



Youth Advice: a mental health intervention?

Summary of a research study on the mental health benefits and cost-effectiveness of youth advice services¹

This briefing is for: providers, planners and researchers with an interest in: adolescent mental health services; youth services; legal advice services; services for young adults with complex needs

1 Key points

- Exceptionally high levels of mental illness were found among clients of youth advice services using the GHQ-12 standardised scale – higher even than levels found among rough sleepers.
- 45% of clients reported their health suffering as a result of their social welfare problems.
- 26% of clients visited a doctor or counsellor, equating to a knock-on cost to the health service of £181,068 for every 1,000 clients of youth advice agencies.
- 40% of clients became homeless, with knock-on costs to public services of £1,438,904 per 1,000 young clients.
- 12% of clients had contact with social services, equating to knock-on costs of £1,016,028 per 1,000 young clients.
- 70% of clients felt that advice resulted in improvements in stress (64%) and/or their

health in general (34%); 42% reported improvements in their housing situation.

- Estimated savings for the NHS from reduced GP visits alone exceeded the average cost of advice provision.
- Cost-effectiveness of advice on mental health grounds was also calculated by converting GHQ-12 scores from the survey to QALYs (Quality of Life Years). Assuming modest changes in mental health among those young people reporting improvements, advice was found to be clearly cost-effective on grounds of mental health alone (disregarding any other benefits of advice) in a range of scenarios.

Scope of study – ‘social welfare advice’

The study focussed on young people attending youth advice services for social welfare advice, defined as: advice to individuals on their rights in relation to everyday problems concerning housing, homelessness, welfare benefits, money/debt, employment rights, education rights, consumer rights or immigration.

¹ The full results of the study are set out in *The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice*, Balmer, N.J., and Pleasence, P., Youth Access, 2012.

2 Background to the study

2.1 Context - the existing evidence base on youth advice

Youth Access has spent a decade building up a comprehensive evidence base on young people's needs for advice, their advice-seeking behaviour, barriers to accessing services, effective models of delivery and the outcomes of youth advice services. Much of this work has been conducted in conjunction with the Legal Services Research Centre, using data from the English and Welsh Civil and Social Justice Survey. Previous published research has demonstrated that:

- The social and physiological nature of the adolescent transition leaves young people particularly vulnerable to experiencing social welfare problems, particularly relating to housing and money, and less able to resolve their problems without support. Young people's social welfare problems tend to cluster with inter-related practical, emotional and personal issues requiring an integrated response from services. (*The Advice Needs of Young People – The Evidence*, J. Kenrick, 2009.)
- Young people's access to advice is extremely poor. They are considerably less likely to get advice (or to get good advice) than the general population. Each year, well over a million young people aged 16-24 fail to obtain advice for their complex social welfare problems. Young people want to get advice from services that are informal, confidential and focussed on young people; and from individual advisers whom they can trust and who can offer powerful independent assistance to resolve their complex problems. (*Young People's Access to Advice – The Evidence*, J. Kenrick, 2009.)
- There is a close relationship between social welfare problems, mental health and youth, e.g. young people with mental health problems are more likely to report social welfare problems; similarly, young people with social welfare problems are more likely to report mental health problems. Social welfare problems also have a significant impact on young people's mental health. The provision of social welfare advice may have a significant beneficial impact on young people's mental health. (*With Rights In Mind*, M. Sefton, 2010.)
- 80% of young people reporting civil legal problems fall into at least one category of vulnerability, e.g. being NEET, a lone parent, a victim of crime, a young offender or socially isolated, or having a mental health problem. Vulnerable young people are more likely to experience multiple and severe problems. Young people in trouble with the law are even less likely to obtain advice than other young people. (*Civil*

Legal Problems: Young People, Social Exclusion and Crime, P. Pleasence, 2011.)

- There is robust and consistent evidence that unresolved social welfare problems have an adverse impact on many aspects of young people's lives, including their health and well-being. Outcomes data from use of the Youth Advice Outcomes Toolkit and qualitative research with young people has shown that getting advice leads to improvements in many aspects of young people's health and well-being. Compared to other age groups, social welfare problems appear to have a greater adverse impact on young people and getting advice appears to make a bigger positive difference to the outcome of problems. (*The Outcomes & Impact of Youth Advice – The Evidence*, J. Kenrick, 2011.)
- The UK's ongoing economic problems, and associated high levels of youth unemployment, have led to a steady rise in demand for advice and support from disadvantaged young people with social welfare and mental health issues over the past few years. At the same time, the capacity of youth advice services has diminished as a result of funding cuts. (*Stretched to the Limit*, Youth Access, 2012.)

2.2 Purpose of the study

Youth Access' previous research has pointed to a potential major role for youth advice services in ameliorating young people's mental health problems through the provision of social welfare advice. This study set out to investigate whether a robust case can be made for the cost-effectiveness of advice, particularly as a mental health intervention.

The study was designed to:

- measure the mental health of young people in youth advice settings, comparing their scores on a standardised mental health instrument to a range of other groups;
- assess the impact problems have had on their lives and the associated costs of some of these impacts;
- identify what impact getting advice has had on their lives;
- quantify the cost-benefit and cost-effectiveness of advice, with particular regard to health-related benefits.

2.3 The researchers

The research was conducted by pre-eminent UK legal academics:

- Professor Pascoe Pleasence, Professor of Empirical Legal Studies, University College London (and ex-Head of The Legal Services Research Centre)
- Dr Nigel J. Balmer, Reader in Law and Social Statistics, University College London

3 Methodology

3.1 Survey of young people in youth advice settings

188 young people presenting for social welfare advice were surveyed in youth advice settings across 16 sites operated by 14 different agencies, geographically spread throughout England and Wales. All of the participating agencies deliver advice as part of wider holistic young person-centred services, often alongside other interventions such as counselling, advocacy and health clinics. 'Social welfare' problems were defined to include welfare benefits, debt/money, housing, homelessness, employment rights, education rights, consumer rights or immigration. All eligible clients presenting for advice during a short survey period were surveyed.

3.2 The General Health Questionnaire (GHQ-12)

The survey incorporated the twelve-question version of The General Health Questionnaire. GHQ-12 is a standardised screening device for the detection of common mental illnesses in the community and non-

psychiatric clinical settings. It contains questions relating to psychiatric morbidity (e.g. whether they had lost much sleep over worry, had been feeling unhappy or depressed, had been losing confidence in themselves and had been able to face up to their problems), each utilising a four point scale.

3.3 The CSJS/CSJPS

For comparison and to provide context, the study also included analysis of data from the English and Welsh Civil and Social Justice Survey (CSJS) and Civil and Social Justice Panel Survey (CSJPS), which are nationally representative surveys of people's experience of, and response to, problems with a legal dimension and have involved face-to-face interviews with over 20,000 adults in their own homes. Some questions included in the survey of young people in youth advice settings replicated questions used in the CSJS/CSJPS, placing the experience of the young people in youth advice settings in context and allowing comparison with groups of interest.



4 Findings

4.1 Profile of clients and their problems

- 93% of the clients of youth advice agencies surveyed were aged between 17 and 24.
- 54.8% were female; 45.2% male.

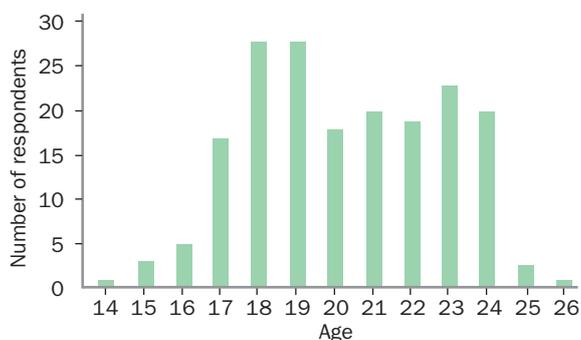


Figure 1 Age distribution of clients of youth advice agencies

- 62% of the young people had visited the youth advice agency before, often several times.
- The majority of problems concerned housing/homelessness.
- Benefits and money/debt problems were also common.
- There was strong evidence of problem clustering (i.e. problems occurring in combination).

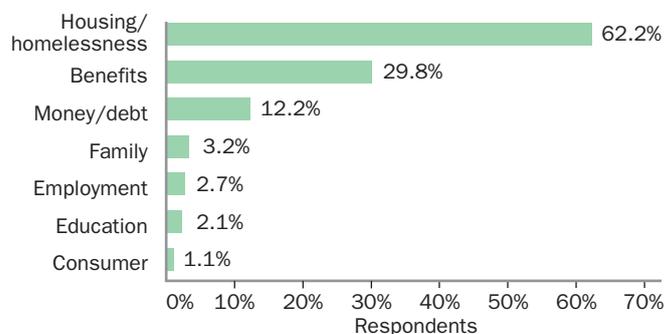


Figure 2 Types of problems reported by clients of youth advice agencies

4.2 The mental health of young people in youth advice settings

- The survey of youth advice agency users found exceptionally high GHQ-12 scores, indicating high levels of mental illness among young people attending for social welfare advice.
- Around two-thirds of the clients of youth advice agencies had GHQ-12 scores that met or exceeded common cut-off points for cases of mental illness.
- Almost half had GHQ-12 scores of 7 or more, compared with less than 9% of the general population.
- 17% of clients of youth advice agencies had GHQ-12 scores that indicated severe mental health issues (scores of 11 or 12), compared with 2.6% of the general population.

Table 1 GHQ-12 scores of i) the general public; ii) young CSJS respondents not in education, employment or training who also reported one or more civil justice problem; iii) CSJS respondents who were matched with clients of youth advice agencies on age and whether they obtained advice and weighted to have a similar profile of problems; iv) clients of youth advice agencies.

| GHQ-12 score | General Population | Matched CSJS comparison groups | | Study Group |
|--------------|--|---|--|---|
| | British Household Panel Survey 2009/10 | Young NEETs with problems, obtained advice (n = 23) | Matched on age, problems and advice seeking (n = 38) | Young people in youth advice settings (n = 188) |
| 1 or more | 46.1 | 43.5 | 40.8 | 86.6 |
| 2 or more | 31.6 | 39.2 | 32.0 | 80.2 |
| 3 or more | 23.5 | 30.5 | 24.0 | 71.2 |
| 4 or more | 18.3 | 26.2 | 16.4 | 65.9 |
| 11 or 12 | 2.6 | 8.7 | 1.8 | 17.0 |
| 0 | 53.9 | 56.5 | 59.2 | 13.3 |
| 1 | 14.5 | 4.3 | 8.8 | 6.4 |
| 2 | 8.2 | 8.7 | 8.0 | 9.0 |
| 3 | 5.2 | 4.3 | 7.6 | 5.3 |
| 4 | 4.1 | 8.7 | 4.8 | 8.0 |
| 5 | 2.8 | 4.3 | 0.4 | 4.8 |
| 6 | 2.5 | 4.3 | 9.0 | 3.7 |
| 7 | 1.9 | 0 | 0 | 6.4 |
| 8 | 1.8 | 0 | 0.4 | 9.0 |
| 9 | 1.3 | 0 | 0 | 4.8 |
| 10 | 1.3 | 0 | 0 | 12.2 |
| 11 | 1.2 | 0 | 0 | 3.7 |
| 12 | 1.4 | 8.7 | 1.8 | 13.3 |

- Levels of mental illness among the young people surveyed were considerably higher than those of all British Household Panel Survey and CSJS comparison groups studied, highlighting the fact that clients of youth advice agencies differ markedly from young people surveyed in national household surveys.
- When compared to other studies, levels of mental illness found were in excess even of rough sleepers and only comparable to those in the midst of highly stressful legal proceedings or those who had recently lost a partner.
- The survey findings point to the success of the participating advice agencies in serving a uniquely vulnerable group.

Note on GHQ-12 scoring

Medical opinion suggests that normal individuals may score around one or two, with scores near twelve (the maximum) rare and corresponding to clinical depression. Scores of between two and four are commonly used as cut-off points to define a case of common mental disorder, with scores of three or more or four or more suggested as an indicator of 'caseness'.

4.3 The impact and knock-on costs of problems

- 84% of young people reported at least one adverse consequence of their social welfare problems.
- 45% reported their health suffering.
- 26% visited a doctor or counsellor, equating to a knock-on cost to the health service of £181,068 for every 1,000 clients of youth advice agencies. Average knock-on costs for the 26% who actually reported seeing a doctor or counsellor were conservatively estimated at £708 per person.
- A high percentage of the young clients also reported becoming homeless (40%) or having to move home (32%), with knock-on costs to public services from homelessness conservatively estimated at £1,438,904 per 1,000 young clients, including the costs of benefits, hostel accommodation, care of children, health and drug treatment, day centre services, criminal justice services and resettlement. Average knock-on costs for the 40% becoming homeless were estimated at £3,562 per person.
- 12% reported having contact with social services as a result of their social welfare problem, equating to a knock-on cost to social services of £1,016,028 per 1,000 young clients. Average knock-on costs for the 12% who reported social services contact were conservatively estimated at £8,684 per person.
- Adverse consequences for education, employment and personal relationships were also reported

relatively often, as were getting in trouble with the police and being the victim of violence. (See Figure 3 for details)

Note on knock-on costs

Figures provided of 'knock-on costs per 1,000 clients' relate to all social welfare advice clients of youth advice agencies, not just those reporting adverse consequences. I.e. these are the costs that can be expected to be borne by public services as a result of the typical social welfare problems experienced by 1,000 users of a typical youth advice service.

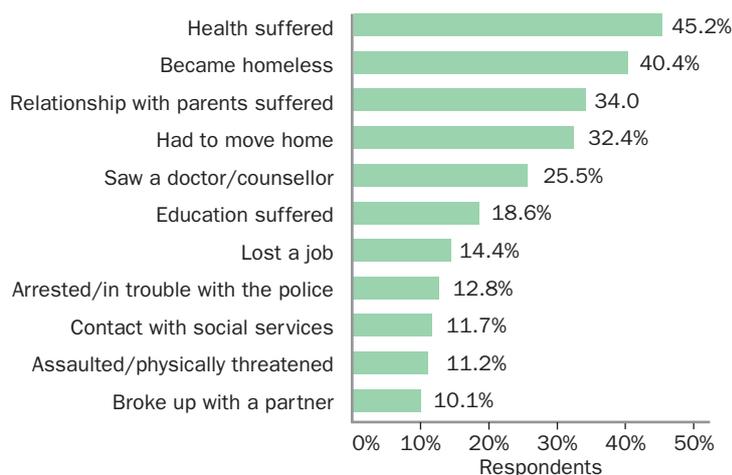


Figure 3 Adverse consequences of problems reported by clients of youth advice agencies

4.4 What clients were seeking and their expectations of advice

- A number of clients hoped merely to address basic needs or simply wanted someone to talk to, but most clients wanted information, advice and practical assistance with housing and/or benefits.
- The practical assistance required from advisors often came hand in hand with a need for emotional support.
- Many clients were also seeking wider support relating to mental and physical health issues or employment-seeking.

4.5 Improvements with advice

- 70% of clients felt that advice resulted in improvements in stress (64%) and/or their health in general (34%).
- Youth advice agency clients were far more likely than CSJS respondents to report improvements in stress and health following advice, even when accounting for differences in their baseline mental health.
- 42% reported improvements in their housing situation.

- Significant percentages also reported improvements in their relationships, their education or their employment situation.

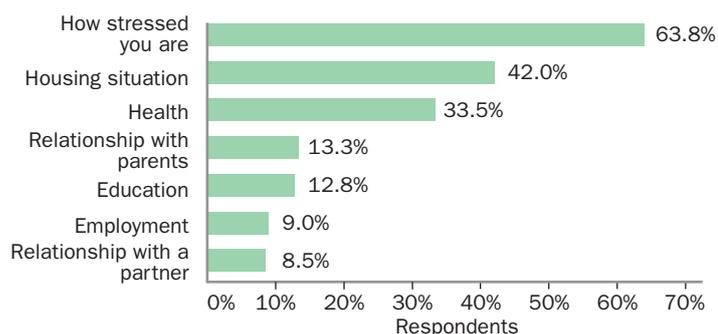


Figure 4 The extent to which clients felt advice had led to improvements in a range of areas

4.6 The cost-effectiveness of advice

- The unit cost of youth advice services ranged from £61 to £120 per individual young person advised. Variations were partly explained by differences in the depth of advice provided, geographical location and the use of volunteers.
- For those young people who reported that advice had improved their stress or health, estimated savings in GP costs alone (and disregarding the cost of other health services) equate to £108,108 per 1,000 clients of youth advice agencies (or £108 per young person), exceeding the average cost of advice provision.
- Cost-effectiveness of advice on mental health grounds was also calculated by converting GHQ-12 scores from the survey to QALYs (Quality of Life Years), which are often used to calculate the cost-effectiveness of health care interventions and allocate healthcare resources. Assuming modest changes in mental health and housing amongst those young people reporting improvements, and using NICE guidelines on the value of a QALY, advice was found to be clearly cost-effective on grounds of mental health alone in a range of scenarios – see boxed examples.
- The calculations involve a range of assumptions. Nonetheless, given that the youth advice agency unit costs were all far lower than those of a cost-effective intervention in the examples, advice appeared to be cost-effective on the basis of improvements in either mental health or housing situation, disregarding any other benefits of advice. (NB: Youth Access' 2011 report *The Outcomes and Impact of Youth Advice – The Evidence* sets out evidence of the impact of youth advice services in other areas, such as reducing youth offending, improving young people's engagement in education and employment, and keeping young people safe from harm.)

QALY cost-effectiveness calculation – Example 1:

Assumes that advice results in a mean improvement for youth advice clients of a single point in GHQ-12 score – the smallest possible change using GHQ scoring – maintained for one year.

In this scenario, an advice intervention would be cost-effective on the grounds of improvement in mental health alone (and disregarding any other benefits of advice) if it cost between £383 and £575 per young client receiving advice (over all clients). A service with unit costs below £383 would be clearly cost-effective.

QALY cost-effectiveness calculation – Example 2:

Assumes that advice, only for those clients who have housing/homeless problems, have made at least one previous visit and reported that advice had improved their housing situation, results in an improvement in mean GHQ-12 score corresponding to an improvement from a 'poor' to 'fair' housing situation (as calculated in previous research); maintained for one year.

In this scenario, an advice intervention would be cost-effective on grounds of improvement in housing situation alone (and disregarding any other benefits of advice) if it cost between £211 and £316 per young person (over all clients, including those who did not report improvements in housing situation). A service with unit costs below £211 would be clearly cost-effective.

(NB: If housing advice resulted in a movement from a 'poor' to 'good' housing situation, an intervention costing less than £514 per person receiving advice would be clearly cost-effective.)

QALY cost-effectiveness calculation – Example 3:

Assumes that advice improves the mental health of its young clients from the level found in the survey of youth advice clients to that of a comparison group from the CSJS of young people who were not in education, employment or training; maintained for one year.

In this scenario, an advice intervention would be considered cost-effective on grounds of improvement in mental health alone (and disregarding any other benefits of advice) even if it cost between £3,462 and £5,192 per young person helped. A service with unit costs below £3,462 would be clearly cost-effective.

5 Implications for policy & practice

- The findings demonstrate the benefits to mental health of social welfare advice provided in young person-friendly settings and the importance of an advice model that acknowledges and responds to young people's significant emotional and mental health needs.
- Youth information, advice and counselling services offer a proven integrated model² in which advice is provided alongside a range of complementary services. It cannot be assumed that other models of advice provision to young people would achieve similar results.
- Youth advice has traditionally been viewed as an intervention combining youth work and legal advice principles and techniques. These findings suggest that it should also be viewed as a mental health intervention.
- Given current pressures on public expenditure, the research provides potentially crucial evidence to inform efforts to better target spending. At the local authority level, there would appear to be clear scope for more joint planning and commissioning of youth advice services across the youth, mental health, legal advice, housing and social care sectors.
- Current health service reforms may present opportunities for youth advice providers to use the findings of the research to make a case for funding from public health and GP commissioners.
- The evidence also supports the concept of GPs 'prescribing' advice for their patients, e.g. where a patient presents with stress-related symptoms associated with ongoing social welfare problems.

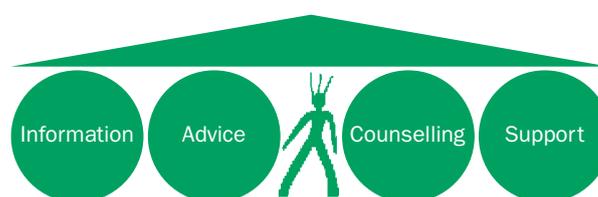
² Evidence supporting the YIACS model as a cost-effective joined-up solution to young people's diverse unmet needs can be found in numerous reports by, for example: The Marmot Review; The Department of Health; The Department for Education; Social Care Institute for Excellence; Ofsted; The Mental Health Foundation; The Legal Services Commission; The Audit Commission. For further details, see *A Proven Early Intervention Model*, Youth Access, 2010.

6 The YIACS model

The precise range of services provided by the agencies participating in the study differ according to local need and available resources, but all the agencies subscribe to the youth information, advice, counselling and support services (YIACS) model.

The following are the key features of the YIACS model:

- A range of interventions delivered 'under one roof'
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door 'drop-in' sessions
- Free, independent and confidential



YIACS offer a universal access point to targeted and specialist services, supporting young people on a diverse range of issues that are frequently inter-related:

- mental and emotional health issues, e.g. stress, depression, low self-esteem, self-harm
- wider personal and health issues, e.g. relationship and family problems, sexual health, drugs and alcohol, healthy eating, smoking
- social welfare issues, e.g. benefits, housing, debt, employment
- practical issues, e.g. careers, money management, independent living skills

Interventions offered by YIACS typically include: counselling and other psychological therapies; advice work; advocacy; health clinics; community education; and personal support. YIACS have evolved a distinctive set of values, principles and standards drawing on the different traditions of youth work, advice work and counselling.

The full report, *The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice*, is available at:

<http://youthaccess.org.uk/publications>

For further information about Youth Access' work on youth advice services, including our work with local commissioners to develop intelligent joined-up commissioning models for youth advice services, please contact:

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About Youth Access

Youth Access is the national membership organisation for a network of 200 youth information, advice and counselling services.

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over 1 million enquiries a year on issues as diverse as sexual health, mental health, relationships, homelessness, benefits and debt.

Youth Access provides the training, resources, research, campaigning and other infrastructure support to ensure high quality services exist to meet young people's diverse needs.

Youth Access has published a number of reports on advice, covering: young people's needs; advice-seeking behaviour and access; effective models of delivery; the impact of advice. All our reports are available to download from our website.

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