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Youth Mental Health Services

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AMINA BECAME
DEPRESSED WHEN SHE
WAS 15. FOUR YEARS
LATER SHE WAS
STILL STRUGGLING.





SHE HAD PROBLEMS WITH DRUGS AND WAS SELF-HARMING.



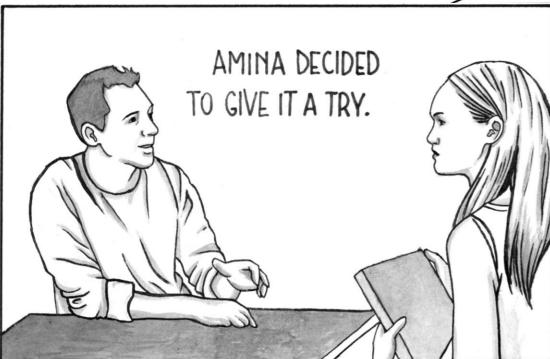


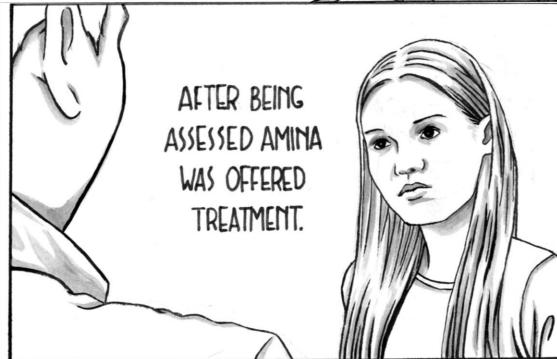


TWO YEARS AGO,
AMINA WAS
TOLD ABOUT
A SPECIALIST
MENTAL
HEALTH
SERVICE FOR
YOUNG PEOPLE
HER AGE BY HER GP.

WHAT TO DO ANYMORE.
I'M TOO OLD FOR CHILDREN'S
SERVICES AND THE ADULT ONE
I WAS REFERRED TO JUST
CREEPED ME OUT.















SOME OF HER FRIENDS WITH MENTAL HEALTH PROBLEMS HAVEN'T BEEN SO LUCKY.
TWO THIRDS OF YOUNG PEOPLE HER AGE WITH MENTAL HEALTH NEEDS ARE NOT RECEIVING MENTAL HEALTH SERVICES.



Background

The majority of mental illnesses start during adolescence and persist into adulthood. They are associated with short and long-term health problems and negative social, educational and economic outcomes for the young people themselves and for their family and carers, with financial costs to health and other services.

Many young people find current services inappropriate to their mental health needs or fall though the gaps in transition from children's to adults' services. Youth-specific services are a potential solution but little is known about outcomes and any associated cost savings.

Methods

We used data from two UK nationally representative epidemiological surveys to explore access to services, outcomes and costs for the 16 to 25 age group.

We evaluated outcomes and costs for a UK youth-specific (aged 16 to 25) mental health services, using a before-and-after comparison of differences in mental health, employment status and service use. Potential cost savings were applied to any differences.

Results

The treatment gap in the UK is wider for adolescents and young adults than it is for other age groups: only about a half of the young people aged 16-25 with mental health problems were receiving mental health services.

Young people with mental health problems were more likely not to be in employment, education or training, in receipt of welfare benefits and in contact with criminal justice services compared to similar young people without disorders.

Results from the youth mental health service show improvements in mental health and employment and reduced service use for the young people aged 16 to 25 at risk of severe mental illness who received two years' treatment, with associated cost savings in the short-term and implications for savings in the longer term.

Conclusion

Unidentified and untreated mental illness at this age has long term negative consequences and is financially costly. Youth-specific services have the potential to address the consequences of mental illness in young people and the service treatment gap, with associated cost savings

Amina

'Amina' is based on data from the evaluation of the youthspecific mental health service . Her story illustrates some of the problems that the young people entering this service had and some of the outcomes of two years' treatment with this service



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