

# Public Meeting Report

28<sup>th</sup> April 2014

## Teenage Mental Health



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## Teenage Mental Health Public Meeting Report

### Index

Background to the public meeting	Page 3
Setting up the meeting	Page 4
The meeting	Pages 4-11
Public comments	Page 11
Conclusion	Page 12
Recommendations	Pages 12-13
Distribution of the report	Page 13
Appendix 1 Further information	Pages 14-16
Appendix 2 Advert	Page 17
Contact and Copyright	Page 18



## Public Meeting – Teenage Mental Health 28<sup>th</sup> April 2014

### Background to the public meeting

Mental health is high on the agenda of both Healthwatch North Somerset and Healthwatch England. The picture locally is not a pretty one, and as an organisation, Healthwatch North Somerset has received details of a number of issues from members of the public regarding mental health services, and our intelligence tells us that there is much to be done to improve services.

Access to mental health services for young people are particularly problematic, both locally and nationally; at the same time, mental health issues for children and young people are on the increase. Mental health is stigmatised, and children and young people are especially vulnerable and hard to reach. Healthwatch North Somerset recommends that access to mental health services in North Somerset is addressed as a priority.

**Healthwatch North Somerset’s statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:**

#### Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn’t usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

#### Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## Setting up the meeting

The meeting was held at the Methodist Church, Nailsea, on 28<sup>th</sup> April 2014 at 6.30pm. Consideration was given to the time and location of the event, as we acknowledge that any chosen time or location could exclude part of the population. To ensure Healthwatch North Somerset meetings are widely accessible to the public Healthwatch North Somerset seeks to ensure public meetings vary in terms of time, weekday and venue.

The meeting was advertised in the local press - Weston Mercury and North Somerset Times, and was widely advertised through local community websites, community newsletters, social networks and Eventbrite. Details of the meeting were emailed to all Healthwatch North Somerset's members and contacts and via Voluntary Action North Somerset's database of over 700 contacts. Invitations were also sent to stakeholders. Details were added to the Healthwatch North Somerset website and social media.

## The meeting

The meeting was attended by over 40 members of the public who were each given a pack which included feedback forms and information about Healthwatch North Somerset. There was a table of information available from each of the speakers for the public to pick up as well as leaflets from mental health organisations.

This subject generated a great deal of interest from the audience and many questions were raised.

### The presenters at the meeting were:

- **Megan and Annabel**  
Year 12 Students at Chew Valley School
- **Vincent McLaughlin**  
Primary Mental Health Specialist, CAMHS
- **Dr Patricia Tallis**  
Consultant Child and Adolescent Psychiatrist, CAMHS
- **Val Hurley**  
Independent Consultant, Lemur Consultancy

Healthwatch North Somerset would like to thank the speakers for attending the meeting and providing valuable input to the public debate on this topic.

## **Megan and Annabel**

### **“100 Things to be Happy About”**

Students in Year 12 at Chew Valley School contacted Healthwatch North Somerset to enquire about support for a project they were working on with Envision Bristol, which they named “100 Things to Be Happy About”.

This group of young people chose to focus on positive mental health because the school had suffered two suicides in one year group and this had unsettled the whole school community. The students were keen to break down the stigma of mental health and emphasise the positives, rather than focus on the negatives of mental health.

The main focus of their project was a positive mental health event held at the school on March 11<sup>th</sup> 2014. The event, organised by the Chew Valley School students, was supported by funding from Healthwatch North Somerset.

Over 200 students attended the event and they were able to pick up a lot of information from the various organisations attending including the joint Healthwatch North Somerset and Healthwatch BANES information stand. A video booth was set up in the hall and students and staff were encouraged to go into the booth to record what made them happy. All of these clips were edited and made into a five minute ‘100 Things to Be Happy About’ film.

Megan and Annabel explained to the audience their reasons for developing ‘100 Things to Be Happy About’ project and their motivation for it. They then delighted the audience with the first public showing of their ‘100 Things to Be Happy About’ film, and received a very positive response.

Healthwatch North Somerset hopes to be able to help the students of Chew Valley School show the video at other schools in the North Somerset area to promote a positive message of mental health.

## **Vincent McLaughlin**

### **Deliberate self-harm**

There are many different ways of self-harming, including hitting, cutting, pinching, burning and taking tablets.

Vincent began his talk by sharing the story of Dionne, a 22 year old who had self-harmed since she was 10 years old. He explained how self-harm can offer a feeling of control over their lives to young people who may lack stability in their early years. Self-harm can become addictive, and can be hard to stop. Young people experiencing benefit enormously from having someone they can talk to about it but it can be a difficult subject to raise and address as it is usually a socially taboo subject.

Vincent praised the Chew Valley school project as very important in helping to tackle negativity and helping young people to think more positively.

### **What is self-harm?**

Most self-harm isn't lethal and does not necessarily indicate a wish to end a life, although these issues cannot be completely separated. The reason for the self-harming is individual to each young person, though it is often a way of gaining some control, and can also be a way of communicating distress and seeking help.

### **Self-harm statistics:**

- 1 in 12 adolescents in the UK report having self-harmed;
- It is much more common in girls than boys (although suicide is more common in boys);
- The onset is usually around the age of 12;
- It is mostly hidden and does not come to the attention of health professionals so it is very difficult to get accurate statistics.

### **Risk factors/indicators for self-harming:**

- Genetic and biological factors;
- Personality factors;
- Exposure to suicide and self-harm;
- Availability of method;
- Triggers include a negative event or period such as loss, bereavement, bullying, substance misuse or other social issues.

### **What can be done to help young people and their families?**

- NICE guidelines recommend the provision of evidence based services for young people, in appropriate places and in a timely manner;
- Training;
- Research;
- Building young people's resilience;
- Talk about it: there needs to be a dialogue without fear of judgement/stigma so that young people can be helped in a more timely way.
- Support services for young people and their families

## **Public questions and comments**

**Q.** Are young men more likely to commit suicide than women because they do not show emotions?

A. Women are more likely to turn their feelings in on themselves and men are more likely to externalise them. Men tend to have poorer problem solving abilities, so yes, this may be a reason.

Q. What can we do about the rise of suicide websites and the like on the internet?

A. These types of sites need to be closed down but there are just so many of them. We don't yet fully know what the effect of suicide web sites is. People can be online for 24 hours a day - a factor in resilience is being able to be alone, but many young people just aren't ever alone anymore.

Q. There is a huge increase in young women self-harming, and increasing numbers of young men with eating disorders. What are the risk factors? Are the risk factors changing to contribute to these increases?

A. In Western countries, there is a rise in distress and people are often struggling with the world around them. It is known that mediation can help and so can exercise. Simple things such as being grateful for three things on a daily basis can help to change patterns of thinking.

Q. Where do you guide a child who is self-harming?

A. Talk to a teacher or other member of staff initially. The North Somerset "No Worries" service can also offer help, (it's not just for sexual health).

Q. How do you get your hands on research to back up the data and ultimately get more funding for services?

A. Universities and CAMHS (Child and Adolescent Mental Health Service) need to work together. IAPT (Improving Access to Psychological Therapies) funding will help but when spread around the country the £10 million allocated cannot solve the problems. Mental health issues in young people is serious, it is almost an epidemic, and the momentum needs to be kept up.

Q. Is CAMHS geared up to work with and support young people who misuse substances?

A. There is a separate service for this. These young people have often fallen between two camps - they can't get into mental health services because of the substance abuse and can't go to substance abuse services as there is also a mental health issue. The services are, however, now working together.

**Q.** Are children who present in A&E after self harming being followed up by CAMHS?

**A.** Yes.

**Q.** What can and should schools do to help young people improve mental health?

**A.** Schools could do more, they tend to be very focused on academic success, but this needs to change, there is a need to change the perception of what success is. Mindfulness is a skill young people are losing. Preventive programmes such as “Friends for Life” are very useful. We need to help young people to learn more, how to be human, not just academic.

## **Dr Patricia Tallis**

### **Eating Disorders in North Somerset**

Dr Tallis began her talk by reiterating that the most important thing is to talk about mental health issues. Mental health has long been stigmatised, but if it’s talked about, it’s not “other people”, it’s us, and we can then start to do something about it.

Eating disorders can affect anyone, though they tend to affect girls much more than boys. Young women aged 15-25 are particularly vulnerable, but eating disorders can start as young as 7 years old. Eating disorders are much less likely to be recognised in boys, partly due to the stigma, but also because they can present in boys in different ways, for example, by exercising rather than restricting food.

#### **What leads a young person to develop an eating disorder?**

- There are some personality traits that lend themselves to eating disorders, such as perfectionism, obsessive behaviours, people who are very determined;
- Genetic factors;
- Social factors;
- Interpersonal factors;
- Life events.

Eating disorders are an attempt to cope with life; they are not an attempt to purposely starve to death, though eating disorders can be fatal. Early intervention and treatment is key.

There are many different forms of eating disorder - anorexia nervosa, bulimia nervosa, binge eating disorder (tends to be overweight) and compulsive eating. Many sufferers have an eating disorder but are not anorexic.

#### **The main aims of treatment are to:**

- Treat the medical issues;



- Develop healthy eating behaviours and maintain a healthy weight;
- Learn healthier ways of coping with life.

### What to do, as a parent or carer, if you have concerns:

- Get help and support for yourself first;
- Prepare what you are going to say to your child;
- Choose a safe place to talk;
- Avoid broaching the subject just before or after a meal;
- Have some information with you;
- Be prepared for anger/emotions/denial;
- Keep the (figurative) door open;
- Don't label;
- Use "I" sentences, not "you";
- Separate the eating disorder from the person;
- If they acknowledge the problem, offer to help and go to their GP - seek treatment early;
- Don't wait, and don't give in.

### Questions and comments

**Q.** What does CAMHS do after "recovery"?

**A.** The eating disorders team does not discharge people; they stay in touch for a while and make sure that they have access to other available resources.

**Q.** Do you give advice to young people on the care they should give to their own children later on?

**A.** It depends on the young person and if they want to talk about this. Midwives and Health Visitors are also much more aware now and the eating disorder will be on record.

**Q.** It is very good to hear compulsive over-eating mentioned. What specialist care for this is available in North Somerset?

**A.** There are public health services for children who are overweight. If there are concerns around mental health as well, they will be referred back to CAMHS. There is a gap in provision for compulsive over-eating.

**Q.** Do the figures for measuring children take account of BME and body shape differences?

A. Yes, it's not just about the numbers, genetics and family history are also taken into account. NHS Choices has a BMI (Body Mass Index) calculator on it.

## Val Hurley

### Cyber bullying

Cyber bullying is on the rise- access to the internet and ways of accessing it are increasing all the time:

- Cheaper mobile phones;
- Increasing speed of sending information;
- Rise of social media;
- Affordability.

Technology has become more personalised, private and mobile, and it mirrors the good and bad of everyday life.

Cyber bullying is bullying using information and communication technology. It differs from other forms of bullying in that it can be at anytime and anywhere and messages can be sent to a wide audience very quickly. Cyber bullying can occur one to one, many to one, by text, email or social media. It can involve public humiliation by spreading images or rumours or by creating defamatory websites. It can also involve impersonation, i.e. posting as someone else. Victims don't necessarily know who the bully is and can quite quickly lead to social exclusion.

### Statistics:

- There has been an increase of 87% in cyber bullying from 2012-2013 (Childline);
- 38% of young people are affected at some time by cyber bullying (NSPCC);
- Cyber bullying is particularly present amongst girls;
- Amongst boys, homophobia and threats are common;
- The twin peaks of cyber bullying are at age 10-11 (threats, coercion, chain letters) and at age 14-15 (peak in cyber bullying and a concurrent drop in adherence to e-safety guidelines).

### Why does it happen?

- It can be an extension of a pattern of bullying that is already occurring;
- There is a disconnect between online and offline bullying, it is much easier to bully online;
- There is no feeling of responsibility for actions;
- Young people cannot see the immediate impact of their actions;
- There is a lack of fear of being caught- people seem to forget about digital footprints.

The impact of cyber bullying can be very serious, as with other forms of bullying. Victims can feel unsafe and alienated and this can lead to a lack of concentration, anxiety, stress, low self-esteem, depression and self-harm.

### What can parents and carers and your children do?

- Report cyber bullying;
- Keep evidence;
- Offer support to the victim;
- Don't retaliate;
- Use privacy settings, secure passwords, change phone numbers;
- Schools now teach from reception class about how to stay safe online.

### Further comments from the public

- There is too much pressure on young people today to go to university. Academic success is seen as the only success, and it can become too much for many young people.
- Healthwatch North Somerset should take forward a very strong statement about funding. Mental health in young people is going to become a greater and greater problem.
- There is a pilot project to go to any place where young people can be empowered - schools, youth clubs etc.
- Megan and Annabel should be congratulated on a fab intervention, showing how young people can learn how to help themselves. It begins when they are talking to each other.
- Are the speakers aware of a new programme run by the NAS (National Autistic Society) called "Healthy Minds", which is a preventive programme, and they are offering training to CAMHS services? Early intervention and prevention are vital.
- Disabled children get good support from CAMHS, but it is reactive not proactive. In terms of building resilience and friendships, this is very important.
- Social care needs to work better with health, there is currently a disconnect between them and we cannot get them to work together.
- Resources need to go into schools and there needs to be a member of staff who children feel confident about. CAMHS shouldn't just be in CAMHS, it does not all need to be at a specialist level.
- CAMHS is taking too long. There is a lot that needs to be done and more quickly. This is a national problem. More and more needs to be done, there are no additional resources, but more is needed, this is the future of our young people and ultimately our country.

## Conclusion

The Healthwatch North Somerset Teenage Mental Health public meeting illustrated just how widespread mental health issues are for young people and the depth of concern in North Somerset.

The speakers and public both raised the major concern of lack of funding for young people's mental health services locally and nationally, and the consequential extremely long waiting times and very strict criteria for access.

The issue of integration of health and social services needing to work better together for the best outcomes was also raised.

There is a lot of work that could be done in and with schools, around prevention and early recognition, leading to early intervention, but again, for this to happen, resources are needed.

## Recommendations

### Schools

Schools and school staff are crucial to supporting the mental health and emotional well-being of children and young people. Healthwatch North Somerset recommends targeted work in schools, addressing the need for prevention and early intervention. Training is needed for teachers, support assistants and welfare leads of schools around risk factors, early recognition of mental health issues and how to support young people.

Positive approaches to mental health in schools and peer led programmes should be actively encouraged.

An approachable, named adult should be available for young people to access for confidential support during or after school hours.

Mindfulness and positive ways of thinking could be taught alongside PHSE curriculum, and to help young people to become more resilient and therefore less likely to suffer from poor mental health.

### Integration

As mentioned several times within the meeting, integration is an imperative. Health and social services, and schools need to work together to deliver a coordinated approach and a service with clear pathways, key workers and effective communication channels so that everyone involved in prevention, intervention and care is working effectively together.

### Funding

An occurring theme throughout the Healthwatch North Somerset meeting is the lack of adequate funding for young people's mental health services. Additional funding, specifically, but not restricted to CAMHS, is vital.

Currently, the CAMHS service has unacceptably long waiting times and has developed increasingly strict referral criteria in an attempt to mitigate this. The result is that many young people with burgeoning problems are either falling through the gap due to not meeting the criteria or are becoming increasingly unwell whilst on waiting lists.

This goes against all the evidence, as discussed in the meeting, that early intervention is crucial and cost effective. If there is a lack of early intervention a young person's mental health is likely to deteriorate to the level at which they are able to meet the criteria to access CAMHS and thus require long term and costly intervention.

The prevalence of mental health issues amongst young people is on the increase, locally and nationally, and as suggested in the meeting, is almost at epidemic levels. An epidemic of smallpox would surely receive the funding necessary to intervene; mental health should be no different.

The long term impact of a generation of young people who are unable to access support and/or treatment for mental health conditions is hard to imagine, but it will be felt- it will have an impact on their health, their academic achievement, their social inclusion, their future employment prospects, and therefore on society and the local community economy and wellbeing.

## **Distribution of the Report**

This report, which includes public feedback from the meeting and by telephone, email, letter and social networks, will be forwarded for comments to North Somerset CCG, North Somerset Community Partnership (NSCP), North Somerset CAMHS, Weston Area Health Trust (WAHT), North Somerset Council and Healthwatch England. This report will also be available on the Healthwatch North Somerset website and in paper format. Please contact Healthwatch North Somerset if you require this report in any other format.

## Appendix 1

### Further Information:

**100 things to be happy about**

[www.facebook.com/100ThingsToBeHappyAbout](http://www.facebook.com/100ThingsToBeHappyAbout)

[www.chewvalleyschool.co.uk/News/Envision-2014/](http://www.chewvalleyschool.co.uk/News/Envision-2014/)

**Beat - the charity for people with eating disorders and their families**

[www.b-eat.co.uk](http://www.b-eat.co.uk)

**Beat Bullying**

[www.beatbullying.org](http://www.beatbullying.org)

**CAMHS (North Somerset Child and Adolescent Mental Health Services)**

[www.waht.nhs.uk](http://www.waht.nhs.uk)

[www.n-somersetcsd.org.uk/kb5/northsomerset/fsd/organisation.page?id=2c86ei5-GCU](http://www.n-somersetcsd.org.uk/kb5/northsomerset/fsd/organisation.page?id=2c86ei5-GCU)

Contact: Clevedon: 01934 426622 Weston: 01934 881262

**CEOP - Child Exploitation and Online Protection Centre**

[www.ceop.police.uk](http://www.ceop.police.uk)

**Childline**

[www.childline.org.uk](http://www.childline.org.uk)

0800 1111

**Envision**

[www.envision.org.uk](http://www.envision.org.uk)

**Friends for Life Programme**

[www.interactive-connections.co.uk/friends%20prog.htm](http://www.interactive-connections.co.uk/friends%20prog.htm)

**IAPT Funding (Improving Access to Psychological Therapies)**

[www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf](http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf)

**Mindfulness**

<http://bemindful.co.uk/>

**National Autistic Society, Healthy Minds Programme**

[www.autism.org.uk/healthyminds](http://www.autism.org.uk/healthyminds)

**North Somerset Community Partnership**

[www.nscphealth.co.uk](http://www.nscphealth.co.uk)

**NHS Choices BMI calculator**

[www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx](http://www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx)

**NICE Guidelines**

- **Self Harm Pathway**

<http://pathways.nice.org.uk/pathways/self-harm?fno=1>

- **Social and emotional wellbeing for children and young people**

<http://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people?fno=1>

- **Eating disorders**

[www.nice.org.uk/guidance/CG9/chapter/key-priorities-for-implementation](http://www.nice.org.uk/guidance/CG9/chapter/key-priorities-for-implementation)

**“No Worries!” (North Somerset)**

[www.nscphealth.co.uk/services/no-worries](http://www.nscphealth.co.uk/services/no-worries)

 **NSPCC**

[www.nspcc.org.uk](http://www.nspcc.org.uk)

 **Self harm**

<http://selfharm.co.uk/home>

[www.nshn.co.uk](http://www.nshn.co.uk)

 **Schools**

[www.chimat.org.uk/camhs/tamhs/toolkits](http://www.chimat.org.uk/camhs/tamhs/toolkits)

[www.schoolwellbeing.co.uk/pages/emotional-wellbeing-mental-health-and-tamhs](http://www.schoolwellbeing.co.uk/pages/emotional-wellbeing-mental-health-and-tamhs)

 **UK Safer Internet Centre**

[www.saferinternet.org.uk](http://www.saferinternet.org.uk)

 **Young Minds- Child and Adolescent Mental Health**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

 **Young people's substance advice services**

[www.n-somerset.gov.uk/Contacts/Pages/Substance-advice-services.aspx](http://www.n-somerset.gov.uk/Contacts/Pages/Substance-advice-services.aspx)



## Appendix 2

### Teenage Mental Health meeting advert

**healthwatch**  
North Somerset

Is holding a meeting on

**Teenage Mental Health  
Including Speakers on Self Harm, Eating  
Disorders and Cyber Bullying**

on

Monday 28th April 2014

at

6.30pm - 8.30pm, Nailsea Methodist Church,  
74-76 Silver Street, Nailsea BS48 2DS

Come along to this meeting to find out more about teenage mental health and let us know your views and experiences, what services work and what can be improved.

Healthwatch North Somerset was created to give everyone in North Somerset who uses health and social care services a voice  
- making sure your views and experiences are heard by those who run and plan services.

To let us know you are coming tel:- 01275 851400 or email [contact@healthwatchnorthsomerset.co.uk](mailto:contact@healthwatchnorthsomerset.co.uk)

Everyone is welcome.

If you are unable to attend but wish to share your feedback with us please contact us.

**Your Voice Counts**



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