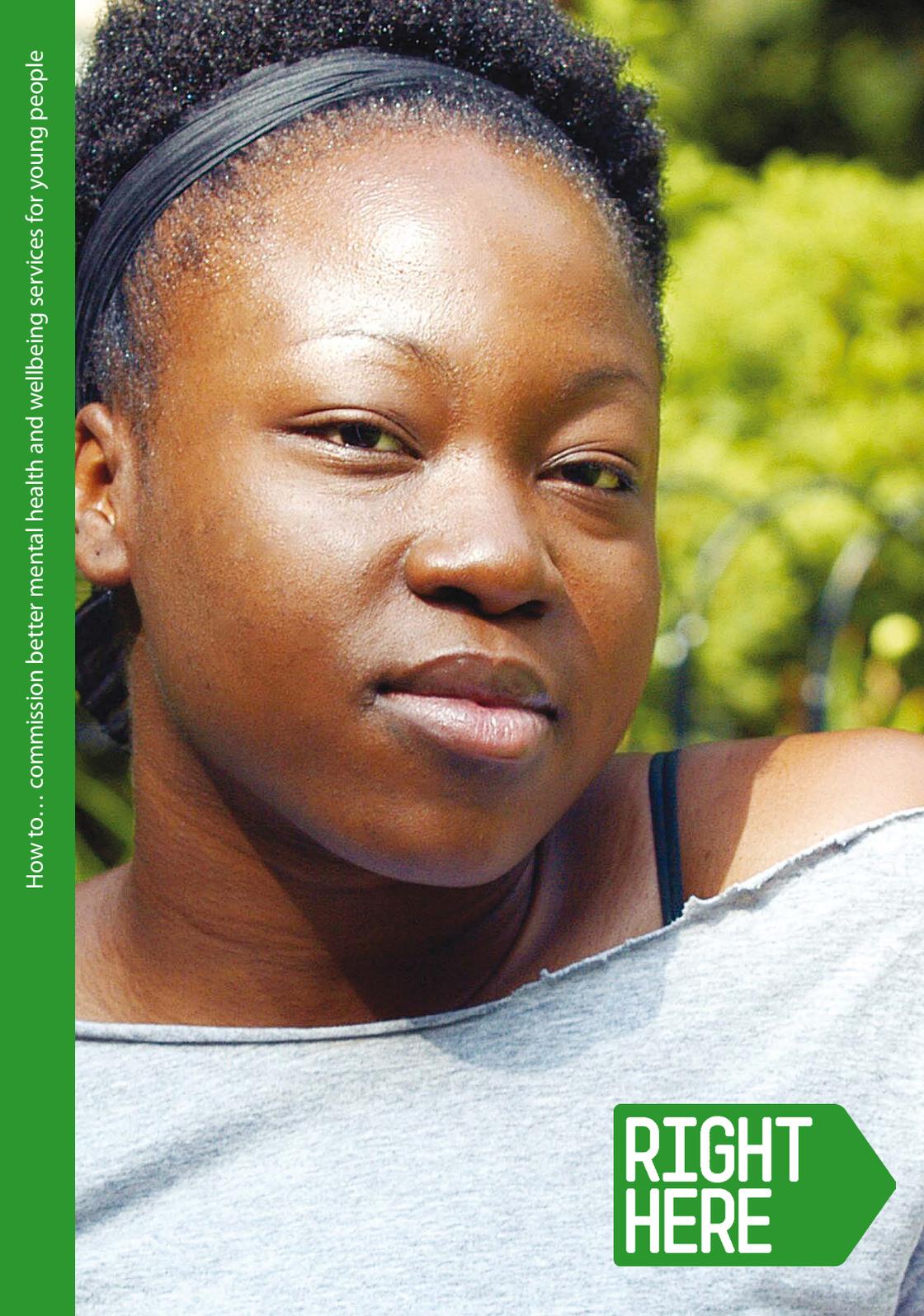


How to... commission better mental health and wellbeing services for young people



**RIGHT
HERE**

Introduction

This 'How to...' guide is one of a series of guides designed to bring together learning from the five-year Right Here programme initiated by Paul Hamlyn Foundation and the Mental Health Foundation to support the mental wellbeing of young people aged 16–25.

Each guide focuses on a particular theme arising from the programme's work across the UK and aims to provide practical pointers and suggestions to support the development of innovative and effective responses to the mental wellbeing of young people.

This particular guide is aimed at those with a responsibility for commissioning mental health and wellbeing services for young people aged 16–25. Although the Right Here programme focused primarily on early intervention in community settings, many of the lessons we learnt – that are included in this guide – apply equally to the commissioning of services for more severe conditions.

What do we mean by mental wellbeing?

Mental wellbeing can be described as a combination of how we feel (our emotions and life satisfaction) and how we function (relationships with others, personal control, purpose in life and independence). It is something that affects everyone, old and young, and anyone can experience good or poor mental wellbeing. We know that the following factors can influence our mental wellbeing positively and negatively.

Risk and Protective Factors for Mental Wellbeing ¹

Risk factors	Protective factors
Poverty	Economic security
Discrimination	Empowerment
Violence, abuse or neglect	Feelings of security, mastery and control
Peer rejection and isolation	Positive interactions with others
Stressful life events	Physical activity
Lack of family support	Stable and supportive family environments
Poor physical health/long-term condition	Healthy diet and lifestyle

Over time, experiencing poor mental wellbeing can contribute to the development of mental health problems such as depression or anxiety. Actions which address the risk factors and support the development of the protective factors highlighted above can make mental health problems less likely to occur.²

Why this guide is needed

Rates of mental ill-health among young people are concerning;³ it is now understood that adolescence and early adulthood is the peak age of onset for mental ill-health and the period when there is a need for initial care.⁴ Poor mental health is closely related to many other health and social concerns for young people, including educational achievements, employment, relationships and substance use.⁵

Promoting good mental health and preventing mental health problems in young people is therefore an issue of considerable significance for society in the UK, both in terms of public health and social wellbeing.

Research indicates that young people aged 16–25 experience a range of barriers to mental health support. Transitions between child and adult services tend to be poorly co-ordinated and there is a lack of age-appropriate mental health services to support this particular group.⁶

The Department of Health (DH) admits that the problem of transition has not been resolved and that many young people ‘fall off the cliff edge’ at age 18.⁷ Adult mental health services are often not designed or delivered in ways that young people wish to engage with, and the fear

of being stigmatised for having a mental health problem is a major factor in young people’s decisions not to access help from mainstream, traditional services.⁸

To address these barriers and better support the mental health of young people, commissioners will be required to think beyond traditional models of care and look towards innovative, and even radical, service models and approaches – approaches which view young people aged 16–25 as having distinct needs, and which place mental health support within the wider context of their lives, including their physical health, relationships, education and employment.

This is certainly a challenging agenda, but as the Right Here experience has shown, it is not necessarily an insurmountable one.

What we mean by commissioning

The way in which young people’s mental health and wellbeing services are commissioned varies considerably across the UK. This guide has been developed to support commissioning for young people’s mental health services within the context of the English model. However, we hope that many of the suggestions included will also be of use and relevance to those with a commissioning responsibility in other countries and settings.

As a general guide, we have found the following definition from the Commissioning Support Programme helpful in terms of describing the purpose of commissioning for young people:

“The process for deciding how to use the total resource available for children, young people and their parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way.”⁹

NHS England emphasises that commissioning is a multi-stage process which includes the following aspects:

“The health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.”¹⁰

Significantly, the Health and Social Care Act (2012) places duties on Clinical Commissioning Groups (CCGs) to incorporate patient and carer perspectives into all stages of the commissioning cycle.¹¹

However, there are many reasons why young people may not currently be participating in the commissioning process, including:

- The scale and complexity of the commissioning agenda
- Negative attitudes about young people and their ability to get involved in this agenda
- The timescales involved
- Lack of knowledge and expertise by CCGs in terms of how to engage with young people and support their participation
- Lack of relationships and networks with young people, making recruitment difficult
- Not prioritising participation¹²

In this guide, we will consider how commissioners can add value at each stage of the commissioning process to ensure that the most appropriate services are procured to address the mental health needs of young people aged 16–25.

Stage 1: Identifying needs

Most commissioning processes will begin by identifying the needs of the target population. There are several sources of information, produced by Right Here's partners, which provide useful evidence about what young people want and need from mental health and wellbeing services.

The following suggestions may also help you to consider how to identify and gather information about the mental health needs of young people aged 16–25 in your locality. They also highlight some things that young people have told us are likely to put them off.

 Turn-ons	 Turn-offs
<ul style="list-style-type: none"> ■ Commissioners engaging with young people where they are, rather than expecting young people to come to them. (Try to develop relationships with local youth agencies and use their expertise in youth participation to inform needs assessments.) ■ Recognising that young people may prefer to express their views to other young people. (Consider commissioning young people to undertake research with other young people about their experiences of services locally.) ■ Respecting and listening to the views young people express, however challenging. (Work with Healthwatch to ensure that young people can express their views through this route as well.) 	<ul style="list-style-type: none"> ■ Expecting young people to respond to formal consultation exercises. ■ Professionals dismissing or trivialising the concerns young people raise. ■ Amalgamating young adults' needs assessments with those for children – the needs of a 20-year-old are considerably different from a 12-year-old. (Ensure your Joint Strategic Needs Assessment (JSNA) includes a specific focus on 16–25s in your mental health needs assessment.) ■ Using jargon or medical terminology in consultation and needs assessment processes. ■ Acting in an overly formal manner – it can appear intimidating.

“It was great to see that our research had hit a nerve and people of my age (and I know we’re often very unresponsive!) were willing to share personal experiences and suggest improvements; from one focus group alone it was clear that the clinical services provided in Brighton and Hove for young people was a talking topic and that young people want there to be change and to be actively involved in bringing about this change.”

Campaigns volunteer, Right Here Brighton and Hove

Researching young people’s experiences of services, Right Here Brighton and Hove

In 2011, young people from Right Here Brighton and Hove undertook research with over 170 other young people about their experiences of using primary care services, both positive and negative. Since the publication of the research, young people have been working with the Patient Engagement and Experience Lead for Brighton and Hove CCG to ensure the findings inform local commissioning and service delivery. Young people have presented findings directly to the CCG and worked with them to share the findings with local GPs.

The CCG has since donated money to Right Here Brighton and Hove towards making a film 'How can I...?' which aims to empower young people to get the most out of GP services.

www.right-here-brightonandhove.org.uk/gp-research

Stage 2: Planning

If there was one 'take home' message from Right Here with regards to planning processes, it would be the importance of planning for support which bridges the gap between child and adolescent services and adult services – specifically targeting the 16–25 age group. To do this, it will be necessary to look at new and innovative models and approaches.

Right Here's Case studies of innovative approaches to improving young people's mental health and wellbeing provides examples of how the evidence on 'what works' has been used to develop tailored responses.¹⁴ Additionally, the following suggestions may help you to consider how to plan for more youth-friendly mental health and wellbeing services:

 Do	 Don't
<ul style="list-style-type: none"> ■ Think broadly and creatively about what constitutes a mental health service and how personal health budgets can be used to support young people's mental health needs. ■ Consider commissioning for pathways of care that cross age barriers: for example, with early intervention in psychosis services. ■ Persuade providers with delegated resources/local budgets to commission interventions that promote mental wellbeing and early intervention for this age group; for example, Sixth form and Further Education Colleges and Universities. ■ Consider the role technology and social media can play. 	<ul style="list-style-type: none"> ■ Be confined by traditional mental health service models. ■ Ignore transitions between child and adult services. (The age range 16–25 deserves its own specific service focus for all the reasons described above.) ■ Think of mental health in isolation from physical health and social wellbeing. ■ Overlook the existing assets in your community. (Do find out what exists in the voluntary and community sectors and make connections.)

INNOVATION LABS

The Innovation Labs initiative developed out of a partnership between Right Here (Paul Hamlyn Foundation and the Mental Health Foundation), Comic Relief, Nominet Trust, and a group of young people.

Its goal was to use co-production processes to explore and develop creative digital solutions to address the mental health needs of young people aged 16–25. The Innovation Labs supported the development of seven apps and websites designed to respond to specific needs.

These include:

- Doc Ready: A resource to help young people have conversations about their mental health with GPs. See DocReady.org
- Find Get Give: Support for young people to find help in their area and give feedback on it. See FindGetGive.com
- In Hand: Providing young people with tools, advice and activities when their mental health is at risk. See InHand.org.uk

Further information about the Innovation Labs process and the products it generated is available here:

www.innovationlabs.org.uk/tag/right-here



Stage 3: Tendering and procurement

The Right Here projects were all interested in balancing the equation of young people’s mental health support: in other words, supporting youth agencies to have more mental health promotion and encouraging mental health services to be more young-people friendly. Central to the success of this goal was supporting both sides to work together more effectively, and we have produced a number of guides and resources to further encourage this.¹⁵ Fostering multi-sector partnerships is clearly something in which commissioners have a real role to play.

The following suggestions may help you to ensure your tendering processes support the procurement of appropriate mental health support for young people:

 Do	 Don't
<ul style="list-style-type: none"> ■ Consider commissioning holistic early interventions from non-statutory providers, with pathways into specialist care. ■ Ensure the statutory providers you commission have voluntary sector partners to help them with engagement and offer non-stigmatising early interventions. ■ Select providers who know how to engage young people and can demonstrate that their services are youth-friendly because they have applied 'You're Welcome' standards or equivalent. ■ Involve young people in decision- making. 	<ul style="list-style-type: none"> ■ Underestimate the potential of non-specialist services to provide mental health support to this target group. ■ Limit your horizons to what is familiar and within your own comfort zone. ■ End young people’s involvement at the procurement phase. (Young people in Right Here were very interested in finding out what happened to the services they commissioned further down the line.)

Young people as commissioners, Right Here Newham

Young people volunteering for Right Here Newham had the opportunity to commission their own mental health services using Right Here resources. Volunteers from the Youth Participation Group received in-depth training to prepare them for this role, including how to short-list and the process of decision making.

The types of services the young people commissioned looked quite different from traditional mental health services. The Boxing Project, for example, used a combination of non-contact boxing and mental health awareness to reach out to young black and minority ethnic communities.

Learning from the project suggests that young commissioners gained confidence and a range of skills from being part of the commissioning process. Going forward, it was recommended that young people could also be involved beyond the procurement stage, particularly with regards to reviewing commissioning decisions and evaluation.

“The best bit was grant-making to services. We had 16 applications and it was interesting to see them at interview and how they planned to use the money. It gave me a real skill in interviewing and making choices.”

Young Asian woman

Stage 4: Monitoring and evaluation

Knowing what impact a service is having is something that everyone has a stake in – commissioners, service providers and young people using the service. There is no reason why monitoring and evaluating should not embody the same principles of youth participation embedded within other phases of the commissioning cycle described above.

Commissioners should therefore consider how they can support the development of evaluation mechanisms that encourage young people to define their own goals and outcomes from the services they use.

The following suggestions may help you develop good practice in this area:

 Do	 Don't
<ul style="list-style-type: none"> ■ Require existing providers to submit data on the numbers of young people aged 16–25 they support and on the outcomes of interventions for this age group. ■ Encourage the services you commission to support young people to define their own outcomes and use progress towards these as indicators of the overall effectiveness of the service. ■ Involve young people in gathering evaluation data. This could include interviewing other young people using services, acting as 'mystery shoppers' or designing research tools. 	<ul style="list-style-type: none"> ■ Focus solely on clinical outcomes. (Social outcomes may be of equal or greater significance to the young people involved.) ■ Expect that everyone understands how to monitor and evaluate their service. (Support and guidance is always helpful.) ■ Leave evaluation reports to gather dust on shelves. (Do think about how you can use learning from evaluations to inform future commissioning.)

“It really feels like youth participation has taken off in the city. Whereas before I'd hear things like ‘young people don't really know about mental health’, now that has changed. Young people have demonstrated that they can be involved. That has made a massive change. The other strategic work we have been doing is ‘drip, drip, drip’, and this will hopefully pay dividends in the future, but STAMP's work in getting participation more accepted has been a great thing.”

Young Evaluators, Right Here Sheffield

STAMP (Support, Think, Act, Motivate, Participate) is a group of young people aged 14–25 who are working to improve the mental health and emotional wellbeing of young people across Sheffield. STAMP has been working closely with CAMHS (Children's and Adult Mental Health Services) within the city to look at how the service can better meet the needs of children and young people.

To support this work, STAMP recruited young people to act as Young Evaluators. Young people received interactive training around service evaluation, before breaking down the standards and coming up with their own methods to assess CAMHS. This included: interviewing staff, children and young people, and parents and carers; 'mental health orienteering'; site visits; and the collection and review of CAMHS information. Following the evaluation, STAMP collated its findings into a report with key recommendations that the group is now helping CAMHS to implement.

www.chilypep.org.uk/current-projects/with-young-people/stamp



How will you know it is working?

We hope that the suggestions provided in this guide will be useful in terms of providing direction for how to commission better mental health services for young people aged 16–25. However, to fully understand how effective your processes are for undertaking young people-focused commissioning, it will be necessary to complete the feedback loop and ask the young people involved what difference it has made to them and their peers.

The experience of Right Here has been that improving services and support can result in a whole raft of changes, including the following:

- Greater service uptake and services which are more acceptable to young people.
- Improved mental health and wellbeing of young people using services.
- Greater levels of empowerment and engagement among those young people involved in services and the commissioning process.
- Fewer stigmatising attitudes by professionals towards young people and their capabilities.
- Clearer and more transparent decision-making processes.

It may require some extra time and resources to support these changes and encourage meaningful participation to permeate through the whole commissioning cycle. Our advice would be to take it gradually and persevere.

If further encouragement is required, we have also found that youth-centred approaches to commissioning can make the whole process a lot more enjoyable and stimulating for professionals. So... enjoy!

About Right Here

Right Here is a £6 million programme, which is running from 2009 to 2014, and is jointly managed by Paul Hamlyn Foundation and the Mental Health Foundation. It aims to develop effective new approaches to supporting the mental health and wellbeing of young people in the UK aged 16–25. Right Here focuses on intervening early to help young people at risk of developing mental health problems and on tackling the stigma associated with mental health problems that often prevents young people seeking help.

Right Here operates across four different projects, in Brighton and Hove, Fermanagh, Newham and Sheffield. Each project is led by a youth charity, working with other voluntary and statutory organisations. The participation of young people is fundamental to how all of the projects operate, as is partnership working.

Young people work with youth workers and mental health professionals to design, commission and deliver activities, while Right Here's local delivery organisations work with public sector partners to increase the influence and impact of their work. The projects are intended to bring lasting benefits to the young people they work with, the lead organisations and their partners, and youth mental health provision.

Right Here is also a partner in the Innovation Labs initiative, which is developing a range of new digital tools to support the mental health of young people.

Right Here is being independently evaluated by the Institute for Voluntary Action Research (IVAR). The final evaluation report from IVAR will be published in the winter of 2014.

PHF and the MHF will use the learning from these evaluations to influence practice more widely and make the case for policy changes, where appropriate.



Interim results from the independent evaluation of Right Here show that its activities have made a number of differences to young people's lives. They:

- Developed the confidence to consider and/or take up new opportunities.
- Acquired new skills and techniques for spotting and then handling changes in their emotions, especially the onset of feelings of anger and violence.
- Improved or made changes in their relationships with family members and their peers, including leaving violent or damaging relationships.
- Felt able to be themselves in groups, and forge relationships with others, sometimes for the first time. This helped combat isolation; it also helped develop a sense of security and identity.
- Came to realise that 'everyone has mental health' and grasped its relevance to themselves, as well as understanding that there is less difference between those who are 'well' and 'unwell' than they first thought.¹⁶

In December 2013, Right Here won the National Positive Practice Award for Mental Health and Primary Care.

References

1. Adapted from World Health Organisation (WHO) (2004) Prevention of mental disorders: effective interventions and policy options: summary report.
2. Op. cit.
3. About one in six young adults aged 16–24 will have a common mental health disorder (anxiety or depression). See National Centre for Social Research (2009) Adult Psychiatric Morbidity Survey, 2007: Results of a household survey. Leeds: NHS Information Centre for Health and Social Care.
4. Kessler, R.C., Amminger, G.P., Aguilar Gaxiola, S., Alonso, J., Lee, S. and Ustun, T.B. (2007) Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*. 2007 July, 20(4): 359–364.
5. Kessler, R.C., Amminger, G.P., Aguilar Gaxiola, S., Alonso, J., Lee, S. and Ustun, T.B. (2007) Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*. 2007 July, 20(4): 359–364.
6. Sainsbury, S. and Goldman, R. (2011) Mental health service transitions for young people. London: Social Care Institute for Excellence.
7. Department of Health (2014) Closing the Gap: Priorities for Essential Change in Mental Health, Department of Health: London.
8. Gulliver, A., Griffiths, K.M. and Christensen, H. (2010) Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry* 2010, 10(113).
9. Adapted from Cutler, P. (2012) How to Involve Children and Young People in Commissioning. London: Participation Works Partnership.
10. See <http://www.england.nhs.uk/ourwork/commissioning/>.
11. NHS England (2013) Transforming Participation in Health and Care. Publication Gateways Reference No. 00381.
12. Cutler, P. (2012) How to Involve Children and Young People in Commissioning. London: Participation Works Partnership.
13. For example, Garcia, I. et al. (2007) Listen Up: Person-centred approaches to help young people experiencing mental health and emotional problems. London: Mental Health Foundation.
14. <http://www.righthere.org.uk/home/assets/pdf/right-here-impact-case-studies.pdf>.
15. See www.righthere.org.uk/resource-centre/.
16. IVAR (2013) Evaluation of Right Here: Interim Findings from Local Evaluations.

For further information about Right Here, including some of the resources developed through the projects, please visit www.right-here.org.uk

or contact info@mentalhealth.org.uk

Acknowledgements

Paul Hamlyn Foundation (PHF) and the Mental Health Foundation (MHF) are grateful to Amy Woodhouse, Senior Researcher, MHF, for preparing this guide. Thanks are also due to Susan Blisshen and Stella Charman for their comments.

www.
right-here.
org.uk

Paul Hamlyn Foundation
www.phf.org.uk

Mental Health Foundation
www.mentalhealth.org.uk



Right Here is a collaboration between Paul Hamlyn Foundation, a company limited by guarantee registered in England and Wales (no.5042279) and a registered charity (no.1102927) whose registered office is at 5-11 Leake Street, London WC1X 9HY, and Mental Health Foundation, a company limited by guarantee registered in England and Wales (no.2350846) and a registered charity (no.801130), Scottish registered charity (no. SC 039714), whose registered office is at Colechurch House, 1 London Bridge Walk, London SE1 2SX.