



UNIVERSITY OF  
BIRMINGHAM



Birmingham and Solihull **NHS**  
Mental Health NHS Foundation Trust

## The YouthSpace.me public mental health programme: Changing the pathways to care

Max Birchwood

Clinical Director, YouthSpace

Professor of Youth Mental Health,

**FAIR  
BRIDGE**  
INSPIRING YOUNG LIVES



[www.youthspace.me](http://www.youthspace.me)

# **The International Declaration on Youth Mental Health**

2011

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How can we breath life into this in a standard NHS context?



1.2 M population

Multi-ethnic

Some very disadvantaged areas

.



# BSMHFT

- One of the largest mental health Trusts in the UK (income >£200m)
- Contact with 50,000 people a year ( 25% < 25yrs )
- Employ over 3,900 staff
- We train 20% of the Country' s Mental Health staff
- Achieving Foundation Trust status (only 2 MH Trusts in the West Midlands to achieve this)
- 3 New admission units delivering 21<sup>st</sup> Century MH Care

The good news: Strong history of EIS ☺

Culture of joint provision with Youth NGO ☺

The bad news: CAMHS in another Trust. ☹

Equity and excellence:

Liberating the  
**NHS**

- NHS brand withdrawn from providers (‘any qualified provider’ )
- Outcomes framework
- Quality standards

# Strategy

- Empower strong youth board
- Highlight weaknesses in existing structure for young people
- Focus on young people's mental health part of the solution for Trust need for stronger brands in new NHS marketplace.
- Prevention is key, prevention is key, prevention is key...

The experience of young people in  
mental health services..

“I have seen how much progress early intervention teams have made, how innovative they have been and the impact they are having. I now believe that Early Intervention will be the most important and far reaching reform of the NSF era. Crisis resolution teams have had the most immediate impact but I think early intervention will have the greatest effect on people’s lives”

Professor Louis Appleby,  
National Director for Mental Health October 10th 2008



# The bad news: Birmingham DUP unchanged

**Table 2 – DUP data for NEDEN sample Birmingham**

|        | N = 343 | Delay help seeking (days) | Delay health seeking pathway (days) | Delay within MHS (days) | Delay EIS (days) | Duration Untreated Psychosis (days) | Duration untreated illness (days) |
|--------|---------|---------------------------|-------------------------------------|-------------------------|------------------|-------------------------------------|-----------------------------------|
| Mean   |         | <b>-47.10</b>             | <b>76.42</b>                        | <b>235.47</b>           | <b>354.33</b>    | <b>264.85</b>                       | <b>754.01</b>                     |
| Median |         | <b>.00</b>                | <b>.00</b>                          | <b>27.50</b>            | <b>112.00</b>    | <b>61.00</b>                        | <b>423.00</b>                     |

**Table 5 – DUP & component delays for > <6month groups**

|                                     | <b>&lt;6 months (n = 225)</b>        | <b>&gt;6months (n =118)</b>          |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <b>DUP</b>                          |                                      |                                      |
| <b>Mean</b>                         | <b>40.95</b>                         | <b>691.77</b>                        |
| <b>Median</b>                       | <b>25</b>                            | <b>514.00</b>                        |
|                                     |                                      |                                      |
| <b>Delay help seeking</b>           |                                      |                                      |
| <b>Mean</b>                         | <b>-152.80</b>                       | <b>152.78</b>                        |
| <b>Median</b>                       | <b>.00</b>                           | <b>66.50</b>                         |
|                                     |                                      |                                      |
| <b>Delay health seeking pathway</b> |                                      |                                      |
| <b>Mean</b>                         | <b>46.43</b>                         | <b>136.84</b>                        |
| <b>Median</b>                       | <b>.00</b>                           | <b>3.50</b>                          |
|                                     |                                      |                                      |
| <b>Delay within MHS</b>             |                                      |                                      |
| <b>Mean</b>                         | <b>146.11</b>                        | <b>405.12</b>                        |
| <b>Median</b>                       | <b>9.50</b>                          | <b>192.00</b>                        |
|                                     |                                      |                                      |
| <b>Delay EIS</b>                    |                                      |                                      |
| <b>Mean</b>                         | <b>272.16</b>                        | <b>525.11</b>                        |
| <b>Median</b>                       | <b>70.50</b>                         | <b>213.00</b>                        |
|                                     |                                      |                                      |
| <b>DUI</b>                          |                                      |                                      |
| <b>Mean</b>                         | <b>508.06</b>                        | <b>1232.72</b>                       |
| <b>Median</b>                       | <b>191.00</b>                        | <b>937.00</b>                        |
|                                     |                                      |                                      |
| <b>Duration of Prodrome</b>         | <b>Mean 467.22<br/>Median 134.00</b> | <b>Mean 577.27<br/>Median 277.00</b> |

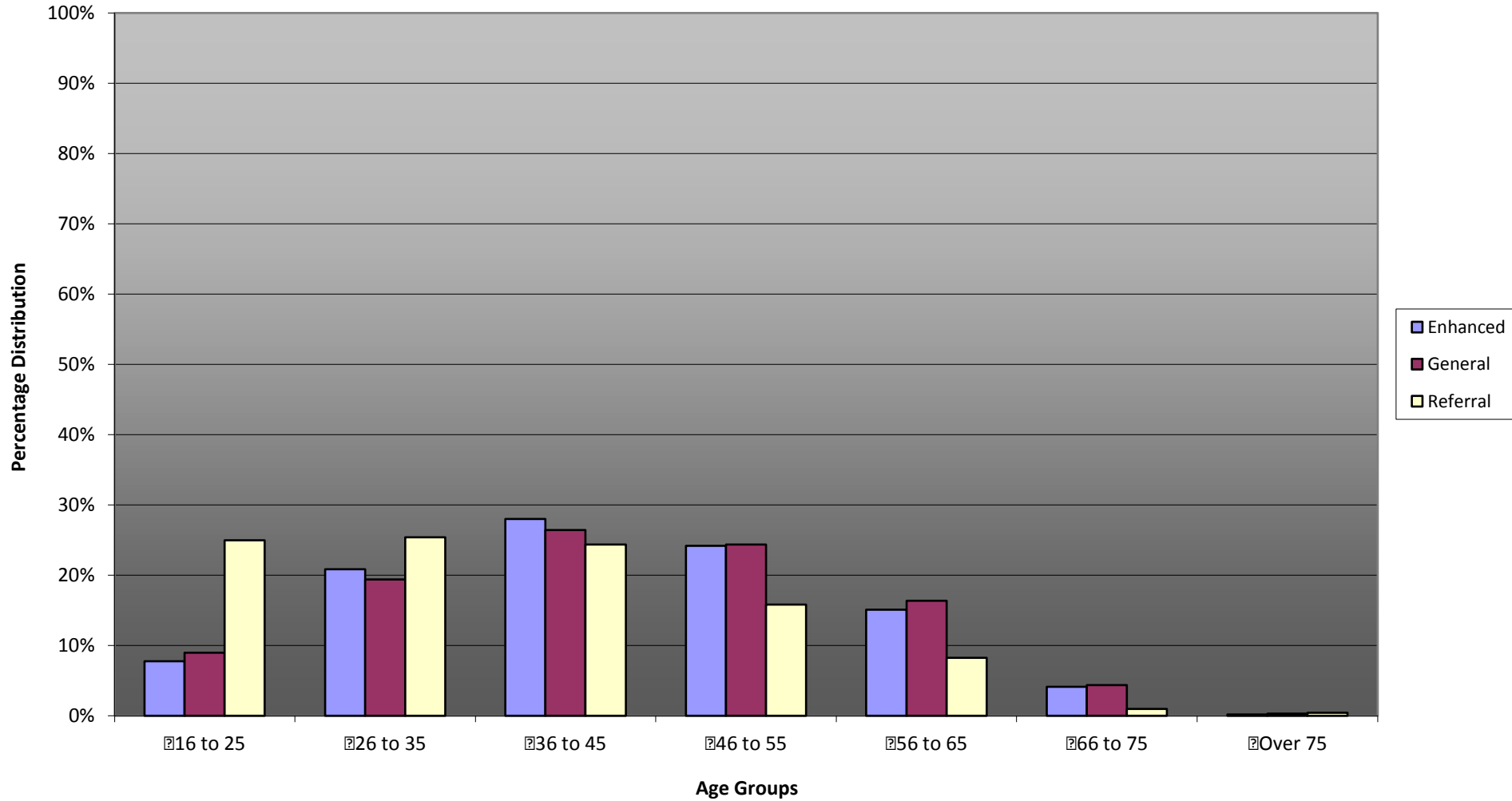
## Top 3 reasons for delay in CMHT pathway (whole sample)

1. Lack of Assertive Outreach for more 'difficult' to engage clients
2. Three (DNA) strikes and your out (discharged) policy
3. Failure to recognise emerging psychotic symptoms

‘Criterion treatment’ tends to occur when referred to EIS

141 (53%) did not reach CT until accepted/treated by EIS (1 month either side of referral);

Percentage distribution of CMHT patients by those referred, those on caseload, those on Enhanced CPA





# TRACK

## Transition of care from CAMHS to Adult

Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study

Swaran P. Singh, Moli Paul, Tamsin Ford, Tami Kramer, Tim Weaver, Susan McLaren, Kimberly Hovish, Zobia Islam, Ruth Belling and Sarah White

**Background**

Changing the care pathway for young  
people within  
the mental health trust:  
The YouthSpace 16-25 service

Home About Blog Help & Advice Your Life Contact Search this web

# YOUTH SPACE

Welcome

Youthspace offers relevant, up-to-date information and advice for young people, carers and professionals working with young people on all aspects of mental health, resilience & emotional wellbeing.

[Member Login](#) [Become a member](#)

## Blog Latest

**21**  
March 2011

[Three-year-old treated for alcoholism in B'ham](#)  
A three-year-old child has been treated for alcoholism by staff at an NHS hospital in the West Midlands. The unnamed toddler, thought to be [...] [Read more](#)

**18**

[Catalogue of errors at B'ham Selly Oak hospital](#)  
Serious blunders in operating theatres at a Birmingham

## Your Life

### Home life...

Difficult family life, arguments, abuse, homelessness, leaving care or becoming a young parent? Home life can be stressful.

[Learn more](#)

### Health life...

Advice on diet, sport, exercise & leisure activities. Become healthy motivated, relaxed & at the top of your game.

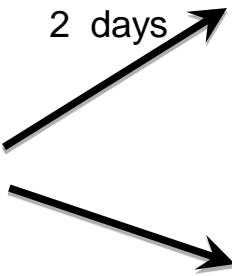
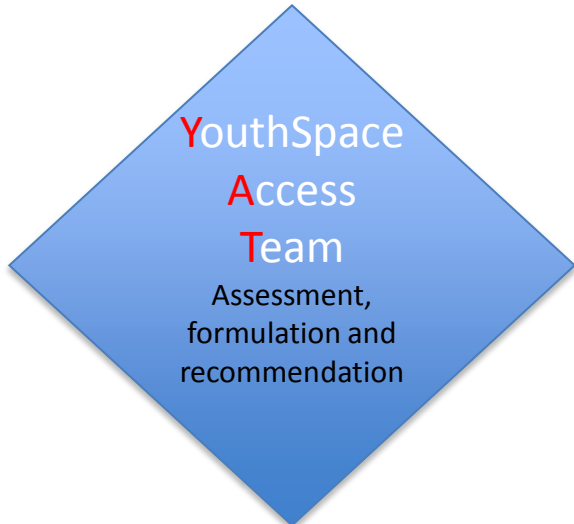
[Learn more](#)





**FAIR  
BRIDGE**  
INSPIRING YOUNG LIVES

# Youthspace, 12-25



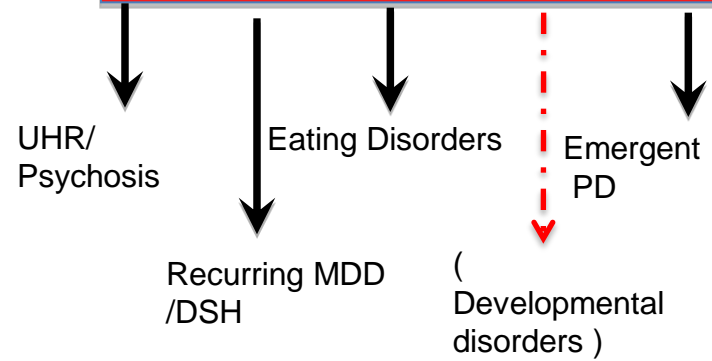
Report and medication recommendation to GP; +,- C-BIT

**GP**

**ED:IT**

- Cognitive Brief Interventions Team (C-BIT)
- Max 6 weeks
- 'Two DNA strikes and you're... offered a home visit'
- IAPT workers part of team ?

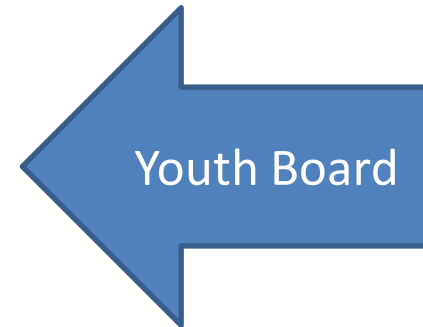
**Time limited Early  
Intervention Streams**



**YouthSpace Programme and Birmingham  
Healthy Minds Clinical Governance  
Committee**

Chair: Max Birchwood

Members include all professional leads and a  
clinical lead from each of the services



Local Service Delivery and  
Clinical Governance  
committees

Interventions Protocols and Clinical Audit Committee

Chair: Max Birchwood

Core members are the topics leads however there is an open  
invitation to all professional leads, consultants and team managers

FCAMHS

Early Intervention,  
Youth Clinical Support,  
EDIT

Eating Disorders

Youth Engagement  
and Support Service  
(16-25)

Birmingham Healthy  
Minds

# The Youth Board



# The Youth Board

- Young people from YouthSpace services and Prince's Trust
- Advise and drive service change
- Developed the [www.youthspace.me](http://www.youthspace.me) website
- Audit services
- Interview panels



Early Intervention and Youth Mental Health  
**First National Conference**  
Birmingham Botanical Gardens  
22nd & 23rd November 2010

fairbridge

*National CAMHS Support Service*



Public mental health=  
public *youth* mental health

# No health without mental health

A cross-government mental health outcomes  
strategy for people of all ages

- make mental health a key priority for Public Health England, the new national public health service, and set out in this strategy why, at a local level, the new health and wellbeing boards and directors of public health will want to treat mental health as a priority;
- agree and use a new national measure of wellbeing;
- prioritise early intervention across all ages;
- take a life course approach, with objectives to improve outcomes for people of all ages;
- tackle health inequalities, and ensure equality across all protected characteristics, including race and age, in mental health services;
- challenge stigma by supporting and working actively with the Time to Change programme and others;
- invest around £400 million over four years to make a choice of psychological therapies available for those who need them in all parts of England, and expand provision for children and young people, older people and their carers, people with long-term physical health problems and those with severe mental illness;

Lifelong mental health problems  
begin in adolescence



Figure 4 | **Ranges of onset age for common psychiatric disorders.** Recent data from the National

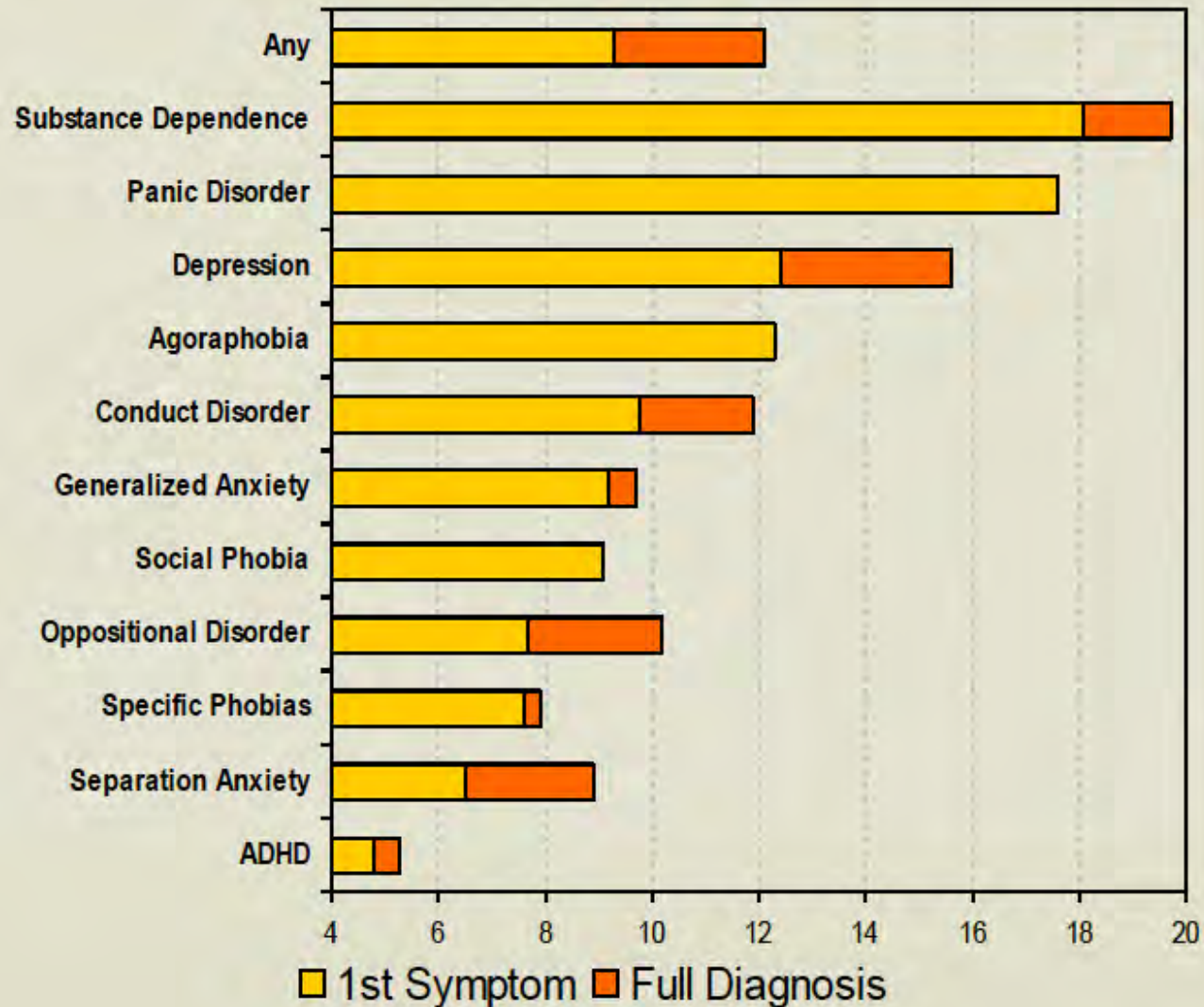
“Roughly half of all lifetime mental disorders in most studies start by the mid-teens and three quarters by the mid-20s. Later onsets are mostly secondary conditions. Severe disorders are typically preceded by less severe disorders that are seldom brought to clinical attention” [Kessler et al, Current Opinion Psychiatry, 2007](#)

By age 21, more than half have had one or more DSM-IV psychiatric disorders

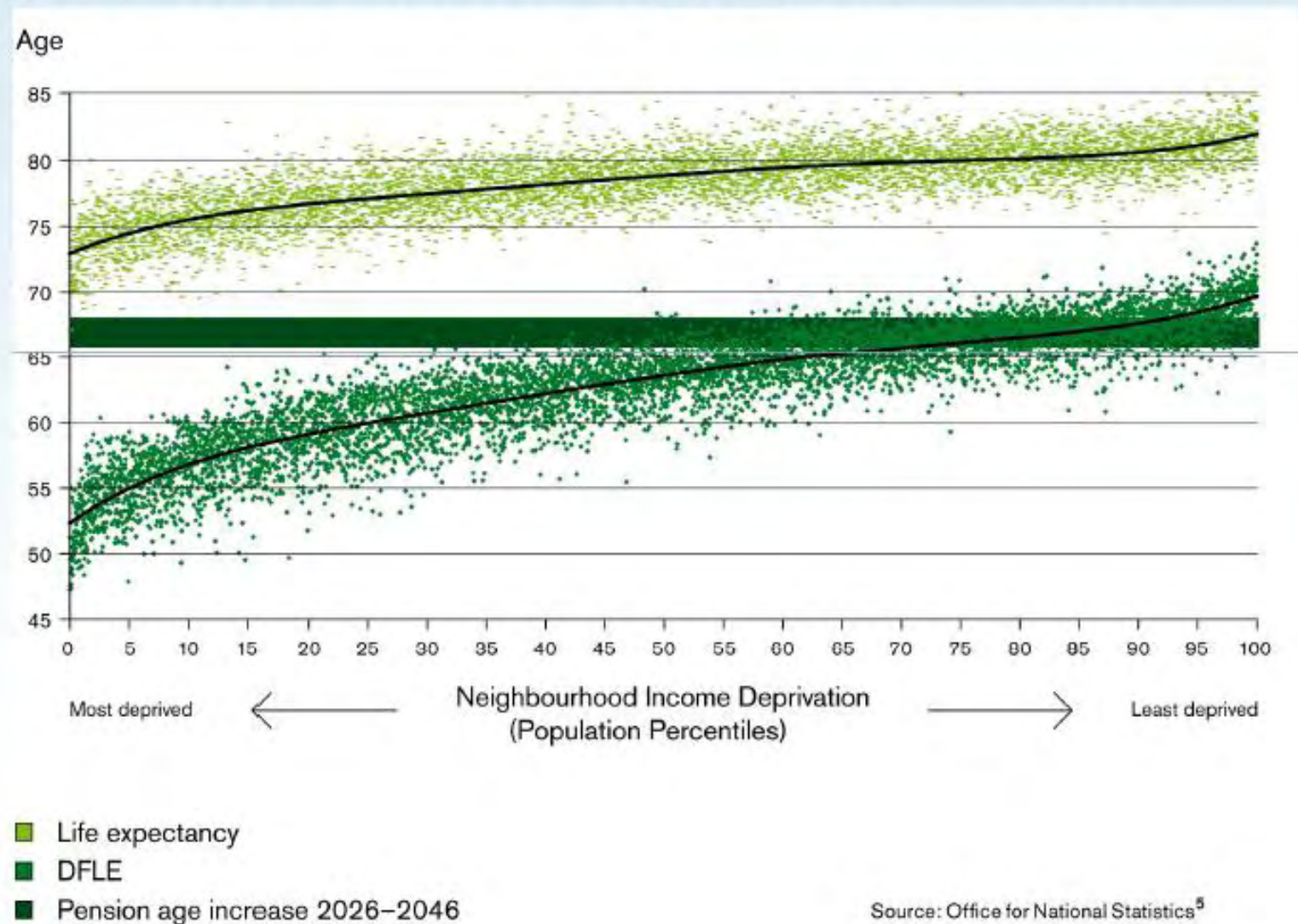
Thus, the *majority* of children will have a DSM-IV psychiatric disorder by the time they are grown up.

Similar findings from other longitudinal studies (e.g., Dunedin)

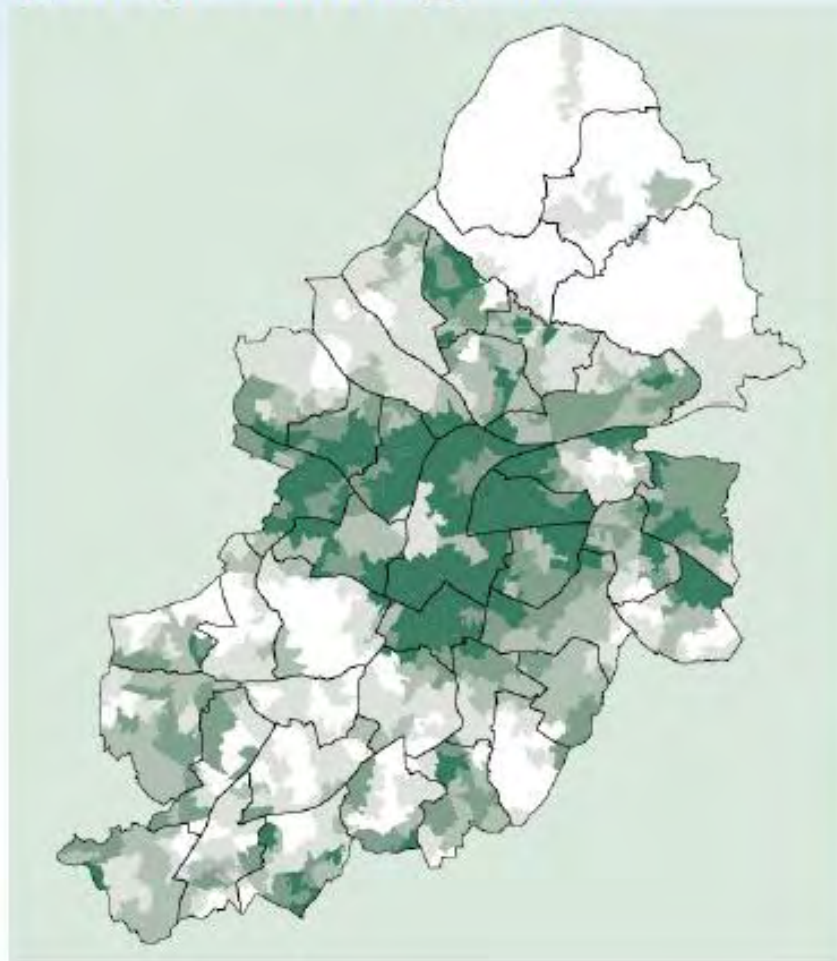
# For most disorders there is an interval between the first symptom and the full diagnosis



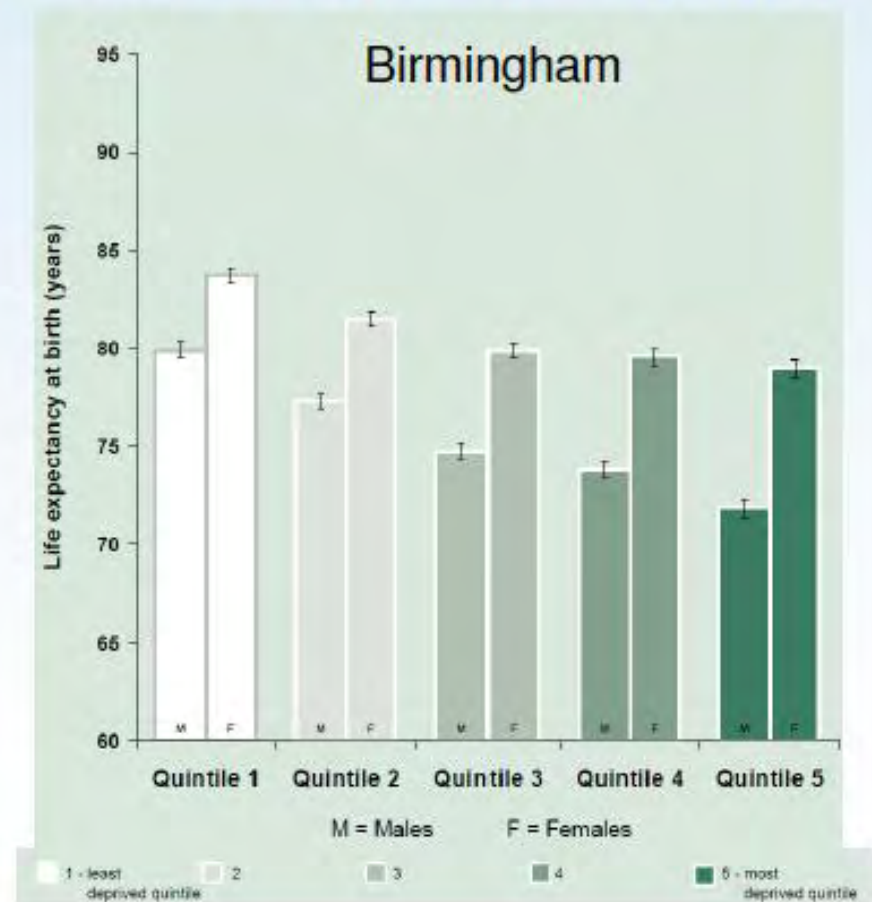
# Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003



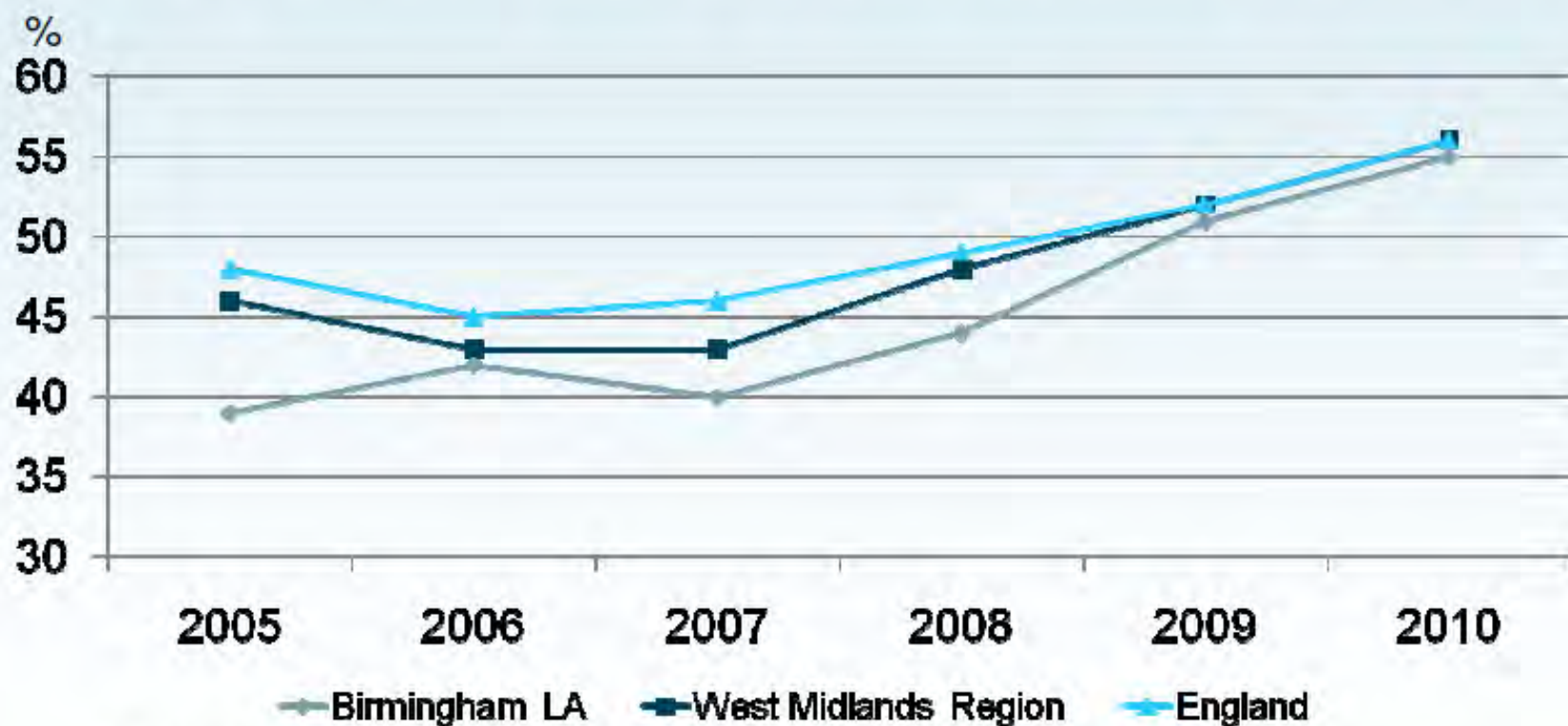
## Differences in deprivation based on local quintiles (IMD): Birmingham



## Life expectancy at birth for males and females (2004-8) for each deprivation quintile



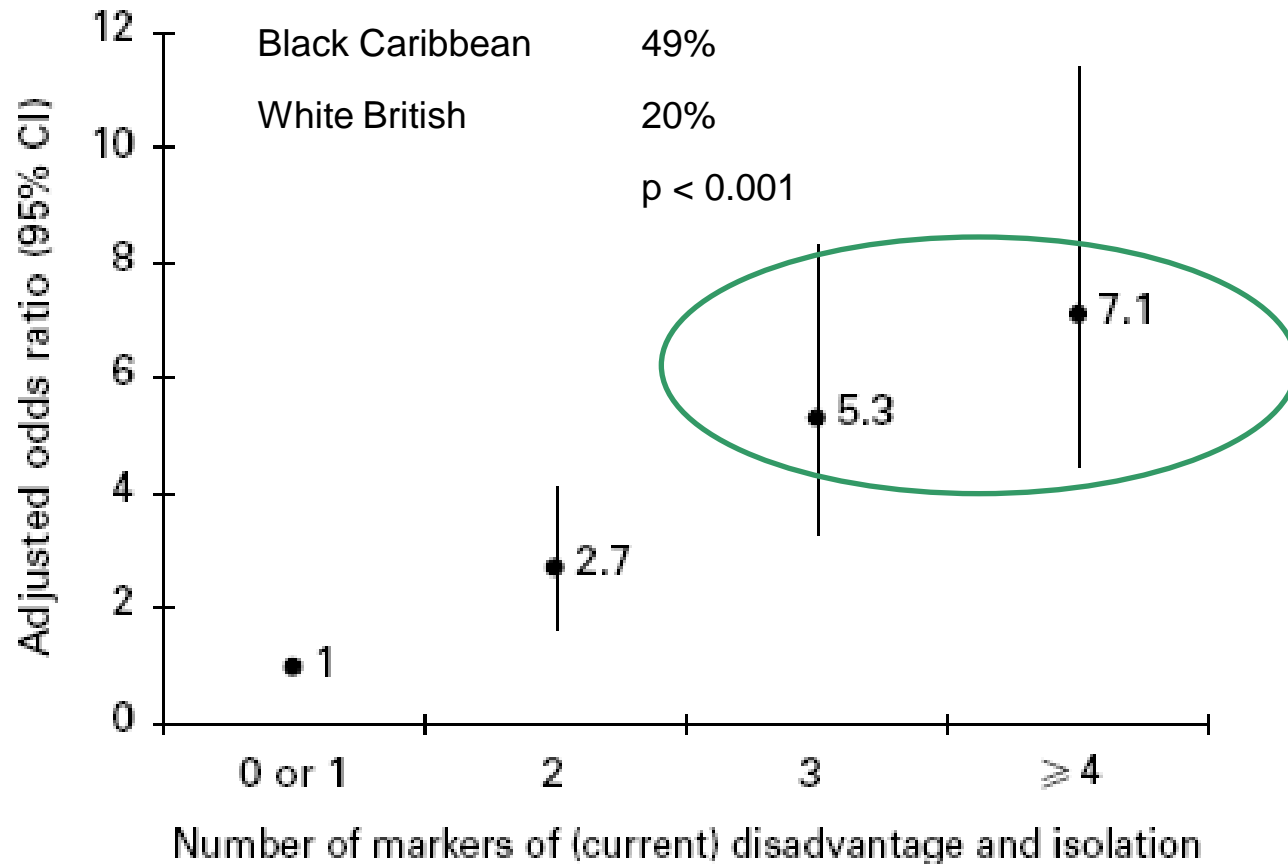
## Per cent 5 year olds achieving 'good development score',\* Birmingham LA, West Midlands & England



\*in personal, social and emotional development and communication, language and literacy

Source: Department for Education

# Indicators of adversity in early adulthood and risk of psychosis late adulthood



# Ethnic density

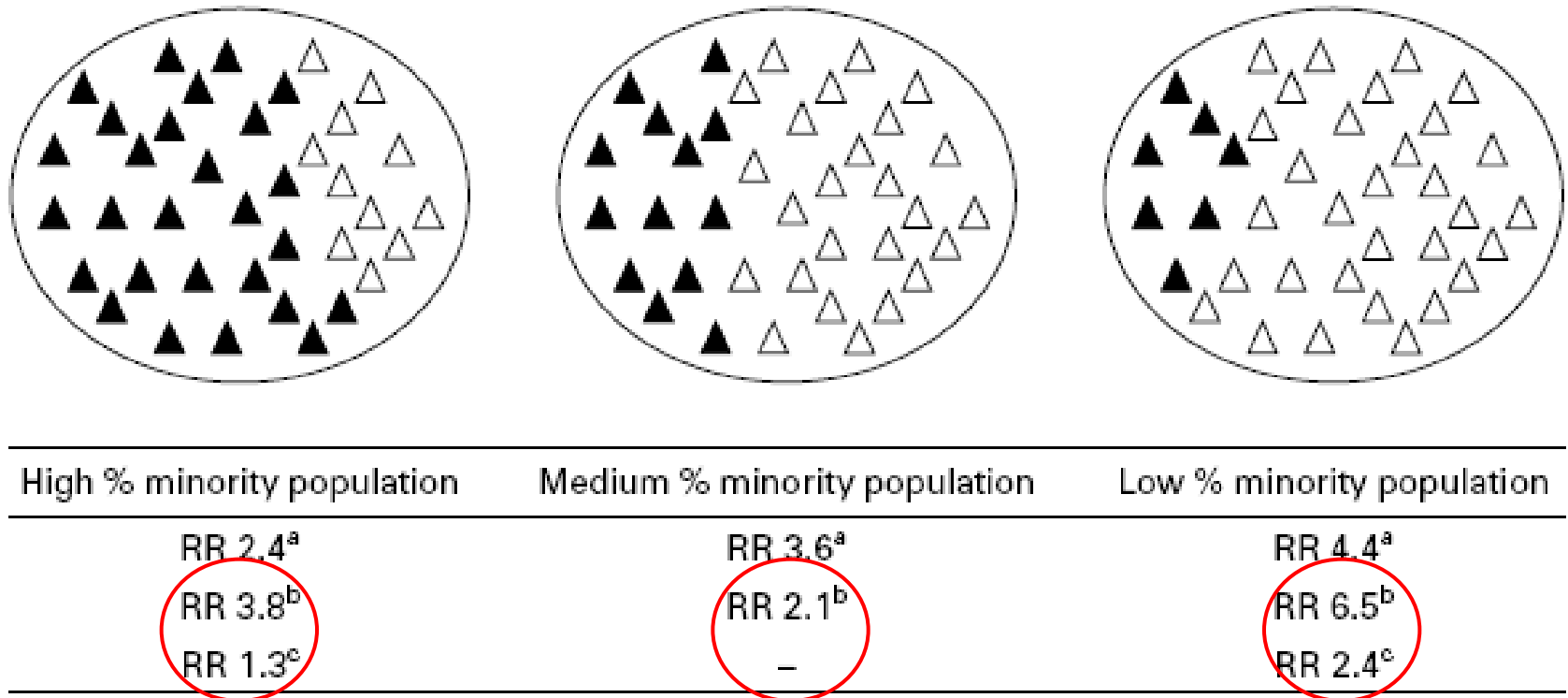


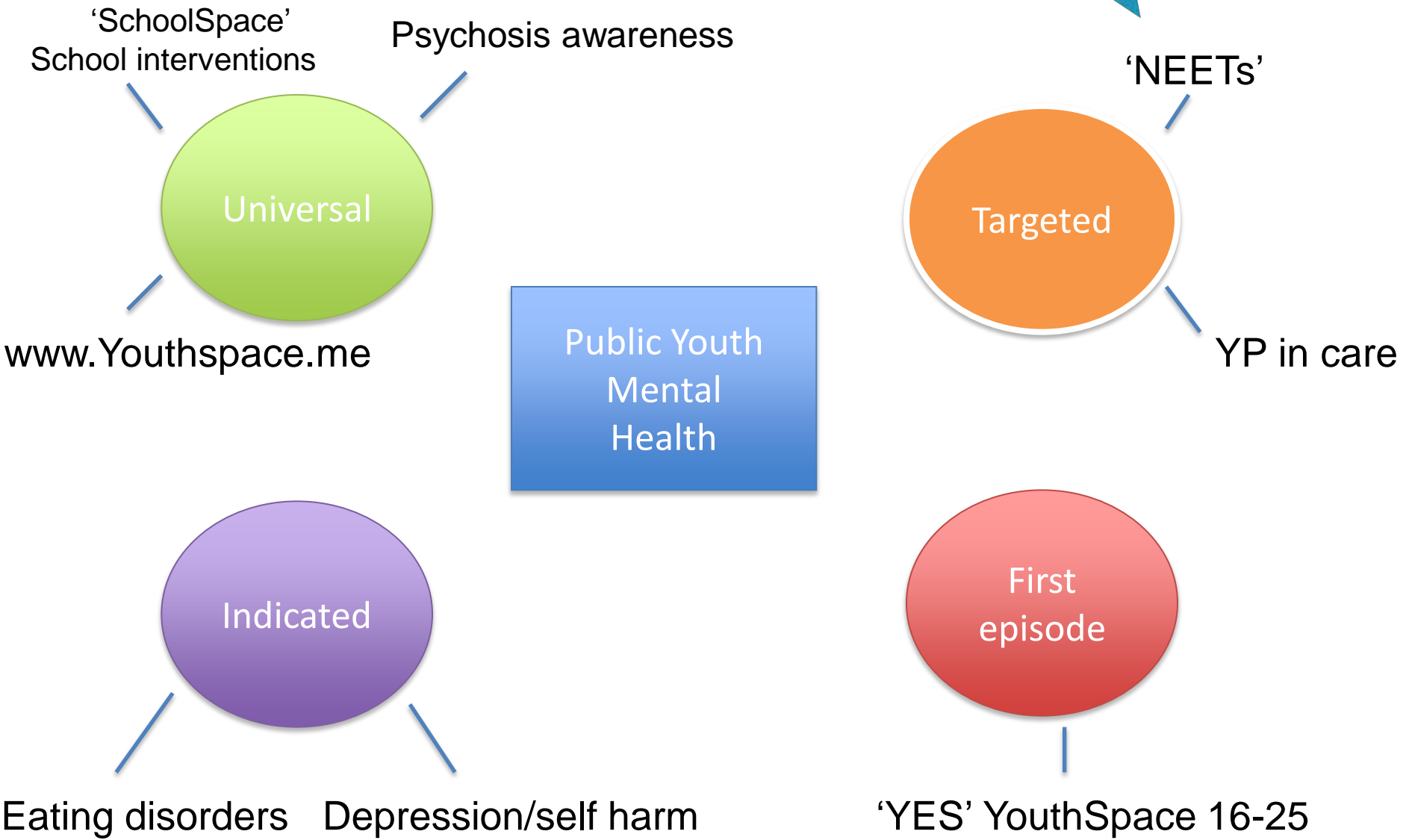
Fig. 1. Rate ratios for schizophrenia by ethnic density in recent studies. RR, rate ratio (migrant or ethnic group *versus* white).

<sup>a</sup> Boydell *et al.* 2001 ; <sup>b</sup> Kirkbride *et al.* 2007 ; <sup>c</sup> Veling *et al.* 2008.

# CLAHRC2 Public Mental Health Platform



# CLAHRC2 Mental Health.



# CLAHRC2: Public Mental Health

## University of Birmingham/BSMHFT

- Max Birchwood (Psychology)
- Helen Lester (Primary Care)
- Stephen Wood (Psychology)
- Carole Torgerson (Education)

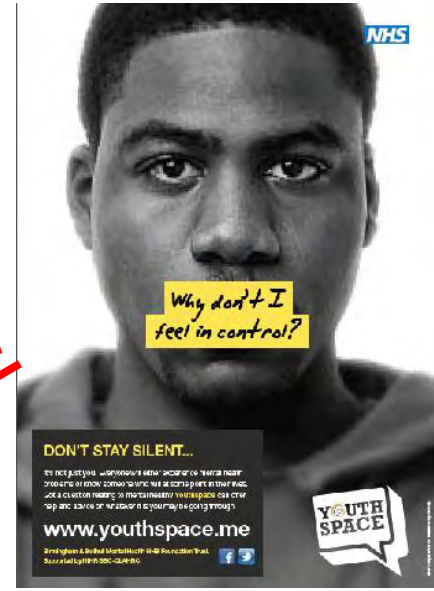
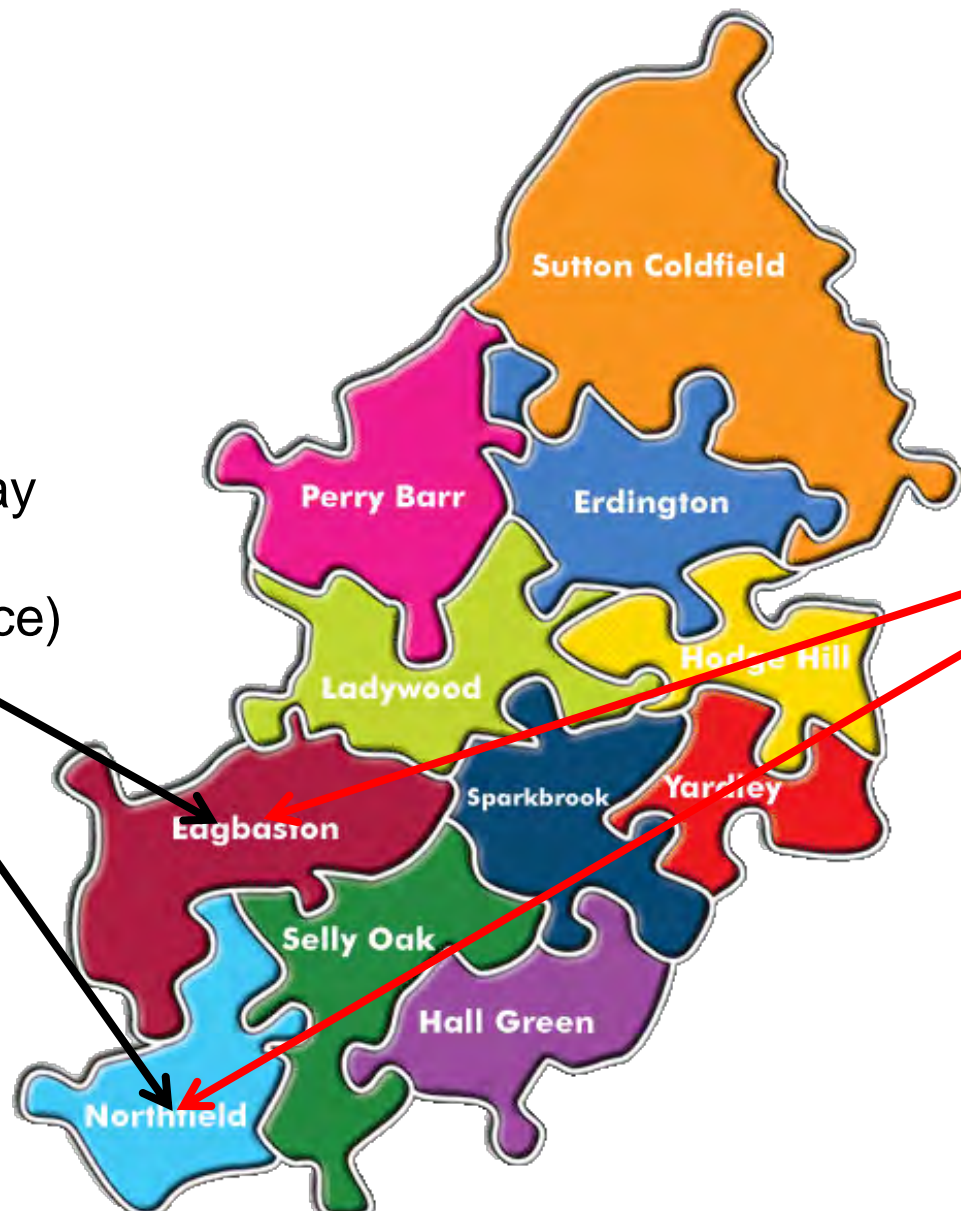
## University of Warwick

- Swaran Singh (Psychiatry)
- Doug Simkiss (Child Health)

# CLAHRC DUP pathways study: A quasi-experimental pilot trial



Care pathway change  
(16-25 service)



Psychosis awareness campaign

WWW.YOUTHSPACE.ME

A black and white photograph of a young woman with blonde hair, looking directly at the camera with a neutral expression. A yellow speech bubble is overlaid on her mouth.

**NHS**

*Do other people feel this bad?*

**DON'T STAY SILENT...**  
It's not just you. Everyone will often experience mental health problems at some point in their lives. Get a question relating to 'mental health'? Youthspace can offer help and advice on whatever it is you may be going through.

[www.youthspace.me](http://www.youthspace.me)

Birmingham & Solihull Mental Health NHS Foundation Trust  
Operated by the NICE00-0344-FC

A black and white photograph of a young man with dark hair, looking directly at the camera with a neutral expression. A yellow speech bubble is overlaid on his mouth.



**NHS**

*Why don't I feel in control?*

**DON'T STAY SILENT...**  
It's not just you. Everyone will often experience mental health problems at some point in their lives. Get a question relating to 'mental health'? Youthspace can offer help and advice on whatever it is you may be going through.

[www.youthspace.me](http://www.youthspace.me)

Birmingham & Solihull Mental Health NHS Foundation Trust  
Supported by the NICE00-0344-FC



# Birmingham Islamic religious leaders' construction of 'psychosis'



**Siama Rashid, Max Birchwood  
and Alex Copello**



“When the woman became possessed by the jinn, like with women they don’ t have that much power or strength to have control over two or three men, but when she became possessed with the jinn she became so powerful that no-one could control her, except from reading the taweez or the Sura over her, other than that you can’ t control her”  
(P3, 1938 – 1943)

unityfm  
heart of the city  
93.5FM



# SchoolSpace

# Aims

- To develop and evaluate a universal educational intervention for secondary school aged pupils aimed at improving mental health literacy, stigma of mental illness, and resilience/emotional well-being (year 8, age 12-13)
- Stage one: Development of educational intervention for pupils
  - Identify and develop content for an educational intervention through searching previous systematic reviews, conducting new systematic reviews, conducting group interviews, and piloting intervention within one school
- Stage two: Evaluation of feasibility trial
  - Evaluate feasibility intervention trial in 9 schools. Pre and post tests and 6 month follow up.
  - In particular the research aims to address the 'contact hypothesis' which has been used previously in stigma research (Pinfold et al., 2005; Schulze et al., 2003).

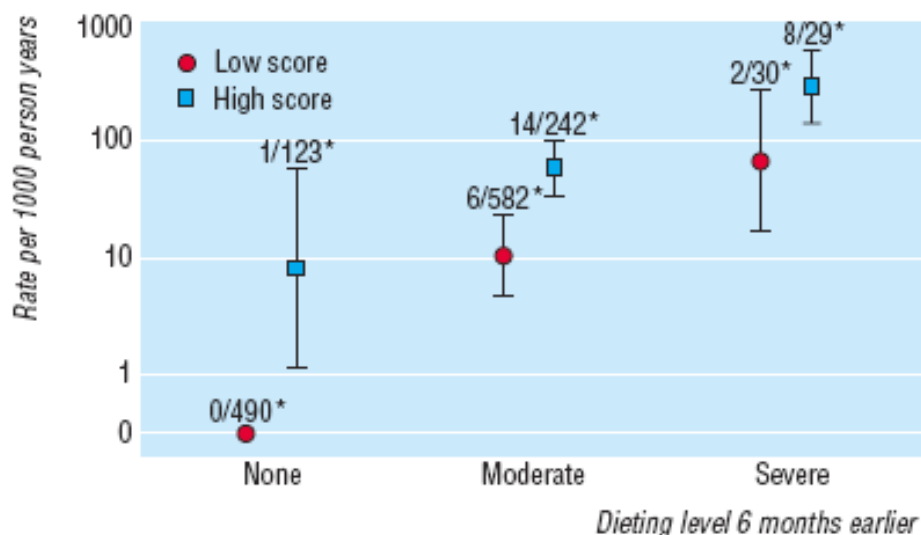
**A single blind randomised controlled trial to determine the effectiveness of group cognitive behaviour therapy (CBT) in the prevention of depression in high risk adolescents**

Paul Stallard, University of Bath  
NIHR, 2008-2012



# Onset of adolescent eating disorders: population based cohort study over 3 years

G C Patton, R Selzer, C Coffey, J B Carlin, R Wolfe



\* Number of cases per person years of observation

**Fig 2** Incidence rates (95% confidence intervals) for eating disorder among female secondary school students classed according to dieting level and psychiatric morbidity (low or high scores for clinical interview schedule) 6 months earlier

## Key messages

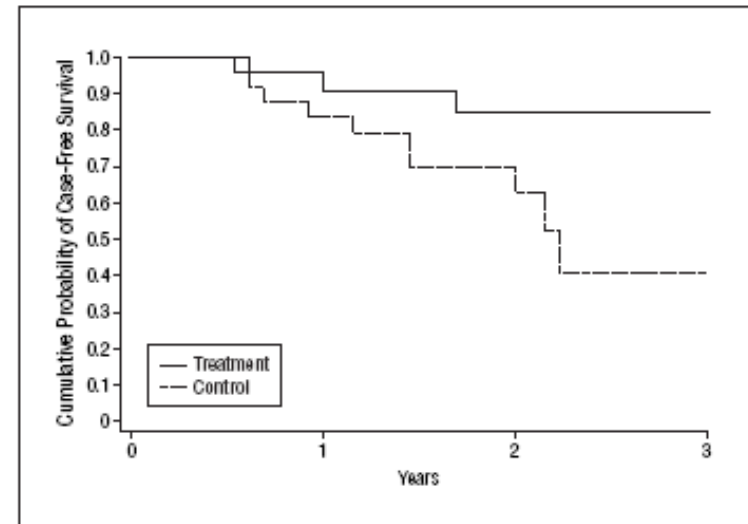
- Adolescent females who diet at a severe level are 18 times more likely to develop an eating disorder than those who do not diet, and those who diet at a moderate level are five times more likely to develop an eating disorder
- High levels of psychiatric morbidity in females increase the risk of developing eating disorders by sevenfold
- Around two thirds of new cases of eating disorder arise in females who have dieted moderately
- The predominance of eating disorders in females is largely explained by the higher rates of earlier dieting and psychiatric morbidity
- Daily exercise seems to be a less risky strategy for controlling weight in adolescents

## Prevention of Eating Disorders in At-Risk College-Age Women

C. Barr Taylor, MD; Susan Bryson, MA, MS; Kristine H. Luce, PhD; Darby Cunniff, MA; Angela Celio Doyle, PhD; Liana B. Abascal, MA; Roxanne Rockwell; Pavarti Dev, PhD; Andrew J. Winzelberg, PhD; Denise E. Wilfley, PhD

**Conclusions:** Among college-age women with high weight and shape concerns, an 8-week, Internet-based cognitive-behavioral intervention can significantly reduce weight and shape concerns for up to 2 years and decrease risk for the onset of EDs, at least in some high-risk groups. To our knowledge, this is the first study to show that EDs can be prevented in high-risk groups.

*Arch Gen Psychiatry.* 2006;63:881-888



**Figure 4.** Survival as a non-eating disorder case for San Francisco Bay Area, California, participants with compensatory behaviors at baseline.

# At risk groups

- ‘Looked after’ children (esp leaving care)
- Young offenders
- NEETs
- Recent immigrants/ asylum seekers
- Fragmented communities and neighbourhoods
- Adolescent onsets / emerging disorder

# Looked After Children

- McCann, 1996. 57% of those living in care and 97% of those in residential care had a psychiatric disorder compared to 15% in non care peers. Conduct disorder, anxiety and depressive disorder most prevalent.
- Meltzer et al (2003) conducted a large scale survey and found significantly higher levels of mental health problems in looked after children. Again conduct disorder highly prevalent.
- McAuley & Davis (2009) Found the rate of mental health disorder was 4 times higher in 11- 17 year olds in care than their non care peers.
- Ford et al, 2007, British children in care have significantly poorer mental health than the most disadvantaged children outside the care system.

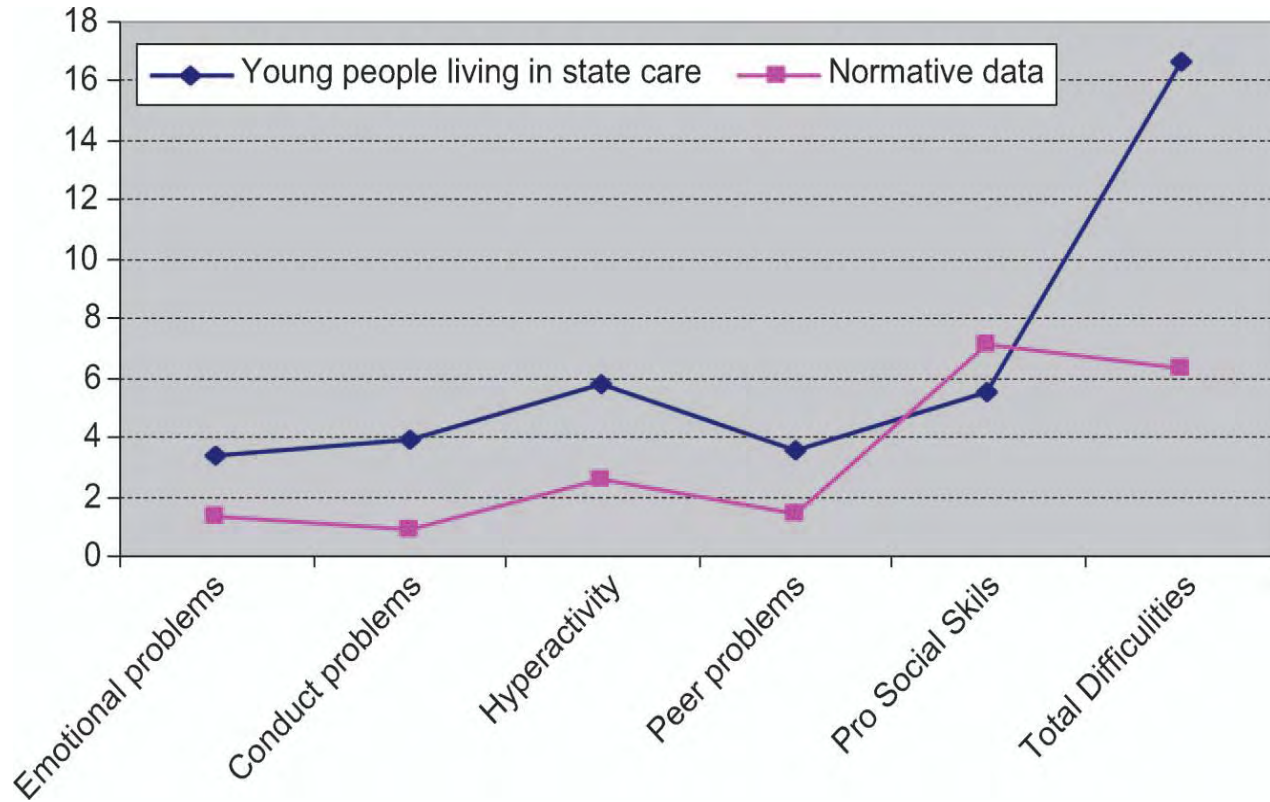


Figure 1. SDQ scores of the young people living in state care compared with normative data from the UK general population aged 11–15. (Cousins et al, 2010).

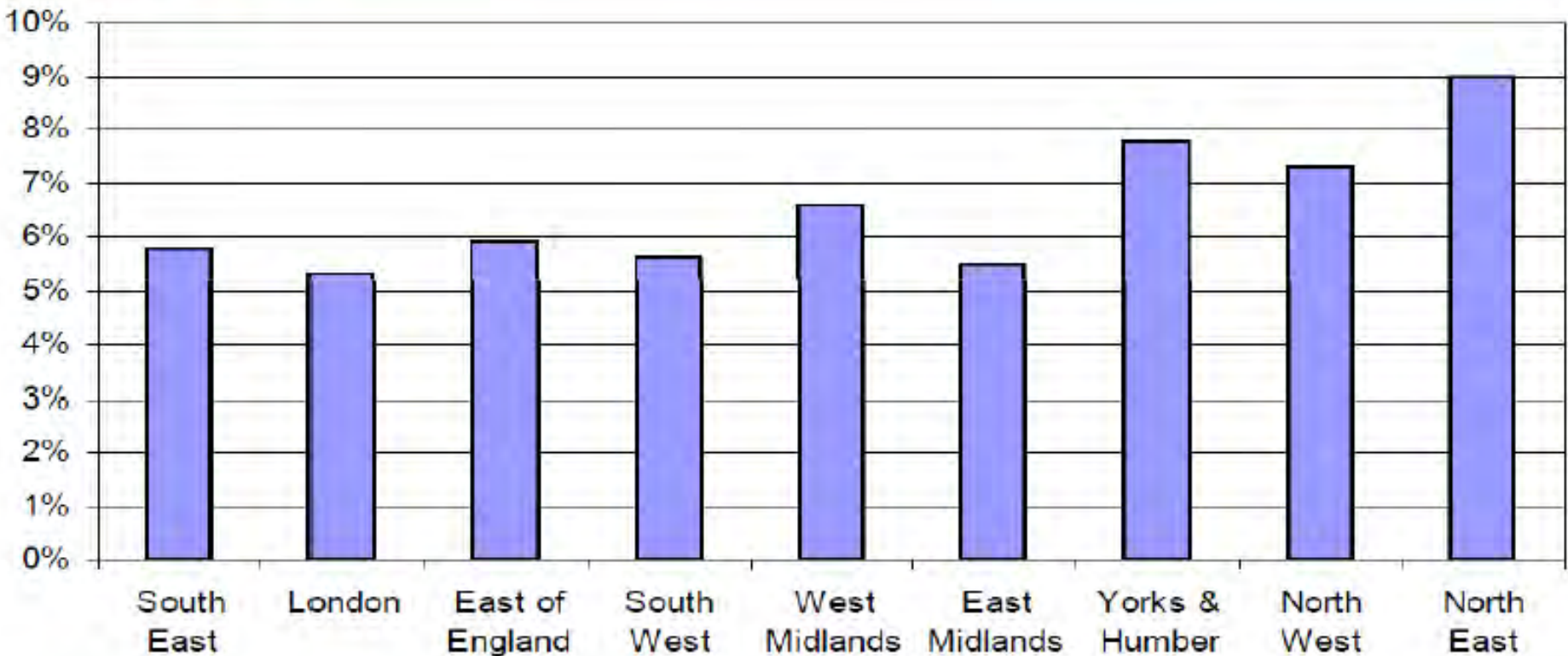
# NEET

(Not in Education, Employment or Training)

British Birth Cohort study (1970+) showed that being NEET for six months is likely to mean that by the age of twenty one a young man is:

- More than four times likely to be out of work
- Three times more likely to have depression and mental health issues
- Five times more likely to have a criminal record
- Six times less likely to have any qualifications

# Regional NEETs, age 16-18 Nov 2009 - Jan 2010 average



Department for Education

# Thank you.



[WWW.YOUTHSPACE.ME](http://WWW.YOUTHSPACE.ME)



The screenshot shows the Youth Space website homepage. At the top, there is a navigation menu with links for Home, About, Blog, Help & Advice, Your Life, and Contact, along with a search bar. The main header features the Youth Space logo and a "Welcome" message. Below the header, there are sections for "Member Login" and "Become a member". The "Blog Latest" section displays two articles: "21 March 2011 Three-year-old treated for alcoholism in B'ham" and "18 Catalogue of errors at B'ham Selly Oak hospital". The "Your Life" section is divided into "Home life..." and "Health life..." with "Learn more" buttons.

The advertisement features a close-up of a young woman's face. A yellow speech bubble with the text "Do other people feel this bad?" is positioned over her mouth. In the top right corner, the NHS logo is visible. At the bottom, there is a dark box with the text "DON'T STAY SILENT..." and "www.youthspace.me". The Youth Space logo is also present in the bottom right corner.