Supplementary written evidence submitted by MIND

About Mind

We're Mind, the mental health charity for England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Mind works with young people to provide information and support and provides local mental health services through our network of Local Minds. We work alongside and for young people with mental health problems to ensure they have access to the right services and support and are able to fulfil their potential.

Our recent education inquiry into mental health in secondary schools (link here) provides the basis of our evidence. It involved consultation with almost 3,000 young people, parents/caregivers, mental health professionals and school staff across England.

What is a mental health and what are some common myths associated with it?

- Good mental health means that a young person can generally think, feel and react in the ways they need and want to live their life. For a young person who might be experiencing poor mental health, they might find the ways in which they are frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse. [1]
- Mental health problems can vary in type, ranging from common problems such as depression, anxiety to rarer problems such as bipolar and schizophrenia.
- The World Health Organisation has defined mental health as a state of wellbeing 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 her or his community.[2]
- In 2022, 18% of children aged 7 to 16 years and 22% of young people aged 17 to 24 years had a probable mental disorder.[3] This equates to 1 in 6 young people, compared to 1 in 9 during pre-pandemic levels. [4]
- Mental health problems can affect the ability of young people to attend, perform well and participate in school. Official statistics have shown that young people with a Social, Emotional, Mental Health Need (SEMH) or Educational Health Care Plan, are more likely to be severely absent, fall behind in academic attainment or drop out of the mainstream school system. [5]

Common misconceptions about mental health

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[1] Mind, https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/

[2] World Health Organisation, Available at https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[3] NHS Digital, Mental Health of Children and Young People in England 2022, Available at https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey

[4] Young Minds, Mental Health Statistics. Available at https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/

[5] Special Educational Needs Publication (2022). Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1082518/Special_educational_needs_publication_June_2022.pdf

How impactful mental health is on a young person's engagement with their learning.

- 96% of young people said that their mental health had affected their schoolwork at some point. [6]
- We surveyed 1,271 young people between the ages of 13-25,of which 82 per cent of young people had personal experience of mental health problems. Nearly 7 in 10 of young people who participated reported being absent from school due to their mental health. [7]
- Severe mental health problems will often require clinical treatment and support in order to get better, as with physical health and can therefore significantly disrupt school life.

Young people use mental health as an excuse and need to adopt a more 'resilient' mindset for their school life.

- Although the notion of resilience is important for life development, a young person facing a mental health problem might not have the ability to exhibit these skills all the time. This is largely due to the fact that many components of building resilience can be counterintuitive to the experiences of a young person facing mental health challenges. These include aspects such as emotional regulation, optimistic thinking, self-efficacy and adaptability to adverse circumstances [8], which might be difficult for a young person with mental health problems to navigate without appropriate and timely support.
- Research by the Mental Health Coordinating Council demonstrates how mental health can significantly impact a person's cognitive development and functioning, or mental processing, which is important for growing resilience. [9]
- Due to the nature of most mental health problems being invisible and lengthy waiting times and high referral thresholds failing young people in being able to provide medical evidence or even getting support, young people are more likely to be stigmatised and disciplined due to these common misconceptions and lack of understanding. For example, we found that 48% of young people were being disciplined for behaviour linked to their mental health within our inquiry. [10]

Mental health problems cannot exist without a diagnosis from a doctor.

- Young people might experience symptoms of mental health problems, however, may choose to not seek help or further support from a health professional or get a diagnosis. For example, research from Young Minds found that more than half (51%) of 14,000 young people surveyed were embarrassed or ashamed to reach out for treatment or support. Almost 4 in 10 (37%) said they didn't want anyone to find out they were seeking help for their mental health. [11]
- Some people find getting a diagnosis of their mental health problem helpful to enable them to get support, whereas others can find that their symptoms may not fit into a particular diagnosis.[12]

There is an automatic link between mental health problems and being a danger to others.

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[6] Mind, Not Making the Grade 2021 , https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[7] Mind 2021: https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[8] Worth It, 'Building Resilience in Young People'. Available at https://www.worthit.org.uk/blog/building-resilience-young-people
[9] Mental Health Coordinating Council, Available at https://mhcc.org.au/wp-content/uploads/2018/05/2016.02.17._supporting_cognitive_functioning-_mhcc_version__v._11__.pdf
[10] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[11] Young Minds, Available at https://www.youngminds.org.uk/about-us/media-centre/press-releases/over-a-third-of-young-people-experience-stigma-and-discrimination-when-seeking-mental-health-support/#:~:text=According%20to%20recent%20research%20with,teachers%2C%20GPs%20and%20other%20professionals.&text=More%20than%20half%20(51%25),out%20for%20treatment%20or%20support.
[12] Mind, Available at https://www.mind.org.uk/for-young-people/introduction-to-mental-health/types-of-mental-health-problems/

- However, the most common mental health problems have no significant link to violent behaviour. [13]
- Many people are still worried about talking about how they're feeling, or seeking help, because of the fear and stigma of being seen as dangerous, weak or unstable. [14]

Why are mental health problems on the rise?

Our education inquiry provides an explanation on some of the main drivers which have contributed to the rise in mental health problems. This includes:

Trauma

- Young people who have experienced trauma and Adverse Childhood Experiences (ACES) reported that it had a significant impact on their school life and triggered issues such as severe anxiety and Post Traumatic Stress Disorder (PTSD). [15]
- We interviewed a group of 17 young people as part of this inquiry and found that over a third said that problems at home had a negative impact on their wellbeing at school.[16]
- Research produced by PTSD UK has also illustrated that 1 in 13 children and young people will suffer with post-traumatic stress disorder at some point in their childhood and has estimated that there will be a rise of about 77,000 PTSD referral cases between 2021/2022 and 2022/2023. [17] This explains how the rise in mental health problems can be closely associated with the growth in traumatic experiences being encountered by young people and presents a greater need for schools to adopt a trauma –informed approach for young people struggling with severe and persistent absences.

Racism

- From our inquiry, young people from Black, Asian and Minority Ethnic backgrounds described how they faced racism at secondary school which damaged their mental health. As a result, some were unable to learn or take part at school. Having difficulties attending school was a very common experience for young people from Gypsy, Roma and Traveller communities. Several interviewees often missed school. Respondents identified anxiety, bullying, and struggling to manage anger as reasons why they were unable to attend school. [18]
- Over 55% of young people from Black and Black British backgrounds experienced racism at school.[19]
- 95% of young people who experienced racism believed that more needed to be done to challenge racism in schools. [20]
- Data captured from freedom of information requests conducted in 2021, has also revealed the rise in racist incidents within UK schools, with there being over 60,000 incidents reported within five years. [21] This apparent increase, and the intersectional impact which racism has on wellbeing, can clearly suggest why there has been a spark in mental health problems. [22]

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[13] Mind 2018, Available at https://www.mind.org.uk/media-a/4968/violence-and-mental-health-mind-factsheet-2018.pdf
[14] Mind, https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/stigma-misconceptions/
[15] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[16] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[17] PTSD UK, https://www.ptsduk.org/ptsd-stats/#:~:text=One%20in%2013%20children%20and,cases%20a%20year%20on%20average
[18] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[19] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[20] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

Impact of school closures and the pandemic

- Almost nine in ten (88%) of the school staff we surveyed said that the mental health of students had got worse due to the pandemic. Reasons given for this included a loss of routine, social isolation and difficulties accessing support. [23]

Lack of mental health support

- Young people, their parents, and mental health and education professionals told us about huge challenges in accessing NHS support. Nearly 8 in 10 parents (78%) said they felt their child did not get the support they needed because they didn't fit certain criteria. Nearly a third of parents identified thresholds for CAMHS as a barrier to getting care. [24]
- Young people from racialised communities face even more barriers when accessing mental health services. Research has found this is due to discrimination, language barriers and stigma around mental health.[25] The Care Quality Commission's 2019 review of CAMHS found that providers had a widespread lack of understanding of local need, including among those from Black, Asian and Minority Ethnic backgrounds.

Joint Approaches to Mental Health

- A cross-government approach is vital to improving the mental health of the nation's young people and in turn improving school attendance. And while there is some joint initiatives between the Department of Health and Social Care (DHSC) and Department for Education (DfE), we need to see more of this. And we also need to see better collaboration with the Department for Levelling Up, Housing and Communities.,
- The cross-government Mental Health and Wellbeing Plan would have provided a crucial opportunity to rebuild the mental health of the nation following the pandemic, however now that this has been dropped and replaced with the major strategy, government must address how it seeks to tackle persistent cross- government issues, as well as the social determinants which are contributing to the prevalence of health disparities amongst children and young people.
- Persistent absence from school is nearly always a symptom of a larger problem. Given the strong link between poor mental health and school absences, effectively addressing the reasons behind persistent absences requires a joined-up government strategy that builds on existing guidance, such as the whole school approach to mental health and wellbeing.
- Less than four in ten (38%) young people surveyed said they had received support from school for their mental health. Over a third (36%) of young people told us that they did not want mental health support from their school[26].

Our recommendations

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[21] Guardian (2021), Available at https://www.theguardian.com/education/2021/mar/28/uk-schools-record-more-than-60000-racist-incidents-five-years

[23] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[24] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[25] Chui, Z., Gazard, B., MacCrimmon, S. et al., (2020). Inequalities in referral pathways for young people accessing secondary mental health services in south east London. European Child and Adolescent Psychiatry. Available at: doi.org/10.1007/ s00787-020-01603-7 32 Memon, A., Taylor, K., M
[26] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

1. NHS England should roll out early support hubs which young people can access on a self-referral basis and be able to get immediate support and intervention for their mental health needs before crisis point.
2. NHS England should expand CAMHS services and tackle long delays, widen access to mental health services and deliver specialist mental health care centered around young people's needs.
3. Schools should offer additional support to families from deprived and disadvantaged backgrounds. This could include providing extra financial support and emotional assistance and food supplies to young people receiving free school meals whose families are struggling with the increased cost of living or offering therapy and counselling to those enduring difficult living circumstances at home or who have negative relationships with family members, in order to address trauma and bridge the gaps in experience and overall life quality.
4. Schools should improve their onsite mental health provision. They need more specialist support provision available in schools from qualified councilors, mental health support teams and educational psychologists, as well as enhanced teacher training on mental health and SEND, to better assist young people at risk of experiencing severe and persistent absences.
5. Schools should also create a safe, positive environment through the whole school approach that creates a positive setting for young people's wellbeing and promotes the benefits of high attendance.

Off Rolling

- Although there is a significant data gap around off rolling due to the illegal nature of its activity, the rise in children missing in education suggests that it has become more common in practice.[27] During the 2021/2022 academic year, there was a total of 94,900 estimated to be missing in education and in the 2023 spring term alone, a further 24,700 have been identified as missing. [28]
- FFT Education Datalab found that 22,000 children who would have sat GCSEs in 2017 left state education and that these children had higher rates of special educational needs, English as an additional language and free school meals.[29]
- Whilst there is no direct evidence of racial disparities, we can infer from other characteristics, such as English as an additional language, that young people from racialised backgrounds may be more likely to be missing in education and off rolled. Accordingly, 33.9% of pupils in primary schools and 32% in secondary schools who have English as an additional language (EAL) are likely to be from minority ethnic backgrounds. [30]
- Pupils from minority ethnic backgrounds such as Roma, Traveller, Gypsy or Mixed Caribbean backgrounds are also more likely to be formally excluded and tend to perform the worst academically compared to their racial counterparts. [31]

Fines

- Local councils are required to issue fixed penalty notices and prosecute families if the fines are not paid after 28 days. These fines typically range between £60 to £120. [32]

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[27] Children Commissioner 2019, 'Skipping School Invisible Chidlren' Available at https://www.childrenscommissioner.gov.uk/resource/skipping-school-invisible-children/

[28] Education Stats, Available at https://explore-education-statistics.service.gov.uk/find-statistics/children-missing-education

[29] Who's Left 2018, part one: The main findings, P Nye and D Thompson, FFT Education Datalab, 21st June 2018 Available at https://ffteducationdatalab.org.uk/2018/06/whos-left-2018-part-one-the-main-findings/

[30] Bell Foundation, Available at https://www.bell-foundation.org.uk/eal-programme/guidance/diversity-of-learners-who-use-english-as-an-additional-language/

[31] Ethnicity Gov Data, https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/absence-and-exclusions/permanent-exclusions/latest

[32] Education Hub: https://educationhub.blog.gov.uk/2023/05/11/fines-for-parents-for-taking-children-out-of-school-what-

- If a local council has a reason to believe that a young person needs additional support with their attendance, they can also apply for an Education Supervision Order from the family court. Failure to comply with this can result in prosecution either through fines, community, or parenting order, as well as a three-month jail sentence.
- Whilst prosecution lies in the hands of local councils, schools (and headteachers) can also contribute to this process due to the discretion they have in determining their approaches to attendance and practices around absence authorisation, which can increase the volume of reporting.
- Mind's education inquiry found that of nine in ten parents (88%) who disclosed that their child had been absent from school because of their mental health, only one in four (28%) were successful in receiving authorisation from school.[33] Given this low authorisation rate, many families can find themselves facing fines from their local authorities.
- Statistics have highlighted that an increasing number of parents are being fined for their child's non- attendance in school, with fines amounting to £3.7 million in June 2022. [34] Given that school absences are already higher for young people in receipt of free school meals and who are more likely to experience mental health issues, these fines and legal interventions are more likely to disproportionately affect the most disadvantaged young people and families. [35]

Absence-related Punishment of Young People

In our education inquiry, parents have recounted the negative impact which court action threats for low attendance have had on family wellbeing and that they were only able to have their children's absences authorised after the intervention of mental health services, resulting in some choosing to home-school their children .

Below are some examples of what we heard from the young people and the parents we interviewed, who described how their mental health deteriorated after they were disciplined at school:

"I stole a scalpel from science once so I could hurt myself. They excluded me for two days. I was then put into isolation for a week'' Young Person [36]

"My son is traumatised from repeated restraint and isolation in school, including being put in a tiny room away from his class from his friends for a year" Parent [37]

"I was sent to isolation for a panic attack and not allowed out" Young person [38]

"School threatened to send my parents to court if they didn't force me to come into school, even when I was suicidal" Young Person [39]

"Despite being hospitalised for much of my time out of school (17 months out of 2.5 years), my headteacher and other staff members often refused to authorise my absences. They claimed that by

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you-need-to-know/

[33] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

[34] Contact for families with disabled children, 'Children with SEND have higher rates of severe absence from school' (2022), Available at https://contact.org.uk/about-contact/news-and-views/school-attendance/

[35] Lee Elliot and Andy Eyles, '*Rising school absences: the post pandemic education divide'* (2022). Available at https://blogs.lse.ac.uk/politicsandpolicy/rising-school-absences-the-post-pandemic-educationdivide/#:~:text=Over%2028%25%20of%20primary%20pupils,reduce%20persistent%20absenteeism%20is%20weak

[36] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

[37] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

[38] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

[39] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

doing this, they would be motivating me to attend. When I could not do this, they threatened to expel me, because I was bringing their attendance statistics down (they admitted this).” Young person [40]

“I went to CAMHS who explained to the school that my absences were down to my poor mental health, but the school still logged my absences as unauthorised, and I got into trouble for not coming to school.” Young person [41]

Fund The Hubs: national rollout of early support hubs in England

As part of the Fund the Hubs campaign, Youth Access, Mind, Centre for Mental Health, Mind, Black Thrive Global, YoungMinds, the Children’s Society and the Children and Young People’s Mental Health Coalition are calling for early support hubs for young people’s mental health

Context

There has been a long-term rise in prevalence of mental health problems among children and young people, with a significant rise in prevalence since the start of the COVID-19 pandemic[i]. Using a range of prevalence data sources, we estimate that:

[40] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf
[41] Mind 2021 : https://www.mind.org.uk/media/8852/not-making-the-grade.pdf

- At least **2-2.5 million 12-24 year-olds** have a mental health need.
- Of these, **1-1.5 million** have a sub-clinical need (equivalent to "getting advice" in the iThrive model).[ii]

While investment in NHS services has increased, rising demand means that services remain overstretched. The number and rate of children referred to NHS mental health services has also continued to increase. In 2019/20, 538,564 children (0-17) were referred for help, an increase of 35% on 2018/19, and nearly 60% on 2017/18. The numbers receiving treatment are also increasing but at a much slower rate. In 2019/20, 391,940 children received treatment. This number is up only an increase of 4% on the previous year.[iii]

The most recent NHS figures suggest that there is long way to go to ensure that children and young people with a diagnosable need can receive it: only just over a third of children and young people aged 0-17 (39.6%) with a diagnosable mental health condition are able to access NHS specialist support, based on 2017 prevalence levels[iv].

Given that half of all mental health problems manifest by the age of 14, and 75% by the age of 24[v], a failure to provide high-quality mental health interventions before age 25 creates significant risks for long term social and health outcomes. There is a clear need to invest in both specialist support for those who need it, through the NHS, and in early support that prevents needs from escalating to the point where specialist support is necessary.

Early support hubs: introduction

Early support hubs offer easy-to-access, drop-in support on a self-referral basis for young people with sub-clinical mental health difficulties or with emerging mental health needs, up to age 25. They can be delivered in partnership with local authorities and through the voluntary sector depending on local need and existing infrastructure. A mix of clinical staff, youth workers and volunteers provide a range of support on issues related to wellbeing while additional services can be co-located under one roof; offering wrap-around support across, for example, psychological therapies, employment advice, youth services and sexual health services.

Early support hubs are based on existing services models from the UK and internationally. Youth Information Advice and Counselling Services (YIACS) are already available in some parts of the UK. Jigsaw operates in 13 centres across Ireland and Headspace has developed 110 services across Australia. Headspace programmes have also been established in Israel and Denmark. While these services have some differences, they do share common characteristics:

- Dedicated services for young people up to the age of 25
- Available to all young people without the need to meet thresholds for support
- A single, visible trusted location where services are delivered under one roof
- A safe and youth-friendly environment
- Provide a timely response to young people
- Combine a range of expertise from youth work skills, advice workers and counsellors

- Take a youth-centred approach.

Building on the existing evidence base for these services in the UK and internationally, a national roll-out of hubs would reduce pressures on the NHS, reduce referrals to costlier specialist services later down the line and improve young people's life chances. To ensure that the services are sustainable, they should be rolled out alongside continued investment in NHS mental health services for children and young people, the commitments in the Green Paper on Children and Young People's Mental Health, and investment in youth services to ensure multiple points of access for young people.

Improvements to young people's outcomes

Early support hubs have been shown to have excellent outcomes for young people, both internationally and in the UK.

- Research that has been conducted on YIACS in the UK showed a statistically significant reduction in psychological distress when comparing self-reported score pre- and post-intervention, with over half showing a reliable improvement and approximately a third being shown to 'recover'. This suggests that the services provide comparable clinical outcomes to those accessing therapy through CYPMHS or school, while also reporting significantly higher satisfaction amongst young people with their experience[vi].
- In a 2015 study of 24,034 Headspace Australia users aged 12–25 years, 60% of clients showed improvement in their psychological distress and/or psychosocial functioning[vii]. A 2019 follow up study suggested that these benefits are felt two years after using headspace services[viii]. Further, an independent evaluation of the Headspace model in Australia was shown to have a significant reduction in suicidal ideation and the prevalence of self-harm for young people that accessed the service[ix].
- Jigsaw services are early support hubs that provide brief early mental health support to young people aged 12-25 across Ireland. O'Keefe and colleagues[x] evaluated their impact on the psychological distress of service users. After engaging with the service, the majority of participants had healthy (47.2%) or low (28.8%) levels of psychological distress[42].

In addition, research has shown that the wider help provided by existing early support hubs through advice services is highly effective at improving young people's mental health. They also have the potential to avoid escalation of mental health issues related to common social welfare issues such as housing, debt and employment[xi]. For example, a study investigating the effectiveness of YIACS for improving the financial capability of 16-24 year olds provided evidence to support that early support hubs lead to positive changes around attitudes to spending behaviours alongside improvements in wellbeing[xii].

Young people's access and experience

Evidence from both the UK and internationally consistently demonstrates the high levels of satisfaction for young people that use the services[xiii] [xiv]. For example, in a study of YIACS, 97% of young people reported that it was 'certainly true' that they 'were listened to', compared to 85% in CYPMHS[xv]. Additionally, early support hubs can attract a greater proportion of groups that are less

[42] Levels of psychological distress were assessed in young people engaging with Jigsaw for a brief intervention using the Clinical Outcome Routine Evaluation (CORE) questionnaires; either the CORE-10 (Connell & Barkham, 2007; 17–25 year olds) or YP-CORE (Twigg et al. 2009; 12–16 year olds).

likely to engage with NHS services. Analysis of Jigsaw Services in Ireland found that almost half of the young people who engage with the service are young men, a group who do not traditionally seek help as often as young women[xvi].

Equally, research conducted on YIACS has shown that the services are more able to engage with 'older' young people, as well as higher proportions of LGBT+, young Black and minoritised ethnic young people[xvii]. This is important when considering that these communities are proportionally more likely to be impacted by mental health conditions, but less likely to engage with NHS mental health services[xviii].

Wider benefits to society and the health system

Inadequate early intervention builds pressure across the whole system from GP appointments to NHS CYPMHS. For some young people, this also means turning to A&E because they don't know where else to go for support. This is reflected in NHS data, with the number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition having tripled since 2010[xix]. Additionally, NHS Benchmarking Network statistics show that the average cost per General Admission CAMHS bed was £233,193 in the year from 2018/19, up from £221,480 in the year from 2017/18, the equivalent of 100 children being seen through a CAMHS community caseload.

The annual cost of mental disorders in England is estimated to be £119 billion, measured in terms of output losses and human capital[xx]. Similarly, the Early Intervention Foundation found that people who have experienced either physical or mental health problems in childhood may earn approximately £400,000 less over their lifetime than those who have not[xxi].

In a UK study investigating YIACS, for young people who reported that advice had improved their stress or health, savings in GP costs alone (and disregarding the cost of other health services) were estimated to equate to £108 per young person, exceeding the average cost of advice provision[xxii].

The cost of an VCSE Early Help counselling intervention at £684 is substantially less than the costs of Tier 3 or 4 mental health interventions, making each VCSE intervention extremely cost effective and value for money; please refer to 'Guidance for commissioners of child and adolescent mental health services'

Some hubs have demonstrated significant upstream savings. For example, an external evaluation by the Anna Freud Centre found that 42nd Street's Integrated Community Response service found significant individual and system impacts with savings of £806,040 as a result of improved mental health outcomes, and reductions in the number of referrals and emergency calls to CAMHS, and in the number of presentations at A&E.

An evaluation of Minding the Gap in Camden, a consortium of partners delivering early and targeted mental health support to 16-25 year olds has demonstrated cost-effectiveness - the social return on investment is calculated to be a £3.40 social and economic benefit for every £1 invested. The Minding the Gap initiative includes a multidisciplinary team delivered by Catch 22 from the Hive, a youth-based co-designed hub in Camden offering holistic support for a range of needs including substance misuse, sexual health, employment and leisure.

Given the impact of lockdown on young people's mental health, high quality early support will be vital to increasing young people's participation in the labour market as we recover from the long-

term impacts of the pandemic and contributing to the Government's ambition to level up towns and cities across the country.

Costings

Based on analysis of a range of existing hubs in England, we estimate that the costs for an average size hub are:

- Set up costs: range from £70k – 250K
- Front line staff and delivery = 80% of running costs
- Basic, core 'model' is £550k per annum
- Urban areas/dense population, costs rise[xxiii]

What drives costs?

- Location: Need, demography property cost
- Staffing and capacity – number of young people
- Range of services
- Existing resources and community capital

What support does this provide?

Currently, there is no consistent service model implemented as the offer provided by existing hubs vary in response to local need, staff skills and funding. However, hubs provide young people access to a range of wellbeing support including one to one counselling, group work, peer to peer support, resources such as digital access and activities. This is often delivered alongside physical health (including sexual health), alcohol and other drugs or work and study support.

Cost of a national roll-out

Given the high level of need that we have identified and the expectation the pandemic will have a long term impact on the mental health of children and young people in England and the variability in existing provision, we recommend that the Government commits to a national roll out of early support hubs.

Based on the above figures that estimate a cost of £550k per hub, we have estimated that the cost of supporting 500,000 young people through services provided by hubs would be £103 million per year, in addition to start-up costs[43].

[43] Taking an average of counselling sessions across 6 existing services (711) and drop-in/ group work (1937) reach gives an average reach of 2650 per service. Using the assumption that early support hubs should reach 500,000 in total (based on 1-1.5m young people with sub-clinical levels of mental health support) then 188 hubs would need to be operational across England. Using our projected costings of 550k per early support hub, a

An alternative approach would be to provide funding to one hub per Local Authority area (151 areas with responsibility for children's social care), which would be approximately £83 million per year across England. This would be in addition to £24 million set-up costs (although some areas will already have established hubs).

What would a national roll out of early support hubs look like?

The national full roll-out of the hubs across England could utilise two approaches at the local level:

1. Building on and providing sustainable funding for existing early support hubs; and developing a system in which youth services or local VCSEs can achieve a 'hub status' by adding emotional and wellbeing support to their service model.
2. New early support hubs to be developed in areas of the country with limited existing infrastructure.

However, the roll out of services more widely would need to be considered in the context of the current availability of early support services within the local area. Services are also more likely to engage young people when they are involved in their design and able to participate in the service on an ongoing basis. To ensure that the early support hubs are able to meet the needs of local communities including marginalised young people, they should be designed with young people and with local communities. The creation of new early support hubs should be informed by inequalities in the local area.

Funding mechanisms

The initiative could cover many Government departments. DHSC and MHCLG could have responsibility for administering the funding at a national level. Given that local areas have different levels of provision, initially areas would need to make an assessment of provision in their area alongside identification of local need, with particular attention to groups who are more likely to experience health inequalities. Local areas would then need to submit their funding request to DHSC and MHCLG (if they were the Government departments administering the fund).

There is precedent for ring fenced funding to increase NHS capacity, and to specify how that funding should be invested. See General Practice Covid Capacity Expansion Fund , money issued from NHSE. This fund provides £150 million to Integrated Care Systems, distributed according to a 'fair share' equation which takes account of population size and other factors. There is up to an additional £120k funding available to each ICS for start up costs, such as recruiting and deploying GPs. This could be used as a mechanism to incentivise areas and cover start up costs of Hubs. We would want to see any similar model of distribution be a multi-year agreement.

The Community Mental Health Framework (CMHF) sets out a model of funding on top of baseline funding which could be replicated for early access hubs. This model that draws together mental health services, social care services, local authority services and advice services and tasks them to meet the needs of local populations and '*moving away from siloed, hard-to-reach services towards*

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national roll out of early support hubs would equate to £103.4m annual costs. Further details available on request.

joined up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.'

This change in approach is underpinned by short term funding of £70 million pounds for pilot sites, and £1 billion to roll out nationwide. The development of this service recognises the multidisciplinary nature of people's mental health problems that are not always met in traditional mental health care settings. The hope is that investing in community support will reduce pressure on secondary mental health services and support more people to stay well.

The CMHF says that local areas will be *"supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks."*

The premise of money being allocated to local health systems to meet a challenge area, with an expectation (set by NHSE) that a minimum 25% of funding would reach VCSE partners is a model that could work for funding hubs. The NHS Mental Health Implementation Plan 2019/20 – 2023/24 contains provision for continuous uplifts on top of baseline funding to make sure ICSs can deliver on this focus and not divert funding away from other equally important services.

The establishment of ICSs and the development of provider collaboratives should help join up the commissioning of mental health services at a local level by bringing together partners who provide the health and social interventions which are critical to the mental health of young people.

Functions and quality assurance

Building on Youth Access' existing work to define the core characteristics & functions of a YIACS, the hub status should include a commitment for services to have;

- Initial contact point for young people
- Access to young person-friendly information
- Young person centred assessments
- Evidence-informed one to one psychological therapies
- Advice, support and/or advocacy on health and wellbeing
- Information, advice and/ or advocacy
- Young people's feedback, involvement and participation
- Signposting and referrals
- Outreach services and activities

We suggest that an organisation would need to play a role in oversight and quality assurance. This could build on the work that Youth Access have already done to build a competency framework.

However, much like Family Hubs, there is currently no consistent approach for measuring outcomes at the local level. Therefore, it would be beneficial to develop an outcomes framework as part of a national roll out, similar to the approach taken within the National Centre for Family Hubs.

An outcomes framework should consider;

- A standardised measure for impact on young people's mental health & wellbeing
- Job, home, stable relationship

- Return on Investment
- Core service users and reach to groups of marginalised young people including Black and racialised young people & LGBT+ young people
- Standard outcomes measures

Workforce

The workforce for early support hubs is varied depending on the services provided by the early support hub and are typically multidisciplinary in make-up. However, the sorts of roles that hubs can provide include;

- Service Manager,
- Counsellors e.g. BACP Degree Level Counsellors
- Youth workers (for drop in & detached/ outreach youth work) e.g.
- Participation/ community engagement officers,
- Employment advisor,
- Sexual health nurse,
- Administrator
- Some services are also supported by volunteers

BACP's analysis shows that around a third of their 58,000 members (approximately 19,000 counsellors) have undertaken specific training for working therapeutically with children and young people. Of those trained specifically to work with young people, over half (55.5%) have indicated that they would like more paid client work and, on average, have capacity to take on an extra five clients per week. Extrapolating these figures suggests that BACP members alone are trained and available to work with over 51,000 additional young people per week.

Recruiting senior managers can be challenging. However, many hubs have developed innovative solutions, for example, shared clinical governance arrangements with local NHS children and young people's mental health services.

Why does this need a national level incentive?

Funding is very limited at the local level (as has been shown by Children's Commissioner's research in recent years). Services that currently exist are often contracted but without sustainable funding and without the resources to fully meet the needs of young people in their area.

- Local authority spending on early intervention support services for children has reduced since 48% since 2010 (forthcoming in the annual children's services report from Barnardo's, The Childen's Society, NSPCC, NCB and Action for Children).
- While health spending has increased - through CCGs - it tends to go to clinical services (or Mental Health Support Teams) and so services like this do not get prioritised.
- Relying on either funding of streaming is competitive as the demands on each funding stream are numerous. In these circumstances, commissioners may feel unable to prioritise these services as they respond to challenges/demands in other areas.

Defining location within the system

Defining the area in which an early support hub operates should be for local areas including ICS to define. Running an early support hub at a neighbourhood or individual Primary Care Network level would probably be too small (circa 30-50,000 people). Hubs might be better suited to serve a population at a 'place' level (circa 250k - 500k), where there would be more overlap with local authorities, or at 'system' level (circa 1 million) where there are more young people. However, there needs to be a balance between serving a big enough audience and making hubs accessible to young people within a local area. It makes sense for ICSs to define what works best for their population.

Current provision

We have mapped where we know that services are currently available which includes full YIACS services & other early support hubs. Our work suggests that there are currently 65 in England however, the size and functions of these services varies. The map is available here. Note: map does not represent the geographical footprint that services cover, only the physical location of existing services.

Many of these services are serving populations with high levels of need or communities who face high levels of health inequalities. Existing services should not be excluded from any initiative.

We would recommend that the priority of services is determined using a number of metrics to establish local level need including:

- Local estimations of need based on ONS 2017 prevalence data are available here and represented from highest rates of prevalence per area. However, there are limitations to this data given the methodology and under-representation of young Black and racialised young people within the sample. So we would not recommend that this is the only metric that is used to determine need at the local level.
- Local data related to self-harm admissions (aged 10-24) available here.
- Children in low income families (under age 16) is available here
- Deprivation score is **available here**
- Children in care is **available here**
- Other metrics include data on ethnicity, rates of LGBT+ young people & young people with special educational needs in local areas.

How are/ would hubs meet the needs of marginalised communities such as young Black and minoritised young people and young LGBTQ+ young people?

Research conducted on YIACS has shown that existing services are more able to engage with 'older' young people, LGBTQ+ young people and young Black and minority ethnic young people in comparison to statutory provision. Black communities face significantly increased barriers to accessing mental health support that is appropriate to their needs. Despite experiencing higher rates of PTSD, being more at risk of suicide and more likely to be diagnosed with serious mental illnesses such as schizophrenia, they are the least likely ethnic group to report receiving medication, counselling or therapy for their mental health, and have consistently lower recovery rates than among white communities.

There are examples of where existing services in the UK have worked closely with communities that face discrimination and marginalisation to provide tailored support. For example, Off the Record in Bristol is a service which worked with young people to develop Project Zazi which supports young Black people and young people of colour to explore cultural identity alongside 1-1 therapies, arts and social action projects to address issues of inequality in the local area.

Some local services have also developed specialist LGBT+ support including counselling services, group sessions and social action programmes. A study by Stonewall found that half of LGBTIQ+ people had experienced depression and three in five had experienced anxiety, one in eight LGBTIQ+ people aged 18-24 had attempted to end their life and almost half of trans people had thought about taking their life.

To ensure that services are adequately meeting the needs of marginalised young people and not contributing to further discrimination, early support hubs need to be designed alongside young people and to reflect local communities. They must also be adaptable and responsive to the needs of young people in their area based on continuous engagement (e.g. flexibility with where young people can access services including outreach/ detached youth work).

Annex A:

Case study: Streetwise, Newcastle

Steetwise is an early support hub in Newcastle which aims to preserve and provide for the physical and mental health of young people aged 11-25 years by providing advice, information and support, without discrimination, in a common effort to advance education and to provide facilities in the interests of social welfare.

The service is based on the Youth Access YIACS model, providing young person-centred information, advice and guidance, mental health & wellbeing support (counselling), contraception and sexual health services and detached/outreach youth work. The service offers early help via Children and Young People's Wellbeing Practitioners (CYPWPs) for 11-18s with low mood or anxiety.

"My counselling sessions have really helped me come to terms with the most difficult time in my life and I am now in a place where I feel able to cope better with ongoing situations"

"I'm such a positive person now like if you had told me before all this how much happier & more positive, I'd be I would have laughed & thought you were joking"

Annual report for the service.

Users

Beneficiaries include young people aged 11-25 living in Newcastle upon Tyne, Gateshead, North Tyneside, Northumberland, South Tyneside, Durham and Sunderland.

The demographics of the service are;

- **Age:** Majority of young people aged 14-18
- **Gender identity:** 67% identified as female, 31% identified male, 1% trans
- **Sexuality:** 79% heterosexual, 21% LGBTQ+
- **Ethnicity:** 91% white British, 9% BAME (compared to 22% BAME in local population. Recent projects have increased BAME representation among service users to approximately 20% in 2020/21)
- **Occupation:** 77% students or in education; 11% employed; 10% NEET

Workforce profile

Streetwise employs 26 members of staff alongside two NHS sexual health nurses who provide two weekly Contraception & sexual health (CASH) drop-in clinics each week. Staff include:

- 11 x JNC (7x Degree Level & 4x level 3) qualified youth workers
- 2 x Project Workers x Health and Social Care degrees/qualifications
- 2 x Mental Health Support Workers CYCWP qualified
- 7 x BACP Degree Level Counsellors
- 4 x Admin, HR, Data and Finance support staff

Contacts

In 2019/20 Streetwise services supported approximately 13,699 visits/contacts made by 4,663 young people, including:

- 1,756 Advice and Support (Individuals) – Annually
- 591 Counselling (Individuals) – Annually
- 913 Sexual Health and C-Card (Individuals) – Annually
- 8,231 Detached contacts – Annually
- 3,614 Group work contacts – Annually

- 1,200 Telephone enquiries from young people – Annually

In 2020/21, face-to-face support dropped significantly in light of the pandemic. Streetwise had 10,319 direct contacts, delivering counselling to 322 young people and 2,759 counselling sessions (average if 230 per month).

The Newcastle local authority CYP population is estimated at 19,962. Last year, Streetwise provided face-to-face support to approximately 2,677 individual young people from Newcastle (13%).

Streetwise calculates that an average 9 weeks of counselling support per young person costs £52.50 per session including 15% oncosts.*

*Oncosts are in fact over 20% but certain commissioners will only fund 15%.

Outcomes and experience of service

Streetwise utilises CYP-IAPT routine outcome measures (CORE 10, RCADS, GBO for clinical measures of mental health and ESQ for client experience). These are used alongside informal measures such as anonymous service user evaluations, comments boxes and case studies). Streetwise's therapeutic support & counselling achieves (after an average of seven sessions) a seven point reduction in mental distress, from a score of 20 (moderate) to 13 (mild). A score of 10 or below is considered within the norms of the general population.

Amongst young people who used the service;

- 90% felt treated well
- 97% felt listened to
- 96% felt taken seriously
- 89% felt satisfied that the service had met their needs

Drop-in feedback from young people demonstrates that;

- 100% of young people received the right support
- 100% felt their concerns were taken seriously
- 100% felt their rights and confidentiality were respected
- 99% would recommend a friend
- 97% made better choices
- 95% reported reduced stress & anxiety
- 94% changed their attitudes

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[xix] https://youngminds.org.uk/about-us/media-centre/press-releases/ae-attendances-by-young-people-with-psychiatric-conditions-almost-doubled-in-five-years-new-figures/

[xx] https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_SpendingReviewForWellbeing.pdf

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[xxii] https://www.youthaccess.org.uk/downloads/yamentalhealthinterventionbriefingfinal1.pdf

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