NIHR | Public Health Intervention Responsive Studies Teams

PHIRST Spring seminar:
Improving outcomes for babies, children and young people (0 – 25 years)

Improving the mental health of 16-25-year-olds in Central Bedfordshire:
A mixed methods evaluation of a complex intervention

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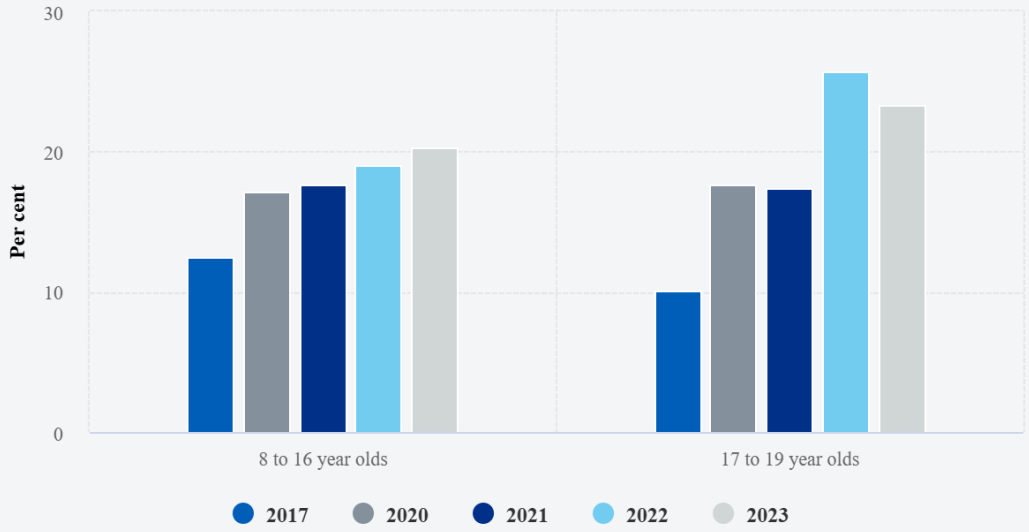
The Public Health issue - nationally

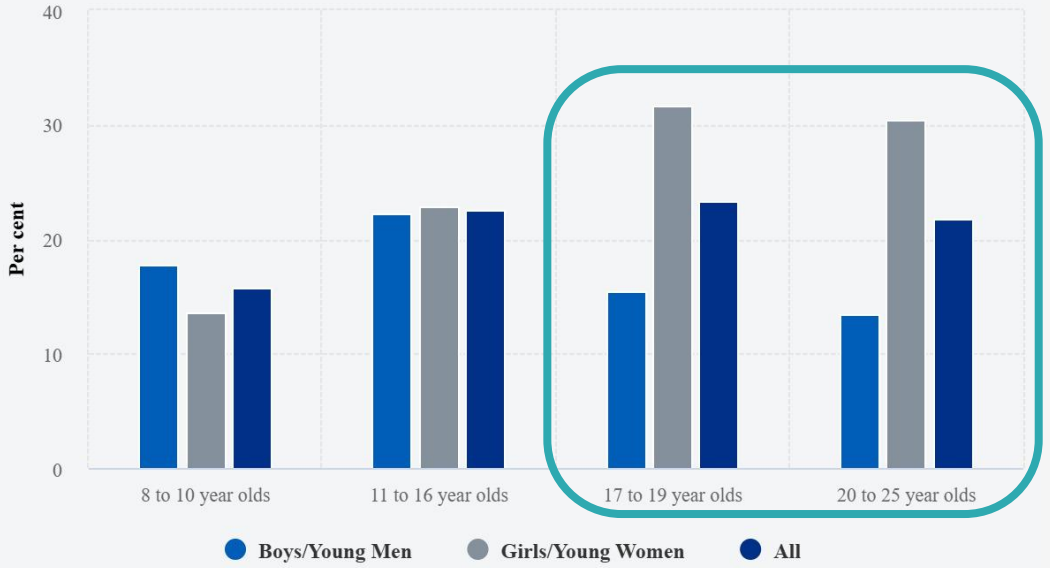
Increasing over time from childhood…

Figure 1.2: Percentage of children and young people with a probable mental disorder, by age, 2017, 2020, 2021, 2022 and 2023



…into adulthood.

Figure 1.1: Percentage of children and young people with a probable mental disorder, by age and sex, 2023



Living independently

Leaving education

Managing personal finances

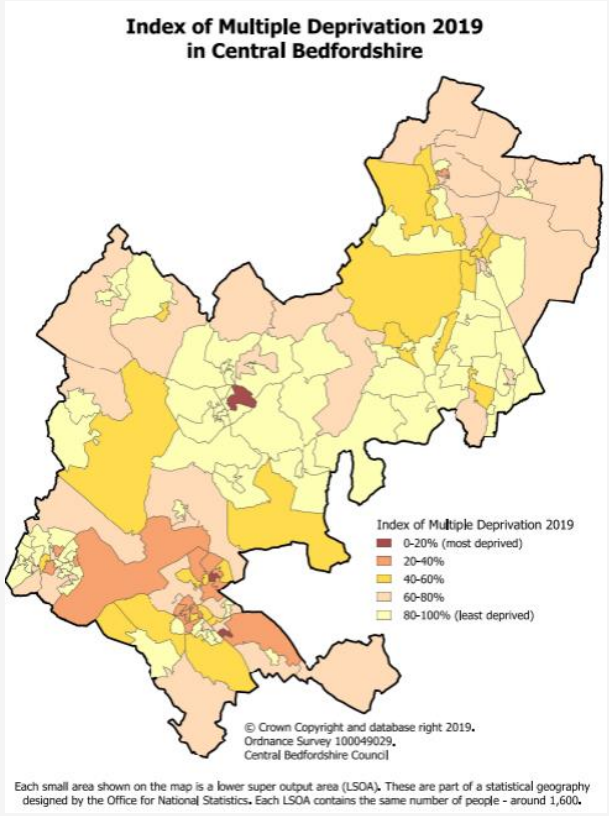
Starting work

➔ Specific challenges for mental health support service access & engagement.

Data source: NHS England, 2023

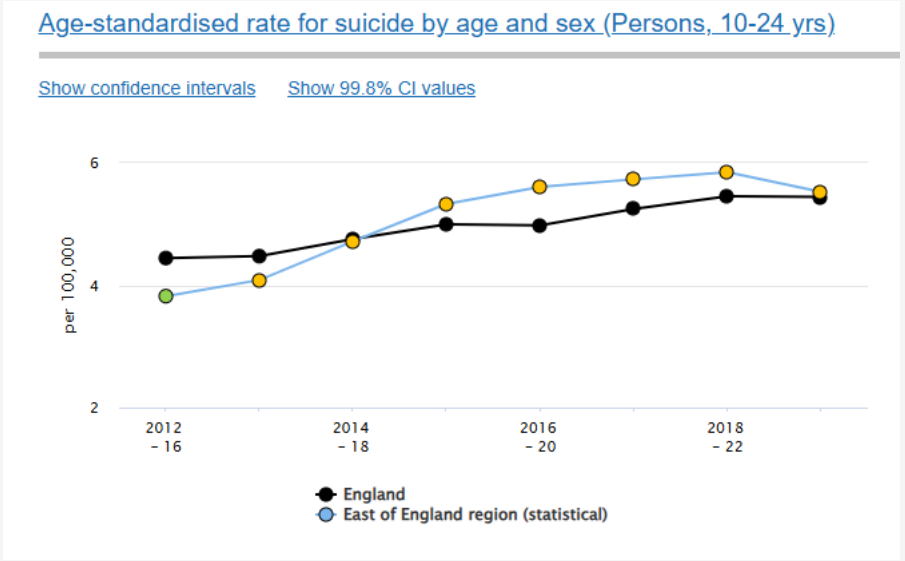
The Public Health issue - locally

Pockets of deprivation



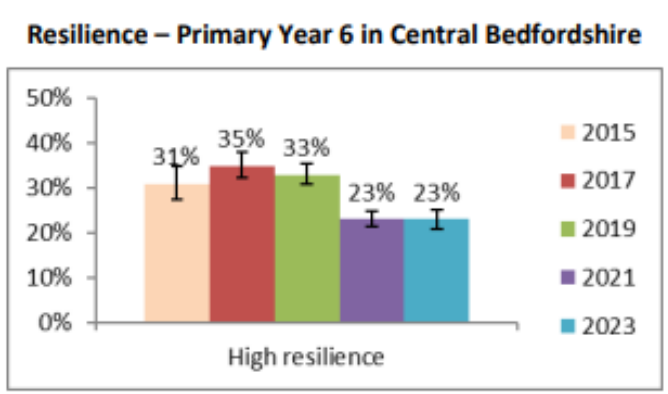
Data source: MHCLG, Indices of Deprivation – Index of Multiple Deprivation, 2019

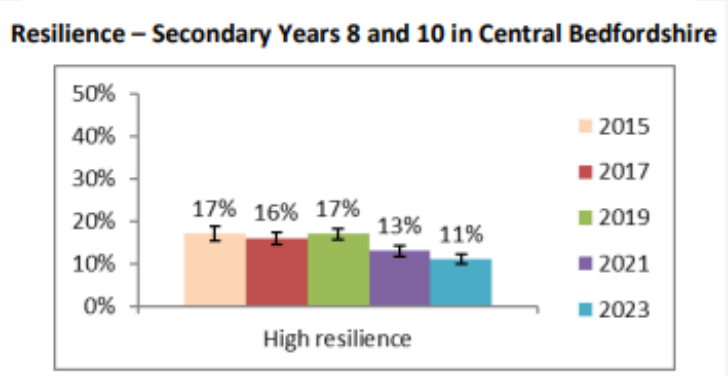
Deterioration in some mental health & wellbeing indicators (incl. suicide & self-harm)



Data source: Office for Health Improvement and Disparities, Public health profiles, 2025 https://fingertips.phe.org.uk/

Decline in school pupils less likely to report high resilience and happiness





Data source: Schools Education Unit, 2023

Specific focus on supporting those 'most in need' of for mental health support:

- Young people from ethnic minority backgrounds
- Young men and young people from socially and economically disadvantaged backgrounds

The local government intervention

Aim: To improve the mental health of young people in Central Bedfordshire most in need, incl. young people from ethnic minority backgrounds, young men and young people from socially and economically disadvantaged backgrounds (‘most in need’).

Upskilling the workforce

Wellbeing Navigators

Building Resilience in educational settings

Community Collaboration hubs

The PHIRST evaluation

Aim: To assess intervention **implementation** (fidelity, dose & reach), understand **mechanisms of impact** and explore the **influence of context** on an intervention to support the mental health needs of 16 – 25-year-olds during **key life transitions**.

Co-developed intervention **Logic Model** with intervention stakeholders

➔ Framework for exploring implementation, mechanisms of impact & influence of context

Intervention development

Qualitative **interviews** and a **Focus Group Discussion** with Young People, community and local government staff incl. public health team and data analyst (n = 9)

Intervention delivery

- ➔ Qualitative **interviews** with local government public health staff (n = 2)
- ➔ **Statistical analysis** of service-level KPI data
- ➔ A **cost impact analysis** including an interview and FGD with intervention workstream leads and local government public health staff (n = 4)

Lived experience of intervention

Qualitative **interviews** with Young People taking part in the intervention (using photo-elicitation), and a workstream delivery lead (n = 12).

Data analysis

- Within-group repeated measures & post-hoc sub-group
- Descriptive cost analysis
- Collaborative thematic analysis using a hybrid inductive/deductive approach

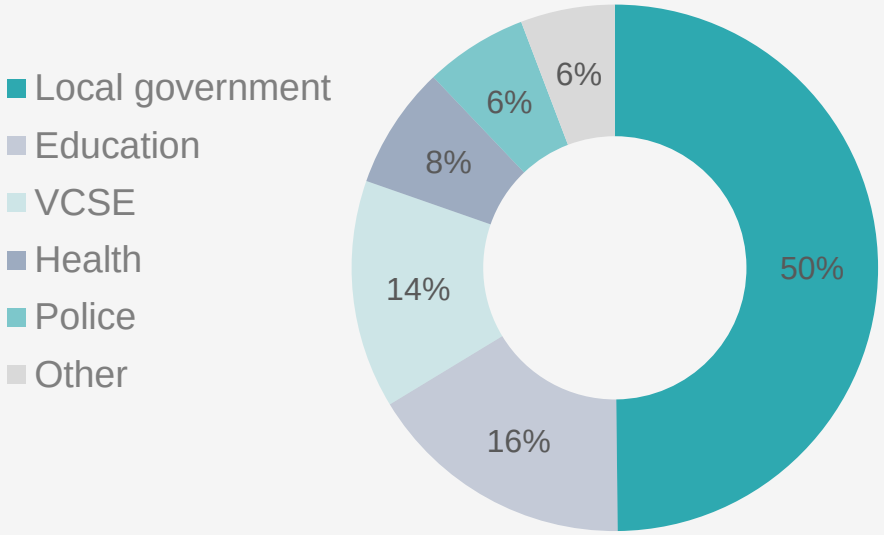
Data synthesis

- Triangulation of quantitative KPI & cost data with qualitative themes
- Logic model used as a framework for exploring intervention impact

PPIE panel of 6 young people local to the intervention location supported throughout.

Finding #1: Facilitated greater access to support

Diverse number of professionals trained (n = 707)…



…however, capacity constraints affected implementation in educational settings.

> …regardless of what, I suppose, the evidence base is telling us… being slightly **more realistic** about the **capacity [of schools] and the place that our educational settings are in** at the moment
>
> ***Building Resilience***

> After completing the training, this has given me more confidence in myself, knowing what I am doing to support the young people I work with is appropriate and where to sign post them if needed or call for emergency help.
>
> ***Upskilling the workforce***

Favourable costs with scalability potential.

Intervention benefits - relative to the costs incurred - **compared favourably to NICE thresholds** for decision making around funding interventions.

- Typically set between **£20k – 30k**
- Cost per engaged participant in this intervention was **£252 - £3,952**.

Finding #2: Improved readiness for life transitions

Statistically and clinically significant improvements in satisfaction with mental health post intervention

Satisfaction with…	**Pre-intervention Dialog score**	**Post-intervention Dialog score**	**Change**	**Effect size** (magnitude of change using Hedges' correction)
Mental health	2.82	4.88	2.06	1.13
Physical health	4.14	4.58	0.44	1.24
Job/Academic situation	3.88	5.02	1.14	1.65
Living situation	4.76	5.35	0.58	1.43
Leisure activities	4.58	5.32	0.74	1.52
Family/Partner	4.73	5.44	0.71	1.37
Friendships	4.76	5.38	0.62	1.53
Personal safety	5.14	6.38	1.24	1.38

Finding #3: Highlighted considerations for improving reach and engagement for those most in need of support

Summary: Intervention implementation

Fidelity, dose & reach partially met

- **High levels of engagement** & **objectives met** for 2/4 intervention workstreams
- **Potential for scalability** due to cost effectiveness of workstreams with high levels of engagement
- **Breadth of professions engaging** with workforce training

…but…

- **Time** needed to establish collaborative Community Hubs
- **Limited capacity** of educational settings to engage
- **Perceived disconnect** between intervention workstreams
- **Conservative reach to** those most in need of support

> *These **strands didn't really tie in very well, I didn't feel there was a strong tie between any of them** … it was by serendipity rather than actually a conscious planned thought-out process that how are all these going to work together? I just think we could have made more efficient and effective use of the funds available if there had have been a bit more of a better thought-out plan.*
>
> ***Community Hub***

> *How do we genuinely get to those young people with the most inequalities?*
> ***Building Resilience***
>
> *Where are the young people that really could do with support that we don't know about?*
> **Wellbeing Navigators**

Summary: Mechanisms of impact & Influence of Context

Mechanisms & Context facilitated access, promoted engagement and acceptability

- **Cross-sector involvement**: Good coverage of support across transition points.
- **Continuity of relational support** to support sharing, engagement and a sense of belonging.
- **Use of third spaces**: chosen, engaging, community spaces. Spaces which support YP to express themselves.

> *We talk about first, second and **third spaces**, the first potentially being a home and then second is your school or education, and then your third being **your chosen space**... your third space is **sometimes your most important one** because it's the only one that's chosen...*
>
> ***Community Hub***

Considerations – mechanisms

> *It's about **making a space** where they [young people] **can talk** about it and those **lived experiences are shared** and instantly then you **feel seen, you feel heard, you feel validated**...*
>
> **Community Hub**

Conclusion

Our evaluation reinforces the need for **responsive, inclusive & impactful** mental health support for YP **navigating key life transitions** to be:

- ➔ Multi-layered
- ➔ Multi-sector
- ➔ Adaptable
- ➔ Focussed on building trust & relationships with communities
- ➔ Allow sufficient time to build collaborations
- ➔ Sustainably resourced.

Considerations for policy & practice

Extending the 'whole school approach' to other educational settings (e.g., colleges, workplaces offering apprenticeships, universities) to address gaps in mental health provision at key transition points

Strengthening community-based interventions to increase the reach of support services to young people most in need who may not typically engage with traditional services (e.g., care leavers, LGBTQ+ youth, young carers, neurodivergent young people)

Designing future mental health interventions with young people & alongside robust evaluation frameworks to deepen understanding of the 'how' and 'why' an intervention may have worked.

NIHR | Public Health Intervention Responsive Studies Teams

Thank you from PHIRST South Bank

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+ Sources for further information

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To found out more about this evaluation:

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