What young people think about mental health support in Enfield

Contents

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Introduction

What is Healthwatch Enfield?

Healthwatch Enfield is the independent champion for people using health and social care services in the borough. Healthwatch Enfield collects the views and experiences of local people and uses this information to persuade those who commission and deliver health and social care services to make improvements to both the accessibility and the quality of provision.

Our project on children and young people's mental health in Enfield

Through our ongoing engagement and outreach programme, we received feedback about the quality of children and young people's mental health services. Aware of the issues being raised nationally and locally, we established a project to understand and review the quality of mental health and support services for young people.

In June 2015, Healthwatch England was invited to give evidence to the Youth Select Committee Inquiry into young people's mental health. Healthwatch England presented the insight and evidence from 77 local Healthwatch, and emphasised the need to promote resilience and early intervention and to tackle stigma; to improve access, referrals and transitions; and to improve staff attitudes and meaningful engagement.

To understand the local experience, we liaised with a range of local young people, parents, carers and youth and community workers to understand the local situation.

Our objectives were:

•	to consult with young people, parents and youth services practitioners to listen to and evaluate their awareness, perception and experiences of mental health services
•	to produce a report, with recommendations as appropriate to be presented to Enfield Joint Commissioning Board, Enfield Health and Wellbeing Board, and service providers for their responses.

From July 2015 to October 2015, we engaged with young people, parents and carers and youth and community workers using semi-structured focus groups. To better understand the structure and processes for services we liaised with Michele Guimarin, Lead Commissioner for Mental Health, Enfield Clinical Commissioning Group, Dr Nick Clarke, Consultant Clinical Psychologist Barnet, Enfield and Haringey Mental Health Trust and representatives from the senior management for Enfield Child and Adolescent Mental Health Services (CAMHS) and Educational Psychology. We also reviewed the Enfield Joint Commissioning Board Draft Local Transformation Plan for Children and Young People's Mental Health and Wellbeing to understand the potential plans and improvements to the service which are currently in consultation for future implementation.

Context

Nationally, there has been an increasing urgency and focus on improving services for young people. The Children and Young People's Mental Health and Wellbeing Task Force, (co-chaired by the Department of Health and NHS England) was established in September 2014 to consider ways to improve access and delivery of mental health services and its report, Future In Mind,[1] was launched in March 2015. Norman Lamb, then Minister of State for Care and Support said, "What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to, and invest in this challenge". The recommendations related to five key themes: promoting resilience, prevention and early intervention; improving access to effective support – a system without tiers; care for the most vulnerable; accountability and transparency; developing the workforce. Following the General Election the new Government decided to act on the report's key recommendations and announced additional funding.

In order to secure funding, local areas were asked by NHS England to produce Local Transformation Plans for young people's mental health and wellbeing. This had to be done to meet a deadline of mid-October so consultation had to be done over the summer holidays. Enfield Joint Commissioning Board did carry out a consultation and submitted its Local Transformation Plan, Improving child and adolescent mental health services (CAMHS) [2], for approval.

In addition to the research and national policy developments mentioned above, there have been a number and range of new announcements on young people's mental health.

Most recently, the Children's Commissioner Anne Longfield has said that "young people say they need information they can trust on the internet and drop-in support which is accessible, non-stigmatised and part of everyday life" and that, "it is a rather desperate state of affairs when they would prefer to roam around the internet or ask a friend the same age for help first." Everyone Has A Mental Health [3], a report into where young people go for mental health information, advice and support was carried out by Amplify, the Children's Commissioner's young advisory group. Its call for action included:

• a 'kite mark' system should be developed showing that online mental health information for children has been quality assured
• involving children in developing mental health resources in order to make sure they are useful and engaging
• [details of] trustworthy information or help and also, how they can signpost or refer friends to sources of advice
• [that] professionals should be more accessible to children

1   https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people
2   http://www.enfieldccg.nhs.uk/CAMHS.htm
3   https://www.childrenscommissioner.gov.uk/sites/default/files/publications/amplify-mental-health-report.pdf

• [that] drop-in support for young people should be located in schools or youth clubs and young people should be able to use them without parental consent
• [that] schools should promote awareness of and challenge stigma attached mental health conditions in lessons such as Personal, Social, Health and Economic Education (PSHE)

Executive summary

Healthwatch Enfield is very concerned that

• young people are at risk of isolation due to their lack of awareness of and trust in existing services
• the lack of awareness of conditions, treatment and support causes difficulties for young people and their parents/carers and there is the potential for conditions to escalate due to lack of early intervention
• the longing waiting list for Child and Adolescent Mental Health Services (CAMHS) and the lack of support between appointments is leaving young people vulnerable and distressed
• there is significant stigma around mental illness and terms are used negatively with little challenge in schools and other settings
• grants or commissioned services for community based, additional support need sufficient funding to succeed.

Many young people said they do not find the staff in educational environments approachable or skilled in sign-posting and feel they lack the capacity and resources to guide young people. They said that parents do not understand the situation of young people and have insufficient awareness to adequately believe or recognise young people's experiences. Although national research suggests young people use the internet for help, the majority of young Enfield participants raised fears about lack of security or confidentiality in using online sites.

In general young people who had used mental health services such as CAMHS found the quality of services to be good. However, a couple of service-users raised issues about the focus on medication rather than therapy. In addition, there were consistent concerns about the long waiting times for and between appointments; this is a very distressing and difficult situation for young people.

Recommendations

We welcome the recommendations in the Joint Commissioning Board Draft Strategy for Emotional Well-being and Adolescent Mental Health for 0-18 year olds in Enfield 2015-2020 (referred to below as the Strategy). We have cross-referenced our own recommendations with those of the Strategy where appropriate.

Issue	Recommendation
1. Awareness of mental health All the parents/carers who spoke to us said they thought that young people, teachers and parents/carers do not know enough about mental health conditions and symptoms and that young people do not know where to turn for information or help.	• Information and guidance should be co-designed by young people and parents/carers and should be available in educational and health settings and also in locations used for information and leisure (such as cinemas, shopping centres and libraries).
2. Stigma Young people reported significant negative misuse of mental health terms and that this is not challenged by staff in educational settings.	• Guidance and training for education-based staff should be provided to enable and support them to challenge stigma. • We endorse the Children's Commissioner's recommendation that "schools should promote awareness of and challenge stigma attached mental health conditions in lessons such as Personal, Social, Health and Economic Education (PSHE)" and that national materials should be used to support this.
3. The family environment Young people said they are reluctant to talk to their parents, for fear or experience of being misunderstood, not believed or for the risk of causing upset or worry at home.	• Information and guidance should be presented to parents online, on paper and most importantly, in face-to-face settings so that they are aware of early signs of mental health conditions and the next steps to take for young people. Face-to-face settings would enable them to ask questions and be provided with further signposting or support if they had any concerns. --- **Strategy 1** *Commissioners to consult with children, young people and their families about the Joint Commissioning Strategy and amend accordingly and ensure arrangements are in place to enable ongoing co-production.*

Issue	Recommendation
4. Educational settings Young people told us they would not approach teachers, and there is mistrust of teachers being able to act effectively and safely in this role.	• Further guidance and training should be available to teachers and non-academic staff, to help them signpost or support young people in educational settings. • The availability of on-site counsellors should be more widely publicised, and also the means by which young people can access this service. • We support the Children's Commissioner's recommendation that drop-in support for young people should be located in schools or youth clubs and young people should be able to use this service without parental consent **Strategy 20** *Develop proposals to implement the system of dedicated contact point for schools and primary care.* **Strategy 15** *All mental health providers to ensure there is a co-ordinated offer of early intervention provision for schools and other settings.* **Strategy 29, 30, 31, 32.**
5. Youth Centres Staff in youth centres said they are in a difficult position as they are not trained counsellors and can only signpost and advise young people to ask for help elsewhere.	• Commissioners should consult with youth workers to identify the best means through which the staff/volunteers can give support. • Additional resources and funding should be available to enable youth staff to provide guidance and signposting services and to employ counsellors in youth venues. **Strategy 15** *All mental health providers to ensure there is a co-ordinated offer of early intervention provision for schools and other settings.* **Strategy 13** *Services develop effective user-participation in service design and delivery (all providers).*

Issue	Recommendation
6. Online Young people told us they would not use online services for information or support.	• The purpose of the site, its safety and security and the expertise available should be clearly explained to young people, to build their trust in using online systems. • Young people should be involved in the design of such services. • Online liaison should not replace face-to-face support. **Strategy 7** *Optimise use of the latest technology in working with children and young people and implementing the strategy.*
7. Doctors/GPs Young people did not have much experience of talking to GPs about mental health conditions. Many parents told us they did not have confidence that GPs have sufficient time or expertise to help young people with mental health conditions.	• The training and expertise available to GPs should be regularly reviewed to ensure it meets the needs of the GP, young person and parents/carers. Evaluations should incorporate feedback from the doctors, service-users and their families.
8. Barriers to services Young people, parents and youth workers had concerns about cultural, language and access barriers for parents.	• For parents who do not have English as their first language or for some different ethnic groups, information conveyed through translators and community advocates should be available, to explain mental health conditions, mental wellbeing, how conditions can affect young people, treatments, and how families can support young people at home. Information should also be in accessible formats for people with sensory impairments. **Strategy 25** *Review the model of care and care pathways for the most vulnerable.* **Strategy 13** *Services develop effective user-participation in service design and delivery (all providers).*

Issue	Recommendation
9. Mental health services In general, young people said the quality of the counselling/therapeutic support from CAMHS services was good. Feedback on areas of improvement was related to waiting times and the look and feel of the rooms.	• Service-users should be involved in the re-design of waiting and appointment rooms and separate spaces should be available for young people's and adult services. • The waiting times for CAMHS should be improved, potentially through funding from the Transformation Plan to increase the number of trained clinicians. **Strategy 19** *Strengthen the performance management of access and waiting times targets including escalation*
10. Transition Some young people reported difficult experiences with transition between services.	• Commissioners should consult with service-users and adapt services accordingly to ensure effective transition. **Strategy 19** *Strengthen the performance management and waiting times targets, including escalation*
11. Additional, on-going support Young people said they found the long intervals between CAMHS or other counselling appointments very hard, with no interim support. Young people endorsed the idea of support in community/youth settings.	• Liaison with charities and the community sector should be strengthened and financially supported so that there is community based support for young people. • There should be sufficient funding available to community and youth services to ensure the services are responsive, timely and sustainable. **Strategy 28** *Seek value in early intervention and resilience building by considering partnerships between existing CAMHS provider/s and voluntary sector.*

Methodology

To enable us to listen in-depth to young people's and parents' experience, we used semi-structured focus groups. The focus group format enabled us to explore the participants' perceptions plus their experiences of services and gather rich, experience-based feedback from participants.

We devised a young people's survey which was circulated to Enfield Youth Parliament, Southgate College, Enfield Children and Young People's Service and through Healthwatch Enfield's website and newsletter. We did not expect a large number of responses as this is always difficult to generate, particularly from young people. However, we wanted to ensure that young people who could not or did not want to attend a group had an opportunity to feed back and (for parents as well) to provide fuller responses on paper. The parents' survey was distributed at the parent engagement meeting only and not online.

The structure of the focus group and survey were designed to avoid duplication with the CAMHS consultation with service users which was taking place simultaneously through the CAMHS Youth Participation Group.

We engaged with or had responses from 77 Enfield participants, in the following categories:

•	A series of focus groups with 25 young people, 25 parents, 3 youth workers and 17 representatives from the community and charity sector

•	5 survey responses from young people
•	2 survey responses from parents
•	3 youth workers.

Of the young people

•	all were of secondary school age or older, between approximately 12 and 22 years of age;
•	60% were perceived to be of a white heritage and 40% of a Black, Asian or Minority Ethnic (BAME) heritage;
•	44% had used mental health services;
•	20% were young carers.

The parents were a mixture of ages and were predominantly from a variety of BAME backgrounds.
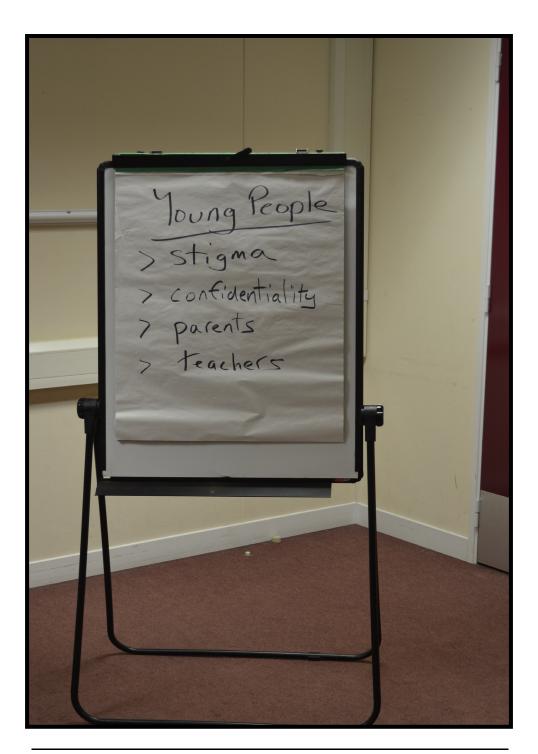
As this was a sensitive subject for young people and parents and because we didn't want to burden them with form-filling, we did not ask participants to complete diversity monitoring forms, so the identification of ethnic background and age is based on perception only.

To ensure that participants remain anonymous and are not identified, we have not listed the venues or places with which we met with young people or parents/carers.

We engaged with a wide range of people, parents and carers and also youth workers interacting with young people. A significant number of responses gave consistent and similar feedback about services, across the different age-ranges and backgrounds of young people, parents/carers and youth

workers. These responses across all groups did not significantly contradict or deviate from each other. The feedback on the strengths and weaknesses of the current services and approach, has produced the recommendations for this report.

Where a view made by the young person was endorsed by the group as a whole (nodding, verbal agreement) this is transcribed into a statement. Where it is a view made by one or two young people but not necessarily experienced or held by the rest of the young people, we have stated this in our narrative and findings.

Above: Young people were engaged during a number of focus groups

Responses and findings

1. Awareness of mental health

All the parents/carers who spoke to us said they thought that young people, teachers and parents/carers do not know enough about mental health conditions and symptoms and that young people do not know where to turn for information or help. Both parents and young people recommended that information is available through schools, in induction sessions and through brochures and newsletters for both parents and students. Some young people said that leaflets and contacts should be available in places that they visit, such as youth centres, cinemas and shopping centres and in the toilets of these venues.

Recommendation
•   Information and guidance should be co-designed by young people and parents/carers and should be available in educational and health settings and also in locations used for information and leisure (such as cinemas, shopping centres and libraries).

2. Stigma

Young people reported significant negative misuse of mental health terms and that this is not challenged by staff in educational settings.

All young people had experienced of misuse of mental health terms and were aware of the damage this can cause. Only one young person reported a situation where a teacher had challenged the misuse of a mental health term and explained why it was inappropriate. However, this was the exception and that generally it was not

challenged, with the result that [young people] "just see someone acting in a strange way and they get called names".

Participants commented that some young people are embarrassed about mental health conditions and don't know what to say. When asked how this could be addressed, young people said information was key and that adults/staff could challenge and inform. They could "dispel myths .. classify what is and isn't mental illness...use simplified language and explain everyone could have a mental health condition". This could be achieved through "assemblies and life skills classes". Whilst recognising the busy and complex responsibilities of education-based staff, we believe that challenging stigma will reap rewards in the short and long-term, empowering young people to support each other and seek help at an earlier stage.

At a recent conference on Improving Young People's Mental Health Care[1], organised jointly by Young Minds and the Kings Fund the Minister for Community and Social Care, Alistair Burt MP, announced "the largest ever national anti-stigma campaign specifically targeted on places where young people spend their time online ... alongside in-school activity and targeted marketing and information for parents". [2]

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1   Event video at http://www.kingsfund.org.uk/events/improving-mental-health-outcomes-children-and-young-people
2   The Rt Hon Alistair Burt MP. Improving children and young people's mental health care. https://www.gov.uk/government/speeches/improving-children-and-young-peoples-mental-health-care

Recommendations

• Guidance and training for education-based staff should be provided to enable and support them to challenge stigma.

• We endorse the Children's Commissioner's recommendation that "schools should promote awareness of and challenge stigma attached mental health conditions in lessons such as Personal, Social, Health and Economic Education (PSHE)" and that national materials should be used to support this.

3. The family environment

Young people said they are reluctant to talk to their parents, for fear or experience of being misunderstood, not believed or for the risk of causing upset or worry at home. The majority of young people who engaged with us said they would find it difficult to approach their parents, perceiving that parents don't understand, wouldn't take it seriously or would think it's just a phase. Many young people were also very concerned that parents would then get upset and worry. Most of the participants said they thought that parents did not know enough about mental health problems and how they can affect young people.
"They get it wrong, they don't understand, they worry and then they get upset" (young person).
"There are some parents that don't have a clue" (parent).

Recommendation

• Information and guidance should be presented to parents online, on paper and most importantly, in face-to-face settings so that they are aware of early signs of mental health conditions and the next steps to take for young people. Face-to-face settings would enable them to ask questions and be provided with further signposting or support if they had any concerns.

Strategy 1 *Commissioners to consult with children, young people and their families about the Joint Commissioning Strategy and amend accordingly and ensure arrangements are in place to enable ongoing co-production.*

4. Educational settings

> **Young people told us they would not approach teachers, and there is mistrust of teachers being able to act effectively and safely in this role.**

The majority of young people who spoke to us said they would not approach teachers. They recognised that teachers are busy and are not trained to deal with mental health or emotional problems. Although teachers may be aware of behavioural or emotional changes or difficulties for their pupils, it would appear that there is a conflict in the teacher's role, moving from one of managing behaviour and learning, to a pastoral or support role.

Young people commented that, "I don't trust them; they judge you; they talk about consequences instead of just listening; they start to tell you what to do, instead of listening; they don't keep it confidential." This contrasts with the response from one young person who said, "one teacher was trained, that was good". The importance of trained, impartial counsellors, separate from the teaching staff, was endorsed by service-users.

Participants had experiences where teachers had shared personal information with other teachers without the young person's permission. Youth workers said that young people had told them of similar situations. Some parents had examples of teachers and non-teaching staff breaking confidentiality and a couple of examples

of where the teachers/non-teaching staff had made extremely insensitive comments about young people's mental health conditions.

Some schools have used the mental health support services of Place2Be [3] for primary school counselling and the CAMHS based Health and Emotional Wellbeing In Schools (HEWS) which facilitates referral to higher-level services. These services are paid for from school budgets.

HEWS services include therapeutic work with children, adolescents and parents; to consult staff about understanding emotional and behavioural difficulties; to support school staff by offering training; to offer staff support particularly to SENCOs, Learning Mentors and staff dealing with some of the most vulnerable children; signposting / providing advice to staff about other agencies; offering Parent support groups or work. It also facilitates referral to higher-level services.

Education-based counsellors

Some young people had used school counsellors which worked well, but some said they only found out after a long time that the person they had seen "around the school" was in fact a counsellor and could be approached for support. One participant commented "there is meant to be someone, but I don't know who".

One participant had appreciated the opportunity to be able to "drop-in" to the school counsellor without an appointment, and welcomed that the counsellor encouraged talk about anything that was concerning them, no matter how small it may have seemed; another said that the counsellor got to know them first, as a person, which made talking about other

difficulties easier. Both these young people were also users of CAMHS services.

A smaller group of younger participants (aged approximately 12-13 years) spoke of positive experiences with youth support workers, teachers or counsellors who were "kind" and approachable. For a younger age group, this accessibility and sensitivity to the situation was important. In addition, for this age group, the school counsellor was sometimes (though not always) associated with behavioural problems, "you see counsellors if you get sent out of class". A few parents confirmed that this was how some young people perceived counselling services. This perception does not help reduce the stigma or negativity surrounding mental health conditions.

Parents said that counselling sessions within school hours made it embarrassing for young people to attend as they have to be excused from lessons. Some young people, including service-users would prefer the initial liaison with a counsellor to be initially in confidence, without their parents' knowledge.

Recommendations

- Further guidance and training should be available to teachers and non-academic staff, to help them signpost or support young people in educational settings.
- The availability of on-site counsellors should be more widely publicised, and also the means by which young people can access this service.
- We support the Children's Commissioner's recommendation that drop-in support for young people should be located in schools or youth clubs and young people should be able to use this service without parental consent.

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3   http://www.place2be.org.uk/

Strategy 20 *Develop proposals to implement the system of dedicated contact point for schools and primary care.*
Strategy 15 *All mental health providers to ensure there is a co-ordinated offer of early intervention provision for schools and other settings.*
Strategy 29, 30, 31, 32.

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5. Youth Centres

Staff in youth centres said they are in a difficult position as they are not trained counsellors and can only signpost and advise young people to ask for help elsewhere.

Youth support workers said that they develop relationships wherein young people chat or confide about their personal experiences and difficulties. They said it was difficult to advise young people as they are not trained, do not want to be perceived by parents to be interfering and fear of alienating the young person or their families.

Recommendations
•   Commissioners should consult with youth workers to identify the best means through which the staff/volunteers can give support.
•   Additional resources and funding should be available to enable youth staff to provide guidance and signposting services and to employ counsellors in youth venues.

Strategy 15 *All mental health providers to ensure there is a co-ordinated offer of early intervention provision for schools and other settings.*
Strategy 13 *Services develop effective user-participation in service design and delivery (all providers).*

6. Online

Young people told us they would not use online services for information or support.

The majority of young people who spoke to us emphatically said they would not like to access information online or participate in online support. The reasons given were uncertainty as to whether it was a trusted site; concerns about the security of the site; concerns that information would not be kept confidential (it could be leaked or shared without their permission) and that they would prefer to talk to someone face-to-face. Interestingly, some participants reported that they did not like ChildLine because "they just tick boxes; they just state the facts; there's no emotion."

This is not surprising as young people receive many warnings about online security, safety, grooming and so on. They may find it contradictory to then use an online site to access information ("should I trust this source") or to liaise ("should I trust this person"). This is particularly pertinent for young people of 16 years plus who are transitioning to adult services and to whom sites such as Big White Wall could be promoted.

The recent report, Everyone Has A Mental Health [4], from the Children's Commissioner indicates that young people do use online services to access information. We perceive that young people will access information sites, but may be reluctant to engage with online counselling services. The feedback from Enfield participants clearly shows the assurances and guidance that are needed to make online services accessible and attractive to young people.

4   https://www.childrenscommissioner.gov.uk/sites/default/files/publications/amplify-mental-health-report.pdf

A recent announcement by Minister for Community and Social Care, Alistair Burt MP [5], stated that a £500,000 innovation fund will "accelerate the development of high quality, evidence-based and safe products like apps or websites to improve mental health" for young people.

Recommendations

•	The purpose of the site, its safety and security and the expertise available should be clearly explained to young people, to build their trust in using online systems.

•	Young people should be involved in the design of such services.

•	Online liaison should not replace face-to-face support.

Strategy 7 *Optimise use of the latest technology in working with children and young people and implementing the strategy.*

7. Doctors/GPs

> **Young people did not have much experience of talking to GPs about mental health conditions. Many parents told us they did not have confidence that GPs have sufficient time or expertise to help young people with mental health conditions.**

There were mixed responses about whether the GP had been helpful or not for general medical conditions. When talking about general medical conditions, young people commented that it was difficult not seeing the same GP for each appointment. When young people are starting to use these services, they may prefer to speak to a familiar practitioner with whom they have built a relationship.

5	The Rt Hon Alistair Burt MP. Improving children and young people's mental health care. https://www.gov.uk/government/speeches/improving-children-and-young-peoples-mental-health-care

Recommendation

•	The training and expertise available to GPs should be regularly reviewed to ensure it meets the needs of the GP, young person and parents/carers. Evaluations should incorporate feedback from the doctors, service-users and their families.

8. Barriers to services

> **Young people, parents and youth workers had concerns about cultural, language and access barriers for parents.**

Young people supported information being available in different languages and the availability of interpreters and signers for Deaf and hearing impaired people. Parents said that making information and services accessible to other communities was vital.

One young person said, "translation is really important" citing that the parent spoke to the doctor about general medical conditions in her own language because the parent "can't find the word in English". The importance of the appropriate phrases and the correct technical language is essential to enable parents to fully understand and support mental health treatment.

The idea of community advocates who could explain mental health conditions and treatment, and champion mental wellbeing to their own community was welcomed. This would contribute to the reduction of stigma and increase early intervention. Community sector representatives said that they had run similar services previously, but funding has been cut despite ongoing demand.

Recommendation

•	For parents who do not have English as their first language or for some

different ethnic groups, information conveyed through interpreters, translated materials, and community advocates should be available, to explain mental health conditions, mental wellbeing, how conditions can affect young people, treatments, and how families can support young people at home. Information should also be in accessible formats for people with sensory impairments.

Strategy 25 *Review the model of care and care pathways for the most vulnerable. Strategy 13 Services develop effective user-participation in service design and delivery (all providers).*

9. Mental health services

In general, young people said the quality of the counselling/therapeutic support from CAMHS services was good. Feedback on areas of improvement was related to waiting times and the look and feel of the rooms.

Generally, those who had used CAMHS said they found the service helpful and the quality of service good. However, some service-users reported the emphasis being focused on medication, rather than talking therapy. Appointments were in locations that were accessible for the client.

A few parents said that clinical staff do not know how to treat people with Asperger Syndrome or Autism and who also have mental health conditions.

The CAMHS Youth Participation Group has been established as a participation project for young people who have used or are using CAMHS. We are grateful that they are happy to have their feedback incorporated into this report. The Group were asked what

could be improved about the CAMHS and they said that locations are unwelcoming and look institutional, locked doors are scary and the security is disproportionate to the services. TVs or radios, vending machines, pictures, and importantly, separate waiting-rooms for young people and children would create "a more friendly, welcoming vibe". Service-users could be involved in the design of waiting and appointment rooms.

Delegates to the recent Kings Fund/Young Minds Conference raised the issue of the high threshold for accessing CAMHS and this was also raised by some youth workers in Enfield.

Recommendations
•   Service-users should be involved in the re-design of waiting and appointment rooms and separate spaces should be available for young people's and adult services.
•   The waiting times for CAMHS should be improved, potentially through funding from the Transformation Plan to increase the number of trained clinicians.

Strategy 19 *Strengthen the performance management of access and waiting times targets including escalation*

10. Transition

Some young people reported difficult experiences with transition between services.

A couple of participants mentioned the difficulty of changing services or the lack of services when they moved to another location or into adult services. One said "I left school and I didn't see the counsellor anymore. I didn't know where else to go".

Another commented "when I left primary school I had to leave the counsellor and that was hard". Future In Mind recommends that transition to adult services is delivered flexibly, based on the needs and readiness of the young person.

Recommendation
•	Commissioners consult with service-users and adapt services accordingly to ensure effective transition.

Strategy 19 *Strengthen the performance management and waiting times targets, including escalation.*

11. Additional, on-going support

> **Young people said they found intervals between CAMHS or other counselling appointments very hard, with no interim support. Young people endorsed the idea of support in community/youth settings.**

All young people who had used CAMHS said there is a long wait for CAMHS appointments. They said that the long waiting times before the initial appointment, and the long intervals between appointments, was very difficult. One commented, "had to wait three months. That was really bad."

Young people welcomed the idea of activities in the community that would help "distract" young people from their mental health condition and symptoms, but would also provide another means of support.

It's essential that such support is adequately funded to ensure that services are timely and responsive. We surmise that for young people, who may not have previously used similar community-based provision, any barriers can be off-putting. One participant

commented, "if you are referring me to services run by the community, I need help at that point". When the service didn't respond promptly, the young person said "I gave up".

A possible model is that provided by many Carers Centres for young carers. Recreational activities are provided, supported by informed and knowledgeable staff who can provide one-to-one attention, understand the family situation and can signpost to other services. Some also have on-site drop-in counselling staff so that young people can access immediate support.

We understand that the Joint Commissioning Board is scoping potential funding and programmes for community sector based support and we welcome this development.

Recommendations
•	Liaison with charities and the community sector should be strengthened and financially supported so that there is community based support for young people.
•	There should be sufficient funding available to community and youth services to ensure the services are responsive, timely and sustainable.

Strategy 28 *Seek value in early intervention and resilience building by considering partnership between existing CAMHS provider/s and voluntary sector.*

Strategy 29 *Investigate and support voluntary sector grant schemes mentioned in Future In Mind to support work in schools, academies and colleges.*

Thanks and acknowledgements

We would like to thank all the young people and parents who gave their feedback, time and insight on what can be a very difficult subject.

We would also like to thank the following staff who supported the project.

- Claire Whetstone, Shamima Rahman and Hamida Ali, Enfield Children and Young People's Service

- Tara Bennett, Young Carers Transition Officer, Enfield Carers Centre

- Sam Morris, London Borough of Enfield Participation and Partnerships Manager

- Michele Guimarin, Lead Commissioner for Mental Health, Enfield Clinical Commissioning Group

- Dr Nick Clarke, Consultant Clinical Psychologist Barnet, Enfield and Haringey Mental Health Trust

- Dr Khushbu Haria, CAMHS Practitioner and Counselling Psychologist, Enfield CAMHS

- Dr Anneka Peppiatt, Clinical Psychologist, Enfield CAMHS

Healthwatch Enfield Children and Young People's Project

Focus Groups with Young People

Explanatory note. This is a summary produced for the report to show an outline of the structure and discussion points. It is not the terminology that was used with young people. The prompt questions are reproduced in summary format.

Introduction
- Introduction and thank you for attending.
- Explanation of the following: project; Healthwatch approach to consultation/engagement and listening to what young people have to say; mental health; that your feedback is helpful, whether you have used mental health services or not; confidentiality and anonymity.

Where do young people go for support?
Young people choose a postcard.
Describe what is happening on the postcard.
Explain you can't always tell what people are thinking/feeling.

Young people show on the map where they go if they are happy or sad and where would they pick up information or leaflets.

Prompt questions:
- Are young people worried about mental health?
- Do you think young people know enough about mental health conditions and where to go for support, say if they were worried about themselves or a friend?
- If online, where would they go for information? Is that definitely somewhere young people go? Would you feel safe? How would you know if you could trust a site?
- Could you talk to your parents?

What do young people think about existing services?
Young people stand up and vote to show their opinion of school services and GPs understanding and treatment of mental health.

Prompt questions
- Would you approach school staff? Were teachers/support staff helpful and well-informed? What advice/signposting did they give?
- Do you think that parent/carers understand? Do you think there is enough support or information for parents/carers? Are they able to get involved, if that is what the young person would like?
- What you think of GPs/hospitals. Why?
- Did the practitioners talk to you? Explain things clearly? Tell you what to expect? Did you understand?

- If you used CAMHS, what was the counsellor like? How long did you wait for your appointment? Was the CAMHS venue easy to get to? What was the CAMHS waiting room like?
- What do you think of GP waiting rooms?

The barriers to accessing services

Prompt questions:
- Is it easier for some people/groups to access services than others?
- What might stop people?
- Do you/your parents speak other languages? How is that when you are talking to school staff or GPs?
- What if people were deaf or blind?

Stigma

Prompt questions:
- How do people react to young people with mental health conditions?
- Are young people embarrassed to talk about it?
- What could be done locally to raise awareness and encourage people to think differently about mental health?
- Could we do anything in schools or youth centres/activities?

Update on our report.

Explain I can come back to let them know what the health service said about our report and what they will do next.

Thank you

Tell young people they can write on the graffiti wall what they thought of this session.
Thank young people for their time and views, particularly as this is a difficult subject to talk about.
Explain they can speak to youth staff if they have any worries.
Show/distribute leaflets of sources of other support and information for young people.

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Healthwatch Enfield Young People's Mental Health Project

Dear Parents and Carers

We are finding out about young people's experience of mental health services. We will talk about this with you in the PEP session on Friday 17th July. We will then tell the Mental Health Trust and Clinical Commissioning Group what young people and parents/carers have said and make recommendations for changes.

You can also complete the short survey below. Please bring it with you to the PEP session. If your child has not used mental health services, you can tell us your experience of other health and social care (such as GPs, hospitals, day centres etc.).

We do not need your name and address. However, if you would like a copy of our report, please provide a postal or email address.

We look forward to seeing you soon. Thank you very much for your time and help.

With best wishes, Healthwatch Enfield.

GENERAL
Has your child/young person used mental health services? **YES** **NO** **If no, what service do your comments refer to?** (For example, GP, hospital, day centres)
INFORMATION ABOUT MENTAL HEALTH SERVICES
Do you think young people know enough about mental health conditions and where to go for support, say if they were worried about themselves or a friend? **YES** **NO** **Comments**
Have young people made any comments about support services in schools? **Please tell us their comments.**

Do you know where to go or who to ask if you were concerned about a young person's mental health?
YES
NO
Comments

USING MENTAL HEALTH SERVICES

Do you feel that you have enough information about mental health services, such as

- mental health conditions, symptoms, treatment   YES / NO
- what services are available   YES / NO
- any choices for young people in terms of services or treatments   YES / NO
- your role as a parent/care and how you would be involved or told about the treatment
                                                         YES / NO

Comments

Was the amount of time you had to wait for services reasonable?   YES / NO

If no, please state the type of service and time you had to wait

Service (e.g. GP appointment, GP referral, IAPT, CAMHs) **…………………..**

Waiting time ………………………………

What did you think of the location/environment?
Was it welcoming and friendly to you and young people?   YES / NO
Was it in a location that was easy to get to?   YES / NO
Comments

Do you feel there is enough support for you as parents/carers?   YES / NO
Comments

In general how would you rate the quality of mental health services for young people? (1=Poor and 10=Excellent)

1   2   3   4   5   6   7   8   9   10

Yes I would like a copy of the Healthwatch Enfield report
Name and email OR postal address:

Healthwatch Enfield Young People's Mental Health Project SURVEY

Young people can be affected by mental health conditions, such as feeling anxious or angry or depressed.

We would like to hear **what young people think and your ideas** for making services better.

You don't have to give your name or any other contact details. We will collect the survey information and put it into a report, but won't reveal any personal details about people.

If you would like to be entered into a prize draw to win **Amazon vouchers**, please give us your email address at the end!

If you are **concerned about mental health** for yourself or a friend **you can get help**. Go to the end of the survey to see a list of organisations that can help.

If you have any questions call us on 020 8373 6283 or email info@healthwatchenfield.co.uk or look on our website at www.healthwatchenfield.co.uk

1. Do young people know enough about mental health?

Yes, they know a lot ☐

They know some information ☐

No, they don't know very much ☐

1a. If young people don't know enough, what is missing, what do people need to know?

What "mental health" means ☐

Different types of mental health condition ☐

Where to go for support ☐

Please tell us any other comments

2. Would you know where to go if you were worried about your own or a friend's mental health? (Tick boxes)

Yes ☐

No ☐

2a. If you were concerned, where would you go (Tick boxes)

School /college teacher ☐

GP ☐

Accident and Emergency ☐

Youth club or youth activity ☐

Friend ☐

Family ☐

3. Do you think the following people know enough about mental health to help young people?

	Nothing	A little	Some	A lot
School/College				
Youth club/ youth activity centre				
Your friend				
Your family				
Your doctor (GP)				
Mental health services (e.g. CAMHS)				
Hospital A & E (Accident and Emergency)				
General hospital ward				
Mental health ward				

3a. If they don't know enough, what is missing?

What to say or do to support young people ☐

Where we can go for help ☐

Please tell us any other comments here

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4a. Do you think young people are embarrassed to talk about mental health?

Yes they are embarrassed ☐

Some are embarrassed ☐

No they are not embarrassed ☐

It can sometimes be embarrassing depending on the problem ☐

4b. What could be done to make it easier for young people to talk about mental health and get help?

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4c. Is there anything in particular that would make it easier for younger teenagers, disabled young people or those from different cultural or religious backgrounds?

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5a. If you have used any of these mental health services, could you tell us something about this. Please tick which ones you have used.

School/college counsellor ☐

IAPT (Improving Access to Psychological Therapies) ☐

CAMHS (Child and Adolescent Mental Health Services) ☐

Counsellor or therapist you/your family arranged privately. ☐

5b. Were you told enough information about what was happening?

	Yes enough information	Some information	No not enough information
Your mental health			
What services you could use			
What choices you had for treatment			
Confidentiality and what would be shared with your parents/carers			

What did you think of the following?

	Good	Average	Poor
How long you had to wait			
Location			

Waiting room			
How staff talked and listened to you			

Please tell us any other comments you have about mental health services.

<u>Thank you very much for completing our survey.</u>

How do you define yourself?

Please tell us a bit about yourself, so we can check we are reaching a good range of young people. If you don't want to answer any of the sections, just leave it blank

Age	14-15	16-17	18-20	21-25
Gender				
Do you have a disability?	Yes	No		
Ethnicity				
Sexuality	Straight/ Heterosexual	Gay	Lesbian	Bisexual
Religion if any				
The first part of your postcode (e.g. N9)				

Free Prize Draw!

For the chance to win 1 of 3 Amazon vouchers worth £25, please give your email address
We will email you by 1 October 2015 if you have won!

Email address:

If you are concerned about mental health for yourself or a friend you can get help from the following places:

Your GP/doctor. They can refer you for further help, such as counselling or therapy.

Enfield IAPT service. This provides counselling and therapy services.

> **Tel:** 0208 342 3012. **Email:** lets-talk-enfield@nhs.net Web: www.lets-talk.co.

ChildLine is the UK's free helpline for children and young people. It provides confidential telephone counselling service for any child with a problem. It comforts, advises and protects,

- Freephone **0800 1111** (24 hours)
- www.childline.org.uk | online chat | message boards

Get Connected provides free, confidential telephone and email helpline finding young people the best help whatever the problem. Provides free connections to local or national services, and can text information to callers' mobile phones.

- Freephone **0808 808 4994** (7 days a week 1pm-11pm)
- www.getconnected.org.uk

Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do.

- Tel: **08457 90 90 90** (24 hrs 7 days a week)
- www.samaritans.org

Young Minds has lots of information about mental health and has details of other organisations that you can contact, including those in your area .
> http://www.youngminds.org.uk/

www.mycamhschoices.org provides information and videos by young people about what to expect from CAMHS services generally.

Healthwatch Enfield