



# ARCBITE



Brokering Innovation Through Evidence

## Understanding the impact of the YIAC (Youth Information, Advice and Counselling) model on access, engagement and mental health for young people aged 14-25 years

### Background

Mental health problems are one of the biggest health problems facing young people, with 75% of lifetime mental health disorders beginning before the age of 18 years. In spite of this, mental health services for young people continue to be one of the most under resourced and developed areas for health care services. The need for an integrated approach to service delivery to provide tailored and appropriate services for young people that focus on their health, wellbeing, physical and mental health and relationships is now well recognised (Future in Mind report; DH, 2015). The Youth, Information, Access and Counselling Service (YIACS) model provides such an approach, integrating a youth mental health approach that addresses the wider issues experienced by young people. The evaluation summarised below focuses on the YIACS model commissioned in a North West Coast of England city, as part of wider approach to supporting children and young people's mental health and emotional wellbeing.

### What was the aim of the project?

The aim of the project was to understand the impact of the YIAC model on access, engagement and mental health of young people aged between 14-25 years with the purpose of decreasing socioeconomic health inequalities.

### How did we involve people?

Three CLAHRC NWC Public Advisers (PAs) were involved in the evaluation; all had experience of mental health care services in their role as carers of young people with mental health difficulties. PAs were involved at all stages of the evaluation including data collection and interpretation of research findings. PAs received research methods training to support their role in undertaking data collection/analysis. Young People were involved in the design of the methodology including flyers to recruit participants and research questions.

## What did we do?

We evaluated the impact of the YIAC model using both quantitative and qualitative research methods. We gathered data on demographics of young people accessing the service, outcomes (Nationally validated outcomes of those accessing the service), activity (number of young people accessing the service, Did Not Attend figures) and financial information (funding for the service from the Clinical Commissioning Group).

We conducted interviews and focus groups with young people, their families and service staff to explore experiences and views about the service. We undertook logistic regression analyses to further explore the relationships between demographic variables and outcome variables and conducted a thematic analysis of interview and focus group data to explore experiences and views about access, engagement and mental health.

## What we found and what does this mean?

We found that 73% of people reported their mental health status to be improved after receiving interventions using the YIAC model. Logistic regression analyses showed no significant relationship between socioeconomic (IMD score) ( $p$ -value = 0.218), gender ( $p$ -value = 0.75) and treatment outcomes, indicating that the service serves people from different socioeconomic backgrounds equally well. Findings also showed that the greater majority of young people accessing services were from more disadvantaged households, indicating that the service model was addressing disparity in local health inequalities for young people with mental health difficulties. The analysis also found a positive relationship between more severe mental health illness and better outcomes ( $p$ -value = 0.000), indicating that the service is particularly effective for people experiencing moderate to severe mental health difficulties. Qualitative findings supported the quantitative findings with regard to positive impact of the service for mental health and the role of the service in reducing health inequalities – particularly with regard to specific groups of young people. Participants also emphasised key aspects of the service including accessibility of the service, the non-hierarchical, relatable and supportive approach of the service – which was important for engagement, the holistic nature of the service environment and the strong partnership ethos. General feedback was positive and indicated that participants valued the support that the service provided.



## What next?

There is a need for increased funding for YIAC model to further support the mental health of young people.

- Strengthen partnership, joint working and systems between organisations providing mental health support for children, young people and families.
- Regional and national roll out of YIAC model.
- Share learning from the model with other Clinical Commissioning Groups.
- Extend service support beyond the current localised sites.

## Who was involved?

- Liverpool CAMHS Partnership
- NIHR CLAHRC North West Coast
- Liverpool Clinical Commissioning Group
- Young Persons Advisory

## What is NIHR CLAHRC / ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superseded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, etc.

Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

<https://arc-nwc.nihr.ac.uk/>