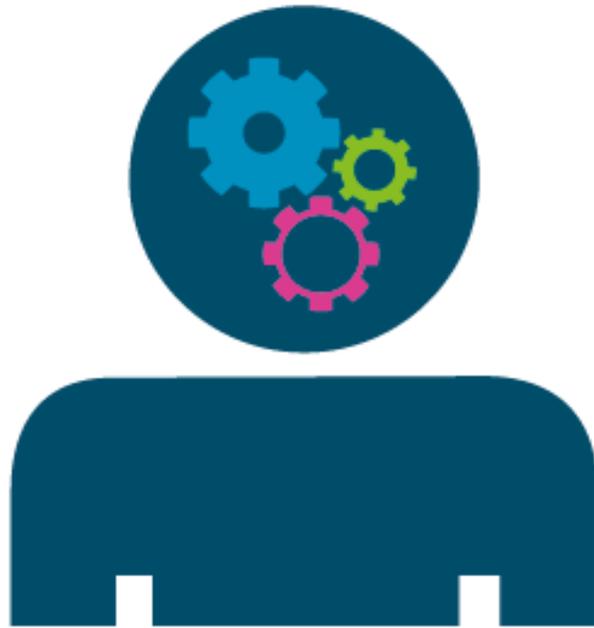


Healthwatch Gloucestershire Report
Maintaining good mental health and wellbeing
in children and young people



March 2017

Disclaimer

Please note this report relates to findings between January 2016 and January 2017. This report is not a representative portrayal of the experiences of all children and young people, only an account of what was observed or contributed during the work by Healthwatch Gloucestershire.

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1 Healthwatch Gloucestershire (HWG)

HWG is the local independent consumer champion for health and social care giving patients, the public, service users, and their carers and families a stronger voice in how health and social care is planned and provided. It is one of 148 local Healthwatch organisations working with Healthwatch England (HWE).

Local Healthwatch functions are:

- To gather people's views and experiences of health and social care, and use them to influence those who commission and provide services, helping them to be more responsive to what matters to service users and the public and to enable the design of services around needs
- To provide the public with information and signposting to help them make informed choices about their health and social care needs
- To provide access to the Independent Health Complaints Advocacy Service SEAP (Support, Empower, Advocate, Promote)

2 Children and young people's mental health and wellbeing

In 2014, the government established a Children and Young People's Mental Health Taskforce. This published a report, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*¹, in March 2015, which said:

One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them

75% of mental health problems in adult life start by the age of 18 (excluding dementia). Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood

Less than 25%-35% of those with a diagnosable mental health condition access support. There is emerging evidence of a rising need in key groups, such as the increasing rates of young women with emotional problems and young people presenting with self-harm

The report also said

“The Taskforce firmly believes that the best mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities... Providers must monitor, and commissioners must consider, the extent to which the interventions available fit with the stated preferences of young people and parents/carers so that provision can be shaped increasingly around what matters to them. Services need to be outcomes-focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries”

The Department of Health committed additional funding for children and young people's mental health following the launch of this report. Local areas were asked to develop Local Transformation Plans reflecting the key themes identified by the Taskforce, in order to access this funding and work to improve children and young people's mental health outcomes².

A Commission on Children and Young People's Mental Health was established following the publication of *Future in Mind*, which produced three reports during 2016 about the development and progress of these transformation plans: *Children and Young People's Mental Health: The State of the Nation*³, *Progress and challenges in the transformation of children and young people's mental health care*⁴, and *Children and Young People's Mental Health: Time to Deliver*⁵. The Youth Parliament also voted mental health services as its priority campaign for 2015, and the Youth Select Committee published its report *Young People's Mental Health* in November 2015⁶.

2.1 Gloucestershire's Local Transformation Plan

Gloucestershire Clinical Commissioning Group (GCCG) led the development of the local transformation plan, *Gloucestershire's Future in Mind: The local transformation plan for improving the mental health and wellbeing of our children and young people 2015 - 2020* in partnership with Gloucestershire County Council (GCC) and key stakeholders including children and young people, parents, carers and practitioners. This was in response to the request by NHS England for all areas to develop a plan following publication of the Taskforce report. This was published in October 2015⁷.

NHS England considered Gloucestershire's strategic plan and granted the assurance necessary to access the additional funding. NHS England said that in its review of the plan, it had found

“the programmes proposed were targeted, evidence-based; would address health inequalities; and their implementation will transform Children and Adolescent Mental Health Services (CAMHS) in Gloucestershire... [NHS England] complimented the high level of ambition, the governance arrangements, the excellent partnership working with schools, and the work done to date to improve CAMHS across Gloucestershire that will provide a springboard for the delivery of the service improvements proposed”

A list of the outcomes of GCCG/GCC's engagement with children and young people to identify key elements and priorities for the Plan can be found in Appendix 13.1.

3 HWG - gathering the views and experiences of children and young people in Gloucestershire

Finding out about young people's views and experiences of access to early support/mental health services, to complement the work being carried out by commissioners and providers, was identified as a workplan priority for HWG for 2016/17.

HWG listened to children and young people from primary school, secondary school, further education colleges and universities; young carers, youth group members, young people who had experienced homelessness, and young people who had been involved with the youth justice system.

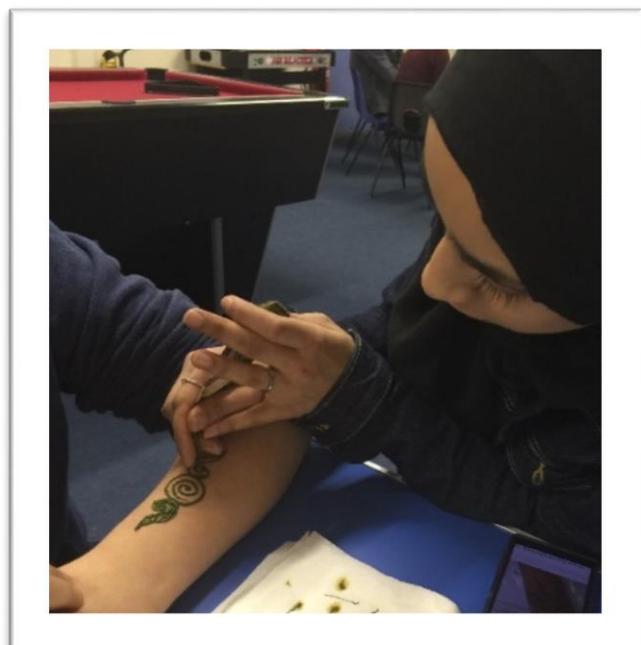
Much of the work we did was supported by our Young Healthwatch Representative Zainab Dhalech, a Health & Social Care student at Gloucester College, who helped to devise and deliver a number of workshops around the county. Zainab said:

“These workshops, which I helped shape, sparked an interest in me for mental health nursing, which I am now considering taking up at university. I have a passion for applying Henna tattoos which to me is a culture based skill. I was able to share this with HWG and the groups I visited. It was a way to motivate young people to chat to us in a relaxed way. It gave me the opportunity to talk to young people who have dealt with challenging issues in their lives and made me understand how important early, effective mental support can be for a young person.”

For our work with primary school children we delivered workshops in partnership with Kelly Green, an educational consultant with 'Learn Happy'. A report of these workshops can be found in Section 7.

We also worked in partnership with the 2gether NHS Foundation Trust's Social Inclusion Team to deliver workshops with young people from secondary schools.

A list of the work HWG did with young people, and the sources of feedback used in compiling this report, can be found in Appendix 13.2.



Young Healthwatch Representative Zainab Dhalech applying henna tattoos at a HWG workshop

4 What do children and young people do to maintain good mental health and wellbeing?

Children and young people described a wide range of activities and strategies that gave them a sense of wellbeing, and helped them maintain good mental health. These included spending time with friends or family, sports and games, pets and hobbies:

“being with friends helps me deal with stress”

“I like going for walks, being outdoors, being with my family”

“I spend time with my Gran. She’s great. I like feeling I’m being helpful”

“I love playing football, being outside, it makes me feel good”

“I love sailing, I love the adrenalin”

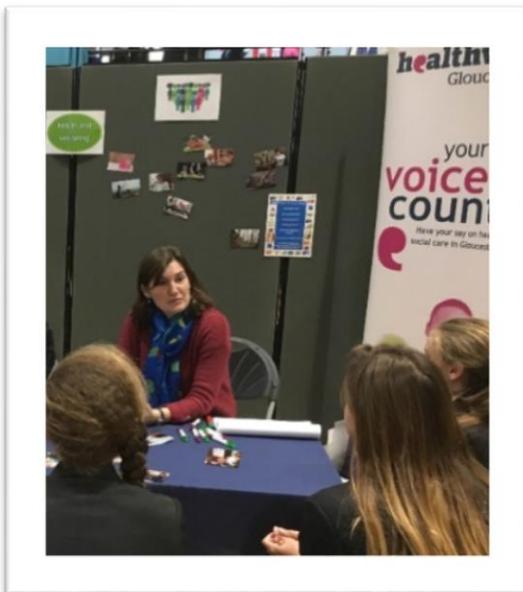
“I love cooking. It is relaxing”

“I like to listen to music, it helps when I’m stressed”

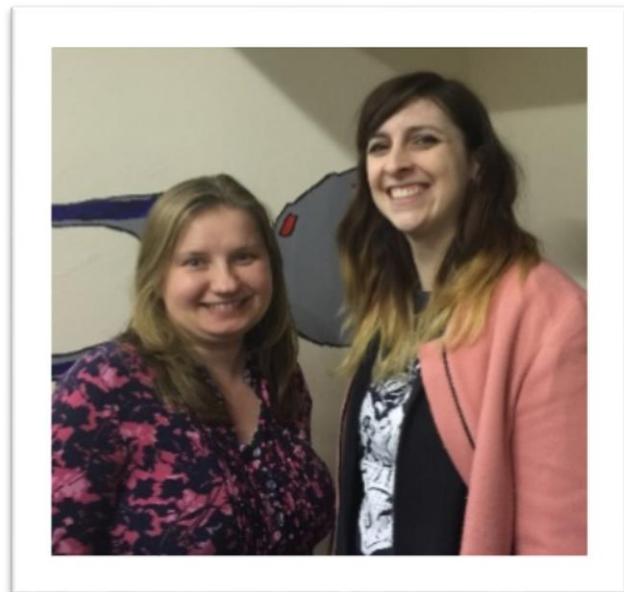
“I like being with our dog. It helps, when you’ve had a bad day”

“Having my dog gives me a focus, it gives my daily routine some meaning”

“We’ve got cats at home. I spend time with them when things feel bad”



HWG staff team member Sophie Ayre listening to Year 9 students during a workshop



HWG Board members Agnieszka Paszkiewicz and Sam Hanly visiting a youth centre in the Stroud district

5 What concerns do children and young people have?

The children and young people HWG listened to described a variety of emotions and concerns.

These included

- feeling worried
- feeling anxious
- feeling confused
- feeling sad
- feeling angry
- stress
- low mood
- general anxiety
- depression
- alcohol and/or substance misuse
- bereavement
- overdose
- eating disorder
- personality disorder
- hearing voices

Some of these emotions were responses to life events, such as the transition from primary school to secondary school; for instance

“I feel confused, worried about finding my way around the place”

“I feel sad and angry and I feel hot with my uniform”

Please see Section 7 for a full report of our workshops with children in transition from primary school to secondary school.

Other young people’s concerns were much more enduring; for instance

“I’ve nearly recovered from my eating disorder - I have my down days, but I’m getting better. There is a big part of me that wants to get on with my future, but the voices get me down. That’s why I need the help of the mental health team. If I didn’t have the voices, then my future would be different”

6 Where do children and young people turn to for support?

Younger children were most likely to seek support and reassurance from their parents and families in the first instance.

Older children and young people were most likely to say that they found talking to their friends most helpful; with talking to family members the second most common option.

A number of children and young people also said they would talk to a teacher.

“I find speaking to my Nan about some of my problems is good - she doesn’t judge”

“My teacher has helped me out with some problems I have, my friends have got me through tough times and my family has helped me”

“just being with friends, you don’t have to talk”

Some children and young people said that they would not talk to a teacher; or that they had tried to, but had not found it helpful. For instance:

“At school, they have tried but they just don’t understand the situation and their advice wasn’t useful and their help is useless, but they did try and they don’t really understand or even know what I am, and what I do, and how it really affects me”

Smaller numbers of children and young people said that they might seek support in other ways, including

- talking to a counsellor at school
- talking to a youth worker
- talking to my doctor
- contacting Childline
- using social media

“If I chose to speak to someone if I was unhappy, I would choose a youth worker as they didn’t know me so I didn’t feel judged. I prefer to talk to professionals because I feel if I talk to friends they may think I am attention-seeking because it’s not something they would expect me to have. We need more professionals who can talk on a young person’s level, and talk to us like a friend but, because they are qualified, they can help more”

Other children and young people said they might adopt other strategies, including

- “doing some research about other people who feel like I do”
- “thinking to myself”
- “I have felt low but I like to deal with things alone”
- writing notes

Some children and young people who had regular involvement with health and social care services because of their circumstances (as young carers, young people who had experienced homelessness, or who had been involved with the youth justice system) made additional comments about sources of support, for instance:

“In a shelter home the staff are great and are there for you but they are not trained in mental health so they can’t get in contact with the people needed or give the same support as a mental health worker would. They are limited to how much they can do”

“Talking to a social worker - no; because there are too many changes - I don’t form a relationship”

Some children and young people said that they felt that nothing would make them feel better.

Others said

“I don’t always want to talk”

“I don’t like people commenting on my feelings”

“I hate people pitying me”

7 Children's experiences of transition from primary school to secondary school: 'Learn Happy' report of workshops

Fifteen children from Year 6 at a junior school in the Forest of Dean took part in the project, all of whom were due to move up to the same secondary school.

7.1 Workshop 1: July 2016

The children were all asked to discuss and respond to the following questions in their final weeks at junior school:

- *What has helped you prepare for going to your new school?*
- *What didn't happen that you would have found useful to prepare you for going to your new school?*
- *How do you feel about going to your new school?*

What has helped you to prepare for going to your new school?

Overall, the children had found their families to be of greatest support in preparing them for the move up, with many references to knowing family and friends already at the school as being a reassuring factor.

Move up day was cited as being helpful and the prospect of the buddy system was reassuring.

The lower-attaining children benefitted from additional support with focused small group work to build their resilience and self-management skills; they also reported an additional visit to the school.

What didn't happen that you would have found useful to prepare you for going to your new school?

The most popular desire was for more taster days at the new school.

The buddy system had great appeal and the children would have liked more time to get to know their buddy ahead of moving up.

One child suggested that having the Year 7s come to talk to them would have been a good idea which was supported by three of the lower-attaining /vulnerable children.

Friendship and familiarity with others in tutor groups was another popular desire; social reassurance was a clear theme throughout the conversations.

How do you feel about going to your new school?

The overall feeling towards changing schools was generally positive among the higher-attaining children, more neutral with those of average attainment, and there was significant anxiety amongst the lower-attaining children, with references to losing friends and navigating the school.

Anxiety was a recurring theme with all of the children, especially in reference to being separated from friends; the maintaining of old or quick building of new social networks was a key concern which makes clear sense given the significance of connecting as a key to wellbeing.

"I am worried that I will lose my mates and I will feel weird walking around my new school".

"I think it's going to be fine and I am happy to meet new people."

"I feel confused, worried about finding my way around the place."

"I am excited about meeting new people."

"My brother and sister are already there and I will be meeting new friends. It will be fun!"

"I feel anxious about it."

"I feel happy and weird, it's a massive school and it's a way to meet new friends."

"I am bored so I am looking forward to going to a new school."

"I am sad I am leaving my old friends and this school. I am friends with Year 5's here, so we will miss them."

"I am excited to meet new friends, but anxious as well."

"I won't see friends as much as we will be in different groups for tutor time."

"I am really excited but don't want to leave teachers and staff. I won't be the oldest student in the school anymore. It's not much fun being the youngest in a new place."

7.2 Workshop 2: October 2016

We met with the group again at the end of the first term of being at their new school. The group came in looking bright and relaxed on the whole. One was absent through illness.

The children were asked to reflect on very similar questions posed in Workshop 1:

- *What helped to you to prepare for coming to your new school?*
- *What didn't happen that you would have found useful to prepare you for coming to your new school?*
- *How do you feel about your new school?*

What helped you to prepare for coming to your new school?

The most popular response to this was to say how past students from the junior school had looked after them on arrival, with a few comments in support of the taster day and open evening. The children also commented on the value of knowing someone already at the school.

What didn't happen that you would have found useful to prepare you for coming to your new school?

While the buddy system had been hugely reassuring for the group when they were still at junior school, the system in action failed to deliver what they had hoped for.

One child commented on an excellent buddy that she was aware of who had actively sought out her charge and checked that he/she was alright and knew where they needed to be. The general feedback however, was that buddies weren't too interested in helping the younger children; directions would be given rather than showing them where to go and the children didn't feel like they were part of the school.

They felt that getting to know their buddies more before changing school would have been valuable and felt that more taster days or even a taster week would have been really useful.

One child made an interesting comment about the structure of life at secondary school and wondered if junior school could do more to help children with moving to different classrooms to do different lessons so that it feels more familiar.

How do you feel about your new school?

The group had lots to say about this one. The more positive comments included making new friends, being people they know, enjoying the variety of subjects and liking the new teachers. Uniform isn't so popular with the blazer taking some getting used to.

The lower-attaining children made a number of remarks about their continued anxiety about getting lost and struggling to find their way around; they also felt that lessons were too long and 'too much being talked to by the teacher'.

A number of the group commented on how small they feel in a big school full of big people. There were also a number of comments about the weight of school bags with one child saying about how much his shoulders hurt from carrying his bag.

Tiredness was raised as an ongoing problem for many with early starts being the key reason. A couple of children also raised the point that sports at lunchtime typically resulted in missing time to eat.

Is there anything else you'd like to say about moving up to a new school?

Key suggestions that the children made about helping with the transition process were to improve the buddy system in terms of skills required to buddy well and familiarity with the child you're supporting while they are still in Year 6.

The vast majority of the group (bar one) felt that they would have benefitted from Year 7 children going back to the junior school to talk about what secondary school is like.

"I don't think the buddy system works, some of them didn't seem bothered. They didn't really make us feel like we belong."

"I feel sad and angry and I feel hot with my uniform."

"I like the lessons, there's lots of variety."

"Kids that used to go to [the junior school] looked after us."

"I feel like a tortoise with a heavy thing on my back all the time."

"I feel good about our new school."

"It's really fun and there are loads of things to do."

"I think older kids should go back to the school to tell them what it's like here. The head of house came but you need to hear it from other kids"

8 What are children and young people's experiences of accessing support?

HWG collects comments from children and young people about their experiences of accessing support, through community engagement. Further details are shown in Appendix 13.2.

These comments are anonymised and reported to commissioners and providers of health and social care on a quarterly basis. For NHS organisations in Gloucestershire, key themes are then reported to their respective quality assurance committees.

The themes of these comments are summarised below:

- A positive experience of counselling
- A positive experience of the Eating Disorder Service
- A positive experience of Winston's Wish [support for children and young people after the death of a parent or sibling]
- Positive experiences of supported accommodation
- A positive experience of the Youth Support Team
- Use of the Gloucestershire Recovery in Psychosis team
- A lack of support experienced by young people with co-existing mental health and drug/alcohol problems
- Ongoing barriers experienced by a young person in need of support, despite the continued efforts of their GP
- The difference in approach between the Children & Young People's Service (CYPS) and Adults Services experienced by a young person when they reached 18, and the ongoing challenges they have faced in getting help
- Support from the CYPS team and Youth Support Team, which ended abruptly without explanation to a young person
- A lack of support experienced by a young person who was bereaved
- The limited usefulness of anxiety workshops experienced by a young person, due to anxieties about attending and speaking
- The limited usefulness of counselling experienced by a young person
- The limited usefulness of phone-based cognitive behaviour therapy experienced by a young person, due to its impersonal nature
- Health care professionals talking to parents rather than to young people seeking help or receiving treatment

8.1 Personal stories

Three young people shared their personal experiences of having an eating disorder.

B's story

"When I was growing up I was extremely lucky to have a very supportive family and a stable upbringing. Unfortunately at the age of 14 my parents divorced and the 'stable' lifestyle I had been used to, had been turned upside down. I lived with my Dad and seemed to lose the 'Mother' figure in my life.

When I went to college (aged 16) I was bullied for the way I looked. To others I wasn't skinny enough, didn't wear the same clothing as other students, and didn't wear as much make up as they felt I should. I became really conscious and very wary of what I looked like. I left college at the end of my first year and I decided to get an apprenticeship.

Away from all of the people who felt they needed to make my life difficult for a year, I seemed to grow in confidence, my whole perspective of life was so much more positive and I felt as though I finally had some control. I joined the gym and started long distance running and very quickly found a new love for exercise.

After a few months it seemed to become obsessive, going to the gym twice a day for 2 hours per workout. Even when I was ill I'd still go and it wouldn't even enter my head that it wasn't normal. My diet also changed. I didn't used to take much notice of what I ate, I have always eaten a lot of fruit, vegetables and protein so I didn't change what I ate, I just didn't seem to eat.

I quickly started losing weight. The control I thought I had over my new and independent lifestyle was actually damaging my body and my mental state. My eating disorder took me to a really dark place, I was extremely unhappy. I didn't socialise with my friends, family, or even work colleagues whilst I was at work. I couldn't concentrate on my job, I wasn't meeting targets and I wasn't communicating well within the team.

This continued for about a year and a half, my close family were very concerned about my health, I wasn't able to engage in conversation with my family about their concerns as I didn't believe that they had any need for concern. The scariest part about the eating disorder itself was that it took complete control of my mind, my body and I genuinely didn't know it was happening.

.../continued overleaf

B's story - continued

At my lowest weight, I was 7 ½ stone at the age of 18. At this point my boyfriend and Dad dragged me to the Doctor's surgery to speak to someone to get help. The first struggle for my boyfriend besides getting me there, was that it took 3 weeks to be given an appointment by the surgery. I may not have been dying but the advice they sought online suggested the first place to go would be to my GP for referral.

When I was eventually seen by my GP, I was very comforted by what was explained and how the process for the referral would work. I've been seeing the same GP for about 5 years so I felt that I was able to confide in him. I was initially told I'd be spoken to either with a letter or a phone call within 3 weeks. After 4 weeks I chased up the group who I had been referred to. They called back and spoke to my Dad. I was really disappointed that the service which deals with vulnerable young people had spoken to my Dad about my case rather than me. Surely as an 18 year old person, confidentiality comes into play? Suppose my Dad didn't know and I was trying to deal with it on my own, this could've really badly affected me and my eating disorder? I put in a letter of complaint and explained my feelings on the situation I had been put into. I had an apology but I still didn't feel as though I could progress down this route of treatment with a clinic I didn't trust.

My eating disorder worsened and really had a complete hold on me. After a few months I got to a point that I couldn't carry on feeling the way I did, constantly low, crying about the way I felt and looked and just being generally sad. Alongside my apprenticeship I also worked at a restaurant/bar part time, sadly I had to give it up as my relationship with food became so abnormal that I couldn't see others eat their dinner in the restaurant or work anywhere near food. It was then that I realised I really needed whatever help I could get.

When I returned to see my GP, he said that the only route the NHS could provide was the 2gether Trust group which was who my initial experience was with. I was self-destructive and I knew I needed to somehow change my ways as I wasn't getting better on my own and with the support of family.

When I was dealt with by the service the second time around, they were completely different. I didn't need to chase them, I wasn't spoken to in a patronising way and I felt surprisingly comfortable and at ease with the team. Since then I've been receiving treatment with a 20 week programme of CBT. I have overcome huge struggles with my eating and I'm now recovering. Finally mentally and physically healthy."

D's story

"I've got Asperger's - it wasn't diagnosed until I was 24, although I've been involved with mental health services since I was 15. These days, I'm meeting more and more young women who I knew through meeting them in hospital over the years, who like me were labelled as Borderline Personality Disorder (BPD) and who also like me were treated really crappily; and are now also finding out that this was the wrong diagnosis and are being diagnosed with Asperger's.

When I was living in supported living, I had lots of meltdowns, often threatening to kill the people I was sharing with - because I found it really difficult to share space with other people. It can be really difficult for people on the autistic spectrum - you want your own space, you have sensory issues which come into play, but you are also very lonely. I don't want people to do activities with, but I do want to have a connection with people.

Last year, things got the worst they had ever been. I was cold and frightened all the time - and I was the weakest I'd ever been. It was a dreadful time. There were a number of catalysts, including the deaths of two of my friends. The final straw came when I started to believe that there was a dead mouse in my flat - but there wasn't, it was actually that my repeated bingeing and purging had caused my flat to start to smell. I was so weak that staff were having to 'care' rather than 'support'. I hate it when other people have to do things for me, I will always try to participate, but I just couldn't at the time. I remember the support workers laughing about something and thinking "I want to laugh too, but I'm just too tired".

When I was bingeing and purging, I had no money. I'd got physiologically locked into the process. In a sense, it is a bit like drug or alcohol addiction. I think that this is starting to be understood - that it is not a 'choice'.

I went to stay at my parents' house because I was feeling so poorly. They rang my aunt who is a GP, and talked to her, and she came over from Norfolk to see me. Then my Mum sat me down and said "you need to go into hospital, because we can't do this any more". Usually, they tried to keep me out of hospital. I FaceTimed my brother who also seemed really concerned, and I learned afterwards that he had believed I was terminal. I was in so much denial about how ill I was but on some level I must have realised that I needed to go, even though I knew what it would be like to be in hospital, and so I asked to be sectioned.

.../continued overleaf

D's story - continued

I was really lucky. I had a really experienced social worker and she was on AMHP duty at the time [the role to apply for detention under the Mental Health Act - 'sectioning' - lies with the AMHP (Approved Mental Health Professional)]. The psychiatrist found me a bed on Abbey Ward at Wotton Lawn, where he agreed to keep me as long as possible, as the only available Eating Disorder bed at the time was in Glasgow. He persuaded me not to be sectioned, but instead gave me lots of leave to get out of hospital regularly. This meant that I had a series of manageable steps into hospital, rather than going in in one 'go'. He had taken my Asperger's into account, and this arrangement was absolutely what I needed. Wotton Lawn also backed up OPENhouse who were having to argue that it would not be good for me to go back to my flat, where I had been bingeing and purging, at this very vulnerable time. I'm really grateful to all those people who put their neck out for me. I'm also really proud of my mother for what she did.

I'd tried so many times to get better. I felt this time was 'now or never'. I started to do what I needed to do, put on weight and get better. After a while I moved from Wotton Lawn to Steps in Bristol. Wotton Lawn is much better than it was 10 years ago when I first went there, and Steps was great - I couldn't fault them. One of the great things about Steps was that they said "it doesn't matter how many times you have to come back. We will help you to recover". Because before that, I was told the opposite: "you've had an eating disorder for such a long time, you've had so many treatments, do you realise how much you've cost the NHS? You're just going to have to get used to living with it".

Getting a dog was included in my recovery plan. This was a really important part of my plan. Having my dog gives me a focus, it gives my daily routine some meaning. I've also got pet rats. Together with other young people with Asperger's or autism at OPENhouse, we all have our intense interests. We can all have a laugh with each other about these. They give us something to focus upon, and they are also an escape. So many of us were bullied at school.

Before, when I was diagnosed with a personality disorder, they told me "you need to go to AA, you need to get a sponsor". AA was good and it would be great if there were local Eating Disorder groups along the same lines. I go to the fortnightly group which has been set up in Stroud, it would be great if there were more. Otherwise, you have to go online for support - and the internet is not a safe place for people with eating disorders.

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D's story - continued

There is no Asperger's support on the NHS in Gloucestershire unless you have a learning disability. Since the Autism Act 2009, they have to demonstrate that they are introducing a team - but they don't have to have an end-date for the introduction, so there is a loophole. Lots of women get their Asperger's diagnosis after having been in the mental health system for a long time; so it seems a shame that, now they know this, and they also know that the cost of treating someone is so great, so it would be cost-effective to invest in intervention services to support people with Asperger's - that they don't do it. I've learned an awful lot about how to manage Asperger's since I've been here - I was lucky to be in the right place at the right time to get support through OPENhouse. I think OPENhouse keeps working with people after other places would have exhausted other options.

I feel really strongly about speaking out about mental health issues because of the stigma that is attached to mental illness. When I first got ill, my family didn't really want to talk about it to other people, because they didn't know what sort of response they might get. But you find, when you do start to talk about it to someone, they will start talking back about their sister's experience, or their aunt's experience - and actually, nearly everyone has someone close to them who has or has had a mental health problem.

I think that the only good thing about this is that, for years, I've been around people with mental illness - so, I know that people with schizophrenia aren't scary; and people with bipolar disorder aren't always manic. People are people. They are not just their illness.

I think the hardest bit is not the illness, it is dealing with other people. The person most at risk of harm from someone with schizophrenia is that person themselves, not the public. And also, mental illness can be funny, sometimes - it can be hilarious; but I've found the only people you can talk to about this aspect are other people who've had mental illness, because if you try to share it with other people they don't find it very PC."

R's story

"I used school counselling services between October and November 2014. I met with a therapist in the school pastoral team linked to the Brownshills Centre. These sessions were on a weekly basis for a few months but I continued to lose weight. I was accused of being bulimic, but I wasn't.

I got to a crisis point with my health, where my low weight was impacting on my heart, it started failing so my Gran rang Brownshills and spoke to my consultant. He suggested that I be admitted to Stroud hospital in mid-April 2015. They sent me straight to Cheltenham General Hospital and I was put on an adult ward as I was turning 17. I think that I was on an acute ward. My weight had gone down to 36kg and they were using nasogastric feeding.

Nursing staff told me that I wasn't unwell and I should just eat something... They also tried to pressure me to leave but I was waiting for the consultant to find me a Child and Adolescent Mental Health Service (CAMHS) bed. When I was there I heard doctors when they were doing handovers talking about me being 'attention seeking' and that I was 'wasting their time'. I also heard staff say 'she will eat eventually' and for a 16-year-old girl to hear this when I was in such poor mental health it was actually really traumatic. I didn't even see myself as mentally unwell, but I felt 'got at' for being there. I didn't feel staff believed me, took me seriously or protected me, when I was still quite young and vulnerable...

Doctors were keen to move me on, but no mental health inpatient beds could be found. About halfway through my stay there I was provided with the support of a mental health nurse. I had to explain my situation all over again to her. Just felt like I constantly had to repeat 'my story' to everyone I saw. Some were agency staff and they didn't seem to have an idea of how I was feeling. It was really difficult for me. Rather than support me, the way they talked to me felt accusatory. I was made to feel like a burden at a time when I really didn't need it. There were two members of staff who did make positive efforts to support me which I really appreciated.

Initially I was offered a bed in Scotland. In May, an in-patient bed was found for me at North Essex Partnership Trust's St Aubyns Centre, a CAMHS inpatient unit in Colchester. I stayed there for one week and they transferred me to Colchester General Hospital as they couldn't stabilise me. They sent staff from the unit to sit with me until they found me another place. I was then sent to Huntercombe inpatient unit in Maidenhead, a CAMHS specialist inpatient hospital for 12-18 year olds with severe mental health problems and eating disorders. .../continued overleaf

R's story - continued

I stayed there for 8½ months. I went home twice during this time. There were strict rules on what you were and weren't allowed to do, they were very rigid.

I missed my family an awful lot, as it wasn't easy for them to visit as it was so far away from my home in Gloucestershire, but I did get used to being there. The plus points of the unit were that the staff that were permanent and non-agency were very experienced, and provided a good level of support. On the negative side, I didn't get to see a therapist as such the whole time that I was there. All the therapists seemed to be at their other units. Also there were a lot of agency staff and they did not seem to have any interest in improving my mental health. All the support kind of sessions were cancelled as young people chose not to attend them. It was a matter of personal choice as to whether you took part. This was a major issue.

There was food support during meal times, health care assistants did try and positively guide you to eat. The majority of support that I was given was from other inpatients or from healthcare assistants. I was motivated to get better, but no one there changed my mind-set.

I missed taking my A levels and ended up having to re-do the year. The lack of effective educational support in these inpatient units is a big problem. I really feel for people who go in when they are younger than I was and don't get a chance to do their exams at 16. It can really negatively impact on your future options.

After 8½ months they transferred me to a specialist eating disorder facility, Huntercombe Cotswold Spa Broadway near Worcester. I was there for 2½ months. I started doing extended home leave visits and went back once a week to get CBT. I had structured support and there were regular appointments. We also had family therapy.

In January 2016 I was transferred to Brownshills in Cheltenham, where I had started. I used the St Paul's Centre at Charlton Lane. I had a new therapist and have so far seen her for six sessions. Now I am nearly 18 there is also less need for family input and responsibility has shifted a bit. I will be 18 in April. I think one of the positives was the experience at Huntercombe at Broadway, they were good at transitioning me back into Gloucestershire's Eating Disorder Service. They were unwilling to discharge me unless I was with a competent team and being well looked after. My peers got me through the situation more than the staff in a way. But when you are out of these inpatient units it's difficult to continue these relationships."

9 Key findings and recommendations

9.1 Maintaining good mental health and wellbeing

Children and young people who spoke to us enjoy a range of activities and adopt strategies that give them a sense of wellbeing and help them maintain good mental health. Many of these can be linked to the “five ways to wellbeing” identified in the Government Office for Science 2008 publication *Five Ways to Mental Wellbeing*⁸

- connect
- be active
- take notice
- keep learning
- give

The GCCG website www.onyourmindglos.nhs.uk launched in Autumn 2016 includes a page about wellbeing.

Recommendation - that the evidence presented in this report contributes to the ongoing development of programmes to maintain good mental health and wellbeing in children and young people; for instance through the work of Gloucestershire Healthy Living & Learning and the safety education centre SkillZONE.

9.2 Accessing information, advice, and support

The children and young people who spoke to us said that they were most likely to seek support in the first instance from their families, friends and teachers.

The children in transition from primary school to secondary school talked about the limitations of the buddying scheme at their new school; and other young people had mixed feedback to offer about the support they got from teachers and schools.

HWG recognises that, through their Transformation Plan, commissioner and provider organisations have a number of initiatives underway to improve support for parents, young people, and schools. For instance, there is a Schools and Mental Health pilot scheme underway in the Stroud locality, to support schools in developing awareness and knowledge of good mental health and promoting early identification of need. An update on Gloucestershire’s Future in Mind Transformation Plan, including the work of this pilot, was presented to the Gloucestershire Health and Wellbeing Board on 17 January 2017.

Full details of the update can be found here:

<http://glostext.gloucestershire.gov.uk/documents/g8338/Public%20reports%20pack%20Tuesday%2017-Jan-2017%2010.00%20Gloucestershire%20Health%20Wellbeing%20Board.pdf?T=10>

Recommendation - that the evidence presented in this report contributes to the ongoing development of information and advice for parents; for young people, so they can offer appropriate support to their peers, and know where to turn to for help; and for teachers and other school staff.

9.3 The value of the ‘personal story’, and descriptions of young people’s experiences of accessing support in their own words, in providing insight and enabling the health and social care system to learn

A number of children and young people shared detailed information about their experiences with a range of health and care organisations, the connections between them and the impact that this has had upon their lives. These experiences, including the detailed personal stories shared in this report, illustrate qualitative experience that is not captured through the Friends and Family Test or other surveys.

Recommendation - that commissioners and providers use the personal stories in this report to gain greater insight into the experiences of young people; acknowledge the value of the ‘personal story’ to enable system learning; and look to gather stories from children and young people.

10 Next steps

As we stated in Section 3, finding out about young people’s views and experiences of access to early support/mental health services, to complement the work being carried out by commissioners and providers, was identified as a workplan priority for HWG for 2016/17. This report was envisaged as the first stage of an ongoing programme of work, listening to children and young people and speaking out on their behalf. We hope that HWG will take this forward into 2017/18 and beyond.

11 Acknowledgements

HWG would like to thank those children and young people who contributed their personal experience to this report.

12 Formal responses to the report received from Commissioners and Providers

HWG submitted this report to the Commissioners and Providers listed below and invited them to submit formal responses to the recommendations:

- 2gether NHS Foundation Trust
- Gloucestershire Care Services NHS Trust
- Gloucestershire Clinical Commissioning Group
- Gloucestershire County Council
- Gloucestershire Hospitals NHS Foundation Trust

The responses received are shown overleaf.



Trust Headquarters
Rikenel
Montpellier
Gloucester
GL1 1LY

Becky Walters (01452) 894608
Email: rebecca.walters@nhs.net
Our Ref: SC/JMDCR/200317Healthwatch

Barbara Piranty
CEO
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

20 March 2017

Dear Barbara

Re: Combined factual accuracy and final response to Healthwatch Gloucestershire (HWG) Report *Maintaining good mental health and wellbeing in children and young people*

Thank you for your letter dated 7th March 2017 requesting a reply combining factual accuracy and a final, formal response from our organisation.

Seeking the views of children and young people about their experience of access to early support/mental health services, to complement the work being carried out by commissioners and providers on preventive strategies is an important area of investigation. We commend Healthwatch Gloucestershire for this focus. There is much to learn from experiences which will help and guide us to further develop our service in partnership with young people, their families, the public and the wider system of health, social care and education.

I note that the report has taken information gathered from children and young people and provided rich narrative of experience of services from early onset of illness through to experience of out of county placements for more severe experience of illness.

On page 14, themes and individual experiences are listed from your review of the sample of young people who provided feedback about accessing services for mental health support. The following section offers clarification and an update about the services that we offer in relation to this feedback.

Substances - Drugs and Alcohol

I was sorry to hear that some young people in your sample experienced a lack of support with their co-existing mental health and drug and alcohol problems. Services specifically for people experiencing issues with the misuse of drugs and alcohol are commissioned from an

independent provider and are not provided via 2gether NHS Foundation Trust. However, children and young people do sometimes present with a combination of issues and concerns. In these circumstances it is important that we work alongside other organisations and the young person and families to deliver the best, integrated care.

Referrals to 2gether's Children and Young People Services (2g CYPS)

It is regrettable that a young person cited in your report experienced barriers to the support that they and their GP felt was needed. We are commissioned to accept referrals from professionals/practitioners where the child/young person is registered with a Gloucestershire GP. All potential referrers should endeavour to see the child/young person together with their families/carers and obtain their consent to a referral wherever possible. Until the initial CHOICE/urgent assessment has been completed by 2g CYPS, the referrer continues to hold responsibility for the care of the young person. We continue to work with colleagues across our system of care to provide information and explanation of the referral processes.

Transition of Care between services

We recognise that transitions from one part of our service to another, based on age eligibility can be challenging. As such, we have developed our Transition of Care Policy to outline the best and expected practice to adhere to when supporting a young people to continue to access services for their mental health needs within our adult mental health services beyond their 18th birthday.

It is expected that transition planning should formally start when a young person is 17 years and 4 months in line with current Mental Health Act Code of Practice. Those young people within inpatient units should start transition discussions after their 17th birthday. Parents/families should be actively involved in transition wherever possible. Where mental health needs warrant an extended service for a short period beyond the 18th birthday, this should be provided by CYPS, in the best interest of the young person and discharged thereafter. In some complex cases, CYPS may remain in contact with the adult mental health team/young person in a consultative capacity up to 18.5 years of age.

Transitions sometimes occur where children and young people require access to 2gether's Eating Disorders Service. There specialist Eating Disorder Team for children and young people is commissioned through a general Eating Disorder Service. However, the CYPS Clinical Director has oversight of all cases where young people have both an eating disorder and a mental health presentation. In these case CYPS are jointly managed between the services in order to provide the best possible experience of care.

Abrupt Discharge from CYPS and Youth Support Team

There are a variety of reasons why discharge from CYPS may be indicated. These include for example, when intervention has addressed the reasons for the initial CYPS involvement and the child or young person has made progress in relation to their Care Plan. Another example is where it is the clinical view that further CYPS interventions will offer minimal benefit/positive outcomes. In these instances a collaborative discussion will explain the position and consider other support options available. Whilst it is not possible to determine what the cause of the withdrawal of support was in the instance that you cite, we would encourage children, young people and their families to contact us directly if they are unhappy with the service and would seek and investigation of their concerns. Indeed, for all the other matters raised as a concern by an individual in the list on page 14, we would welcome the opportunity to review their circumstances. Our Service Experience Team can be contacted at

<https://www.2gether.nhs.uk/give-us-your-views>

We agree that investment in children and young people's mental health and wellbeing is essential. Several new initiatives are developing in Gloucestershire which will further advance services to support the mental health and wellbeing of children and young people. I have listed some examples of these below for your information.

1. Schools Project - from pilot to phased implementation

Gloucestershire Clinical Commissioning Group was successful in obtaining funding from NHS England and the Department for Education (DfE) in 2015/16 to take part in the Child and Adolescent Mental Health Service (CAMHS) and Schools Link Pilot Scheme, focussed in the Stroud locality. An independent evaluation of the scheme highlighted that this approach has been effective at securing better outcomes for children and young people in the Stroud locality.

The pilot encouraged closer working between schools and the 2gether NHS Foundation Trust Children & Young People service, and a key success factor was the recruitment of an additional 2 Primary Mental Health Workers who were dedicated to the pilot.

In order to take the successful work from the pilot forwards, additional funding has been identified by the CCG in order to employ an additional 6 Primary Mental Health Workers to work with existing pilot schools, the remaining Stroud schools that were not in the original pilot, and to roll out to the G15 Gloucester city schools.

2. The CYPS Practitioner Advice Line

An integral part of the overall success of the Schools Pilot Project was the CYPS Practitioner Advice line which school and college teachers and others continue to access to discuss mental health related concerns.

The CYPS Practitioner Advice Line is open to a range of professionals working with a child or young person (up to the age of 18 years). The line operates Monday – Friday 9am - 5pm (excluding bank holidays). Advice may include information on signposting to other relevant services or support that CYPS can provide.

3. Teens in Crisis (TiC+)

This voluntary sector based service provides professional counselling for young people aged 9 - 21 years across Gloucestershire. Teens in Crisis has a network of trained counselling staff who deliver interventions in schools and community settings.

The Teens in Crisis service is subcontracted to provide counselling to children and young people who do not meet the clinical threshold to be accepted for treatment with 2gether CYPS but would benefit from a counselling approach. 2gether CYPS clinicians can signpost non CYPS cases to TiC+ via the standard self-referral route <http://www.ticplus.org.uk/>

4. Newly Commissioned Perinatal Service – phased implementation

The Specialist Perinatal Mental Health Service provides specialist assessment, intensive support and treatment for childbearing women who develop serious and/or complex mental health needs during pregnancy and within the first postpartum year who cannot be managed effectively by primary care or other specialist secondary mental health services.

This service is important for mental health and wellbeing of both the mothers and their offspring.

The two key objectives of the Specialist Perinatal Mental Health Service are to a) provide accessible, specialist community based support for all women and families with serious and complex level mental health needs during the perinatal period and b) to provide mental health advice and specialist information and education for the wider workforce supporting women and their families with mild to moderate mental health needs during the perinatal period. This will include reducing stigma and promoting early identification.

5. CYPS Infant Mental Health Team (IMH)

The Infant Mental Health Team (IMH) is part of the perinatal provision and will provide a countywide, highly specialist service offering direct work with high risk and vulnerable families.

The main priority of the team will be parents whose mental health problems impact on their ability to parent who are or have been in the care of Adult Mental Health Services. In addition, the service will prioritise those babies at risk of entering the care system where this could be prevented by addressing the risk factors that adversely affect the child-parent relationship and the child's subsequent development. This team will target those infants identified at high risk of developing mental health difficulties and those displaying early signs of psychological problems.

I note that your report offers three distinct recommendations and I have offered a response to each one below.

Recommendation 1 – Use of the report's evidence to inform ongoing development of programmes to maintain good mental health

As an NHS organisation commissioned to provide services for children and young people experiencing mental illness, we have been pleased to work alongside Gloucestershire Clinical Commissioning Group and Gloucestershire County Council in the development of tools and resources for children and young people to access to raise awareness of the importance of preventing illness and promoting emotional wellbeing and mental health. We also value the involvement of young people and their families in shaping the service that we offer and notably work in partnership with Action for Children, Teens in Crisis, Carers Gloucestershire and Gloucestershire Young Carers in addition to Healthwatch Gloucestershire to ensure that the voice of young people and their families influences our development. Furthermore, we continue to lead a multi-agency approach to tackling the stigma associated with mental illness and have formed strong connections with the national organisation Time to Change to shape this work.

Recommendation 2 – Ongoing development of information, advice for parents and young people

Information and advice, both general and more specialist (where indicated) for parents and young people is critical. Evidence suggests that people access knowledge about health and care services in different ways and at different times. This supports the argument for information about mental health and emotional well-being to be available in a wide variety of touchpoints for young people and families not only in the health care services. We are pleased to note the developments presented in Gloucestershire's Future in Mind Transformation Plan not least the development of Gloucestershire Clinical Commissioning Group's 'On Your Mind' website <https://www.onyourmindglos.nhs.uk/about-site/> which provides a wealth of accessible and relevant information and signposting. We have also recently launched an update of our own website which has dedicated resources for children, young people and their families <https://www.2gether.nhs.uk/other-areas/cyp/#patients>

Recommendation 3 – Use of the personal stories in this report

We wholeheartedly support the inclusion of patient stories to support our education and development programmes. All staff employed by 2gether NHS Foundation Trust participate in

our corporate induction before they start work with us. We require that colleagues listen to patient stories and feedback as part of the very first session that is facilitated.

Such is our commitment to listening to patient stories that we invite narratives at our Trust Board meetings which are held in public. Each story has a different focus and the unique experiences shared help us to shape our service to the people of Gloucestershire in a meaningful way. We recently heard from a young person who shared their experience of our services and we have another session planned for our March 2017 Board. The written stories that you have provided will certainly be used going forward and I would like to thank you for sharing them with us.

Please may I extend my thanks once again to you and to colleagues at Healthwatch Gloucestershire for providing a focus on good mental health and wellbeing for children and young people. If a conversation would be helpful about any of the specifics that you have discovered through your review please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Shaun Clee', written in a cursive style.

Shaun Clee
Chief Executive Officer

Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Ms B Piranty
Chief Executive
Healthwatch Gloucestershire
Community House
15 College Green
GLOUCESTER
GL1 2LZ

Tel: 0300 421 8179
Email: Sue.Field@glos-care.nhs.uk
Web: www.glos-care.nhs.uk

17th March 2017

Dear Barbara,

Maintaining good mental health and wellbeing in children and young people

Thank you for your recent correspondence relating to the above report which Gloucestershire Care Services NHS Trust (GCS) welcomes. You have requested that we identify any factual accuracy points as well as our formal response and I hope the following is helpful.

With regards to factual accuracy there is nothing that we would suggest needs changing and we were pleased to read how young people have engaged with this review. We were however, disappointed to see the absence of school nursing services within the report and because of this believe it would be helpful to outline some of what has been happening with regards to this service.

As some background School Health Nursing (SHN) services have been an integral part of the Futures in Mind pilot which took place in 2016. Through SHN interventions it is recognised from qualitative and quantitative data that the service is pivotal in the health literacy of our community, improving outcomes for our children and young people in Gloucestershire. School Health Nursing works collaboratively with those mentioned in the report and we are continuing to develop our systems and processes to widen our scope and enhance health literacy.

The World Health Organisation (WHO) defines health literacy as *"The motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health"*. The ethos of SHN and ultimate goal is to "promote greater independence and empowerment" rather than simply to convey information (Prof Don Nutbeam, 2000), and a recent study by Turner & Mackay, which was completed in 2015, looked at the impact of school health nursing interventions in behaviour change and mental health. They found that school nurses were viewed as "unique professionals with effective communication and interpersonal skills" and that their interventions led to positive behaviour change including reduced anxiety and stress and increased access and engagement with services.

Chair: Ingrid Barker Chief Executive: Katie Norton


Understanding You

Gloucestershire Care Services

NHS Trust

GCS has recently completed a survey (March 2017), to explore the development of the current SHN service. In support of the aforementioned study 70.5% of respondents reported access to the SHN service for emotional wellbeing including self-esteem, bullying, self-harm, worries, eating disorders, depression and low mood. 70.29% desired access and support by the SHN service for same concerns. The most common route to access was face to face i.e. drop-ins, email, texting and website.

As a provider the GCS School Nursing service is a confidential service and ensures young people understand their right to confidentiality in and out of school. Many young people value this and confidentiality rights are not always adhered to within our partner organisations i.e. education, hence setting our service apart. We are working towards utilising new and innovative ways of children and young people accessing health services, including online help and apps. These can help school nurses in offering universal support as well as targeted services.

We do believe that unfortunately young people and families are not often aware of places to access help and support and that we can help inform more about what options and support is available, in addition to contributing to the wider public health agenda of reducing health inequalities and reaching out to the vulnerable and marginalised young people who may otherwise "fall through the gaps" of health provision www.youngpeopleshealth.org.uk/reaching-marginalised-young-people. Sadly this is not represented in this report and I am querying as to how this could have happened – are you able to shed any light on this?

With regards to the recommendation we fully support this and have already, for example, embraced the 'Voice' of young people at our Trust Board meetings over recent months including our continued work with Nightstop.

Finally I'd like on behalf of the Trust to thank you and the team who undertook this important review and if you should have any further queries please do not hesitate to contact me again.

Yours sincerely



Susan Field
Director of Nursing

CC: Katie Norton, Chief Executive Officer
Sarah Birmingham, Deputy General Manager
Andrea Choules, Locality Service Lead

Chair: Ingrid Barker Chief Executive: Katie Norton

Understanding  You

Barbara Piranty
Chief Executive

Sent via email to
barbara.piranty@healthwatchgloucestershire.co.uk

Our Ref: MH/ad'b

16th March 2017

Sanger House
5220 Valiant Court
Gloucester Business Park
Brockworth
Gloucester
GL3 4FE

Tel: 0300 421 1415
Email: mary.hutton1@nhs.net

Dear Barbara

Thank you for your recent draft report *Maintaining good mental health and wellbeing in children and young people* which Linda Uren and I are responding to on behalf of both Gloucestershire County Council and Gloucestershire Clinical Commissioning Group.

As requested, we have checked the document for accuracy as follows;

Section 2.1 Gloucestershire Clinical Commissioning Group led the development of the local transformation plan in partnership with Gloucestershire County Council and key stakeholders, including children and young people, parents, carers and practitioners. This was in response to a request by NHS England for all areas to develop a plan following publication of the Taskforce report.

Section 7 It is suggested to omit any identifiable names of schools or organisations, although this may be useful feedback for the organisation itself as a separate note.

In respect of the **key findings and recommendations**;

Recommendation 9.1. The CCG and GCC worked with children and young people to develop the *onyourmindglos* website for young people, and we are pleased that Healthwatch have noted this key development. We would be happy to take forward the evidence provided in this report as per the recommendation.

Recommendation 9.2. We welcome your recommendation to use the evidence in your draft report to continue to develop information and advice for parents, young people and practitioners

Recommendation 9.3. We agree that using personal experiences are a good way to learn about 'what matters' to young people. To this end we have recently made a film highlighting young people's experience of care, and we will be using this in the development of our services. We will continue to gather personal stories to enable system learning, gain greater insight into young people's views and experiences and actively seek those out.

Thank you once again for sending us the draft report which will help inform our ongoing work in taking forward *Gloucestershire's Future in Mind*, our local transformation plan.

Yours sincerely

Mary Hutton

Mary Hutton
Accountable Officer
NHS Gloucestershire Clinical Commissioning Group

Yours sincerely

Linda Uren

Linda Uren
Director of Children's Services
Gloucestershire County Council

cc. Becky Parish, Associate Director, Engagement and Experience

Patient Experience Department
Great Western Road
Gloucester
Gloucestershire
GL1 3NN
Tel: 0300 422 5731
Fax: 0300 422 5766
e-mail: suzie.cro@glos.nhs.uk

14th March 2017

Barbara Piranty
Chief Executive
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester GL1 2LZ

Dear Barbara

Re: Combined factual accuracy and final response to Healthwatch Gloucestershire (HWG) Report *Maintaining good mental health and wellbeing in children and young people*

Thank you for the copy of the draft report to which we were asked to comment on both **factual accuracy and as a final formal response by 14 March.**

Please see our comments below on factual accuracy:-

We have no factual accuracy comments.

This is also our formal response to the recommendations made that were relevant to the organisation.

HWG Recommendation	Response to the recommendations
Recommendation – that the evidence presented in this report contributes to the ongoing development of	GHNHSFT will ensure that the evidence presented in this report contributes to the ongoing development of programmes to maintain good mental

Chair: Peter Lachecki
Chief Executive: Deborah Lee



programmes to maintain good mental health and wellbeing in children and young people; for instance through the work of Gloucestershire Healthy Living & Learning and the safety education centre SkillZONE.	health and wellbeing in children and young people.
Recommendation – that the evidence presented in this report contributes to the ongoing development of information and advice for parents; for young people, so they can offer appropriate support to their peers, and know where to turn to for help; and for teachers and other school staff.	GHNHSFT will ensure that the evidence presented in this report contributes to the ongoing development of information and advice for parents.
Recommendation – that commissioners and providers use the personal stories in this report to gain greater insight into the experiences of young people; acknowledge the value of the ‘personal story’ to enable system learning; and look to gather stories from children and young people.	GHNHSFT will use the personal stories in this report and we will continue to gather stories from children and young people within any future work.

Thank you once again for the report and the opportunity to comment.

Yours sincerely



Suzie Cro
Head of Patient Experience

cc: Ms Deborah Lee, Chief Executive
cc: Maggie Arnold, Director of Nursing

13 Appendices

13.1 Gloucestershire's Future in Mind: The local transformation plan for improving the mental health and wellbeing of our children and young people 2015-2020 - outcomes from engagement with children and young people

Gloucestershire's plan said

Our engagement with children and young people identified key elements and priorities for services for the future:

- *Confidentiality is essential - delivering services outside of school settings and in alternative locations would help achieve this. Need something "local" to each area*
- *Culture change needed - young people want to feel that their opinion is taken into account. They want to be involved in their care*
- *Raising awareness of help available. Education, communication and good quality information. Web based information with simple messages that people can trust*
- *Drop in Clinics/helplines - access to care and support without an appointment*
- *Peer support is valued - training/support is required to enable young people to support each other*
- *Self-referral for help - don't have to go to the GP or another professional first*

In addition to the above, children and young people with complex needs said:

- *The current framework of services is inflexible*
- *Peer support really helps*
- *The support I receive means I don't get any worse, but I can't get the extra support I need to help me improve*
- *Complex needs - each condition treated separately, whilst underlying cause goes undiagnosed*
- *Lack of communication across teams involved in my care*

The "top 3" priorities for children and young people attending clinics were:

- *Getting help early, when you are starting to feel unwell*
- *Help and support available at school*
- *One named individual to support you throughout your care*

Homeless young people said:

- *a drop-in informal "one stop" shop approach to services which would enable us to also sort out other issues like housing and benefits*
- *, a "listening ear" at community venues, such as youth clubs, is best for us when we need support*

13.2 HWG activity with children and young people, January 2016-January 2017

This report is derived from the following sources:

- i. Feedback collected from a cohort of 15 children in transition from primary school to secondary school in the Forest of Dean; during July 2016 in Year 6 and during October 2016 in Year 7 (see Section 7)
- ii. Feedback collected through the HWG website, information line and community engagement with children and young people across the county between January 2016 and January 2017; including:
 - A Children's Centre
 - Two County Community Projects (CCP) 'Foyer' sites (supported accommodation with life skills training for homeless young people)
 - County Council Ambassadors for Vulnerable Children & Young People
 - Two Further Education Colleges
 - National Star College (a specialist further education college for people with physical and learning disabilities and acquired brain injuries)
 - OPENhouse (housing and support for homeless young people)
 - A Primary School fete
 - Two Universities
 - A Youth Centre provided by a charity
- iii. Feedback on wellbeing strategies collected from Stroud District Year 9 students in November 2016
- iv. Feedback on wellbeing strategies and additional feedback collected from young people at Gloucestershire's Young Carers Forum in November 2016
- v. Detailed personal stories about the experience of having an eating disorder provided by three young people (see Section 8.1)

14 References

- ¹ *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, Department of Health & NHS England, March 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- ² *Guidance to support the development of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing*, NHS England, August 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>
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