YOUNG VOICES:
MENTAL HEALTH AND
YOUNG PEOPLE IN STAFFORDSHIRE

REPORT 2016

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1. Background

South Staffordshire Network for Mental Health (SSNMH) is a charitable organisation funded by Staffordshire County Council. It is intended to promote the involvement of people with lived experiences of mental health in the development of mental health services across Staffordshire.

In the spring and summer of 2015, a project on the engagement and involvement of young people in mental health services was conducted called the ‘Young Voices’ report. The study aimed to address the reasons behind a large difference in numbers of adults and young people represented in service membership. In this study ‘young people’ were predominantly from the 13-18 years age bracket. The main focus of this research was to understand what young people knew about mental health, and mental health services, and what barriers there were to access. The results of the report highlighted several key issues:

- Young people had very little knowledge about mental health services and where to go to access help.
- Young people feel there is a stigma attached to mental health, feel embarrassed by the topic and would not feel comfortable approaching a professional for support.
- There needs to be greater promotion of services available and education around mental and emotional wellbeing.

The aim of this project, to cover the year 2015-2016, therefore was three-fold:

- To research the scope of existing youth mental health services and barriers from the prospective of the 3rd sector, CAMHS, schools and local authorities.
- To share good practice between organisations and encourage partnership working.
- To help create realistic and affordable ways to implement the recommendations from the ‘Young Voices’ report.

2. Methodology

This report was based on recommendations provided by the ‘Young Voices’ report as shown below:

- Methods of communication need to reflect modern times.
- Young people with experiences of mental health difficulties should be involved in recruitment and training processes.
- Improvement of partnership working between organisations.
- Commissioners to take a more pro-active role in the development and attendance of multi-disciplinary mental health meetings.
- Schools, Colleges & Universities to provide more information to young people surrounding mental wellbeing and where to find support.
- Schools, Colleges & Universities to have ‘Mental Health Tool-kits’ to aid them when dealing with mental health issues.
More gender specific workshops and support in secondary schools  
SSNMH to develop a project on intervention work with children of teenage parents  
SSNMH to support schools and parents with education around mental wellbeing  
Promotion of services needs development  
More work with families, schools and educational provisions  
Toolbox tailored for families rather than individuals

Research consisted of contacting various organisations through online searches and face-to-face meetings where good practice and suggestions on connections with other organisations were discussed.

Mental health awareness workshops based on ‘Time To Change’ material was also delivered to year 9 groups from the De Ferrers Academy in Burton-on-Trent.

3. Results

3.1 Access to Appropriate Support & Advice: Schools & Local Authorities

“Only by working in partnership, sharing expertise, and making best use of finite resources can we achieve the improvements in mental health outcomes”

- Sam Gyimah, Parliamentary Under Secretary of State, Department of Education (Future in Mind Report 2015)

A survey from the Young Voices Report 2015 found that the top three places a young person looking for support around their mental wellbeing would go to were: GPs, School/University staff, friends and family. Worryingly, young people made no mention of mental health helplines or charities.

When YESS (Youth Emotional Support Services) carried out focus groups during 2015 many of the young people voiced that access to support through schools required huge improvements. In addition many charitable organisations have voiced that gaining access to schools is problematic such as Richmond Fellowship Life Links.

“There needs to be a greater mental health presence in schools, offering more practical advice and education”

- Quote from a young person at a joint CAMHS and YESS Participation Event

Funding and lack of security with tenders mean that charities which do offer in school services are liable to changes which causes lack of consistency for young people. For example, Richmond Fellowship Life Links have been delivering wellbeing workshops in Cannock College which have been quite successful, however due to changes in funding are unlikely to continue.
An exercise conducted by SSNMH to year 9 students at the De-Ferrers Academy aimed to identify factors that have a negative impact towards mental wellbeing. Students identified a large array of factors the highest of which are shown in the graph below. Others included: Bereavement, exams, arguments, child carer, illness, drugs and alcohol and too much technology.

![Graph showing contributory factors towards poor mental wellbeing](image)

It is interesting to note that some of the highest scoring factors are strongly linked with school issues such as bullying, homework, no friends and teachers.

10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

(Children’s Society, 2006)

Many of the reasons that young people do not reach out for help found by the Young Voices report 2015 were centred on feeling embarrassed, worrying what other people may think, stigma and reluctance to admit there is a problem. Taken with the fact that 50% of mental
health problems develop by the age of 14 and 75% by 24\(^1\) it would suggest there is a severe lack of appropriate education and support between starting and ending school.

In the last financial year 2015-2016 T3, a charity which supports young people with substance misuse, had 297 young people on one-to-one support for intervention. 185 of these young people identified as having a mental health issue, and roughly 1/3 of the total young people were referred via their school\(^2\). Clearly schools are aware of specialised services such as T3 but with over half of the referrals identifying as having a mental health problem, are perhaps not aiding young people to cope with the root causes of substance use.

Although the Personal Social and Health Education Association (PSHE) set national standards for PSHE education, there is little statutory requirements as to how this content is delivered. This means the content, time spent on, and type of delivery is left to the choice of each individual school. This leads to many schools attempting to fit PSHE days in within the year which amounts to very little learning considering the wide variety of topics that could be covered under PSHE.

In attempts to ensure quality consistency and breadth of topic the PHSE association have their own ‘Quality Assurance certificate’\(^3\) which schools can apply for to certify their resources for PHSE lessons.

However it is not a national requirement to have PSHE lessons quality assured, therefore many schools may be offering PSHE but their quality, consistency and frequency is not guaranteed to their students.

Contributing this problem is that Ofsted do not directly monitor PSHE education within schools. They do measure students ‘spiritual, moral, social and cultural development’, but

\(^2\) Staffordshire T3 District Data 2015-2016
\(^3\) https://www.pshe-association.org.uk/
by looking at what they define these issues as none of them pertain or even really hint towards emotional wellbeing. There is however mention of the ‘safety’ of young people within a school, but again the main theme here is frequently centred solely on bullying. Ofsted also measure aspects around behaviour in schools and the use of ‘exclusion’ and other behavioural policies, but makes no mention of the number of referrals by schools to CAMHS and other services.

The time allocated to personal, social, health and economic education over the last four years has fallen by 32%. Due to this the PHSE Association has recently issued an official warning to government over serious risks to child safety.

Despite this there are a few well-established examples of the positive impact that integrating mental and emotional wellbeing education in schools can have on young people such as Place2Be & Room 21.

"Lack of support at the start of problems were a big cause in issues spiralling"
- Issue identified by a young person during a joint CAMHS and YESS consultation

Room 21
Room 21 is a dynamic multi-agency service offered by Leek High School in Leek. The service supports all students of the high school and their families and has been going for 11 years. The room is an open space for various organisations to use as a base for work and allows them to access young people for their services. Allows for drop-in appointments for students. Creates a hub for knowledge around youth wellbeing.

Examples of organisations available: NSPCC, Staffordshire Police, Changes Young People, T3 (Substance misuse), Family and Engagement Workers and counselling services
Low cost to the school as many of the organisations have bids to work with young people

**Examples of Room 21’s success:**
Two transgender students in the school were able to meet and act as support for each other after they had both used the service.
“There have been improvements in behaviour, progress and attendance. Better relationships with parents. Agencies have reported that using the room allows them to see more students, share information with other professionals quickly and can speed up referrals”

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**Place2Be**
Provides in school support for children, families and staff.
Are in schools across the country and have consistency positive feedback

**Children:**
- 78% improved according to teachers
- 80% improved according to parents
- 84% improved according to children
- 64% classroom learning improved after counselling
- 68% were less of a burden on their teacher or class
- 80% friendships improved after counselling
- 74% home life improved after counselling

**Staff:** consultations to develop practical skills in supporting young people, training on child wellbeing, safeguarding

**Parents & Carers:**
Counselling and support to become more at ease with parenting, develop self-confidence & positive relationships with their children.

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**Staffordshire Life Skills Centre ‘Safe + Sound’**
This is planned for implementation 2018
It is a project run by Staffordshire Fire & Rescue Service to be a community hub for information and education on keeping safe and keeping well.
Includes: Slips trips & falls, drugs and alcohol, road safety, fires and emotional wellbeing. The service is aimed at all ages including young people.
They have been engaging with young people across Staffordshire through SCVYS, YESS and Sporting Communities to advertise the space as well as

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5 NAME pastoral coordinator for room 21 at Leek High School
These types of projects and services seem to resonate with exactly what young people want.

"More drop-in centres in schools and local areas"
- Issue identified by a young person during a joint Consultation by CAMHS and YESS (2016)

Young people are already aware of what keeps them well in a general day-to-day sense. This is shown by a survey conducted by SSNMH to year 9 Deferrers students some of the top suggestions are shown below.

Others included: Doing something fun or new, watching TV or a film, being with nature or animals & professional help. However it is noticeable that there is no mention of basic psychological and emotion based techniques for wellbeing such as mindfulness and relaxation. This is possibly a reflection of the wording of the question or a lack of knowledge around simple and evidence based techniques on staying well.

Young people do want to take an active role in keeping themselves well and helping others. This is evidenced from the success of a number of peer mentoring systems that various schools and charities have implemented.

"Peer mentoring is a fantastic idea as young people should be able to feel like they aren’t the only one going through these problems.”
- Comment from a young person at taskforce engagement session (Future In Mind, 2015)
The Recovery College, run by South Staffordshire and Shropshire Healthcare NHS Foundation Trust in Stafford, demonstrates clearly young people’s interest in being involved in their own and others mental wellbeing, particularly those with lived experience of mental health illness. The College offers courses on a range of issues around mental health and wellbeing developed by a range of people such as health care professionals, students and people with lived experience of mental health illness.

One of the top reasons for young people to contact Child Line in 2014/2015 was family relationships with over 38,000 counselling sessions for this issue. Following this, four other issues had a high number of counselling sessions offered.

<table>
<thead>
<tr>
<th>Main concerns</th>
<th>Number of counselling sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low self-esteem, feeling sad, low or lonely</td>
<td>35,244</td>
</tr>
<tr>
<td>Abuse, including sexual, online, physical, emotional and neglect</td>
<td>29,126</td>
</tr>
<tr>
<td>Bullying, face-to-face or online</td>
<td>25,736</td>
</tr>
<tr>
<td>Self-harm</td>
<td>19,557</td>
</tr>
</tbody>
</table>

Although most of the issues raised may require more intensive support, those concerns which focus on low self-esteem, feeling sad, low or lonely could be tackled by implementing youth led strategies such as ones in the table below. Time to Change are big advocates of the fact that you do not need to be a professional to talk about problems and help yourself and others. Therefore some simple ideas have been included below that young people or schools can become engaged in and develop.

<table>
<thead>
<tr>
<th>What Is It?</th>
<th>How It Works</th>
</tr>
</thead>
</table>
| ![Self-Soothing Box](#) | **Self-Soothing Box**
|              | Fill a shoe box with objects that help you relax, remind you of happy memories and help calm you. E.g: scented candles, stress ball, photos |

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6 ‘Always there when I need you’ Childline review 2014-2015
**Blurt Foundation ‘Buddy Boxes’**

Similar to ‘Time To Change’ Postcards. This could be done with students making boxes for over stressful periods at school such as during exams.

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**Social Media Challenge**

#100 Happy days is an example of a viral social media project to get people to think of even 1 thing that made them smile or happy in a day for 100 days. Proven to help people look for more positives in their lives rather than the negatives.

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There is also evidence that local authorities are starting to work harder on youth and family wellbeing. The ‘Building Resilient Families & Communities’ a programme aimed to support families that are at risk of ‘being involved in a crime, having children not in school, having an adult out of work and on benefits, and causing high costs to the public purse’. However recently they have expanded their remit to include substance use and mental health issues along with other social difficulties. This was due to key workers noticing a high level of these issues arising in ‘troubled families’. In response to this they are also developing a workshop day for their keyworkers to learn about where to go for more information and how to handle those situations.

### 3.2 Access to Appropriate Support & Advice: CAMHS

"Anyone who works with or for young people know that this isn’t just about funding. What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery"

- Norman Lamb, Minister of State for Care and Support (Future in Mind report, 2015)

There is a perception of intensive demand on Child and Adolescent Mental Health Services (CAMHS) causing increased waiting times and higher number of emergency referrals. NICE

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8 [https://www.blurtitout.org/about/](https://www.blurtitout.org/about/)
9 [http://100happydays.com/about/](http://100happydays.com/about/)
10 Building Resilient Families and Communities Best Practice Tool Kit [https://www.staffordshire.gov.uk/community/community/Building-Resilient-Families-and-Communities-Tool-Kit.pdf](https://www.staffordshire.gov.uk/community/community/Building-Resilient-Families-and-Communities-Tool-Kit.pdf)
11 Building Resilient Families and Communities: Strategic Review & Commissioning plan (2013)
Guidelines consider appropriate time frame from referral to assessment as 8 weeks and referral to treatment as 18 weeks\(^\text{12}\). Although some CAMHS services may hit these targets there is a large consensus between users of the service that it is still too long. Depicted below is the average trajectory of a referral made to CAMHS.

![Diagram of CAMHS referral process]

The diagram also does not consider the steps that come before a referral can even be made to CAMHS. In addition it gives no indication to whether there are intermediate services recommended to the young person while they wait for their appointment. However a pilot project called WHAM (Wellness and Health Action Map) a 7 week programme developed by young people with the support of YESS (Youth Emotional Support Services) is being conducted over September/October 2016. Part of the aim of the WHAM plan is to see it implemented as an intermediate service before a young person attends a CAMHS appointment.

### WHAM (Wellness & Health Action Map)

- A 7 week programme designed by young people to educate people on factors affecting mental wellbeing and positive coping strategies.
- A comprehensive pack which any teacher or youth worker could pick up and have all the information needed to run the sessions.
- The sessions focus on: *What is emotional wellbeing, Food-Mood connection, Relationships, Action for Health, and Crisis Management*.
- There are two planned pilot runs of the WHAM in Uttoxeter and Lichfield with the hope that it can be rolled out in schools.

The second diagram below shows just **some** of the possible intermediate steps **before** a referral can be made. A clear time-frame cannot be ascribed to such a process as it will vary for each person, however what is clear is that 18 weeks wait for treatment is not the whole story.

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\(^{12}\) Guidance for Commissioners of Child and Adolescent Mental Health Services
According to the 2014 July CCG\textsuperscript{13} report waiting times for an appointment with a GP for a week or more in Stafford and the surrounding areas is above the national average at 20%. Not only this, 16% of those were unable to see their preferred or regular GP, which is of particular importance when young people are expected to talk openly and honestly with their GP. Additionally GPs are reluctant to make referrals if they do not know the patient very well, which will again slow referral times. However these statistics are not exclusive to young people and therefore may not accurately reflect appointment issues faced by young people specifically.

At present, the time frame of access to support or treatment for young people who have their referrals sign-posted to other organisations such as Young Minds as CAMHS is unclear, as CAMHS do not keep a record of this data. It would therefore be interesting to see origins of each referral such as from GPs or school nurses and how many of these referrals were accepted or rejected in each case. Additionally how many other services were considered or suggested to the young people before being referred to CAMHS.

"A large reason for high volume to CAMHS is lack of knowledge of other appropriate services/support”

- Comment made by a young person during a joint consultation by CAMHS and YESS

CAMHS across Staffordshire are currently trying to streamline their processes and work more effectively with other organisations to support young people. They are currently trying to develop several areas such as transitions, direct-referrals, and pathways for treatment with input from children and young people across Staffordshire.

\textsuperscript{13} CCG Report July 2014 [https://gp-patient.co.uk/surveys-and-reports#july-2014]
Previously CAMHS have also offered training packages to schools for more general purpose signposting and education around recognising mental illness in young people. However due to funding this was discontinued. A similar project is now being developed by the new eating disorders unit in Lichfield. They are working with the charity Beat to offer training packages to staff in schools surrounding eating disorders in young people, what to do and where to signpost.

3.3 The Voluntary Sector

Online research has shown that there are a vast number of services and support networks available to young people. These services include one-to-one counselling, peer support groups, phone lines and online advice. However there is very little clarity in what to search to find what is needed by that individual. This is a two-way problem in that services also struggle to advertise effectively.

*The list below is not an exhaustive list but just a few examples of current services*

<table>
<thead>
<tr>
<th>Organisations Researched</th>
<th>Age Group</th>
<th>What They Do &amp; Positive Impacts So Far</th>
<th>Issues Faced/Possible Future Developments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes Young People</td>
<td>11-25</td>
<td>Offers peer support groups</td>
<td>Changes in South Staffordshire area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Young people can attend as few or as many as they want</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offer 12 step wellbeing programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can make self-referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recovery activities &amp; social events</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deliver workshops in schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offer Changes Prescription pads to GPs to offer to young people</td>
<td></td>
</tr>
<tr>
<td>T3</td>
<td>11-18</td>
<td>Helps to inform young people about drugs and alcohol to reduce harm</td>
<td>May benefit from partnership working to help support young people with mental health issues.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offers assistance to parents/schools/youth services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:1 sessions, Outreach in schools, group work</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can self-refer</td>
<td></td>
</tr>
<tr>
<td>Tamworth Cornerstone Housing Association</td>
<td>16-25</td>
<td>Stepped accommodation support from hostel &gt; Bedsit &gt; Flat &gt; Community living</td>
<td>Used to have council funded organisations come to deliver workshops and activities. Have a high number of presentations of mental health issues.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24hr support</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education around community living, jobs, bills</td>
<td></td>
</tr>
<tr>
<td>Organisation</td>
<td>Age Range</td>
<td>Services</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>YESS (Youth Emotional Support Services)</td>
<td>9-19</td>
<td>Counselling for 9-19 year olds in Staffordshire</td>
<td>Waiting lists for counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offer appointments at school</td>
<td>Poor website (looking to develop)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth Participation Projects in partnership with CAMHS (Youth Forums, workshops, interview opportunities)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHAM Project</td>
<td></td>
</tr>
<tr>
<td>‘That Place’ Burton</td>
<td>14-19</td>
<td>Allows self-referral 1-1 support and advice</td>
<td>Used to act as drop-in but did not have the staff to enable this. Consider moving into schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offers workshops on various issues</td>
<td></td>
</tr>
<tr>
<td>Brighter Futures</td>
<td>16+</td>
<td>Most services require professional referral</td>
<td>Unable to contact/received no response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Many services offered: Ring-out support, Safe Space, Clubhouse,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHAM Project</td>
<td></td>
</tr>
<tr>
<td>Young Person’s Healthwatch</td>
<td>Under 25</td>
<td>Have just set up a youth health watch</td>
<td>Advertisement and engagement</td>
</tr>
<tr>
<td>Richmond Fellowship Life Links</td>
<td>18+</td>
<td>Offers community support</td>
<td>Does not currently have a young person’s service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has a crisis invention house</td>
<td>Is having difficulty accessing schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offered wellness workshops at Cannock College</td>
<td>Would like to offer apprenticeships to 18-25s to work with young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are planning to run a wellbeing café at the Life Skills Centre at Stafford Fire Station</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are losing funding so are discontinuing wellness workshops at Cannock College</td>
</tr>
<tr>
<td>SCVYS</td>
<td>18+</td>
<td>Works to support development of local groups for young people</td>
<td>Needs more links with schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have been contracted to gather information on issues affecting</td>
<td>Developing links with other organisations such as YESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>young people across Staffordshire by Staffordshire County Council and are</td>
<td>Conducting a youth debate (including a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interested in working in</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td>Age Group</td>
<td>Details</td>
<td>Supporting Information</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Talent Match</td>
<td>18-24</td>
<td>Help young people who have been out of work for long periods get back into employment. Develops self-esteem and confidence</td>
<td>High number of young people presenting with mental health issues. Working with SSNMH to support young people on these issues.</td>
</tr>
<tr>
<td>GB ProHealth</td>
<td>Unclear</td>
<td>Offers training and counselling in a variety of settings</td>
<td>Looking to develop wellbeing app for young people.</td>
</tr>
</tbody>
</table>

Although there is the ‘Youth Wellbeing Directory’\(^1\) where young people can search for services in their local area, it is still over-whelming in the results. Results which are no way near representative what is out there and also does not allow someone to find something that is suitable for their situation.

It would be more useful if designed more like ‘CAMHS Ready’\(^2\), as shown below, where you can pick out a problem and be shown a general overview of how to cope and relevant services and websites to look at for more information.

\(^1\) [http://www.youthwellbeing.co.uk/](http://www.youthwellbeing.co.uk/)
\(^2\) [http://www.camhsready.org/#/home](http://www.camhsready.org/#/home)
As it stands currently, ‘public spending is focused predominantly on coping with crisis whereas investment in prevention is insignificant in comparison’\textsuperscript{16}. Yet there is good evidence to suggest that early intervention and education can have a big impact in reducing the number of young people who need crisis intervention. For example the ‘Evidence2Success project’ (2012)\textsuperscript{17} carried out by NICE on social and emotional wellbeing on children aged 0-5 years found that there were several early education and support programmes such as parenting groups and home visiting projects that helped to improve children’s behaviour and relationship with their parents.

There are currently many generic wellbeing apps which are downloadable to devices and phones. For example: Headspace, Breathe2Relax, Lantern and many more. One new app developed by Wokingham Healthwatch ‘Appyness’\textsuperscript{18} allows young people to track their mood alongside events and create a graph in hopes to encourage conversation around mental health. These are particular interesting ideas as it focuses on the idea of education, self-management and early intervention.

\textbf{3.4 Access to Appropriate Support & Advice: GPs}

There has already been research conducted by SSNMH on GP awareness of mental health for adults aged 20-89 years, across Staffordshire in 2014\textsuperscript{19}. When looking at the overall statistics from questions such as ‘I am confident I will get an urgent appointment to discuss

\begin{itemize}
  \item \textsuperscript{17} \url{https://www.dartington.org.uk/projects/evidence2success__4}
  \item \textsuperscript{18} \url{http://www.bbc.co.uk/news/uk-england-berkshire-37371505}
  \item \textsuperscript{19} SSNMH GP Awareness of Mental Health 2014
\end{itemize}
my mental health needs within two days (Y/N)’ the results are mixed, for example in Stafford 12.5% of people agreed with the statement and 25% disagreed, whereas in East Staffordshire 45% agreed and only 11% disagreed. However looking at individual comments there seems to be strong feelings that GPs were poorly equipped to support, engage or signpost people with mental health illness. For example:

“Would welcome more specialist assessment + support re mental health and time!! GP’s don’t have time to really listen + diagnose. Too ready to dismiss you with prescriptions.”

“When emergency help and support are needed they are needed immediately, and that is exactly when the help and care is not available.”

“I feel let down with the support services as I was discharged without any warning and I didn’t feel I was ready”

Four main issues were identified across the report with suggestions for improvement:

- **Training**
  On recovery and social inclusion services available in the local area other than NHS services. Mental Health, and Stigma and Discrimination training, for all surgery staff to help break down barriers and for staff to have a better understanding around mental health.

- **Proactive response around waiting times**
  Patient Participation Groups play a proactive role to help hold surgeries to account and reduce waiting times for appointments.

- **Communication**
  Reception staff keeping patients up to date on waiting times, if they are running late and how long the wait over appointment times is, to help prevent anxiety and upset.

- **Out of Hours**
  More understanding and awareness given to the community regarding the availability of out of hours services and the relationship between mental health service providers.

**Youth Engagement**
Currently ‘Patient Participation Groups’ (PPGs) are not well known about, nor are they very well advertised to the public. It is also unclear as to whether young people are welcome in these groups or whether there is a Youth PPG.

In 2011 the Department of Health designed a self-audit tool to assess whether services like GP surgeries are young people friendly20. Organisations can self-asses but are required to hit the ‘You’re Welcome’ Standard on 95% of points and be close on the remaining 5% to be accredited. The self-audit consists of eight primary themes for assessment, which are shown below, and two additional themes for targeted services on sexual health and CAMHS.

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20 Department of Health; Self-review tool for quality criteria for young people friendly health services (2011)
However it is difficult to ascertain whether any organisations have actually used this self-audit as it is not a compulsory requirement of services engaging with young people.

**Training:**

Physical first aid is an obvious requirement for any GP, mental health first aid is not. GPs may do basic training during their degrees around mental health and wellbeing but it is not nearly prominent enough, considering that every single patient will have a common factor of experiencing some emotional difficulty at some point in their lives. Similarly, nurses are not required to do any placement in a psychiatric inpatient unit, whereas mental health nurses are required to do placement in a general hospital.

In March 2014, the Department of Health spent £3 million to launch the MindEd E-portal which ‘provides clear guidance on children and young people’s mental health, wellbeing and development to any adult working with children, young people and families’ (Future In Mind, 2015). It currently contains around 260 free to access E-learning sessions.

In April 2015 the National Children’s Bureau published an evaluation of MindEd E-Portal which was overall very positive in comprehension and accessibility. It also showed that the E-portal was being used by a variety of healthcare professionals:

21 [https://www.minded.org.uk/](https://www.minded.org.uk/)

Concerns were raised around lack of face-to-face teaching which could impact on the quality of learning and also loses the benefits of multi-agency sharing of knowledge and ideas in classroom based learning. However in regards to access and content it was rated very highly.

Overall it seems to be considered as a useful resource for a variety of practitioners in different fields. However, it needs to be combined with other resources to offer local knowledge of where to signpost young people or where to get further information. Additionally it needs a sister resource which offers face-to-face learning and multi-agency practice.

4. Transitional Gaps

*Young people aged 12-25 have the highest incidence of mental illness across the lifespan, but access to services is poorest of all age groups.*

- CLAHRC Bite, 2013

There appears to be a big issue surrounding what qualifies as a ‘child & young person’. A large number of services that work with ‘young people’ seem to target the 9-18 age group and services for children being aimed at 0-11 years.

Often young people become ‘lost’ and ‘disengaged’ at the period of transition from young person to adult (18+)24. This is also the time where there is the least support offered. It is

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23 A bite-sized summary of a piece of research supported by CLAHRC for Birmingham and Black Country [https://www2.warwick.ac.uk/fac/med/about/centres/clahrc/impact/bites/designing_youth_mental_health_services_for_the_21st_century.pdf](https://www2.warwick.ac.uk/fac/med/about/centres/clahrc/impact/bites/designing_youth_mental_health_services_for_the_21st_century.pdf)

not surprising therefore that ‘Did Not Attend’ (DNA) rates for mental health services were highest in the 16-24 age group in Birmingham25, as they are suddenly expected to attend appointments and continue their care without the support they have been used to.

“I had a very bad transition from CAMHS to adult services. One day I was in CAMHS with plenty of support and then the next, the only support I knew of was a crisis number. It took over 6 months for me to have a proper assessment by which time I had suffered a complete relapse.”
- A comment made by a young person involved in the Task Force (NHS) Planning meetings (Sourced from the Future in Mind Report)

This transitional period also puts strain on other services that young people may be engaged in. For example Tamworth Cornerstone Housing Association take on young people between 16-25yrs, so are still involved with a young person when they move into adult services and have to deal with the resulting lack of support.

“The Taskforce does recognise that transition at 18 will often not be appropriate. We recommend flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age.”
- Task Force (NHS)(Sourced from the Future in Mind Report)

It has been suggested by both young people and various charities that there is a need for an intermediate service for ‘young adults’ that supports young people aged 18-25. Such services already exists in other areas across the country. For example, Southampton have the ‘Ready Steady Go’ programme26 which is a comprehensive transition plan for the young person to work through with their key workers and family to ensure they are ready for the step up to adult services. They can access ‘Ready Steady Go’ if they are 11 or older and have a long term condition. What they define as ‘long term condition’ is unclear and may not cover the other young people who still need this support.

“You have to fit into their paths and none of their paths fit you.”
- Comment from a young person at a Task Force consultation (NHS)(Sourced from the Future in Mind Report)

Recognising this problem, Birmingham NHS Trust has designed a new programme ‘Forward Thinking Birmingham’27 which targets all young people from 0-25 years of age. ‘Forward Thinking Birmingham’ is a comprehensive programme which works collaboratively with NHS Trusts, local authorities and other organisations, to offer a holistic approach to recovery and

25 Birchwood M. Mental health services for young people. SOS! NIHR CLAHRC for Birmingham & Black Country Dissemination Event; 2013; Banqueting Suite, Birmingham City Council, Birmingham


27 https://forwardthinkingbirmingham.org.uk/
support to young people and their families. The programme allows for self-referral, and works in conjunction with a drop in centre ‘Pause’ in Birmingham city centre. Pause welcomes young people of all ages and offers a variety of support methods including workshops, informal chats and a quiet space.

“There needs to be one point of access between patients and services that the patient can approach to find out anything they wish to know about the rest of the services involved and out there.”
- A comment made by a young person at a Task Force consultation (NHS) (Sourced from the Future in Mind Report)

5. Summary:

5.1 Conclusions

The main issue thrown up from the research is there is very little prevention of mental health illness or poor emotional wellbeing. Even early intervention implies that no action should be taken until a problem arises for a young person. Much of the intervention is based around crisis management and the majority of services are being deemed ‘good’ or ‘bad’ purely on quantitative outcome measures and numbers, rather than the personal difference made to each individual who has accessed the service.

There are 4 key E’s in to improving mental health services for young people.

- **Education** is a fundamental part of prevention. Giving young people the skills to manage their own emotional wellbeing and cope under anxiety provoking and stressful situations. Helping them to recognise problems early and to be more confident in accessing help and have the knowledge to where to access help from.

- **Engagement** from organisations and professionals who engage with young people to work together and take joint approaches to youth mental health. The problem is less the lack of mental health services for young people, but more the lack of cohesion between the services. Training is necessary for professionals about where to sign-post young people and more creativity in how to incorporate emotional wellbeing more informally into youth groups, school lessons, sports and drama.

- **Encompass** organisations within one space, to reduce the confusion over what service offers what and where. Give young people a space online or physical where they can find information about a variety of things such as sexual health, relationships, eating disorders, drug and alcohol use in one place. This could work similar to room 21 in Leek High School.

- **Encourage** organisations to work alongside young people and involve them in everything they do. This will ensure provisions are youth led and offer what young people really want and need.
5.2 Progress on Key Recommendations from 2015

- **Methods of communication need to reflect modern times & promotion of services.**
  There is has been little progress in this regard. Organisations are aware that they need to improve their methods of communication and how they promote their services, but there is little innovation in this regard. There is huge scope to use text services, skype appointments and apps to engage with young people in different ways that by-passes the need for face-to-face appointments and telephone calls which can be a barrier to those with anxiety.

- **Young people with experiences of mental health difficulties should be involved in recruitment and training processes.**
  This has been achieved within NHS staff hiring processes where young people are invited and paid to sit on interview panels for staff. Although young people are not yet involved in the short-listing, nor the direct training processes. Other mental health charities such as YESS do involve young people in their hiring process, but many other still lack this. It is perhaps an issue for CCGs and local authorities to encourage and offer incentives for local organisations to involve young people in more of their processes.

- **Improvement of partnership working between organisations**
  Although this has been slowly improving there is still considerable work to be done. There is frequently an attitude of ‘what’s in it for us as an organisation’ rather than ‘how does it benefit our clients?’ It is an unfortunate situation whereby charities are in competition for funding from local authorities and CCGs which discourages cooperation.

- **Commissioners to take a more pro-active role in the development and attendance of multi-disciplinary mental health meetings.**
  At this time, it is difficult to assess the impact of the recommendation. However, the Patient Board of East Staffordshire Clinical Commissioning Group, and the locality commissioning in Stafford Borough (through Staffordshire County Council) have clearly identified a need for more work with children and young people.

- **Schools, Colleges & Universities to provide more information to young people surrounding mental wellbeing and where to find support. Such as a ‘Mental Health Tool-kit’.**
  The work of a group of young people supported by the charity YESS has culminated in a 6 week wellbeing course targeted to other young people. They are currently in the process of piloting the course in different areas, but ideally hope to roll it out within schools. The difficulty here will be getting schools on board and finding staff that would be willing to undertake the running of such a course. Additionally CAMHS have been trying to develop better relationships within schools and providing a poster of information on where staff and young people can find support. However, a lot more work is required here, particularly in the case of PHSE delivered in schools at a consistently frequent and decent standard.

- **More gender specific workshops and support in secondary schools**
  There is recognition that more work needs to be done within schools, but developing the relationships between schools and organisations is a slow process. However, some
Developments have occurred such as CAMHS offering awareness training to professionals around eating disorders.

- **SSNMH to support schools and parents with education around mental wellbeing & toolbox for families rather than individuals.**
  SSNMH has huge scope for further work and with the completion of this report has highlighted possible avenues to achieve these aims.

### 5.3 Recommendations

**Schools & Local Authorities:**

- **Student wellbeing champions**
  Encourage young people within schools to create a youth voice for mental and emotional wellbeing in their schools. Young people could sit on school councils or higher meetings and engage with staff and students on how best their school can support and educate young people on these issues. It could also take the form of student led wellbeing projects such as ‘Revision Buddy Boxes’ for example over exams to help with stress.

- **Local Authorities to develop PHSE standards**
  PHSE offered across schools across the country have very little inspection in comparison to the general curriculum. Schools would most likely benefit from clear standards for PHSE and what to be covered across a year. This would also encourage schools to work collaboratively with outside organisations.

- **Collaborative working with charities**
  Many schools could benefit from a system such as Room 21 where charitable organisations with bids to work with young people can use a space in the school and become a drop-in centre. It will take the pressure of schools and staff in regards to a wide range of issues such as drugs and alcohol, mental wellbeing, gender identity, depending on which organisations they engage with.

**CAMHS & Other Organisations:**

- **Intermediate service for ‘young adults’**
  There is a clear lack of support for young people transitioning into adulthood. By providing a ‘young adult’ service for those aged 18-25 it will help to take pressure and stress of young people to help them develop healthily into adulthood.

- **Pre-screening for referrals**
  By using a pre-screening tool of some kind, such as questionnaire similar to the NHS ‘self-assessment’ tools, schools and other institutions could work to offer support to young people in different forms before referring to CAMHS.

- **Support offered while waiting for initial assessment**
Waiting for 8 weeks for just an initial assessment is a long time for someone who is suffering without the right support or advice. If CAMHS accept a young person there could be included within the appointment confirmation letter signposting advice to other supportive services like changes. Additionally they could offer

- **Offer training packages to other organisations and schools**
  Although it is unlikely that a few days training will ever equip schools with all the skills to support and recognise the signs of deteriorating mental health it could provide professionals who work with young people key skills to be more understanding towards mental health in general and make a more welcoming and supportive atmosphere for young people. For example, this could take the form of a training app that is more interactive, unlike e-learning modules which are dull and un-engaging.

**GP Practices**

- **Offer emotional wellbeing walk-in sessions**
  GPs should make use of their triage systems and offer a space for either charities or hire a mental health nurse to be available for appointments. This would help to reduce waiting times and also help young people get the right advice quicker from professionals who are trained to support people with mental health needs specifically, rather than broad but little specific knowledge of a GP.

- **Greater signposting information**
  GPs should serve as a hub for information and signposting. The majority of young people are registered with a GP and would go to a GP for advice and support for mental health issues. Alike medication information pages that can be offered to patients, there should be prescription pads for different services and information on mental health as a whole.

- **Youth Patient Participation Groups (PPGs)**
  In general PPGs are poorly advertised, let alone being welcoming to young people or vulnerable groups. GPs therefore need to be more explicit about their engagement with patients and not just using PPGs for show. This will help shape GP practices to better reflect the needs of patients and make them more youth friendly.

- **Encourage an ‘Ofsted’ style review of GPs**
  It would be interesting to know how many GPs are using self-audit tools to evaluate the friendliness of the environment and staff. Perhaps this could be done through having feedback boxes that people can use to raise concerns and give compliments about their local GPs.

**South Staffordshire Network for Mental Health**

- **Research on youth perception and experiences of GPs**
  This is a necessary step in developing GPs knowledge of youth mental health and how to manage cases appropriately. By gathering evidence on such a topic it can become an evidence base to encourage GPs to make changes.
• **Project to help develop relationships between schools and local charities**
  This could run in a similar way to Room 21, using SSNMH liaisons within schools to identify spaces for organisations to use and creating those links with local organisations. This would take the pressure and cost off schools and allow charities to more easily access young people.

• **Development of an information hub for youth mental health**
  A large issue faced by young people and organisations is connecting with each other. A good project for SSNMH to work on would be to develop a youth space which acts as a hub for signposting and information, much alike a Citizens Advice Bureau, this could be accompanied by an information app. The app could be Staffordshire based mental health and wellbeing support. It could work to both educate people on how to stay well and understand their own mental health and to advise them on where they can go to find additional support. This would help to create a coherent pathway for anyone who is worried about their mental health and act as a central hub for accessing additional support.

• **Young volunteers (15-25) to be recruited to volunteer and continue youth research**
  Through engagement with schools it would be useful if a small number of young people could be recruited to continue research within their local area and feedback issues to SSNMH. This would also produce a small focus group to be involved in the development of a youth and family toolbox.

This report is planned to be distributed by SSNMH its Boards of Trustees, to commissioners and providers, in order to be discussed. Future projects and research will be developed from this report and will encourage action from the recommendations made.