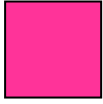


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- A range of organisations across the I.W. and the U.K. assisted in identifying examples of good practice, and these are also thanked.

Healthwatch Isle of Wight looks forward to working positively with all the above and other partners in achieving the progress recommended in this report.



1 Summary

This section gives a short version of the whole report

- 1.1 The Isle of Wight Local Involvement Network (LINK) set up a workplan group in October 2012 to look at mental health support for local children and young people. This was continued by Healthwatch Isle of Wight from April 2013.
- 1.2 The workplan group set up five discussion groups with young people to ask their views, followed by one discussion group with parents and family carers. An online survey was also completed by paid workers.
- 1.3 The themes that came up in the discussion groups and survey are outlined in a Supplement going alongside this Report.
- 1.4 The discussions and survey showed a strong fear amongst young people about others knowing if they asked for emotional help. There is much work to do in reducing stigma.
- 1.5 Young people and families were clear that they did not want to be judged when asking for help and that there should be a greater role for self-help and peer support.
- 1.6 Discussion groups identified a need for greater consistency within and between NHS services, and more straightforward access at times of crisis.
- 1.7 More realistic help is required at times of transition in the lives of children and young people, especially between the different levels of education.
- 1.8 The above themes were used to write the recommendations Healthwatch Isle of Wight has made in this Report.



2 Introduction

This section explains what Healthwatch I.W. is and why this piece of work was done on Child & Adolescent Mental Health

- 2.1 Healthwatch Isle of Wight is an independent local “watchdog” and signposting service that works with decision-makers and service providers to help improve health and social care services on the Island. It was formed in April 2013.
- 2.2 Healthwatch I.W. keeps track of feedback from members of the public about NHS funded services and social care for people of all ages. We speak and listen to a wide range of people to get a broad picture of local experiences.
- 2.3 This work on Child & Adolescent Mental Health was begun by the I.W. Local Involvement Network (LINK) - the Island’s previous “watchdog” body - and has been continued by Healthwatch I.W.
- 2.4 In May 2012 the I.W. LINK held a prioritisation workshop for participants, looking at all feedback topics from the past year. Child & Adolescent Mental Health was decided as one of the top five priorities. A public survey indicated this should be the one to concentrate on first.
- 2.5 A LINK workplan group started meeting in October 2012, which was briefed on the latest changes to Child & Adolescent Mental Health services, and set some initial themes to be looked at further.
- 2.6 The workplan group decided to arrange a series of discussion groups, five with local young people and one with parents and family carers. An online survey was also sent to children and young people’s workers.
- 2.7 The material from the discussion groups and the survey, forms the basis of this report’s conclusions and recommendations.



3 Background

This section gives an outline of some of the other reports looking at Child & Adolescent Mental Health over the last few years

3.1 Child and Adolescent Mental Health Services (or CAMHS) in the U.K are based around principles first outlined in an NHS document called Together We Stand (1995)¹.

• Accessibility - overcoming unequal provision, making services local
• Multi-disciplinary approaches suited to child; staff advise each other
• Comprehensiveness - geared to need, not individual staff interests
• Integration of disciplines, agencies and service tiers
• Accountability to ensure proper management responsibility
• Development and Change, with strategies to support effective work

Figure 1 - Key Principles from “Together We Stand” 1995

3.2 Together We Stand introduced a four-tier model for Child and Adolescent Mental Health. It included every service for children and young people, as all have a part to play in supporting good mental health. This model has since been widely adopted, and is the basis of Isle of Wight provision.

• Tier 1 - All non-specialist services e.g. schools, clubs, GP practices
• Tier 2 - Specialist services in everyday settings
• Tier 3 - Specialist services in an outpatient clinic (Pyle St, Newport)
• Tier 4 - Highly specialist services, generally in a residential setting *

Figure 2 - Four-Tier Model from “Together We Stand” 1995

• *NOTE: For Isle of Wight residents, Tier 4 services are usually provided at Leigh House in Winchester*

3.3 The National Service Framework for Children, Young People and Maternity Services (2004)² contained eleven standards, all of which supported good mental health. A progress report written in 2006 identified areas to focus on in creating comprehensive local CAMHS.

- 3.3 In 2010 there was a recognition that CAMHS on the Isle of Wight needed significant change. A joint CQC and Ofsted report ³ highlighted the need for better early intervention and improved support for children & young people admitted to hospital for a mental health reason.
- 3.4 Plans to improve services were outlined by NHS Commissioners in 2010, through a Commissioning Strategy ⁴ and an Implementation Plan for NHS Community CAMHS. ⁵
- 3.5 By autumn 2012, additional Primary Mental Health Workers had been employed to provide advice to Tier 1 staff and to assist in early intervention.
- 3.6 By the end of 2012, the fabric of the Community CAMHS clinic's building was upgraded, and organisational changes made to provide a better service. A Mystery Shopper exercise by local group Check-it-Out later led to the clinic gaining You're Welcome Accreditation. ⁶
- 3.7 By early 2013 emergency beds had been provided at the Children's Ward, St Mary's Hospital with separate access. The aim was to give a more appropriate setting than before for children and young people in mental health crisis.
- 3.8 Given these improvements the workplan group's task was seen as enabling children, young people and families to identify the most important next steps to support good mental health, especially to those most in need of help.
- 3.9 It is known nationally that those who have experienced change or stress are more vulnerable to mental health problems (including looked after children and young carers) as are those who are seen as different from their peers (including those from a minority ethnic background or who are lesbian, gay, bisexual or transgender) (Children & Young People's Mental Health Coalition, 2010) ⁷
- 3.10 Children and young people seen as different to their peers are particularly at risk of bullying, as highlighted by the 2012 "Good Childhood Conversation" ⁸ on the Isle of Wight.

It was found that children who had experienced bullying were found to be three times as likely as their peers to have low life satisfaction, and twice as likely to have a low sense of flourishing. (*Good Childhood Conversation, 2012*)

4 Discussions and Survey

This section explains how the Workplan Group found out more about local people's thoughts and experiences

- 4.1 The workplan group consisted of volunteers and paid workers as well as people with past experience of using CAMHS. Between them they had considerable knowledge and contact with vulnerable local children and young people.
- 4.2 Based on current knowledge, the workplan group identified four initial themes for exploration: Access & Information, Gaps in Services, Multi-Agency Working and Transition.
- 4.3 The workplan group decided to set up discussion groups to explore the above themes, along with any others that might emerge. Five of these groups were with local young people, and one with parents and family carers.
- 4.4 An online survey for children and young people's workers also took place. This was structured around the same topic areas as the discussion groups.
- 4.5 The discussion groups with young people were set up through utilising local contacts of members of the workplan group, and facilitated by members of the group who had appropriate skills. Facilitators did not lead groups in settings they worked in themselves.
- 4.6 A topic guide was devised to structure each discussion group. Young people were invited to construct a fictional young person with whom they could identify; parents and paid workers were invited to talk from their direct experience.
- 4.7 The discussions focussed initially on what would help someone in need of emotional support, then around information, experience of services and finally support with moving on.



5 Participants and Partners

This section gives a general outline of who took part in the groups, both as participants and facilitators

- 5.1 Discussion groups were held with young people in two residential settings (the I.W. Foyer and a project run by Southern Housing Group) and another with young people at the Isle of Wight College. A discussion group was held with members of Youth Pride (hosted by I.W. Council) and members of the Y.M.C.A Young Carers Group. The total number of participants was 29 with attendance at each discussion ranged from three to eight.
- 5.2 The locations were chosen for the five discussions with young people on the basis that the participants would be from groups more likely to have needed mental health support. This could be due to life experiences (e.g. young carers) or due to being perceived as different by their peers (the LGBT young people at Youth Pride)
- 5.3 The discussion group with parents and family carers was advertised locally. There were seven participants in this discussion.
- 5.4 A total of eighteen people responded to the online survey of children and young people's workers.
- 5.5 The total number of participants was therefore 54.
- 5.6 Facilitators were drawn from the following organisations - Barnardos, Seeds4Change, Southern Housing Group, Y.M.C.A, I.W. Street Pastors and Help & Care. I.W. LINK / Healthwatch I.W. volunteers also took part as co-facilitators and note-takers alongside staff from the above organisations.



6 Findings

This section outlines the main topics that came out of the discussion groups and on-line survey

Keeping Good Mental Health

- 6.1 Young people had clear views about what would help keep good mental health, and if an emotional problem did arise, how it would be handled most helpfully.
- 6.2 Young people most often named everyday opportunities such as socialising and talking to friends as the best ways to help with difficult feelings when they were upset.
- 6.3 Maintaining good relationships is well-known as a pre-requisite of good mental health; it is therefore important that any approach to helping children and young people concentrates on helping those most vulnerable to isolation
- 6.4 Isolated children are at greater risk of bullying, which in turn leads to vulnerability to mental health problems. The “Good Childhood Conversation”⁸ highlighted particular issues with self-image amongst girls on the Isle of Wight.

Good Practice Example 1 - Hampshire Police

PICS Programme - Personal Internet & Cyber Safety

This programme is delivered in Hampshire and the Isle of Wight, and is available to any school or community group. It is based around staying safe on the Internet, but includes material on cyber-bullying. The programme has been well-received - and is co-ordinated through Safer Neighbourhoods Teams.

Good Practice Example 2 - I.W. Public Health Department with Community Action I.W.

Youth Mental Health First Aid - Seven two-day courses were delivered in 2012-13 on a train-the-trainer basis. All were over-subscribed and well-received. A wide range of people attended from a variety of sectors and backgrounds. Of the 77 participants, 15 were staff from local schools; of these 12 were from the special educational needs sector, and 3 from mainstream schools.

Stigma of Seeking Help

- 6.5 Those taking part in discussion groups - both young people and parents/carers - painted a powerful picture of stigma when it came to seeking help for an emotional issue.
- 6.6 Young people were very clear about who they would and would not choose to confide in about an emotional problem in an everyday setting.
- 6.7 A non-judgemental approach from the person helping was seen by young people as most important. This mattered more than the role of the worker, though some felt that a teaching assistant may be less judgemental than a teacher. Street pastors were highlighted in one discussion for a non-judgemental approach, and for being unpaid.
- 6.8 Some young people in the discussions expressed reluctance to seek support in school, feeling it would become common knowledge they had an emotional problem and thus be open to bullying. It was highlighted that some current locations in school for students seeking help are in the busiest and most visible areas.
- 6.9 Parents that took part felt matters of mental health are too often hidden away, perpetuating stigma, and that information (for example on the local NHS Trust website) is prone to be sparse and outdated. Mainstreaming the topic on websites and in newsletters was felt to be a positive and realistic idea.

Good Practice Example 3 - See me... Scotland

Resources for school staff - This anti-stigma organisation has a range of training materials emphasising that staff may be the first point of contact for individuals seeking help. It is geared to staff who may feel less confident on this topic. The introductory web page alerts staff to negative media portrayal of the issues, and young people's possible wariness in seeking help. The importance of a non-judgemental approach is highlighted, as is the need to avoid assumptions, e.g. that unusual behaviours are always to do with seeking attention.

Information about Help

- 6.10 Young people who participated spoke about general sources of awareness on mental health, particularly television programmes. It was felt these could be useful as long as the issues were not handled in too worrying a way.
- 6.11 The response about Internet-based approaches was lukewarm - social networking was only felt to be helpful if it could be done anonymously to avoid stigma. There was varying knowledge about locally-based websites geared towards young people, such as Wight CHYPS.
- 6.12 Phonelines were seen as of limited use; with a fear these could be patronising and impersonal. The most important feature was the possibility of a local contact for follow-up.
- 6.13 Participants favoured information being presented in a bright and bold way and in manageable chunks, whilst making sure there was enough content to be useful.

Good Practice Example 4 - St George's School, I.W. with Eccleston George Public Artists

The Dragon Project - This has created a series of environments around the school in which highlight different sensory features and highlight the importance of well-being and developing a sense of empathy between students. All aspects of the design and construction process also support this aim, and feed into a holistic approach to both learning and emotional well-being.

Appropriate help when needed

- 6.14 Some parents who took part had found difficulty in gaining advice and help at an early stage. A number felt their concerns were not listened to at first, and as problems worsened, they were blamed for inadequate parenting. Parents suggested a range of help, to include play therapy or bereavement counselling where appropriate.

“Helping parents also helps the child or young person - if the parent has more self-confidence this helps the child. If someone doubts her own capacity as a parent this does not help the child...” *Participant in Parent Discussion Group*

- 6.15 Discussions with young people rated counselling as a positive form of help. Some criticised what they saw as a brisk pace and inflexibility on number of sessions - particularly for those who take longer to develop trust in relationships.
- 6.16 Participants felt there was an inconsistent level of provision from professionals working within Community CAMHS. Some parents questioned whether use of a particular theoretical model influenced professionals against giving due weight to the perspective of parents and families.
- 6.17 A concern was identified over children and young people in crisis previously discharged from the Community CAMHS caseload. Parents told us a re-referral and wait were necessary to regain access to services. Some had experience of a crisis intensifying in the meantime.

Good Practice Example 5 - Burton on Trent CAMHS

Patient & Parent Questionnaires - To identify areas of inconsistency of service, South Staffordshire & Shropshire Healthcare NHS Trust developed a patient survey based on a model developed by the former Healthcare Commission. As a result, the need for improvement were noted and acted on with regard to appointment times, length of wait, and quality of environment in the waiting area.

Working Together

- 6.18 Young people who participated generally felt there should be choice on information-sharing when they consulted a professional on emotional issues. For example, some are happy for information to go a G.P. but not to school.
- 6.19 Sometimes however, it was seen as vital for information to be shared between agencies, e.g. a parent admitted to a service with a young person assuming caring responsibilities.
- 6.20 Conflicting messages had been experienced from practitioners in general medicine, with an impact on the well-being of individual children. Examples included a paediatrician whose diagnosis took insufficient account of mental health factors, and an allied health professional who apparently advised against approaching Community CAMHS in case this made the child's problems worse.

Good Practice Example 6 - Self-Help Services

Stress Busters School-based Group - This was commissioned by the former Stockport Primary Care Trust as a computerised cognitive behaviour therapy programme for children aged 10 to 15. It was developed by a team from the Institute of Psychiatry at Kings College London and Central Manchester University Hospitals NHS Foundation Trust. It was aimed at the estimated 10% of school students living with stress in this phase of their school life, when a series of changes and challenges are faced.

Self-Help and Peer Support

- 6.21 Young people who took part spoke of the usefulness of speaking to someone who had been through similar experiences. Peer support amongst young people was suggested as a positive and credible approach.
- 6.22 Parents who took part felt that support for families needed more emphasis. Existing provision of parenting courses was not always experienced as helpful. Peer support groups for parents and families would be a welcome development.

Moving on

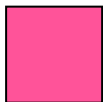
- 6.22 Young people felt there needed to be more realistic preparation for what they described as a “chaotic” environment found on entering secondary school. The idea of a “buddying” system was suggested, to help children adjust.
- 6.23 The discussion with parents suggested that preparation for the move away from community CAMHS provision was not always dealt with in the considered way it is meant to on paper. Communication had been felt to be insufficient.

Good Practice Example 7 - Mentoring & Befriending Foundation (MBF)

Peer Mentoring Projects - Following the successful example of Tanfield School in the early 2000's, MBF co-ordinated 180 Peer Mentoring pilot schemes across England. Each scheme had a specific focus, of which the primary to secondary transition was one. The Ellesmere Port Specialist School of Performing Arts developed an approach where all students would be mentored, to avoid singling out the most vulnerable. Initial contact was made whilst students were still in primary schools, to help with preparation for the move.

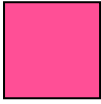
Good Practice Example 8 - Wolverhampton Schools

Peer Support Network - This multi-agency group was formed to develop peer support in a challenging funding environment. Over a period of years, 32 programmes have been built up across Wolverhampton with 500 children involved in the past year alone. The peer supporters receive an accredited training, and the support sessions delivered in Youth Service or community group settings. There has been a strong commitment from the local schools, with a scheme co-ordinator in each participating school. There has been firm evidence that levels of engagement in school life have increased, and that any difficulties are picked up early as young people disclose issues more readily to their peers. Provision is structured to suit different stages of children's school life, with transition between primary and secondary education being a particular focus.



7 Conclusions

- 7.1** There is much work still to do to reduce the stigma around mental health in all settings for children and young people.
- 7.2** More consistent levels of staff training and supervision are needed in everyday settings, to help reduce the risk of isolation and bullying.
- 7.3** The importance of a non-judgemental approach towards children, young people and their families was highlighted across all discussions and surveys.
- 7.4** The tone of information on mental health needs to be judged carefully, with the correct balance struck between sufficiency and clarity.
- 7.5** Specialist support is not always available in a consistent and timely way. This applies to early intervention and access to crisis support to those previously discharged by Community CAMHS.
- 7.6** Communication is not always good between professionals in general medicine and Community CAMHS, and awareness of mental health issues is not always high in children's health services.
- 7.7** Development of self-help and peer support is a significant area for attention, both amongst young people and with families.
- 7.8** Transitions between tiers of education and from CAMHS to adult services need better communication and support.
- 7.9** Many examples were identified locally and nationally where good practice is achieved by the voluntary & community sector and statutory agencies working together which could be replicated or built on.



8 Recommendations

Recommendation 1

You said: “We want to keep emotional problems secret, as mental health issues are seen as a weakness, and could lead to bullying”

We recommend: Getting mental health issues talked about in communities and schools, so that it becomes part of everyday life. Ensure that the topic is included in school newsletters and websites.

Recommendation 2

You said: “We want to be able to choose who we speak to about emotional problems - it needs to be someone who is not judgemental”

We recommend: A range of choices of setting for emotional help, clearly communicated to children and young people, with school and other support staff having high-quality practical training, such as Mental Health First Aid.

Recommendation 3

You said: “There is a lack of consistency, both within Community CAMHS, and between them and general health service”

We recommend: That a patient and parent survey with accompanying audit is carried out by Community CAMHS in the next six months to:

- Identify and address inconsistencies of provision within Community CAMHS
- Identify ways to enhance multi-disciplinary awareness of Community CAMHS services

Recommendation 4

You said: “Quicker access to help is needed at times of crisis. This should include previous service users who had made progress and been discharged”.

We recommend: An immediate review of Community CAMHS protocols to ensure the prevention of relapse, particularly for those who have already used services.

Recommendation 5

You said: “We want to talk to people who have been through the same things as us”

We recommend: A focus on commissioning separate self-help groups and peer-support networks for children, young people and adults, with support to develop these into safe environments to share experiences and move on (such as the example from Stockport).

Recommendation 6

You said: “In order to prepare to move between schools we need support to understand what it’s really like”

We recommend: We should learn from the good practice in other areas and make sure all young people have access to a credible peer support system, such as the model used in Ellesmere Port as part of the national pilot supported by MBF.



9 Involvement

This section explains how Healthwatch I.W. is involving children, young people and families in its work on Child & Adolescent Mental Health

- 9.1 A contact form was distributed to people taking part in the discussion groups. This gave the opportunity to keep in touch on what is done in response to comments.
- 9.2 All children, young people and families with an interest in this topic were welcome to be at the launch of this report on 4th July 2013.
- 9.3 Further feedback on service user experience is always welcomed by Healthwatch I.W. especially to help keep track of progress on the recommendations in this report.



10 Review

This section says what Healthwatch I.W. will do to keep track of changes made in response to this report

- 10.1 In January 2014 Healthwatch Isle of Wight will review progress on the areas outlined in each of the six recommendations in this report.



11 Good Practice Examples

Example 1- Hampshire Police: PICS (Personal Internet & Cyber Safety)

Sessions in local schools conducted by the police are part of PICS - an initiative by Hampshire Police, that began at Whitehills in Bordon. The programme is available to any school or community group, and is based around staying safe on the internet, including material on cyber-bullying.

The programme has been well-received, and there are moves afoot to extend it across the country. It is co-ordination through Safer Neighbourhoods Teams.

The following information is from the Hampshire Constabulary website:

Online safety - PICS (Personal Internet and Cyber Safety)

Online safety help and advice

To keep young people and their parents/guardians up-to-date about staying safe on the internet or using the latest mobile technology, Hampshire Constabulary has launched a Personal Internet and Cyber Safety (PICS) campaign to let youngsters know how they can protect themselves online and show parents what they need to be on the lookout for in order to support their children.

On-line safety information is available to be relevant to the following age groups:

PRIMARY SCHOOL (4 to 11)

SECONDARY SCHOOL (11 to 18)

PARENTS, CARERS AND GUARDIANS

In addition to this, if you're feeling uncomfortable or worried about any contact you have experienced online, you can report it by calling the police on 101. In an emergency you should always dial the 999 emergency service.

Good practice example 1, Hampshire Police (continued)

Hampshire Constabulary's personal internet and cyber safety six-point plan:

- 1 Do not give out personal details or photographs.
- 2 Don't take other people at face value - they may not be who they claim to be.
- 3 Never arrange to meet someone you've only met on the internet.
- 4 Always stay in public areas of chat, where there are others around.
- 5 Don't click on a link or download a file unless you know and trust where it has come from.
- 6 Never respond directly to anything you find disturbing - save or print it, log off and tell an adult.

There is a link on the internet page for young people to contact CEOP (Child Exploitation and On-line Protection Centre).

Some of the internet safety information reproduced in the Hampshire Constabulary pages has been supplied by the Metropolitan Police Service.

Example 2 - I.W. Public Health & Community Action I.W: Youth Mental Health First Aid

Seven two-day courses in youth-focussed Mental Health First Aid (MHFA) were delivered on the I.W. in 2012-13 by a number of qualified providers. They were done on a train-the-trainer basis, and were well-received and over-subscribed.

A wide range of people attended from a variety of sectors and backgrounds. Of the 77 participants, 15 were staff from local schools. Of these 12 were from one particular school in the special education needs sector, the remaining 3 were from mainstream schools

The following paragraphs are taken from the Mental Health First Aid (England) website:

Youth MHFA is an internationally-recognised training programme designed specifically for those people that teach, work, live with or care for young people aged 11 - 18. The Youth MHFA course in England was adapted for use in England, with permission, from the original course in Australia.

Good Practice Example 2, Youth Mental Health First Aid (continued)

The training provides information, tools and techniques to promote a young person's mental and emotional wellbeing and to enable participants to support a young person who might be experiencing mental and emotional distress.

The Youth MHFA course will teaches participants how to:

- Spot the early signs of a mental health problem in young people
- Feel confident helping a young person experiencing a problem
- Provide help on a first aid basis
- Help protect a young person who might be at risk of harm
- Help prevent a mental health illness from getting worse
- Help a young person recover faster
- Guide a young person towards the right support
- Reduce the stigma of mental health problems

The Youth MHFA course is accredited by the Open College Network (3 credits at Level 3 on completion of a workbook).

KEYFACTS:

- 1 in 10 young people experience emotional and mental health problems
- By the time young people become adults the incidence of mental health problems rises to somewhere between 1 in 4 and 1 in 6 people
- For those aged 15-24 suicide is the second most common cause of death

There is evidence to suggest early intervention is hugely beneficial

Example 3 - See Me... Scotland: On-line Resources for School Staff

See-me... Scotland is an anti-stigma organisation working for a better understanding of people of all ages who live with mental health conditions. Amongst their recent initiatives is a "Positive Mental Attitudes" curriculum pack for school staff. It is geared to staff who may feel less confident on this topic.

The pack is available for staff to download, whether within or outside Scotland.

Here is an extract from the introductory page on the See Me... website:

Young people mostly get their information about mental ill-health from the media. It is no surprise then that young people believe that there's a strong link between mental health problems and violence and think that 'mad' people get locked away in institutions. Wrong on both counts, but these are just two of the myths that discourage help-seeking and fuel stigma against people with mental health problems, whatever their age.

Stigma and young people

Stigma takes many forms. Young people can find themselves ignored, avoided, ridiculed or bullied at a time when they need understanding and support. Fear of other people's reactions is often the single biggest obstacle to coming forward for help. Stigmatising language (psycho, loony, nutter etc.) is no more acceptable than racist language.

Bullying someone because of mental ill-health is as damaging as any other kind of bullying so you should deal with it in just the same way.

What is a mental health problem?

'Mental health problems' (or mental ill-health) is a phrase that covers a wide range of symptoms and experiences. It can refer to conditions as diverse as depression, anxiety, phobias, eating disorders, self-harm and schizophrenia. Anyone can go through a period of mental ill-health and one in four of us will do so in the course of our lives.

What is your role?

Some young people might come forward to confide in you about their own difficulties for the first time.

Good practice example 3: See Me, Scotland (continued)

As a trusted adult, your role is first of all to listen and to give reassurance. It may be that the young person just needs someone to talk to. He or she may want support to get some information which can help them better understand what they are feeling or doing. Others might need to be encouraged to visit a school counsellor, talk to parents or visit their GP. You may need to take advice yourself on where best to direct them.

Anonymous help

If you are worried that a young person is very troubled and is either unable or unwilling to speak to anyone else when you are not around, make sure that they have the details of ChildLine and Samaritans. Young people often find the ability to talk about their problems without having to be identified very helpful.

Work in schools

If you are a teacher or work with young people in any capacity you may be interested in the Positive Mental Attitudes Curriculum Pack. The pack is designed for 1st year to 6th year pupils and aims to improve awareness and attitudes to mental ill-health and positive mental wellbeing. The pack is accompanied by video clips that contain personal stories and scenarios.

Key messages

- Young people who self-harm are not attention seeking; they are trying to cope with an underlying problem
- Young people find it difficult to talk to adults about self-harming, so it's important to listen carefully when they do
- Stay calm, listen carefully and try not to be judgemental

Talking about their problems and being listened to empowers young people to take positive steps towards dealing with their problem

If you feel out of your depth, don't be afraid to ask other adults or professionals for advice

Example 4 - St George's School, with Ecclestone George Public Artists: The Dragon Project

This project has created a series of environments around the school, highlighting different sensory features and developing empathy and a sense of well-being amongst students. All aspects of the design and construction process support this aim.

The following extracts from the school's website give more detail:

Dragon started life as a project called Making Sense. This "Creative Partnerships, Southampton and Isle of Wight" project saw school teachers and students at St George's work with a professional team of artists and designers to create a sensory trail around the outdoor grounds of the school.

Whilst the idea was to build a sensory trail that would benefit the teachers and students of the school in the long term, this aspect of the project was always secondary to the main objective. It was proposed that by teaching creative thinking and practical skills techniques, all aspects of the school curriculum would be drawn in to the project.

The project hoped to show that academic questions can be answered using practical skills to creatively solve problems. Risk taking, brainstorming, evaluation, innovation, failure and success were all expected to be part of the creative learning exercise and were experienced by students, teachers and partners alike.

It was because of the success of the 12 month long Making Sense project that teaching staff, students and artists felt confident enough to take the scheme to a new level and hence Dragon was born!

Example 5 - South Staffordshire & Shropshire Healthcare NHS Foundation Trust: Burton-on-Trent CAMHS Patient Survey

The CAMHS team at Burton decided in 2008 to undertake a patient survey to obtain feedback directly from patients around the quality of care and services provided.

To evaluate services, the aim was to identify areas of good practice and address any areas for improvement.

The intention was to consider extending the approach across other team areas to benchmark current practice.

The team adopted the questionnaires devised by the (then) Healthcare Commission, considering that they offered an appropriate measure of the quality of care and service.

Data was collected over a two-week period in February 2008. With questionnaires given out to parents and children attending clinics, who were asked to fill them in before the appointment. A 'post-box' was provided in the reception area for responses. Different versions of the questionnaire were used for children under 12, young people of 12 and over, or for parents/carers.

A positive result was gained from the survey, with children and parents feeling listened to and involved. They said they were treated well, and by knowledgeable staff. They felt they were kept informed and would recommend the service to others.

Improvements were required in appointment times, length of wait, and satisfaction with the waiting room amongst 12-18 year olds.

In response, successful initiatives around waiting lists were set up, and plans made to change the environment.

Example 6 - Self-Help Services: Stressbusters School-Based Group

Self-Help Services is a user-led charity set up in 1995, now delivering services to communities on behalf of NHS Trusts, local authorities and other statutory bodies.

Self-Help Services values the experiences of those who have had a mental health difficulty at some point in their lives, and supports people to put their experiences to good use through accessible self-help initiatives.

With an interest in the mental health of people of all ages, Self-Help Services provides a “menu” of different services, including the Stressbusters course in Stockport for young people.

The following text is part of the flyer for young people about the Stressbusters course:

Sometimes life can get you down...

Stressbusters is a new service for people aged 10 - 18 years. It's there to help you with problems you might face on a day to day basis; at home, in school/college or with your friends.

Along with the guidance provided by the Stressbusters computer programme, you will also be assisted by a support worker throughout the course. It's a confidential service, easy and fun to use.

These are some of the things Stressbusters can help you with:

- Low self-confidence
- Getting things done
- Feeling sad
- Coping with bullying
- Exam stress
- Family problems
- Problems with friends or relationships

Example 7 - Mentoring & Befriending Foundation (MBF): University Church of England Academy, Ellesmere Port - Peer Mentoring Project

The formalised Peer Mentoring Pilot, managed by MBF, took place during the academic year 2006-7, with an evaluation published the following year.

MBF is the national strategic body for practitioners and organisations working in mentoring and befriending. It was contracted by the Department for Education and Skills (DfES) to develop the above pilot, in 180 schools in England, generating 3,600 matched pairs to be evaluated and assessed as to the impact on pupils and schools.

MBF offered four themes as part of the peer-support model: transition, bullying, attainment and behaviour. Whilst co-ordinators within schools could opt to concentrate on one theme, the majority of coordinators selected multiple aims for their project.

The most frequently selected aims by all schools were reduced bullying (61%), increased academic attainment (62%) and supporting student transitions (67%). A strong emphasis was also placed on improving the confidence and self-esteem of students involved with the project.

The Ellesmere Port Specialist School of Performing Arts (now the University Church of England Academy) adopted the transition between primary and secondary school as its focus, and developed an approach in which all students would be offered a mentor, to avoid the most vulnerable being singled out. Initial contact was made whilst incoming students were still at the primary schools, to assist with preparation for the move. This scheme has continued to exist beyond the pilot phase, into the current academic year.

MBF publishes good practice guidance for schools, along with evaluation materials.

Example 8 - Wolverhampton Schools: Peer Support Scheme

The current peer mentoring work followed on from an initial project in 5 schools in the most deprived areas of Wolverhampton, with 20 children each. This had run for four years and been successful. However, the funding landscape had changed to a more challenging one, meaning that a different approach was needed.

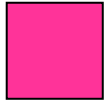
Initially a multi-agency network was set up, with involvement from the voluntary sector, youth services and schools. The peer support may be offered in a youth centre or within a community group, but is strongly linked to the school, with buy-in from each school, which pays a small amount to take part. Commitment from each school - from the Head - is vital to the success of the work, with a co-ordinator (maybe a teacher, or teaching assistant) able to galvanise the project and move it along at that school. To date 1,200 children have taken part - 500 in the current school year. 32 programmes exist in the Wolverhampton area.

Training for peer supporters is a key part of the approach, and this has been accredited by ASDAN - an awarding body specialising in life skills qualifications. Trainings also range to more advanced levels, culminating in a Masters qualification.

Neighbouring authorities have shown an interest in the approach, and although initially may feel they already offer something similar through school councils, prefect systems etc. realise with closer acquaintance, that the thorough approach used at Wolverhampton is different in kind.

The peer mentoring network needed to be convincing to schools that the approach was manageable, and was able to support their prime interest of academic attainment. Convincing evidence was presented that children who received peer support became more positive and engaged, and that any potential issues were picked up much earlier than otherwise as young people spoke to their peers more readily. Benefits to those offering the support were also manifold.

The peer support exists at a variety of levels, both primary and secondary, with realistic preparation for transition between the two being one crucial stage.



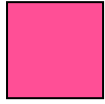
12 Supplement Introduction

Following public consultation in May 2012 the Isle of Wight Local Involvement Network (LINK) set Child & Adolescent Mental Health as the top of its five priority themes for the year. Following a preliminary meeting in August, a workplan group was formed in October 2012 to determine appropriate areas of enquiry and decide how to explore these.

During the period January to March 2013, five discussion groups were held with local young people, and an internet questionnaire completed by paid workers.

From April 2013, Healthwatch Isle of Wight supported the continuation of this work, with a discussion group being held for parents and family carers in early May.

A report was compiled with findings, conclusions and recommendations - this supplement gives more detail of the themes emerging from the discussion groups and survey.



13 Discussion Group Themes

Discussion Groups with Young People

Topic 1 - Feelings

Responses for this topic were indicated by the young people on cards given out to them - group discussions followed, which drew out further views and experiences. The responses were collated across all the groups and are listed below, with a number indicating if more than one participant wrote the same solution down.

Question - What would help if you were feeling sad, upset or troubled?

Everyday life approaches:

- Socialising x 6
- Being with friends x 6
- Being with family x 3
- Pets x 3
- Other people
- Parent (depends on individual)

- Pursue pastimes and interests x 10
- Follow dreams and aspirations x 2
- Help with identity

- Find new partner
- Finish unsatisfactory relationship

- Respite care
- Holiday
- Time out
- Having space
- Help for family member who needs it
- TV and film
- Return to home area
- Stop unhelpful internet use
- Outgoing
- Punchbag
- Venting
- Drinking
- Smoking

Discussion groups with young people -
Topic 1, Feelings (continued)

Question - What would help if you were feeling sad, upset or troubled? (continued)

Specific help:

Talking to someone

- someone you don't know
- someone who wants to listen
- someone with life experience
- teacher (if non-judgemental) x 3
- teaching assistant x3
- independent person
- school "buddy"
- partner
- friends x 3
- family x 4

Counsellor x 10

Doctor x 6

Community CAMHS x2

Drug or alcohol service x2

Being given choices

On-line help

Self-help

Meeting someone in same situation

Meeting someone with life experience

Medication

Specific groups or organisations

Group therapy

Leaflets

Question - What are good settings for help?

Helpful organisations & groups:

Youth Trust x3

NHS services x2

Community CAMHS

Connexions/Choices

Discussion groups with young people -
Topic 1, Feelings (continued)

*Question - What are good settings for help?
(continued)*

Places:

GP practice x7
School x4
College x3
Youth club x 2
Home area x 2
Pub x 4
Friend's place x 3
Community centre
Home
Town
Gym

Other help sources:

Internet x3
Childline x3

Social media x 2

Specific young people's group
"Buddy Bench"
Social events
On-line "dating"

TV programme/drama

Talking to friends x3
Clubbing x2
Phone call
Talking to family
With partner
Student night

An independent place

Discussion groups with young people -
Topic 1, Feelings (continued)

Question - Are there settings with drawbacks?

School x 2 (everyone would know)
Teacher (depending on individual)
Families (depending on family)
GP
Going by self (if younger e.g. 13 years)
Leaflets (may be hard to find)
Internet (could be alarming without explanation)

Topic 2 - Finding help

Participants were asked to relate to the young person they had created earlier. They were invited to think what the young person might need to find out what help is available. They were asked to think about the style of such information as well as its source.

Question - What are good ways of finding help?

Places:

Doctor's surgery x3 (if trust individual GP - they vary)
Beacon Centre (more anonymous)
Connexions/Choices
Advice centres

People & services:

Friends x 3
Befriending service
Youth group workers (depending on information needed)
Advocacy service

Family
Youth Trust (GP referral needed?)
Support providers

Discussion groups with young people -
Topic 2, Finding help (continued)

*Question - What are good ways of finding help?
(continued)*

On-line and digital:

- Internet x5
- NHS website
- Google (history can be wiped)
- Internet chat-rooms (if anonymous)
- MeMo
- Facebook ads
- Wight CHYPS (but this was not well-known)
- Search for groups

- Text links

- Scan links (smart phone barcodes)

Traditional methods:

- Posters x5
- Newspapers

- Phone lines (if local follow-up given)
- Childline

- TV programmes (documentaries/dramas)

Best styles:

- Sufficient content
- Easy-to-read
- Bold & bright (poster)
- Bite-sized chunks
- Discreet
- Confidential
- Anonymous
- Privacy
- Non-patronising
- Inexpensive to user
- Someone you don't know (non-judgemental)
- From independent (non-judgemental) source
- Talking to others in similar position

Discussion groups with young people -
Topic 2, Finding help (continued)

Question - Are there ways you would NOT recommend for finding help?

Places:

From hospital
School-based (could lead to bullying)
Sexual health clinic (not seen as confidential)

People & services:

From parents
From family
From friends (own experience may cloud their view)
College counsellor (could be seen going there)
Counsellor (unable to help, made things worse)
Community CAMHS
Young people's support (Newport)

On-line & digital:

Internet directory
Social media (too public) x3

Traditional methods

Posters
Phonelines x2 (can be patronising, impersonal)
TV documentaries (alarmist)

Poor styles:

Too much content
Wrong setting (poster)
Wrong tone (poster)
Information on too many services does not help - feel worse

Discussion groups with young people (continued)

Topic 3 - Services

The participants were given a choice to use the young person they had created to discuss ideas, or refer to their own experiences. It was explained that this topic related to specific support for emotional well-being and mental health concerns.

Question - What sort of services are helpful?

General:

- Being with friends
- Service recommended by friend
- Trusted person (e.g. specific school nurse)
- Youth groups - with people similar to yourself
- Support workers
- Information service
- Being given choices
- Drop-in clinic
- Residential support

Specific services and groups:

- GP x3 (self-help strategies)
- Counselling x3 (but needs to be more than just "text-book")
- Social services
- Bereavement counselling
- Childline
- YMCA Young Carers
- Community CAMHS
- MAGS (but have to be referred in)
- Sexual health clinic
- Drug & alcohol services
- Street pastors (non-judgemental)

Best styles:

- Non-judgemental
- Range of options
- Non-claustrophobic atmosphere
- Delivered where young person goes and feels comfortable
- Move slowly (counselling) testing water at first
- Someone who has been through similar experiences
- Someone who cares
- Confidential

Discussion groups with young people -
Topic 3, Services (continued)

Question - What kind of services are NOT helpful?

General:

Notice boards
Information folders

Specific services and groups:

GP x6

- lack of follow-up after missed appointment
- lack of follow-up after medication prescription
- appointment too short to make diagnosis
- lack of continuity
- too quick to prescribe medication

Counselling x4

- Nothing to follow on
- May move too quickly, wanting life history in 1st session
- Not able to swap between them

Drug & alcohol services
Community CAMHS x2

Services in school - too public
Police

Poor styles:

Asking why
Questioning
Apportioning blame
Age-inappropriate setting (e.g. too child-like)
Clock-watching (counselling)
Ever-increasing medication
Only being given one option for help
Helpers talking about themselves
Insufficient information to make choice (e.g. re. depression)
Too many options, without enough information to choose

Discussion groups with young people -
Topic 3, Services (continued)

Question - How well do you think the different services work together?

Gap between children's and adult's services
Referred to one service and immediately referred on
Option for information not to be shared - allows people to slip through net
Confidentiality valued where appropriate (e.g. happy for CAMHS to feed back to GP, not school)

Topic 4 - Moving on

For this topic we asked about any changes or moves the imaginary young person might have made - what the benefits were of the change, and what help would be useful when there were difficulties. Finally, we asked the group to imagine a happy ending for their character.

Question - What are the good things about moving on from one setting to another?

Could be a fresh start x3
Becoming more independent
Becoming more confident
Greater knowledge of opportunities
New people - non-judgemental
Make new friends

Question - What kind of things make transitions difficult?

School induction give false impression, no preparations for chaos of new setting
Change can be difficult - e.g. for people with OCD
Could increase loneliness
Fresh start difficult on IW
Moving from one area to another brings difficulties

Discussion groups with young people -
Topic 4, Moving on (continued)

Question - What sort of things would offer better help to young people facing transitions?

More genuine preparation for new settings
More education for parents on stress of change
Less opportunity to “slip through net”
Services need to communicate, decide together and identify service
Information should be provided to other agencies

Buddies x 2 (possibly year above)
Residential support x2
- always someone to talk to
- peer support available
More support and “nicer”

Mentors
Friends
Family
Talk with parents without siblings
Guide at new school
Additional support if moving from another area
Help with somewhere to live

General points from discussions with young people

Listed below are some of the more general points that came out of the discussion groups.

Stigma x2 - bullying of those seen as different
- mental health problems seen as a weakness
18-21 age-group seems to lack proper support
Information needed for young adults still in education
Young carers need information on getting help, e.g. if parent is sectioned
Talking about drug problems could put job at risk
Risk of cyber bullying

Discussion Group with Parents and Family Carers

Topic 1 - Feelings

Participants were asked to recall their experiences when the child or young person they care for began to show signs of needing support with emotional or mental health issues. The main points that came out of the discussions are listed below.

Question: What has helped (or would have) when your child has felt sad, upset or troubled?

Counselling
Bereavement counselling
School nurse
Special needs co-ordinator
Help with self-esteem issues
Help with bullying
Mentoring
More support with phobias
Early intervention
More access to play therapy

Question: What do you feel are the best settings for help?

School
Quiet relaxation area needed in schools

Question: Is there anything you have found NOT to be helpful?

School professionals without enough training
Help only available in conspicuous setting, e.g. school reception
Stigma - prevents young person seeking help, even in extreme situations
Teachers can find support difficult due to numbers in their charge

Topic 2 - Finding help

For this topic participants were asked to think about ways that they or the child/young person they care for had been able to find out about help that was available. Participants were asked to consider the style of such information as well as its source.

Question: What forms of information are helpful?

Newsletters (promoting health as well as generating income)
Kid-friendly articles, e.g. on depression
Normalising emotional well-being

Question: What forms of information is NOT helpful?

Noticeboards
Unfamiliar terminology, e.g. what is “CAMHS”?
NHS IW website - scant information, largely out-of-date

Topic 3 - Services

For this topic participants were asked to describe what forms of support had been helpful, where they felt things could be improved, and what new areas of help could be developed.

Question: What forms of support have been (or would be) helpful?

More appropriate support needed for parents
Parents need to be trusted more, and listened to at an early stage
Help with normal life events, e.g. parental separation
Peer-support groups for parents and child or young person
Gentle support
CAF should be in place
Whole family should be supported not just young person

Discussion group with parents & family carers -
Topic 3, Services (continued)

Question: Are there forms of support that have NOT been helpful?

Support for parents:

- Parenting courses
- Dismissing parents as part of the problem
- Dismissing parents as being overanxious

Access to help:

- Re-referral needed if person improves then needs help again
- Long wait between referral and being seen
- Long wait in crisis situation, leading to more intense crisis
- Lack of childcare for siblings at Community CAMHS

Diagnosis and Treatment:

- Pre-determined view on what age certain conditions may develop
- Lack of choice of service, even when a diagnosis is questioned
- Medication prescribed before therapy
- Residential placement offered before other alternatives exhausted

Consistency of services:

- Lack of consistency - dietician advised avoiding specialist CAMHS
- Inconsistency of performance between specialist CAMHS consultants
- Multiple changes of professional e.g. 17 during 8 years

For this topic participants were asked to recall periods when their child was moving from one stage of their life to another. They were asked to ponder what may have been positive or challenging about the experience, and what would have helped where there were difficulties.

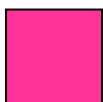
Question: What issues would you identify around transitions for children, young people and parents?

Cut-off point and potential for problems
Not always explained adequately - feeling of being dumped

General points from discussion with parents & family carers

Listed below are some of the more general points that came out of the discussion group.

Impact on siblings can be significant
Mental health services need to catch up with general health in fostering peer support
Communication needs to be improved



14 Responses to On-Line Survey

Survey of adults supporting children and young people

Survey open 3rd December 2012 - 31st January 2013

Eighteen people responded, the questions from the survey are reproduced below, with each response listed. Where a similar reply was given by more than one respondent this is indicated.

Topic 1 - Feelings

Please think about your experience of supporting young people with emotional or mental health concerns. (Whether due to family events, relationship concerns with other young people, issues of self-image or any other reason) What sort of things do you feel have helped or would help if available and in what settings should these things be provided?

Best ways to help

- Support available in young person's own environment x 2
- Mental Health First Aid for staff members x2
- Informal style
- Non-judgemental approach
- Comfortable environment
- Privacy and enough time to talk through feelings
- Young person able to choose who to open up to
- Spending time with young person doing a practical task
- Therapeutic play or art
- Use of media, including texting
- Home visit where appropriate
- Being able to get support in an emergency
- Out-of-hours support during crisis
- Sharing of information
- Listening to support staff, e.g. over concerns re self-harm
- Brief background on young person and other agencies involved
- Staff trained to support young person and know when to signpost on
- Working groups within staff teams
- Child-led gathering of views

**Responses to on-line survey -
Topic 1, Feelings (continued)**

Things that have been LESS helpful

- Adult out of hours services not always helpful
- Long waits for counselling support, only to be referred on
- Long waits for assessment
- Multiple assessments for the individual young person

Things that would be good to develop in future

- Peer supporters at sixth-form level
- 24 hour crisis line, young people-specific
- Group-run image focussed sessions
- Quicker response through assessment and support
- Single assessment form for all health professionals
- More information on support available from Community CAMHS
- Better communication with Social Services

Topic 2 - Finding help

Thinking of the last year - has any young person you support needed to get information on emotional or mental health support? What have their experiences been, and what helps and hinders information-giving?

Things that have been helpful

- Contacting practice nurse before a GP appointment, to ask for GP to be prepared
- Follow-up with young people
- Signposting by support staff
- 1:1 support which allowed for “personal touch” to be offered
- Good contact between mental health practitioners
- Young Minds booklets good but expensive

Responses to on-line survey -
Topic 2, Finding help (continued)

Things that have been LESS helpful

- Time constraints in GP appointments, lack of understanding
- Some Internet-based material is dangerous x2
- Loss of Connexions
- In-depth information hard to find
- Insistence on GP and Youth Trust involvement can be unhelpful if good support exists in generic setting
- Information insufficient and too vague
- Hard to get information from GP and mental health services on how to access services
- Environment at Sevenacres can lead to reluctance to attend follow-up appointments
- Out-of-hours support - roles are confused

Best ways to provide information

- Internet x 4
- Leaflets x 3
- Concise
- Needs to be young-person centred
- Clearly-explained, step-by-step
- Consistent across agencies
- More widely available than just in GP surgeries etc.
- Newsletter
- Pocket-sized to fit in wallet
- Via text and e-mail
- Social media
- Youth-friendly web portal with safe and approved sites, to come up on Google searches
- Friendly signposting and advice agency for young person
- Workshops in generic young people's settings
- Information sessions in schools & college

Again, thinking of the last year, do you know a young person who has used a local service that provides help with emotional and mental health issues? (This might be at school/college, a health worker, or someone in a community organisation) What helped and what was less helpful - How well did different services work together to help?

<i>Things that have helped</i>
<ul style="list-style-type: none"> - Role-play with young person prior to GP appointment to help prepare - Giving choice about staff member being present with GP; choice about level of prompting - Practitioners generally supportive and helped young person move forward - Staff member able to go with young person, and stay for the introduction - Having a named professional to contact - Meetings with professionals outside of a crisis time - Support from Community CAMHS really good despite long wait; respectful during some difficult encounters - Information pack for Community CAMHS helpful
<i>Things that have been <u>LESS</u> helpful</i>
<ul style="list-style-type: none"> - Length of waiting time x 3 - Time constraints make professional responses inconsistent - GP unable to get good understanding of young person's issues - Lack of availability of counselling beyond six weeks - Building-up of trust during counselling undone by need to end after six weeks - Community CAMHS seemed reluctant to pick up a referral that was complex - Lack of information to young person about move from one service to another - Delay in support due to shifts from one service to another - Waiting areas that are not user-friendly - Travelling to unknown place for appointment - Out-of-hours team may not realise support workers do not have mental health training - Need for more support on a personal level

Responses to on-line survey -
Topic 3, Services (continued)

Services working together

- Good communication between services
- Joint-working good (once established) in approaching parenting issues
- Cross-agency work good to provide appropriate therapies
- Some communication gaps x2
- Little overlap - services seem reluctant to work with individual until "signed off" by previous service
- Young person signposted elsewhere when in crisis, and advised to come back in two months
- Interface with physical health service not always good; contradictory information can be perplexing

Topic 4 - Moving on

Now thinking of the last two years, think about any times when there were big changes in the lives of young people you support - maybe a change of home situation, leaving school/college, a move from children's to adult services.

** What were the best things about these changes?*

** Is there anything that needs changing in the way young people are supported through change?*

Best things about moving on

- Support for independent living excellent for those in supported living
- Transition generally well-supported
- Feeling the young person has reached independence
- Support from youth service and education has been good
- Opportunity to reaffirm the positives for a young person
- Opportunity to build a support plan around the young person's own wishes

*Responses to on-line survey -
Topic 4, Moving on (continued)*

Things that present a challenge

- Housing is a big issue for young people who need support
- Some young people do not wish agencies to communicate with each other
- Sudden changes, without information, e.g. foster placements

Things that need to be changed

- Support for independent living needs to be extended to vulnerable young people who live with families
- Young people looking to each other for support - adults to facilitate this rather than to lead
- Better liaison between primary and secondary schools, for those who are emotionally fragile
- Whole system response needed for school transitions - provision varies widely
- Identifiable place needed for children to go for support in schools
- Staff need to respond to internally-focussed distress as well as externally-focussed
- School staff need vigilance towards life-changes in young people's lives; implications for mental health
- Social services can be reluctant to support if a housing provider is involved
- Support from job centre needs to be more consistent
- Less abrupt change from children's ward to adult provision - Sevenacres can be intimidating
- Integrated working with families: needs more development

Additional comments

Ideas to help joint working:

- Networking opportunities to keep updated
- Opportunities to shadow staff in other services

Ideas on participation

- Need for more peer support for young people
- Unclear how young people have an ongoing say on CAMHS

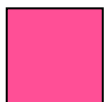
Comments on services

- Bullying in schools needs more attention, especially cyber bullying
- More information needed about existing support groups/ services
- Service from Community CAMHS can appear inconsistent
- Updates needed to help young person move on from services once engaged

Response profile for on-line survey

Total number of responses	18
Support worker (residential setting)	5
Support worker (unspecified)	5
Parent	1
Counsellor	1
Therapeutic worker	2
Learning volunteer/mentor	1
Drug and alcohol worker	1
Children's services manager	1
Not stated	1

NOTE: - Two of the above also stated they were parents
- Two of the above also stated they were mental health awareness trainers

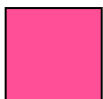


15 Names & Initials Explained

<i>Initials</i>	<i>Name</i>	<i>Explanation</i>
CAF	Common Assessment Framework	A standardised approach used by practitioners across agencies to assess children's additional needs and decide how these should be met
CAMHS	Child & Adolescent Mental Health Services	All services that are concerned with the mental health of children and young people, whether specialist or general
Community CAMHS	Community Child & Adolescent Mental Health Services	Specialist NHS team providing advice or services in an everyday setting, and at a specialist clinic
MAGS	Multi-Agency Group Services	A therapeutic group run in Newport, I.W. for young people in school years 8 to 11. Anyone working with young people may make a referral, providing the young person consents
MHFA	Mental Health First Aid	A training course, often taking two days, which helps non-specialists understand more about mental health issues
OCD	Obsessive Compulsive Disorder	A mental health condition in which a person has obsessive thoughts and repetitive behaviour
	Sevenacres	In-patient mental health unit at St Mary's Hospital for people aged 18 or over
Wight CHYPS	Wight Children & Young People's Services	Website giving information and contact details for a wide range of local services
	Young Minds	A U.K. charity which campaigns to improve the emotional wellbeing and mental health of children and young people

Names & Initials Explained (continued)

<i>Initials</i>	<i>Name</i>	<i>Explanation</i>
	Commissioners	The public service organisations or departments that decide what services will be funded, and how much money will be spent on them
CQC	Care Quality Commission	Independent regulator for health and social care services in England
Ofsted	Office for Standards in Education, Children's Services & Skills	Inspection body for services in England that care for children or young people, and for education settings for people of any age
PMHW	Primary Mental Health Worker	Members of the Community CAMHS Team that provide support and advice to those working with children and young people in non-specialist settings



16 References

- 1 **Together we Stand: Commissioning, Role & Management of Child and Adolescent Mental Health Services - NHS Health Advisory Service Thematic Review, 1995**
- 2 **National Service Framework for Children, Young People and Maternity Services - Department of Health and Department for Education & Skills, 2004**
- 2 **Inspection of Safeguarding and Looked After Children's Services, Isle of Wight - CQC and Ofsted, 2010**
- 4 **Commissioning Investments in Community CAMHS - NHS Isle of Wight, 2010**
- 5 **Community CAMHS Implementation Plan - NHS Isle of Wight 2010**
- 6 **Quality Criteria for Young People Friendly Services - Department of Health, 2011**
- 7 **Children, Young People and Mental Health: The Policy, The Progress Made, and the Challenges - Children and Young People's Mental Health Coalition, 2010**
- 8 **Isle of Wight Survey of Children & Young People - The Children's Society, in partnership with the I.W. Council, 2012**



How to Contact us

Visit us at the Isle of Wight
Citizens Advice Bureau
St Cross Lane
Newport
Isle of Wight
PO30 5BZ

Phone us on: 01983 608608

Write to us (free) at
Freepost RSXA-UZSK-JEXS
Healthwatch Isle of Wight
3 Langley Court
Pyle Street
Newport
Isle of Wight
PO30 1LA

Email us: enquiries@healthwatchisleofwight.co.uk

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