

Mental Health **in Brent**

**A Report on Young People's
Perception, Awareness and Use of
Mental Health Services**



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INTRODUCTION

This report has been prepared as part of the workprogramme for Healthwatch Brent.

During Autumn 2016, Healthwatch Brent engaged with young people about their awareness, perception and experience of accessing and using mental health services. This report provides the context, analysis of responses and recommendations. It will be submitted to the Brent Clinical Commissioning Group (CCG) for its response.

Our objectives were to:

- engage with young people, of between 11 and 19 years of age, from a range of backgrounds about their awareness, perception and experience of mental health services
- produce a report with recommendations to be presented to the Brent Clinical Commissioning Group for its response
- produce a report that could aid the CCG's delivery of the Local Transformation Plan and any further developments in the improvement of mental health services.

Brent CCG was required to respond to the Department of Health by October 2016, on its proposed plans to improve services. Mindful of this deadline, Healthwatch Brent produced an interim report in October 2016. Duncan Ambrose Assistant Director NHS Brent Clinical Commissioning Group wrote in response, *"It makes for very interesting reading, and fits with many of our ideas around culturally sensitive peer support. The views about online support and raising community awareness are particularly interesting, and should be factored in to our plans around ongoing engagement and tackling stigma."*

This final report will be sent to Duncan Ambrose (Brent CCG) for the response on the recommendations and will then be forwarded to other partners and stakeholders as appropriate.

BACKGROUND

NHS England is developing a major service transformation programme to significantly re-shape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next five years in line with proposals put forward in [Future in Mind](#).

The Children and Young People's Mental Health and Wellbeing Task Force, (co-chaired by the Department of Health and NHS England) was established in September 2014 to consider ways to improve access and delivery of mental health services and its report, Future In Mind, was launched in March 2015. Norman Lamb, then Minister of State for Care and Support said, "What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to, and invest in this challenge".

The recommendations related to five key themes: promoting resilience, prevention and early intervention; improving access to effective support – a system without tiers; care for the most vulnerable; accountability and transparency; developing the workforce.

In order to secure funding, local areas were asked by NHS England to produce Local Transformation Plans for young people's mental health and wellbeing by end October 2016.

Aware of the issues being raised nationally and locally, Healthwatch Brent established a project to engage young people.

EXECUTIVE SUMMARY

Healthwatch Brent welcomes Brent CCG's comprehensive approach to reviewing and consulting on the quality of its existing services, including with young people, practitioners and other statutory partners.

We also recognise the fundamental problems with young people's mental health services, on a national basis, that include lack of funding, difficulties in staff recruitment which lead to long waiting times for access to services and appointments and insufficient early intervention which leads to the masking or escalation of mental health conditions.

From the feedback from young people, we are concerned that:

- mental health conditions are perceived to be common, but young people do not know how to access or lack trust in services
- service staff should be from and have greater understanding of cultural norms and any issues arising
- some school personnel are ineffective in challenging stigma and abiding by confidentiality, disclosure, sign-posting and escalation procedures, leading to a severe lack of trust from young people
- far greater assurance is needed about the security of online services
- the approach of a counsellor and the setting is a factor in delivering effective services
- parents/carers need quality information to understand young people's experiences and mental health conditions.

To address this, we have propose the following (detailed recommendations are provided on page 5 onwards):

- increased information should be made available to young people and their parents/carers
- cultural awareness should be a key aspect in the training of practitioners and increased efforts are made to recruit staff from a wider diversity background
- increased information and guidance is provided to school-based staff
- young people are consulted on and are provided with increased reassurance about online services
- settings are adapted to be accessible and suitable for young people.

Summary of Issues and Recommendations

Young people's response to emerging health conditions	
Issues	Recommendations
Young people have absorbed information about mental health conditions but are not aware of where to go for help.	<ul style="list-style-type: none"> • Increased, consistent and on-going information on the symptoms of mental health conditions and about mental health services and support options to be available • Specific information should be produced that emphasises that mental health conditions are common, with the use of role models that are appealing to young people. • Adults in positions of authority should challenge the negative use of terms related to mental health.
Counsellors are not always aware of cultural norms and issues.	<ul style="list-style-type: none"> • The workforce is representative of the local population and cultural awareness training is provided for staff • That young people have a choice of settings in which to access mental health services. • Community advocates and health services should help explain mental-health conditions, treatment and how to support family members who are using services.
Although they may wish to help, school staff may not have capacity or be unsure of boundaries, resulting in lack of or inappropriate responses.	<ul style="list-style-type: none"> • Training and guidance should be provided to all school-based personnel on confidentiality, disclosure, sign-posting and escalation. • Consistent and on-going information to be available to students about services and the quality standards they can expect. • Students should be able to "whistle-blow" without fear of retribution if they report inadequate or inappropriate responses from personnel. • Teachers and pastoral staff should receive training and reminders about the boundaries of the support they can provide and when to sign-post or escalate.
There were positive responses about individual counsellors, but young people are not accessing services due to lack of information and trust.	<ul style="list-style-type: none"> • Mental health support services to be available out-of-school hours and during breaks to avoid students having to leave lessons. • Make available drop-in services in community and school settings to encourage young people to seek support as soon as possible and without any parental knowledge in the first instance. • Consistent and on-going information to be available to students about services and the quality standards that they can expect.

	<ul style="list-style-type: none"> • Students should be able to “whistle-blow” without fear of retribution if they report inadequate or inappropriate responses from staff.
Many young people responded positively about their GP but were unaware of how the GP could help.	<ul style="list-style-type: none"> • Information about referral or services via the GP should be made available to young people and parents/carers.
Young people were not trusting of online services in any way.	<ul style="list-style-type: none"> • The purpose, safety and security of online sites should be clearly explained. • Young people should be involved in the design of online services. • Online services should not replace face-to-face services.
Some young people felt they could talk to their parents/carers but those that didn't were very concerned about lack of understanding or comprehension.	<ul style="list-style-type: none"> • Ongoing information should be provided for parents/carers on the early signs and the available support and treatment services. This should be provided through a number of venues, forums and in different formats. • Information should be available in community languages to aid understanding.
Young people had positive ideas about how to make settings attractive to young people.	<ul style="list-style-type: none"> • Setting should be friendly and welcoming to young people and not “clinical” in style. • Young people should be able to access drop-in services, without appointments. Parents/carers should not be informed without the young person's permission for the first session, unless there was a serious issue or a crisis.

PROFILE OF YOUNG PEOPLE

We engaged with 47 young people in youth venues in Brent. In order to ensure young people remain anonymous, we do not make public the locations or the organisations in which we talked with participants.

As these were short, one-off sessions, we did not ask for diversity information from young people, unless this was freely given. In the absence of this information, we produce a guestimate of the participants' background which is detailed below. Please note that we do not provide this as an accurate summary, just as an indication of their general background.

- Number: 47
- Age range: From 12 – 19 years of age.
- Ethnicity: From a range of backgrounds, with an estimated three quarters from Black, Minority Ethnic and Refugee backgrounds.
- Gender: Approximately 66% male and 33% female.
- School/further education profile: A range of young people with different academic abilities and aspirations.

METHODOLOGY

We held semi-structured interactive focus groups, with 2 facilitators and 1 scribe.

A summary of the structure and questions are at Appendix 1.

We invited participants to talk to us on an individual basis if they wished about their specific views or experience. Although we received feedback in the general sessions on school-based counselling services, none of the participants talked about their experiences of other mental health services. In similar sessions in other Boroughs we have received comments on this. The lack of response in Brent could be for a range of reasons: that the group format inhibited this, that participants did not know the facilitators, other young people or the staff or did not feel they could trust them or that the usual format of youth sessions does not encourage this.

However, during the same period Barnet CCG contracted the Anna Freud Centre to undertake a Children and Young People's Needs Analysis, through which service users could give feedback on CAMHS (Child and Adolescent Mental Health Services) and other NHS-based services. The findings were discussed by practitioners, commissioners and experts in September 2016, which was attended by Healthwatch and other "community representatives" such as the Youth Parliament.

The summaries and recommendations below are where the majority of young people in that session agreed or did not dissent from a point of view. We have indicated where there was a mixed response or where a minority expressed a particular view.

RESPONSES AND RECOMMENDATIONS

A. Young people's response to emerging health conditions

Young people commented that mental health conditions are common but they are not talked about. Conditions could be caused by exam stress or bullying. A few young people have noticed bullying or "mean" behaviour by other young people and young people observe that feelings are down-played.

"You just think it's exam stress, and then you realise it's worse." "Year 10 are not nice. They all are a bully."

B. Young people's experience of where to go for help

Although young people have absorbed information about mental health conditions they are not aware of where to go for help.

Young people do not talk to others when they are feeling low, unless they have a very close friend. They find it embarrassing and parents judge them or do not understand. They have experienced lack of sympathy, including from friends or peers.

"Can't go anywhere, too embarrassed" "Parents judge them, they go to their mates" "Young people could speak to their teachers" "Yes but people don't speak about it" "People down-play how they are feeling".

Recommendations:

- Increased, consistent and on-going information on the symptoms of mental health conditions and about mental health services and support options should be available
- Specific information should be produced that emphasises that mental health conditions are common, with the use of role models that are appealing to young people.
- Adults in positions of authority should challenge the negative use of terms related to mental health.

C. Cultural needs and requirements

Young people think that there are significant differences between different communities. Parents' experiences are very different from their own and this can hinder understanding. Counsellors may not necessarily understand cultural norms in the home or of a particular faith. In some languages, there are no direct translations of mental health terms into English and parents may need help from interpreters to fully understand. Some young people prefer settings that are outside of their local community so they will not be easily identifiable by their peers/community.

"Parents don't understand our thoughts and ideas" "It's important it's in your own language, means it's more on a level" "A person from your own culture understands what happens at home and for faith".

Recommendations:

- The workforce is representative of the local population and cultural awareness training is provided for staff
- That young people have a choice of settings in which to access mental health services.
- Community advocates and health services should help explain mental-health conditions, treatment and how to support family members who are using services.

D. Experience of school personnel

There were mixed responses to this question. The quality of support from any one individual was a key factor in whether young people would approach a school counsellor, academic or pastoral staff. Young people consistently gave examples where either confidentiality was not explained or that it was seen to be broken for no clear reason. Young people said that school personnel (whether academic or counselling staff) did not keep information confidential or did not tell the young person when and to whom they may share information.

Some participants spoke positively about initiatives to encourage in-school awareness and support around mental health. The suggestion that more could be provided was positively received. Suggestions include films and workshops to raise awareness of mental health.

Teachers may be keen to help but may not have the right skills, knowledge or the capacity to do so. This puts undue unfair pressure on the staff and which may result in young people feeling they did not get the support they need.

“Nurse is good, empathic, on our level” “Teachers can’t communicate” “Some people take the XXXX. Teachers should stop them”

Recommendations:

- Training and guidance should be provided to all school-based personnel on confidentiality, disclosure, sign-posting and escalation.
- Consistent and on-going information should be available to students about services and the quality standards they can expect.
- Students should be able to “whistle-blow” without fear of retribution if they report inadequate or inappropriate responses from personnel.
- Teachers and pastoral staff should receive training and reminders about the boundaries of the support they can provide and when to sign-post or escalate.

E. Experience of school-based counselling services

There were mixed views on the quality of support provided, whether that was through the school nurse, teaching staff or counsellors. Some young people spoke very positively about their experience but others raised concerns about confidentiality, approach and access. Being able to relate to the young person was an important attribute for a counsellor.

Leaving a lesson to see a counsellor was seen as embarrassing and difficult and young people were very keen on having access to drop-in services which they could use without an appointment and in the first instance, without their parents/carers being informed.

Negative information or rumours about poor services or individuals are very damaging and either stop or make people anxious about using services.

"We heard that if you use the school counsellor you can't go to the 6th form. Don't know if that's true but that stops us using the service" "To leave a lesson is a lot of hassle" "If you are doing GCSEs you can't miss a lesson" "The counsellor reports to the Year Head [so it's not confidential]"

About counsellors: "[Good if] they've been through the same steps" "See them as a friend" "To not be formal" "To be a little bit but not too much older" "Not to patronise" "It should feel like talking to a friend"

Recommendations:

- Mental health support services should be available out-of-school hours and during breaks to avoid students having to leave lessons.
- Make available drop-in services in community and school settings to encourage young people to seek support as soon as possible where they feel comfortable and without any parental knowledge in the first instance.
- Consistent and on-going information to be available to students about services and the quality standards that can expect.
- Students should be able to "whistle-blow" without fear of retribution if they report inadequate or inappropriate responses from staff.

F. GP and mental-health services

There were mixed responses on the accessibility or usefulness of NHS-based services. Many young people responded positively about their GP but were unaware of how they could help. A few said they would trust a GP more as s/he is qualified. None of the participants said that they had accessed or used mental health services through their GP.

"They can listen and I understand them" "A GP is qualified and a teacher isn't."

Recommendations:

- Information about referral or services via the GP should be made available to young people and parents/carers.

G. Online services

Although we may assume anticipate that young people are comfortable with online communication, there was significant concern about the danger of using online services, in relation to confidentiality, security and accessing a quality, recognised service. Young people were concerned about whether they could trust the people running an online service and about their details being hacked. One youth worker commented that online works for low-level or initial support, but not for crises or complex conditions. Online information could be used to find

services or if the sites were nationally recognised and promoted (such as NHS Choices or a ChildLine equivalent).

“Could just be random people” “Who’s behind the screen?” “Anything can be hacked. Nothing is secure” “Don’t go” “A billion different sites – don’t know what to believe” “Could just be random people” “You can’t trust the internet, you don’t know who you are talking to”

Recommendations:

- The purpose, safety and security of online sites should be clearly explained.
- Young people should be involved in the design of online services. Online services should not replace face-to-face services.

H. Parent’s involvement

There was a mixed response to how easily young people could talk to their parents/carers about such issues. Some young people could approach their parents, whilst others were not sure parents/carers would understand or comprehend the issues. When prompted, young people thought that they should be able to access drop-in, initial services in confidence without parents/carers being informed, unless there is a serious issue.

“No if you wanted your parents to know you would have told them” “Ask the kid first” It’s really different from their day” “OK yes you can trust them”

Recommendations:

- Ongoing information should be provided for parents/carers on the early signs and the available support and treatment services. This should be provided through a number of venues, forums and in different formats.
- Information should be available in community languages to aid understanding.

I. Accessibility of counselling services

In addition to educational settings, young people recommended that information should be available online and in youth centres, shopping centres, and on buses. Design should be eye-catching, without extra text and using common language.

Young people think that settings should be informal and suitable for young people. There was significant support for initial drop-in services

On information: “Don’t put any weird slogans” “Make it short, snappy”

On locations for services: “Somewhere low-key; a coffee shop.” “Not like a conference or official places”

Recommendations:

- Setting should be friendly and welcoming to young people and not “clinical” in style.

- Young people should be able to access drop-in services, without appointments. Parents/carers should not be informed without the young person's permission for the first session, unless there was a serious issue or a crisis.

THANKS & ACKNOWLEDGEMENT

Healthwatch Brent would like to sincerely thank all the young people who participated in the sessions and shared their thoughts and experiences on what can be a very difficult subject. We would also like to thank the staff and volunteers who helped us in organising the session.

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November 2016

APPENDIX 1 SUMMARY OF FOCUS GROUP METHOD AND QUESTIONS

Explanatory note. This is a summary produced for the report to show an outline of the structure and discussion points. It is not the terminology that was used with young people.

This was an interactive session so the questions were supported by visual aids, informal votes and discussions. The prompt questions are reproduced in summary format.

1. Introduction

- Introduction and thank you for attending.
- Explanation of the following: Healthwatch approach to consultation/engagement and listening to what young people have to say; mental health; confidentiality and anonymity; where to get further support.

2. Questions

2a. Where do young people go for support?

Young people choose a postcard. Describe what is happening on the postcard. Explain you can't always tell what people are thinking/feeling.

Young people show on the map where they go if they are happy or sad and where they would pick up information or leaflets.

Followed by prompt questions.

2b. What do young people think about existing services?

Young people stand up and vote to show their opinion of school services and GPs understanding and treatment of mental health.

Followed by prompt questions on access and quality of services. .

2c. Experience of accessing services

Prompt questions on access for people of different background and experiences.

2d. Stigma

Prompt questions on the words used to describe mental health conditions; experiences of words being used; how to tackle this.

3. Conclusion

Explanation of next steps (i.e. production of report and submission to decision-makers).

Offer to return to provide a response on what happened to their feedback.

4. Thank you and signpost to services

Highlight that participants can talk to staff or volunteers after the session if they have anything more they want to say or want to know how to get further support. Provide leaflets on Brent and national support for young people.