

Children and Young People

Mental Health and Wellbeing Review

Compilation of Key Data

July 2019

Breakdown of Sources

Source One

SWL Children & Young People Mental Wellbeing Report – May 2018

TRANSITIONS

“The transition from yr6 to yr7 was difficult for me”

“Transition year is appalling from year 6 to 7, juniors don't care anymore and senior school do not know the new intake coming in. Catastrophic for the kids”

“Year 6 to 7 is proving a massive trigger for my child”

“The transition to secondary school is really important and young people need to feel confident that there is someone that they can speak to”

SPECIALIST SERVICES

“ADHD training is definitely needed. Schools are ignorant and not supportive of these kids, hence why so many are being excluded”

“My son has ASD and is getting no support whatsoever. The school is not implementing his plan, significantly worsening his mental health, and I am having to battle this on my own”

SUPPORT

Provide early mental health support for children living in difficult circumstances.

Recognise the support needs to be attractive to targeted individual.

Importance of co-designing services with children and young people.

Fairness Commission Findings 2019

Mental Health presented as a **key theme** within these findings. The top three problems being: *services shaped around my life, support me before it's too late, listen to me.*

‘SERVICES SHAPED AROUND MY LIFE’

Need for better communication, collaboration and co-ordination between services. Particularly in terms of transition gap between CAMHS and adult services.

Need for better quality of support with genuine connectivity and care.

Waiting lists are far too long.

‘SUPPORT ME BEFORE IT’S TOO LATE’

Education in schools from an early age about mental health.

Need for more peer support workers, as they’re the best way to connect with young people.

Schools need to spot people who need support earlier, rather than assuming all is okay.

‘LISTEN TO ME’

Services need to listen to the voices of young people, giving them independence in a conversation rather than relying on parent.

Alternate methodology of feedback, depending on what the individual is comfortable with e.g. verbally or written.

Need for GPs to be more available and make time to focus on young people’s mental health.

CAMHS Service Café Feedback 2019

TRANSITIONS

“pathway to transition is unclear”

“no support for families when individual is transitioning into adult services”

“lack of co-ordination when transitioning”

Support for children transitioning between schools

SPECIALIST SERVICES & DIVERSE THERAPIES

“land of the unknown for ASD”

“if you have ASD, anxiety and mental health are more likely”

“CAMHS don't have a 'different approach' for ASD”

“current services not accessible by all”

Requests for a range of different therapies and support services

WAITING TIMES & LONG TERM SUPPORT

“over two year wait for CAMHS”

“no long-term pathway, compared to physical issues where you'd have a plan”

“if you are managing you get discharged from CAMHS”

Source Four

Young Carers Listening Event - May 2019

AWARENESS

Better awareness and understanding from GPs of how the mental health of young carers can be neglected due to continuous care for others.

EQUAL ACCESS

The possible anxiety caused through the use of unknown, independent translation services for those that English isn't a first language.

RECOGNITION

Young Carers want to be recognised as holding expertise in relation to the person they care for.

Need to be identified, acknowledged and listened to by all GP practices.

Source Five

Healthwatch Young People's Mental Health & Wellbeing Report - January 2019

COMMUNICATION

"I couldn't tell [counsellors] stuff because they would not keep it confidential"

"Need people who have experienced it to come to classes once a month to share their experience and how they overcome it"

"I want a peer mentor who was my real friend"

Most young people would ask family or friends for help; however too many don't know who to ask, don't feel they could ask, or don't think anyone could help.

EQUAL ACCESS

Young people with a disability, or who have a family member with a disability, suffer worse mental health than non-disabled young people.

Young people who identify as lesbian, gay or bisexual are more likely to experience issues that affect their mental health than young people who identify as heterosexual.

Young people from minority ethnic groups report experiencing more discrimination, peer pressure, eating problems and exam pressure than white British young people.

LONG TERM SUPPORT

"There was a limit of 6 sessions so spent most of it discussing what was going on rather than finding long term solutions"

"12 weeks unfortunately wasn't enough and you can't access more on NHS"

Source Six

Children's Review Work Stream Two 2019

TRANSITIONS

Lack of clarity when transitioning into adult services.

SPECIALIST SERVICES

Lack of appropriate support for people with complex and long-term needs, especially those with ASD and LD.

WAITING TIMES

Long waits and delays, especially with CAMHS.

Source Seven

SHCP Wider Team Presentation - January 2019

EDUCATION

Education is needed for children and young people at an early age at school about mental health.

EQUAL ACCESS

Better support is needed to help minority ethnic groups to recognise and treat mental health problems.

SERVICES

There need to be more peer support workers, as they're the best way to connect with young people.

Source Eight

SHCP You Said, We Did 2019

EDUCATION

Reduce the mental health stigma from a young age.

Educate to give a better understanding of mental health.

AWARENESS

Early recognition of mental health problems, followed by early intervention.

SERVICES

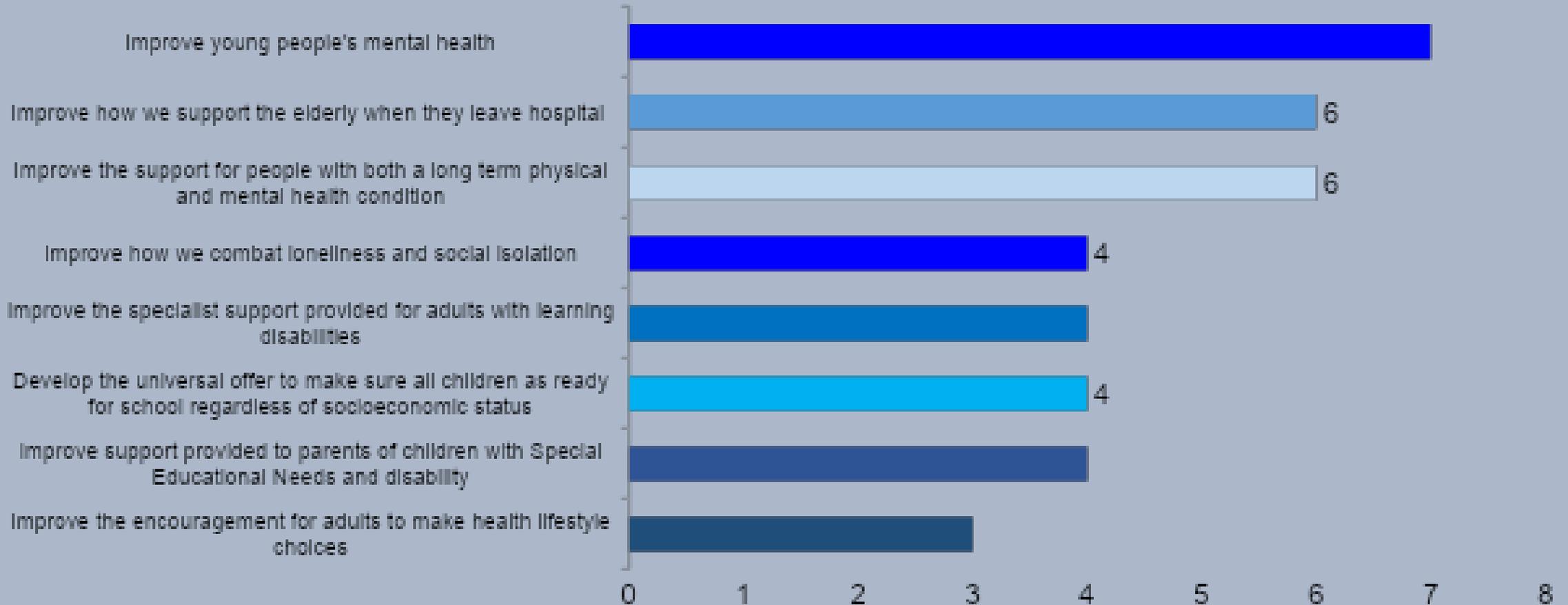
Include children with complex needs into the mental health plans.

Improve information for parents

Source Nine

SHCP Discussion Document Survey 2019

When asked which of the SHCP priorities were most important to them, respondents voted for improving young people's mental health.



Key Overlapping Themes

COMMUNICATION

- When moving from one service to another or leaving a service all together, there is lack of **clarity**.
- **Education** from an early stage and throughout school years is absolutely necessary. By continually speaking about Mental Health, the discussion is open and stigmas are being broken down. (*Trailblazer has been launched in schools*).
- Communication is not always **individual** (i.e. letters are addressed to wrong person, appointments aren't personalised and phones aren't picked up).
- Information about **eligibility** isn't readily available, and **long waiting** times leave individuals in the dark about whether they will gain access to services - even after a referral has been made.

REFERRALS

- Referral to **inappropriate** services, causing lack of trust and frustration with system.
- A call for **simpler pathways** to services, and overall feeling of having to confide in multiple sources before getting appropriate referral.
- There is a perception that certain **'conditions'** need to be satisfied to get a referral (i.e. EHCP, tribunal, CiN, key words).

DIVERSE SERVICES

- When moving from children / young people to adult services, there is a **lack of support** that affects **transition**.
- Once access to a service has been acquired, there are **minimal sessions** supplied. Many feel the **time is too limited** and **desire long term** help.
- Young people want someone they can relate to. An individual with lived experience could **present / do talks** or a **mentor scheme** could be established.
- There is a gap in provision for children and young people with **ASD**.
- Services are **inflexible**, particularly at primary age, and not shaped around children and young people's lives.
- Children and young people want access to more **diverse therapies**.

UNDERSTANDING

- Once in a service, individuals feel the professionals **don't seem to want to connect** with them. People **crave genuine care**, and in turn would open up more.
- If a child or young person talks about their own wellbeing, they expect to be **listen to** and **understood**, not dismissed.
- Children and young people, particularly those who are carers, want to be **recognised as experts** and have their voice **acknowledged** by health services like GPs.

(IN)EQUALITY OF ACCESS

- Lack of **specialist services** and resources for individuals with **ASD** - **CAMHS provision is very narrow**, and can be difficult to access, combined with **lack of understanding of specific needs** from professionals.
- Translation for children and young people whose first language isn't English can cause anxiety and hinder **honest discussion**.
- **Carers** may neglect their own mental health needs.
- Young people with a **disability**, or with a family member with a disability, are more likely to suffer worse mental health and wellbeing.
- Minority groups are more likely to experience poor mental health, and have a strong **stigmatised perspective** of it.
- Some parents pay for **private assessments** for their children to access CAMHS.

TRANSITIONS & CONTINUITY

- Consistent issue with **transitions between services** at all ages - lack of clarity on who does what, little planning for transition and uncertainty over timescales, and access criteria for other services.
- Children's needs change when they are **moving schools**.
- If a condition returns, a **new referral** is required.
- Children and young people don't have a **long-term care plan**, and when a condition improves, **support is removed**.

WORKING AS A SYSTEM

- Missing link between organisations and services - **lack of communication, coordination and collaboration.**
- Whole system needs to work together **seamlessly and effectively** (i.e. perceptions that Education don't always listen to recommendations from CAMHS, CAMHS don't attend multi-disciplinary meetings, something is another services' responsibility, and confusion over who pays for what) - but we need to balance this with children and young people's concerns about too many people knowing about their condition.
- **Transition** could be aided by all professionals coming together.
- **Lack of understanding and disclosure** about all available services.

BARRIERS TO ACCESS

- **Barriers** to accessing support include **embarrassment and fear of the response** from friends and family.
- Children and young people value **confidentiality**, and feel too many people are told about their condition when they make a disclosure.
- People find it difficult to **access support** - information isn't always readily available.
- A high proportion of children and young people either **don't know who they could ask for help, don't feel they could ask for help, or don't think anything could help.**

LEVEL OF RISK & PREVENTION

- **Crisis support** was consistently identified as needing development
- Children and young people and their families want **early intervention and investment in prevention** - (i.e. if you aren't on medication, you're discharged from CAMHS. People want support before it's too late).
- There are high levels of **self-harm** amongst children and young people in Sutton.
- Mental health gets **worse as young people get older** - exam pressure, sleep problems, body image and feeling lonely were the most common issues experienced.
- Level of **complexity is increasing** (child exploitation, gangs, county lines).

Summary

Common aspects across each of the key overlapping themes:

DIVERSE SERVICES

- Universal services
- Informal networks
- Creative therapies
- Long-term care
- Continuity

COMMUNICATION

- Accessible info for children, young people and their families about services and timescales
- Personalisation and trust
- Understanding the issue
- Communication between services

EQUAL ACCESS

- Specialist services for ASD
- Remove stigmas and barriers to asking for help
- Consistent referral criteria
- Services for all ages/stages