

MENTAL HEALTH SERVICES FOR YOUNG PEOPLE – A PERSONAL VISION

***Elaine Bousfield** from Xenzone – provider of the well-known KOOTH online counselling service – discusses her vision of a blended future for all mental health services for children and young people*

For me – and I’m sure for many other children’s mental health professionals – former health and social care minister Norman Lamb’s words in the March 2015 report, *Future in Mind: promoting, protecting and improving our children and young people’s mental health and wellbeing*,¹ summed up the fundamental change in approach that is needed for a children and young people (CYP) mental health strategy:

‘We need to improve access to interventions and support when and where it is needed, whether that’s in schools, GP practices, hospitals or in crisis care. We mustn’t think about mental health in a purely clinical fashion. We need to make better use of the voluntary and digital services to fill the gaps in a fragmented system.’¹

It is crucial that Norman Lamb’s commitment to redesigning mental health services for CYP isn’t forgotten under the new Government and that the mental health sector continues to pull together to pioneer linked-in ways of working. The UK desperately

needs a non-fragmented, systemised approach to children and young people’s mental health delivery.

Digital developments

The *Future in Mind* report looked at the emergence of digital services, acknowledging the way that digital and technological advances have changed how mental health services are delivered. And there are many reasons why digital counselling and emotional health support is an integral part of the future of CYP services, not least because it’s a medium that ‘digital natives’ are entirely comfortable with: 86 per cent of KOOTH users say they prefer to receive help online.² User feedback includes comments such as: ‘It’s been a lot easier talking this way than if it were face to face. I don’t know if I would have been able to say what I’ve written.’ Add to this the potential for client anonymity, which removes barriers to reaching out for support, ease of access, and dramatically reduced waiting times – and the case for digital support is clear.





For illustration purposes: posed by model

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However, in line with my own belief, the *Future in Mind* report called for caution in recommending online as a stand-alone solution, and advised that digital services should be commissioned alongside face-to-face services in an integrated way. Such an approach allows us, as service providers, to deliver appropriate interventions to young people along the spectrum of mental health – from the young person who wants to discuss friendship issues through to the one who tearfully discloses that they are hearing voices. This extract from the 'Co-ordinated System' Task and Finish Group Report,³ part of the Children and Young People's Mental Health Taskforce, explains:

'While digital support can encourage an individual's autonomy over their treatment, online services should be commissioned in a way that is integrated and complementary to face-to-face support. This supports the principles of some services which are already established in this field, such as KOOTH, an online service providing counselling and group support to 11–25 year olds, which when commissioned can work and cross refer with face-to-face services provided in a local area to promote integrated support.'

So, what does this recommendation look like in practice and how can it continue to be developed to ensure that the future landscape of children and young people's mental health support services is one that ensures those in need don't slip through the net?

Calling on commissioners

Firstly, and importantly, the way that CYP mental health services should be procured and developed is called into question. What can commissioners do to help?

Simply be clear about the need for joined-up services. As the *Future in Mind* report points out, there's a 'complexity of current commissioning arrangements. A lack of clear leadership and accountability arrangements for children's mental health across agencies, including clinical commissioning groups (CCGs) and local authorities, with the potential for children and young people to fall through the net, has been highlighted in numerous reports'.¹

The ideal of truly joined-up services goes well beyond linking face-to-face and digital counselling: it's about creating partnership-working for a holistic system, which means that even if organisations are working at a national level, they have a strong on-the-ground local presence. Establishing pathways between services is crucial, as is sharing information when appropriate and ensuring best practice at all times on an operational and delivery level, with agreed reporting mechanisms and follow-up of those who are most vulnerable.

From a commissioning perspective, it also means pooling budgets – CCGs, Public Health and Children's Services working together to share resources and develop the 'shape of the service'. Good services need well-trained staff and cannot be run on a shoestring. Indeed, it can be dangerous and foolish to try to do so. The *Future in Mind* report acknowledges that the solution is 'joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners, enabling all areas to accelerate service transformation; [as well as] having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services, responsible for developing a single integrated plan'.¹

Ease of access

Young people, children and families need a simple route in. The individuals and institutions that support them in everyday life – midwives, health visitors, primary and secondary school teachers, pastoral support staff etc – need a simple route in too, as well as training in attachment, behaviour and how they can create environments that develop resilience in our children. Digital services are but one part of the jigsaw. They are very easy to access but they also need links to the access points within CAMHS. Our approach is to build relationships with local provision on the ground – alongside CAMHS, social care, schools, GPs and community-based counselling and support services – to ensure that children and young people receive a joined-up, seamless service. This requires all partners to sit down together and devise a model from points of access, to referral, to joint working protocols, shared training and access to consultation with specialist health professionals such as psychiatry. In times of financial hardship, this can be quite a challenge as organisations compete for funding. Yet if we can get the model right for children and young people, we will save money up the line, which can be reinvested. As an organisation, we have been lucky to have worked with some forward-thinking partners and commissioners. Between us, we have developed some excellent models for what we call ‘blended delivery’: the utilisation of face-to-face and digital services.

In September, we begin two new pieces of work: one in the North West with an NHS Trust, delivering a school- and community-based CAMHS service that provides educational training programmes to health visitors, schools and parents, alongside school- and community-based counselling, family work and online provision. The other is in the South, with an established local Youth Information, Advice and Counselling Service (YIACS have a tremendous amount of experience and knowledge to offer via holistic one-stop-shops for young people) and a major national mental health provider to deliver on four important pillars of service design: education, consultation and workforce development, school-based counselling and therapy, community-based counselling (delivered in the YIACS centres) and online support and counselling. The term ‘counselling’ includes therapeutic groupwork around self-harm and self-esteem, and is an all-encompassing term for different theoretical modalities. The approach will build on our YIACS partner’s tradition of developing young people via their volunteer training programmes, and enhance our digital co-production and peer-led support, both face to face and online. In our first KOOTH service, we worked closely with a community outreach team who supported children from the age of eight upwards and their families, offering one-to-one work, family support and mediation, and respite. Our users saw us as one service. This is how it should be.

Potential pitfalls of digital

Jon Rouse, Director General, Social Care, Local Government and Care Partnerships at the Department of Health, said in his blog in March:

‘Ninety per cent of the social care workforce believes they have good basic digital skills, but only 52 per cent of their managers believe this is the case. Who is right? If it’s the workforce, we are missing out big time; if it’s the managers, then we have a lot of denial or at least miscomprehension, going on. Either way, only 50 per cent of social care staff make use of digital technology in their relationships with their clients.’⁴

Digital is too good an opportunity to miss. Young people from non-white British communities access KOOTH online in higher numbers than they do face to face, according to our study in Welsh schools and in our own blended services where we provide face to face and online. And many of our online clients – around 89 per cent of them – come online to use KOOTH and *do not need or want* any face-to-face counselling or support. It gives them the space to talk about things they find too difficult to discuss face to face. I have spoken to CAMHS colleagues who have found young people who are ‘mute’ in sessions magically open up in email sessions. It is good to see some CAMHS services developing online provision. However, digital needs to be done *well*. We have learned that rigorous training and continued professional development for all our online counsellors is essential – working online is difficult, and it isn’t just a single transfer of skills. There are layers of safeguarding to contemplate and a dedicated team needed to manage the service.

Smaller organisations and single services seeking to offer an online service must be mindful of the need to offer more than scheduled online counselling sessions. In its open letter to children and young people, the *Future in Mind* report says that its aim is to ‘help you acquire the resilience and skills you need when life throws up challenges’.¹ Successful digital services need community.

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Vision for the future – blended services 0–25

In Xenzone, it's our vision to develop blended services across the UK, working in partnership with organisations that deliver face-to-face counselling, as well as NHS Trusts and others, to develop models that fit *locally*. Blended services are flexible, easy to access and can shift resource 'downstream' into early intervention; they reach children and young people at the point of need, and offer a healthy safeguarded community space to explore some scary issues. When delivered as part of a holistic service model alongside partners in health and social care, and as part of a wider school and community-based provision, they can cut waiting lists, provide out-of-hours support and offer young people a continuous line of support up until their 26th birthday. Working with CAMHS and others, it is possible to build a truly integrated 0–25 years

service, as called for in the *Future in Mind* report. Conceptually this supports the THRIVE Model, the suggested replacement for the four-tiered CAMHS model.⁵ Some children and young people need different support at different times and we need a service design that builds self-reliance, resilience and support at the point of need. For our more vulnerable young people, recovery is a bigger process than a single set of sessions. Blended services that work together, offering sometimes different layers of support at the same time and others as separate offerings, but always with appropriate consensual communication, can bring the THRIVE model alive, make it real. I see our future as a national service, but a service with its feet on the ground and tied into local communities. This is my vision for our organisation, but it's also a wider hope for the future development of mental health services for children and young people.

Elaine Bousfield is Managing Director of blended mental health services provider, Xenzone. Since launching KOOTH.com in 2004 – Xenzone's pioneering blended online mental and emotional health service for children and young people – the platform has won and been shortlisted for numerous high-profile awards for its work in leading the way in CYP mental health provision.

References

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- 4 <https://jonrouse.blog.gov.uk/2015/03/27/digital-inclusion-in-the-health-and-care-sector/>
- 5 www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

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