**Appendix 1**

# FINAL REPORT OF THE HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE

## MAY 2004

# THE NATURE AND LEVEL OF MENTAL HEALTH SERVICES TO BLACK MALE TEENAGERS

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## 1. Context Summary

1.1 Members received background information indicating that approximately 15% of teenagers [12-18 years] experience mental health problems as adolescents. Behavioural problems in adolescence predict adverse developmental outcomes including: educational underachievement; offending behaviours; substance misuse; depression; and suicide attempts. Vulnerability to mental ill-health increases for children looked after, those with learning disability, people in the criminal justice system, homeless people and young carers especially in relation to ' parental mental illness'. The risk of suicide amongst young men in general is greater than for their female peers, and the incidence of self-harm amongst this group is rising.

1.2 Within Southwark it is believed that approximately 10% of adolescents have difficulties, a figure representing 300-400 individuals per year, of which 25-27 of these receive in-patient care.

1.3 Whilst research on the specific mental health needs of black children and adolescents is reportedly sparse, individuals from black and minority ethnic groups are more at risk of developing mental health problems than their white counterparts. Black and minority ethnic teenage men are at particular risk of mental ill health due to higher incidences of factors contributing to social exclusion, including: poverty; abuse; lone parent families; low household income; and poor educational performance.

1.4 In addition to problems caused by mental ill health itself, the absence of sufficient positive role models and the stigma of racism increase pressure on teenage black men. A recent Samaritans' survey suggests that young men will more often express themselves through violence and anti-social behaviour than tell someone how they feel. Young black people are over-represented nationally in school exclusion rates, within youth offending services and in the population of children looked after.

1.5 Increasing numbers of refugees and asylum seekers are presenting to mental health services with complex mental health histories, insecure status and form a noticeable proportion of in-patient mental health admissions.

1.6 Of those young people who came into contact with child and adolescent mental health services [CAMHS], BME young people often came into contact with these services later than with their white counterparts, and often only at the point of crisis. Organisations who have evidence reported that black families preferred to use informal networks, including local community and faith organisations to address mental health problems within families.

1.7 During the review a range of views were heard about the situation regarding recruitment of black workers to CAMHS. These included reported historical difficulty in recruitment to some CAHM services, and positive feedback on current BME staffing levels from those working in other areas of CAMHS.

1.8 Members were advised that over the next two years the Neighbourhood Renewal Fund would be funding a project to hear from young people about their experiences and potential usage of CAMH services to inform future CAMHS provision and to assist in the development of a preventative strategy. It is hoped that the project might learn when and from whom young people

might seek help with a mental health problem, and build on the work of the Cares of Life project. These two projects would hopefully work closely with each other and share learning, in turn hopefully increasing opportunities for early intervention.

1.9 Southwark Council has the power to promote the economic, social and environmental well-being of those living within its geographical area, under the Local Government Act 2002. Promotion of equality in service provision runs through the authority's key strategies, with actions being supported by performance management arrangements. Southwark Primary Care Trust is responsible for all local primary and community health services and commissioning services to meet the needs of Southwark's population. Health inequalities impacting on the black and minority ethnic communities in London have recently been the particular focus of Health in London – a report [2004] produced through partnership working between the London Health Commission, Greater London Authority and the London Health Observatory.

## 2 Introduction to the Review

2.1 This is the fourth report of the Health & Social Care Scrutiny Sub-Committee. It sets out the findings and recommendations arising from the Sub-Committee's review of mental health services provided to black, teenage men.

2.2 The Health & Social Care Scrutiny Sub-Committee was constituted in May 2002 with broad terms of reference to inquire into matters impacting on the health of people living in the borough. Following an initial briefing on 30 July 2003, the review heard evidence over two sessions and undertook site visits between December-May 2004 during which time the Sub-Committee membership was:

- Councillor Eliza Mann (Chair)
- Councillor Dominic Thorncroft (Vice-Chair)
- Councillor Gavin O'Brien
- Councillor Vicky Naish
- Councillor Dora Dixon-Fyle
- Councillor Daniel McCarthy [Member w.e.f. 11/03]
- Councillor Jane Salmon [Member w.e.f. 4/04]
- Councillor Denise Capstick [Sub-Committee Member until her appointment to the Executive in October 2003]
- Reserve Members Councillor Lorraine Lauder, Linda Manchester, Mark Pursey [w.e.f. 11/03], Veronica Ward and Stephen Flannery [w.e.f. 12/03].

2.3 This was a short review and the Sub-Committee did not undertake substantial review of all services provided to black male teenagers. The review's focus was primarily on understanding the overall "map" of services to black and minority ethnic men between the ages of 12-18 years, and on identification of areas and ways in which cross-sectoral provision might be improved by drawing out broad themes impacting on provision.

2.4 The Sub-Committee acknowledged the great deal of debate about the use and potential impacts of terminology in respect of race and ethnicity in relation

to the experience of receiving formal mental health services, but did not pursue this matter as part of the current review.

2.5 Mental ill-health remained taboo for many members of the black and minority ethnic community. Members acknowledged the need to find acceptable and non-stigmatising terminology with which to speak of mental ill-health and mental health

2.6 During this inquiry, the Sub-Committee met with:

- John O'Hagan – Head of Children's Direct Services, Southwark
- Isobel Morris – Director of Strategic Development, South London & Maudsley NHS Trust
- Roger Weissman – Social Work Team Manager, Southwark Social Services Child Mental Health
- Dr Dele Olajide – Consultant Psychiatrist, Maudsley Hospital & "Cares of Life" project
- Genevieve Bediako-Bonsu – Snowsfield Adolescent Unit
- Rachel Watson – Project Co-ordinator, Bridging the Gap Project [South London & Maudsley NHS Trust]
- Partha Banerjea - Bridging the Gap Project [South London & Maudsley NHS Trust]
- Ometa Alli – Project Manager, Maroons Mental Health Resource Centre
- Lucky Nyamayaro – Deputy Project Manager, Maroons Mental Health Resource Centre
- Kelvin Hassan – Project Worker, Maroons Mental Health Resource Centre
- Anne-Marie Campbell – Carer of Maroons Mental Health Resource Centre user
- Camila Batmanghelidjh – Director, Kids Company

2.6 In addition, Members undertook site visits to:

- Peckham Pulse Walk-in session, SE15 [14th May 2004]
- Kids Company, London SE5 [21st May 2004]

2.7 The Sub-Committee would like to thank representatives from statutory and voluntary sector organisations and other individuals who gave their time to attend meetings and inform this review.

## 3. **Current service provision**

During the course of its review the Sub-Committee heard evidence from statutory and voluntary sector service providers about how mental health services to teenage black men were currently being provided within existing statutory and partnership frameworks. It was clear that voluntary organisations in particular displayed a great deal of knowledge of the work of other organisations whose work was relevant to or impacted on teenage black men.

### 3.1 South London & Maudsley NHS Trust

3.1.1 South London & Maudsley NHS Trust [SLAM] provides mental health and substance misuse services to people from Southwark, Lambeth, Lewisham

and Croydon, and substance misuse services to Bexley, Bromley and Greenwich. In addition, SLAM provides specialist services to people from other parts of the country.

3.1.2 Representatives from South London & Maudsley NHS Trust explained that intervention aimed to prevent hospital admission where this was appropriate. Early identification of mental illness improved long-term prognosis but brought with it the danger of inappropriate labelling.

3.1.3 For young people facing discharge from in-patient units, the Care Programme Approach was taken. This approach is a statutory requirement for anyone 18 years of age or over who has had a hospital admission for serious mental illness, including serious self-harm and or has been admitted under Section 3 of the Mental Health Act 1983. Southwark considers the approach to be good practice as it provides a framework within which to monitor and co-ordinate aftercare. Within Southwark young people aged 12-18 years who fulfil the criteria for the approach are placed on the Care Programme Approach and allocated a co-ordinator who oversees the package of care deemed suitable. Members heard evidence that monitoring young people receiving non-CPA care was problematic in that a balance had to be struck between the provider's need to monitor service provision and respect for the user's wishes.

3.1.4 Outreach was believed to be effective in increasing the accessibility of formal mental health services, and the Trust worked in partnership to provide outreach services to teenage black men in the borough.

3.1.5 Members acknowledged the impact of mental health issues on the provision and receipt of other local authority services such as housing, where additional support might be indicated for those with mental health needs. Examples were: officer involvement with the Homelessness Unit; the availability of supported flats; and support for sustaining tenancies.

3.1.6 In respect of emergency mental health services the borough's two Crisis Resolution Teams were reportedly continuing to succeed in preventing admission and receive positive user feedback.

3.1.7 SLAM is developing an Early Psychosis Intervention Service in response to the requirements of the National Service Framework for the Mentally Ill. This service will identifying young people with early onset psychosis and will link with CAMHS in relation to provision of effective early treatments and support to these young people and their carers. Assistance with transition to adult services will also be provided.

3.1.8 Southwark's Child and Family Service [SCFS] is a specialised service based in SE15 and one of the largest CAMHS services in the borough. It comprises four main programmes, i.e. the Children's Team [for children under 12 years of age with complex needs and their families], the borough-wide Child Sexual Abuse Treatment Service [for young people up to age 18 who have been sexually victimised], the KeepSafe project [for young people under 18 who are sexually abusive, and the Parent & Teacher Drop-in Service [an outreach school-based programme].

3.1.9 Of these programmes the Children's Team receives approximately 400 referrals every year – around half of all clinic attendees being black or

minority ethnic. Its team includes multiple professional staff and provides a range of assessment and treatment services.

3.1.10 SCFS's staff are drawn from across the spectrum of ethnic groups in the borough, and the service reports no difficulty in recruiting BME staff members.

3.1.11 In respect of early intervention, SCFS works with children under 12 years old in clinical settings and through its schools programme.

3.1.12 SCFS is reportedly used well by BME families, which it attributes to the clinic being in a user-friendly health centre, the ethnically diverse staff group, and the provision of a broad range of psychological and psychotherapeutic treatments, in doing so taking care to address patient fears about and mistrust of mental health services.

3.2 Bridging the Gap

3.2.1 Bridging the Gap project is a pilot outreach project of SLAM, currently run by three staff [including one substance misuse worker], which provides mental health services via community access points to hard to reach young people 12-18 years old who are at risk of social exclusion. BtG offers consultation and training for partner agencies providing statutory, voluntary and community services to young people in the borough.

3.2.2 The team takes a family-systems approach that takes into account "the family and cultural influences of background, social and economic condition", and employs complementary techniques in its direct work.

3.2.3 Bridging the Gap project has been working to build networks in community settings and is now mainstreamed. The project currently works with Kids Company, Faces in Focus and at Peckham Pulse. Whilst the project tries to provide therapy in community settings, more serous cases are referred to formal services.

3.3 Cares of Life Project

3.3.1 The Cares of Life project, takes as its starting point a recognition of existing informal social networks within the black community, including social groups, churches, clubs, faith and community groups, barber shops, resource centres etc. Through extensive network analysis the project has developed innovative community engagement models. The project's capacity building included training and employment of black workers and 25 volunteers and Members heard how capacity building enabled early recognition and intervention and thus helped to prevent social exclusion.

3.3.2 Cares of Life recently won the 9th Annual British Diversity Award for Health for its pioneering networking, methodology and communications work, and its model of care enables workers to provide culturally appropriate assistance in non-clinical settings.

3.3.3 The project's stated aim is to break down the wall of fear between black people and mental health services, and to this end it employs varied and innovative publicity vehicles to communicate messages about mental health and available support, including local and national radio and an outreach bus. Recognising links between mental and physical health has enabled the

project to find effective and appropriate ways for people to access services/information.

3.4 Maroons Mental Health Resource Centre

3.4.1 The Maroons Mental Health Resource Centre aims to provide culturally sensitive services in a holistic way, operating on the key principles of promotion, participation and prevention. Its services include a carers group, outreach support and local hospital visits. In addition the Centre addresses substance misuse and works with children excluded from school. The Centre's current 20:1 staff to user ratio currently prevents the development of work with black teenagers [the Centre's remit is currently only for individuals aged between 18 and 65 years], although its staff are often asked to suggest referral points for those under 18 years of age who make contact with the Centre.

3.4.2 Both Centre staff and a carer reported a general paucity of services specifically targeted towards black teenage men and accordingly Centre staff found it difficult to identify suitable services to which to refer individuals who came to them for help.

3.5 Kids Company

3.5.1 Kids Company aims to "enhance the emotional health of severely disaffected young people by reducing the impact of trauma and neglect and sustaining the child's belief in a more positive future". The project carries out team outreach into schools [focusing on emotional health through therapy and artistic expression], and by provision of more specialised support to children who have been excluded from other care structures at its base in Camberwell. The project advocates a child-centred approach, with services provided to young people in their communities, and employs complementary care.

3.5.3 Kids Company seeks to provide a holistic package of support, and through its approach has been able to assist young people whose problems had either not previously been identified, and those who have been excluded from school and other services. Significantly, young people are able to refer themselves to Kids Company and publicity for the project is largely through word of mouth.

3.5.4 Kids Company acknowledged that whilst crisis and drop-in provision at the Maudsley was excellent, the package of care provided for children with mental health needs was somewhat lacking, with the Director reporting that once a young person was admitted to the Maudsley as an in-patient, the "rest of their life died around them".

3.5.5 In respect of partnership working to achieve best service to young people in need, the project reported that the lack of any formal status for voluntary organisations in respect of statutory decision-making often results in voluntary sector service providers being excluded from decisions on service delivery and support to a young person, at a time when such input might benefit a young person greatly.

## 4 Themes from the review

### 4.1 "Better early intervention, not just crisis care" - identifying problems and helping black, teenage men

4.1.1 One organisation from whom evidence was taken stated that many young people reported that the most effective way of getting help for themselves was to "commit a crime and be caught", and that the best services were currently those being offered in response to youth offending - possibly due to the high public profile of offending behaviour and related crime.

4.1.2 There were many school-age children living in extremely stressful situations which were unfortunately not always identified before the child reached secondary school age. Early support was therefore not received and consequently these children often carried forward behaviours likely to lead to further problems at school.

4.1.3 Both statutory and voluntary organisations emphasized how important it was for services responding to young peoples need in a rapid and timely manner, and provide support and assistance to the young person when it is needed by them rather than at the pace of the providing organisation.

4.1.4 All organisations that gave evidence to the review agreed that a strategy of early identification and intervention avoided problems later in life for young people, and expressed a wish to continue provision of or support to outreach activity – for example in schools, youth and community settings.

4.1.5 There was a need to break down barriers preventing young black men gaining access to information about mental health. Traditional clinical settings for information provision and interventions were in general off-putting to young people. Providing a non-stigmatised space where young people could access information and help, away from traditional clinical settings was seen as a way to help break down stigma about mental ill health, mistrust of formal mental health professionals, to increase access to information about mental well-being amongst black teenage men, and to help more individuals get the help they needed.

4.1.6 Members heard evidence from organisations to whom young people could self-refer, or who were able to accept referrals from a range of sources including community groups, youth workers and schools. Making services easier to access by self or non-GP referral was thought to be an effective means of increasing access to available services for this group in particular. Analysis of referrals to the Camberwell Child & Adolescent Service ['96-'97] suggested that that families who had gained access to the service through self-referral were most likely to attend, but young people referred to the service by Social Services were more likely not to do so.

4.1.7 Members acknowledged comments made by witnesses that the existing approach to referring young people to other organisations appeared somewhat "scattergun" in character.

4.1.8 It was suggested that consideration more often be given to providing assistance to existing agencies/networks supporting young people, rather than to creating new provision.

***Recommendation(s):***

**4.1.9 The Sub-Committee urges statutory and non-statutory providers to continue to work jointly to keep early intervention a key strategic priority.**

**4.1.10 The Sub-Committee recommends that statutory and non-statutory providers and partners seek to increase accessibility to mental health and well-being services by means such as self-referral and making services and information available in non-clinical settings.**

## 4.2 The impact of cultural, racial and generational differences on provision of services

4.2.1 Members talked with voluntary sector organisations working directly with black teenage men, and directly to the carer of a young black man who had used existing services whilst in adolescence.

4.2.2 Dr Dele Olajide reported that very often black people were more likely to present physical symptoms to health practitioners than psychological ones. This had clear implications for the identification [and early intervention] of emotional distress and mental ill-health. Whilst work was being undertaken to enable mental health professionals and workers to better understand black clients, witnesses who gave evidence felt that there was in general a need for more education and training of staff.

4.2.3 Fear and mistrust of the formal mental health system was acknowledged as a very tangible barrier to appropriate service provision and access to services. Members received evidence that black or minority ethnic men have higher compulsory admission rates to psychiatric hospitals than do the general population and are more likely to be given medication than to be offered psychotherapy or counselling. Cares of Life reported that users found formal mental health services coercive and unhelpful and emphasized that the black community were unlikely to engage with providers until levels of trust had been built and confidence raised that black voices would be heard. Black service users referred to their experiences of receiving services provided by black-led and staffed organisations.

4.2.4 The Sub-Committee heard many examples of service provision that seemed to demonstrate that where voluntary/community organisations were given space to innovate the models these providers found were perceived to be highly effective in defining and targeting specific unmet need and enabling net capacity building within the community.

4.2.5 Innovative approaches included: recognition of and working within existing social networks [using churches, faith groups, barber shops and existing community networks as primary referral points]; engagement and training of volunteers and workers from the black community; dialogue with mental health professionals; general education of the black community about mental health; supporting BME staff in caring professions to provide appropriate care; using popular communications channels to advertise services; and creating opportunities to reduce the gap between users and formal services.

***Recommendation(s):***

**4.2.6 The Sub-Committee recommends that innovative work being done within the voluntary/community sector in respect of finding effective models of working with the black community to provide direct services in support of mental well-being be acknowledged, and a means be found of ensuring that organisations across all sectors learn from best and innovative practice.**

**4.2.7 The Sub-Committee acknowledges that non-statutory organisations working with the BME community are often very well placed to respond to the specific needs of black male teenagers. The Sub-Committee would support ongoing support and capacity building work with BME voluntary and community sector organisations.**

**4.2.8 The Sub-Committee recommends support for training and education of health professionals and staff working with the BME community, and black male teenagers in particular [e.g. General Practitioners, teaching and ancilliary staff, social and mental health workers] to promote better understanding of the ways in which mental distress may be experienced and expressed by BME male teenagers.**

## 4.3 Providing services from a user perspective and ensuring appropriate packages of care

4.3.1 The mother of an adolescent user of mental health services within the borough spoke to Members about both her own and her son's experience of mental health services for young black men. She spoke particularly about:

- The lack of support to young people, outside of the family unit;
- The compounded negative impact of poor mental health itself and experience of using mental health services on the self-esteem of young people;
- The need for better advocacy for young people with mental health needs;
- Lack of crisis intervention available to this group;
- Lack of support to carers [including necessary assessments not being carried out];

4.3.2 Southwark Child and Family Service emphasized that a relatively small number of children and young people were admitted to inpatient units, with the majority of the approximately 1,500 cases being referred to CAMHS services annually.

4.3.3 Organisations that gave evidence had found that many services were not taking a holistic, child-centred approach to addressing young people's life needs - giving consideration to the whole "package of care". Organisations placing users at the centre of their work were in general more able to do so.

4.3.4 Members were concerned to ensure that adequate mechanisms existed to enable a young person's care package to follow them through whatever services were being provided – to enable better continuity of care. Members recognised the necessity for effective joint working and monitoring arrangements to effect this.

4.3.5 In terms of care provided, crisis and drop-in provision at the Maudsley was reported to be excellent, but there was less confidence that the package of care provided for children with mental health needs took into account their other needs, with many children reportedly not having day-to-day access to therapy support for example. In respect of in-patient care, the need for a broader range of interventions in addition to medication was discussed, as were the necessity of addressing the support needs of young people with learning difficulties and those excluded from school who had mental health needs. One witness stated that in her experience once a young person was admitted to the Maudsley as an in-patient, the "rest of their life died around them". However the Sub-Committee recognised that there were a range of outcomes from acute admissions.

4.3.4 It was noted that many services assumed that young people had a responsible adult behind the scenes, able to act on their behalf and with their interests in mind. This, however, was very often not the case. Members were particularly concerned that young people receiving in-patient care might be without the guidance and interest of a responsible adult. It was suggested that a mentoring system be considered as a way of providing such support.

4.3.5 However, even when young people have carers supporting their treatment, existing mainstream mental health services were reportedly not always to be sufficiently able to accommodate the needs of these carers.

4.3.6 The need for better advocacy for young users of mental health services was raised.

***Recommendation(s):***

**4.3.7 The Sub-Committee recommends that effective mechanisms be found to ensure that a young person's individually tailored care package and the information contained therein is portable across whatever services that individual receives – to ensure important information necessary to them receiving appropriate care is available.**

**4.3.8 Members recommend that a way of recording non-statutory support received by the individual be investigated, taking a holistic approach to individual needs.**

**4.3.9 The Sub-Committee recommends joint work to ensure that the non-clinical needs of young people receiving in-patient mental health services, those with learning difficulties and those excluded from school are addressed.**

**4.3.10 Members recommend greater consideration be given to support to the carers and families of black teenage men receiving formal mental health services, including respite care.**

**4.3.11 The Sub-Committee acknowledges that there are black teenage men without family or other support, and would like to see the development of "buddy/mentor" support offered to such young people.**

**4.3.12 The Sub-Committee recommends that further work be undertaken into advocacy services for BME male teenagers.**

## 4.4 Mental health and drug use

4.4.1 Members acknowledged the ongoing debate about the interrelationship between drug use and mental health difficulties and were concerned about what appeared to be ongoing national failure to address the matter. The Sub-Committee heard that cannabis use in the family and peer group settings had increased both at national and local level.

4.4.2 However, only eight drug rehabilitation beds for young people existed in the UK. Members heard about the enormous negative impact of seeing ones peers remaining in need of help within the community, and acknowledged that the lack of bedspaces severely impacted on the treatment of young people for drug problems.

***Recommendations:***

**4.4.3 Members noted with concern the lack of drug rehabilitation bed-spaces for young people nationally, and the impact of this position on the treatment of young people with drug-problems. Members recommend that work be undertaken to address the paucity of such bedspaces in the borough.**

**4.4.4 The Sub-Committee recommends further work into the relationship of drug abuse and mental ill-health.**

## 4.5 Joint and partnership working

4.5.1 Whilst partnership working took place with the Youth Service [Connexions] to provide services supporting mental well-being in schools and youth settings, officers recognised that the authority needed to go further by making better links and working alongside community and faith groups. Members acknowledged that establishment of equal joint partnerships with voluntary sector required an honest dialogue.

4.5.2 Members heard evidence that the lack of official status of voluntary organisations in respect of statutory decision-making [in respect of a young person's care] very often resulted in such organisations being excluded from input into decisions about treatment packages and service delivery, at a time when such input might benefit a young person greatly.

4.5.3 Members felt that more effective joined up working between Social Services, Education and Housing Departments, the Primary Care Trust and mental health providers could avoid duplication of effort, result in better provision, prevent wasted resources and support increased capacity within the black community sector. Joint working/partnership arrangements would however require regular review to ensure currency of approach. Alongside this aspiration, the Sub-Committee suggested that statutory providers acknowledge existing cross-sectoral provision and consider providing assistance to existing agencies and networks rather than looking to create entirely new provision.

***Recommendation(s):***

**4.5.4 The Sub-Committee welcomes the CAMHS joint commissioning strategy and pooled resourcing arrangements, and is likely to review whether this approach is achieving better outcomes for children's mental health.**

**4.5.5 Members recommend that further work be undertaken to map provision of mental health services to black male teenagers across all sectors.**

**4.5.6 The Sub-Committee recommends that statutory providers acknowledge existing cross-sectoral work specifically addressing the needs of black, male teenagers, make reference to and consider supporting existing initiatives when seeking to address need - rather than creating entirely new provision.**

**4.5.7 The Sub-Committee would recommend further work to examine the way in which young people with mental health issues may experience Police involvement in their lives.**

**4.5.8 Members recommend that statutory providers seek to identify key non-statutory agencies and organizations involved in providing excellent support to young people, and take existing support and knowledge of the individual into account when discussing services and intervention packages for them.**

## 4.6 Strategic approach

4.6.1 Members expressed concerns about lack of acknowledgement in the general population that mental health problems were potentially life threatening. Proper resources for statutory and voluntary organisations were required to reflect and address need. Different agencies appeared to be struggling for funding and equal partnerships needed to be encouraged. Consistent day-to-day support to young people was lacking but might be provided in simple ways, perhaps through existing channels and relationships [such as youth groups and youth workers].

4.6.2 The mental health of black men, and services to them, were very often considered low priority, particularly in respect of resource allocation and quality of provision. Projects referred to instances where it would appear that a “tick box” mentality was taken to provision of services to black men, without adequate consideration of whether services were meeting or continuing to meet their needs.

4.6.3 The Sub-Committee noted the ongoing development of the child mental health strategy “Well Being”, and the existence of the National Service Framework for children’s services. It was anticipated that the draft child mental health strategy would address issues around out of hours services, day care provision, service integration and coherence from a user perspective, and cross-sector provision.

***Recommendation(s):***

**4.6.4 The Sub-Committee recommends that organisations across all sectors continue to provide consistent day-to-day support to young people’s**

**mental well-being through existing channels and relationships and within existing resources – using innovative approaches where these are likely to impact positively on the lives of young black teenage men.**

**4.6.5 The Sub-Committee wishes to see better communication between all providers and partners – and improved coordination to ensure better service delivery to young people.**

## 5 Commissioning Strategy for Child and Adolescent Mental Health Services [CAMHS]

5.1 Recently a joint commissioning strategy for Southwark Child & Adolescent Mental Health Services (CAMHS) has been established. This involves the appointment of a Joint Commissioner with a commissioning framework for CAMH services. Joint commissioning involves the pooling of resources received from different funding sources.

5.2 Agencies currently involved in joint commissioning are Southwark Social Services and Southwark's Primary Care Trust who will shortly be joined by Education Services and in time other agencies who have funds to improve the mental health of children and families. A commissioning group is being established and will include representatives from key partner agencies including the voluntary sector. In this way resources for child and adolescent mental can be targeted more effectively to the areas of need identified by the key agencies/stakeholders working with children and families' mental health issues. Services in the future will then be commissioned on the basis of a shared strategy with inter-agency agreement and a multi-agency approach.

5.3 The way in which services were commissioned previously tended to promote a piecemeal and possibly protectionist approach to addressing mental health need in that health allocated its own resources, Social Services did likewise and other agencies tended to work somewhat in isolation tackling mental health difficulties.

5.4 CAMH services from health were insufficiently resourced to meet both identified and unmet need. Debate suggests that a single agency approach to these complex problems is now insufficient and that pooling resources into a multi-approach might prove more effective in achieving better outcomes for children's mental health.

5.5 There is now better recognition of mental health as a serious problem for our children and central government is increasing resources.

5.6 Resource allocation will now be determined by the identified needs and targets set by the Southwark's CAMHS strategy entitled “Well Being” – a draft of which is currently out for consultation to interested parties.

5.7 It is hoped that joint commissioning and an informed CAMH strategy will in future better inform both the allocation of CAMH services across agency boundaries and the effectiveness of delivery and outcome.

## 6. Approach taken to inquiry by the Health & Social Care Scrutiny Sub-Committee

6.1 The Health & Social Care Scrutiny Sub-Committee sought the views of a number of representatives including Social Services and external representatives from the authority's health partners including South London & Maudsley NHS Trust, and voluntary sector organisations.

6.2 The scrutiny employed a range of methods including:

- Desktop research and literature review - members and officers gathered information on the national and local context;
- Hearing from a range of 'witnesses' – voluntary and statutory sector professionals and service users;
- Visits to projects in Southwark and a neighbouring borough, at which mental health services are available to black, teenage men.

## 7. Details of meetings and site visits

7.1 ***30 July 2003 [meeting]***

The Health & Social Care Scrutiny Sub-Committee heard from Roger Weissman Social Work Team Manager, Southwark Social Services Child Mental Health and Isobel Morris [South London & Maudsley NHS Trust] who provided contextual information on the current "map" of provision and by so doing helped the Sub-Committee frame the scope of its inquiry.

7.2 ***17 December 2003 [meeting]***

The project brief was considered and the Sub-Committee held its first evidence gathering session, receiving overviews of the strategic basis of service provision from:

- Roger Weissman – Social Work Team Manager, Southwark Social Services Child Mental Health
- Dr Dele Olajide – Consultant Psychiatrist, Maudsley Hospital & "Cares of Life" project

7.3 ***25 February 2004 [meeting]***

The Sub-Committee held its second evidence gathering session, hearing from representatives of organisations from the statutory and voluntary sectors involved in direct provision of services. In addition, Members met with the carer of a service user.

- Rachel Watson – Project Co-ordinator, Bridging the Gap Project [South London & Maudsley NHS Trust]
- Partha Banerjea - Bridging the Gap Project [South London & Maudsley NHS Trust]
- Ometa Alli – Project Manager, Maroons Mental Health Resource Centre
- Lucky Nyamayaro – Deputy Project Manager, Maroons Mental Health Resource Centre
- Kelvin Hassan – Project Worker, Maroons Mental Health Resource Centre
- Anne-Marie Campbell – Carer of service user of Maroons Mental Health Resource Centre
- Camila Batmanghelidjh – Director, Kids Company

7.4 ***15 March 2004 [meeting]***
The Sub-Committee reviewed the direction of the review/report and considered a draft officer paper setting out the points arising from evidence heard and discussion undertaken at previous meetings.

7.5 ***29 April 2004 [meeting]***
The Sub-Committee considered the information received and agreed site visits to be pursued.

7.6 ***14 May 2004 [site visit]***
Members undertook a site visit to the Peckham Pulse Walk-in session, SE15.

7.7 ***18 May 2004 [meeting]***
This was the Sub-Committee's last session, during which Members considered draft recommendations and agreed the final report for transmission to the Executive for its response. Isobel Morris [Service Director, South London & Maudsley NHS Trust] was present for Member discussion of the final draft report.

7.8 ***21 May 2004 [site visit]***
Members undertook a site visit to Kids Company, SE5.

## 8. Summary of the inquiry's recommendations

**"Better early intervention, not just crisis care" - Identifying Problems & Helping Black Teenage Men**

**4.1.9 The Sub-Committee urges statutory and non-statutory providers to continue to work jointly to keep early intervention a key strategic priority.**

**4.1.10 The Sub-Committee recommends that statutory and non-statutory providers and partners seek to increase accessibility to mental health and well-being services by means such as self-referral and making services and information available in non-clinical settings.**

**The Impact of Cultural, Racial and Generational Differences on Provision of Services**

**4.2.6 The Sub-Committee recommends that innovative work being done within the voluntary/community sector in respect of finding effective models of working with the black community to provide direct services in support of mental well-being be acknowledged, and a means be found of ensuring that organisations across all sectors learn from best and innovative practice.**

**4.2.7 The Sub-Committee acknowledges that non-statutory organisations working with the BME community are often very well placed to respond to the specific needs of black male teenagers. The Sub-Committee would support ongoing support and capacity building work with BME voluntary and community sector organisations.**

**4.2.8 The Sub-Committee recommends support for training and education of health professionals and staff working with the BME community, and black male teenagers in particular [e.g. General Practitioners, teaching and ancilliary staff, social and mental health workers] to promote better understanding of the ways in which mental distress may be experienced and expressed by BME male teenagers.**

**Providing Services from a User Perspective & ensuring appropriate packages of care**

**4.3.7 The Sub-Committee recommends that effective mechanisms be found to ensure that a young person's individually tailored care package and the information contained therein is portable across whatever services that individual receives – to ensure important information necessary to them receiving appropriate care is available.**

**4.3.8 Members recommend that a way of recording non-statutory support received by the individual be investigated, taking a holistic approach to individual needs.**

**4.3.9 The Sub-Committee recommends joint work to ensure that the non-clinical needs of young people receiving in-patient mental health services, those with learning difficulties and those excluded from school are addressed.**

**4.3.10 Members recommend greater consideration be given to support to the carers and families of black teenage men receiving formal mental health services, including respite care.**

**4.3.11 The Sub-Committee acknowledges that there are black teenage men without family or other support, and would like to see the development of "buddy/mentor" support offered to such young people.**

**4.3.12 The Sub-Committee recommends that further work be undertaken into advocacy services for BME male teenagers.**

**<u>Mental Health and Drug use</u>**

**4.4.3 Members noted with concern the lack of drug rehabilitation bed-spaces for young people nationally, and the impact of this position on the treatment of young people with drug-problems. Members recommend that work be undertaken to address the paucity of such bedspaces in the borough.**

**4.4.4 The Sub-Committee recommends further work into the relationship of drug abuse and mental ill-health.**

**<u>Joint / Partnership Working</u>**

**4.5.4 The Sub-Committee welcomes the CAMHS joint commissioning strategy and pooled resourcing arrangements, and is likely to review whether this approach is achieving better outcomes for children's mental health.**

**4.5.5 Members recommend that further work be undertaken to map provision of mental health services to black male teenagers across all sectors.**

**4.5.6 That statutory providers acknowledge existing cross-sectoral work specifically addressing the needs of black, male teenagers, make reference to and consider supporting existing initiatives when seeking to address need - rather than creating entirely new provision.**

**4.5.7 The Sub-Committee would recommend further work to examine the way in which young people with mental health issues may experience Police involvement in their lives.**

**4.5.8 Members recommend that statutory providers seek to identify key non-statutory agencies and organizations involved in providing excellent support to young people, and take existing support and knowledge of the individual into account when discussing services and intervention packages for them.**

**Strategic Approach**

**4.6.4 The Sub-Committee recommends that organisations across all sectors continue to provide consistent day-to-day support to young people's mental well-being through existing channels and relationships and within existing resources – using innovative approaches where these are likely to impact positively on the lives of young black teenage men.**

**4.6.5 The Sub-Committee wishes to see better communication between all providers and partners – and improved coordination to ensure better service delivery to young people.**

## **APPENDIX A** - Supporting Documents and Sources

The Agendas, reports and Minutes of all meetings of this Sub-Committee are available from the Scrutiny Team, Town Hall, Peckham Road, London SE5 8UB [Telephone 0207 525 7224].


Department of Health [2003] "Tackling Health Inequalities: A Programme for Action"

Greater London Authority [2004] "Health In London: Review of the London Health Strategy high level indicators". London, Greater London Authority.

Kings College London Centre for Caribbean Health. "Caribbean Health Focus: A Directory of Services in South East London".

Mind information factsheet "Men's Mental Health". Available from http://www.mind.org.uk

South London & Maudsley NHS Trust. "Pioneering Grass-roots initiative The Cares of Life Project wins British Diversity Award for Health 2003". Press release, 4 November 2003.
http://www.slam.nhs.uk/news/press/releases/041103.asp

Southwark Child & Adolescent Mental Health Services [CAMHS] "Well Being – A Child and Adolescent Mental Health Strategy for Southwark". LBS 2004.

Southwark Child & Family Service [16 May 2004 correspondence].

Southwark Social Services Draft Business Plan 2004/05 – 2006/07

**APPENDIX B - Scrutiny Project Plan**

Name of Review: **The level and nature of mental health services to teenage black men in Southwark**

*Members are asked to consider whether the above title reflects the desired focus for the review.*

**Date(s) of consideration:**

**30 July 2003 – initial briefing received**
17 Dec 2003 – Session 1: presentations from two provider reps, Members to scope review and provide steer for future sessions/site visits

**Why is the Committee doing this?**

- Member interest/in work programme

***Background***

As requested by the Sub-Committee, contact has been made with providers named within the report presented to this Sub-Committee on 30th July 2003, and invitations extended to meet with the Sub-Committee. Submissions received will be fed into the ongoing review as evidence. However, no written submissions have been received to date.

Contact with other local and national providers able to inform the review and provide challenge to the inquiry will be made once a steer has been given in respect of the aims and outcomes of the review.

**Who/what does the Committee seek to influence with this work?**

*Members are asked to consider how the review might add value.*

**What will the Committee's output be?**

- Written report/recommendations;

**Who does the Sub-Committee need to receive advice/evidence from?**

- Providers of mental health and counselling services in the borough [inc. Social Services, NHS, partnership services, voluntary sector counselling and mental health providers, national/local organisations];
- Service users [through user forums, user-led self-help groups] – N.B. the way in which users/potential users of mental health services perceive services;
- Advocacy organisations [mainstream/other];
- Carers/parents of young people;
- Voluntary and statutory sector staff;
- Youth Service/Education reps.

**What approach should the Sub-Committee use to invite input?**

- site visits
- invitations to submit written evidence
- meetings with/presentations from providers
- using existing provider networks/meetings

*Members are asked to consider how they wish to approach evidence-gathering, within the constraints of scheduled meetings and available Member time.*

**How should the review be publicised?** E.g. website, Southwark Life, via community council agendas, community groups

- Existing networks [providers, users, agencies and related organisations/information points];
- Consider individual communications strategy [as per OSC decision];
- Youth Council;
- Youth Clubs, schools.