



# The views and experiences of CAMHS Tiers 1 and 2 services

Please contact Healthwatch Norfolk if you require an **easy read**; **large print** or a **translated** copy of this report.

Postal address: Healthwatch Norfolk, Suite 6 - Elm Farm, Norwich Common,  
Norfolk NR18 0SW

Email address: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk)

Telephone: 0808 168 9669

## Contents

	Page
<b>Who we are and what we do</b>	3
<b>Executive Summary</b>	4
<b>Introduction: Why we looked at this</b>	6
<b>Approach: How we did this</b>	7
<ul style="list-style-type: none"><li>• Key questions</li><li>• How were schools chosen?</li><li>• Who participated?</li><li>• Scope</li></ul>	
<b>How is the local CAMHS model designed?</b>	9
<b>Mapping local CAMHS provision</b>	11
<ul style="list-style-type: none"><li>• Tier 2</li><li>• Tier 1</li></ul>	11 12
<b>Findings: What we found out</b>	14
<b>Questionnaire findings</b>	14
<ul style="list-style-type: none"><li>• Primary schools</li><li>• High schools</li><li>• School staff</li></ul>	14 19 25
<b>Focus group findings</b>	30
<ul style="list-style-type: none"><li>• Respondent information</li><li>• What triggers mental health concerns in children and young people?</li><li>• What are the experiences of children and young people, their parents and carers and staff in school who access Tier 1 and 2 services?</li><li>• What expectations do young people have?</li><li>• What barriers are there?</li><li>• How significant an issue is waiting times?</li></ul>	
<b>Case studies</b>	37
<ul style="list-style-type: none"><li>• Norwich - The life coach</li><li>• North Norfolk - The Nurture Group</li><li>• South Norfolk - A school culture that embraces mental health</li><li>• HealthEast - Cluster Collaboration</li><li>• West Norfolk - The PATHS® school</li></ul>	
<b>Summary of findings - What this means</b>	42
<b>Other local research and training</b>	45
<b>Recommendations</b>	46
<b>References</b>	48
<b>Appendix - SurveyMonkey questionnaires</b>	49
<ul style="list-style-type: none"><li>• Questions for pupils in Year 6</li><li>• Questions for pupils in Years 9 and 11</li><li>• Questions for staff</li></ul>	

**Your voice can make a difference...**

**Healthwatch Norfolk works with health and social care services in Norfolk to make sure that your views and experiences make a difference to the services we all use.**



**Call us on 0808 168 9669**

Website: [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk)

Email: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk)

Follow us on Twitter: [@HwNorfolk](https://twitter.com/HwNorfolk)

Like us on Facebook: [facebook.com/healthwatchnorfolk](https://facebook.com/healthwatchnorfolk)

## Who we are and what we do

Healthwatch Norfolk is the local consumer champion for health and social care in the county. Formed in April 2013, as a result of the Health and Social Care Act, we are an independent organisation, with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to you through us.

We have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We are here to help you influence the way that health and social care services are planned and delivered in Norfolk.

## Acknowledgements

Healthwatch Norfolk is fortunate to work with many partners in Norfolk. We gratefully acknowledge and offer thanks to the children and young people, parents and carers and staff at the following schools for their support of this project:

- Archbishop Sancroft High School
- Aylsham High School
- Cawston Church of England Primary Academy
- Cringleford CE VA Primary School
- Downham Market Academy
- Lynn Grove Academy
- Moorlands Church of England Primary Academy
- Notre Dame High School
- St Michael's Church of England Academy
- Wicklewood Primary School & Nursery

We also gratefully acknowledge and offer thanks to:

- Simon Morley, Academies Improvement Director, Diocese of Norwich Education and Academies Trust
- Dr Emma Howarth, Senior research associate, NIHR CLAHRC East of England
- Anna Sims - PATHS Lead Coach, Norfolk County Council
- Mancroft Advice Project
- Norfolk and Suffolk NHS Foundation Trust
- Ormiston Children & Families Trust

## Executive Summary

### Introduction

Improving early access to mental health services and reducing barriers to help for young people are imperative. We sought the views and needs of young people in mainstream education and their parents, carers and teachers who deal with these issues on a day to day basis.

Child and Adolescent Mental Health Services (CAMHS) in Norfolk are organised in four tiers. Tier 1 services are for all children and more specialised Tier 2 services are designed for young people with mild-moderate mental problems. The main Tier 2 provider commissioned by Norfolk County Council (NCC) is Point-1 with its services delivered by Ormiston Children & Families Trust, working with Mancroft Advice Project (MAP) and Norfolk and Suffolk NHS Foundation Trust (NSFT).

We mapped CAMHS Tier 1 and Tier 2 provision in Norfolk. Across 10 schools, 131 Year 6 pupils, 534 pupils in Years 9 and 11 and 71 staff responded to our online survey and 87 young people, 25 school staff and 6 parents or carers spoke to us face-to-face. The schools chosen have a strong reputation for addressing young peoples' mental health.

### Findings

- Programmes that specifically address children's social and emotional needs are being used highly effectively, particularly in primary schools but some Tier 1 provision commissioned or provided by schools is less effective.
- Eight out of ten primary pupils said their school helped them understand what to do if they felt sad or worried but less than half of high school pupils said that staff explained how they could look after their mental health. Most knew where to access support and about half of older pupils knew they could refer themselves.
- Older pupils say they are more likely to access support and information online or confide with their friends while younger children are more likely to speak to their parents or carers or a trusted adult in school.
- Just over 80% of Year 6 pupils had sought support for their emotional well-being and of these, 78% felt it had had an impact. One in seven Year 9 and 11 pupils said that they had used or tried to use mental health services. Most of them did not rate the experience highly but most staff felt that the support pupils received was positive but all said that waiting times were too long.
- About half of older pupils said they knew another young person with mental health concerns and roughly 1 in 4 said they had

experienced problems of their own. They said that the most significant barriers to them seeking support were the worry that people would judge them, embarrassment and fear.

- They would like a mental health service that is friendly, confidential and welcoming, where their concerns are taken seriously. Credibility is important to them. They say counsellors should be well-qualified and have a good understanding of the “world” young people inhabit, in particular their use of social media.
- Four schools had a named mental health first aider and all had provision in place to promote a positive mental health message but this is not always communicated effectively to staff. And while staff said that young people’s mental health was a growing issue, most lacked the confidence to provide the necessary support.
- Communication between CAMHS commissioners, providers and schools is not always effective but is improving in some areas. Communication between schools and Tier 2 providers has improved recently. The School Nursing Team plays an important role.
- Although the stigma attached to mental health is slowly dissipating, young people tend to associate it with a wide range of pathological symptoms, conditions and disorders.
- Waiting times are typically 3 to 6 months and vary significantly across the county. Young people and schools say this is too long and that the current treatment model is not flexible enough.
- Providers seem to have insufficient capacity to cope with current demand.
- We have provided case studies of some of the good practice we saw.

Based on our findings, we have made these recommendations:

- The joint CAMHS commissioners (NCC and NSFT) should investigate the discrepancy between the waiting times they report with those experienced by young people. They should then review the capacity of currently commissioned services in the light of this.
- CAMHS providers should involve young people in the recruitment and training of staff.
- CAMHS commissioners and providers should involve young people in the development of future Tier 1 and 2 provision.
- CAMHS commissioners should evaluate the measures they have recently introduced to simplify the Tier 2 referral process.
- Schools and academies should engage with proposals to develop a core mental health offer across the county, adopt evidence-based approaches to supporting young people’s mental health by building on practice that is successful in other schools.



## Introduction

### Why we looked at this

It is widely reported that at least 1 in 10 children and young people have mental health problems in the UK, with only 1 in 3 knowing how to access help. Most lifetime mental health difficulties start between the ages of 14 and 25 and if not treated appropriately can lead to chronic and poor outcomes in wellbeing. Improving early access to services and reducing barriers to help for young people are imperative.

Even though young people have the highest level of need they are often the most reluctant to seek help for their mental health problems. The following barriers are typically cited by young people and their families:

- Embarrassment
- Stigma associated with mental health
- Lack of knowledge
- Limited accessibility
- Stress
- Concerns about confidentiality
- Others not recognising risk factors or having the knowledge to facilitate referrals

Having conducted its own consultation, Norfolk's CAMHS Strategic Partnership published its **Norfolk and Waveney's Local Transformation Plan** in October 2015. This plan set out detailed and evidenced recommendations for new and improved local services, committed resources to establish these and key performance indicators by which they should be evaluated.

'Early help and prevention' and 'accessibility' were addressed in



detail. Other areas emerging from the consultation related to:

- information and emotional wellbeing support in schools,
- knowledge of schools and other universal services of the current CAMHS service provision
- the availability of advice to children and families
- specific experiences of help seeking and issues around access
- recommendations on improving access from the point of view of children and young people

Following representation, Healthwatch Norfolk considered that there were limitations to the consultation and felt that it was essential that the views of local young people helped to shape local services and refine local engagement and referral strategies. Such consultations are likely to improve access and reduce delays seeking help for young people with mental health problems.

**Healthwatch Norfolk is therefore keen to understand the views of young people in mainstream education.** It is also keen to understand the needs of parents and carers as well as teachers who are faced with dealing with issues on a day to day basis.

## Approach

### How we did this

The study employed both a quantitative and qualitative approach, capturing the experiences of young people, their parents, carers and teachers through online surveys and face-to-face semi-structured interviews. It was carried out in ten schools, one primary and one secondary in each of the 5 Clinical Commissioning Groups covering Norfolk: South Norfolk, North Norfolk, Great Yarmouth and Waveney, West Norfolk and Norwich. Great Yarmouth and Waveney CCG is known locally as HealthEast and is referred to as such in this report.



Figure 1. Clinical Commissioning Groups in Norfolk

This approach was designed to map CAMHS Tier 1 and Tier 2 provision across these areas by establishing how schools and communities build resilience and promote mental health (Tier 1) as well as the pathways to and a description of Tier 2 provision.

Informed consent was sought for interviews to be recorded for transcription and processing. The interview structure was guided by the needs of young people and focused on several key questions relating to stages of the CAMHS intervention pathway.

### Key questions

- What resources are available - for young people, their parents, carers and teachers?
- How is information disseminated across Norfolk?
- What sources of information are available and used by young people with mental health issues?
- Where are young people going for help with mental health issues?
- What are their experiences of services and what is their satisfaction or perception of the current Tier 1 & 2 Services?
- Are there any barriers preventing them accessing services?
- How do they feel these could be overcome?
- Is the right kind of help being provided?



## How were schools chosen?

Schools were chosen on the basis that they had a strong reputation for addressing young peoples' mental health and were not, with one exception, involved in any other significant current research in this area.

One of the primary schools that had initially agreed to be part of this evaluation was subsequently unable to participate. It was replaced by a contextually similar school located in the same area. Pupils in this school were unable to complete the online questionnaire but they and the staff at the school took part in the recorded interviews.

## Who participated?

Young people in **Years 6, 9 and 11** were involved in the research which considered interventions at the following **3 key transitional stages** in their lives;

- the transfer from primary school to high school;
- the point at which pupils make their GCSE options;
- the final year of high school when pupils take most of their exams (GCSEs, BTECs etc.) and when they are considering their post-16 study options.

The evaluation also involved the participation of some parents and carers and staff working in schools.

Focus groups of young people in two of the participating schools helped to develop the questionnaires accessed by Year 6, 9 and 11 pupils and pupils and schools were then provided with links to online SurveyMonkey questionnaires for these young people as well as another survey for staff working in schools.

These results were then downloaded and analysed.

Transcriptions of recorded interviews were analysed using NVivo 11 software, coding content according to the key questions outlined above. Attention was given to exploring participants' use of words coded to specific nodes, their meaning, implications and reflection on the quality of experience.

## Scope

This report is limited to the views and experiences of CAMHS Tier One and Two services of those children and young people, parents, carers and staff in the ten schools that were invited to join the study.

This is not a longitudinal study. Work was carried out over a period of 6 months between October 2016 and March 2017.

## How is the local CAMHS model designed?

In the broadest sense, child and adolescent mental health services (CAMHS) can be considered as all professionals or agencies that promote the emotional development and well-being of children and young people. Services are organised in Tiers or levels. Norfolk's CAMHS model is separated into four distinct tiers, which refer to the level of need of the young person - see Figure 2 below.

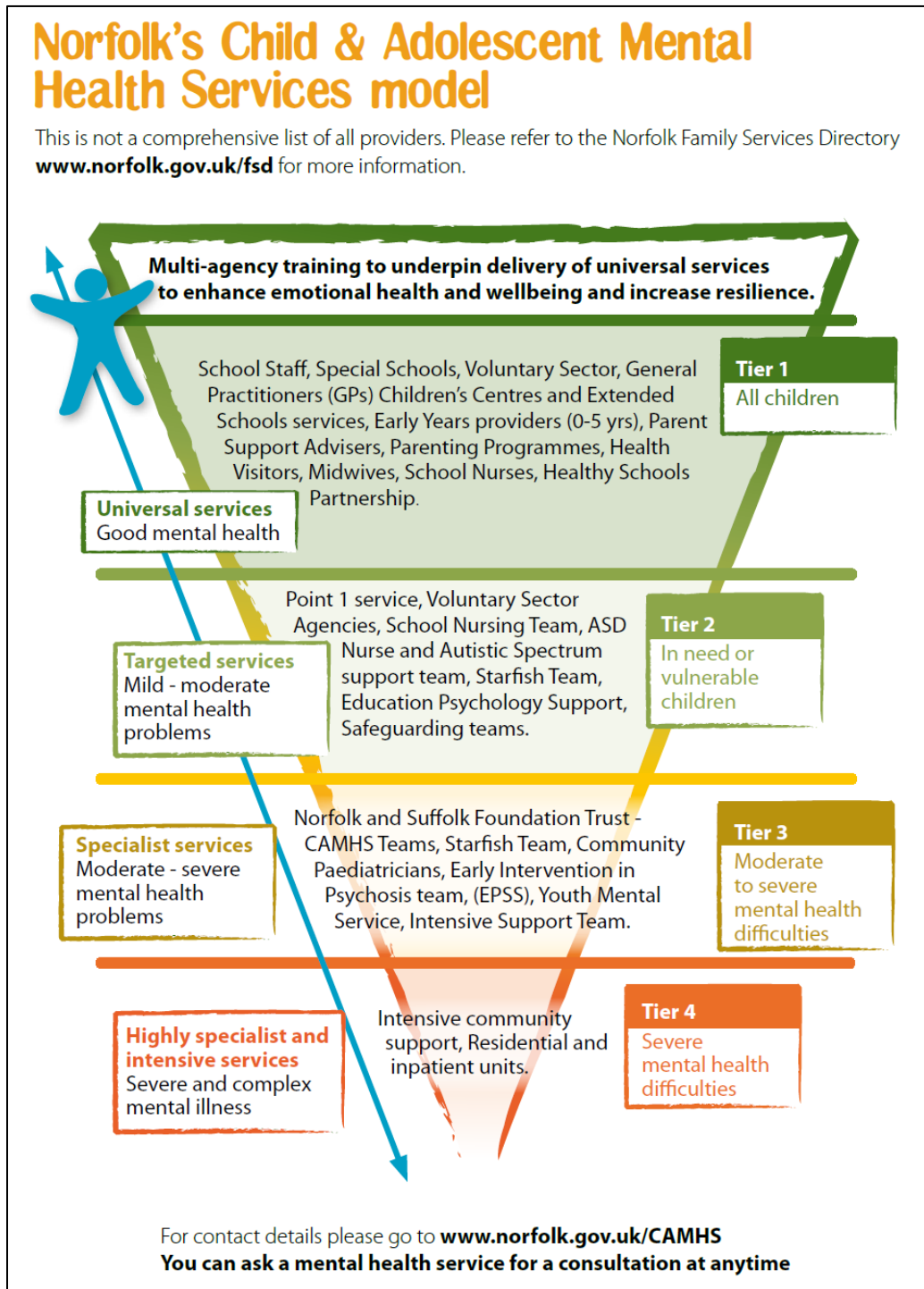


Figure 2. Norfolk CAMHS.

**Tier 1 services are universal**, for all children with good mental health, and involve those professionals with whom they would normally meet e.g. GPs,

Teachers, Health visitors etc. **The school curriculum is a key element of provision at this Tier but schools also commission external services.** Most children and young people develop healthily and are fully supported by universal services. However, some children and young people may, at times, need additional targeted and or specialist support services whilst accessing universal services.

More specialised and relevant services are designed for children and young people with **mild-moderate mental problems at Tier 2.** When there are significant concerns about a child's emotional or behavioural well-being, provision might include Community Education Parenting groups, Sure Start, Family Welfare Association, Paediatric Services, Social Care Services, Community Education Information & Support Services, School Counsellors, School Nurses, Educational Psychology, Youth Offending Team etc.

Children and young people at **Tier 3 have moderate to severe mental health difficulties** and access specialist services. Those whose needs are assessed at **Tier 4 experience severe mental health difficulties** and require highly specialist and intensive services which are likely to include intensive community support or admission to residential or inpatient units.

**Although this study does not consider Tier 3 or Tier 4 provision specifically,** some of the interviews conducted during the writing of this report shed light on the experiences of young people with moderate to severe mental health problems (i.e. at Tier 3 or 4).

## Mapping local CAMHS provision

This section provides a summary of how schools and communities promote mental health at Tier 1 and the pathways to and description of Tier 2 provision.

### Tier 2

The **main Tier 2 provider is Point-1** which is commissioned by Norfolk County Council (NCC). Services are delivered by Ormiston Children & Families Trust, working with the youth charity Mancroft Advice Project (MAP) and Norfolk and Suffolk Foundation Trust (NSFT). Point-1 covers the whole of the county, with bases in Great Yarmouth, Norwich, Thetford, King's Lynn and North Walsham. **All the participating schools refer children and young people to this service.**

- For young people aged 11-17, this service is delivered by MAP.
- For young people aged 4-11, the provider is Ormiston Families
- For young children aged 0-4 and their families, NSFT is the provider.

Services include:

- One-to-one counselling for young people
- Themed group sessions and programmes
- Sessions with young people and their parent(s)/carer(s)
- Advice and information for parents/carers
- Telephone support

Referrals can be made by any professional or support worker working with a young person. Families and young people aged 14+ can request a direct referral through the Single Point Of Contact (SPOC) team via email, phone, in writing or by fax.

Other providers include **Engage Educational Services** which is NCC's traded service and provides:

- Professional Support from psychology and mental health professionals who offer professional assessments of young people
- Educational Psychologist support

### The Benjamin Foundation - Compass Outreach Service

- A partnership with NSFT and NCC to reduce the levels of need and risk for children who are currently looked after and those considered to be on the 'edge of care'.
- Provides therapeutic and intensive family support services to families who have been referred by Children's Services.

## Tier 1

All schools provide their own support and commission a range of Tier 1 services.

### Norwich

This high school considers mental health awareness to be one of its key priorities and in response to pupil requests for more education in this area, it ran a series of assemblies about mental well-being and promoted Mental Health Awareness Week. The first port of call for most pupils is their form tutor, followed by the head of year. The school also benefits from the services of a chaplain and an assistant chaplain who have counselling training and they provide additional mental health support for pupils. It is also one of three schools in the city participating in the 5 year Mancroft Advice Project Early Action project which aims to focus on early intervention and support. MAP write and present PSHE lessons, provide training for staff and run lunchtime and after-school open access sessions.

The primary school has access to a Parent Support Adviser provided by The Benjamin Foundation and uses the Specialist Resource Base in another local school. It also employs a Life coach who sees several pupils individually on a weekly basis as well as running an 8-week resilience course every year for pupils in Year 6.

### North Norfolk

At the high school, a Nurture Centre has been designed to support the transition from primary school to high school of the most vulnerable children. There is also a Listening Ear service funded by Norfolk Constabulary run by Samaritan- and YMCA-trained volunteers. A counsellor works two days a week with identified pupils and the Pastoral Liaison Officer and Parent Support Adviser provide a link with the wider community particularly at the Year6/7 transition point as well as providing a range of courses for parents and carers. The school also addresses social and emotional needs through its PSHE curriculum.

The primary school uses the PATHS® curriculum (see **Case Studies** on page 37). In the early years, pupils learn how to use feelings cards and older pupils use feelings dictionaries. It trains some of its pupils in Years 4 and 6 as peer mediators.

### South Norfolk

The Head of Pupil Support in the high school provides a “Listening Ear” at any time as she is a non-teaching member of staff. The school works well with the School Nursing Team and a nurse visits the school every fortnight. A specialist counsellor is employed one day a week. There is also Forest School provision.

The primary school has its own Nurture Room and just over 10% of pupils benefit from the early intervention this provides. It has also now invested in the services of an Emotional Literacy Support Assistant (see **Case Studies**). All pupils have chosen a “Special Adult” that they can turn to if they have a concern and all pupils benefit from the Forest School at some point in their school career.

*“Forest School is an inspirational process, that offers ALL learners regular opportunities to achieve and develop confidence and self-esteem through hands-on learning experiences in a woodland or natural environment with trees.”*

Forest School Association



Both schools buy in to Engage Educational Services.

### **HealthEast**

The high school runs an annual attitudinal survey of all its pupils to capture their views on their health and emotional well-being. It uses these responses to plan its PSHE programme which is delivered by teachers and a range of external providers including the YMCA. A high priority is placed on addressing mental health during assemblies and tutor time. The school also works with The Matthew Project and The Benjamin Foundation. A Pastoral Support Worker coordinates family support plans and is available for pupils at any time as a “Listening Ear”. A trial intervention is currently being run with some potentially vulnerable Year 10 pupils who have expressed anxiety about several issues.

A Children’s Centre shares the same site as the primary school and it provides targeted support services following referrals from midwives, health visitors, GPs, police, children’s services, children under Sections 17 or 47 of the Children Act 1989, the Early Help Hub and all the schools in the area. It places an emphasis on prevention, early identification and support especially for children in families where parents have mental health needs. The school has a specialist team of key staff who meet regularly to discuss the social and emotional needs of pupils referred to them by class teachers and they plan appropriate support. It also links with other schools in the cluster to access educational psychologist support.

### **West Norfolk**

In this high school, Heads of House are the recognised first port of call and there is some coverage of mental health issues in the PSHE programme which is taught during form time every morning. This follows a set format to ensure that all pupils learn the same thing every week. Recently, the school covered mental health week. Point-1 counsellors have a case-load of pupils that they work with in school each week and a school nurse also goes in weekly. Older pupils know how to refer themselves for support through their GP or the Wellbeing Service. Pupils receive in-house counselling through the Pupil Support Team.

The primary school also uses the PATHS® curriculum (see **Case Studies**) across all years and has the support of a clinical psychologist two afternoons a week. Four staff are trained as licensed practitioners in THRIVE, a programme that enables staff to correlate a child’s emotional development with their chronological age and plan support accordingly. All pupils are screened twice a year.

## Findings

### What we found out

#### Introduction

The gathering of data for this investigation comprised a quantitative element in which young people and the staff in their schools were encouraged to complete a questionnaire using SurveyMonkey, and qualitative research involving small focus groups and interviews in schools.

#### Questionnaire findings

Three different surveys were produced; one for pupils in Year 6, one for pupils in Years 9 and 11 and one for staff. The results that were collated are analysed below

#### Primary schools

Pupils were asked a series of seven questions designed to explore their experience of mental health concerns and their understanding of who to turn to for help, guidance and advice. They were also asked to consider whether any support they had received had been of benefit to them. These questions had been devised with the support of a Year 6 class in one of the participating primary schools who also helped to create a child-friendly definition of mental health. The adjectives “sad” and “worried” are used here as proxy indicators of potential mental health concerns.

Table 1.

*Where did these responses come from?*

School in...	Number of responses
North Norfolk	23
Norwich	27
HealthEast	48
West Norfolk	0
South Norfolk	33
Total	131

#### Respondent information

One school in each of the 5 CCGs was asked to distribute the survey to pupils in Year 6.

Unfortunately, the primary school in West Norfolk that had initially agreed to participate in the report was subsequently unable to proceed and no responses were gathered from this school. A contextually similar school in the same CCG was able to participate in the later collection of qualitative

information but at a point after the online survey had closed. This accounts for the lack of quantitative data from this CCG. In the 4 other schools, more than 95% of pupils responded.

Respondents were given the opportunity to indicate their age and their gender. Overall, 131 Year 6 pupils responded to the survey. Of these, 55 were girls, 55 boys, 16 preferred not to say or assessed their gender in another way and 5 gave no answer.

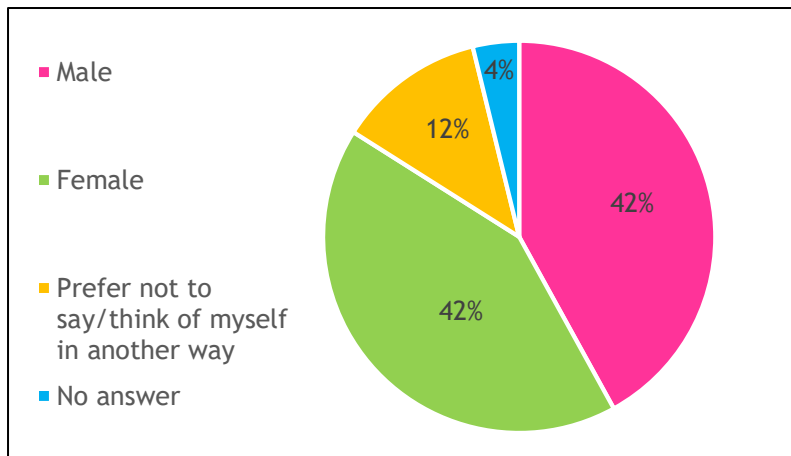


Figure 3. Gender identity of respondents.

### Question 1

What are the top 3 things on this list that make you feel sad or worried?

Pupils could select from the following options:

- Bad things happening the world, like war
- Bad memories
- Bullying
- Family problems
- Friendship problems
- My own health
- School tests (SATs etc.)
- The way you look
- The way you feel
- Other (please tell us what)

All pupils responded this question. As can be seen from figure 4 below, **the three biggest concerns were bad memories (77 pupils), family problems (73 pupils) and bad things happening in the world, like war (53 pupils)**. About a third of pupils said that bullying, friendship problems and school tests were a concern. Children’s wellbeing at this age was less likely to be affected by the way they looked (15 pupils) or felt (13 pupils) or their own health (11 pupils).

In the “Other” category, pupils mentioned:

- abuse between relationships,
- my friend's health,
- teachers can be mean,
- older children at the park,
- People think I'm weird and strange.... they think I'm an idiot,
- Dying,
- e.g. in sport if someone acts in a horrible way,
- embarrassment

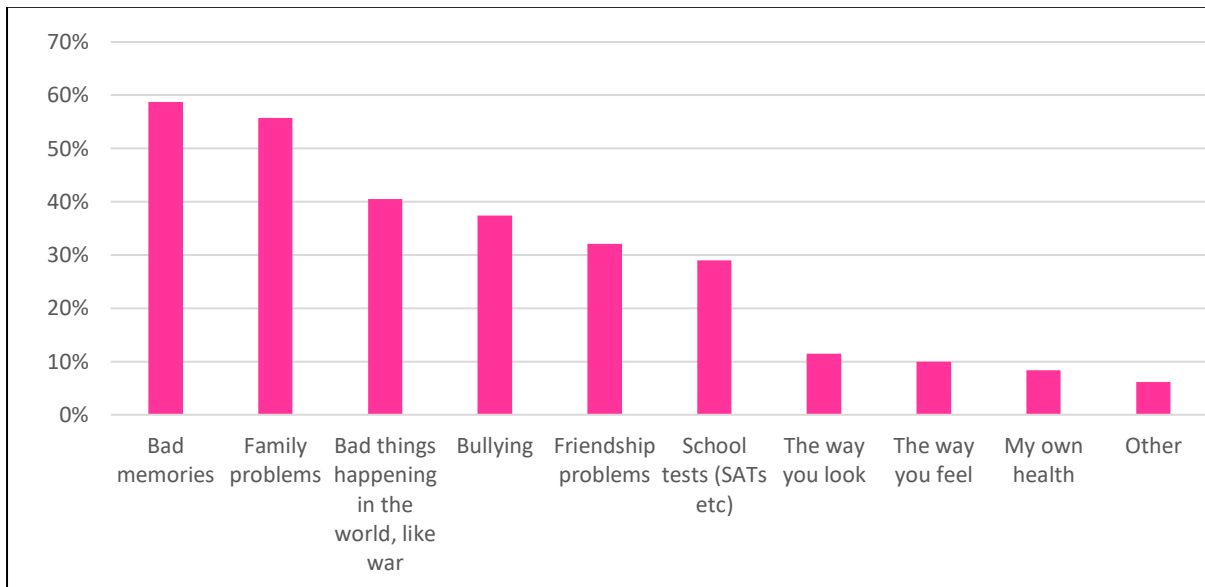


Figure 4. What are the top 3 things on this list that make you feel sad or worried?

## Question 2

Do you think any of your friends are feeling sad or worried about any of these things?

There were 130 responses to this question. **Over a third of children (47) felt that friends of theirs were sad or worried about one of the concerns in the first question** whilst over half (72) said they didn't know. Whilst it is difficult to draw any clear conclusions from these results, they do suggest that a sizeable minority of pupils in this age group are sad or worried at any one time and that other pupils are aware of this.

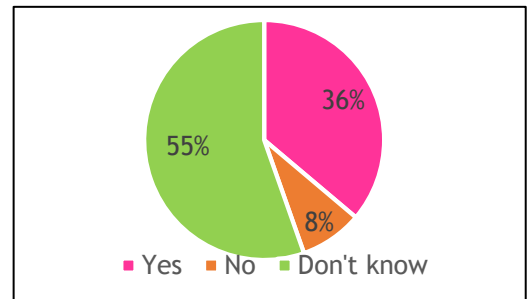


Figure 5. Do you think any of your friends are feeling sad or worried about any of these things?

## Question 3

Are you currently or have you ever felt sad or worried about any of these things?

All pupils responded to this question and only 19 pupils said that they had never felt that way. Nearly 80% of them (101) acknowledged that at some time or other they had felt sad or worried although care should be exercised in interpreting these responses. Sadness and worry are a feature of emotional development and do not necessarily translate into incipient mental health concerns.

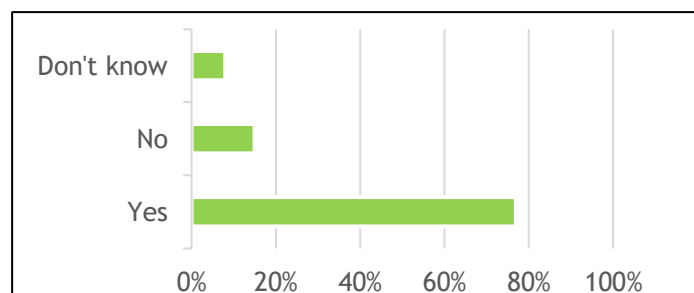
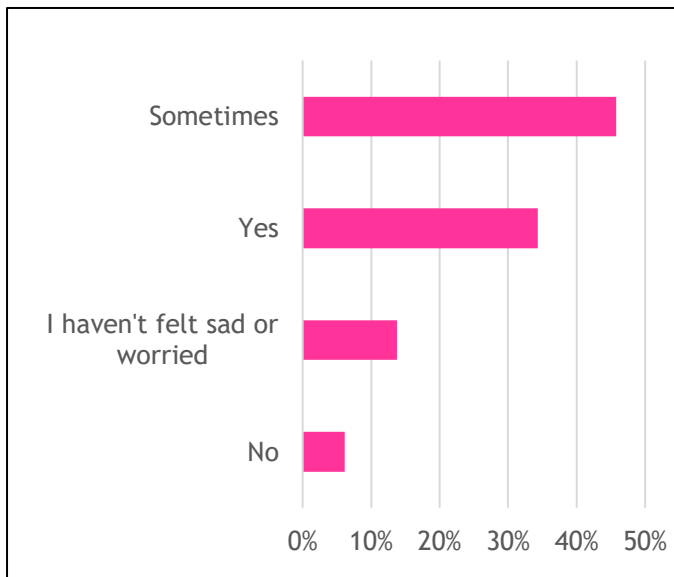


Figure 6. Are you currently or have you ever felt sad or worried about any of these things?

#### Question 4

Do the adults in your school help you understand what you can do if you feel sad or worried?

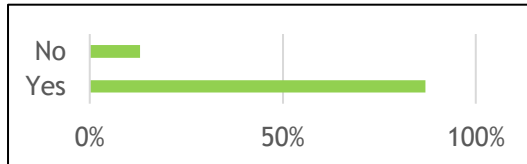


Once again, all pupils responded to the question, the overwhelming majority of them (over 80%) saying that the adults in their school help them to cope with feeling sad or worried at least some of the time. Only a small minority (8 pupils), felt they were not supported. These responses indicate that the adults in these schools are alert to children's emotional needs and respond effectively in the eyes of most children.

Figure 7. Do the adults in your school help you understand what you can do if you feel sad or worried?

#### Question 5

Do you know where you can go for help if you are sad or worried?



Answers to this question provide further evidence that the primary schools in this evaluation are effective in signposting support for pupils who are struggling emotionally. Of the 127 pupils who answered this question, 110 (87%) said they knew where to turn to for help.

Figure 8. Do you know where you can go for help if you are sad or worried?

#### Question 6

If you have felt sad or worried, have you had any support to help you? For example, talking to a teacher/doctor/friend/family member/ChildLine/life coach...

Of the 127 pupils who answered this question, 114 (90%) acknowledged that they had felt sad or worried at some point. Of these, 107 or 84% answered "yes" or "sometimes" to say that they had accessed support either in school or externally. Only 7 pupils (6%) had not sought or been directed towards help and a further 13 pupils (10%) said they had not felt sad or worried.

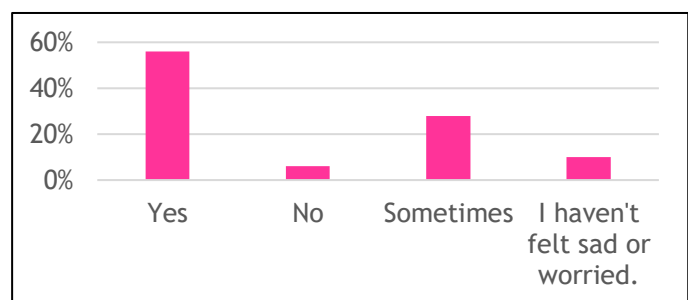


Figure 9. If you have felt sad or worried, have you had any support to help you?



### Question 7

If you did have some support to help you when you were feeling sad or worried, how helpful was it? Please rate from 1 to 5 smiley faces, with 1 being least helpful and 5 being most helpful...

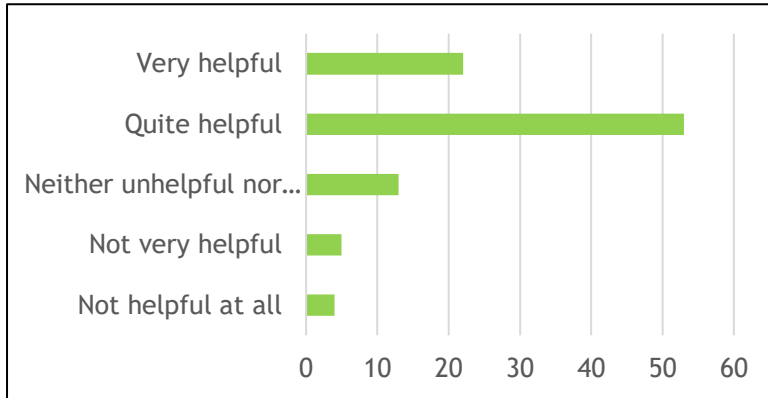


Figure 10. If you did have some support to help you when you were feeling sad or worried, how helpful was it?

This question was designed to evaluate the impact of any support that children had received to support their emotional needs and their responses were very positive. Of the 97 pupils who said they had had some support, less than 10% said it had not been helpful at all (4 pupils) or not very helpful (5 pupils). Most (53 pupils/55%) said it had been quite helpful and a further

22 pupils (23%) said it had been very helpful.

## High schools

Pupils were asked a series of twelve questions designed to explore their experience of mental health concerns and their understanding of who to turn to for help, guidance and advice. They were also asked to consider whether any support they had received had been of benefit to them. The questionnaire for this group of pupils had been devised with a small group of Year 9 pupils in one of the participating high schools who had also created their own definition of mental health to support pupils when responding to the questions.

### Respondent information

One school in each of the 5 CCGs was asked to distribute the survey to pupils in Years 9 and 11. Respondents were given the opportunity to indicate their age and year group and their gender. Where these details were omitted - in 39 cases- their other responses were nevertheless still included in the report. Approximately 80% of responses were from pupils in Year 9. Some of the participating schools found it difficult to make time available for Year 11 pupils to complete the online questionnaire due to mock exams, essential revision programmes or intervention sessions. This accounts for the smaller proportion of responses from this cohort.

Overall, 534 pupils responded to the survey. There was an even distribution between boys (234) and girls (241). 35 young people preferred not to indicate their gender or assessed their gender in another way and 24 gave no answer.

Table 2.

*Where did these responses come from?*

School in...	Number of responses			
	Year 9	Year 11	Other	Totals
North Norfolk	177	5	13	195
Norwich	46	25	4	75
HealthEast	79	3	14	96
West Norfolk	67	9	4	80
South Norfolk	36	48	4	88
Total	405	90	39	534

Table 3.

*Gender profile of respondents*

Gender	Number of responses
Female	234
Male	241
Prefer not to say or assess gender in another way	35
No response	24
Total	534

The fact that 1 in 9 high school pupils and 1 in 8 primary school children chose not to record their gender either as male or female is interesting in light of the bullying related to these issues. **Healthwatch Norfolk may wish to explore this.**

## Question 1

What are the words you think of when you hear the term "mental health"? Please write up to 3 words in the text boxes.

Table 4.

*What are the words you think of when you hear the term "Mental Health"?*

	First choice	Second choice	Third choice	Total
Anxiety	20	47	34	101
Depression	91	71	31	193
Stress	14	16	10	40
Mental illness, disability, disorder, condition (named or not e.g. autism, ADHD, dementia)	85	94	85	264
The brain & its functioning	39	8	10	57

**Most commonly, pupils associated mental health with an illness, disability, disorder or condition.** Named conditions included dementia, ADHD, autism, schizophrenia, PDA, dyslexia and Downs Syndrome.

The **most popular first choice**, selected by 17% of pupils was a word associated with depression including depressed and depressive thoughts. Overall, 36% of pupils made a reference to **depression** in one of their three choices.

In all, **101 pupils (19%) referred to anxiety**. A smaller proportion (11%) linked mental health to the brain and its functioning. Perhaps surprisingly, **only 7% (40 pupils) mentioned stress** although the proportion of Year 11 pupils identifying this as an issue was higher at 17%.

## Question 2

What do you think causes children or young people to experience poor mental health? Please choose up to three reasons.

Pupils were asked to choose from the following options:

- Alcohol/drugs/smoking
- Death of someone close to you
- Moving house
- Moving school
- Body image or self-esteem
- Bullying (including online)
- Future employability
- Exams
- Family problems
- Friendships
- Poor physical health
- Money problems and debt
- Problems with social media
- Relationships and sex
- Other

The potential causes most commonly selected by some margin were **bullying (56%), body image or self-esteem (50%), death of someone close (48%), alcohol, drugs and smoking (40%) and family problems (31%)**. All the other options were chosen by fewer than 20% of those responding although 16% of pupils felt that exams caused poor mental health.

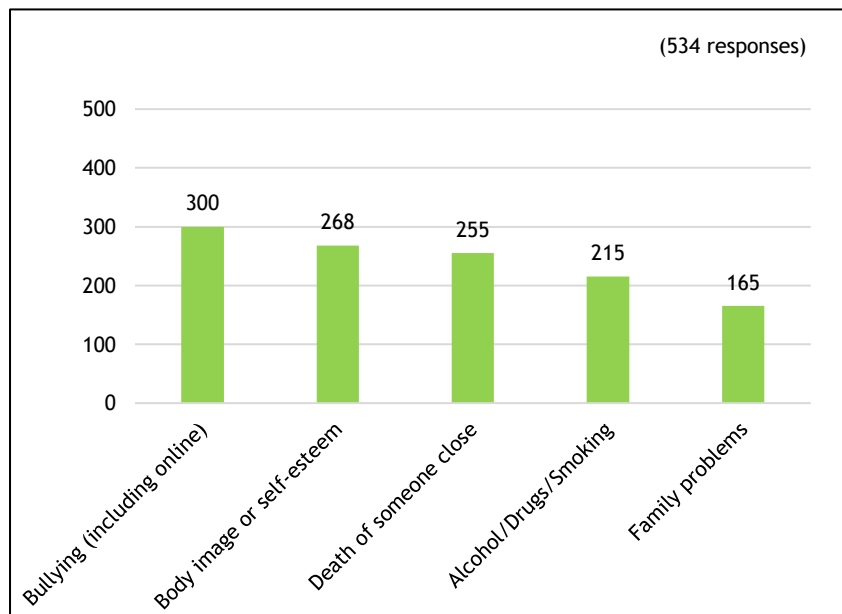


Figure 11. What do you think causes children or young people to experience poor mental health?

Perhaps unsurprisingly, significantly more girls than boys (158 compared to 110) saw body image and self-esteem as an issue. Concerns around bullying were more evenly split with slightly more boys citing this as a reason (159 compared to 141). On the other hand, boys were more likely (57% compared to 43%) to view bereavement as a trigger. It is difficult to establish from this information whether

alcohol, drugs and smoking are a cause or a symptom of poor mental well-being.

Bullying and self-esteem issues are the key concerns for over half of the pupils in this survey. This underlines the importance of having clear policies and procedures in schools to deal promptly and effectively with bullying and the preventative curriculum work that schools could plan to address how pupils view themselves and others.

### Questions 3 and 4

- Do you know of any children or young people that are experiencing mental health concerns?
- Are you currently or have you ever experienced any mental health concerns of your own?

Nearly half of the young people in this survey (48%) said they knew another young person experiencing mental health concerns and roughly 1 in 4 (134 pupils) said they had experienced mental health concerns of their own at some time while just over half (53%) said that they hadn't. The remaining 22% didn't know whether they had or not which suggests that further education is required to demystify the symptoms of poorer mental health.

### Questions 5 and 6

5. Do the adults in your school explain what you can do to look after your mental health?

6. Do you know where you can go for help with mental health concerns when you are in school?

Over half (268 pupils) didn't feel that the adults in their school explained to them how they could look after their mental health but a similar number (270 or 52%) knew who to turn to in school for help with their mental well-being. This still means that nearly a half of all pupils don't know where they can access support during the school day.

### Questions 7 and 8

7. Do you know where you can go for help with mental health concerns when you are out of school?
8. Are you aware that you can refer yourself for help to some mental health services?

The picture outside schools is a little more positive. Slightly more than 6 in 10 pupils said they knew where they could access help but only just over a half (51%) were aware that they could refer themselves. This suggests that the strategies being used to publicise external Tier Two provision are having some impact but that there is still some way to go.

### Question 9

Many children and young people experience problems accessing mental health services. **Which of these do you think are the greatest barriers?** Please choose up to three responses...

Responses to this question provided a much greater degree of clarity. Over two thirds of pupils (69%) said that a **worry that people would judge them** was the greatest barrier. Just under 60% cited **embarrassment** and a further 52% **fear**. A perceived **lack of confidentiality** was chosen by nearly half (240) of the 521 respondents. Other factors were viewed as much less significant.

This indicates that the stigma traditionally attached to mental health and the sharing of worries remains and is a major concern for the clear majority of young people.

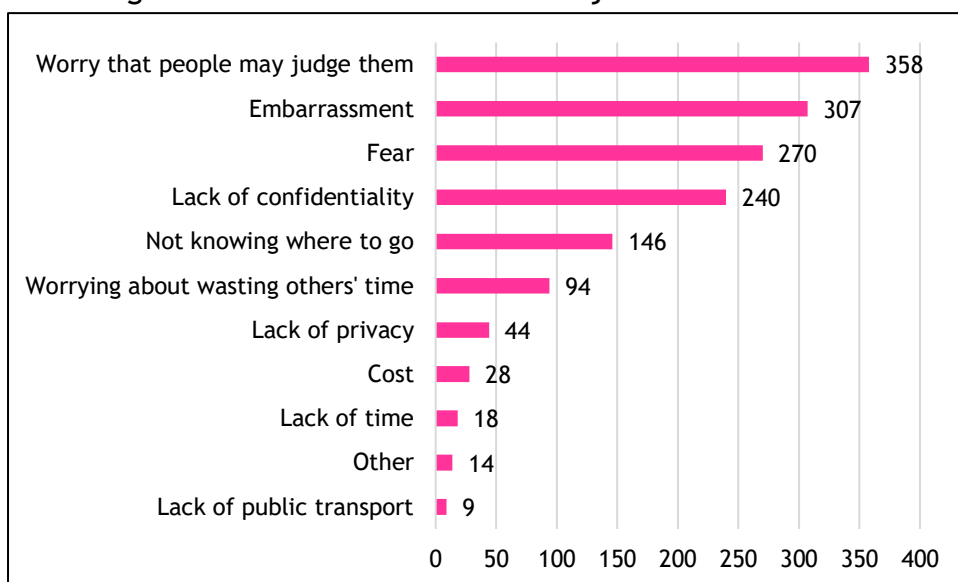


Figure 12. Many children and young people experience problems accessing mental health services. Which of these do you think are the greatest barriers?



## Questions 10 and 11

10. Have you ever used or tried to use any mental health services? Please select the best answer which describes your experience.

11. If you have used any mental health services, please rate the help and support you received.

In this sample of 514 young people, 346 (67%) said that they had not used or tried to use mental health services. A further 63 young people (12%) were unsure or couldn't remember whether they had. Of the 74 that had used or tried to use mental health services only 42% said that it had helped them. Significantly more girls than boys had experienced support of some kind (43 girls; 31 boys). An additional 31 young people or 6% of the total said that they would like to access help of some kind but hadn't yet done so.

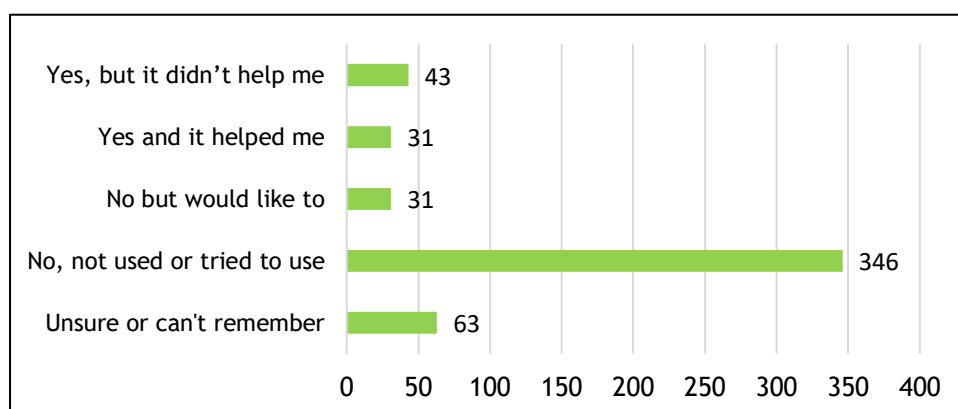


Figure 13. Have you ever used or tried to use any mental health services?

When subsequently asked to rate the support they had received, a greater number of pupils (115) now indicated that they had received support but the overall level of satisfaction was broadly similar with only 4 in 10 saying that the support had been “good” or “very good”. About a third were ambivalent and the remaining quarter or so felt that it had been “poor” or “very poor”.

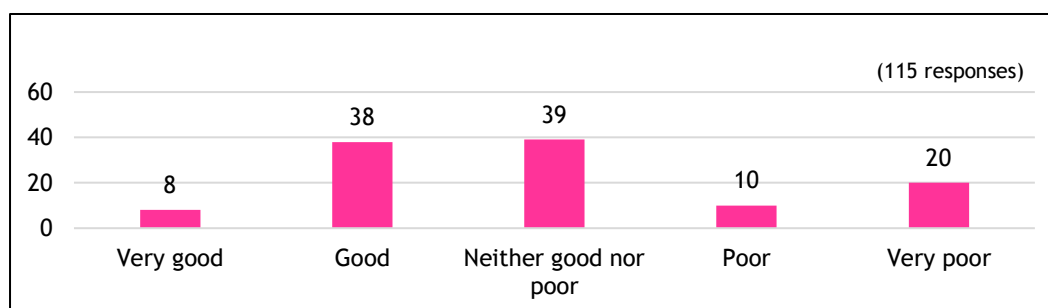
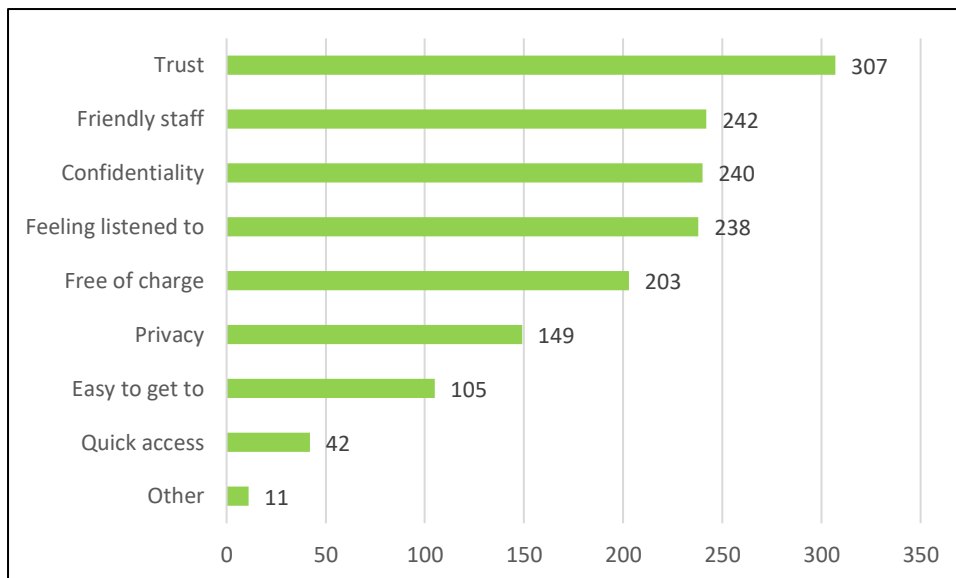


Figure 14. If you have used any mental health services, please rate the help and support you received.

## Question 12

In your opinion, what should be the top 3 features of a good mental service? Please tick up to three, even if you have not used or tried to use a service.

When asked to identify the most important characteristics of an effective mental health service, responses focused on the quality of the relationships and the welcome. Young people want a friendly and confidential welcoming service, in which their concerns are taken seriously and above all one that they can trust.



*Figure 15.* In your opinion, what should be the top 3 features of a good mental service?

## School staff

### Respondent information

There were responses from 71 school staff, 64 working in high schools and 7 in primary schools. There was at least one response from a member of staff in each of the 5 CCGs. There were no primary school responses from West Norfolk for the reasons set out under **Primary Schools** on page 14.

Table 5.

Where did these responses come from?

CCG	Primary school in...	High School in...	Totals
North Norfolk	2	24	26
Norwich	0	1	1
HealthEast	4	29	33
West Norfolk	0	4	4
South Norfolk	1	6	7
Totals	7	64	71

### Question 1

How serious an issue is young persons' mental health in your school? Please select one option from 1-5, with 1 being not an issue at all to 5 being a very serious issue.

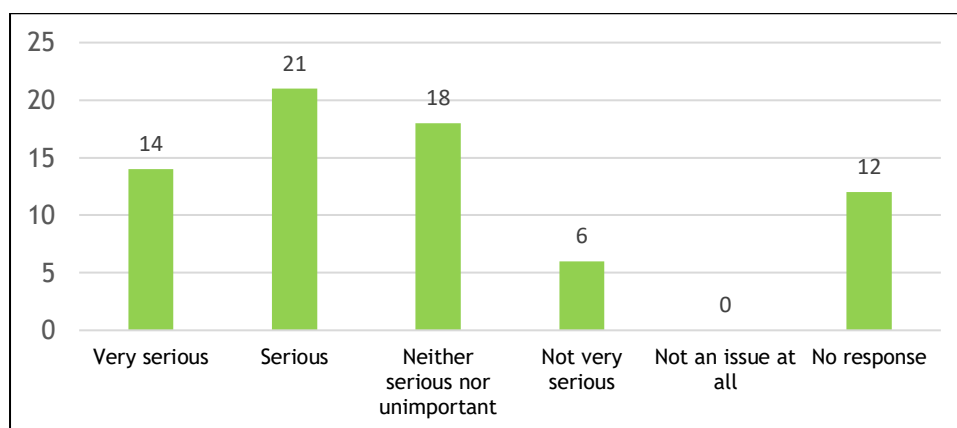


Figure 16. How serious an issue is young persons' mental health in your school?

Most staff who responded to this question said that **the mental health of young people in their school was a serious (21/59) or very serious (14/59) issue**. None thought that it wasn't an issue at all.

### Question 2

Is this an increasing issue?

Overwhelmingly, **staff felt that the issue of young peoples' mental health was becoming more serious** - 55 of the 60 responses.

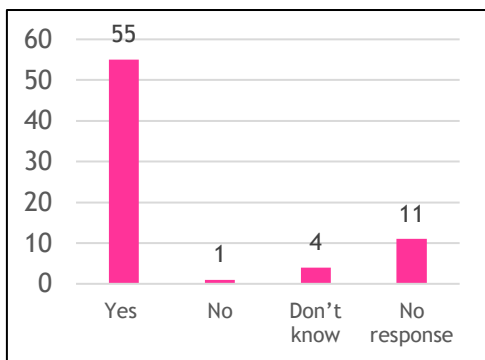


Figure 17. Is this an increasing issue?

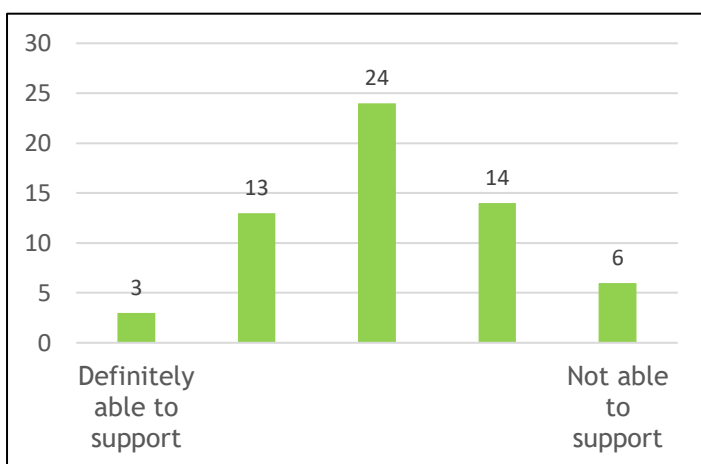
### Question 3

How important is your role in supporting young people on mental health concerns? Please select one option from 1-5, with 1 being not important at all to 5 being very important.

Of the 60 staff who gave responses to this question, **most (62%) said that they had either a “very important” role (27) or an “important” role (10) in supporting young people’s mental health.** This is unsurprising as the staff who responded to the survey in most schools have key responsibilities for supporting young people’s mental health. Overall however, most of the staff responding were classroom teachers.

### Question 4

To what extent do you feel able to support young people with their mental health concerns within your school? Please select one option from 1-5, with 1 being not able to support at all to 5 being definitely able to support.



Responses here were more mixed. Of the staff that felt confident enough (options 4 and 5) to support young people with their mental health, only 1 worked in a primary school and these staff represented barely a quarter of all those that responded. However, there were representatives from all 5 high schools in this group.

Figure 18. To what extent do you feel able to support young people with their mental health concerns within your school?

### Question 5

Does your school cover mental health in any way within the curriculum?

Just over half of the staff participating said that mental health was covered in their school’s curriculum. The 17 staff who didn’t know whether this was the case or not all worked in high schools.

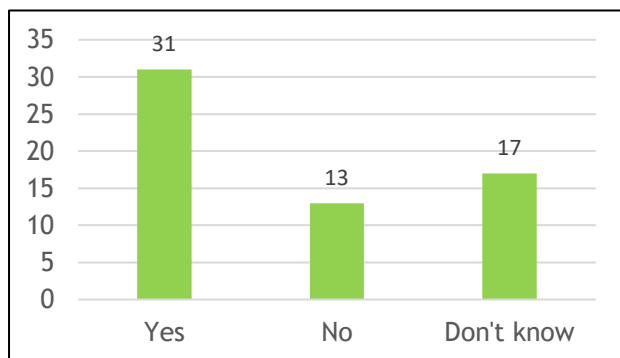


Figure 19. Does your school cover mental health in any way within the curriculum?

### Question 6

Does your school have a defined policy or process for addressing the mental health concerns of young people? For example, as part as safeguarding or health and safety policies.

Most staff (62%) knew that their school had such a policy but a significant minority (28%) drawn from most of the participating schools did not know whether a mental health policy existed or not. These responses correspond with those given to questions 4 and 5 and suggest that schools could do more to focus on addressing mental health concerns amongst young people.

### Question 7

Is there a forum for discussing mental health concerns of young people amongst the staff in your school? If yes, what is it?

Less than half of those responding (41%) knew that there was a forum in their school to discuss these concerns and a similar proportion (38%) didn’t know. Despite these answers, all schools appear in fact to have systems and procedures in place for this. The following were mentioned: referral to the Pupil and Family Support team; referral to Heads of House; referral to the Designated Safeguarding Lead; referral to the pastoral support worker; referral to the SENCO or SEN Network; pastoral briefings; house team, tutor, staff and weekly pupil support meetings. One school has a Safeguarding forum on its VLE (Virtual Learning Environment) that staff can use to highlight concerns and one respondent said, “We have an excellent pastoral lead who both trains us in dealing with specific pupils and issues in general.”

### Question 8

Does your school have a named mental health first aider or go-to person?

The 34% of staff who responded positively to this question represent 4 of the 10 participating schools. The “Don’t know” proportion (28% with respondents from 3 schools) appears high. Overall, the picture is confusing with all three answers appearing for some schools.

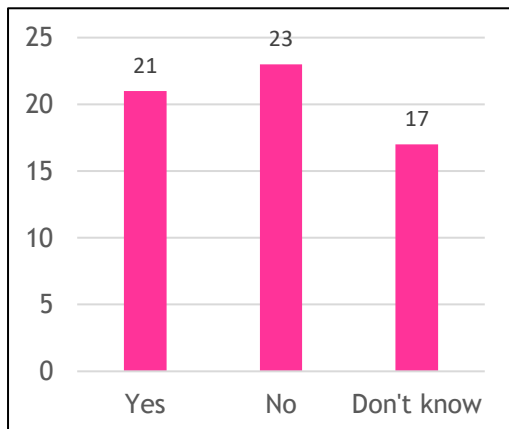


Figure 20. Does your school have a named mental health first aider or go-to person?

### Question 9

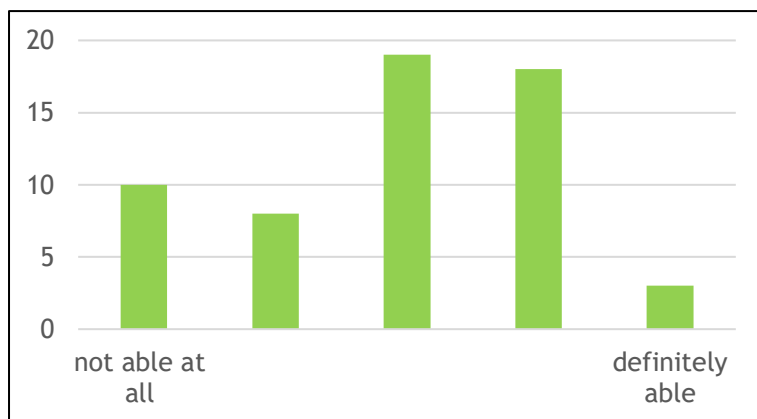


Figure 21. To what extent do you feel able to signpost parents/carers towards the right support for their child(ren)?

To what extent do you feel able to signpost parents/carers towards the right support for their child(ren)? Please select one option from 1-5, with 1 being not able at all and 5 being definitely able.

Only 3 staff (5%) from 2 of the schools said they were definitely able to direct parents and carers to the right support for their children. Just under a third of

responses (31%) fell into the bottom 2 categories. These figures indicate a general lack of understanding amongst school staff of the support that is available and how to access it.

Staff were then asked about their experiences of referring children and young people to CAMHS, their understanding of the referral criteria and how effectively the referral was managed.

### Questions 10 and 11

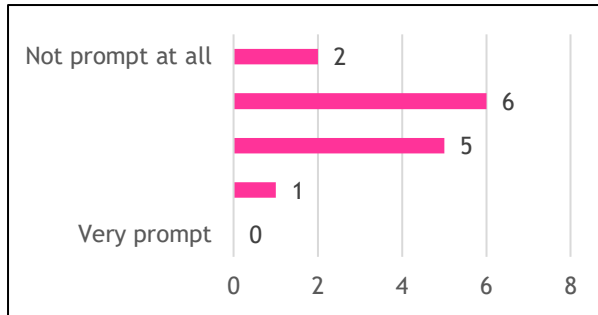
10. Do you have any experience of referring a young person to CAMHS?

11. How clear are you about the criteria for referral to Child and Adolescent Mental Health Service (CAMHS)? Please select one option from 1-5, with 1 being not clear at all, to 5 being very clear.

In total, 14 members of staff (23%) replied “Yes” to question 10 and 11 of them (79%) said that they were “Very clear” or “Clear” about the referral criteria.

### Question 12

How prompt was the response? Please select one option from 1-5, with 1 being not prompt at all, to 5 being very prompt.



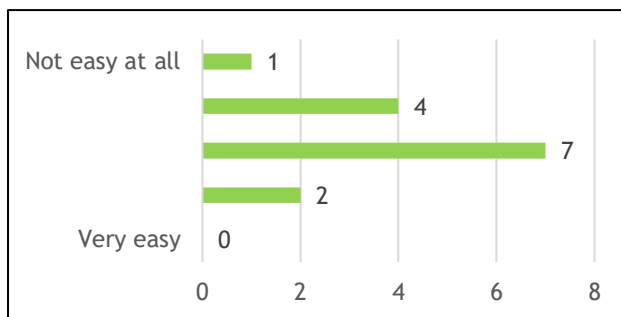
Response times were a concern. Most staff (57%) said that the response they received had been slow or very slow and none felt that it had been very prompt.

Figure 22. How prompt was the response?

### Question 13

How easy was it to refer the young person?

Please select one option from 1-5, with 1 being not easy at all, to 5 being very easy.



Only a small minority (14%) felt that it had been easy to refer a young person to CAMHS. Over a third felt that it had not been easy or not easy at all.

Figure 23. How easy was it to refer the young person?

### Question 14

To the best of your knowledge, did the support the young person receive help address their concerns?

Responses to this question were more positive with over half of staff (64%) feeling that the support received by the young person had helped to address their mental health concerns.

## Focus groups findings

Conversations were recorded and transcribed. NVivo data analysis software was then used to interrogate the transcripts according to the following questions:

- What are the experiences of children and young people, their parents and carers and staff in school who access Tier 1 and 2 services?
- What expectations do young people have? What barriers are there?
- What triggers mental health concerns in children and young people?
- How significant an issue is waiting times?

## Respondent information

We spoke to 87 young people in Years 6, 9 and 11 either individually or in small groups. We also spoke to 25 members of staff and 6 parents and carers.

Table 6.

*Who did we speak to?*

Which CCG is the school in?	Staff	Parents and carers	Y6		Y9		Y11	
			M	F	M	F	M	F
Norwich	6	0	14	13	0	0	0	0
HealthEast	5	1	3	3	3	3	0	0
North Norfolk	4	3	3	3	0	2	0	0
South Norfolk	3	2	4	3	2	4	3	7
West Norfolk	7	0	4	4	1	2	3	3
<b>Total staff</b>	<b>25</b>							
<b>Total parents/carers</b>		<b>6</b>						
<b>Total children &amp; young people</b>			<b>28</b>	<b>26</b>	<b>6</b>	<b>11</b>	<b>6</b>	<b>10</b>
			<b>87</b>					

## What triggers mental health concerns in children and young people?

Those interviewed were asked what they felt triggered mental health difficulties.

Young people in Year 11 talked mainly about the immediate concern of preparing for their mock exams and sitting their GCSEs, particularly with a new method of grading English and Maths this summer. They identified high levels of stress either individually or amongst their peers. Staff in two of the high schools reported a significant rise in the number of pupils applying for special consideration for their exams and applying not to sit them in the exam hall with the other pupils. Schools said this was becoming unsustainable. Linked to this was their preparation for Year 12 and the decisions they were having to face about where and what to study, whether they would still be with their friends and the longer-term implications this involved. “It’s my decision,” said one boy tellingly.



Many were also concerned about the impact of social media on their well-being and how various apps could be used to bully or freeze out other pupils and how its easy availability ate into their time. “It’s just a distraction to everything,” said a 16-year-old girl.

Year 9 pupils mentioned a wider range of issues and for them, family problems were the most worry; parents splitting up for example. Choosing the right GCSE options was a concern as well as future exams and not studying hard enough. They also voice their concerns about the impact of social media.

Similarly, in Year 6, children focused on family and the stress brought on by parental breakdowns. Several told stories of how being split from one of the parents had had a traumatic effect on them. But they were also worried about their SATs in May and the move to high school in September.

School staff focused more on broader societal issues. They related how changes to benefits payments had caused real poverty issues for some families which was having a serious knock-on effect on their general well-being. They had identified a rise in the number of parents with mental health concerns of their own and the time pressures that so many hectic families face in functioning. School leaders in one of the high schools spoke about pockets of copied behaviour (e.g. panic attacks, self-harming) they had had to respond to in recent years. This was also linked to their belief that some pupils chose to over-pathologise their own situation and give themselves a mental health tag (e.g. anxiety as opposed to feeling anxious). Some pupils also observed this phenomenon.

### **What are the experiences of children and young people, their parents and carers and staff in school who access Tier 1 and 2 services?**

Provision in schools at Tier 1 was well-received by young people, particularly at the primary phase where all schools have developed their own or bought-in curriculum models (e.g. PATHS®) which place a strong emphasis on pupils’ social and emotional development. Young people in all schools knew how and where it was possible to access support either at school or outside because schools placed a high priority on addressing the mental health needs of their pupils. A programme of Mindfulness for Year 11 pupils in one school was generally well-received and had the potential to develop young people’s resilience in the longer-term.

Pupils in a West Norfolk school spoke very positively about a residential coaching weekend they had attended and which was led by *Future Foundations*. “I thought it was brilliant. I think that it was something that should be available to everyone. I wish that everyone could have gone on it,” said one of the participants.

Some schools have Tier 2 provision *in situ* and felt that this support work was a great benefit because they could get someone else in to see a young person very quickly and that young person would feel that they were being listened to.

“They don’t want to speak to the teachers that they have every day. They want someone independent to talk to them about things.” (Pastoral lead, North)

This works, it was felt, because it gives young people the opportunity to have that time for them that they don't seem to be getting in any other way. And it can signpost children who need further help and it can make that process quicker which had happened with a number of pupils that one school pastoral lead had worked with. Point-1 had moved on a case, which had saved a great deal of time.

One parent observed that the counsellor her daughter had been referred to by the school, had been flexible in arranging appointments either in school or at the local hub and over school holidays which she had greatly appreciated.

Schools also expressed the general view that the external Tier 2 provision young people accessed was a good standard. "Because the service, once you get to it, is usually a very good service," was a typical response. Another member of staff suggested a 95% success rate but made the point that this dependent on the quality of the practitioner's professional skills. One pastoral lead noted how beneficial she had found it to be invited to some of the consultations and to see how child-centred they are.

"So it really has been what the child needs and wants and where they want to head with it. That's been nice to see. It's not adults talking about a child. They've been very involved in the process. I'd say that's a strength of what they're doing."

Linked to this, some other staff said how helpful it would be if Point-1 staff could attend Family Support Plan meetings more regularly.

It was noted that Point-1 has appropriately trained and experienced professional staff in place which gave it a level of credibility that other providers lack.

Confidentiality is paramount and it may not always be appropriate for Point-1 providers to communicate with schools when a young person is receiving support, particularly if the referral has been made by parents/carers or by the young person. This can though make it difficult to assess the impact of any support and staff said that this leaves schools potentially in an uncomfortable position. Schools tend to rely on pupils and their families to keep them informed, even if the referral has been made by the school.

**The key issue though was that the programme of sessions was not long enough.** From the experiences of those interviewed, primary pupils typically access a package of four sessions and older pupils receive six sessions. This was occasionally further aggravated because counsellors missed sessions.

"By the time you've met a person a couple of times, and I think it's quite an alien environment, isn't it? To sit with someone that you don't know and then talk about things that are very important to you or that you don't quite yet understand yourself. And for there to be some level of trust, it can take at least two to three weeks for that to happen." (Pastoral lead, West Norfolk)

Staff talked about the need for a greater sense of collaboration and integrated support. They would like to be told when sessions with young people are scheduled to begin and be given recommendations for future support need once the sessions are over. This now happens occasionally and seems to be a recent development

but it is by no means consistent. However, it is greatly valued by schools because it allows them to consider whether or what interim support can be implemented, secure in the knowledge that more focused professional support is planned.

The new system for submitting referrals to Point-1 online was “brilliant” according to one teacher and a significant improvement on what was in place before. Clearly, not all schools are up-to-speed on this significant development. It was also noted that in the last few months, Point-1 has been “really good” at writing back to say whether referrals meet their criteria, giving the school a very early indication of whether they are prepared to assess the child's needs.

Staff in another school noted that Point-1 had been “brilliant”, particularly at coming in and meeting pupils in school and liaising with the member of staff. In some areas, therefore, communication is a strength. Another school commented on the very good contacts and working arrangements that had been established with the Point-1 team.

Tier 2 referral criteria were generally clear and well-understood but there seems to be a mismatch in how the criteria are interpreted. A complaint from some schools was that although they felt the Tier 2 referral criteria had been fully satisfied, the referral team would often turn down their request. This led to frustration in schools especially when notification of this was received only after a considerable period of time. Many suggested that having a named school with the time to discuss referrals over the phone would be a positive step forward.

Some staff observed that young children can present contrasting patterns of emotional behaviour at home and in school which might lead to a conversation between parents/carers and the school about a possible referral. Staff in one school were quite clear that they would not refer a child to Point-1 if they did not observe the social and emotional needs in school but would instead recommend seeking a referral via a GP.

This led to frustration in schools if referrals were declined, sometimes after a considerable period of time. Many suggested that having a named school with the time to discuss referrals over the phone would be a positive step forward.

Support from the School Nursing Team was highly rated in several schools and viewed as a very effective means of triaging need appropriately and occasionally applying sufficient leverage to expedite referrals. “They’ve sort of got a foot in the NHS door,” said one teacher.

### **What expectations do young people have? What barriers are there?**

The key points here are around trust, choice and flexibility. Young people and school staff are looking for a service that is agile and responsive.

Young people want counsellors to be supportive and to be good listeners. A range of views was expressed about the preferred age profile of counsellors which can be summarised as being old enough to be professionally qualified and experienced but not so old that they are unable to relate to the lives of younger people. Many saw the benefit of having peer counsellors available to support others with emerging

mental health needs and some had received training in this. Many alluded to the benefits of social-connectedness and having a supportive friendship group and opportunities for wider social interaction or support. One girl, for example, had found support through her Scout group.

They want the counselling environment to be welcoming and not austere, light-hearted even. They want their views and desires to be taken fully into consideration. Talking about the support he had received, one boy said it hadn't really helped him because he couldn't see the counsellor whenever he wanted.

Many were happy to access sessions in school because of the convenience and because the school's affirmation of a service was important to them - it gave the provision added credibility. Others said they would prefer to attend somewhere more private and discreet so that others didn't know where they were going. Schools understand this and where Tier 2 provision is offered in school, staff go to great pains to ensure that young people's privacy is protected. In other schools, this is simply not an issue for young people because there is no stigma attached to getting help with mental health concerns.

"I think if it's in school, you've got a set place you can go to, but I think whereas if it's outside of school, you've got then to find a place to maybe go to." (Year 11 male, South Norfolk)

One boy talked about not feeling comfortable attending the sessions at the hospital he had been asked to attend.

In terms of where to access support in the first place, Year 9 and Year 11 pupils were more likely to go online and seek advice and guidance. Some said they would prefer to access support through an online chat service or via social media. Younger children preferred to talk first to their parents/carers or an adult they trust in school. All knew that they could phone ChildLine. One girl felt she could take herself to A&E for support. There was a growing understanding that young people over the age of 14 could refer themselves, partly because of the questionnaire they had previously completed.

Accessibility was not highlighted as a significant issue, even in the more rural areas. Most felt that public transport or parents driving them would be sufficient. Where they were more distant from larger centres of population, local GP surgeries were suggested as a possible alternative location.

### **How significant an issue is waiting times?**

This was the major frustration to come up in conversation. Staff in all schools, children, young people and carers expressed a range of concerns about the time delay between referral to external Tier 2 services and the first consultation. A summary of the waiting times they reported in conversation with us is provided at Table 7 below.

"These children have significant need. And even when you get the referrals accepted there is then such a huge waiting list." (Pastoral leader, North Norfolk)

“If you can put the support in quickly for a young person you can make a really big change,” was a typical response, underpinning the desire for early intervention which is often not possible.

A carer who spoke to us about meeting the needs of the young person in his care who eventually accessed Tier 3 support. Whilst not strictly a matter for this report, the experiences that were shared are certainly relevant. The carer had had to wait several months before Social Services were happy to agree that the young person was in a stable-enough placement with her carers to be referred for external support through CAMHS. Therapy was then only accessed after a further 20 or more weeks.

Table 7.

*Summary of Current Waiting Times (March 2017)*

Possible waiting times	Year 6	Years 9 and 11
North Norfolk	3 months	6 months
South Norfolk	3 months	6 months
HealthEast	3-4 months	18 months
West Norfolk	2 months	6 months
Norwich	3 months	4-5 months

Staff with lead pastoral responsibilities in most schools talked about the impact these waiting times had on young people and their parents or carers. In some cases, it was felt that the wait could exacerbate existing concerns or indeed, create new ones to the extent that the provision sought in the first place was longer sufficient when the young person was seen. More rarely, the concerns had diminished.

“And it is that thing again, because I mean, you think, pupils are only with us for five years. Sometimes if something comes later in the day, they don't access it before they leave us sometimes.” (Pastoral Lead, South)

“Three months. And I think the other frustration is there's almost nothing between point one and then going to the tier three of CAMHS.”

There was a view that schools had to embark upon a process of managing expectations for young people and their parents/carers about timescales and swift outcomes because, as one member of staff put it, parents and children are hoping “this magical thing's going to happen when the Point-1 work starts.” But as one pastoral lead noted, whilst CAMHS service providers do not intend to be unrealistic about the services available, they are nevertheless unable to offer them in a timely manner with the limited resources they are able to access. This can occasionally result in reputational damage to the school.

“So I regularly have a phone call from a parent saying, “Nothing has happened since you’ve done it.” And we’re like, “But we’re not in control of that situation. I don’t manage Point-1 or any of the services.”” (Pastoral Lead, HealthEast)

GPs, it was felt, did this as a matter of course when discussing referrals with families.

Schools recognised that the time spent waiting could not be allowed aimlessly. “(W)e need something to be in place. We can’t just leave the child without any support during that period. So that’s what we try and do.” This situation places an additional pressure on the school’s own stretched resources.

Young people, when asked about being referred for counselling, accepted that referral would not be immediate and that they would have to wait but a reasonable waiting time in their eyes was only one or two weeks.

## Case studies

The purpose of the following five case studies is to describe the experiences of young people, parents, carers and staff working in schools in each of the CCG catchment areas and to identify common themes and patterns in what is working well and what is not.

### **Norwich - The life coach**

This primary school in the City takes seriously its role in offering a universal provision around mental health care. For seven or eight years now, it has run a resilience course aimed specifically at all children in Year 6. Working with the whole class over a period of eight weeks, the course leader John (not his real name) encourages the children to think about the choices they can make in life - “if you don’t like the consequence, change the choice” is the mantra - and to be open about their feelings and motivations. The children describe it themselves as “learning through life” and they rate it very highly; “9, maybe 10 (out of 10)” because they “feel safe talking to him” and because he ensures that their feelings and concerns are valued.

More recently, the school has also employed John, a trained life coach, to come into school every week and work with pupils on a regular one-to-one basis. This decision came out of a concern that John shared with the school about the issues that some children were dealing with and which they were happy to share with him.

This additional routine has enabled him to develop a strong relationship with many children. He provides a confidential “listening ear” service which has had a “real positive impact” according to the school. The Year 6 teacher says that 20% of his class of 30 have met John individually over the past year and that the three who still regularly meet him have grown in confidence and talk more readily and more easily about their mental health concerns. Occasionally, John’s work has also involved parents with similarly successful outcomes.

## North Norfolk - The Nurture Group

This high school has a well-earned reputation for the quality of care it provides its students and conversations with staff, students, parents and carers highlighted two key features in its philosophy to supporting vulnerable young people and those dealing with mental health problems. Firstly, it works very closely with its local primary schools and with the community to develop a shared approach. Secondly, early intervention is considered crucial. This is now of greater significance as the school has recently experienced a greater volume of referrals back from healthcare professionals.

A key element of this support is the purpose-built Nurture Centre which is in a converted caretaker's bungalow. The school recognised the high level of anxiety some children experienced when moving from primary school to high school and it sought therefore to cushion this transition. Children in the Nurture Centre spend most of their time in school together and in Year 7, they are taught together as a class. The same teacher takes them for many of their subjects. This approach allows staff to offer students a higher level of personalised intervention. From Year 8 onwards, the youngsters are gradually integrated into mainstream lessons, but with the option of returning to the safety of the Nurture Centre should this be deemed necessary.

The mother of one of the children in the Nurture Group related how her daughter was having problems at middle school and how concerned she was about going up to high school. Her attendance had deteriorated to the extent that the middle school was on the point of starting legal proceedings and she had been "destroying clothing at school, and just basically shutting off, not trying." The mother also disclosed how her own diagnosed mental health issues were taking their toll on her daughter. However, with the support of the Parent Support Adviser who is funded by the schools in the local cluster, it was agreed that Jenny (not her real name) would go into the Nurture Group when she came to high school. This has "worked fantastically" her mother said and Jenny has since thrived. Her attendance is now around 97%, academically she has made good progress, particularly in English and her social skills have also improved. "I have been able to make friends a bit more easily," she said and "I think it's definitely helped me gain in confidence."



## **South Norfolk - A school culture that embraces mental health**

This primary school in South Norfolk has for some years set a premium on addressing pupils' social and emotional needs and fully understands the desirability of early intervention to promote long-term benefits for children. These are key strategic priorities for the school. Tier One provision is truly universal. It has established a culture in which mental health issues are discussed openly between adults and children and where the stigma so often attached to mental health has all but disappeared. This candour led one Year 6 child to say, "The school is really good with mental health problems." Other pupils described it as a "very loving school."

Parents and carers do not hesitate to approach the school for support and staff are alert to changes in children's behaviour that may indicate the need for additional support. One parent noted for example how concerns raised by the school about her daughter's deteriorating attendance led to her accessing counselling which successfully addressed her school phobia.

The school makes a point of assessing carefully the impact of what it does to support children. "We're always questioning and trying and finding a better way," said the Headteacher. In the past, those pupils being supported in school would attend so-called nurture groups in which small groups of children in mixed year groups worked together on a variety of issues. This proved to be successful but more recently, school leaders have recognised the need to move towards more personalised one-to-one provision. To this end, the school has invested in the training of one of its Teaching Assistants, previously responsible for running the nurture groups, to become an Emotional Literacy Support Assistant or ELSA. Under the supervision of an Educational Psychologist, her role is to work individually with those children who need help in building their self-esteem, developing their social skills or working on a range of emotional and behavioural issues including bereavement.

## HealthEast - Cluster Collaboration

The participating high school and primary school in the eastern CCG are both in the same cluster of schools and share a sense of frustration about the delays they are experiencing when making referrals through CAMHS. One teacher gave an example of a boy who had been referred on several occasions to different external agencies who “tried to pass him off between each other.” Eventually after a great deal of persistence and a lengthy wait, they found him the support he needed.

The local Children’s Centre shares a site with the participating primary school and has prioritised the need for early intervention for young people and their families. Its manager said, “We look to engage with all of the families and children that live in the area. Some of those children and families will access what we call universal services, and some of them will be needing access to targeted support services.” However, these are services that support primarily younger children outside the scope of this report.

Staff recognise that the system is under immense pressure and accept that this is unlikely to change in the short term. They also acknowledge the uncertainty that parents and carers experience when their child is referred on to CAMHS. Wait times can extend to more than a school term which is a very long period in a young person’s development and all want to see support in place as soon as possible.

Consequently, what staff have done in conjunction with colleagues in the other schools in the cluster is to devise a framework - the Monitoring Outcomes Pack - for assessing more accurately the social and emotional needs of pupils before considering an external referral. This is partly born out of their frustration at the long waiting lists but also an attempt to identify whether expertise within the cluster can be accessed to support young people. Staff said that it is good at indicating where a child’s individual needs lie and the level of those needs.

## West Norfolk - The PATHS school

PATHS® (Promoting Alternative Thinking Strategies) is an evidence-based social and emotional programme for all pupils aged 5 to 11. Schools are supported to develop a whole school approach through a structured PATHS® curriculum with regular support from a PATHS® Coach and training for all staff and support for lunchtime staff. The engagement of parents and carers is sought and there is support to evaluate the impact on pupils. According to the programme's lead coach in Norfolk, approximately 1 in 4 schools in the county have chosen to adopt PATHS® - two of the five schools participating in this report have adopted PATHS®. Overall, schools have seen significant improvements in children's pro-social skills, their concentration, attention and their social and emotional competence.

Over time, the programme helps pupils to identify their feelings and communicate them. It teaches them how to manage uncomfortable feelings by encouraging choices and the need to learn impulse control. In other words, all feelings are acceptable but not all behaviours are.

In the primary school in West Norfolk, PATHS® is well-integrated, having been a feature of the curriculum for several years. In conversation, a group of Year 6 pupils talked very positively about its impact on them and particularly the happiness they associate with being the PATHS® pupil of the week. Over the course of the year, every child in the class gets the chance to be the pupil of the week and "has special jobs to do." At the end of the week, pupils get to take home a list of compliments written by three or four other pupils and by the class teacher. This meant a lot to these pupils; it evidently underscored their sense of belonging and improved their self-esteem.

One girl said, "It made me feel happy that everyone thought that about me" and a boy said, "It made me feel proud of myself."

The culture in the school is about helping pupils to normalise their feelings and another group of pupils spoke in glowing terms about the how adults in their school help them address their worries and concerns, firstly by taking them seriously and then by finding the time to discuss them. "There's always a teacher to go to wherever you are."

## Summary of findings

### What this means

#### What resources are available - for young people, their parents, carers and teachers?

- Addressing the mental health of children and young people is a priority in all schools in the study and all have internal systems in place to cover Tier 1 provision.
- Curriculum approaches that specifically address children's social and emotional needs are being used highly effectively in some schools. These programmes include PATHS®, THRIVE and Forest Schools.
- Some Tier 1 provision commissioned or provided by schools is ineffective. Over half of high school pupils surveyed did not feel that staff explained how they could look after their mental health.
- On the other hand, most know where to access support outside school.
- Four in ten schools have a named mental health first aider.
- Nearly two thirds of staff knew whether their school had a defined policy for addressing young people's mental health concerns.

#### How is information disseminated across Norfolk? What sources of information are available and used by young people with mental health issues?

- The Point-1 website explains what provision is available, how to access it and how to make referrals. There are separate sections for families and carers, and professionals.
- The HERON website provides a comprehensive and searchable source of NHS services, self-help support groups, statutory and voluntary agencies covering the whole of Norfolk and Waveney.
- NSFT publishes its own website with information, advice and guidance around emotional health for all age groups and aimed children, young people and their families.
- Just over half of the staff participating said that mental health was covered in their school's curriculum.
- Staff in some schools are unsure of the school's policies and procedures to address the mental health concerns of children and young people.

#### Where are young people going for help with mental health issues?

- About half of older pupils said they knew another child or young person experiencing mental health concerns. Roughly 1 in 4 said they had experienced problems of their own but about 1 child or young person in every 5 didn't know whether they had or not.
- Older pupils say they are more likely to access support and information online or confide with their friends.
- Over half of them are aware that they can refer themselves for support.
- Younger children are more likely to speak to their parents/carers or a trusted adult in school.
- There is high level of awareness of the help that ChildLine can provide.

## What are their experiences of services and what is their satisfaction or perception of the current Tier 1 & 2 Services?

- The overwhelming majority of Year 6 pupils that had accessed help or support rated it highly - 78% said it had been quite helpful or very helpful.
- Just over 14% of Year 9 and Year 11 pupils within the dataset said that they had used or tried to use mental health services. Most (58%) did not rate the experience highly. Only about four in ten said the support had been “good” or “very good”.
- Staff who expressed a view were more positive. Over half (64%) felt that the support received by the young person had helped to address their mental health concerns.

## Is the right kind of help being provided?

- Communication between CAMHS commissioners, providers and schools is not always effective.
- This picture is improving in some CCGs where there are notable pockets of good collaborative practice. Communication between schools and Tier 2 providers has improved recently according to staff in some schools.
- The School Nursing Team provided by Cambridgeshire Community Services NHS Trust is rated highly in some schools.
- Several staff commented that the number of counselling sessions that children and young people receive (typically 4 for primary-aged pupils and 6 for older pupils) is insufficient to meet their needs adequately.
- **Key staff in schools are generally aware of the necessity to provide supervision for the work of mental health practitioners that they employ directly or commission to work in their schools.** Seeking to protect both practitioners and young people from emotional and/or mental harm relating to any support is rightly seen as a priority.
- Although all schools have provision in place to promote a positive mental health message, this is not always communicated effectively to staff.

## Are there any barriers preventing them accessing services?

- Although the stigma attached to mental health is slowly dissipating, children and young people typically view it in a negative light and associate it with a wide range of pathological symptoms, conditions and disorders.
- Young people’s key concerns about accessing services are to do with the worry that people might judge them, embarrassment, fear, and a lack of confidentiality.
- Referrals are characterised by lengthy waits; typically, 3 months in the primary phase and 6 months in high schools. Providers clearly have insufficient capacity at present to cope with demand.
- Staff in schools say that an increasing proportion of young people are presenting with mental health issues and professionals within the Education and Health services are committed to improving the *status quo*. They share a sense of frustration that the system is not working and that the situation is deteriorating with reductions in funding and scarcer resources.

- Some staff talked about being uncomfortable making decisions about mental health as they did not feel “expert” enough. This often leads to over-pathologisation, inappropriate referrals and further delays in support. Health professionals talk about the sub-acute gap between Tiers Two and Three.
- Referral criteria are clear to the key staff in schools but there is wide variation in their understanding of how the system works and how referrals are processed and accepted.
- Schools too are struggling to balance meeting the social and emotional needs of their pupils against competing financial and staffing pressure.

#### **How do they feel these could be overcome?**

- Young people share broadly similar views about the kind of referral service that would meet their needs: one based on trust that is friendly, confidential and allows them to feel listened to.
- There is some peer counselling provision in primary schools and older pupils who have accessed training in this kind of peer support expressed positive views about its potential efficacy.
- Many young people would be happy to access support sessions in school because of the convenience and because the school’s affirmation of a service was important to them - it gave the provision added credibility.

## Other local research and training

- **Norfolk's Health Related Behaviour Survey of Children and Young People** was last conducted in early 2015 and published in June 2016. Norfolk County Council Public Health Department plans to commission a fresh survey in Autumn 2017.
- **Early Action** is a 5-year project in West Norwich in which MAP will be working with young people and practitioners across the community and in three schools in the area. It plans to achieve improved outcomes for young people's social and emotional wellbeing, reduce the number of young people becoming NEET (Not in Education, Employment or Training), develop changes in service delivery and seek to move funding from acute services to early action. It is supported by the Early Action Neighbourhood Fund, with joint funds from Big Lottery Fund, Comic Relief and the Esmée Fairbairn Foundation.
- **Teaching about mental health and emotional well-being (KS3 & KS4)** was a one-day workshop offered by Norfolk Educational Psychology and Specialist Support (EPSS) and the PSHE (Personal Social and Health Education) association. Its aim was to help teachers develop the skills, knowledge and understanding needed to teach this aspect of the PSHE education curriculum safely and effectively. Two schools are now taking part in a small research project to consider the initial impact of teaching about mental health using the PSHE teaching programme. A further workshop is planned for the Autumn term as schools are encouraged to teach about mental health and emotional well-being.
- In 2016, EPSS offered a skills-based training programme for key staff working in schools designed "to foster social and emotional development in children and young people." The programme is scheduled to run again in 2017/18.
- NCC's Health Overview and Scrutiny Committee recently received a review from its Members Task and Finish Group into the access to support and interventions for children's emotional wellbeing and mental health. The evidence base for our report is wider in terms of its consideration of the views of children, young people, their parents and carers but their conclusions align closely with the findings here and we agree with the recommendations made for NCC Services.

## Recommendations

Table 8.

*Table of recommendations*

Evidence	Recommendation	For	Follow-up Action
<p>1. Young people and schools say waiting times are too long.</p> <p>Schools report lengthier wait times than those set out in the CAMHS Strategic Commissioner's report to NCC's Health Overview &amp; Scrutiny Committee in April 2017</p>	<p>Triangulate waiting time information received from schools with commissioners' own data and investigate variation across CCG areas.</p> <p>Review the capacity of services currently commissioned in light of this.</p>	<p>Joint CAMHS commissioners</p>	<p>Joint CAMHS commissioners report findings to Healthwatch Norfolk in 3 months</p>
<p>2. Young people say that counsellors need a good understanding of youth culture including its use of social media.</p>	<p>Involve children and young people in the recruitment and training of staff</p>	<p>CAMHS providers</p>	<p>CAMHS providers report on the action they have taken to implement this recommendation in 12 months.</p>
<p>3. Some young people and schools say that the current treatment model is not flexible enough.</p>	<p>Ensure that children and young people are involved in the development of future Tier 1 &amp; 2 provision.</p> <p>Evidence this in the Local Transformation Plan (LTP) and service specifications.</p>	<p>Joint CAMHS commissioners &amp; providers</p>	<p>Joint CAMHS commissioners update Healthwatch Norfolk routinely in line with LTP timeline</p>



Evidence	Recommendation	For	Follow-up Action
<p>4. Schools say procedures for processing Tier 2 referrals lack clarity.</p>	<p>Healthwatch Norfolk understands that measures being implemented to address this are:</p> <ul style="list-style-type: none"> <li>• a Single Point of Contact (SPOC) live from April 2017</li> <li>• a locally based “link work” function</li> </ul>	<p>Joint CAMHS commissioners</p>	<p>In 6 months, joint CAMHS commissioners to report to Healthwatch Norfolk on the success of the SPOC and evaluate impact of link workers.</p>
<p>5. Most primary-aged pupils say that their school supports them well in terms of their mental health.</p> <p>Fewer high school pupils express the same level of confidence.</p>	<p>Healthwatch Norfolk understands that the Members’ Task and Finish Group has made recommendations to NCC about providing a core mental health offer through <i>Educator Solutions</i>.</p> <p>Healthwatch Norfolk recommends that schools:</p> <ul style="list-style-type: none"> <li>• engage with this and other support offered by CAMHS providers</li> <li>• adopt evidence-based approaches in addressing this issue by building on practice that is successful in other schools.</li> </ul>	<p>Schools and academies</p>	<p>Healthwatch Norfolk to share these findings with Ofsted</p>

## References

- Early Action - [www.map.uk.net/pages/ean/](http://www.map.uk.net/pages/ean/)
- Forest Schools Association - [www.forestschoolassociation.org](http://www.forestschoolassociation.org)
- Forest Schools Association Norfolk - [www.fsanorfolk.wixsite.com/fsan](http://www.fsanorfolk.wixsite.com/fsan)
- HERON website - [www.heron.nhs.uk](http://www.heron.nhs.uk)
- Norfolk & Waveney's Local Transformation Plan, Norfolk CAMHS Strategic Partnership, October 2015
- Norfolk's Health Related Behaviour Survey of Children and Young People, NCC, June 2016
- Norfolk Educational Psychology & Specialist Support - [www.norfolkepss.org.uk/about-us/](http://www.norfolkepss.org.uk/about-us/)
- NSFT website - [www.whatsthedealwith.co.uk](http://www.whatsthedealwith.co.uk)
- PATHS - [www.pathseducation.co.uk](http://www.pathseducation.co.uk)
- Point-1 website - [www.point-1.org.uk](http://www.point-1.org.uk)

## Appendix

### SurveyMonkey questionnaires

#### A. Questions for pupils in Year 6

1. What are the top 3 things on this list that make you feel sad or worried? Please tick up to three answers...
  - Bad things happening the world, like war
  - Bad memories
  - Bullying
  - Family problems
  - Friendship problems
  - My own health
  - School tests (SATs etc.)
  - The way you look
  - The way you feel
  - Other (please tell us what)
2. Do you think any of your friends are feeling sad or worried about any of these things?
3. Are you currently or have you ever felt sad or worried about any of these things?
4. Do the adults in your school help you understand what you can do if you feel sad or worried?
5. Do you know where you can go for help if you are sad or worried?
6. If you have felt sad or worried, have you had any support to help you? For example, talking to a teacher/doctor/friend/family member/childline/life coach...
7. If you did have some support to help you when you were feeling sad or worried, how helpful was it? Please rate from 1 to 5 smiley faces, with 1 being least helpful and 5 being most helpful...
8. What was your age on your last birthday?
9. Which of the following describes how you think of yourself? Please select one option that best describes your gender identity...
  - Male
  - Female
  - In another way
  - Prefer not to say

## **B. Questions for pupils in Years 9 and 11**

1. What are the words you think of when you hear the term "mental health"? Please write up to 3 words in the text boxes...
2. What do you think causes children or young people to experience poor mental health? Please choose up to three reasons...
3. Do you know of any children or young people that are experiencing mental health concerns?
4. Are you currently or have you ever experienced any mental health concerns of your own?
5. Do the adults in your school explain what you can do to look after your mental health?
6. Do you know where you can go for help with mental health concerns when you are in school?
7. Do you know where you can go for help with mental health concerns when you are out of school?
8. Many children and young people experience problems accessing mental health services. Which of these do you think are the greatest barriers? Please choose up to three responses...
9. Are you aware that you can refer yourself for help to some mental health services?
10. Have you ever used or tried to use any mental health services? Please select the best answer which describes your experience...
11. If you have used any mental health services, please rate the help and support you received...
12. In your opinion, what should be the top 3 features of a good mental service? Please tick up to three, even if you have not used or tried to use a service...

## C. Questions for staff

1. Please enter the name of your school.
2. How serious an issue is young persons' mental health in your school? Please select one option from 1-5, with 1 being not an issue at all to 5 being a very serious issue...
3. Is this an increasing issue?
4. How important is your role in supporting young people on mental health concerns? Please select one option from 1-5, with 1 being not important at all to 5 being very important...
5. To what extent do you feel able to support young people with their mental health concerns within your school? Please select one option from 1-5, with 1 being not able to support at all to 5 being definitely able to support...
6. Does your school cover mental health in any way within the curriculum?
7. Does your school have a defined policy or process for addressing the mental health concerns of young people? For example, as part as safeguarding or health and safety policies...
8. Is there a forum for discussing mental health concerns of young people amongst the staff in your school?
9. Does your school have a named mental health first aider or go-to person?
10. To what extent do you feel able to signpost parents/carers towards the right support for their child(ren)? Please select one option from 1-5, with 1 being not able at all and 5 being definitely able...
11. How clear are you about the criteria for referral to Child and Adolescent Mental Health Service (CAMHS)? Please select one option from 1-5, with 1 being not clear at all, to 5 being very clear...
12. Do you have any experience of referring a young person to CAMHS?
13. How prompt was the response? Please select one option from 1-5, with 1 being not prompt at all, to 5 being very prompt...
14. How easy was it to refer the young person? Please select one option from 1-5, with 1 being not easy at all, to 5 being very easy...
15. To the best of your knowledge, did the support the young person receive help address their concerns?