

Children & Young People's Mental Health Services in Newcastle and Gateshead

As Part of the Action:Story! Collaborative Review

Roots & Wings 2016



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Introduction

This service design report looks at Child and Adolescent Mental Health Services (CAMHS) in Newcastle and Gateshead and was produced to inform the Expanding Minds, Improving Lives process leading up to the re-design of these services.


This report was part of the Action:Story! project funded by The Paul Hamlyn Foundation, in which Roots and Wings worked with Helix Arts, The Young Foundation and filmmaker Julie Ballands. The Action:Story! project set out to investigate how creative techniques can help the public sector remodel itself in order to survive austerity.

There is currently unprecedented pressure being put on young people's mental health and the services that support them. In spite of this we found a great deal of hope, embodied by the people we met throughout the course of this project. We worked with some incredibly impressive young people, who made us laugh, cry and swell with pride. We were also granted a window into the world of professionals working in this field, and found ourselves truly inspired by the work they do and their dedication to improving the lives of young people.

The following report contains recommendations that may not be surprising to those with experience in the field. These recommendations chime with a broad consensus of opinions encountered amongst the parents, professionals and commissioners involved in this project. It is particularly interesting to note though that all the following recommendations originated from young people accessing the service.

One reason why some of the recommendations contained in this report haven't already been implemented is resource availability. Although the costings of these recommendations are beyond the scope of this report, these will be addressed in the next stage of the Expanding Minds, Improving Lives re-design process.

Some of the following recommendations are already evident in parts of Newcastle and Gateshead, though this report calls for them to be deployed uniformly and made accessible to every young person across the city.



For the purposes of this report, we will make use of the following abbreviations:

CAMHS:

Child and Adolescent Mental Health Services. This covers **ALL** organisations offering specific support services to young people (0-18) with mental health issues in Newcastle and Gateshead.

CYPS:

Children and Young Peoples Service (Newcastle & Gateshead)

EWT:

Emotional Wellbeing Team (Gateshead)

For ease we will also refer to services in terms of their position in the four-tier strategic framework, although as we will go on to explain, we feel that the tiered system creates costly gaps between services affecting the support that young people receive.



The Service Design Process

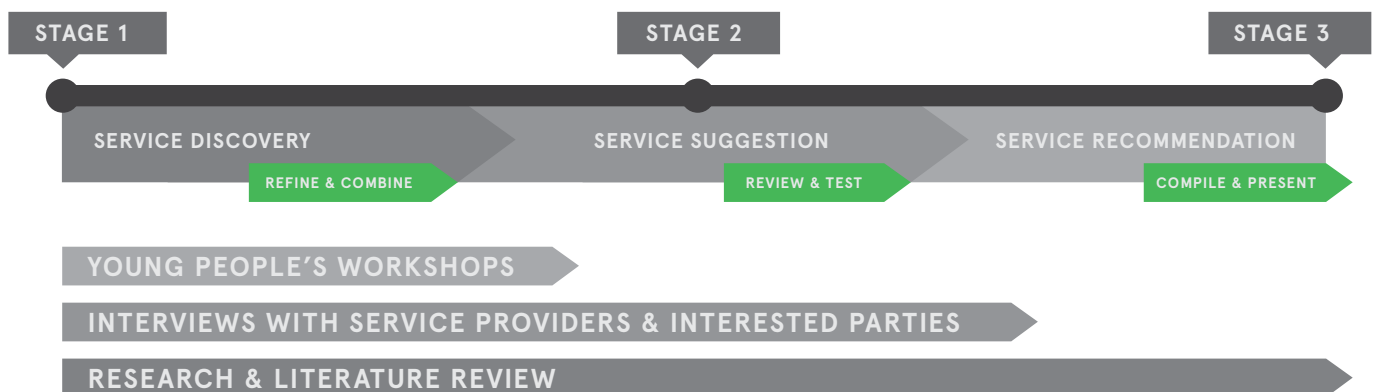


Figure 1

Our service design process worked in three distinct stages.

Stage 1 – Service Discovery

The service discovery stage was divided into two strands undertaken in separate teams working concurrently but in isolation from one another in order to prevent any bias forming.

Strand 1:

The first team consulted a group of young people with first-hand experience of the Newcastle-Gateshead Young People's Mental Health Services, as well as the parents and siblings of these young people. We worked alongside filmmaker Julie Ballands and Helix Arts, to undertake a series of workshops using a range of creative processes and techniques in order to map out these young people's experiences, or 'service journeys'. The workshops acted to capture the young people's genuine needs and ideas, which are explored in the film *CHAOS – Children Having Anxiety Over Services*. As well as these consultations with young people (and their parents and siblings to create a 'whole family' picture) service commissioners were also consulted through a series of creative workshops.

Strand 2:

The second team conducted a series of interviews with a number of service providers and professionals from within the Children and Young People's Services. These interviews gave us an insight into what professionals think currently works and what doesn't. It also enabled us to plot a map of existing services.

On completion of these two strands, our teams came together to combine and analyse our findings, plotting the young people’s service journeys onto our service provisions map. This allowed us to look for areas of commonality, find blockages and highlight areas of inefficiency. Some of these were also explored during the Action:Story Pledge Event at which the young people and the commissioners worked together to agree on 3 key pledges, which will be explored in the following report.

Stage 2 – Service Suggestion

For the Service Suggestion stage we took our proposed service model to a number of professionals in order to gather as much feedback as possible, which we used to further inform and refine our recommendations. This iterative loop is a crucial part of our process. At this stage we also conducted a review of relevant literature, looking at reports and findings from organisations across the sector, and exploring documented examples of good practice.

Stage 3 – Service Recommendations

At this stage we compiled our final recommendations. The key themes which emerged from our Service Discovery process form the main part of this report, focusing particularly on what were formerly referred to as Tier 2 services. These recommendations are based directly on what we learned through consultations with young service users, albeit tempered by what we’ve learned from service providers and professionals, and shaped by the iterative nature of the aforementioned suggestion and feedback process. As such we believe that all our recommendations are achievable within the scope of this re-design.

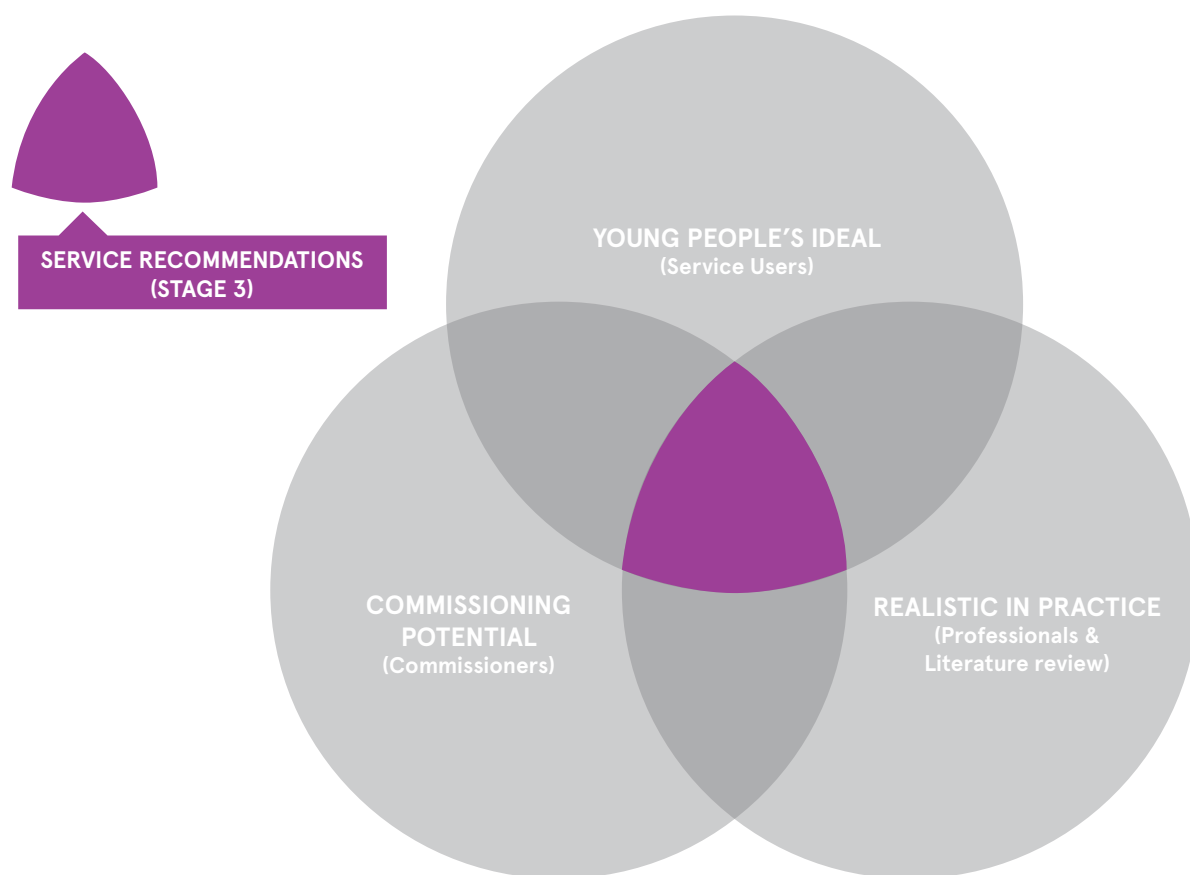


Figure 2: How input from interested parties converges to form our service recommendations



Early Intervention

When looking at the Children and Young People's Mental Health Services, the term 'Early Intervention' can be said to mean two things:

- An intervention earlier in a particular individual's life
- An intervention before a particular condition or situation escalates towards a 'crisis point'

All of our research indicates that investment in earlier intervention is the most cost effective use of resources when tackling mental health issues in children and young people.

The inescapable fact is that failure to prevent and treat children and young people's mental health problems comes at a heavy price, not only for the wellbeing of the children concerned and their families, but also for taxpayers and society because of increased future costs¹.

As the above statement suggests the positive outcomes of early intervention may manifest themselves as cost-savings occurring outside the Children and Young People's Mental Health Services, for example, reduced pressure on schools, improved physical health outcomes, reduced strain on other services including the Adult Mental Health Services, and improved economic and social outcomes later in an individual's life. Although these gains can take time to show themselves and can be difficult to track and quantify, it seems unarguably true that broadly speaking early intervention leads to better outcomes for individuals and for society, and an altogether more efficient system. Given the above challenge it is vitally important that the mental health of children and young people is perceived as a 'universal' good and sufficient resources are secured to move to an earlier intervention model.

*"Early intervention
and catching things upstream
is the future of the service"*



Some young people are starting school with significant social issues and mental health concerns, and we have come across numerous examples of children as young as five being excluded from mainstream education because of their mental health. As a society we are aware of the general risk factors which can contribute towards a child or young person having poor mental health² and we also know that these risk factors are cumulative³. This means that it is essential that children and young people who are at a higher risk of developing mental health issues are identified as early as possible.

There are examples of good practice in this area (such as Sure Start and Incredible Years) but support across Newcastle-Gateshead is not uniform and there is a need for services to engage further and more proactively with universal services that come into contact with expecting parents, parenting groups and young families to identify children at risk of developing mental health issues.

In terms of intervening before a condition escalates or a situation reaches a crisis point, there are also currently examples of good practice across Newcastle and Gateshead (including Kalmer Counselling, the JAM project, and more) but there is limited connectivity between schemes and awareness of them amongst professionals has shown itself to be patchy. In general there is confusion amongst young people, parents and professionals about what support is actually out there.

As is mentioned in the schools section, none of the young people we worked with self-referred and all came into contact with the service as the result of a crisis situation. For this reason there needs to be a proactive Newcastle and Gateshead-wide approach to early identification and intervention.

All of the recommendations outlined in this report are intrinsically connected in one way or another to the issue of early intervention, in that they all seek to reduce barriers to accessing support, and focus on the creation of a proactive network designed to identify problems as early as possible.



Schools

Through our workshops with the young people we found that the two main factors that affect their quality of life most are the support they receive at home and the support they receive at school.

“I’m worried that they will hurt me and hate me so I don’t tell people that I’m autistic”

Bullying at school is a huge issue, and is something that all of the young people we worked with told us they had experienced. More worryingly still is that they were the target of bullying specifically because of their mental health issues. Some members of the group also admitted bullying others because of the pressures of their mental health issues. Bullying has profound implications for mental health, specifically by negatively impacting a young person’s self-esteem.

Furthermore, cyberbullying is now the most common form of bullying⁴ and bullying is no longer confined to the school environment, but can also infiltrate a young person’s life outside of school. *Future in Mind* states that bullying is reported by 34% - 46% of school children in England in recent surveys⁵ and that a dose response relationship exists, which means that children who are exposed to frequent, persistent bullying have higher rates of psychiatric disorder⁶. The *Annual Bullying Survey 2015* found that 30% of those who have been bullied have had suicidal thoughts, 29% have self-harmed and 14% have developed an eating disorder. With all this in mind it is essential that schools not only promote anti-bullying awareness campaigns wholeheartedly, but also that they provide clear and accessible routes to advice and support for those who need them.

*"My primary school teacher just said
I was naughty and uninterested"*

Schools was the focus of the first of the commissioner pledges made during the Action:Story Pledge Event.



Commissioner Pledge 1:

Schools

'Focus specific workforce development at school staff to enable them to identify early and emerging mental health problems, increase their ability to support children and young people, or refer on where appropriate.'



Recommendation 01

Each and every school needs to have a named Mental Health Champion within its staff

Every school needs a named Primary Mental Health worker to take responsibility for ensuring this happens. Each Tier 2 CYPS/EWT worker should be assigned to a geographical area with the responsibility of ensuring all schools within this area have a named Mental Health Champion.

Many Newcastle schools are actively engaged in helping facilitate the provision of the Targeted Mental Health in Schools (TaMHS) project and as such have nominated a Mental Health Champion. This positive model needs to be rolled out within the context of the provision re-design. All schools across Gateshead and Newcastle should have a trained Mental Health Champion who understands how to help access appropriate provision, including counselling.

Example of Good Practice:

In Sunderland CAMHS employs workers with teaching experience to bridge the gap between schools and mental health services. These individuals have experience of how to navigate the schools system and affect change, as well as having experience of teaching so that whilst delivering training they can better relate to teaching staff and the pressures they face.



Recommendation 02

CAMHS to deliver more training to those working in schools

Mental health training should be made available to all schools as part of teachers' Continuous Professional Development training. This training should be continually advocated by the Local Authority/NHS commissioners and CAMHS. Effective existing training resources should be promoted where available e.g. *MindEd*, *Academic Resilience*.

No teacher should be expected to deliver anything more than Tier 1 mental health support. The basic mental health training that we're advocating should serve to increase the skills and competence of teachers and other teaching support staff, allowing them to identify mental health issues and signpost appropriately, as well as giving teachers the confidence to engage pupils in private conversations about mental health. Asking questions about behaviour with curiosity and compassion rather than blame.

"I got bullied at school because I was different. I hated school until I came to my new school. I love it now."

CAMHS should actively target teacher training courses at universities, colleges and institutions offering School-Centred Initial Teacher Training (SCITT) courses, making training packages available to each. CAMHS should also work with Local Authorities to deliver mental health training to all school nurses. Ideally this increased training would provide a stepping-stone towards a system within schools whereby every staff member has compulsory mental health training as part of their induction, as they do for safeguarding and child protection.



Recommendation 03

Work proactively with teachers and school staff to embed mental health awareness into a school's culture

The following are steps that should be taken to make this happen:

- Identify governors and head teachers and directly ask them to incorporate mental wellbeing into their school's mission statement.
- Encourage school staff to think seriously about their own mental health as well as that of the young people that they teach.
- Promote and enable the uptake of whole-school anti-bullying programmes. Awareness campaigns can also be used to highlight routes to further support and help teachers to become more confident in offering advice and signposting.
- Schools need to engage with bullies, exploring the possibility of underlying mental health issues, rather than always pursuing disciplinary routes.
- Develop a culture of information and resource sharing amongst and within schools and school networks⁷ allowing dissemination of good practice and practical solutions, of which we have come across various examples. These include pupils having access to anonymous email support and also the use of Time Out Cards. This could be achieved by creating platforms such as forums (online or offline) to celebrate success, showcasing successful interventions and effectively articulating the benefits that these interventions give rise to, for example, improved attendance, discipline or staff retention.
- None of the young people that we spoke to self-referred, indicating that there needs to be a system-wide approach to identifying young people who could benefit from support. As a universal service schools are ideally placed to do this. Counsellors already working within classes to conduct individual pupil assessments are well placed to observe and 'flag up' other children in class settings with possible mental health issues. Regular whole class observations could be one way of spotting possible mental health issues early.

continued...

- Proactively offer additional support during stressful periods which can magnify pre-existing issues, for example, exam periods or transitions between schools. These periods could present opportunities to engage whole classes in support reducing the stigma around discussing mental health issues.
- Create more opportunities to learn about mental health issues in school. PSHE (Personal, Social, Health and Economic) classes provide a good forum for this, as do events such as World Mental Health Day. PSHE classes offer an opportunity to teach basic psychoeducation, which normalises talking about mental health issues. Information boards in schools should be used to highlight where to go for advice and support, including information about that particular school's named Mental Health Champion and how to contact them. CAMHS can assist in this by providing lesson plans for PSHE and making signposting resources available.

Recommendation **04**

Exert political pressure locally and nationally to encourage OFSTED to increase the weighting of pupils' mental health and wellbeing in their assessment criteria

In the current political climate of compulsory academisation, academised schools are no longer controlled by, or under the direct influence of the Local Authority. In theory this allows them to more easily compete with each other and that this increased competition drives up standards. Currently the variable that schools compete with each other on is predominantly academic performance, this is due to the current scoring system Ofsted (Office for Standards in Education, Children's Services and Skills) employs. This narrow focus on grades leads to unintended consequences (e.g. teacher and pupil stress).

If Ofsted's scoring system put more weight on the mental health of pupils and the support structures in place within a school, then in theory schools would then begin to compete on this, refocusing the school's priorities towards improving the emotional and mental wellbeing of the young people in its care.





Groups

“Isn’t it mint how we get to be with other people who know how you feel and can talk about stuff with each other”

There was a clear consensus on the benefits of groups and group work, both from the young people we worked with and the service providers we spoke to. There was also an acknowledgement that in the long term group work offers significant potential efficiency-savings in terms of being able to offer preventative support to a larger number of young people at once, and on a regular basis. It is important to note however that group work isn’t an alternative to therapy, and groups can require significant resources to establish.

The benefits to the young people resulting from the Action:Story! group work were as follows:

- The realisation that they weren’t alone reduced their sense of isolation and helplessness.
- They felt better having had the opportunity to share their feelings with others who understood their situation.
- They exhibited peer support and peer learning through the sharing of stories, experiences and coping mechanisms.
- It was identified as a rare opportunity for the young people to socialise outside of school, with the young people involved making friends in the group and with this the creation of an informal support network.
- The young people’s confidence levels increased and their anxiety levels decreased.
- The opportunity to be creative as part of a supportive group was seen to be therapeutic for the young people.

“The group have bonded better than any other similar group I have been involved with and I think that is because of using creative activities to engage them. You can see that their self-esteem has really blossomed. Some of them make their own way here on public transport, which they would never have done before.”

CYPS Worker



Recommendation 05

Establish and support more work with groups

Commissioners and commissioned services should identify VCS, cultural and sports organisations running regular groups and provide them with the resources and support they need to explore mental health issues as a cohort.

Commissioners and commissioned service should help to set up FRIENDS programmes in schools run by the schools themselves with the support of primary mental health workers with the aim of preventing and treating anxiety.

Through working with parents and talking to professionals we found that there was a strong desire for a parent support group. This is something that could be run concurrently to a young person's group, as it may be convenient for parents who are already there waiting.



Parents & Carers

“It’s been really useful spending time with other parents during these workshops. We’ve been able to share a lot of our experiences and it’s been a bit like our own little support group.”

During the Action:Story project we had the opportunity to interview the parents and carers of the young people attending the workshops. They all reported that they had noticed their children had benefitted significantly from the workshops and, interestingly, that the workshops provided them with the opportunity to meet other parents and carers of children and young people with mental health issues allowing them to form their own informal support group, sharing experiences and learning from each other as the workshops went on.

These parents and carers had strong feelings about CYPS/EWT, and they told us the following:

- They had to 'fight' the system to get support for their children, creating an adversarial relationship with CYPS/EWT.
- They had found communication with CYPS/EWT to be poor.
- They felt that CYPS/EWT waiting lists were too long.
- They felt they needed to have a recognised diagnosis before they got support creating perverse incentives to show the system how unwell their child was.
- They felt there was an expectation that they already knew how to navigate the system, as well as what other support was available – they didn't.
- They felt that they were 'the lucky ones' as they had managed to access support – they worried about young people who don't have someone to fight for them and therefore don't get this support.

It was highlighted when talking to professionals that parents play a crucial role in children and young people's mental health. Parents are also key to supporting young people earlier in life, therefore every opportunity should be made to engage parents as early as possible, even prenatally.



Spaces

“Anywhere but Benton House”

Many of the young people and professionals that we spoke to identified a number of issues with the current location of the Children and Young People’s Services in Newcastle-Gateshead, Benton House. The main issues identified were:

- It doesn’t feel like a therapeutic environment.
- The buzzer system ‘feels like entering a prison’.
- The entry system is not accessible to blind or partially sighted parents or young people.
- The outside area is dirty and the foyer and stairwell are not very welcoming or inviting.
- There’s a lack of adequate group space.
- There’s a lack of appropriate space for Play Therapy.
- There’s a lack of appropriate space for Art Therapy.
- Rooms in Benton House are ‘dark’, ‘dingy’ and ‘scary’.
- There’s a lack of suitable parking spaces.
- For people who are unfamiliar with the area it can be difficult to find.
- Its location outside the city centre is ‘awkward’.
- It can be difficult to access by public transport.
- The location of Benton House is a barrier to accessing support, in terms of the effort, money and time it takes to get there, especially for people who are travelling from across the river or the other side of Newcastle.

*“Having to go to Benton House
made me feel like something
was wrong with me”*

In terms of our own experiences of Benton House over the course of creating this report we found the staff to be welcoming, but Benton House is an intimidating and imposing building which perpetuates an unequal power dynamic between service and service user.

Spaces was the focus of the second commissioner pledge made during the Action:Story! Pledge Event.



Commissioner Pledge 2:

Settings

‘Develop a “dispersed model of access” to suitable and user friendly provision. We will work with young people to ensure the provision chosen is suitable and inviting.’



Recommendation 06

Decentralisation of services – Move therapy from Benton House to existing community settings (e.g. Community Hubs)

Through talking to young people, families and professionals, we feel that the above recommendation would achieve the following:

- Reduce anxiety for the young people using the service.
- Reduce barriers to access (effort, time and cost).
- Provide a more appropriate therapeutic environment in a setting/neighbourhood that is more familiar to the young person.
- Reduce DNAs (did not attend).
- Encourage services to become integrated through co-location.
- Co-location of services may reduce the number of times a young person is 'bounced' around.
- Physically reduce 'gaps' between certain services therefore improve transition, reducing the need for 'hand-holding' between services.
- Increased sense of cohesion between services for service users.
- Provide 'one-stop shops' to meet young people's needs. For example, Streetwise is located in a discreet but accessible city centre location providing, amongst other things, counselling, nurses and sexual health advice, with appropriate capacity and a willingness to offer space to CYPS workers.
- Move away from a medical setting and a medical model of 'treatment'.

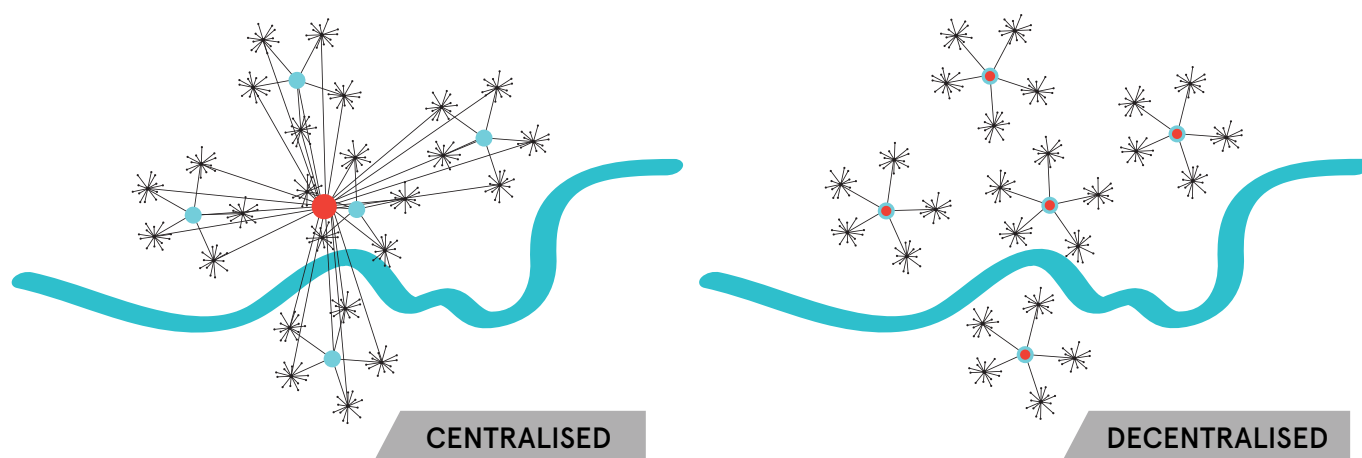
“My school has a separate block with special teachers to help. It’s a nice space and they’re really nice people”

The tiered system creates gaps between the tiers. The gap between Tier 2 and Tier 3 is crucial. Community hubs would be better placed to offer some form of ongoing support/continuation of service to young people who are on a waiting list through, for example, projects which provide self-help resources and Apps to young people who are waiting for appointments.

Young people told us that they’d experienced great frustration and distress in having to keep answering the same questions over and over again to a number of different professionals. This was also observed in the *Future in Mind* report and we support the trial of young people’s passports as recommended by NHS England⁸. These passports contain key pieces of information about the Young person and their history.

The idea of not being constrained by traditional healthcare settings is a point well made by *Right Here*, Brighton and Hove’s mental health partnership who state that there is definitely scope to be more creative about where mental health support is located, particularly if you are looking to engage with excluded young people⁹.

As a result of decentralisation the costs of accessing it (time and money) will shift from the young people and their family onto the service. This will reduce barriers to accessing the service, especially for those from low income households, and our findings show that there is potential for huge long term benefits to the service that young people receive and ultimately improved outcomes.



● TIER 1 SERVICES ● TIER 2 SERVICES ● TIER 3 SERVICES

● Co-location of tier 2 and tier 3 services would serve to decentralise the service.

Further Findings...

CYPS vs CAMHS

One point of contention amongst young people and professionals throughout this process has been the name of the service itself. Below is a list of reasons why we strongly believe that the service should be known as Child and Adolescent Mental Health Services (CAMHS) rather than CYPS:

- Children and Young People's Service (CYPS) gives little indication of what type of service is actually provided, and we have learnt anecdotally about situations in which young people turn up for appointments without knowing that it's a mental health service.
- CYPS has been seen to suffer from negative perceptions and stigmatisation resulting from some parents (albeit falsely) associating it with Social Services.
- Everyone we spoke to (including the young people, parents, service providers and commissioners) said they preferred the name CAMHS, as it offers a much clearer understanding of what the service actually is.
- Using CAMHS instead of CYPS would provide consistency with CAMHS services across the country.
- To actively avoid the term 'mental health' only serves to stigmatise it further.

Recommendation **07**

**Change the name of
Children and Young
People's Services (CYPS)
back to Child and
Adolescent Mental Health
Services (CAMHS)**



Choice

The young people we consulted expressed a strong desire to have a greater degree of choice around the support they receive. In the current system young people feel they're told where and when they'll be seen, who will be seeing them, what they'll be talking about and where they'll be sent next. Our findings suggest that this lack of choice or control creates an unequal power dynamic preventing the young person from feeling empowered regarding their own treatment.

Choice was the focus of the second commissioner pledge made during the Action:Story! Pledge Event.



Commissioner Pledge 3:

Changing Need

'Ensure services can respond to the changing maturity (not just by age) of children and young people to ensure decision making, treatment and support is shared appropriately.'

Recommendation **08**

Ask the young person where they'd like to meet

We asked the young people we worked with, 'Which location would be preferable to Benton House?' We received a wide variety of suggestions in response, although in all cases the commonality was that it was somewhere that the young person felt comfortable, and somewhere with an appropriate degree of privacy. It was suggested that this could be either at home, a suitable room at school, somewhere outdoors (for example, in the park) or even virtually using video chat services such as Skype.

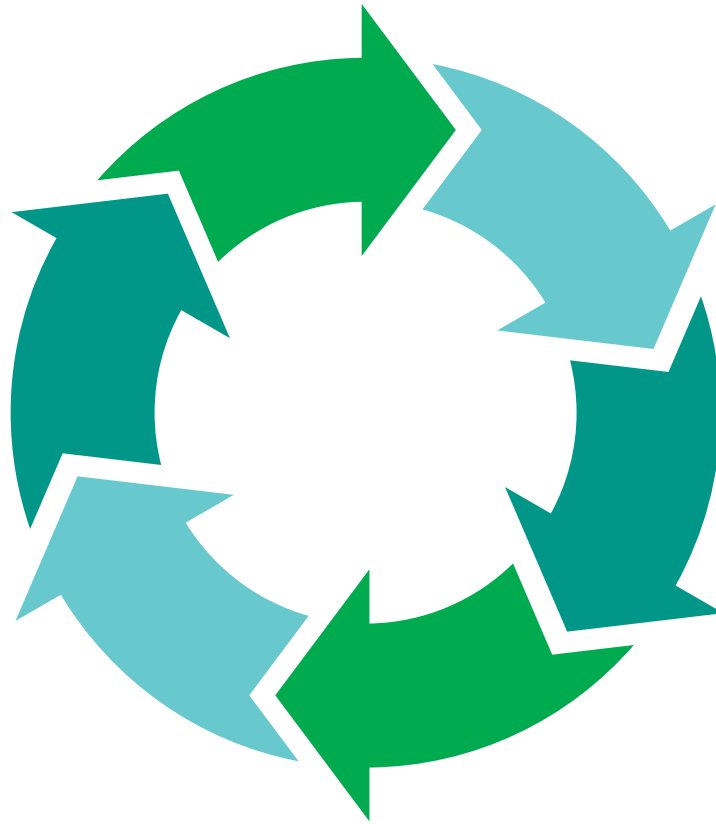
Where would you prefer to be seen?

- HOME
- SCHOOL
- THERAPY ROOM
- OTHER (please state) *cafe*.....
e.g. Walk in the Park, Go for a coffee, Skype, etc...

There is no 'one size fits all' answer. Choice needs to be at the heart of the support that young people receive. By increasing the amount of choice a young person has regarding their support plans, the more ownership that young person will feel, moving away from them perceiving themselves as simply recipients of services and away from a medical model of 'treatment'.

Where appropriate this choice should also be extended to include decisions such as:

- The types of support young people receive
- Whether they'd like to see a male or a female member of staff
- The date and time of their appointment
- Their preferred mode of communication
- Whether they'd prefer to conduct an appointment virtually



Recommendation **09**

Young people need to be continuously consulted and services need to be responsive to their changing needs

The young people we consulted showed a strong desire to improve the support services they receive, and the possibility of improving the system for others like themselves was a powerful driver for participation. There is huge value to be gained from consulting directly with the service users themselves, and their views and ideas should be actively sought and implemented where appropriate. The young people using the service are the best placed people to suggest improvements.



Online Services

One common thread that emerged through our consultation with young people, professionals, parents and service providers was that there is a general lack of awareness as to what services exist. This was found to be the case both in terms of physical services in Newcastle-Gateshead and virtual services in the form of online resources. The result of this lack of awareness about what support options are available is that referrals are made to CYPs/EWT as a default choice, even though it may not be the most appropriate option.

Through our investigation we also discovered that this complicated patchwork of services combined with a lack of accessible information creates an atmosphere of uncertainty amongst potential service users. It seems particularly true that chaotic services will magnify issues in chaotic lives. The provision of a resource promoting what services exist, how to access them and how they all fit together may bring about benefits not just in terms of more appropriate referrals, but also in terms of service quality and outcomes.

Recommendation **10**

A single online resource that co-promotes support services

We propose that a single resource is established which can be collectively promoted to young people and professionals. Given the rapidly changing landscape of CAMHS across Newcastle/Gateshead, we feel that the best way to supply this information would be as an online resource, with physical copies made available to those people who don't have internet access.

The Families Information Service website (www.newcastlefis.org.uk) contains a wealth of information, but is not mobile-friendly, nor is it particularly visually appealing to young people. Recent research has found that 60% of internet usage now occurs through mobile devices, and that figure is even higher for under 18s¹⁰. With this in mind, steps should be taken to make this resource and the equivalent in Gateshead more relevant to young people as our research suggests that currently young people feel that this website is 'not for them', a feeling not helped by the name 'Families Information Service'.



Recommendation **11**

Online referral forms

“All the forms use lots of terms I’ve never heard of and no one seems able to explain them to me”

All referrals should be completed through an online form, with options to download and email the form, or request it by post. The form should be written using language that makes it accessible, avoiding use of jargon and acronyms. The form should be as short and user-friendly as possible, whilst still providing enough information to conduct an informed assessment of needs.



Ring-Fencing

Currently, due to what has been described by a number of professionals we've spoken to as a 'perfect storm', there is no capacity within CYPS/EWT to effectively promote their services, improve systems and focus proactively on early intervention. It is understandable that in times of stress the service diverts resources towards supporting individuals with the most immediate needs, however, this is a short-term strategy that creates larger problems in the future.

Recommendation

12

Ring-fence time and resources dedicated to Promotion, Advocacy, Raising Awareness and Training

We recommend that in any new and developing model, time and resources for the promotion of services, advocacy, awareness-raising and training other professionals should be ring-fenced to prevent them from being diverted when the system is under strain. Although this mindset may be a difficult one to get into, perhaps appearing counter-intuitive, we feel that maintaining (or if possible even increasing) such activities as are mentioned above at times of system-wide stress would create the climate for a more efficient and more effective service in the longer term.

GP Surgeries

As a universal Tier 1 service that comes into direct face to face contact with all young people, GP surgeries are perfectly placed to add to the 'net' which can help with early identification and support young people, helping them to access the services they need. We therefore recommend the same broad interventions suggested in the schools section.

Recommendation 13

Each and every GP surgery needs to have a named Mental Health Champion within its staff

Each Tier 2 CYPS/EWT worker should be assigned to a designated geographical area with the responsibility of ensuring that all GP surgeries within this area have a named Mental Health Champion.

Recommendation 14

Suitably qualified staff to deliver more training to those working in GP surgeries

Suitably qualified training staff should provide mental health training to all GPs as part of their Continuous Professional Development training. This training should be continually advocated by CAMHS.

No GP should be expected to deliver anything more than Tier 1 mental health support. The basic mental health training we're advocating should serve to increase the skills and competence of GPs, allowing them to identify mental health issues and signpost appropriately, as well as giving GPs the confidence to engage patients in conversations about mental health during appointments.



None of the young people that we spoke to self-referred, indicating that there needs to be a system-wide approach to identifying young people who could benefit from support. As a universal service GP surgeries are ideally placed to do this.

CAMHS should actively target medical training courses at universities and colleges, making training packages available to each. Ideally this increased training would provide a stepping-stone towards a system within the NHS in which each staff member that comes into contact with young people has compulsory mental health training, as they do for safeguarding and child protection.

Recommendation

15

Work proactively with GPs and surgery staff to build a culture of mental health awareness

The following are steps that should be taken to make this happen:

- Approach GP surgeries and directly ask them to actively incorporate mental wellbeing into their work processes.
- Encourage GP staff to think seriously about their own mental health as well as that of the young people that they come into contact with.
- Develop a culture of resource and information-sharing amongst and within GP surgeries allowing dissemination of good practice. This could be achieved by using platforms such as forums (online or offline) to celebrate successes, by showcasing successful interventions and effectively articulating the benefits that these interventions give rise to.
- Be aware of young people's lives and question young people about how they're feeling, especially during stressful periods which can magnify pre-existing issues, for example, exam periods and transitions between schools.
- Create more opportunities for young people to learn about mental health issues in GP surgeries. For example, information boards in waiting rooms should be used to highlight where to go for advice and support, including information about that particular surgery's Mental Health Champion and how to contact them. CAMHS can assist in this by making signposting resources available.

Communication

“Everything just seems so complicated...”

Inaccessible language can create a barrier between professionals and young people and professionals and parents, and can also create a barrier between professionals across different fields. This language barrier within the Children and Young People’s Services applies to both written and verbal communications with young service users and their families, and acts to reduce the effectiveness and efficiency of the service as a whole.

Recommendation

16

The language used to communicate with young people needs to be appropriate

Professionals should be aware that there are no guarantees that a young person will ask the questions necessary for them to understand what they’ve been told. This could simply be down to shyness or embarrassment or, because of a perceived imbalance in the power dynamic between themselves and the professional, they don’t feel that they can.

This communication gap needs to be closed from both sides. Responsibility for this lies largely with the professionals and efforts should be made to avoid the use of technical jargon and organisational acronyms where possible when dealing with young people. Professionals should strive to communicate with young people in a way that the young person can understand. This could involve using the young person’s own words, for instance, when setting goals or co-creating a support plan.

One way to close this communication gap from the service user’s side would be the creation of a short glossary containing a list of commonly used terms, acronyms and jargon that young people accessing the service may not know but are afraid to ask.

Example Glossary

- CAMHS** – Child and Adolescent Mental Health Services
- CBT** – Cognitive Behavioural Therapy
- CCG** – Clinical Commissioning Group
- CYPS** – Children and Young People’s Service
- EWT** – Emotional Wellbeing Team
- IAPT** – Improving Access to Psychological Therapies
- ICTS** – Intensive Community Treatment Service
- NHS** – National Health Service
- NTW** – Northumberland, Tyne and Wear NHS Foundation Trust
- PEP** – Personal Education Plan
- PSHE** – Personal, Social Health and Economic Education
- SEND** – Special Educational Needs and Disabilities
- TaMHS** – Targeted Mental Health in Schools



Recommendation **17**

Communication systems need to be greatly improved

It is not just the language deployed in verbal and written communications that needs to be 'young person friendly'. This also applies to the modes of communication. Young people should be given the choice of how they would like to be communicated with. Services should make more use of methods of communication such as text messaging, email, Facebook, Twitter and Skype. Referral forms should be available in online and downloadable formats, as well as a postal option.

"I was diagnosed by letter. I opened it and read it and I cried. It said I was mental."

Where possible diagnoses should be given in person with plenty of opportunities for the young person to ask questions, both at the time of and subsequent to diagnosis. Many services across different sectors now supply their users with real-time information about appointments and provide tracking of a service user's progress through the system. Having this information readily available would reduce stress and anxiety, giving the young person a sense of being 'clued in'. On top of this, where possible the young person should be given access to any information pertaining to them. Once implemented such systems would serve to improve efficiency and user satisfaction.

The CYPS/EWT website should also be made more 'young person friendly' in order to make the service seem as approachable as possible. This includes the tone of the language used on the website and the design of relevant downloads. For example, the current public email address of CYPS is NTAWNT.NoTCYPS@nhs.net. This is not an email address that makes a service appear approachable for a young person with mental health issues.

As well as external communications with service users, internal communication systems and processes within CYPs/EWT need to be overhauled. Professionals have told us that they spend more time doing paperwork than they spend face-to-face with young people themselves. This antiquated paper-based record-keeping system, which involves the laborious duplication of work, was reported by CYPs/EWS staff as being the primary source of job-related stress, as well as having the knock-on effect of reducing efficiency and taking away from actual contact time with service users. Seen from the other side, young people have told us that in their experience waiting lists were too long and they didn't have enough contact time with staff.

Example of Good Practice:

Streetwise is an example of an organization using modern data systems and processes. One example of this is their use of a cloud storage system, greatly reducing the need for paper-based record-keeping.

The advantages of adopting cloud-based data storage include:

ACCESSIBILITY – Centrally stored information makes files accessible for staff from anywhere and at any time, greatly reduces the need for physical storage of paperwork and offers a more streamlined system.

SECURITY – Automatic backing up of data reduces the need for confidential information to be stored on site, reducing the chances of files being lost, damaged or stolen. Password/Fob protection provides a high degree of digital security, and digital partitioning of files can be used to dictate which professionals have access to which information.

EFFICIENCY – Cloud storage systems can eliminate or greatly reduce the need for duplication of paperwork and can make it easier to evaluate performance, identify data trends and allocate resources appropriately.

TRANSPARENCY – Cloud storage systems including automatic tracking of actions and communications providing a robust and transparent method for protecting professionals by reducing risk from allegations of malpractice, allowing them to easily demonstrate that they've followed correct protocols and procedures.

Summary of Recommendations



Each and every school needs to have a named Mental Health Champion within its staff



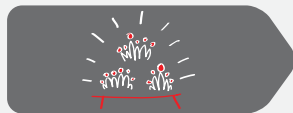
CAMHS to deliver more training to those working in schools



Work proactively with teachers and school staff to embed mental health awareness into a school's culture



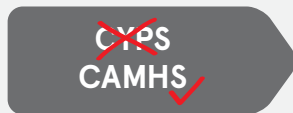
Exert political pressure locally and nationally to encourage OFSTED to increase the weighting of pupils' mental health and wellbeing in their assessment criteria



Establish and support more work with groups



Decentralisation of services – Move therapy from Benton House to existing community settings (e.g. Community Hubs)



Change the name of Children and Young People's Services (CYPS) back to Child and Adolescent Mental Health Services (CAMHS)



Ask the young person where they'd like to meet



Young people need to be continuously consulted and services need to be responsive to their changing needs



A single online resource that co-promotes support services



Online referral forms



Ring-fence time and resources dedicated to Promotion, Advocacy, Raising Awareness and Training



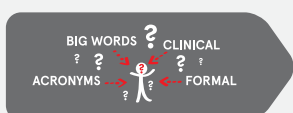
Each and every GP surgery needs to have a named Mental Health Champion within its staff



CAMHS to deliver more training to those working in GP surgeries



Work proactively with GPs and surgery staff to build a culture of mental health awareness



The language used to communicate with young people needs to be appropriate



Communication systems need to be greatly improved

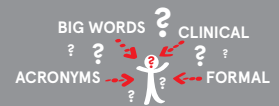
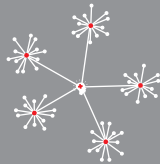
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MEETING PLACES:
I would prefer to meet at...

- HOME
- SCHOOL
- COMMUNITY HUB
- OTHER (please state) *cafe*.....



~~CYPS~~
CAMHS ✓

