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## Consultations with young people on the green paper *Transforming children and young people's mental health provision*

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### Part 1. Background

#### 1.1 Green Paper

The green paper *Transforming children and young people's mental health provision* was published on the 4<sup>th</sup> December 2017. The cross-departmental document is a collaboration between the Department for Education (DfE) and the Department of Health and Social Care (DHSC).

The document sets out measures to improve mental health support for children and young people. It focuses on earlier intervention and prevention, especially in and linked to schools and colleges.

The proposals include:

- creating a new mental health workforce of community-based mental health support teams
- every school and college will be encouraged to appoint a designated lead for mental health
- a new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas



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The green paper consultation was open for 13 weeks from publication, closing on 2<sup>nd</sup> March 2018.

## 1.2 Youth Access and The Young People's Health Partnership

Youth Access is the national membership organisation for Youth Information, Advice and Counselling Services (YIACS). YIACS were singled out in Future in Mind for further investment and recommended as becoming a key part of every local offer.

Youth Access is one of the six organisations comprising The Young People's Health Partnership, which works with other voluntary sector organisations, DHSC, NHS England and Public Health England to improve health services for young people as part of the Health and Wellbeing Alliance. As The Young People's Health Partnership's lead on mental health, Youth Access has managed and delivered two highly successful Mental Health 'Takeovers' on behalf of the DHSC. These events brought young people together with policy makers to discuss some of the issues that young people face when trying to access mental health services.

## 1.3 About the consultations

Youth Access, acting on behalf of The Young People's Health Partnership, was commissioned by DHSC to run four 2 hour focus groups with young people to get their thoughts on the proposals outlined in the green paper. To ensure that the workshops were age appropriate, they were co-designed with young people and split into the following age groups:

- 2 sessions with 11-15 year olds
- 2 sessions with 16-25 year olds

Youth Access recruited four YIACS to host the consultation events:

- 42<sup>nd</sup> Street, Manchester
- Mancroft Advice Project (MAP), Norwich
- No Limits, Southampton
- Young Person's Advisory Service (YPAS), Liverpool

Two additional sessions were held in collaboration with Carers Trust and Student Minds.

In total 82 young people were consulted. Of those who completed demographic forms:

- 37% were aged between 11-15, and 63% between 16-25 years
- 58% were female, and 36% were male. 3% identified as Transgender and a further 2% as 'other'
- 70% were in education, 18% were in employment, 3% were in training and 8% were not in education, employment or training.

## Part 2. What young people thought about the proposals

### 2.1 Mental health support in schools and colleges

#### Designated mental health lead

Participants liked the idea of having a designated mental health lead in schools. They felt that it would have a positive impact on the culture around mental health in the school environment. Attendees felt that it was important for all school staff to have a basic level of understanding of young people's mental health, and that having a designated lead would help to encourage this.

Young people also envisioned the mental health lead acting as a care navigator who could explain the purposes of different services/interventions to the young person, and help them to understand the process of seeking that help. The lead would also be in a good position to ensure good communication between all professionals working with the young person, both inside and outside of the school, so that young people would not have to keep repeating their story.

All of the groups that we spoke to saw the role of designated lead as being highly skilled and demanding, and therefore could not be 'tagged on' to a teaching role. In fact, many young people saw this as being a dedicated role within the school and were concerned about it being 'dumped on' already overburdened teaching staff. Young people felt that if this was to be implemented properly, the post holder should have the proper training, and be well supported in order to carry out their duties effectively.

The designated lead should...

Have authority to:

- Sign young people out of lessons if needed
- Refer young people on to/link with other services outside of the school
- Arrange training for all teachers in basic mental health awareness
- Carry out basic interventions
- Manage a chill out/drop in area for young people to 'take a break'

Have knowledge of:

- Young people and the issues they face
- The local mental health system and how to navigate it
- A range of mental health interventions and how they can work for different people
- Confidentiality and safeguarding procedures
- Young people's rights and entitlements
- The different needs of young people, including race, gender and culture
- Specific barriers faced by certain groups of young people, for example young carers and those in the care system

Have the following attitudes and qualities:

- Respectful
- Non-judgemental
- Non-stigmatising
- Trusting and trustworthy
- Be a good listener
- Tell you things straight, 'not just what you want to hear'
- Sympathetic
- Relatable

Some of the concerns and questions that young people had relating to this proposal were:

- Will this be properly funded?
- The proposals are not compulsory, what will happen to the young people in a school that does not choose to appoint a designated lead?
- How will the confidentiality of the young person be protected in a school environment?
- How can one person support a whole school, especially in larger schools?
- There was a big concern about this role being 'tagged on' to a teaching role and therefore not being carried out as needed. Young people felt that this would be too much additional responsibility for a teacher to deal with.

### **Mental health support teams**

Again, young people were supportive of additional support being provided in schools. They felt that it would be particularly helpful for those young people who did not know how or where to access support, and that there would be a better chance of getting help if they could access it in school. However, they felt that this support should be offered in a flexible way and that young people should be able to seek support outside of the school setting as well. Every focus group stated that their local YIACS should play a key role in the mental health support teams, meaning that young people could use community based services if preferred.

Young people felt that it was essential that they are consulted on how this help is offered in their school. There is no 'one size fits all' approach and young people should be involved in the design and, where appropriate, the delivery of mental health work.

They felt that the support teams should take a proactive approach to mental health in schools, as well as focussing on mental ill health. This could be achieved through informal group work and peer-led activities, for example.

The mental health support teams should have a mix of expertise and experience. Some young people wanted to be able to access assessments in school, meaning that there should be highly qualified workers with clinical experience on the team. They also saw a need for 'lower level' interventions, such as group work and training on coping techniques. Again, the groups highlighted the need for these teams to be properly resourced, supported and given 'manageable workloads'.



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The mental health support teams should have good links with statutory support, such as CAMHS, GPs, local voluntary sector provision and adult mental health services. These links should ensure smooth transitions between services, with good communication and data sharing.

Confidentiality was one of the biggest concerns for many of the young people in the focus groups. They made clear that data sharing should be carried out in consultation with the young person. There was also anxiety about the possibility of files being lost or information being disclosed to parents/carers without the young person's knowledge or consent. Attendees felt that the mental health support teams should work with the young person to decide the best course of action, where possible, and that the young person should be kept informed and up to date on their care.

It was also pointed out that the support in the community needed to be well resourced, as there is no point having a mental health support team in a school with nothing to refer out to. They were also clear that resources to pay for the mental health support teams should be in addition to what already exists and should not take funding from the community-based services.

## 2.2 Further education and higher education

Attendees discussed how mental health support should be delivered in colleges and university. They felt that there should be more emphasis on prevention and self-support to prevent 'lower level' stress from escalating into crisis. They suggested a simple 'symptoms checker' or online chat hosted by a therapist which could be easily accessed by students. University and college staff should also be trained up to signpost students to services, and should be given clear information about what services are available and how to access them.

Support services should offer a range of help, including advice on money, careers and housing to help alleviate some of the root causes of mental health issues. Peer-led groups on issues such as self-help and managing exam stress were also mentioned as part of a package of support offered to young people.

They wanted good links between the support offered in the educational setting, local adult mental health services (AMHS), voluntary sector provision and GPs to ensure that those students who needed higher level support were able to find the help they needed easily without having to repeat their story to different people.

## 2.3 16-25 partnership

Attendees in our older focus groups were keen to see young adults given more focus than is initially outlined in the green paper. Many were concerned that there were no clear action points for young adults outside of education. Therefore, they felt that the role of the 16-25 partnership would be to design and deliver robust action plans that could be implemented quickly.

Attendees outlined the following priority areas for the partnership to focus on:



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1. **Tackling the root causes of mental ill health.** The partnership needs to acknowledge the effect of issues such as debt, employment and housing on this age group's mental health and design services around the needs of the young adult.
2. **The impact of austerity and cuts** needs to be acknowledged. Wider support systems have disappeared, which is especially detrimental to specific groups of young people such as young carers and care leavers.
3. **Transitions between CAMHS and adult mental health services.** There has been a lot of work done on this over the past few years, but young people want action to be taken.
4. **Transition between support services at university and home.** Some young adults find themselves suddenly with no support when returning home during holidays or at the end of their studies.
5. **Quality of services** available and **involving young adults** in training, resources and monitoring.
6. **Investment in a range of services** that are properly resourced and funded.
7. **The needs of specific groups of young adults**, such as care leavers, young carers and BAME young people.

Young adults felt that the following people and organisations should be involved in the partnership:

- Young people should be well represented in the partnership, including those from different groups, e.g. young carers, care leavers, BAME and young people with disabilities. Each group faces their own distinct set of barriers when trying to access mental health support; these should be taken into consideration when designing services.
- Representatives from CAMHS and AMHS
- A wide range of professionals, not just clinical staff
- Parents and carers
- Representatives from voluntary sector providers
- National youth charities, including those who advocate for specific groups

Participants stated that young adults should play a central role in the partnership and that their involvement should not just be an afterthought or feel tokenistic.

## 2.4 Trailblazer areas

Attendees were asked to consider how trailblazer areas should be chosen in order to test some of the proposals set out in the green paper. There were a lot of suggestions from the various focus groups, which can be largely grouped into the following:

**Geographical area.** Young people in rural areas and urban areas have completely different experiences of the mental health system. It would be useful to use the trailblazers to explore these differences and record the needs of these communities.

**Level of support available.** Participants thought it would be useful to invest not only in areas that had good support systems in place, but also those that could be considered 'lagging behind'.

**Local links.** Proposals should be tested both in areas that have good links between NHS, voluntary and non-clinical services, such as job centres; and, for comparison, in areas where



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these links don't exist.

**Population.** In order to test these proposals on the needs of different groups of young people, trailblazers should be chosen to represent diverse populations, including factors such as different cultures, ethnic backgrounds and disabilities. It would also be useful to include areas with high populations of young carers and care leavers.

### 2.5 4 week waiting time

Although the groups were supportive of the ambition to reduce waiting times, many participants felt that the proposal required more clarity before they could provide meaningful feedback. Questions that were raised included the following:

- Is it a 'genuine' 4 week waiting time to get treatment, or is this just for the triage?
- What would the waiting time be between assessment and treatment?
- Will it lead to raising thresholds and people being sent out of area?
- Who is accountable for this target? How can the 'fall' be on the NHS when they aren't properly funded in the first place?

All of the groups felt that waiting times could only be reduced if there was substantial and sustained funding into services to allow this to happen.

### 2.6 How should we ensure that the needs of all young people are met?

Although participants were generally positive about the proposals set out in the green paper, they all had concerns that the needs of many groups of young people would not be met in its current form. Although they acknowledged that it would be helpful for many young people, there would still be a portion of the young population who would miss out. Concerns raised by attendees can be grouped into the following areas:

**Many young people would not be willing or able to access support in a school setting.** The focus groups listed reasons such as bullying, stigma, confidentiality and missing lessons as some of the reasons that they would not feel comfortable in seeking support while at school. There were also discussions around young people who have low attendance and it was pointed out that mental ill health can make it difficult to go to school in the first place. Young carers have additional demands on their time and can have trouble engaging with school; designated senior leads might need to consider how their support can reach these pupils, whilst mental health support teams will need to be flexible in timings of interventions. Young people also suggested having access to community based services that can be accessed by those who might not be able to get help in school. Having a range of choices and being flexible was felt to be the key.

#### **"What about young people who aren't in school?"**

Some of the attendees we spoke to felt that the Government only cares about young people who are in school – and that the green paper reflects this. Others asked about people who were home schooled. Again, they suggested having properly funded community based services that are young person-centred and can be accessed by anyone. Some groups of young people who are



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not in school may have worries around housing and money, so having somewhere where they can access advice as well as mental health support is extremely useful. Many attendees spoke highly of their local YIACS in delivering these services. They felt that having the services independent from the school, but having outreach workers offering help in school as well, would be a great combination.

### **Tackling the root causes of mental health issues**

Many attendees felt that the green paper did not go far enough in acknowledging some of the root causes of young people's mental health issues. Problems with debt, employment, housing and benefits can all pile up and make mental health issues much worse. The young people felt that the impact of cuts and austerity were felt by groups of young people who are particularly vulnerable in the first place. Attendees felt that to really tackle the growing issue of young people's mental health in the UK, the Government needs to look at the impact of broader social policy issues that go beyond the scope of the green paper.

The focus groups acknowledged that the green paper won't be able to help every young person. However, they did feel that more vulnerable and/or marginalised groups of young people should be considered in the proposals, as they are most likely to 'fall through the cracks'. Young people should be involved in the design and delivery of these services to ensure that the specific barriers they face are addressed.

## **2.7 Next steps: How should the Government continue to involve young people?**

The young people who attended our focus groups were grateful for the opportunity and keen to stay involved. There were also many other young people who were not able to attend a focus group. It is essential that efforts are made to continue to consult with as many groups of young people as possible as these plans develop. Some suggestions were made regarding how this could be carried out:

- Government to attend user groups directly to gather views
- Invite young people to meetings and help them be involved in decision making
- Go into schools, colleges and universities to deliver sessions on the plans
- Have a young person-friendly survey that can be shared. Our focus groups didn't feel they could engage with the online consultation.
- Involve community based services to make sure you are gathering the views of a variety of young people
- Advertise the proposals widely - use social media!
- Consult young people before taking action, not as an afterthought
- Take the views of young people seriously - and, crucially, act on their feedback
- Make sure that you let young people know what you are doing (or not doing) with their feedback. Explain your decisions honestly.