the local level, youth counselling services are able to complement statutory mental health provision and offer young people a choice of provision. They offer those who fear stigma or are reluctant to seek help for mental health problems from the statutory sector an alternative. Counselling may also be a good choice for those young people who do not reach statutory services' entry criteria.

Using technology

Case study: Streetwise

Streetwise an advice, counselling and support service for 13-25 year olds in Newcastle has expanded access to its counselling services through the use of technology. This was a response to young people who could not or would not access face to face counselling.

Funded by Comic Relief, Streetwise now provides an online counselling service. The service required counsellors to undertake an intensive 8 week online counselling course. The sessions are delivered to young people through instant messaging via Skype or through therapeutic e-mails (via HUSH mail) and can be accessed by young people through computers, tablets or mobile phone. The sessions are available after school and can be accessed up to 9pm in addition to all day Saturday.

Streetwise also offers face to face counselling, a sexual health drop in that provides c-card inductions, c-card repeats, STI and pregnancy testing, relationship advice and support and group work in schools and community settings. The organisation also provides a city-wide detached work.

The service analyses the outcomes of its counselling work with young people through a system called COREnet. Outcomes are recorded on a session by session basis and the monitoring system records both baseline and progress within areas of risk and wellbeing.

Streetwise's funding includes direct commissioning from Public Health and the Local Authority as well as grants from several charitable trusts and foundations.

Further information at: www.streetwisenorth.org.uk/

The benefits of an integrated approach

“For those who leave school at 16, further support is vital in the form of skills development for work and training, management of relationships, and advice on substance misuse, debt, continuing education, housing concerns and pregnancy and parenting. Such training and support should be developed and located in every community, designed specifically for this age group.”

Fair Society, Healthy Lives, The Marmot Review, 2010

With the incidence of mental health problems amongst under 25s one of the biggest challenges to their health and wellbeing (Jones 2013), this is a crucial period in which to offer appropriate interventions. Strengthening access to services able to intervene early when mental health problems first arise is likely to reduce longer-term distress. Youth counselling services can make a crucial contribution in providing help for those at risk.

Young people often seek help for mental health and emotional wellbeing difficulties at points of transition: leaving education; change and breakdown in family and other relationships; leaving or living away from home; entering work or training. However, these key transition points often occur at the very time (i.e. in late adolescence and early adulthood) when many statutory services are the least sensitive to their needs. In contrast, the YIACS ‘under one roof’ model of services is particularly responsive to young people’s needs at this time and features many of the characteristics shown to be effective in addressing the needs of this group (Sainsbury, Goldman 2011).

Many YIACS have the capacity to address a range of problems alongside offering help with mental health problems. Unlike statutory mental health services, which generally have to refer a young person on to other services for help, YIACS can often meet a range of needs within their service. Some of these needs may also be contributing to and exacerbating their difficulties and there is good evidence to suggest it is not only the offer of counselling within YIACS that has a positive benefit on young people’s mental and emotional health.

In a 2012 study of young people using advice services in YIACS settings, i.e. advice typically involving homelessness, housing and debt problems, around two-thirds of the young people had GHQ-12 scores that met or exceeded common cut-off points for mental illness. This included 17% of young people with scores indicating severe mental health problems, compared to 2.6% of the general population. In this study, 64% of young people reported improvements in their levels of stress as a result of getting advice in YIACS.

YIACS’ ability to offer flexible and tailored responses can bring considerable benefits to young people and there is long-standing evidence of its effectiveness as a joined-up solution to their diverse needs. However, if the benefits of an integrated service delivery model are to be achieved, then the challenge is for local commissioners to come together to develop a more strategic and joined up response to meeting often inter-related needs. In working together, commissioners with responsibility across youth and adult mental health and those commissioning sexual health, housing and other young people’s services can provide effective solutions. These are likely to have benefits for young people, as well as reducing overall costs.

Information, Advice, Advocacy, Support and Counselling for young people 11-25 years in Norfolk

Case study: MAP

MAP opened in 1991 and delivers a range of direct services to approaching 3,000 young people aged 11-25, in Norfolk, each year. In Norwich and Great Yarmouth has its own premises and provides a drop-in space where young people can simply hang out with internet access, refreshments and telephone access to contact other services as well as advice and counselling.

Young people have ready access to trained MAP staff and a range of specialist services, including:

- **A Therapeutic service**, staffed by a team of qualified and experienced counsellors, Well-being Advisers and Youth Mental Health Workers offering interventions from one-off 'crisis' sessions and brief guided and supported self-help work to group and one to one therapy. MAP has bases in North Walsham, King's Lynn and Attleborough, as well as its Norwich and Great Yarmouth premises.
- **An Advice service** providing expert help on rights-based issues, such as welfare benefits and housing
- **A specialist Money Advice service** offering money 'health checks', help with opening bank accounts, budgeting and dealing with debt
- **A Social Work practice** working specifically with 16/17 year olds who are either homeless or in danger of becoming homeless
- **A Youth Work service** offering activities including Pop-up Youth cafes, residentials and day trips, Youth Leadership programmes, weekly groups and arts projects
- A comprehensive **Sexual Health service**, including C-Cards, Chlamydia and gonorrhoea screening, pregnancy testing, pregnancy support and an accredited 12-week sex and relationships course
- **Professional help around a wide variety of other issues**, including drugs and alcohol, relationships and writing CVs
- **Group-work with specific groups of young people** needing support, including young parents and transgender young people

Further information at: www.map.uk.net

Achieving good outcomes

“With respect to findings in the counselling and psychotherapy field, what studies show is that the differences in improvement between therapy and control groups – whether pre-therapy, no-therapy or placebo – are nearly always significant.”

Essential Research Findings in Counselling and Psychotherapy, Cooper. 2008



Various research studies have demonstrated the wider benefits of counselling and psychotherapeutic interventions (Cooper 2008) and youth counselling services have been found effective in preventing mental health problems and in reducing crises and suicide amongst young people (Garcia et al 2007).

Most youth counselling services collect a range of data about young people's mental health and wellbeing. This data can make a valuable contribution to Joint Strategic Needs Assessments (JSNAs) by deepening local understanding of the likely extent and range of mental and emotional health need amongst young people. Youth counselling services have a longstanding commitment to the collection of young people's feedback on their experience of counselling. In the past decade, many have also embraced routine outcome measurement.

Many services now implement nationally validated tools in measuring the outcomes of their counselling work with young people. Commonly used tools are: YP CORE, CORE 10, various tools from both the adult and children and young people's IAPT programme and HONOSCA. A few services have developed their own tools or use an amalgamation of existing measures. While services have been pro-active in measuring the outcomes of their work, there are particular challenges in their selection of measures. Since most youth counselling providers offer their services across a wider age range than statutory mental health services and no single tool is valid across their whole age range, they are faced with the need to implement a greater mix of tools. Further compounding the challenges is the limited administrative and IT infrastructure available to most services, particularly small providers.

Despite the difficulties, many individual services are able to offer robust evidence of the outcomes of counselling on young people's mental health and wellbeing. Independent evaluation of a small national project in which three local youth counselling agencies implemented a suite of measures from the adult IAPT toolkit, found “The dataindicate that overall, across the different outcomes tools* used in Making Tracks, young people, who often presented with multiple problems, showed improved post-intervention/last scores” (Street 2011). More generally the evidence from a range of studies suggests “services may be extremely effective – and cost-effective – alternative to prescribed medication or statutory mental health provision.” (Lee, Kenrick 2010).

Working with Black and Ethnic Minority Young People



Off the Record Croydon

Off the Record, Croydon offers a range of free, confidential counselling and other support services to young people 5-25 years. The organisation has developed specialist provision for Black and Ethnic Minority (BEM) young people. This includes:

- A community development outreach team building a bridge between statutory mental health services and local BEM communities. Their work involves changing attitudes towards mental health amongst BEM communities; improving BEM access to, and experience of existing services; building capacity within community organisations and developing mental health services.
- Compass Refugee Project which offers individual counselling and group work to young refugees, asylum seekers and forced migrants. Primarily delivered through schools and colleges and using, where requested, interpreters, the counselling is generally short-term. Additional specialist support is also offered to new arrivals, age disputed young people and refused or destitute asylum seekers. There is also a weekly Compass Boys Group where trauma, loss and mental health needs are supported alongside activities and sports.

Off the Record also offers:

- An open access, self-referral service for 14-25 year olds. In addition to appointments, young people can also access counselling through twice weekly 'Walk In' sessions, where they can wait for an assessment without a prior booking. Over 100 counselling sessions are offered each week.
- Jumpstart, a counselling service for young people aged 11-21 who live, work or study in Sutton, which arose out of an approach by young people's organisations from neighbouring borough of Sutton.
- A new dedicated and secure online counselling service for young people in Croydon.

Other services are: a Young Carers Project for 8 year olds plus; a 12 week mental health group for 11-19 year olds and contributing to a local Family Navigator project for 'just coping' families

Further information at: www.offtherecordcroydon.org/

Tackling Service Gaps and Transition Problems

“It might be possible to achieve improved access and a broader range of interventions for young adults by working more closely with Youth Information, Advice, Counselling and Support Services and with GP-Led primary care services such as the Young People’s Clinic in Herne Hill”

Lamb,C. Murphy,M. British Journal of Psychiatry, Jan 2013 Vol.202 Supplement 54



Young people who need to continue to access support for their mental health beyond statutory CAMHS are often described as being part of the ‘transition’ problem. There is clear evidence from various reports that too many young people already in the statutory mental health system fail to make a successful transition from CAMHS to Adult Mental Health Services. While this is an unquestionable difficulty for this particular group of young people, the numbers affected are relatively small. Of equal concern are the greater number of young people who at 17 or 18+ years fail to get any help at all in many areas of the country.

A number of studies have challenged the current configuration and model of mental health care for young people under 25 years (Garcia et al 2007). For many 16-25 year olds neither statutory CAMHS or adult mental health services are successfully meeting their needs. The Social Care Institute for Excellence pointed out in 2011 that:

“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].”

The reasons why the current arrangement of mental health services too often fails to meet 16-25 year olds’ needs are varied. Some young people simply do not meet the entry criteria of the statutory services, while others find the provision inappropriate to their needs. Whatever the reason, the result is too many under 25 years olds regularly fall into the gap between adolescent and adult services. While this is not a new problem (Wilson 2002), neither is it a problem confined to mental health services. Young people under 25 years experience similar barriers to meeting their needs in other areas of provision, such as homelessness, debt, drugs and alcohol. These problems frequently co-occur and exacerbate or contribute to poor mental health (Balmer, Pleasence 2012).

Historically, YIACS have provided a solution to the gaps that open between youth and adult services. Youth counselling services offered in the context of YIACS have consistently provided for young people across the age range 13-25 years. The longstanding experience of these services suggests most young people find moving into adult services from their mid twenties onwards a more ‘comfortable’ process than at either 17 or 18.

Given the prevalence and higher risk of mental health problems amongst young people and young adults compared to other groups in the population, commissioners across both youth and adult services and across mental health and social care need to be more alert to the wider needs of this group. There is a particular challenge for adult commissioners to think differently about the needs of 16-25 year olds compared to other adult groups in the population. If commissioners across youth and adult services are willing to consider the joint commissioning of services for 16-25 year olds, they can build local capacity to meet the distinct needs of this age group. This will ensure an appropriate safety net for these young people can be developed and offer the potential to reduce costs.

Emerging research on the developing brain

“Traditional mental health services have evolved without the knowledge that psychopathology observes no transition between adolescence and early adulthood. From the perspective of brain development, services may require re-engineering to provide an appropriately seamless and developmentally sensitive approach to individuals on the two decade journey from puberty to adulthood.”

PB Jones BJPsych Jan 2013 Vol.202 (Supp 54)



Contributing to the weight of evidence about poor access to services for 16-25 year olds is emerging evidence about brain development, which points to the brain continuing to mature well into the early twenties. This research is starting to challenge current assumptions about entry into adulthood; lending further support to the case for a better tailored response to young adults, particularly in response to their mental health and wellbeing needs.

The emerging research shows the brain continues to change throughout the life course, but with periods when more radical changes occur. One of these periods starts in puberty and lasts well into the early twenties. It is suggested that the brain's neuro-plasticity during adolescence may be particularly experience-dependent; meaning each young person's life experiences during this period has a unique influence on their brain development and his/her current and future patterns of thinking, relating and behaving. With young people during this period particularly vulnerable to both negative and positive experiences, improving access to positive life and therapeutic experiences is likely to have good long term consequences for adulthood.

As the research accumulates, it starts to raise important questions about current definitions of adulthood and expectations of the type and range of health and other public services that young people should be expected to use. If sexual maturity and the attainment of legal rights and obligations at 18 years are no longer reliable or sufficient markers of adulthood, then it questions the service responses made to this group. If young people's planning, organisational and self-regulatory capacities during adolescence and into young adulthood are different from older adults then the types of services and interventions appropriate to this group are likely to be different. Certainly the research on brain development offers support to the accumulating evidence about the value young people place on service models such as YIACS.

In an era of health and wider public sector reform with opportunities for thinking differently about how services are provided for different client groups, the challenge is to use the evidence from brain research to help inform the planning of mental health services for young people. There are opportunities to reconfigure provision and ensure services are fit for the twenty first century!

Counselling for 11- 25 Year Olds



Case study: No Limits, Southampton

Founded in 1993, No Limits provides free, confidential information, advice, counselling, support and other specialist services. No Limits' specialist services include sexual exploitation projects, substance misuse treatment, housing support and access to tenancies, parenting and an advocacy service for Looked After Children and Care leavers.

No Limits works with young people aged 11-25 years, their families and children through three City centre drop-in centres and in secondary schools and colleges across Southampton. The organisation also works in partnership with other services across Hampshire to deliver some programmes of work.

No Limits' counselling services are available to young people aged 11-25 both through the three drop-in centres and also in secondary schools in Southampton. In 2012-2013, 329 young people engaged in counselling. This included 210 11-18 year olds and 119 19-25 year olds who together attended 1,686 counselling sessions. The counselling service employs a team of 15 volunteer counsellors, supported by a Senior Counsellor, and a paid counsellor who works in No Limits' Young People's Substance Misuse treatment service. The counselling service meets BACP good practice standards and guidelines and implements CORE to measure the outcomes of its work with young people. The rate of non-attendance at counselling appointments was reduced from nearly a third of appointments to 16% by No Limits during 2012-13 by training counsellors in how to offer appointments and by sending text reminders to young people.

Seventy five per cent of the young people attending counselling at No Limits also attend or make use of other aspects of the organisation's services. This includes attending either the City-based drop in centres or using the drop in sessions provided in schools and colleges. Young people in counselling will also seek and be offered information, advice and support on a range of issues including housing and homelessness, sexual health, substance misuse, money and benefits and criminal justice issues.

More information at: <http://www.nolimitshelp.org.uk>

The benefits of early intervention and prevention

“Shifting the focus of services towards the promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises.”

No health without mental health, Department of Health 2011

Mental health is a major health issue - accounting for almost 23% of the overall burden of disease. Whilst many would argue society has a duty to prevent the misery of mental health problems amongst young people on moral grounds alone, there is also a very clear economic rationale for doing so. The economic and social costs have been estimated at approximately £105 billion annually (Department of Health 2011).

The costs of mental health problems are vast, but a number of reports over the past decade have noted the benefits of investment in early intervention and prevention. This includes a Department of Health report in 2011, which found good evidence of the economic value of investment in mental health promotion, prevention and early intervention. Early intervention means investing when problems first occur not simply during the early years! Investment throughout adolescence and into early adulthood is vital given the evidence about the lasting costs to older adulthood mental health and the long term costs to the public purse of untreated problems.

Currently only a quarter of all those with mental ill health are in treatment, yet the cost of providing more treatment would be relatively little (Centre of Economic Performance 2012). The research suggests more people in treatment would actually create savings elsewhere in health and other budgets over the long term; for example, in the costs of physical ill health associated with mental health problems. The current failure to invest in early intervention and prevention at the critical adolescent/young adult stage is particularly costly, since mental health disorders are the largest health risk confronting this group and with a substantial proportion of adult mental health problems rooted in the first two decades of life. A 14 year cohort study in Australia suggests that successful interventions in adolescence/early adulthood are helpful in reducing illness in later life.

Moving funding into services for young people under 25 years is undoubtedly a considerable challenge. However, as the Royal College of Psychiatrists states “Prevention targeted at younger people can generate greater personal, social and economic benefits than intervention at any other time in the life course” (Royal College of Psychiatrists, 2010). This suggests that it is a challenge which local service commissioners must confront, particularly when savings across all public services are demanded.

“When people with physical symptoms receive psychological therapy, the average improvement in physical symptoms is so great that the resulting savings on NHS physical care outweigh the cost of the psychological therapy.”

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Further information

Please contact Youth Access for further information. Email: admin@youthaccess.org.uk

About Youth Access

Youth Access is the national association for young people's information, advice, counselling and support services (YIACS). Through its members, Youth Access is the largest provider of advice and counselling services to young people across the country.

Youth Access promotes and develops the quality and standard of YIACS and aims to shape and influence policy and practice through evidence-based approaches. Our main activities include the provision of information, advice, training, research, consultancy and representation.



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