



Designing youth mental health services for the 21st Century

How to redesign mental healthcare to support and improve access for young people

Background

- Young people aged 12-25 have the highest incidence of mental illness across the lifespan, but access to services is poorest of all age groups.
- As part of a study into new structures of mental health care in Australia, Ireland and the UK, CLAHRC researchers explored pathways to care and service delay for young people in Birmingham.
- Current statutory mental health provision for young people in Birmingham is shared between the child and adolescent mental health service (CAMHS) and Birmingham and Solihull Mental Health NHS Foundation Trust with transitions occurring at 16-18 years – at a key point of vulnerability. Existing services should be redesigned to provide better access and more appropriate care for young people.
- Widening improvement of life chances is currently a political imperative in the UK, and suggests a need for mental health and social care partnerships, particularly for those who, by the age of 25, are not in employment, education or training.

Methods

- The 'Youthspace' programme emerged following consultation with young people and qualitative research about existing youth-focused care. It involves a preventative public mental health focus with school-based interventions, a website (www.youthspace.me), and service user-led Youthboard, alongside targeted clinical interventions for emerging mental health difficulties.
- Youth access teams provide assessment and formulation to the referring GP within a week of referral. Young people are seen in a low-stigma environment of their choice.
- A team including child psychiatrists and psychologists works to improve transition from CAMHS and manage admissions of 16 and 17 year olds to non-adult units.
- Developing partnerships with CAMHS, the Prince's Trust and youth social care organisations allows wider social needs to be met and improvement in education, training and social inclusion.

Conclusions

- Early intervention working with public mental health education and training is essential and we should ask if existing systems provide the best solution.
- Youth services should embrace a prevention agenda to reduce the need for transition into adult services.
- Reconfiguring services for young people can enable a move from symptom reduction and containment to prevention and social inclusion.

References

McGorry P, Bates T, Birchwood M. Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *Br J Psychiatry Suppl.* Jan 2013; 54:s30-s35



Recommendations for practice

The current transition between mental health services for young people and adults occurs at the wrong time. A dedicated service model for 12-25 year olds is the best way to identify and treat emerging disorders, remove transition issues, and develop robust care pathways integrating health and social care providers.

What is CLAHRC for Birmingham & Black Country?

The Collaborations for Leadership in Applied Health Research and Care (CLAHRC) is a partnership between the University of Birmingham and a number of NHS organisations in Birmingham and Black Country. We are funded by the National Institute for Health Research with a mission to undertake high-quality applied health research focused on the needs of patients to improve health services locally and beyond.

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