

## Emotional Wellbeing and Mental Health Services: Checking in with Children and Young People

In November 2019, members of the communications and engagement workstream working with the User Voice and Participation Team in Surrey County Council, met with the CAMHS Youth Advisers to talk through the ideas evolving in the service specification for the new emotional wellbeing and mental health service for children and young people.

This report summarises the feedback and demonstrates how the programme continues to check in with children and young people that we are on the right track.



## Activities undertaken:

CYA Staines, Epsom, Redhill, and Guildford

Leatherhead Youth Project daily drop in

SYAS Epsom and Woking

Youth Cabinet

Number of children and young people spoken to: 20 +

Ages: 11 – 19

## Executive summary

Following extensive engagement in 2018, developing at the emotional wellbeing and mental health strategy 'A Thriving Community of Children and Young People in Surrey: A Strategy for their Emotional Wellbeing and Mental Health, 2019-2022" which set out the principles for the service transformation. The transformation team have started to develop thinking on what the new model of emotional wellbeing and mental health in Surrey and, with the communications and engagement group, agreed that this would be the best time to check the emerging ideas with children and young people.

Members of the Service Redesign Group and Communications and Engagement Group met with children and young people from the child and adolescent mental health services (CAMHs) youth advisers, SEND youth advisers, youth cabinet and young people at a drop in youth group with Leatherhead Youth Project. There were a series of pre-determined questions, based on developing discussions on what the new model would look like.

There was mixed feedback on the experience that young people have had in schools and the level to which schools have supported them with their mental health needs. Schools can either overreact if they hear about a young person with mental health needs, making

them sit alongside teachers or sending them home. Alternatively, they can ignore the needs of the young person and not be consistent in their approaches. This meant that many of the young people we met with had stopped going to school or had dropped out.

Young people also said that the first person they would talk to about their emotional health is their friends, followed up by their family. Although there were accounts of a child's parents not understanding their mental health needs, or children not wanting to worry them.

Bullying has a large impact on mental health and that it was sometimes felt that having support for mental health in school needs to be done quite subtly so that peers don't pick this up and use this as well as to bully.

Most feedback did show that children and young people felt that teachers have limited time to support children with their mental health but could be improved by having more training on mental health and emotional wellbeing and what the lived experience of mental health is for children.

The below analysis has been laid out to include:

- Early intervention
- Support in schools
- Crisis and specialist support
- Vulnerable people
- Online support / apps
- Digital / communication
- Parental support
- Crisis support
- Continuity of care
- Interventions
- The current service

People working with children and young people also suggested that Recruit Crew are used during the procurement process to review bids.

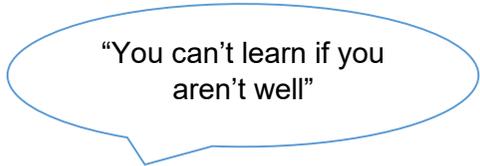
Notes: Children / young people is used to refer to both children and young people throughout this document.

## Early intervention

- Information is required whilst children and young people are on the waiting list, directing them to other support.
- Early intervention as a concept was received positively and many young people felt that that earlier support would have prevented their needs escalating. However, they did state that they would like more than a direction to an app or just handed some information.
- Signposting to information was felt like a gap, some young people felt they'd like to see something on communication from the service provider whilst they were waiting for their appointment and have information more readily available overall so they are able to direct their friends.
- Animal therapy and the comfort found in pets was raised as helpful for children.

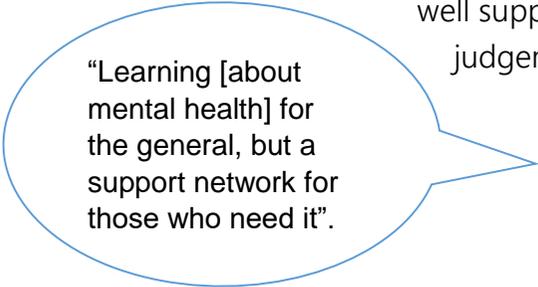
## Support in schools

- Confidentiality was a key theme for many of the young people we spoke with, they talked about bullying and the negative impact of having their peers know they are going to appointments (having 'in the open' sign out books) or having teachers discuss these things openly in class was very distressing for them.
  - They'd like more teachers to be more aware of this and be more sensitive to it.
  - Similarly, some young people said they would prefer support outside of school hours so other pupils don't know the conversations are happening.
  - Safe places in school shouldn't 'stick out' as much and make children feel like they are 'different'.
- There was a suggestion that the development of a digital space on school websites so teachers know who need support and children/young people can access this anonymously. Where schools are using online platforms anyway they could include EWMH topics.



"You can't learn if you aren't well"

- A lot of children and young people felt that teachers aren't supportive, they brush children and young people off and are not sympathetic and they do not understand what might be triggering to them, or how to support them whilst they are going through a difficult time.
  - There are also no warnings about what will be discussed in a class and no understanding for the impact this may have on them (e.g. euthanasia). This was repeated by several young people.
  - Teachers haven't had enough training – bereavement was raised as a key area where teachers don't understand the needs of the young person.
  - How to ensure teachers see the young person struggling rather than them having to bottle it up
  - Would wish for respite during classes if anxiety grew too much.
  - In some schools you need to be referred by a teacher to speak to the school counsellor but you may not want to talk to your teacher about it.
  - It was felt that schools are not currently taking advantage of training and offers that are available to them
- There were however, some examples of really positive support from SEND teachers or specific teachers who helped young people with their mental health.
- On the whole, support from someone in school, but from someone who isn't a teacher and doesn't know the child that well was well supported, if they had the right attitude in working with children with mental health needs (e.g. they aren't judgemental).



“Learning [about mental health] for the general, but a support network for those who need it”.

- Other forms of support in schools would be welcomed, such as more support / group activities in schools so the young person don't feel they are alone.
  - There is positive feedback on young mental wellbeing ambassadors, which are well supported in schools with good uptake.
  - Only 11% of schools [according to youth cabinet] have a designated mental health first aider – more teachers should be trained in this with Wellbeing Ambassador Teachers
  - There is a varying offer between schools on what is available for children with additional needs, some schools have a wellbeing centre or a block for children with SEND.
- Information sharing and signposting in schools could be improved, learning about mental health and knowing what support is out there and how to manage the problems that children experience.
  - Need to get leaflets / communications out in schools that tell you it is okay to have some ups and downs
- Schools don't deal effectively with bullying and victims often feel that they are made to be the perpetrator.

### Vulnerable people

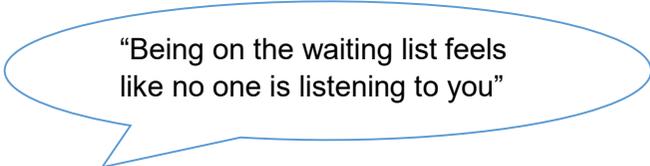
- On the whole, it was felt that schools don't currently support people with additional needs (particularly ASD/ADHD). Feedback suggested that this was due to schools not having sufficient budget to support young people with autism or ADHD
- Some young people's experiences suggest that schools don't understand the needs of someone with ASD (for example, their need to wear particular clothing or have 'time outs' within lessons, understanding triggers)
- One young person raised the particular need to support boys because they are less likely to speak to others about their mental health.

## Online support / Apps

- There was a varying response to digital support, some people felt that cost would have an impact – if you have to pay for something to access different levels (for example Headspace).
- Some people said that Kooth really helped – spoke with them weekly on a Sunday and now don't feel as depressed on a Sunday.
- Anonymity is key and there is a worry that texting would be identifiable. At the same time, some feedback was a concern about talking to strangers and that texting can be easier than talking.
- Young people would also like to be taken seriously if having online support.
- On the whole, it was fed back that social media presents an unrealistic expectation of life and this then has an impact on mental health.
- Timeframes were important and the young person would want to be responded to quickly online otherwise there would be no point in using something online rather than face to face.
- Would like specific sections on websites on different topics like anxiety or drug use.
- A challenge from someone's parent might be that it is not medical care and the young person is not being supported by a professional.
- Concern about needing the app / recommendation to come from government so you know it is reliable. If something is advertised on Facebook it may not be real.

## Digital / communication

- Having access to a website that you are able to log onto to see what stage you are at in the pathway / referral process was well received.
- Need to build up trust with the provider, so communication before attending the meeting with them would be good.
- Texting this information was also well received.
- Self-referral would be well received



“Being on the waiting list feels like no one is listening to you”

- Lucy Rayner Foundation use of self-referral was raised as good practice.
- Queries were raised as to if a parent would need to know if a young person made a referral.
- Concern that self-referral may be over-used among some young people.
- Long waiting times and lack of information during this process – children and young people don't know if they will be given support or what the outcome of the first meetings they had were.
- Would like a letter confirming attendance with recommendations of other places to go in the meantime to get support, and to be able to call someone if within reasonable hours.

### Continuity of care and transitions

- Frustration on having to tell various different people the same story, at the Havens, on Kooth as it can take up time and doesn't build any trust.
- One person spoke about seeing two different counsellors within 6 weeks, impacting trust and capacity to change in the service.
- There is a lot of anxiety about transitions
  - Mary Francis Trust do a Mind the Gap Group for 18-25 year olds but there needs to be something which starts from mid-way in the 17<sup>th</sup> year.

### Parental support

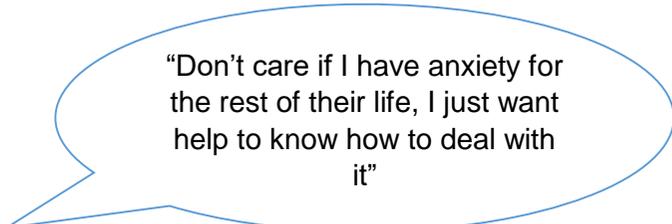
- Some cultural challenges were noted where parents don't accept there may be a mental health issue or go to drastic extremes to change a child's behaviour.
- Parents need to be made aware and educated as much as everyone else. In one example, a therapist would not share what was discussed in the session with the young person and then the parents didn't allow the young person to return for more sessions.
- Young people were concerned about the impact their mental health would be having on parents.
- In some cases, parents don't have the knowledge or information to use and support the young person effectively.

## Crisis support

- The Havens were well used and all young people who had been to them, felt they had benefited from it.
- Young people would like to see something similar for early intervention more often and more workshops – these are felt to be really useful.
- However, staffing levels at the Havens were not sufficient – mental health nurses have to do so much focused 1:1 work there is limited opportunity to talk with them.
- Would appreciate 24-hour support through a crisis line.

## Interventions

- Use of a private counselling psychologist – found to be the most useful support.
- Would like to be able to go to a centre to book an appointment, concern that things online are not confidential.
- Would like services to be inclusive – have blue cards for dyslexia or fiddle toys to use – some camh services were well reviewed with toys, feeling cosy and having sofas.
- Counselling also had a very good impact and supported an individual (referred through their SENCO).



“Don’t care if I have anxiety for the rest of their life, I just want help to know how to deal with it”

## The current service

- No feedback mechanisms at the moment – young people would welcome a multiple choice feedback form.
- Support isn’t personalised – feels very generic.
- Doctors read out what is on System1, they don’t talk to the young person or ask them.