Improving mental health of young people aged 16-25 living in Central Bedfordshire most in need of mental health support.

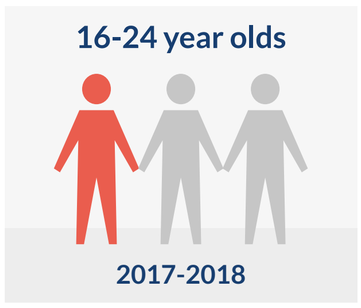
£500k local investment

to implement a Population Health Management (PHM) approach

to improve population health outcomes for 16-25 year olds in need of mental health support.

NATIONAL NEED

Nearly one-third of 16-24 year olds in the UK (31%) reported some evidence of depression or anxiety in 2017 to 2018



LOCAL NEED

Central Bedfordshire (CB)

- Pockets of deprivation
- Increased hospital admissions for self-harm among 20-24 year olds
- CB school pupils less likely to report high resilience and happiness with life in 2021 compared to 2019

CBC DEVELOPED FOUR STREAMS OF MENTAL HEALTH SUPPORT:

- Upskilling the workforce
- Building resilience in schools
- Networks of local organisations providing support for young people in the community
- 1-1 support with Wellbeing Navigators

The evaluation questions were:

1 Was the intervention effective in meeting the mental health needs of young people?

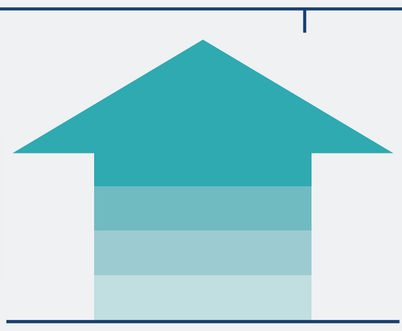
2 What was the process and experience of implementing the Population Health Management and Community Collaboration hubs approaches.

What did we learn?

Resources used were modest relative to improvements in health

Young people

Short term



Engagement & Satisfaction

- Increased engagement with mental health services.
- Increased satisfaction of YP who accessed services.

Medium term

- Improvements in YP's readiness for life transitions and overall wellbeing.

Service/ workforce

- Increased range of provisions for YP.

- **90% positive feedback**

  Highly positive training experiences.

  Workforce skills and confidence improved.

- Improved understanding of 'whole school approach' within educational settings.

- Goals to upskill staff and to deliver on service KPIs partially met.

Understanding the PHM approach

- Integration of data was particularly strong during service design.

- YP highlighted the importance of relationships, peer-to-peer support and barriers to access and acceptability (e.g., group dynamics). Useful insight for service re-design.

But there was insufficient evidence to measure some aspects of the workstreams, **particularly work in the community amongst networks of local organisations.**

Here's what young people told us

> *I improved my skills in making connections with other people.*

> *I was like, do you know what, I'm just going to give it a go ... because my best friend was going to do it as well.*

> *...I had a few people that I knew before I even went so having that as a safety net I think made me do it.*

> *... that was my first time of sharing my bad experiences and I was afraid that sharing this information would harm me.*

> *...I utterly realised that, having group conversation becomes very, very helpful because at that point in time, I wasn't able to have that conversation with anyone.*

> *It was a really great first step into therapy. I liked how open it was and unstructured.*

> *It meant I could dig more into my mental health and understand it better.*

> *Talking to an outsider confidentially about my mental health was really useful.*

Recommendations for Local Government

1. Provide PHM training
2. Co-produce involvement models
3. Ensure qualitative evidence training
4. Life context is key
5. Promote and capture engagement broadly
6. Focus on relationships
7. Create informal, inviting spaces for interventions
8. Develop a robust evaluation model

NIHR | Public Health Intervention Responsive Studies Teams

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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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