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

As part of *Expanding Minds, Improving Lives*

Roots & Wings 2017

rootsandwings

Roots and Wings is a non-profit, multidisciplinary **consultancy** specialising in **user-led service design.**

Introduction

As part of the *Expanding Minds, Improving Lives* (EMIL) project Roots and Wings were tasked with engaging young people from certain marginalised communities within the target area:

- Young People from the Deaf community
- Young People from Black and Minority Ethnic (BME) communities
- Looked After Young People
- Young People who attend Pupil Referral Units (PRUs)
- Young Carers
- Young People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- Young People who engage with the Youth Offending Team (YOT)

For the purpose of this paper we will use the following definitions:

CYPS/EWBT:
This refers to the Children and Young People's Service (Newcastle & Gateshead) and the Emotional Wellbeing Team (Gateshead).

CAMHS:
Children and Adolescent Mental Health Services. This covers ALL organisations that offer mental health support services to young people (0-18) in Newcastle and Gateshead.

Tiers:
For ease in this report we will refer to the tier system, although as we outline in our previous report, we feel the separation of the service into tiers creates costly gaps in the support that young people receive.

YOT:
Youth Offending Team
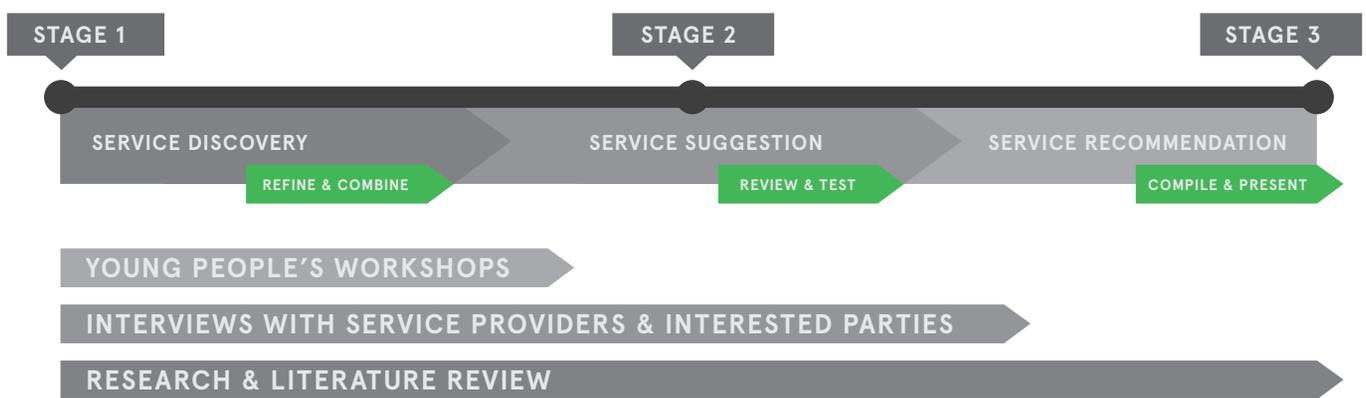
The Service Design Process

Figure 1

Our service design process works 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 with the different groups of young people, many of whom had first-hand experience of the Newcastle-Gateshead Young People's Mental Health Services. Where appropriate the parents, carers and siblings of these young people were also consulted. We undertook 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'.

Strand 2:
We also 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 felt worked and what didn't, it also allowed us to plot existing services.

On completion of these two strands, our teams came together to combine and analyse our findings. This allowed us to look for areas of commonality, find blockages and highlight areas of inefficiency.

Stage 2 – Service Suggestion

For the Service Suggestion stage we took the proposed service model (outlined in the listening phase of EMIL) 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.

Stage 3 – Service Recommendations

At this stage we compiled our recommendations, which are the key additional (in addition to those in our previous report) themes that emerged from our Service Discovery. 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 within the scope of this commission, and are firmly grounded in what is realistic and what is deliverable.

SERVICE RECOMMENDATIONS
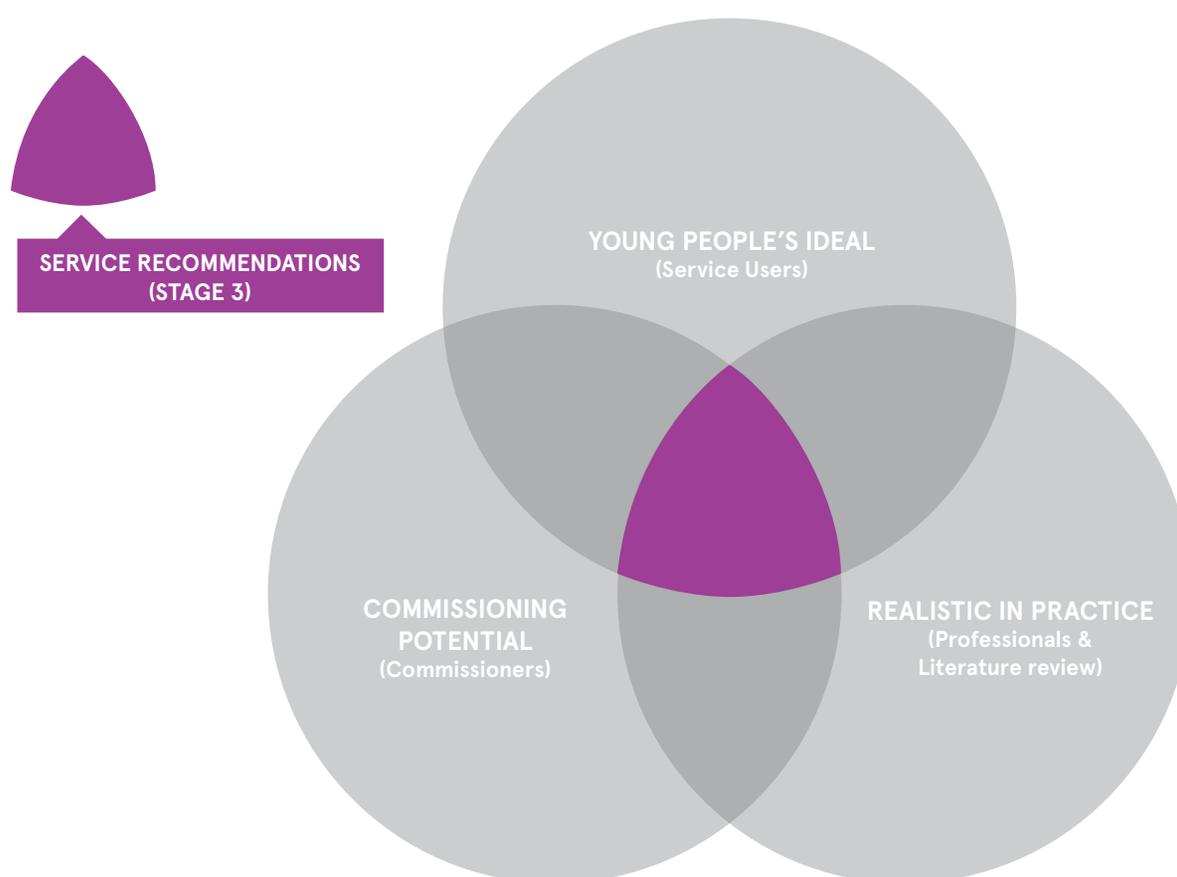(STAGE 3)

YOUNG PEOPLE'S IDEAL
(Service Users)

COMMISSIONING
POTENTIAL
(Commissioners)

REALISTIC IN PRACTICE
(Professionals &
Literature review)

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

Young People from the Deaf community

2 PROFESSIONALS

FINDINGS:

- Deaf young people often have additional needs; over 50% of Deaf students at Newcastle College have additional needs such as Cerebral Palsy, for example, or other learning difficulties.

- If parents, carers, siblings and/or friends aren't Deaf themselves then often they don't practice sign language to a high level. This makes it hard to talk about complicated issues, including mental health, which can leave young people who are Deaf feeling isolated.

- The Deaf community in Newcastle is a tight-knit and proud community. This tight community has its benefits, but there are also instances of Deaf on Deaf exploitation (sexual and financial).

> Deaf CAMHS

Deaf CAMHS provide an excellent service. They meet young Deaf people at a location of the young person's choosing, and are contactable by text message. As individuals who are Deaf themselves, they act as strong role models. However, they are based in York and contacting them for information about referrals is hard.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> *GPs need to be aware of Deaf CAMHS.*

> Interpreters

- There is a shortage of interpreters. The fact that there is a relatively small community of interpreters which can lead to potential privacy issues.

- There is an issue with unregistered/unqualified interpreters. If interpreters are used in a mental health capacity they should be on the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD).

- There is a need for more interpreters to be trained in mental health interpreting.

- As well as British Sign Language (BSL)/English Interpreters (NRCPD Registered), there is a need for Deaf Relay Interpreters.

Deaf Relays are experienced Deaf people who work alongside BSL interpreters with users who are Deaf but not fluent in BSL. They adapt what the hearing interpreter is signing into a native variation of BSL for the client, together with the client's response for the interpreter. When a Deaf client has specific or complex language needs (such as having learning disabilities or mental health problems), they will need a Deaf Relay Interpreter. A Deaf Relay Interpreter will ensure that the client fully understands the dialogue

BME Groups

4 YOUNG PEOPLE
(ONLINE SURVEY)

2 PROFESSIONALS
(INTERVIEWS)

FINDINGS:

- Four workshops were arranged at Newcastle Central Mosque through the Health and Race Equality Forum (HAREF). All four were cancelled at short notice. A further workshop was arranged with Peace of Mind through HAREF, but our contact became ill. An online questionnaire was sent (via SurveyMonkey) to contacts. Four responses were received.

> Suggestions:

- Young people suggested they would talk to family, friends and teachers if they had any mental health issues.

- Young people wanted support to be fun and accessible, available in locations that they already frequent.

- There was a demand for anonymous text and email services.

Looked After Children

12 YOUNG PEOPLE **3** PARENTS/CARERS **1** PROFESSIONAL

FINDINGS:

- The majority of the looked-after young people we spoke to have experience of CYPS.

- Most commonly these young people present with anger issues and feelings of abandonment.

- They genuinely value their support workers who, help them navigate the system.

- Play Therapy in particular was considered by this group to be very helpful, although they couldn't access it when they wanted.

- Young people require choice around the type of support they receive and how/when/where they access it.

- The term 'Mental Health' is not understood by all young people. Using non-clinical language is extremely important.

> Within this group there was a demand for:

- Group sessions with peers

- Drop-in Play Therapy sessions

- The ability to access useful information through their phones

- Having access to help in a location where they feel comfortable
  i.e. at home, in school, in community spaces.

- Improved access to simple information and self-help guides
  e.g. information booklets, videos, or a single website containing all the necessary information.

Young People who attend
Pupil Referral Units (PRUs)

7 YOUNG PEOPLE   **2 PROFESSIONALS**

FINDINGS:

- There is no information from CYPS about what to expect from their service.

- CYPS doesn't keep the referrer up to date with where the young person is in the system.

- Some staff no longer refer to CYPS because of the long waiting lists. Instead they had developed a close relationship with Streetwise.

- The young people knew the Streetwise workers by name and were comfortable going to them with issues.

- Travelling to appointments is a huge barrier to attendance. Young people want to meet locally, preferably in a location with which the are already familiar.

> Anonymous support:

- There is a demand for anonymous support for mental health issues through the following mediums:

    > A text message-based service

    > Online chat

    > Online resources

    > Self-help videos (as the young people noted that not everyone can read)

- These services should be promoted directly to young people, not just on school notice boards, but also in locations where young people 'hang out'. The young people's suggestions included bus stops and on the metro, or at metro stations.

Young Carers

iiiii

5 YOUNG PEOPLE

iii

3 PROFESSIONALS

FINDINGS:

- Young Carers can lead chaotic lives and may not have the time or support necessary to attend appointments.

- Professionals complain that they're not communicated with following a referral and so can't support the young person in attending.

- The young people that had accessed CYPS found the environment in which they were seen was clinical and very 'adult'. One Young Carer reported feeling frightened, cold and trapped. Young people expressed a strong desire to be seen locally, somewhere that they feel comfortable.

- Anxiety is a big issue for young carers.

> What works:

- When asked what works well, the Young Carers we spoke to said the following:

  > Certain Apps that promote mindfulness, such as Headspace
  > Young Carers Private Facebook group
  > Communicating with support staff via text message
  > Gateshead College Mental Health Champion

> Suggestions:

- Professionals working with Young Carers told us that they thought mental health training would be beneficial as it would help them provide support, especially around issues such as anxiety.

- There was a demand for family therapy sessions to help build more positive relationships within the family unit.

- Young Carers requested information on how self-help strategies can be employed to cope with anxiety.

LGBT

11 YOUNG PEOPLE   **4** PROFESSIONALS

FINDINGS:

● Young people sometimes have to wait months to be seen by CYPS. Whilst waiting, risky and illegal behaviours can become entrenched, including truancy, drug and alcohol use, and self-harm. Young people's lives can change very rapidly and their mental health can fluctuate from day to day. For this reason, waiting for months to be seen by a mental health professional isn't appropriate.

> *Case Study:*

One young person we spoke to waited 6 months to been seen by someone from CYPS. When they eventually met, the young person 'didn't get on well' with the psychologist, and for this reason they didn't go back. They felt that it had all been a waste of time. Where possible young people should have the option to change who they see.

> Suggestions:

· Joint sessions with parents (where practicable) to build relationships

· The ability to go to appointments with someone from MESMAC

· Text support service

· Skype appointments

· Ability to choose to be seen by a psychologist at MESMAC (where the young people already feel safe and comfortable)

· Often the support workers in the VCS sector aren't consulted by CYPS, despite these professionals having lots of information about the young people and the issues at hand. Multidisciplinary teams should treat third sector professionals as valid partners and experts.

Trans

1 PROFESSIONAL

FINDINGS:

- The 'T and coffee group' support 200 young people per year. This figure has doubled since last year. Grant funding will end in April 2019 and this service will close unless alternative funding is secured.

- Members of the group often have additional needs e.g. Autism

- There is no specialised psychological support in the North for Young People with gender identity issues.

- Anxiety is a key issue. The staff have requested training to help young people cope with anxiety.

Young People engaging with
Youth Offending Team (YOT), 16+ Services and/or Drug and Alcohol Team

3 YOUNG PEOPLE   **2** PROFESSIONALS (INTERVIEWS)   **20** PROFESSIONALS (WORKSHOP)

FINDINGS:

- Social anxiety presents a huge issue.

- Young people living chaotic lives and using drugs and alcohol can become significantly more dependent on these substances in the months it takes to be seen by CYPS. For some of these individuals, not using drugs for a specified period of time is not a realistic prerequisite to receiving psychological support.

- Young people living chaotic lives often don't attend appointments (see Recommendations relating to non-attendance of appointments below).

- Young people have been found to have good relationships with staff at Streetwise and their schools' Mental Health Champions.

> Suggestions:

- Staff would like to receive training to help young people cope with anxiety.

- Make leaflets widely available that help young people and their families understand different mental health issues and offer coping strategies.

- Services should embrace modern technologies (social media/smartphones, videos & Apps) as a method for disseminating information about mental health in a timely and accessible manner.

    > Recommendations relating to non-attendance of appointments:

- YOT Support Worker to go to first appointment with young person.
    This would require CYPS to keep YOT staff informed about appointments

- Make home visits available

- Option for first appointment to take place close to young person's home or at the YOT Centre

- Provide young people with travel expenses

- Ensure appointments are scheduled for after school hours.

> The relationship between the YOT and CYPS

- Previously, the YOT was supported by 2.5 CYPS workers. Now, they're supported by 1 CYPS worker for two half-days. This is not enough time to meet the needs of these young people.

- The CYPS worker should be fully integrated into the YOT team. There should at least be time for the CYPS worker to attend core team meetings at the YOT. There should be a service level agreement between the YOT and CYPS so that both organisations know what to expect from the other and can hold each other to account.

- Ideally all young people should be screened on referral to the YOT and supported appropriately by mental health professionals.

- There is a culture of referral when it comes to mental health issues, passing on young people to CYPS, rather than an option to work together with CYPS and the young person to resolve mental health issues.

Communications & Language

In each of the sessions with groups of young people, we looked at the most recent CAMHS overview diagram as well as a selection of mental health posters and leaflets and discussed visual styles and language use.

> **Suggestions:**

The overview shows more information than necessary. If someone is in need of advice they just want the phone number, email address and/or the website as a first port of call; everything else is essentially redundant in that moment.

Language use seems to either be over clinical or 'too hippy'. The groups suggested that part of the stigma surrounding mental ill health is probably to do with the language used to describe or talk about it, and that it's never particularly well directed at their age group.

Communications should be more blunt and well directed at young people, both visually and through the language used as well as where they are placed (e.g. bus stops, metro stations etc)

Images: Young People's concepts and mock-up from the PRU
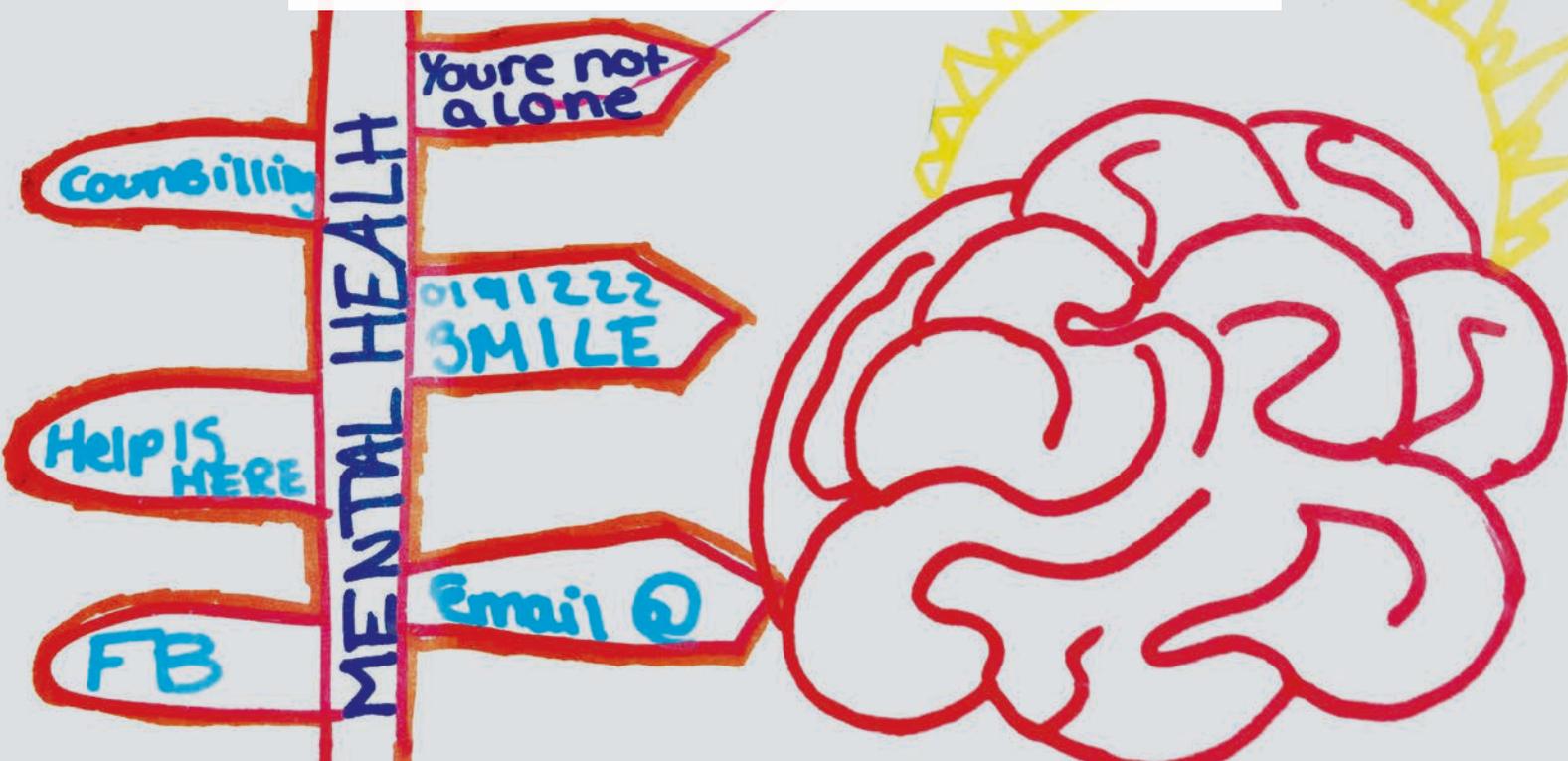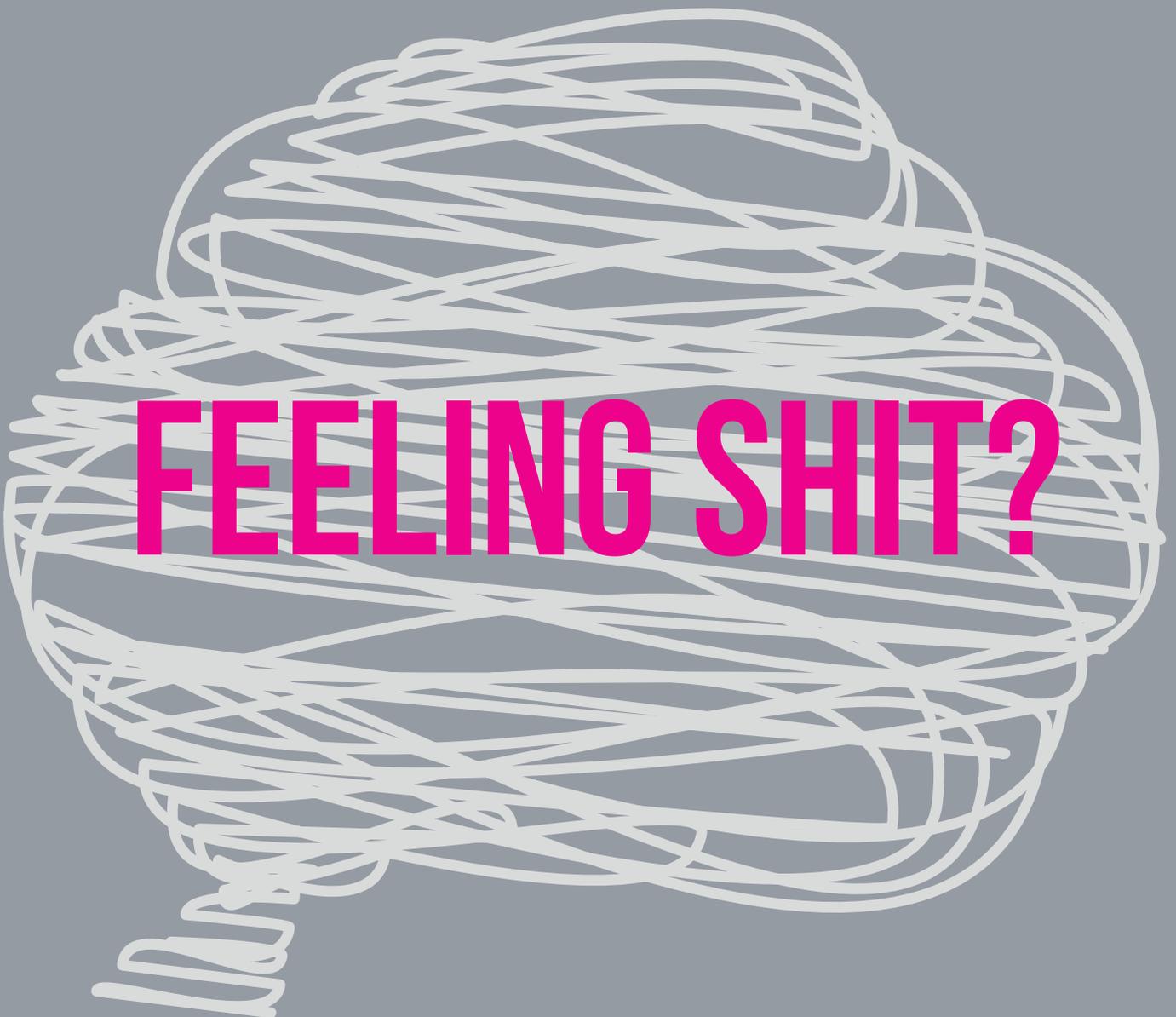
FEELING SHIT?

TALK TO US.
0191 222 0121
@CAMHS_NCL
HELLO@CAMHS.NCL.UK
WWW.CAMHS.NCL.UK

Overall Findings & Recommendations

As well as the findings from each group outlined in this document and the recommendations in our previous report (see overleaf), we have identified three further target areas for *Expanding Minds, Improving Lives*.

Anxiety presents a huge issue for young people, especially if they're perceived as 'different' in some way. With this is mind:

- Teach young people coping strategies
- Share information about anxiety via appropriate mediums
  (eg online, video and leaflets).
- Train support workers how to identify and help support young people with anxiety.

VCS professionals should be treated as valid partners and experts.

VCS professionals often already know the young people whom they support well and are experts on the specific issues that they face. In cases where young people already access a VCS group, this provides a good opportunity to offer mental health support, either through mental health professionals going into these groups or by skilling up existing members of staff. VCS organisations can see young people quicker than CYPS, and speed of contact is all important for young people.

Streetwise in particular has been highly commended across the board and is integral to the mental health of many young people in Newcastle and Gateshead.

This partnership working requires at a minimum:

- Communication between CYPS and VCS professionals about referrals and appointments and multi-agency meetings to discuss individual cases where appropriate.
- CYPS needs to clearly and honestly outline what services it offers, including thresholds and waiting times, in order to manage expectations.
- Some form of organisational data sharing system.

Many of the young people we spoke to requested that mental health support be made available through their phones or tablets. This could include:

- Text support ● Skype sessions ● Video content ● Self-help apps
  ● email counselling ● Closed Facebook groups

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

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

☐ HOME
☐ SCHOOL
☐ COMMUNITY HUB
☑ OTHER (please state) .....cafe..........

www.

phone?   email?
text?   letter?
face to face?

BIG WORDS ? CLINICAL
? ? ?
? ?
ACRONYMS ? FORMAL

CAMHS ---> ---> GPs

~~CYPS~~
CAMHS ✓

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