

Young People's Mental Health in Rutland



What the young people of Rutland told us & how we worked with them to make things better

August 2016

The front cover shows Healthwatch Rutland Board Member Bart Hellyer discussing the project with students at Rutland County College.



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Young People's Mental Health Key Messages from Rutland

This story is about listening to young people and what can be achieved as a result.

1. A Clear Voice for young people. Our young people told us clearly that the national problem of young people's mental health is also Rutland's problem. Rutland Youth Council told us that mental health is the biggest issue facing our young people. In Chapter 1 we describe our survey of nearly 1000 young people in our secondary schools and head teachers in all primary schools and the concerning results.

2. Understanding the issues, identifying solutions and raising awareness

- a. Young people and providers mapped current services and found the gaps. They told us how they would like them filled, then **ran a "Dragon's Den" where providers "pitched to fill** the gaps.
- b. Rutland County College then hosted a pilot to test a range of new approaches together.
- c. We made a film about the issues where young people described their lives and the pressures they feel; the project was presented nationally.
- d. Our young people popped up all over to champion an improved service.
- 3. Our champions have gained influencing and leadership skills. We describe one champion's story.
- 4. We are starting to see results. Working together with young people and across organisations has started to produce solutions. Their clear call for destigmatisation of mental health, early intervention to prevent later more serious illness and joined up support was understood by Rutland County Council, schools, service providers and other local organisations who were anxious to collaborate together in finding solutions. Young people and Healthwatch have been invited to the table to work with Health and Social Care Chiefs planning substantial new funding. In the County, Uppingham and Rutland Rotary and the Carlton Hayes Mental Health Foundation are generously funding the first stage of implementation in Rutland in Autumn 2016.
- 5. Healthwatch and our young people are pleased their voices have been heard but won't be completely happy until the stigma of mental health is gone. Our champions are, therefore, still at work.

Chapter 1 – A Clear Voice

Our young people told us that the national problem of young people's mental health is also Rutland's problem

Listening to our young people's concerns

After hearing from the Youth Council that mental health is by far their greatest concern, our survey of 965 young people was carried out in late 2014 across years 9-13 of Uppingham Community College, Casterton College and Rutland County College. It was designed with the help of the Public Health Department and administered by a group of 6 Healthwatch volunteers, developed from listening booths with young people and discussions with various stakeholders (including the Youth Council of Rutland and schools). The initial survey was conducted in secondary schools, but since then work has been done with primary schools, identifying that these issues are applicable across all ages.

Professor Fitchett and his team at Leicester University analysed the results and in March 2015 Healthwatch Rutland shared the results from their survey with schools, commissioners and providers. They were a cause for concern.

Key Findings from secondary schools

Q. Should mental health be on the school curriculum?

7 out of 10 young people (69%) said that mental health should be on the curriculum.

Young people, who have received help and benefited from help when they felt under pressure, are statistically more likely to say that mental health should be on the curriculum.

Young people who received help from family and friends, professional health services and school services are more committed to the idea of mental health being on the school curriculum.

Q. What are young people's reported experiences?

Academic pressure is experienced as the main issue that young people need help with.

- Almost half of young people (46%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with academic pressure.
- Over a quarter of young people (27%) said that they needed help coping with Illness (themselves or someone close).
- Almost a fifth of young people (19%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with bullying.
- Significantly almost 1 in 10 young people (9%) said that they needed help coping with Social Media (bullying).
- ✤ Just over 1 in 5 young people (21%) said that they needed help coping with loneliness.

Q. Who would young people prefer to go to for help?

Young people rank family and friends as their most preferred source of help. School based resources & particularly teachers are their secondary preference.

Q. Who have young people asked to help?

help was useful.

Young people most often have asked family, friends and teachers for help when they feel under pressure, and they report finding this help useful. The survey suggests that young people might not necessarily be aware of the professional help that is available, or that there is not enough professional help that is easily accessible when they feel under pressure.

- Just over half (52%) of young people had asked a family member for help because they felt under pressure. Almost 9 out of 10 of these (88%) felt this help was useful. Almost a quarter of young people (24%) had asked a teacher for help. Over 8 out of 10 of these (82%) felt this help was useful.
- Relatively smaller numbers of young people turn to professional health care services for help. When they do the help given is generally considered useful.
 12% (117 students) had asked a counsellor for help. 7 out of 10 said this help was useful (70%). 5% of young people (50 students) had asked for help from a psychologist or psychiatrist and around two thirds (66%) said this help was useful.
 6% of young people (59 students) had asked a school nurse for help and just under half (47%) said this was useful.
 5% of young people (47 students) had gone to A&E for help and around two thirds (66%) said this help was useful.
 8% of young people (74 students) had asked a GP for help, and three quarters (76%) said this help was useful.
 4% of students (36 students) had used a Helpline, and around two thirds (69%) said this

Q, Do young people *consider* using drugs, alcohol, eating and self-harm to relieve pressure?

Young people who report that they have reached the stage where they felt they needed help coping are statistically more likely to report that they have considered drugs, alcohol, eating too little/too much and/or self-harm to relieve pressure than those who have not reached a stage where they felt they needed help coping.

- Of those young people reporting that to relieve pressure they have considered taking drugs, drinking alcohol, eating (too much or too little) or self-harm, 55% said they had considered the risks, 38% said they had not considered the risks and 7% did not answer the question.
- Over a third of young people (35%) said that they had considered eating too much or too little to relieve pressure in the last two years. 153 young people in our sample (16%) said that they had considered self-harming to relieve pressure in the last two years. 122 young people in our sample (13%) said that they had considered drug use to relieve pressure.

Key Findings from Primary Schools

All 10 primary schools said that the mental health of children in their school was a concern.

A growing problem

The schools are seeing a wide range of problems which are affecting the children. These include pressure to perform well academically both from parents and the children themselves, peer pressure, children dealing with the fall-out from family breakdowns or absent parents, bullying, increased exposure to social media and its effects, self-confidence, loneliness, illness (of the child or someone close to them), loss and bereavement, anxiety, body image and eating issues. Any of **these can have an adverse effect on the child's general wellbeing and mental health**.

90% of the schools said that problems have increased overall within the past 2 years, most notably in relation to family breakdown, bereavement, exposure to social media leading to cyber-bullying, lack of sleep due to watching TV, interactive media reducing the child's ability to perform at school, and friendship and relationship issues amongst girls. There is a general trend of problems being seen much earlier in younger children and also increasingly amongst boys.



At present, when problems arise, the schools will deal with it the best they can with the strategies and resources they have in place. All schools reported that the head teacher becomes actively involved as issues arise, supported by either the SENCO or teachers and teaching assistants (TAs). Where the school is unable to deal with a problem it will seek external help. The next step is referral to the school nurse, the Educational Psychology team and then CAMHS.

Whilst the schools recognise that they have a key role in picking up initial signs of a potential problem and try to deal with any issues internally where possible, their staff need the right training to help support the children. Not all schools have the staff and training to deal with the complexity of issues and the fall out can take up a great deal of time. Schools' experience has shown that an expert in mental health is urgently needed when all in-school options have been exhausted. When seeking help it is often left to schools to link all agencies together which can be difficult.

Overall the general response from the schools was that there is not enough external support, it is not easy to access and has decreased over recent years. This has left the schools having to take responsibility for issues that they are not qualified to deal with. The schools do acknowledge and appreciate however that there is a lack of funding which has a consequential effect on services provided.

The schools have reported that as a result of the increasing lack of external support children are falling between the gaps where issues are not seen as significant enough to warrant CAMHS intervention. If a referral is made, the schools report that waiting lists are far too long and there is no alternative to fill the gap between the school, the school nurse, Educational Psychology team and CAMHS.

Suggestions for Additional Help & Support

The schools reported that they need easier access to help and support, information on services available and how to access them. The system needs to be streamlined with a joined up approach to ensure help is obtained as quickly as possible.

They also identified that there needs to be a way to fill the gap when the school nurse can't help but the case isn't seen as serious enough to warrant CAMHS intervention.

The schools provided the following suggestions for the additional help and support needed:

- ✤ Staff training
- Resilience (self-help) training/education in class
- Mindfulness training
- ✤ Parenting skills training
- Increased school nurse support and access
- Employment of trained TAs specifically for the purpose of supporting children with mental health problems and their parents
- Information and support for parents and clearer signposting
- ✤ After-school clubs that help children with self-esteem, confidence etc.
- Improved education/communication with GPs

Chapter 2 – Working Together

Young people played a key role as champions in understanding the issues, identifying solutions and raising awareness

Working Together

Our team of young people, professionals and Healthwatch volunteers have worked together for two years and are a shining example of what collaboration can achieve.

Healthwatch Rutland is now recognized as a national leader in bringing the voice of young people into decision making. Their messages have been clearly heard by all the professionals responsible for providing services.

Below are some, but by no means all, of the many young people, professionals and Healthwatch Rutland Volunteers who are together making things happen.



There was unanimous agreement that the issues raised by the survey were serious and should be taken forward collectively by partner organisations, with the objective of producing a joined-up service that met young people's needs. The young people gave a very clear call for early intervention to forestall later crises and long term adult ill health.

Looking at current provision & identifying gaps

In April 2015 the project moved on to map current services and to identify current gaps in the system. The workshop was facilitated by the young people themselves.

They then went away to study the extent to which current services meet their needs and reached conclusions on what solutions they wanted to see put in place.

Finding solutions - The Dragons' Den

In June 2015 we brought young people, commissioners and providers together in a light hearted, but serious, " Dragons Den" to explore how the young people's list could be turned into services. Chaired by the Vice Chair of the Rutland Youth Council, the " Dragons" were young people and commissioners while the "pitchers" were a wide range of voluntary and statutory providers. From this we got a picture of what services were possible.

The "pitchers" faced very rigorous questioning and later described the experience as daunting.

Reviewing CAMHS Services

Our Healthwatch Young People's Team was also invited to participate in the formal review of CAMHS Tier 3/4 services. We gave a range of input to this most vital stage of care. We have also contributed our views to the Better Care Together work stream for young people's mental health and hope that the lessons learned in Rutland can be incorporated into the overall pathway of care for Leicester, Leicestershire and Rutland which is being developed.

Testing solutions in the Pilot Study

Rutland County Council supported implementation of a Pilot Study in Rutland County College and established a group to help design and deliver the pilot. It started in Autumn 2015 and is now completed. A new school nurse is currently in post and is working with the pastoral team and the students to ensure that there is awareness of help and that it is available at the right time. The objective was to train parents, teachers and pupils in awareness of mental illness, its stigma and the **range of support available. The "glue" in supporting students proved to be the appointment of the** nurse counsellor. Services were joined up and routes towards assistance made clear.

There were three key objectives:

- 1. To achieve elimination of stigma
- 2. To achieve education, intervention and support at an early stage to prevent the development of more serious illness later
- 3. Where further professional help was needed, there should be a clear route to assistance

The Student Forum meets on a regular basis, examining ways of improving awareness among the students, and organises themed events around mental health and well-being.

We made a documentary film and presented it at a conference of key decision makers

The work being done in Rutland impressed national film makers Ceri Jones and Jackie Ankelen, who gave their services free to make a film of the work. Healthwatch England was also impressed by the Rutland work and agreed to fund the film crew.

The resulting film has been widely acclaimed **including by the Royal Family's "Heads Together"** Campaign. It is now available on You Tube.

Our young people from both primary and secondary schools did us proud in describing the issues in a very measured and articulate way.

Alexa Smith, a student from the Harington School who took part in the film said,

"It was an amazing opportunity to be a part of it, the enthusiasm for the project was overwhelming and the passion for making mental health more recognisable to different generations. We have been given the opportunity to be heard"

The work was presented at an LLR Conference

A packed conference in April 2016 drew delegates from across Leicester, Leicestershire and Rutland to hear about the many initiatives taking place.

Our contribution was led by Sarah Furness, High Sheriff of Rutland, and our joint presentation, including the new film, received warm praise. Rutland showed the way.

The conference ended on a very clear message to health and social care chiefs that they now need to make it happen.

We are part of the Strategic Planning Group taking forward joinedup implementation

Healthwatch Rutland represents young people at the table with health and social care chiefs. The **new plans for "Future in Mind" in Leicester, Leicestershire and Rutland are now being agreed for roll** out. Its plans are described on page 13.

We were delighted when both Uppingham and Rutland Rotary and the Carlton Hayes Foundation decided to provide substantial funding to support resilience training in secondary and primary schools respectively and thus get implementation off to a good start.

Young Mental Health Champions

Our young people are acting as champions to destigmatise mental illness and get help to sufferers before problems become serious. Their influence is spreading through schools across the County.

Their influence is also being seen outside schools. The High Sheriff has given unstinting support and voluntary organisations have been keen to play a part.

We feature the work of one young champion in the next chapter.

Chapter 3 – A Champion Tells His Story

A new breed of young champions has emerged. They have mobilized their peers and now work with health, social care and education leaders on implementing solutions. They are developing real leadership skills by pioneering new approaches. We are extremely proud of what they are doing and we highlight here the work of one of our champions - Tim Amor.

Tim's Story

Tim is one of our leading champions. He doesn't say much about his treatment as an inpatient for depression in CAMHS (Children and Adolescent Mental Health Service) apart from the fact that he wishes no one will ever have to go through his experience.



As our young people gathered around to help drive the

case for improvement Tim was able to bring his first-hand experience and his passion for an improved service. Tim said:

"Through my dissatisfaction with CAMHS, I knew change needed to happen. Too many times I was let down by a service that couldn't deliver. Often, I felt like I was shoved in a corner and had no say in the treatments I received. So, rather than sit around and be passive, I became active in encouraging change wherever possible so that mental health services can provide the best possible care not only for current generations, but for future ones too."



He became a leading spokesman for the young people in Rutland, working alongside Healthwatch Rutland and the Local Authority. He challenged the stakeholders in public meetings, held a major role within his College to bring about awareness and remove the stigma around mental health, then moved on to a regional role in the redesign of CAMHS. He was a leading voice in the film commissioned by Healthwatch England and made by

Healthwatch Rutland which has been praised by the Duchess of Cambridge in her role as champion for the support of children and young people.

Chapter 4 – Collaboration is Starting to Generate Results

Plans are now emerging for implementation of Future in Mind across Leicester, Leicestershire and Rutland (LLR) and action plans are forming at LLR and Rutland level

Building Blocks of "Future in Mind" across LLR

Children and Young People's Lead, Ann Williams, is an active member of the "Future in Mind" Strategy Group, whose task is to develop then implement the strategy for Leicester, Leicestershire and Rutland (LLR).

Business cases for five major strands are being developed and will be taken forward to implementation as part of the Better Care Together Programme. These cover: CAMHS Access Model; Crisis & Home Treatment; Promoting Resilience; Early Help and Workforce Development.

Healthwatch Rutland will continue to participate, along with local and regional partners, in the implementation of the Future in Mind Transformational Plan. It will play an active part in commissioning, implementing and evaluating the changes in building resilience, a campaign for removing the stigma around mental health, the new service for early help, the service for eating disorders, the reorganised access to CAMHS, the integrated Health and Social Care Crisis Response, the Home Treatment Support Programme (alternative to inpatient admission), parenting training and co-ordinating IT & social media in collaboration with young people.



Next Steps in Rutland

While the building blocks of Future in Mind are being put into place the following will be happening in Rutland.

Thanks to the funding obtained from the Rotary Clubs of Uppingham and Rutland and from the Carlton Hayes Mental Health Foundation, as from the beginning of the new school year:

- All the secondary schools will participate in the "train the trainer" scheme delivered by Young Minds to bring resilience training to the schools.
- The primary schools will be offered a full programme of training for staff to help improve the emotional health and well-being of pupils.



Chapter 5 – Monitoring Results in Rutland

Our role as Health and social care watchdog is to listen to people of all ages and monitor outcomes

Much has been achieved in the past two years and we have been extremely heartened by both the sympathetic hearing our young people have had and the level of collaboration and determination from county council, education and health providers to achieve solutions.

However, the proof of the pudding will be when new services start appearing and most of all when the stigma of mental illness is gone. With our young people, we will continue to monitor outcomes.

Healthwatch Rutland wishes to thank all those involved in the Young People's Mental Health Project and to thank the public for their considerable support

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