Evaluating the Gap in Mental Health Service Provision for Young People:

The value of a prevention-focused young person mental health service at GAMH

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1. Executive summary

Background

Early intervention and prevention can help to reduce the occurrence of poor mental health, and the long term-impact of mental disorders. Non-specialist mental health services provided at a lower tier of the tiered model of mental health service provision play a key role in this. In particular, two areas in which third sector organisations such as GAMH have the potential to help address gaps in service provision for young people are:

- Risk of falling out of the mental health system, especially those at the transitional age between school and college or employment, or between NHS CAMHS services and adult mental health services.
- Disparity in mental health outcomes and access to mental health services

Since 2017, GAMH has been piloting a Young Adult Mental Health Group for young people aged 16-25 and is looking to expand the pilot into a comprehensive service for young people based on the capabilities model, aimed at Tier 1 and 2 level. To inform service development, we sought to understand the role that such a service can play in the context of the wider mental health service landscape through analyses of data within the 2017-2019 period.

- Firstly, to evaluate the extent a service at GAMH would be useful to support CAMHS services, we analysed CAMHS referrals within NHSGG&C for rejection rates and waiting times.
- Secondly, to evaluate how GAMH might help to address disparity in access to mental health support, we analysed demographics and referral routes of young people referred to GAMH was analysed. This included two separate analyses of young people aged 16-25 referred for GAMH adult services and young people referred to the young carers service (including young carers or young adult mental health group)

Main findings

- **Almost a quarter** of CAMHS referrals, on average 2582 annually, were not accepted to CAMHS and signposted elsewhere.
- Capacity shortage within CAMHS affects the longest waits most.
- **8.5%** of referrals to GAMH adult services are from individuals age 16-25, the transitional period between school and college or employment, and between CAMHS and adult mental health services.

- The **majority of referrals** to GAMH for adult services (62%) or young carers services (68%) come from the most deprived households.

- Compared to individuals from White Ethnic groups, individuals who were from Black and Ethnic Minority groups were around **4 times** more likely to be referred to GAMH adult services through Third Sector and social work services than mental health services.

- Compared to individuals from less deprived households, individuals from the most deprived households were around **3 times** more likely to be referred to GAMH adult services through third sector and social work organisations than through mental health services.

- In contrast, **no effects** of demographic variables on referral route was found for referrals to the young carers service. This could be due to the different way young carers come into contact with mental health and health services - when a professional is concerned about the wellbeing of a young carer known to them through an adult receiving mental health support.

Evaluation and conclusions

There is demand for lower tiered, non-specialist services in Glasgow which can complement CAMHS services in terms of both mental health prevention and improving transition to adult services. Lower tiered, non-specialist services for young people may also be able to reduce the impact of long wait times for mental health services by reducing CAMHS referral load or be available to those on CAMHS waiting list. Individuals waiting longer for CAMHS services tend to be the least severe cases and are likely to benefit substantially from timely support at a lower tier.

Inequalities in mental health care. Mental health is intertwined with poverty and deprivation and a prevention-focused mental healthcare system cannot ignore this. The demographics of young people currently served by GAMH reflect the importance of GAMH's role in supporting access to mental health support from BME and disadvantaged sections of the community. Our analysis found that young people from disadvantaged or BME backgrounds are more likely to be referred through GAMH or social work services than Mental Health Services. This suggests that unequal access to mental health services might be mitigated by increasing Tier 1 or 2 services outside of current statutory mental health services. Consideration needs to be given to Third Sector mental health services such as GAMH who have closer connections with families and communities.

2. Background

Prevention-focused mental health care.

Scottish Government's Mental Health Strategy (2017-2027) highlights that early intervention and prevention, is important in minimising the prevalence and incidence of poor mental health, and the severity and long term-impact of mental disorders. Adequate support during periods of stress can prevent transition into long-term, persistent problems that require a medical response.

While the focus has been on increasing access to emotional and mental wellbeing support in schools, third sector organisations also play an important role, especially in the context of inequality and discrimination, and where young people are no longer in schools, during the transitioning period to college or employment.

The report also emphasises on improved support at Tier 1 and Tier 2 levels to support children and young people who experience less complex or debilitating mental health, behavioural or emotional issues. This also has the benefit of reliving the referral load on higher tiered services which often need to provide longer-term, intensive input to address complex issues. (Figure 1)

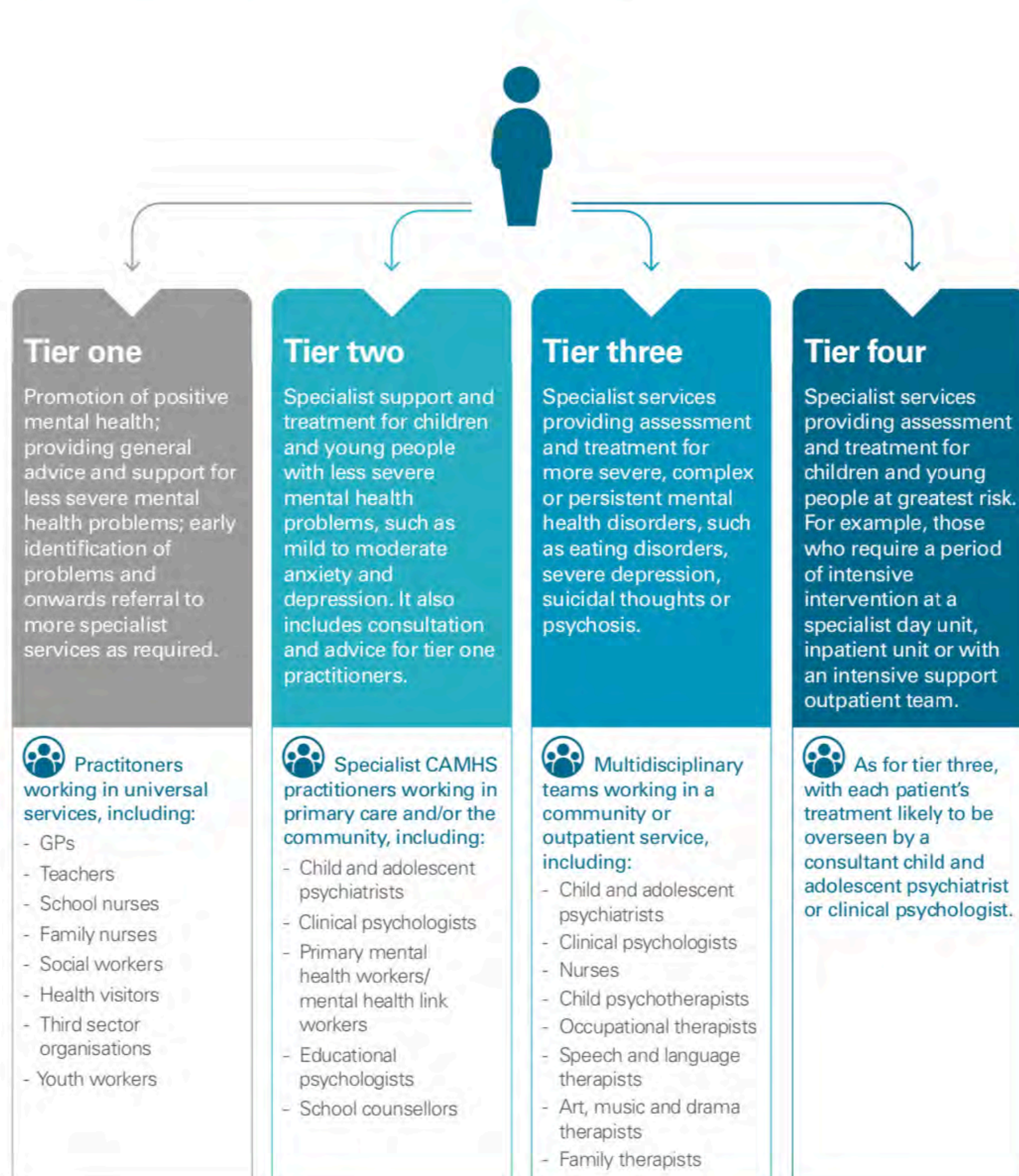

Figure 1. Mental health services are provided in four tiers targeting mental health needs with increasing complexity. At Tier 1, the focus is on mental health promotion, general advice and support for individuals with less severe mental health needs. Tier two, three and four are specialist services, where apart from Educational psychologists and school counsellors at Tier 2, are mainly provided in specialist NHS CAMHS services. (Source: Audit Scotland, Children and Young People Mental Health, 2018)

GAMH within the young people mental health service landscape

Within Glasgow City Health and Social Care Partnership, CAMHS services are provided at Tier 3. GAMH services fall under Tier 1 and even Tier 0 for individuals at risk of mental health problems, working closely with Tier 3 CAMHS services both in receiving referrals from and referral on to for specialist support.

GAMH services are targeted at adults aged 18 and above and provide a range of services including self-directed or one-to-one support on personal and social support issues, housing and employability support. GAMH service users include young people who have just left school and are entering further study or employment.

Since 2000, GAMH has been running the Young Carers service, for children and young people age 12-21 at risk of a mental health condition, due to parental mental disorder. Since 2017, GAMH has also been piloting a Young Adult Mental Health group for young people aged 16-25. Many of the young people attending the YAMH group and some in the young carers group also receive one-to-one, time-limited support for more specific issues ranging from coping with emotions and social benefits.

Barriers to access to mental health services

An Audit Scotland report (2018) highlights a number of barriers to accessing mental health services for young people. Each is considered in the context of GAMH's role as a third sector organisation in the Glasgow City Centre mental health service landscape.

Prevention and early intervention services are patchy across Scotland, depending on council area. Within Glasgow City Centre, universal (Tier 1) services for young people comprise health and educational services, particularly organisations working with families and young children (e.g, nurseries). At Tier 2 level, third sector organisations such as Action for Children, Glasgow GEN R 9, and Barnado's are available on top of health and educational services. (Glasgow Health and Social Care Partnership)

Due to a lack of routine monitoring and reluctance on some professionals and GPs to signpost to alternative sources of support, children and young people are likely to drop out of the system, especially when a referral is rejected from CAMHS from not meeting CAMHS criteria. With the experience of working with young adults, GAMH is well placed to address this gap, particularly in the case of rejected referrals to CAMHS.

Transitioning to adult mental health services can leave the young person inadequately supported, who may drop out of the system. There appears to be a gap in Tier 1 services targeting young people beyond school age. Without adequate safety nets at lower tiers, this group are also likely to fall through the gaps in mental health service provision when CAMHS provision ceases after 18-years-old. In addition, young people at the transition age face issues relating to transition to adulthood, such as in learning new skills, gaining independence and seeking employment. This is an area where GAMH has been developing its expertise.

Disparity in mental health outcomes and access to mental health services

Poverty and deprivation have long been known to be a major factor contributing to mental health disorders. The extent of this disparity is extremely concerning, and Audit Scotland cites the statistic that children from low income households are 3 times more likely to suffer from a mental health problem than their more affluent peers.

Inequality and mental ill-health is a long-known association. Coming from disadvantaged backgrounds, growing up in poverty, poor housing, family and neighbourhood violence makes an individual more vulnerable to mental health problems. Adverse childhood experiences, which also increase the risk and persistence of mental health problems, are more common in individuals from deprived backgrounds and volatile childhood. The effects of inequality go beyond social costs, educational and economic attainment and mental health, but also poor health outcomes and lower life expectancy. (The Kings Fund, 2017; Mental Health Foundation, 2016)

Access to mental health services are known to be poorer in individuals of particular demographics, particularly lower social economic status and ethnic minority groups, and health policy seeks to close this gap. Furthermore, young people not in education, employment or training (NEET) have more mental health and substance misuse problems than non-NEET peers - with greater detrimental effect with time spent as a NEET, and for starting NEET at a younger age (Department of Health and Department of Education, 2017)

Inequalities and Adverse Childhood Experiences (ACEs). Case studies of three young people in the young carers service revealed exposure to more than 10 different types of Adverse Childhood Experiences – including parental separation, violence or abuse within household, emotional neglect and parental substance abuse, on top of parental mental illness.

A review of the young carers service demographics between 2015 - 2017 found that 86% of young carers seen by GAMH live in the most deprived postcodes. BME demographics (13% of referrals) reflect closely those of the wider population. Referrals are mainly received from statutory services including: education, health, adult mental health, CAMHS, social work, prison, homeless and women aid services, and when professionals pick up that a child's wellbeing is affected by the adult service user's mental health. (For information on Mental Health Young Carers and ACEs – contact project)

3. Analyses

There appears to be two areas in which third sector organisations such as GAMH have the potential to help address gaps in service provision for young people:

- Risk of falling out of the mental health system, especially those at the transitional age between school and college or employment, or between NHS CAMHS services and adult mental health services.

- Disparity in access to mental health services due to poverty and inequality, which can exacerbate attainment, health and mental health outcomes already known to be poorer in these groups

Across Scotland, there has been a 22% increase in referrals to specialist services, a 24% increase in rejected referrals in 2017/2018 compared to 2013/2014, as well as an increase in waiting times for treatment (Audit Scotland, 2018), suggesting that there might be a gap in lower-tiered preventative services that could improve service provision and intervene early to prevent worsening of mental health problems.

Since 2017, GAMH has been piloting a Young Adult Mental Health Group for young people aged 16-25 and is looking to expand the pilot into a comprehensive service for young people based on the capabilities model, aimed at Tier 1 and 2 level. **To inform service development, in these analyses we sought to understand the role that such a service can play in the context of the wider mental health service landscape** within Glasgow City Centre and Glasgow City Health and Social Care Partnership (HSCP).

With the Scottish Government's publication of the 10-year Mental Health Strategy for young people in 2017 and NHS 5 year forward mental health view in July 2016, coinciding with the pilot of the Young Adult Mental Health group in 2017, the present analyses were focused on 2017-2019 data. This ensures that the findings are relevant to service planning and reflect the status quo.

Analysis 1: Referrals to CAMHS

To evaluate the extent a service at GAMH would be useful to support CAMHS services, CAMHS referrals within NHS Greater Glasgow and Clyde (NHSGG&C) were analysed for rejection rates and waiting times. Data from ISD Scotland CAMHS Waiting Times and Inpatient Activity for NHSGG&C which covers Glasgow City Centre was used.

Effect of missing waiting time target on longest waits. The NHS sets a waiting time target of 90% seen within 18 weeks. A Mann-Whitney U non-parametric test was used to compare (1) the median waiting times, and (2) the 90th Percentile waiting times, during months where the waiting time target was met compared to months where the target was met.

Analysis 2: Referrals to GAMH.

To understand the demographics of young people receiving support at GAMH, the referral pathways through which they come to GAMH, and how demographic variables might influence the referral pathway, demographics and referral routes of young people referred to GAMH was analysed. This included two separate analyses of young people aged 18-25 referred for GAMH adult services and young people referred to the young carers or young adult mental health group.

Data for young people aged 16-25 referred to GAMH adult services between January 2017 – July 2019 were analysed. This analysis was also repeated for data from the young carers service in the same time period. The young carers service dataset consists of children and young people aged 12-25 who informally cares for someone with a mental health condition, and includes young people aged 16-25 participating in the pilot of the young adult mental health group, who may not be a young carer.

Does demographics influence referral pathway to GAMH? To investigate the extent that individual characteristics affect referral pathways to GAMH adult services, a multinomial regression analysis was conducted, with demographic variables as predictors of the odds of being referred through GP/health services, Third Sector and social services, compared to mental health services.

As there were not many referrals to the young carers service through GP/health services and mental health services, this was combined to form one group for statistical analysis. A logistic regression analysis was conducted with demographic variables as predictors of referral through other routes (including family, third sector and social work services), compared to GP, health and mental health services.

4. Results: Referrals to CAMHS

Rejected referrals

Between April 2017 and March 2019, 22.1% of referrals were rejected from CAMHS and signposted elsewhere. This was equivalent to 215 rejected referrals monthly, or 2582 rejected referrals in one year. According to ISD definition, rejected referrals are referrals which CAMHS has reviewed and signposted the young person to another service or back to their GP, but there is no data on how many of these referrals eventually receive support. (Table 1)

Referrals	All	Accepted	Rejected
Total (24 months)	14,584	11,357	**3,227**
Average/month	972	757	**215**
12-month estimate	11667	9086	**2582**

Table 1. Breakdown of referrals to NHS&GGC CAMHS from April 2017 – March 2019

Waiting times

Looking at time trend between April 2017 – March 2019, changes in patients seen within 18 weeks followed the trend in total referrals well and met the waiting time target (90% seen within 18 weeks), up until January 2018. (Figure 2)

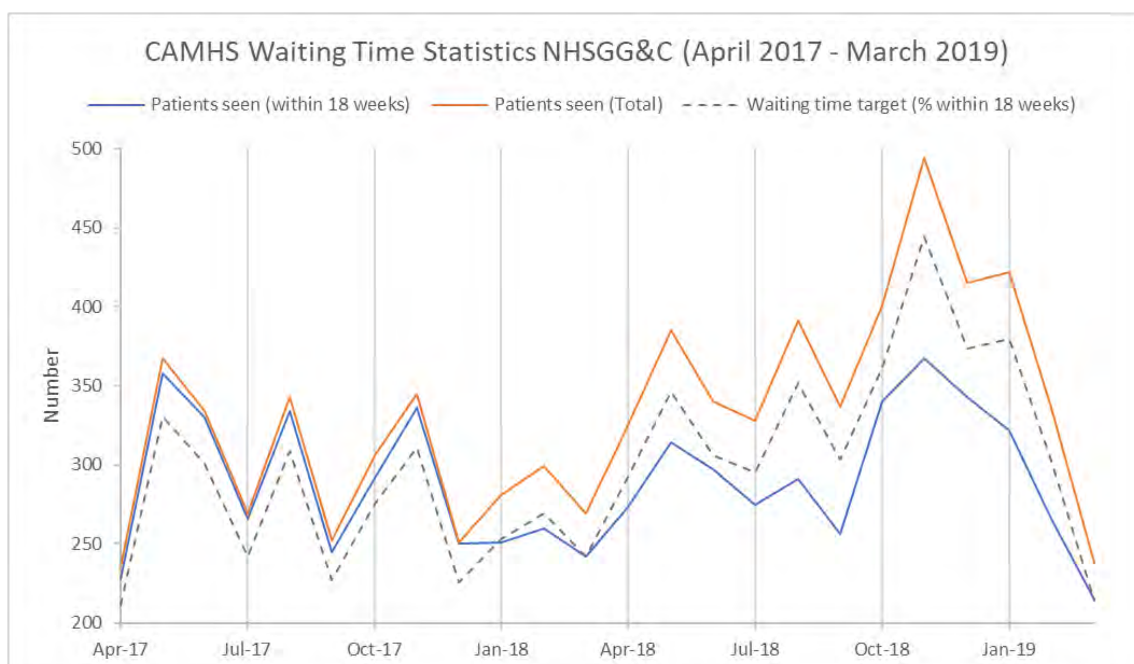

Figure 2. Time trend in CAMHS waiting times between April 2017 – March 2019 for patients seen within 18 weeks target and patients seen in total

Effect of missing waiting time target on longest waits. Missing the waiting time target affected the longest waits most. During months where target was not met, the median waiting time was 1 - 3 weeks longer, while the 90th percentile of waiting times was 3 - 7 weeks longer. (Table 2) This result is in line with what is reported in CAMHS, that capacity issues mainly affected longest waits. (Glasgow City Integration Joint Board Performance Scrutiny committee, 2018).

	Waiting times in weeks, mean (SD)	
Groups	Median	90th Percentile
Target Met (N=11)	7.0 (1.3)	17.2 (1.0)
Target Not met (N=13)	9.2 (1.7)	22.3 (2.4)

Mann Whitney U test of difference between groups

	Median	90th Percentile
Group difference (weeks)	2.0	4.0
95% Confidence Interval	1.0 - 3.0	3.0 - 7.0
p value	0.006	<0.001

Table 2. Median and 90th percentile waiting times in NHSGG&C CAMHS in months where waiting time target was met, and months where waiting time target was not met.

5. Results: Referrals to GAMH

Demographics of young people in GAMH

Age. Of the referrals during the 1.5 year period, 264 referrals to GAMH adult services were aged 16-25 (mean age = 21.7 years, SD = 2.2 years), making up 8.5% of the referrals. On top of referrals to GAMH adult services, 85 young people (mean age = 15.8 years, SD = 4.3 years) were referred to the young carers service.

Ethnicity. Black and Ethnic Minority groups (BME) made up 8% referrals to GAMH adult services and 28% of referrals to the young carers service. (Figure 3)

Scottish Index of Multiple Deprivation (SIMD). Young people from households with the lowest SIMD ranking made up 63% and 68% of referrals to GAMH adult services and the Young Carers service respectively. (Figure 4)

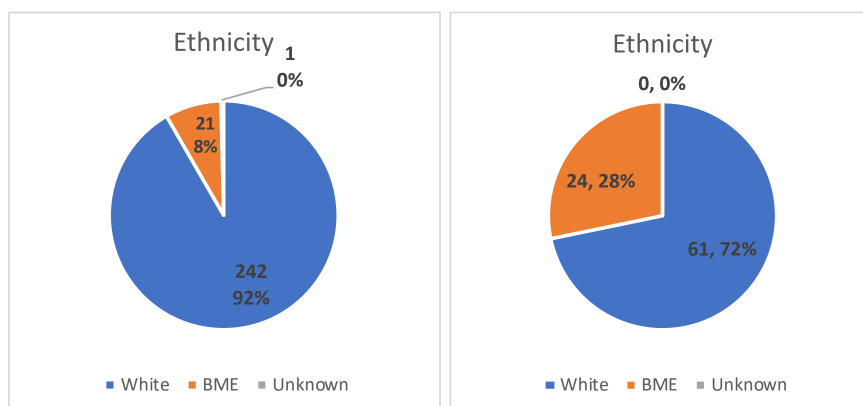

Figure 3. Distribution of referrals by ethnicity for GAMH adult services 16-25years dataset (Left) and young carers dataset (Right)

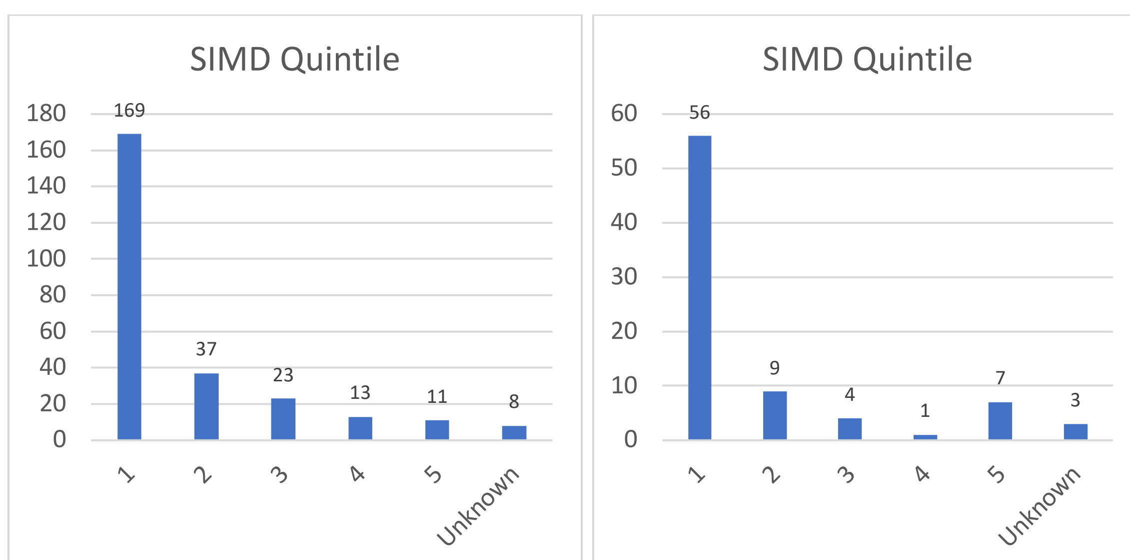

Figure 4. Distribution of referrals by SIMD for GAMH adult services 16-25 years dataset (Left) and young carers dataset (Right)

Referral pathway

Most referrals to GAMH adult services were from mental health services (57%), followed by GPs and health services (30%), with the remaining 10% referrals from social work services and internally within GAMH. A reverse trend is seen for young carers services, with the least referrals from mental health (7%) and health services (10%) and majority of referrals from other organisations (52%). Additionally, a substantial proportion of referrals came through family members (20%). This is an expected trend as young carers tend to come to the attention of professionals due to a parent or family member with a mental health condition, often already known to the referring organisation. (Figure 5)

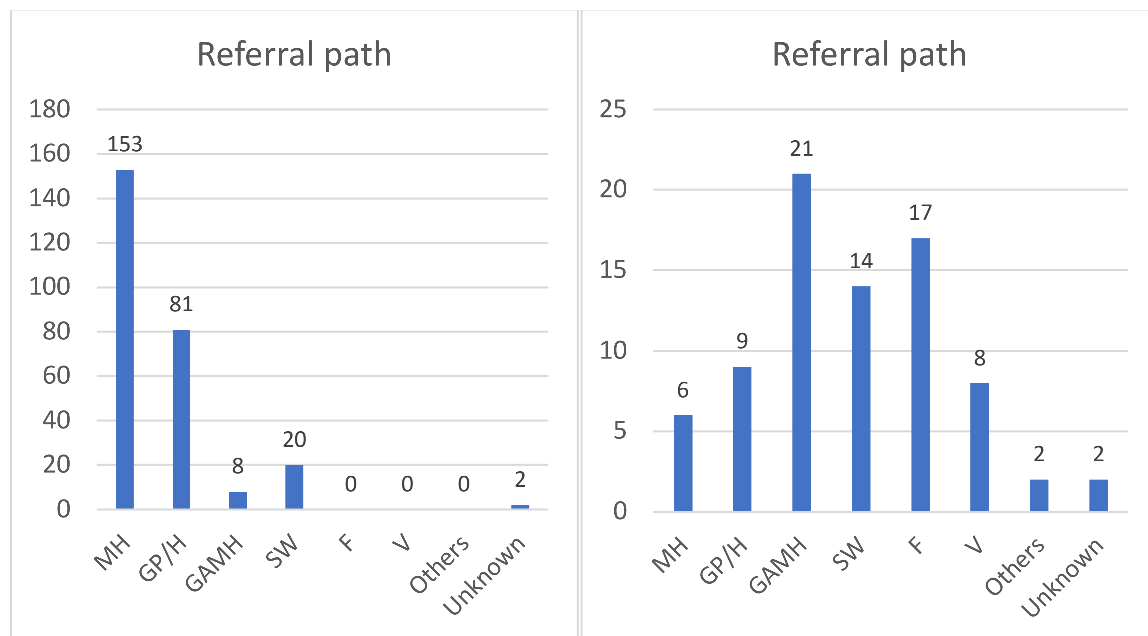

Figure 5. Distribution of referrals by Referral pathway for GAMH adult services 16-25years dataset (Left) and young carers dataset (Right)
Abbreviations: Mental health services (MH), GP or health services (GP/H), Social work services (SW), Family (F), Other third sector organisations (V).

Does demographics influence referral pathway to GAMH?

Demographic variables did not have an effect on referral pathway in the young carers service (Figures 8 and 9, see Appendix), but had an effect on referral pathway to GAMH adult services, specifically, ethnicity and SIMD. Tables showing the breakdown of numbers through each referral pathway by Ethnicity and SIMD, and full results of both models are provided in the appendix.

Ethnicity. A greater proportion of BME individuals compared to white ethnic individuals are referred through social work organisations. Compared to individuals from White ethnic groups, individuals who were from Black and Ethnic minority groups were **4.03 times** more likely to be referred through Third sector and social work services than mental health services, even after controlling for the effects of other demographic variables. (Figure 6)

Individuals from Black and Ethnic minority groups were also 1.63 times more likely to be referred through GP and health services, however the range of estimates of the latter effect overlapped with an estimate of no effect at 95% significance levels. This is likely because our sample size was not large enough to provide statistical power to make more certain estimates. (See appendix)

SIMD. Compared to individuals from less deprived SIMD quintiles, individuals from the lowest SIMD quintile were around **2.98 times** more likely to be referred to GAMH through third sector and social work organisations than through mental health services, after controlling for the effect of other demographic variables. (Figure 7)

Individuals from the lowest SIMD quintile were also 1.44 times more likely to be referred through GP and health services, but the estimate of this effect again overlapped with an estimate of no effect at 95% significance levels. (See appendix)

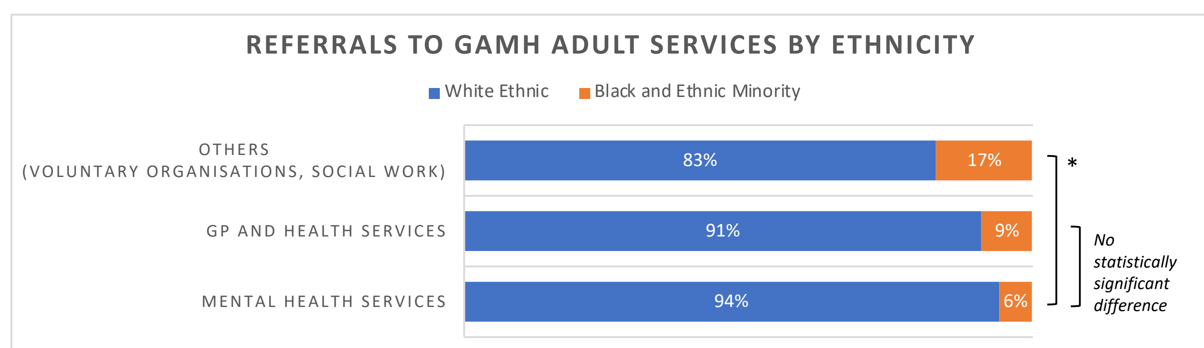

Figure 6. Distribution of referral pathways by Ethnicity for the GAMH dataset. * represents significantly greater BME to White ethnic proportion compared to Mental health services (Multinomial model)

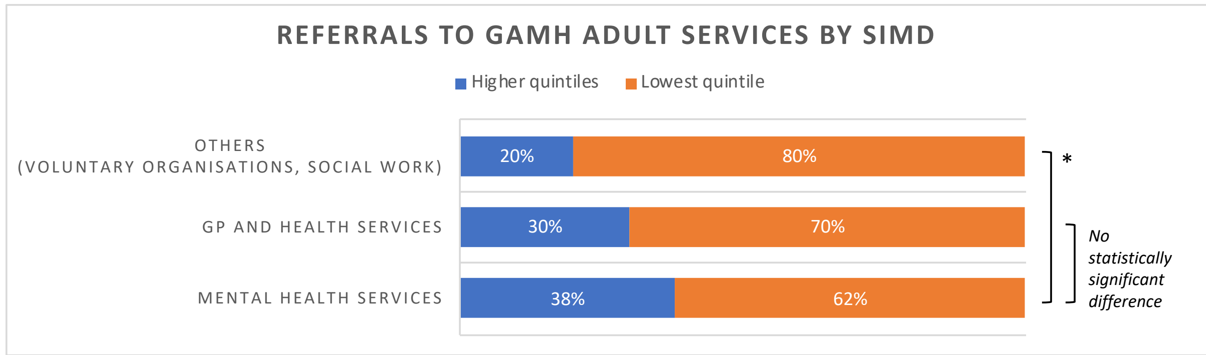

Figure 7. Distribution of referral pathways by SIMD for the GAMH dataset. * represents significantly greater Lower quintile to Higher quintiles proportion compared to Mental health services. (Multinomial model)

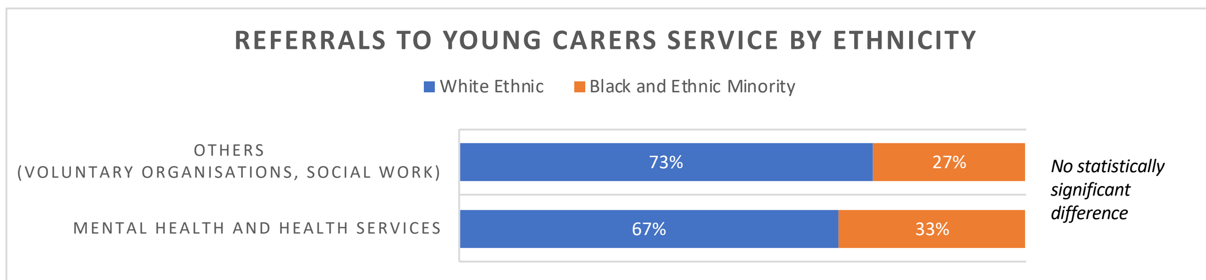

Figure 8. Distribution of referral pathways by Ethnicity for the YC dataset. No difference in proportion of BME to White ethnic proportion compared to Mental health services (Logistic regression analysis)

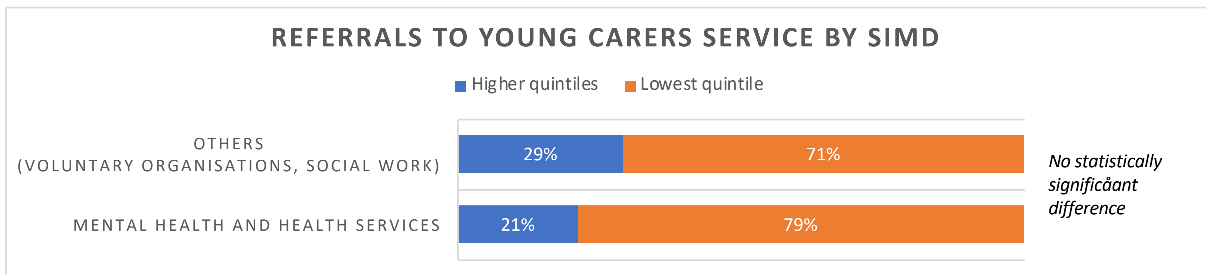

Figure 9. Distribution of referral pathways by SIMD for the YC dataset. No difference in proportion of Lower quintile to higher quintiles compared to Mental health services. (Logistic regression analysis)

6. Evaluation

Rejected referrals can be because the child or young person does not meet criteria for treatment, a lack of Tier 1 and 2 services for those experiencing less severe mental health problems. The first reason can indicate a lack of understanding or clarity regarding CAMHS criteria among referrals while a lack of Tier 1 and 2 services mean that referrers have limited alternative options. (Audit Scotland, 2018). Almost a quarter of referrals to CAMHS did not meet eligibility threshold for Tier 3 mental health services - these referrals may be more suitable to be supported at Tier 1 and 2 services, if available locally. Overall the data indicates that there is significant demand for mental health services outside of CAMHS.

A GAMH Tier 1 or 2 service may also serve as a buffer for patients waiting for CAMHS services, with half of CAMHS referrals waiting between 2 months to at least 6 months for CAMHS services. Audit Scotland highlighted that the numbers waiting for treatment are a cause for concern, and children and young people waiting for treatment may receive little support or advice and may result in deterioration in their condition. If mental health services are available to be accessed at the appropriate level, this can also reduce the workload on CAMHS to review referrals. Those waiting the longest for CAMHS services are also likely to be less severe or urgent referrals and can benefit from timely support from a lower tiered service.

GAMH services are targeted at adults, and see a significant proportion of young people aged 16-25 (8.5% of referrals). GAMH services plays an existing role in providing mental health support for youths at transitional age from CAMHS and young people of college and employment age. Most referrals come from mental health services. Young people at this age experience life transitions to independence, employment and may require a different nature of support. A dedicated Tier 1 or 2 service such as the young adult mental health group is could therefore complement the existing support that GAMH provides.

Inequalities in mental health care

Amongst young people receiving services from GAMH, most were from deprived backgrounds (lowest SIMD quintile). This is seen consistent across both GAMH adult services and young carers service. This adds to the widely replicated finding that individuals living in poverty or from disadvantaged backgrounds are more likely to experience mental health problems. There is likely to be a generational effect as well, as many of these young people probably still live in their family home. 30% of referrals to the young carers group are from BME groups and are mostly referrals from within GAMH or from family members. This proportion is much higher than the Glasgow demographic distribution, suggesting that GAMH plays an important role in providing access to support services for young people from ethnic minority groups.

Our analysis found that young people from disadvantaged or ethnic minority backgrounds are more likely to be referred through GAMH or social work services than mental health services. This suggests that unequal access to mental health services might be addressed by increasing Tier 1 or 2 services outside of mental

health services. Due to the close association between mental health, social issues, and social inequality, these groups of young people may be identified for mental health support more easily through services working with social issues. This suggests that tackling unequal access to mental health resulting from social inequality could benefit from strategies that specifically target these factors.

In this analysis, we did not find an effect of ethnicity or SIMD on referral route to the young carers or young adult mental health group, where service users are mainly referred internally through GAMH, or through social work services and family. This might be due to an insufficiently powered analysis on the young carers service data, as the numbers falling in each SIMD or Ethnicity group referred through mental health service was small and we merged the mental health and health services group.

Alternatively, our analysis might indicate that third-sector organisations or social work services themselves, or the result of having more accessible referral pathways through a service like the Young Carers service, might more effectively pick up young people from disadvantaged backgrounds or ethnic minority groups. In contrast to CAMHS which accepts referrals from organisations, schools and GPs who work with children and young people, the GAMH young carers group accepts referrals from families. Furthermore, while CAMHS services receive referrals through organisations working with young people, this might not be the same for adult mental health services such as Primary care mental health teams. There may be a gap for access to mental health services for young people above 18 who are less likely to step forward to seek help or do not know where to seek help, and this might affect disadvantaged and ethnic minority groups more. This explanation is supported by a CAMHS report that inequality affects access to CAMHS (Glasgow City Integration Joint Board Performance Scrutiny committee, 2018).

7. Conclusion

Gaps in mental health service provision affects young people. In particular, young people of transitional age 16-25 may be at greatest risk of being under supported due to being outside the school system and during transition from CAMHS - despite additional needs unique to this group, such as new responsibilities and challenges during transition to adulthood. Inequality exacerbates vulnerability to mental health problems as well as vulnerability to falling out of the system due to unequal access to mental health support. Inequality also affects life chances and attainment, and supporting this age group better through social support, employment support alongside mental health support can improve long term outcomes. GAMH is well placed to support young people's needs, especially in the point of view of improving access from disadvantaged or ethnic minority groups.

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8. Appendix

Tables of distribution of referral pathway by Ethnicity or SIMD

Table 1. Distribution of referral pathways by Ethnicity for the GAMH dataset

Ethnicity	Mental health services	GP and health services	Others (Voluntary organisations, social work)
White Ethnic	144 (94%)	73 (91%)	24 (83%)
Black and Ethnic Minority	9 (6%)	7 (9%)	5 (17%)

Table 2. Distribution of referral pathways by SIMD for the GAMH dataset.

SIMD	Mental health services	GP and health services	Others (Voluntary organisations, social work)
Higher quintiles	55 (38%)	23 (30%)	6 (20%)
Lowest quintile	91 (62%)	55 (70%)	23 (80%)

Table 3. Distribution of referral pathways by Ethnicity for the YC dataset.

Ethnicity	Mental health and health services	Others (Voluntary organisations, social work)
White Ethnic	10 (67%)	51 (73%)
Black and Ethnic Minority	5 (33%)	19 (27%)

Table 4. Distribution of referral pathways by SIMD for the YC dataset.

SIMD	Mental health and health services	Others (Voluntary organisations, social work)
Higher quintiles	3 (21%)	18 (29%)
Lowest quintile	11 (79%)	45 (71%)

Results of Multinomial and Logistic Regression Analyses

Multinomial Regression Model. Effect of Ethnicity, SIMD, Age, Sex on referral route to GAMH Adult Services

	Referral route		
Predictors	Mental health services	GP and health services	Others (Voluntary organisations, social work)
Age	Ref	1.02	0.95
Gender			
Female	Ref	Ref	Ref
Male		1.08	0.99
Ethnicity			
White Ethnic	Ref	Ref	Ref
Black and Ethnic Minority		1.63	4.03*
SIMD			
Higher quintiles	Ref	Ref	Ref
Lowest quintile		1.44	2.98*

*p<0.05

Logistic Regression Model. Effect of Ethnicity, SIMD, Age, Sex on referral route to GAMH Young Carers Services

	Referral route	
Predictors	Mental health or health services	Others (Voluntary organisations, social work)
Age	Ref	1.00
Gender		
Female	Ref	Ref
Male		1.70
Ethnicity		
White Ethnic	Ref	Ref
Black and Ethnic Minority		0.70
SIMD		
Higher quintiles	Ref	Ref
Lowest quintile		0.69

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