

“There are a few gaps because sometimes people don’t know where to go to or who to talk to and what places offer help for their individual need.” 18 year old M19

Tell Us

An insight into Adolescent Mental Health and Wellbeing Services in Manchester.

Young people aged 11-25years from across the City of Manchester are given the opportunity to Tell Us about their expectations and experiences in relation to mental health and wellbeing services. This report captures the reality of the barriers that young people face growing up in the City and sets out clear ideas and insights to inform local, regional and national future practice and policy.

Introduction

We have been working to improve Child and Adolescent Mental Health Services (CAMHS) in Manchester for many years. Over the last year it has come into stark focus locally, regionally and nationally that we need to consider ways to make it easier for children, young people and parents and carers to access these vital services and improve the ways in which we commission and organise them. As Simon Stevens CEO of NHS England states in the foreword to the Future in Mind Report published in April 2015, “Need is rising and investment and services haven’t kept up”

If we are genuinely committed to addressing these issues, we need to listen to the experts- the young people themselves; we must endeavour to understand their expectations and experiences and build our practice and policy around them.

That is why Manchester City Council and the three Manchester Clinical Commissioning Groups commissioned this report; to create a vehicle for young people to influence policy, practice and commissioning.

Key issues identified within this report include

- that while peer support is a critical factor in early support, it is family, parents and carers that represent the most consistent point of trusted support for young people*
- that as issues escalate for young people they seek more professionalised trusted support, especially GPs and YIACS*
- that more early support and education in schools and colleges would be welcomed but that young people also want to access appointments at evenings and weekends and in bespoke venues and GP surgeries*
- that CAMHS need to ensure that young people feel listened to and involved in their care*
- that young people do not want an arbitrary cut off from CAMHS based on a specific age, but want continued personalised appropriate care.*
- That young people recognise the need for a balance of approaches and interventions to meet their different needs.*

This report aims to capture the voice of young people throughout and the recommendations are based on their expressed expectations and suggestions. However, there is still much to do to ensure that young people continue to shape and influence provision and that they genuinely feel that their needs are central to the care that they receive. Tell Us is just the start...

Methodology

A paper-based questionnaire was designed in partnership between 42ND Street, Manchester City Council and Manchester Central, North and South Clinical Commissioning Groups to capture the views of young people in relation to mental health and wellbeing services and support in Manchester.

The questionnaire was completed by young people from across Manchester at

- YASP
- UpRising
- Youthforia and
- Piece of Mind- Young People's Mental Health Day
- 42^d Street

The varied venues and events enabled us to engage with and capture the views of a diversity of young people; some may have accessed mental health and wellbeing support previously, some may have been accessing it at the time of the consultation, some may have never tried or needed to access support and others may have known of others experiences.

Young people were invited to complete the questionnaires on their own, but support was offered from workers, for example mental health practitioners, youth workers or advocacy workers. All answers were treated as confidential.

The Questionnaire was split into three sections:

SECTION ONE was designed to capture attitudes and behaviours in relation to low level stress and low mood and included a specific focus on support within school/college settings and specific questions around school health nurses.

SECTION TWO was only completed by young people who had experienced statutory Child and Adolescent Mental Health Services (CAMHS) in Manchester.

SECTION THREE was designed to capture attitudes and behaviours in relation to more serious, escalating mental health issues.

A total of 107 questionnaires were completed; 27 young people completed the CAMHS section, 20 were completed at YASP, 15 by UpRising, 9 at Youthforia, 35 at the Piece of Mind Mental Health Day and 28 by 42nd Street.

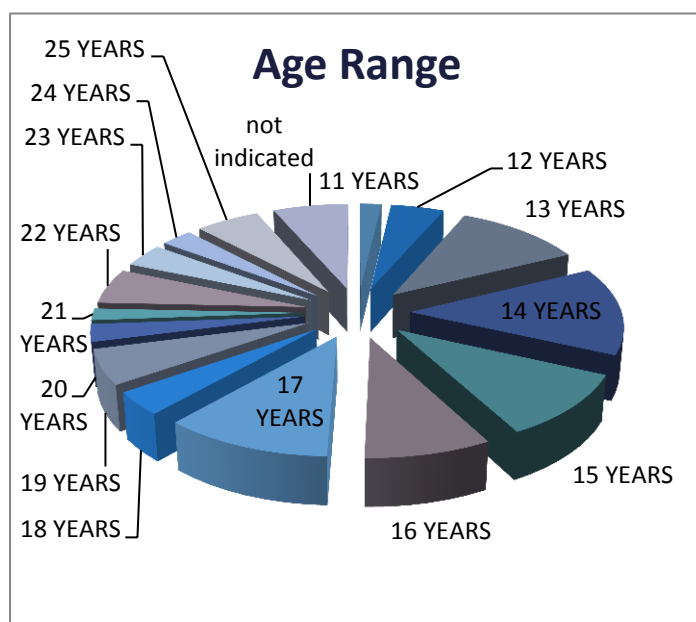
The results were compiled and analysed by 42nd Street in consultation with Manchester City Council and Manchester CCG.

Demographics

A wide age range was included in the consultation in order that we could capture inclusive and diverse experiences and insights. Involving 16-19 year olds was critical as this is a particularly vulnerable time for young people as they reach important social, developmental and psychological milestones and may also experience a transition in support from children's services and full time education to adult services and a more independent lifestyle. The 19-25 years old age range was also deemed as particularly important to include in this study for two key reasons. Firstly, their reflective experiences and outcomes are a useful commentary on how current policy and practice can be shaped. Secondly, in the recent paper produced by NHS England and the Department of Health "Future in Mind" there is a call to end the "arbitrary cut-off dates" for young people transitioning from CAMHS to AMHS based on a particular age and there is growing movement to include young people in CAMHS up to the age of 25 years where this offers them the best and most appropriate care and support.

This study does not include work with young people of primary school age or early years and does not include feedback from parents or carers.

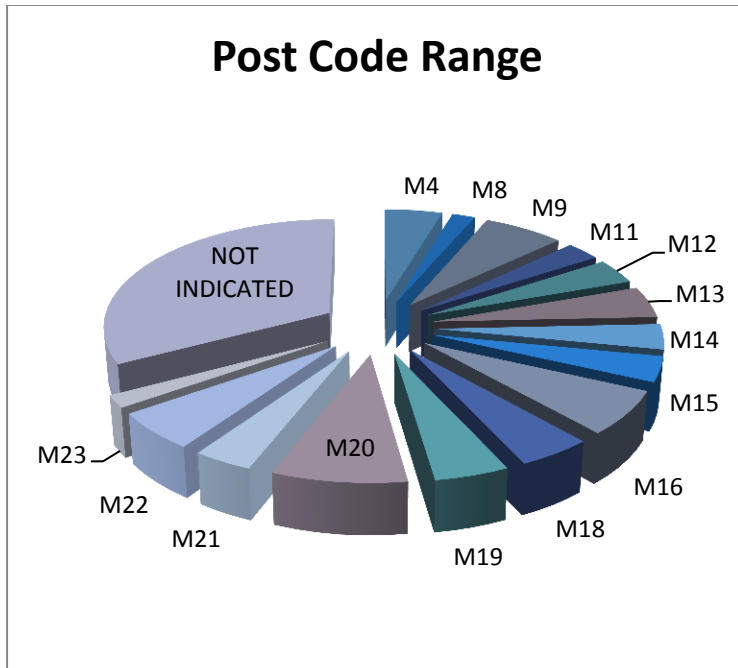
The breakdown was as follows:



“There should be easier access for under 16 year olds to talking therapies” (25yrs no postcode)

- ✓ 65% of young people were 18 years or under
- ✓ 50% of young people were 16 years and under
- ✓ 23% of young people were aged 16-19
- ✓ 28% of young people were 19 years and over
- ✓ 7% did not identify their age

Participants were requested to include their postcodes in order to verify that they were Manchester residents and to capture the geographical spread of the young people responding. Unfortunately, many young people did not indicate their post-code but of those that did the spread across the three Manchester CCGs was evenly spread.



21% of young people came from North Manchester CCG

24% of young people came from South Manchester CCG

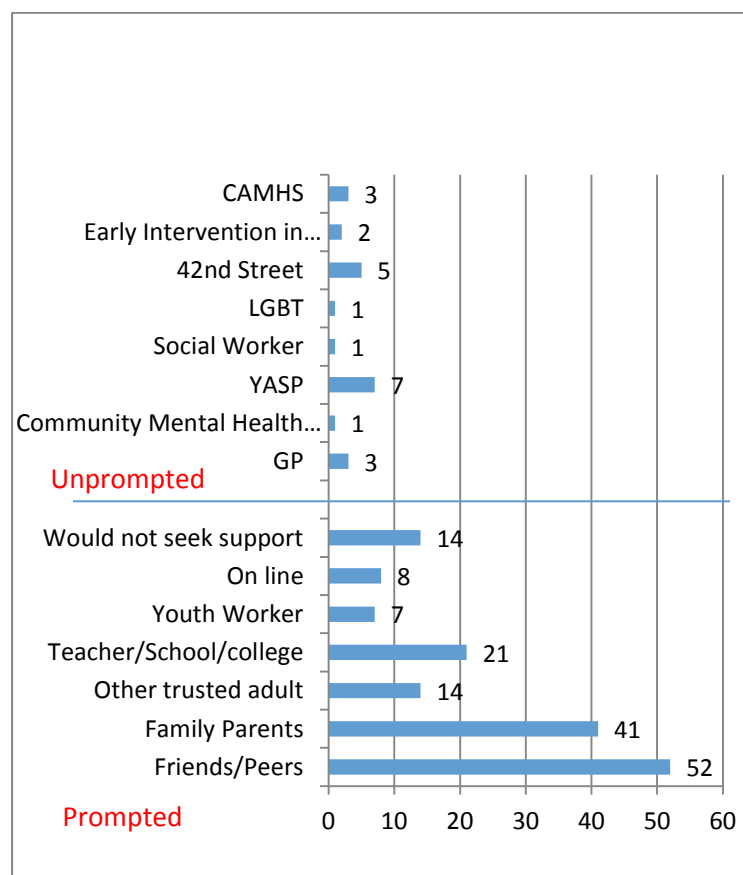
22% of young people came from Central Manchester CCG

33% of young people did not indicate their postcode

Seeking Support

Low Level Support

Participants were asked to indicate where they would be most likely to go for support if they were feeling a bit anxious or low. There were 7 prompts and a space for other/free text, unprompted responses. Respondents could choose any number of responses that were relevant to them. The language used was deliberately non-technical and based on support rather than potentially loaded or confusing diagnostic/medical terminology. The results are shown below.



“They don’t have training for young people to teach other young people about mental health” (14yrs M16)

It is clear that young people’s friends and peers are very important to them when they need low level support and also that parents and family are very important to them at this time. These responses make a clear case for ensuring that friends and family are equipped and trained to deal with these calls for support from young people; offering the wrong kind of advice at this stage could lead to escalation of issues. Conversely, if the right information is available to these networks then young people are more likely to receive trusted, informed support when they need it and from people that they trust.

The low response in terms of seeking support from youth workers could be a reflection of a reduction in this provision in Manchester.

There is a relatively high proportion that would not seek support at all at this stage and it is not clear from this study why this might be; it could be because the issues are not deemed important enough, because of the stigma surrounding mental health or it could be that young people do not know where to go for support. In terms of tackling mental health as part of the early intervention/Early Help agenda, this is worth exploring in more detail.

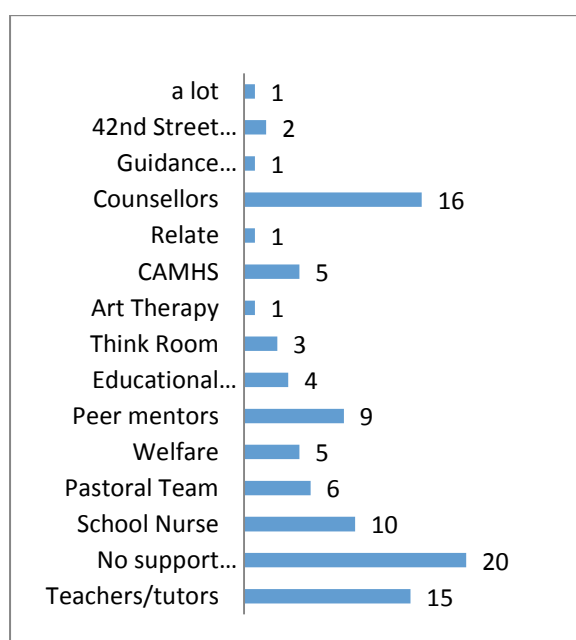
It is worthy of note that GPs were not mentioned as a prompt in this section and this could be why the response is quite low. It is also worthy of note that some of the other organisations mentioned in the unprompted sections could have been as a result of the locations where respondents were being asked to complete the questionnaires.

Schools and Colleges

The questionnaire contained a specific section around schools and colleges. Participants were asked what support was/is available in their schools/colleges for people feeling a bit low or anxious.

All young people were asked this question regardless of their educational status. There were no prompts for this question and not all young people responded, but there were a total of 99 free text responses.

35 questionnaires were completed at the Piece of Mind Conference, attended by young people discussing mental health from across a good representation of schools city-wide



“People aren't taught it, so they are suffering and don't know why” (17 yrs. no postcode)

The highest response indicated that young people either did not know what support was available or felt there was no support available at their school/college. This may indicate that the respondents have not sought help and so do not know what is available or feel that the support is lacking. Although the frequency of this response (20) appears to be quite negative, the remaining 79 were much more informed.

Young people clearly feel able to access counsellors in schools; the combined counsellor response (42nd Street, Guidance, Counsellors and Relate) would be 20, equal to those that did not know or felt no support was available.


Teachers and tutors featured significantly in young people's responses; throughout these responses it was clear that some young people had found a specific trusted teacher or tutor that they had gone to for support and had received good support from them. The school nurse and peer mentors also represent significant responses.

It is important to note that we did not seek any qualitative feedback from this questionnaire which means we have an impression of perceived access as opposed to actual access or quality of support in schools and college.


School Health Nurses

A set of questions was included to ascertain the access to and quality of the School Health Nurse service in schools across Manchester. Participants were first asked if they had ever accessed a School Health Nurse for support and they were then asked to rate the support on a scale of 1 to 10 where 1 is unsatisfactory and 10 is excellent.

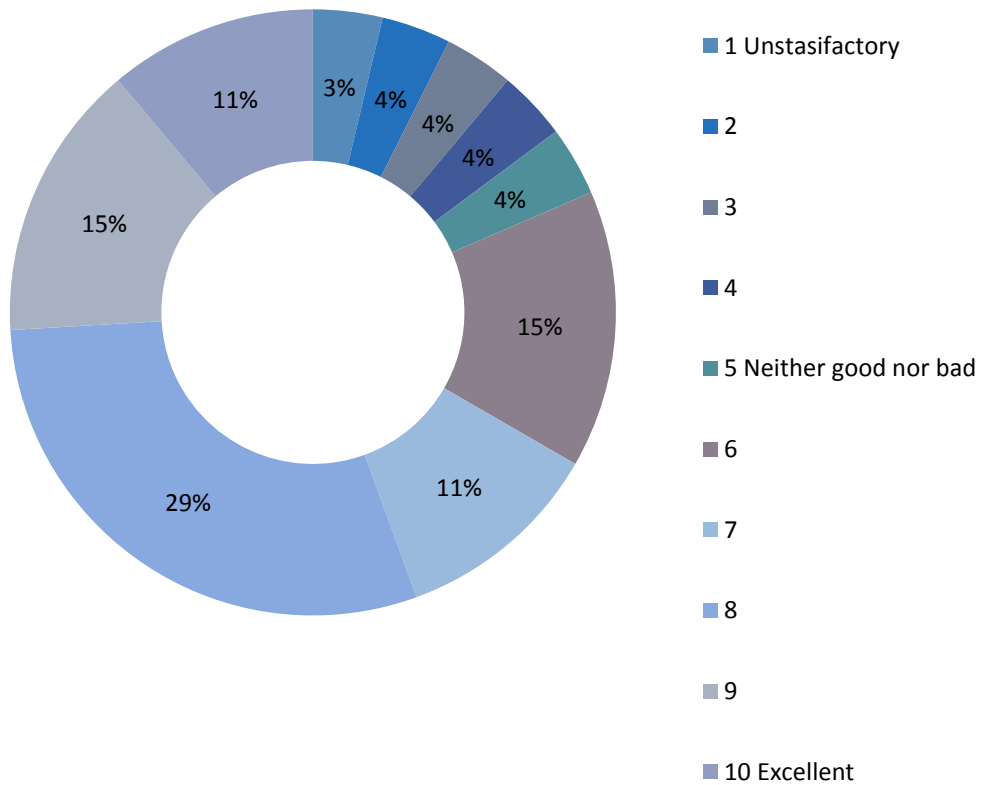
62% of respondents indicated that they had never accessed a School Health Nurse and 9% did not answer this question. Of the 29% that did access the service the further satisfaction rate question was asked; the results are shown below:



*“I think that in larger schools support is there but it is left in the hands of a few support staff- leaving a lot of children to fall through cracks and not to seek help”
(15 yrs. no postcode)*



Rating of the School Health nurse provision



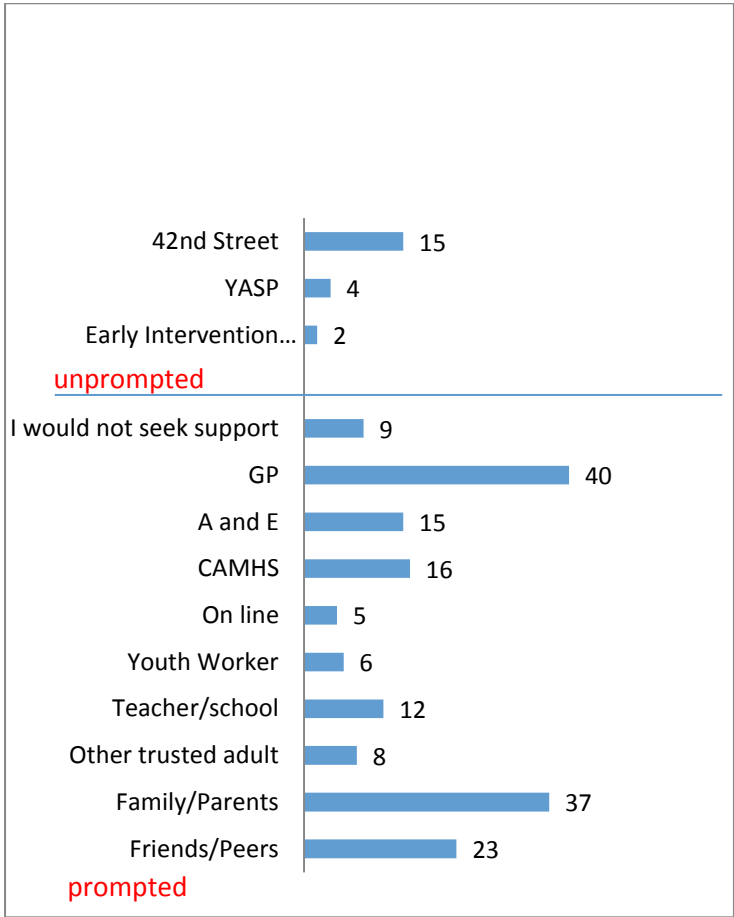
The responses to this were positive with only 19% saying the service rated 5 or below and 71% rating it 6 or above. 55% rated the service 8 or above.

It is not clear why young people have not assessed the School Health Nurse service – perhaps it has not been necessary, perhaps the team is spread very thinly, perhaps young people are not aware of the service, but it is clear that when young people do access this service it is rated well.

As issues become more serious

Participants were asked to indicate where they would go for support if their mental health issues became more serious. There were 10 prompts and space for other/free text, unprompted responses.

The results are shown below.



“There should be more support at college, there should be more support at the doctors” (20 yrs. M18)

At this stage GPs become a much stronger feature of the support that young people would seek, with 21% of the responses indicating this as a preference. The jump from 3 responses in the early support section to 40 in the more serious section is likely to be partly due to including GPs as a prompted response, but still the numbers are significant.

Parents and family remain a very high source of support as issues escalate, dropping only very slightly from the early support question, again suggesting that this is a critical part of a young person’s support network.

It is interesting that friends and peers do not feature so highly as issues become more serious -dropping by over 50%. This is perhaps a reflection of the fact that young people recognise that they need more experienced, perhaps professional support at this stage, but could also reflect increased stigma or isolation as issues escalate.

Schools also drop off by 43% at this stage. This is a very interesting result and perhaps indicates that young people feel schools are not the most relevant place to get a higher level of support, either because it is not available, because of the stigma attached or because they feel the need to access more specialised support at this time.

The number that would not seek help at all does drop as the issues escalate, but it is still high and considering the increased need for help, again this would be worth exploring further.

The CAMHS response is as high as A and E, perhaps demonstrating how different young people interpreted the question or an interesting insight into where young people feel they might get immediate support.

The unprompted response for voluntary sector providers (YASP and 42ND Street) represents a large proportion of the responses- again perhaps skewed by where the consultation took place, but worthy of note.

New Technology

Young people were asked in what ways they felt technology could be better used to support young people with their emotional health and wellbeing.

Many young people did not answer this question with only a 38% response rate, however suggestions included:

- Having a frequently asked questions section on a young person friendly website.
- Better promotion of quality websites.
- Development of Apps specifically to help young people to deal with anxiety.
- More live chat opportunities and on line self- help groups.
- Development of games that help young people to deal with low level mental health issues.
- A text service for direct access to mental health professionals.
- More opportunities to discuss issues anonymously.


“There needs to be more non-judgemental information on different services and on social media, maybe a phone app that explains the mental health-normalisation and accessibility”

(23 yrs. M15)

Skills and Traits


Young people were asked what skills and traits they thought professionals need to be able to support young people with their emotional health and wellbeing. This was an open question and the responses were varied, but there were clear themes and many young people used the same words to describe the skills and traits that they felt were needed.

By far the most important trait was that of **listening**, with 21 young people stating that this was important to them. Many young people mentioned traits like being **understanding, sympathetic, empathetic, kind, caring and reassuring**.



“Less judgement by those that work in hospitals” (25yrs M14)

Being **non-judgemental** was also considered to be important as was **confidentiality, not being patronising** and **asking young people for their views**.



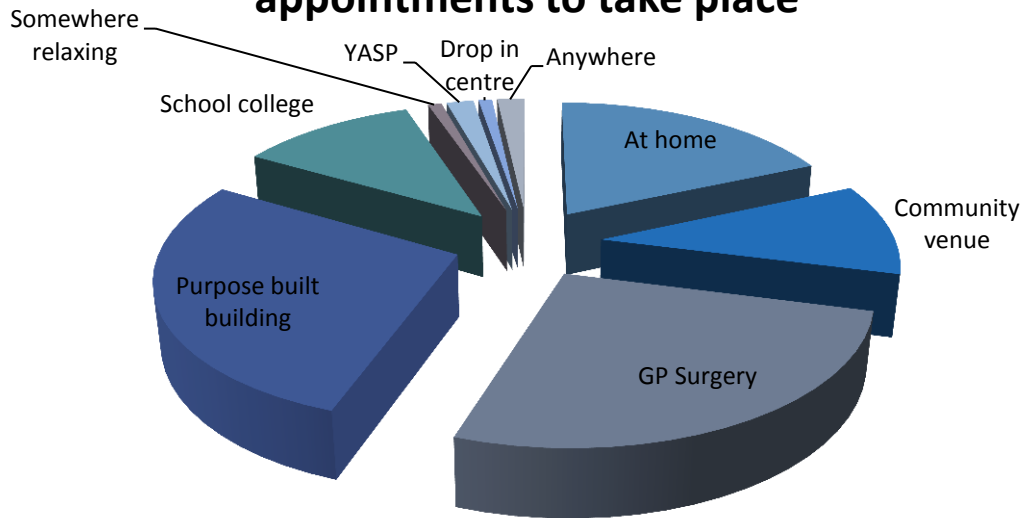
Young people also talked about needing a **welcoming and friendly atmosphere**.

Where and When

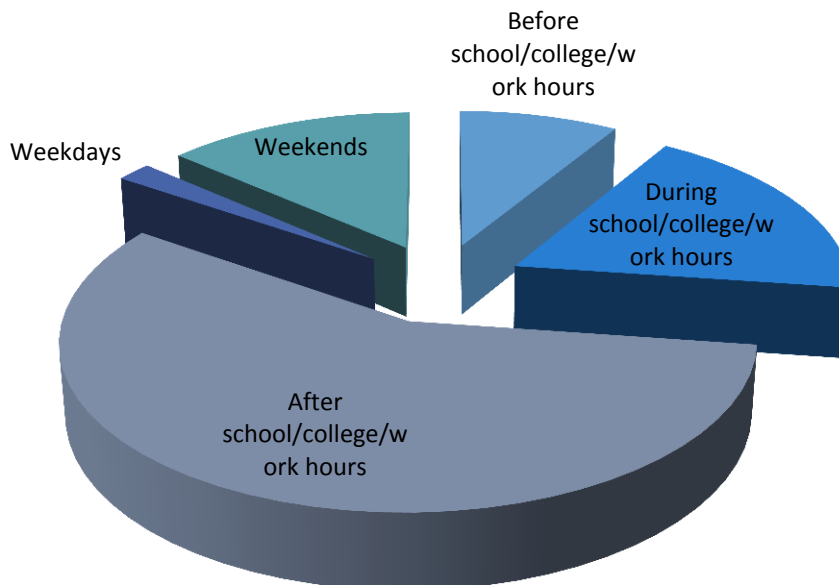
Young people were asked to indicate at what time of the day and where they would like their appointments to take place. These were prompted responses with space for free/ text, unprompted responses.

The results are shown below.


Where young people would like appointments to take place



When young people would like appointments to take place




28% of young people indicated that they would like to attend appointments in a purpose built building and 26% that they would like to attend appointments at a GP surgery.



“Some more times, weekends and late evenings” (13yrs no Post Code)

18% indicated that they would like their appointments to take place at home.

Only 11% indicating that they would like would like them to take place in a school /college or community venue with 57% indicating that they would like their appointments to take place outside of school/college and work hours.



Only 18% of young people indicated that they would like appointments during the school/college work day and only 9% indicating that they would prefer appointments before school/college/work.

These responses are perhaps saying something about young people preferring a private and designated space to discuss mental health issues, especially if they feel these issues are sensitive and stigmatising.

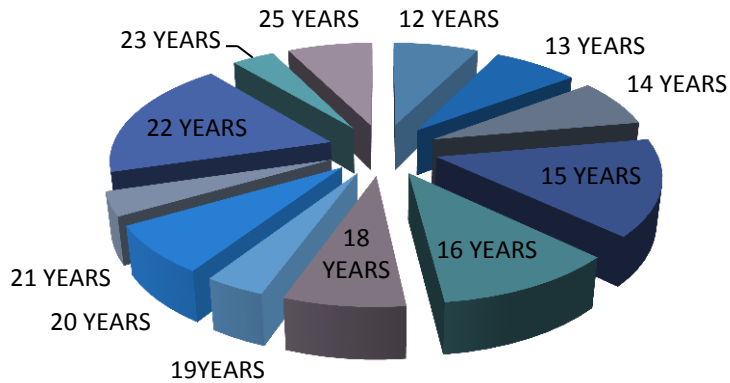
These responses overwhelmingly suggest that young people do not want either the stigma or inconvenience of attending appointments during their school, college and work day.

Statutory Child and Adolescent Mental Health Services (CAMHS)

One section of the questionnaire was to be completed only by respondents that had experienced statutory CAMHS. Of the 107 that responded to the questionnaire in total, 27 young people completed this section.

The age ranges were as follows

Age range for young people that have experienced statutory CAMHS



55% of young people were 18 years and under

18% of young people were 16-19 years

45% of young people were 19 years and over

This wide age range enables insight into the different experiences of young people of statutory CAMHS at different stages in their lives and developments

Comments around accessing CAMHS included:

Young people feeling that they have no control over the process.

Finding it difficult as communications were with young people's parents and not them.

Young people being very nervous about the initial meetings but as the relationship developed feeling things got better.

Feeling the referral process via school was very easy.

Leaving lessons to access CAMHS is embarrassing.

Feeling the service stopped abruptly and more time would have been useful.

Two thirds of the young people that completed the questionnaire stated that they had attended all of their CAMHS appointments. For those who did not attend all of their appointments, they reported:

They were low and stayed in bed instead

They felt better and didn't feel the need to go to the appointment

It was not easy to get to

"People feel they need to be desperate to go to CAMHS" (17yrs M18)

When asked what went well responses included:

Helping my family to cope.

It helped to get a diagnosis quickly.

I was referred to YASP from CAMHS and have had good support from them since.

I was made to feel comfortable.

It was good seeing the same therapist each time.

Confidentiality, trust and approachability.

The advice worked well.

Feeling listened to was really important.

Getting feedback about my progress really helped.

Breaking down the topic.

Having my dad with me.

When asked what could have been better, responses included:

Being referred earlier, the first time I didn't fit the criteria.

Seeing the Emerge worker more often.

Longer term therapies and a choice of therapists.

The service was only available at certain times that often didn't work for me.

Having your thoughts and what you're saying explained to you by the counsellor instead of expecting you to explain yourself.

Helping me to learn some coping strategies.

Being able to come in on my own.

Access to therapies that don't need a psychiatrist.

Triage to prioritise an appropriate service.

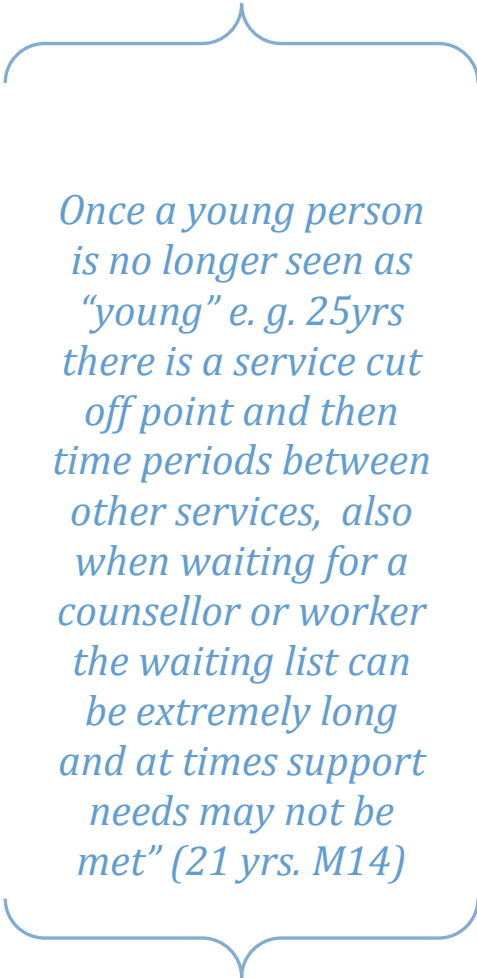
Shorter waiting times.

Less waiting time.

Easier access for under 16's.

Recommendations

1. Invest in school-based whole class education around mental health awareness and peer support throughout a child and young person's education relevant to their developmental stages.
2. Continue to/increase investment into early support and signposting to prevent escalation
3. Invest in more quality assured counselling services in schools and colleges and promote and scale of the School Health Nurse Team
4. Ensure that young people have bespoke, private and non-stigmatising venues to attend appointments and reconfigure services so that they fit with the needs of young people i.e. in evenings and at weekends
5. Recognise young people's different needs and engagement styles by offering a choice of person centred approaches to one to one work and group work, not relying entirely on clinical, standardised approaches.
6. Extending CAMHS to 25 years old with a clear emphasis on the specific needs of young adults as they become independent and move across service frameworks.
7. Invest in more specialist services that address mental health issues for young people with learning disabilities
8. Invest in training and support for parents and communities to enable them to support their children and their peers; equip them with the



Once a young person is no longer seen as "young" e. g. 25yrs there is a service cut off point and then time periods between other services, also when waiting for a counsellor or worker the waiting list can be extremely long and at times support needs may not be met" (21 yrs. M14)

information needed for effective self-help, early help and seeking more specialist support.

9. Invest in a study that focuses on why young people do not seek support for mental health issues and explores specific trends in terms of gender, ethnicity etc. to better understand the impact that not seeking support has on later mental health and wellbeing and the subsequent need to access more acute services.
10. Continue to equip GPs with the skills to respond to and signpost young people with escalating mental health problems
11. Continue to invest in the voluntary and community sector as a critical integral part of young people's support and care pathways.
12. Ensure that young people accessing statutory CAMHS feel empowered to make decisions alongside their parents.