Community Action Southwark

Voluntary Sector Discussion on Southwark's Mental Health Strategy: Improving Support for Children & Young People

June/July 2014

1. Introduction

Southwark Council and Southwark NHS Clinical Commissioning Group (CCG) are developing an overarching mental health strategy for the borough. Community Action Southwark (CAS) brought together a group of local voluntary & community sector (VCS) organisations working with children and young people on 11th June to hear the plans for the strategy and give an insight into the needs of the people they work with ('service users').

This short paper highlights the key points from the discussion. It is intended to support CCG/council officers drafting the strategy. It argues that a full understanding of voluntary sector organisations (VCOs), and ongoing partnership working and support of the sector, are vital to improving mental health in Southwark.

See a full list of attendee organisations in Appendix 1.

2. What happened on the day?

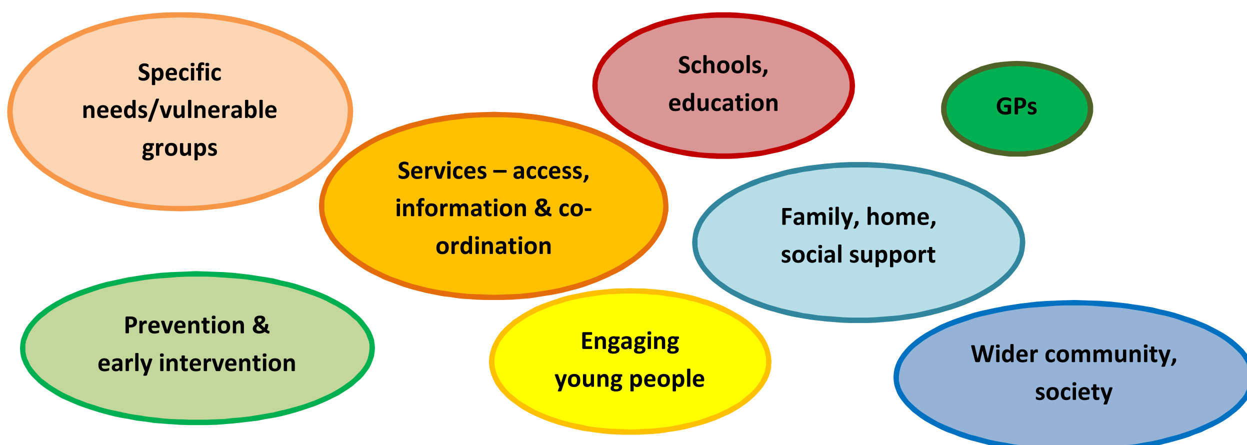
Jodie Adkin, Senior Mental Health Commissioning Manager at the CCG, gave a short presentation outlining the national priorities for change in mental health from the Department of Health, and the local context for change, including:

- Increasing demand from a growing population.
- The dominance of a single service provider, and need for a wider range of commissioned services.

Sharon Wellington, Pathway & Project Service Manager for Mental Health at South London & Maudsley NHS Foundation Trust, gave a short presentation on the need to improve support for 14-25 year olds. Key points included:

- Ending the 'cliff-edge' in support as young people reach 18.
- Supporting schools to identify mental health problems earlier.
- Improved access to psychological therapies.

This was followed by group discussions, where participants discussed **unmet needs**, how to better **engage young people** and offer support, and how to provide better **preventative support**. The discussion can be summarised according to the key themes below.



3. Key points from group discussions

3.1 What specific needs or vulnerable groups do we need to consider?

Participants highlighted a number of specific needs and vulnerable groups that the mental health strategy should acknowledge and address:

- Do schools and GPs currently identify **self-harm** in young people and know how to support them?
- How can we raise awareness of the abuse of **marijuana** by young people, which can lead to social isolation and mental health issues?
- How can we better support people with **complex** and **multiple** health and social care needs?
- How can we provide early intervention or 'sub-threshold support' for key groups such as **LGBT people**, **care leavers** and **unaccompanied minors**?
- How can we improve support for young people with **physical** and **learning disabilities** and associated mental health issues?
- Services should be **LGBT**- and **disability**-friendly. **LGBT young people** need support around self-harm and suicide, need to be more confident about coming out, need LBGT-appropriate services, which will result in lower risk of family breakdown and homelessness.
- How can we reduce the prevalence of **eating disorders**, which can result from self-esteem and confidence issues?

3.2 How can we successfully engage young people who might otherwise fall through the gaps?

Because young people sometimes refuse statutory services which are offered to them, VCOs can step in to engage the most excluded young people. Prevention is difficult when working with these young people; interventions all too often will come at the crisis point. For example, services working in Peckham have reported difficulty in engaging young people who are out of education and work, and have a weak social support network and do not take an active role in society.

Various methods could be used to engage with these excluded groups, such as:

- **Building strong relationships over time,** and ideally enabling support staff to come back to young people with extreme needs later on and review their progress. We acknowledge that this is potentially **resource-intensive**, but is the most effective way to reach people with extreme needs.
- **Using peer supporters** to connect with young people, such as other young people from within the same community, who are linked to mental health professionals.
- **Engaging young people through music**, for example providing facilities such as a recording studio, in order to captivate young people in a way that one-to-one meetings often cannot.
- **Providing opportunities for volunteering, education and training** which give young people a stake in society, but making sure these are optional rather than compulsory, and chosen by the young people.
- **Providing support at convenient locations** where young people frequently visit, and using similar **language** to successfully connect with young people.
- Services should engage with young people in a **holistic way**, seeing mental health as linked to other parts of their lives, e.g. employment, housing. Support should be **timely**, offered at key points in their lives.
- There could be a **buddying** service between young people and older people, for mutual support.

3.3 How can we improve access to services, information on services, and better co-ordinate different services?

Some voluntary sector staff are frustrated because they do not know where to go for support for children they work with. Many do not know what services are available outside statutory CAMHS[1]. Information on support available and referral routes needs to be **clearer**. Participants suggested the following actions as ways to tackle service-related issues:

- Forging **stronger links** between mental health professionals and **youth workers** through 1) upskilling youth workers and 2) developing **closer links** between youth workers and mental health professionals.
- **Offering support through 'non-stigmatised professionals'** such as youth workers to broaden support and ensure issues are picked up earlier.
- Using **different, non-stigmatising language** to describe services – for example, using 'reasoning' rather than 'counselling' has increased demand for a local service markedly.
- Providing a **variety of ways** for people to **receive information**, and tailoring information to people's needs and preferences.
- Enabling **broad and simple access to** support – providing a single 'gateway' through which young people can find support and making it easier for people to self-refer.
- Taking a **holistic, whole-family approach** and not isolating mental health issues from other factors.
- Providing **support planners** through local peers.
- **Avoiding causing further stress** to people, for example by ensuring that people are not overloaded with confusing, conflicting information.
- Ensuring **100% follow-up to referrals** in five years' time; this could be done by VCS staff and peer supporters, as well as mental health professionals.
- Focusing on **integration** between different services, pooled funding, and shared benefits.
- Developing a **dedicated 'transition service'** to support young people moving from CAMHS to adult services – this could include a 'passport', like the new Education Health & Care Plans, although this risks stigmatising people
- Increasing access to **talking therapies** to build resilience and confidence.
- Allowing young people to find and access the support they need in a **convenient location**.
- Ensuring **co-ordination with the SEND[2] policy agenda;** how does mental health support for young people link with support for young people aged 0-25 with SEND, including the new Education, Health & Care Plans?

3.4 How can we embed prevention and early intervention into mental health services?

Prevention and early intervention are crucial for delivering effective mental health services. Without them, more resources are necessary further down the line to tackle a problem which has worsened. An example was given of a young person demonstrating signs of abuse and distress was not being given support because their needs were below the CAMHS criteria. Five years down the line, they had developed much more advanced and extreme needs.

Discussion around early intervention covered the following points:

- **Acting as early as possible** can prevent predictable life courses, e.g. young children (5-7) who are sexually abused or suffer ADHD and enter the criminal justice system later in life.
- Clarifying support for young people with **sub-threshold needs**, including those not eligible for CAMHS support. How can we re-design the system from the bottom-up so it supports the youngest children with low-level needs before those needs escalate?

[1] Child & Adolescent Mental Health Services
[2] Special educational needs & disabilities

- Providing **clearer and better access points into support**. If people have to wait for support or don't know where to get it, it leads to crises.
- **Acting early** with **key groups** with **sub-threshold needs**, such as LGBT young people, care leavers and unaccompanied minors.
- **Funding more preventative work**; and providing support to help VCOs and professionals demonstrate the preventative impact of how their services.

3.5 How can we address mental health issues through our schools and education system?

Participants were concerned about the need to flag up **potential mental health issues** as early as possible. Low level mental health needs can often be spotted in the playground, but it is difficult for school staff to know what action to take if needs are below CAMHS thresholds. Participants made the following suggestions for addressing mental health issues through education:

- **Identifying mental health needs** – teachers and other school staff need to more consistently be able to identify these needs and know what action to take.
- Providing mental health support in the **school setting.**
- **Equipping teachers to recognise signs of distress** when children of single parents misbehave in school, and giving them the knowledge and resources to access the appropriate support.
- **Integrating mental health services with schools** to address issues such as bullying
- Providing **emotional education** in schools to help young people express and manage their emotions.
- Some participants wanted to see **philosophy** on the school curriculum for younger children.
- **Embedding mental health into schools** similar to how safeguarding is embedded.

3.6 How can GPs work towards improving mental health in Southwark?

GPs can play a key role in improving mental health across the borough, but there are things that need to change. Participants wanted to see the following:

- **GPs having a better awareness** of mental health issues generally, including what questions to ask patients. Some GPs have a poor understanding and are out of touch, using inappropriate language, e.g. 'psycho'.
- **GPs identifying mental health needs earlier**, i.e. under-14s. For example, can they currently identify post-traumatic stress disorder?
- An **increase in referrals from GPs to VCS providers.** VCOs find it difficult to engage with GPs and make them aware of their services.

3.7 How can we address mental health issues in family, home and social network settings?

Young adults sometimes don't want their social circle or family to know about their mental health issues, due to **embarrassment** or an **unsupportive home environment**. They consequently **lack the social support network** that others do have. Some young people have **mental issues that *result* from their home environment**. They avoid home as it is unsafe, and sleep on the streets.

Certain changes and improvements would lead to better outcomes for those with mental health issues:

- Improving young people (and their families') **communication skills** would lead to improved family relationships and reduced homelessness.

- Services need to reflect the **instability of modern family life**, i.e. divorce is more common, people re-marry, different family structures. These can have an effect on people's mental health and certain events act as **trigger points** for crises.
- **A whole-family approach** would be most beneficial for improving mental health.
- One success in five years' time would be more people having **stronger relationships and connectedness** within and beyond their family.

3.8 How can we improve mental health across the community and in wider society?

Raising **public awareness** of mental health issues is of paramount importance in order to ensure that young people **understand** mental health issues, can **self-diagnose**, and are more open about mental health problems in the future. This could include mental health **'first aid'**.

Mental health issues need to be addressed alongside **underlying social problems**, for example housing, employment, finance, and food poverty.

Other ways in which mental health issues can be addressed include:

- Support for the most socially excluded children and young people to **contribute to society** and be more sociable.
- **Making time** for both parents and professionals to listen to and **understand the mental health needs** of young people. This is a societal challenge as people have less time for each other.

3.9 What else can be done to improve mental health across Southwark?

Participants voiced that they felt that **£4m funding** for children and young people's mental health support out of £60m (7%) for all mental health support is **too little**. This is not enough to provide adequate support for young people. They also felt that a higher proportion of mental health funding should be dedicated to children and young people, especially given that Southwark has a **young population**.

While the window for developing the mental health strategy is short, participants felt it is vital that young people in general, and disadvantaged groups (LGBT young people, disabled people), are **directly consulted**.

4. Summary and next steps

Voluntary & community sector organisations and groups work with many children and young people in Southwark of all ages and levels of need. The mental health strategy should aim to improve identification of **low-level** mental health needs **early on** *and* to reach the most excluded young people with **severe needs**. To do this, it must have a **clear and meaningful vision for the VCS**.

It should also see VCS provision as part of a **continuum** of different kinds and levels of support, ranging from medical interventions to counselling (or 'reasoning') to building people's confidence and resilience to engaging the most excluded and hard-to-reach young people. Some VCS services are unique in their ability to provide some of these services and reach some young people, so they should be seen explicitly as **key partners** in meeting mental health needs.

CAS is eager that the mental health strategy reflect the expertise, ideas and concerns of the VCS. We know that the process of strategy development is complex, lengthy and iterative. However, **we ask officers writing the strategy to be explicit about if and how these contributions are used in the final strategy.** We also offer ongoing support in the process and are very happy to try and expand on the points made.

5. Contact

To discuss any of the points raised in this paper, please contact:

Phil Mawhinney, Senior Policy Officer, Community Action Southwark

[E] phil@casouthwark.org.uk [T] 0207 358 7018

Appendix 1: Attendee organisations

Blackfriars Settlement
Cambridge House
CoolTan Arts
Copleston Centre
Faces in Focus
Healthwatch Southwark
Kairos Community Trust, SIPP
MAC UK
NHS Southwark Clinical Commissioning Group, Engagement & Patient Experience Committee, patient representative
Southwark & Lambeth MIND
Southwark Carers
The Well Centre
Three Wantz
Westminster MIND