Mental Health and Young People in North Tyneside
Scrutiny Report

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1.0 Question of Investigation

“Why do young people say mental health is a big issue for children and young people in North Tyneside?”

2.0 Purpose of report

The purpose of this report is to present the findings of the Young Persons Health and Wellbeing Reference Group’s investigation to the adult Health and Wellbeing Board, following its investigation in mental health and children and young people in North Tyneside.

3.0 Background

Before we begin conducting research, we need to find out the basics behind our project.

3.1 The Young Persons Health and Wellbeing Reference Group

We are the award winning\(^1\) Young Persons Health and Wellbeing Reference Group who formed five years ago. We first got together to support young people saying that issues to do with their health (access to health services, sexual health, drug and alcohol services and mental health) were important to them, and we felt that the voice of young people needed to be represented on these issues.

\(^1\) The Young Persons Health and Wellbeing Board were awarded a POSBO in 2012 and a ‘The Inspiring Project Award’ in the Youth on Board Awards from the British Youth Council in 2014.
Our group has been involved in many projects over the years, including being actively involved in the ‘You’re Welcome’ quality criteria (Department of Health), aiming to improve acceptability, accessibility and quality of health services (community and acute) for young people to become more ‘young person friendly’ and meet the needs of young people. We are trained verifiers and have worked with a variety of services for children and young people. The members of the group when it was first set up devised and delivered training (alongside a Participation Officer and Health Improvement Officer) to staff in healthcare settings about Children’s Rights and Youth Voice. We have accredited services from Children’s Outpatients at North Tyneside General, to the Forensic Unit at the Royal Victoria Infirmary and the One to One Clinic in Shiremoor.

We have also created a DVD resource for health practitioners to go with the toolkit, which demonstrates (very creatively!) the importance of good youth participation and understanding of young person’s rights and responsibilities. More recently we have worked with the One to One clinic to produce a DVD for PSHE lessons in which we show the journey to the sexual health clinic and what happens inside, in an attempt to overcome any worries young people may have about accessing the service and answer some questions they may have about what happens there.

We work on issues raised by young people, and mental health has been one that has come up time and time again!
3.2 Why we are involved as members

Rebecca M:
“I am involved in the mental health project because I have had very little mental health education in school. I feel that to allow young people to understand about those with mental health issues, they have to understand what mental health is and how to keep our mind healthy. The lack of support and education really hit home to me when a girl I knew told me she tried to commit suicide. I didn’t know how to deal with it or what to do. This highlighted to me that young people need to be educated on how to recognise when someone is in need and how to support them without hurting yourself.”

Matthew:
“I joined this group because I feel that young people’s access to support and information about their own health is inadequate, and I wanted to have a part in trying to improve it. I’m involved with this project because I think that the lack of education for young people around mental health is not only wrong but also potentially harmful. I expect school to provide me with information on how to make the most of my life. School teaches us about other risks and problems such as alcohol and sexual health but neglects mental health, which can have just as big of an impact, arguably more, on our lives as these issues can. I’ve seen and know people who have suffered a lot because of their mental health, as well as see them being pushed aside by school or not offered the right support because of misinformed schools, as well as experiencing the feeling of nothing can change simply because they don’t realise that they have an issue or what can be done to help. All these problems could be avoided by basic awareness via education in schools. That is why the project is so important.”

Niamh:
“I am part of the current Mental Health project because I am passionate about mental health and believe that there is a lack of Mental Health education in all schools in NT, and from personal experience (of no mental health education at all, within school) know that it is needed in schools, so that it is made less of a ‘taboo’ subject to talk about. I believe that this is a good project and can work very effectively on teachers and students. It needs to be talked about! Because even though it is so common amongst young people, it is rarely talked about because, people fear that it may upset others or cause a disturbance. People need to know the basics of mental health/issues and were to go if they need help, if they do.”

Ashleigh:
“I think mental health education is important because I feel like it is never fully covered and I feel that there is always more to learn. I don’t feel like mental health is talked about enough in the right environments such as schools, youth clubs and on TV etc. We should talk about it more.”

3.3 UK Youth Parliament

The Chair of the group, Rebecca Moore, is also the UK Youth Parliament member for North Tyneside. One of the UKYP areas of priority is the improvement of mental health services;
campaigning for education on mental health issues in school, and challenging negative stereotypes.

The ‘Make Your Mark’ ballot 2014 led by UKYP resulted in 90,549 votes nationally for (Figure One):

“Mental health services should be improved with our help. We should all learn about common mental health issues at school and negative stereotypes should be challenged.”

This has been chosen as the UKYP priority campaign for England in 2015. The issue secured 167 votes against better work experience’s 117 during the annual sitting in 2014. A total of 285 Members of Youth Parliament aged 11-18 took part in the debates, the subjects for which were voted for by over 875,000 young people across the UK.

And actually, 34,743 young people voted for:

“Mental health services and education should be improved” in 2013, showing that this has been an issue addressed by UKYP for a while.

Figure One: The top five priorities selected by the ‘Make Your Mark’ ballot in 2014

This shows that young people nationally have been voting in favour of improving mental health services and education for a while now.

3.4 North Tyneside Youth Council

Members of the Youth Council (a fifty place board of young people from across the borough who meet bi-monthly addressing issues raised by young people) have also identified mental health as a priority for the council at their recent Extra Ordinary meeting.
The meeting was held in November 2014, and aimed to prioritise an issue for the Young Mayor and Youth Council to take forward. Three issues were discussed:

- Voting rights for under 16.
- Better provision of work experience.
- Mental health services and education to be improved.

The council voted at the end of the debate and 17 out of 32 young people voted for “Mental health services should be improved with our help. We should all learn about common mental health issues at school and negative stereotypes should be challenged.” as the issue to take forward into the new year and act upon (Figure Two).

Figure Two: News article on the Youth Council Extra Ordinary Meeting, November 2014

3.5 North Tyneside Young Mayor

Our Young Mayor has also pledged to help young people if they are being bullied and to help them feel safe. The issue of bullying is strongly linked to mental health, and the pledge aims to increase self esteem, combat emotional issues and reduce poor mental health

3.6 The issue and our rights

Consultation has shown us young people feel “teachers are too scared to talk about mental health”, “I never learnt any mental health in school” and “a girl in my school is bullied coz she cuts her arms” (Mental Health Audit led by the Young Persons Health and Wellbeing Reference Group, 2014 – discussed in section 10).

We know that there are articles within the United Nations Convention on the Rights of the Child (UNCRC, 1991 – Appendix One), which support our right to get information that is important to our wellbeing, and that adults should help us find and understand the information we need (article 17). Article 27 states that young people have a right to a
standard of living that is good enough to meet our physical and mental needs to promote our mental health and wellbeing. We also have the right to the best quality education (article 28) and that this education should help us live peacefully and respect others, as well as have adults support the development of our personalities to allow us to express ourselves and our talents to promote positive mental health. We also have the right to the best healthcare possible, and information to help us stay well (article 24), and be able to give our opinion, and for adults to listen and take it seriously (article 12).

When we have spoken at events with children and young people (for example, during Youth Council training days, at School Council meetings etc), mental health is often brought up as something that young people feel they need more awareness, understanding and education of.

As we know we have the right to accessible information regarding our health, and good quality education that enhances our wellbeing, we decided to look into the issues so that we could address the problem.

In preparation for this investigation, members of the group have undertaken training by YouthFocusNE called ‘My Mind Matters’ about mental health and young people, ‘Mind Full’ training by Mind Full to become mentors to young people experiencing mild mental health issues, training on social action by National Youth Agency (NYA) Social Action Journey Fund and Young Activist training by YoungMINDS in their ‘Vs’ campaign for better mental health awareness.

3.7 Nationally

We are also aware that nationally, it is an issue that is ever increasing for young people. YoungMINDS (2013) identified that one in ten children aged 5 to 16 years old have a diagnosable mental health disorder. That’s three children in every classroom! Certain groups of young people are more vulnerable, with 72% of children in care having emotional disorders, and 95% of imprisoned young offenders having a mental disorder (YoungMINDS, 2013). What’s even more concerning is that half of all adults with a mental health illness were diagnosed in childhood and not treated appropriately, so are still suffering in adulthood.

As well as all the local knowledge we have about how young people feel and what they want, there is also a lot of work happening nationally on the subject. A report by the Health Select Committee (November 2014) revealed that:

- Early Intervention Services are being cut or suffering with reduced funding. This means that the service that often helps young people before they get stuck in mental health services can’t offer what is used to.
- Demand for CAMHS is increasing, but many areas don’t have child and adolescent mental health as their priority.
- CAMHS have an increased waiting time to get into the service, meaning people can become more poorly before they get help.
- CAMHS have raised the threshold of referral, which means that you need to be more mentally unwell than you used to, to get a referral.
It also shows that families report extreme mental illness as they battle to access services, and that across the country there is a big variation in what the services offer.

The report also looked at education of mental health in schools in the UK, showing that:
- There are reports of teachers being less knowledgeable and even scared of talking about mental health issues.
- Children and young people need to know clear pathways to discuss poor mental health, report bullying and violence and be educated on how to have positive emotional wellbeing.

The report finally recommends that there should be a module taught to teachers in their initial training on mental health and that it be part of ongoing training when they start teaching. The report says the Department of Education should audit mental health education and support in schools and use examples of best practice.

There has also been information in the press about in-patient care; about young people being moved hundreds of miles away from their families (NHS England, July 2014) and about young people being on adult psychiatric wards (BBC, December 2014). As well as the story about the 16 year old girl with mental health problems who was sectioned under the Mental Health Act but held in police custody as there were no available NHS beds (The Independent, November 29, 2014).

4.0 Overall aim of scrutiny investigation

The aim of this investigation is to look at the perception of mental health from young people across the borough, their understanding of mental health education they receive, and how they feel we should improve mental health education/support/awareness for young people in the borough; as well as reference provision in school, resources and support from other agencies.

5.0 Terms of Reference

The following terms of reference were agreed in August 2014:

- To analyse the circumstances and outcomes related to the question of why young people feel that mental health education isn’t taught in schools, and that they don’t have sufficient support.

- To gain an understanding of the role and responsibility that North Tyneside Council has towards what can and cannot be done regarding education in North Tyneside.
• To conduct an audit of the range of support services available related to mental health and young people, and identify the gaps for improvement.

• To conduct consultation with young people about their views and feelings of mental health, the education and stereotyping.

• To examine good practice examples of mental health education and support for children and young people.

6.0 Methods of investigation

The reference group met formally on the 1st of July to discuss how they would approach investigating the question. We looked at various ways of collecting information about mental health provision and views from young people:

a) Questionnaire for young people to fill in about mental health education and young peoples views

b) Meeting with other groups of young people who are involved in mental health services

c) Detailed information presented both written and verbally from North Tynside Council Officers in Health and Wellbeing and School Improvement

d) Detailed information presented both written and verbally from other agencies/charities in North Tyneside offering services around mental health

6.1 Our training

We decided to take on board as many opportunities to increase our knowledge of mental health as possible and to make sure that our knowledge came from sources who were credible.

Youth Focus NE kick-started our training, delivering ‘My Mind Matters’ in April 2014 all about mental health through a training course developed and delivered by young people. The training covers the topics of depression, anxiety, eating disorders, psychosis, suicide and self-harm through a range of group activities and quizzes, from drawing a ‘typical teenager’ to guessing various statistics around mental health. We learnt how to recognise the signs and symptoms of these common mental health problems, how to signpost other young people on to appropriate services and support them with self-help strategies.

(Website: http://youthfocusne.org.uk/my-mind-matters)
In July 2014, we attended training by the National Youth Agency, sponsored by O2 Think Big around social action, communities and making change. The training came with the opportunity to bid for funding to implement change on issues the we (and other groups) brought up, and is actually what supported us to conduct this scrutiny report and begin to look at resources which can improve education. This training was extended to other groups who are looking at communities and creating social action. (Website: http://www.o2thinkbig.co.uk)

In August 2014, we asked the BB Group (BeatBullying) come to North Tyneside to deliver their Mind Full Mentoring training. This training accredited us with the title of ‘Mind Full Mentor’ and gave us log-in details to the forums where young people experiencing poor mental health can go to and talk about their issues with other young people their age – us! The training showed us more information about the range of issues that may arise, taught us how to be good mentors, about safeguarding and about referral to the counsellors and therapists who oversee the site. The members log on once a week and mentor young people. (Website: https://www.mindfull.org)
In October 2014, the BeatBullying Group announced they had to close their websites, and that they intended to call in administrators after facing financial pressures. The future of the charity is known at the time of publication.

In September, five members travelled to York to learn about campaigning and about the YoungMINDS Vs. campaigns which look at:

- Sexual pressure
- Bullying
- School stress
- Unemployment
- Access to child and adolescent mental health services (CAMHs)

The training worked with young people who have experienced poor mental health, and also some who want to support others close to them who have mental health problems. It looked at the issues experienced by these people, the support available, how young people can raise awareness of the needs associated with mental illness and how to raise positive mental health. Lots of new campaigning ideas were bandied around, and all of the young people there pledged to improve mental health for people in some way.

(Website: http://www.youngmindsvs.org.uk)

7.0 Findings

7.1 Initial discussion

The initial investigation began with members of the group being asked about where they felt work was needed. We looked at articles in the news over the years and found that there has always been a desire to raise awareness of mental health issues and make it less of a ‘taboo’ subject (Figures Three and Four), but that nothing really seems to have changed (Figure Five).
We spent time looking at different areas of mental health, then grouped some of our topics and questions into themes to see what they would need to look at and take into account.
We then created a mind map emphasising the topics we have come up with. We feel very passionately about this subject and the need to raise awareness of statistics, information and service knowledge to young people so this topic can become less taboo and more accepted in daily conversation.

We looked through ideas and attempted to group them into areas of issue (Figure Six: Mind map of areas of issue).

We found that our biggest issue was that we didn’t know the answer to most of the things we were picking up. So we didn’t know who to see and who was trained in mental health. And some of us weren’t even sure if we DID get taught mental health; never mind what we should get taught. There was a lot of confusion on the topic generally.

![Mind map of areas of issue]

We also didn’t know how to define mental health!

The Oxford Dictionary defines ‘mental health’ as:
“A person’s condition with regard to their psychological and emotional well-being”

To have mental health, you have to be absent of disorder and be emotionally stable, which makes us see that EVERYONE has mental health. So why aren’t more people talking about it?

The World Health Organisation (WHO) state that your mental health is dependent upon
• Realisation of your own abilities
• Ability to cope with normal life stresses
• Be able to contribute to your community and
• To be productive in your working life.

When we talked about these points, we all thought of times when we have felt out of control, lacking self esteem or motivation and feeling useless. So these must have been dips in our mental health.

8.0 Schools in North Tyneside

Part of the research we conducted to find out about mental health education needed to include what schools are required to provide, and what is in place in schools in North Tyneside, so we wrote to a Senior School Improvement Officer in North Tyneside (Appendix Two) to find out some answers about the requirements before asking questions to services and young people.

8.1 School Improvement: Joyce McCarty and Elaine Robson (Appendix Three)

Joyce McCarty (Health and Wellbeing School Improvement Officer) and Elaine Robson (Health and Wellbeing School Improvement Adviser) gave us some answers to questions we posed about mental health in school (Appendix Three).

We understand from this that PSHE isn’t statutory – schools don’t have to provide it. And because mental health (along with things like sexual health and citizenship) fall under ‘PSHE’, there is therefore nothing legally in place to make schools teach it. As a result of it not being statutory, there is no requirement to feed back in what is delivered. However, through ‘Healthy Schools’ programme, schools have to evidence how they support the development of their young people.

School Improvement give all schools packs about physical and emotional health to help them plan lessons and include what the Government say are ‘good practice’. Primary schools have some form of SEAL (Social and Emotional Aspects of Learning) Programme, and Marden High have a secondary version.

School Improvement give recommendations to have a PSHE lesson once a week, taught by staff who are well trained to deliver these types of lessons. They also suggest including people from outside of the school to support the lessons when planned well!

There doesn’t seem to be a requirement for staff to have training on mental health. But training is offered in some areas. For example, there is self harm training offered to schools –
but no requirement to take it up. And pastoral staff (who work a lot with young people in a social/emotional way) might have additional training, but also might not.

It was felt that more training in the initial training to become a teacher should be in place.

With regards to specific support to students who are experiencing poor mental health, this will vary greatly between schools and there is no consistency across the borough.

9.0 What the services and their young people say

We wrote to services in North Tyneside who work with children and young people who have mental health problems, or who deliver services/supply resources about mental health issues to ask them about their perspectives and the perspectives of their young people on mental health and children and young people (Appendix Four). We wanted to know about the current issues, how they support and also how they think it could be improved. These were the questions we asked:

1. What do you find are the biggest problems for young people regarding mental health?
2. Do you work with young people who experience poor mental health?
3. What do you provide to support young people with poor mental health?
4. Do you have resources you have made specific to mental health?
5. Do you have resources you know others use from elsewhere specific to mental health?
6. Do you promote services which provide to young people with mental health issues?
7. How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
8. Are there any things you would like to tell us about your experience of working with young people regarding mental health?
9. How do you think we can improve mental health for young people?

9.1 North Tyneside Child and Adolescent Mental Health Service

The following services have been involved in the audit. Full responses can be found in the appendices. Some of the answers were really big, so we decided to group findings together, but wanted to keep the full response in the report for reference.

CAMHS – Rhian Davies (Appendix Five)

As North Tyneside Child and Adolescent Mental Health Service (CAMHS) is a service specific to children and adolescent mental health, we have kept a more thorough summary within this report as it will help ‘set the scene’ for what is provided by health services. CAMHS is a specialist community outpatient department who aim to help children, young people and their families who are having moderate and severe emotional, behavioural, developmental,
psychological or relationship difficulties. We see children and young people up to the age of 18 who are referred by a range of health and social care professionals.

There are three different teams, the Primary Mental Health Service and two specialist CAMHS team and within those teams there are lots of different professionals (staff). They all have a different role and contribute in a different way through their specialist training. There are psychiatrists, nurses, therapists, social workers, Primary Mental Health Workers, psychologists and more. This means the teams provide lots of different treatments (art therapy, behavioural therapy etc) depending on their background.

The Primary Mental Health Service supports young people with moderate mental health difficulties to prevent a further escalation of difficulties. They:

- promote positive mental health for young people (e.g. delivering workshops, whole school days)
- provide training to health, education and social care staff on how to promote positive mental health, how to prevent children and young people developing problems, and about referrals for those experiencing difficulties.
- individual advice and support to all professionals working with children and young people.
- we also provide supervision to those professionals who provide direct support to children, young people, their families and carers.
- Delivering targeted group work in schools alongside school staff such as confidence building, improving self esteem, coping with exam stress.
- supporting other professionals to ensure their service is providing best available practice and helping to identify gaps.
- direct work with children, young people and their families, including assessments, brief interventions and signposting to appropriate support services.

Two specialist multidisciplinary teams provide more intensive support to young people with more complex and enduring mental health difficulties.

CAMHS also provides a specialist ADHD clinic and an Autism Spectrum Disorder assessment clinic.

What do you find are the biggest problems for young people regarding mental health?

- General concerns about access and referral.
- A worry about telling family and friends.
- Stigma and fear associated with mental health.
- Uncertainty about who to talk to at school/different roles in school.
- Concerns about who will know about it.
- Worries about being involved with CAMHS and how it will impact on future education and career opportunities.
- General issues affecting their mental health.
- Relationship difficulties with family and friends.
- Parental mental and physical health problems/parental substance misuse/domestic violence.
• Bullying (face to face/cyberbullying/exploitation).
• Transitions (moving from primary to high schools/localities).
• Life events (bereavement, divorce and separation).
• Worries and Stress (going to school, exam pressures).
• Poor self esteem and body image.
• Substance misuse.
• Learning and developmental problems.

Do you work with young people who experience poor mental health?
Children and young people are referred to CAMHS with a range of mental health difficulties. We have criteria for accepting referrals. These are:

**URGENT CASES** – Overdose/other self harm with intent to commit suicide, acute psychosis.

**PRIORITY CASES** – Deliberate self harm, psychotic symptoms, eating disorders, bipolar disorders, major depressive disorder, severe anxiety, and Obsessive Compulsive Disorder.

**ROUTINE CASES** – ADHD/Autistic Spectrum Disorders, tic disorder, anxiety, specific phobias, Post Traumatic Stress Disorders, low mood, Oppositional Defiant Disorder and complicated bereavement.

Do you have resources you have made specific to mental health?
• CAMHS individual interventions. These are approved interventions that are based on best practice and policy guidance suggested by the Department of Health/Children’s Schools and Families (NICE guidelines [www.nice.org.uk](http://www.nice.org.uk)).
• There is a training package and procedures around deliberate self harm [www.northtyneside.gov.uk/selfharm](http://www.northtyneside.gov.uk/selfharm).
• Training session plans on general mental health awareness, how schools can support pupils with anxiety, low mood, conduct problems, ADHD.
• Group work sessions on looking after your mental health, managing stress, low self esteem, body image.

Do you promote services which provide support to young people with mental health issues?
We signpost young people to a number of services in North Tyneside, such as:-
• Connexions Helping Hands Programme.
• The young carers service.
• N2L (Never Too Late).
• Someone Cares.
• PROPS North Tyneside.
• Acorns service.
• Public health school service.
• North Tyneside Front Door service.
• North Tyneside Parenting Programmes e.g. Parent factor programme.
• The Mentor Project.
How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?

- Referrals are made by health and social care professionals. We don’t accept direct referrals from young people.
- Information about our service is given to professionals through training etc.
- Copies of the CAMHS eligibility criteria and referral pathways have been sent to all health and social care services.
- Young people and their families are provided with an information leaflet on our service when they receive an initial assessment appointment.
- The CAMHS service is also advertised on the North Tyneside Local Authority and Northumbria Health care website.

Is there anything you would like to tell us about your experience of working with young people regarding their mental health?

“We are part of a national collaboration called CAMHS Outcomes Research Consortium (CORC), the aim of which is to make sure that children, young people and their families get the help they need. Amongst other outcome measures we ask young people and their families for feedback on their experience of using our CAMHS service.

To date, the majority of the feedback we have received has suggested that children, young people and their families had positive experiences of CAMHS. Children and young people felt that they were able to talk about how they felt with CAMHS professionals and felt listened to and respected. They also appreciated the help CAMHS provided in collaborating with other agencies such as schools. Families also felt listened to, respected and importantly not judged. Coming to CAMHS they were able to get advice from professionals and were helped to realise that they were not alone.

Where people did express problems with the service, these were often with regards to the practicalities of attending appointments or the clinic environment. We are always happy to work with young people and their families to establish a suitable time and location which everyone who needs to can attend. We also endeavour to make our clinic environment as welcoming as possible; however, we do appreciate that often our clinic spaces are not as child friendly as we would like.

Overall, those who have provided feedback were very happy with the service we provide within CAMHS and often felt it made a positive difference to their lives. Whilst we are proud of the positive feedback we have received, we are committed to continue developing as a service and will continue to seek feedback from children, young people and their families to ensure the service we provide reflects their needs and opinions.”

9.2 Other services involved in the audit

The following services have been involved in the audit. Full responses can be found in the appendices. Some of the answers were really big, so we decided to group findings together, but wanted to keep the full response in the report for reference.
YoungMINDS: Yvonne Collins (Appendix Six)

Yvonne Collins works for YoungMINDs. Together with YouthFocus:NE she manages the ChangeUrMind programme which is the Regional Youth Board for Mental Health. She works nationally with young services users regarding mental health. Both YoungMINDs and ChangeUrMind have websites with comprehensive information about mental health problems.

School Nursing: Veronica Hetherington and Elaine Davies (Appendix Seven)

Veronica Hetherington (Lead Public Health School Nurse) and Elaine Davies (Public Health School Nurse) provided some answers to us about mental health in schools and the role of the school nurse.

YMCA North Tyneside: Bruce Robertson (Appendix Eight)

Bruce Robertson supports the Young Health Champions through the YMCA in North Shields, North Tyneside.

N2L - Youth Persons Substance Misuse: Les Tate (Appendix Nine)
Les Tate is the Strategy and Commissioning Manager within the Young Peoples Substance Misuse Team – N2L. N2L Stands for Never Too Late.

**Longbenton Detached Youth Project: Kelly Coates (Appendix Ten)**

Kelly Coates works for Longbenton Detached Youth Project who work with disengaged young people aged 14 to 25 years old in the Longbenton area.

**De Paul UK: Jane Premtaj (Appendix Eleven)**

Jane Premtaj is the Accommodation Assessment Manager for De Paul UK, a national service working with homeless, vulnerable and disadvantaged young people. They work to support young people experiencing homelessness, help them find somewhere to call home, help to prevent homelessness by working with families and young offenders and also work with young people who are homeless, helping them progress and fulfil their potential.

**Trinity Youth (Northumberland): Debs Walker (Appendix Twelve)**

Trinity Youth Association is a Youth and Childcare Charity in Northumberland. They run a number of different groups, and are constantly adapting to meet the needs of children, young people, families and carers in Northumberland. They are also a Gender Identity Support Service for Young People. Debs Walker is the LGBT (Lesbian, Gay, Bisexual and Transgender) Project Worker for Trinity.

**North Tyneside Youth Service: Michael Cudlip (Appendix Thirteen)**
Michael Cudlip was a Youth Inclusion Officer for North Tyneside Council, and works with young people aged 11 years plus across the borough.

(Michael Cudlip left the service before the report was published).

**North Tyneside General Hospital: Daniel Notely (Appendix Fourteen)**

Northumbria Healthcare NHS

Daniel Notely is a Play Specialist at North Tyneside General Hospital who supports the CHAT group, for young people accessing acute services to have their voices heard.

**PROPS North Tyneside: Amy South (Appendix Fifteen)**

Amy South is the Young Persons Intervention Worker at PROPS (which stands for Positive Response to Overcoming Problems of Substance Misuse in the family).

**Barnardos The Base: Caroline Waitt and Justine Carmichael (Appendix Sixteen)**

Caroline Waitt and Justine Carmichael (Practitioners at Barnardo’s, The BASE) work at The BASE, which offers targeted youth support service. They told us that they do work with children and young people who are experiencing poor mental health.

**Phoenix Detached Youth Project and Connexions North Tyneside: Becky Rowe and Helen Heslop (Appendix Seventeen)**

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Helen Heslop (Connexions Personal Advisor) and Becky Rowe (Senior Detached Youth Worker) told us about the Helping Hands Project ran by Connexions North Tyneside and Phoenix Detached Youth Project.

VODA North Tyneside: Jo Wooley (Appendix Eighteen)

Jo Wooley (Youth Volunteer Adviser) works with VODA, who are a registered charity providing advice, training, information and support to volunteers, voluntary and community organisations working in North Tyneside.

9.3 The biggest problems for young people regarding mental health

This was probably the most important question we wanted to ask. We involved lots of different services, because we imagined that different people are with different organisation and therefore might have different issues. We did get quite a few responses back, and therefore have bullet pointed them below. But we also wanted to pick out the ones that came up frequently.

Most organisations told us that for young people with poor mental health, the biggest issue was actually accessing a service. This included going to a health service about mental health, time delays and receiving a referral.

Also, there was a general feeling of it being a taboo, and therefore young people not talking about it in school, in education, with their friends and being fearful of talking to professionals about it.

Another thing that came up from services was a feeling that the young people report not going to the GP because they don’t feel the GP will help, or that the GP will be judgemental. As we point out later in the report (section 10), one of the main services identified as being where you would go for help with your mental health is your GP, so we felt it was important to point out that although this is a service young people think should be accessed, there is also a feeling that the service isn’t accessible at the moment.

- Getting access to services.
- Waiting times for services.
- Consistency in referral – different depending upon GP.
- Young people have little faith in GP’s/lack of a relationship with GP.
- Confidence of young people is low regarding talking to people about mental health
- Chaotic lifestyles of young people – it’s hard being a young person without a mental health disorder, never mind with!
- Additional responsibilities making young people vulnerable (e.g. caring for someone, being homeless, being transgender).
• Pressures on young people (e.g. financial, family dynamics, violence at home).
• Fighting stigma of mental health problems in the general public.
• Increasing demand on school nurses re: mental health referral.
• Large range of mental health problems (anxiety, self esteem, self-harm, depression, bullying, relationship problems, anger, poor emotion regulation) means that people who are there to support young people need a lot of information and training to be equipped to help.
• High correlation between poor mental health and drug/alcohol use – people using alcohol/drugs to make the mental health problem go away, but also, young people experimenting with alcohol/drugs leading to poor mental health.
• Confidentiality. Young people don’t know what is confidential, what will be said and how they can be seen confidentially.
• Young people are scared parents will find out their diagnosis.
• Young people don’t always recognise the signs of poor mental health.
• Access to available support is formal, and informal would suit young people better. A more social, less medical model.
• Feels like you need to be at crisis point before you are taken seriously.

9.4 Resources available and in place around mental health for young people

Different services had different provision. This ranged from information on websites, through to one to one support for young people from mental health professionals based within the team. Below is a list of the provision from the services mentioned involved in the report.

We noticed that there wasn’t a lot of collaboration between most of the services we involved. Only a few mentioned other services who took part, which we thought was interesting because we identified them as services we believe work around mental health and young people, so we wondered how we can look at linking services together better.

• Transitions advocacy service.
• Young Leaders programme with young people with mental health/well-being concerns.
• School website.
• Assemblies in school.
• Some organisations have key workers in place as a listening service, or mental health workers on site.
• Some organisations offer a drop in service.
• School nurse texting service.
• Lesson plans around mental health.
• Referrals to agencies that can support (Tyneside Mind, for example).
• Training young people about mental health – My Mind Matters through Youth Focus North East.
• Mental health worker within drug and alcohol organisation from CAMHS onsite.
• Working with schools to deliver small group work about mental health.
• Information on council website.
- Website specific to substance use (with information on mental health).
- Staff trained in Mental Health First Aid.
- Offer a positive social environment for young people to have fun, make friends etc.
- Counselling.

**9.5 Mental health support and advice promotion**

It was fed back that there isn’t much advertisement around talking about issues and getting support on mental health. Young people don’t know much about organisations that can help with your mental health, and they don’t think it’s a topic that is promoted widely through health for young people.

Young people are aware of big services like Child Line, but not so much of the local support and other places besides GP’s they can go. As mentioned earlier, the promotion of GP’s in terms of young people in mental health is limited, and the services told us that young people don’t have faith that the GP’s will help them or even take them seriously.

Services that are aware of other support and have access to referral processes do actively engage in using them, but we would point out that this way needs good communication between services and organisations, as well as sharing best practice and contact details. Those services who do engage with lots of other provision see this as a great positive for their young people.

Some services felt that a peer support model, led by other young people is the best way to go. They felt that having young people lead in terms of support gives the young people needing the support a bit more confidence, a feeling of comfort and being able to relate to the people they are talking to.

**9.6 Other things to consider**

There were some other points made by services which we felt we should include. These were things that didn’t really fit into the other categories
- Early support for young people is crucial. Tackling the issue before it is a bigger issue.
- Substance use can be secondary and exacerbate the problems as used to make mental health issues feel less important. This should be recognised and not taken as a bigger issue than the original mental health problem.
- More money is need to be invested into training staff in frontline services (detached youth workers) as they are the staff who young people have strongest relationships with.
- There needs to be increased awareness of the spectrum of issues that staff can come across. E.g. transgender.
- Inclusion of policy on how to support young people related to their sexuality in school.
- Inclusion of training for staff working with young people on LGBT young people.
10.0 What young people say

We sent around a short questionnaire (Appendix Nineteen) to young people in youth groups and schools to see if we could audit what education was provided locally on mental health, and also which services young people knew about as support.

There were 126 young people who took part in the audit ranging across eleven of our twelve secondary schools, and two of our four middle schools. Eleven of the young people have left school. All of the young people were aged 11 to 20 years old.

10.1 Education that is provided in school

7% of the young people involved (N=9) said they felt they had had great information, support and education in school regarding mental health. 21% of the young people involved (N=27) said they have had a lesson or information shared briefly or as a one off. 72% said that they had not received any education on mental health in school (N=90).

The comments from young people showed that there was a general feeling of it being a ‘no go area’. Lots said they had no recollection of being taught it. They did identify things that had occurred that would mean some knowledge or awareness had been passed on through school outside of lessons.

Some of the examples of how mental health education was provided include:
- Health and Wellbeing Week where part of the day was about mental health
- ‘Jibber’ being brought in to work with students on the topic
- A school trip to a leisure centre focussed on mental health, emphasis on a lady sharing her personal experience of having a mental health problem
- Mention of mental health and illness in a science lesson
- Videos shown in Personal, Social Education/Citizenship lesson
- Training on mental health which included experience of someone who had spent time in a psychiatric ward for schizophrenia (outside of school)

10.2 Education and support outside of school

72% of the young people said they had not had any education or information shared within school. Some said they had received information in youth groups outside of school, and others said they had sought out information themselves. Lots of young people said the things they did know were from personal experience and not from education. Most expressed an irritation at the lack of education, and a want/need for some to be in place.
42% (N=53) said they wouldn’t know where to go if they felt they needed help with their mental health. Of those who said they would know, more than half identified GP as the place they would go for advice.

Other services identified were predominantly third sector, but we have noted that this is likely because they are involved in projects (as we asked services to pass on the questionnaire to their young people) with the services so know more about what they do.

Of the others, these were the people/services named to speak to if they were worried about the mental health of themselves or others:
- Doctors surgery
- School nurse
- Hospital
- Walk in clinic
- Childline
- CAMHS
- My Mind Matters website

Lots said that they weren’t sure about where to go for support, but as mentioned early, a few had seen posters of services related to mental health.

10.3 Young peoples views on education on mental health

Young people also gave reasons as to why they felt there was little education on mental health in school. We thought this was important to include as it shows the perceptions of young people in terms of mental health education.

“People don’t talk about it until it’s a problem – then it’s too late”
“A person called *** came and talk about their eating disorder and how they overcame it”
“I have seen a girl being laughed at because she self harms saying its stupid – it’s because people don’t know”

- Teachers don’t teach it because they are worried about people getting upset – it’s a “touchy subject”.
- Teachers don’t know enough about it themselves.
- Teachers are scared to talk about mental health – they are worried what people will say.
- “Teachers are stereotypical. They either think it isn’t mental health problems and is just because you’re a teenager, or presume you are on drugs (this is my experience)”
- More emphasis in schools is put on finance education, sexual health and higher education options.
- It’s just not seen as important.
- “The schools idea of mental illness is exam stress”
“I think my school think posters are enough, nobody talks about it”.

10.4 Educators of mental health

When asked who they thought would be better to teach them about mental health, and where/when/how they should be taught, responses included:
- Mental health professional.
- Someone with experience of having mental illness.
- Youth workers.
- School nurse.
- Older young people.
- Assemblies.
- In specific health lessons or Personal, Social Education.

A lot felt that teachers were the wrong adults to teach mental health education. There was a strong feeling of having people who have experienced mental health disorders to come and talk about their experiences, but also that mental health professionals should educate as they know the most. A large number of young people reported feeling that teachers don’t know enough so can be stereotypical when talking about mental health, and link it with ‘being a teenager’ (mood swings and hormones) or link it with drugs and alcohol.

Alongside this, however, it was noted that even though mental health professionals were preferred to teach the subject, that it was still felt teachers needed training to deal with mental health and young people.

10.5 What young people would like to see in mental health lessons

We also wanted to find out what young people would like in lessons. The list below isn’t every response from young people, but it covers most of the things that were said.

- Factual information about disorders.
- What mental health actually is, and how it happens.
- How you can identify if friends need help and what you can do to help them.
- Self help information about if you are feeling stressed/anxious and how you can help yourself.
- Show real people and celebrities that have mental health problems, make it real and make it something people can relate to.
- Keep it positive and not scary/negative.
- Where our local support is, where we can go for help.
- Memorable interactive lessons which aren’t boring.
- How mental health can affect behaviour, so people don’t react to the behaviour and instead understand the illness.
- A lot about stigma and prejudice. Increase awareness and understanding.
- Don’t call it ‘mental health’ – this adds to the stigma.
- About being a carer for someone with poor mental health and how it can affect you.
• People who have had mental health problems coming in and talking about them so we can see how they can get better.
• Involve it in all lessons and have teachers talk about it so it is normal.
• Make it part of the curriculum.
• Taught by professionals, not teachers.
• How to talk to people about mental health problems and not be worried about what they will say about you.
• Topics that are common without a diagnosis – grief, exam stress, relationship breakdown, dealing with parental divorce.
• Interactive; lots of visuals and debate.
• Situations to make you understand having a mental illness.
• At a young age to stop people getting bad opinions early on.
• Not too seriously, so it isn’t scary and people are happy to talk about it.
• Have something be taught every year, not just a one off.
• Something to challenge false beliefs.

10.6 A young persons experience

One of the young people who accessed the Helping Hands group through Phoenix Detached Youth Project and Connexions, also permitted us to include a case study of their experience of mental illness and service use. We felt this was really interesting and showed a true story of service involvement and the impact on a young person, so wanted to include it in the report...

“[I] am DM and I wanted to be able to tell my story. I first joined CAMHs (child adolescent mental health service) because of problems with making new friends at college, having a lot of anxiety problems and also had problems with my confidence. Once I joined CAMHs and had been along to a few sessions with a Consultant Psychologist she then suggested Helping Hands as I had learnt that because of my confidence issues I found it hard to make friends, which had impact on my college life. I then decided to agree to meet a Connexions worker to talk about it. A Connexions worker then visited me at home and talked about the group and the other young people who had joined.”

“We then discussed the problems I was having with college and home life as I was suffering from anxiety and didn’t really know how to cope. I decided I was going to go to the Helping Hands as I thought it would be good to meet other people with similar problems and it would get me out of the house once every fortnight. It then came to the Thursday, I was having doubts about going but I went along anyways and introduced ourselves and had tea and biscuits and talked about what we wanted to talk about in our sessions. We all decided confidence which made me realise that I wasn’t the only people who was dealing with problems there were others.”

“I continued to go along every fortnight on a Thursday and we then started making plans to go on trips and going out for a meal which was quite exciting to go as a group. I was really enjoying the
sessions as I started going myself and the group members started opening up about our problems. It was great to hear that other people felt the same as me. The group members were finding it hard to cope. Just hearing that I wasn't the only one that had the same problems made my confidence boost a bit. Once we started to go as a group I started to feel a bit better about myself like I could make friends and that people do like me.”

“In sessions we started to talk about coping methods and making each other tasks such as saying hello to someone at college/school that you don't usually. It was a task like this that made me start feeling better about myself as I felt I needed to do it to then go back a fortnight and say I did it.”

“After a while I started seeing everything change I had people to talk to at college I wasn't feeling so down about everything and I wasn't taking things to heart as much as I was. My college work was improving as I do art and design. I was finding it hard to put my emotions into my work because I didn't really want anyone else to see how I was feeling. I started feeling better about going to college rather than feeling like I didn't want to go for months and just coming home feeling down about spending hours at a place I didn't want to be.”

“In my second year of college everything had changed, I felt confident about my work, I had friends I was going to town and out with and people were asking me to do stuff after college and I felt like I had a life. My confidence had defiantly changed & I had a job and was getting amazing feedback from customers about my customer service. I was still attending Helping Hands and going out to events such as the UK Youth event at the Centre for Life.”

“We organised a trip to the Lake District camping in the summer, which I was scared about as I have never been camping and never thought I would do it because I never have had the confidence. The youth workers encouraged us all because a few us weren't sure, me being one of them. We then all agreed as a group to go. The youth workers then told us we were all going to attend a day at YMCA in Windermere and do different activities. By this point I was terrified as we had talked about the different activities that will available. We then decided to take part in the zip wire across Windermere, crate stacking and kayaking across Windermere.”

“I then packed up my stuff and went off with the whole group to the camp site, once we got there we put our tents up and then had a BBQ and went for a walk to the highest point on the campsite and watched the sunset on Windermere Lake. We also set the Chinese lanterns off there and watched them float off in the distance I was so relaxed and didn't have my phone going off and got away from everything and nothing mattered. We then walked back to the tents which was the scariest thing ever as I realised I had forgotten my torch it was pitch black and couldn't see anything including insects, which I didn't like at all. As we walked back I realised that everyone was scared not just me so we stuck together and supported each other on the way back.”
“That night I got close to another member of the group and we talked about the issues we have had in the past such as self harm. I have never spoken to anyone about it apart from the Psychologist. It was good to be able to talk to someone who was of my age group and she understood how I felt and how hard it was to admit you have that problem. From that moment on I realised that lots of other people have that problem that they don’t know who to speak to about it because it not something you just talk about, that’s what Helping Hands is about - we want to promote mental health so it’s not an issue that you keep bottled up.”

“As terrified as I was the next day we went to YMCA to carry out the activities we had booked first was the crate stacking which was a team exercise which made my confidence build a bit cause I did it without worry and it was really fun. The next activity was zip wire I was so terrified. Another team member was just as scared as me and we made a deal that if she did it I would do it. Then the women said for me to go first and I was shocked but I realised if I didn’t do it I probably would regret it. I then got harnessed in and ready to go. I then had to leap off the step and it was the best experience I have ever had & I will never forget it. I was so proud of myself for building up the confidence to do that because I was a bag of nerves before we left camp. The kayaking was amazing, we all did it together so it was a team exercise and kayaked to the other side of Windermere which was a challenge as it was tiring but there was ice cream at the other end so that was encouraging us all.”

“The camping trip taught me a lot about myself and that I can do things. The workers were great support as they sat up on the first night late to make sure we were alright because a lot of us were scared. They made sure everyone had a lovely dinner at the end of the day and showed there support for those who needed it on the trip. I’m so proud to look back on the trip and say I did those activities, especially the zip wire because I had the confidence in myself that I could do it.”

We really appreciated receiving this letter, and feel it gives the report a personal touch by involving a journey through mental health services and how real it is for a lot of young people. Thank you to ‘DM’ for sharing this with us.

11.0 Conclusion

It really shocked us that it isn’t compulsory to teach about mental health. We learn about biology, anatomy and illnesses in school, and yet this big area of illness is left out. Not knowing where to go for help, or been that what you are experiencing can be treated can leave young people in a really bad place, and feel useless – like it isn’t worth living. Whilst talking to services and young people, we heard a lot about good examples. For example, St Thomas More RC Academy has a group for students who have experienced loss called ‘Forget Me Not’. A lot of students who had accessed it said that it was really good for them to have that space to talk about losing their loved one.

As we mentioned before, we think schools are given a lot to help them with promoting good mental health, but there isn’t time specifically set aside. We aren’t sure how this can be
supported, as we have heard that staff are stretched, or don’t have time to be trained to deal with mental health problems. We also get told that there is already a lot in the curriculum and not a lot of room for adding things in. So we would appreciate some support as to how we can address this.

We found that a lot of the young people felt there were a negative stereotype of people with mental health problems. And that this impacted on how comfortable they felt talking about their issues and speaking up for others who have problems. They said that they don’t want to tell people that they are suffering and that people stigmatise people with mental health problems. Added to that, it seems that there are a lot of other things going on for young people who are having problems. A lot of responses included young people taking drugs or drinking, problems at home, risky relationships and stresses in school. This showed us that there are a lot of things going on for young people that can make mental health worse, but also made a good case for why we need to learn more about positive mental health at this age!

Similarly, some of the young people said that they feel that because they are young, they are not taken seriously. There was a feeling that because you are young, you can’t have poor mental health. And that it is just you ‘being a teenager’. If we understood more about mental health, we think we would be in a better position to help friends and also know when we needed help ourselves.

We think that the main gap in provision is the bit before you need to access services for a diagnosed disorder; when you need that initial help. We feel that there is little advertisement of services you can use if you are feeling low or anxious etc, as well as your friends not knowing how to react, which means that you don’t really know what to do at this point. So we think that a lot of young people keep it to themselves and don’t tell anyone, which will escalate their problems and maybe increase them needing to use services like CAMHS. From doing this audit, we have found that there are a lot of good services and a lot of examples of places you can go for help. But we didn’t know a lot of them even existed – and still wouldn’t know unless we had actively searched for them.

This means that promotion is something that young people brought up. Young people said they know about big services (like ChildLine), but the local ones that they can walk into in an emergency are less known. And they think that this lack of advertising is linked with the “hush hush” association with mental health.

Services report that young people aren’t keen on accessing GP services for mental health problems (some services actually support young people to attend for this reason), so there is also work to be done between GP’s a young people to improve GP’s understanding of the feelings of young people accessing a doctors surgery with issues around their mental health. As well as young people understanding the role of a GP and what will happen at an appointment. Linking with this were reports of not knowing about confidentiality with mental health, and wondering if it was the same as if you were going to a sexual health clinic or if doctors and teachers would tell your parent because they were worried about you.
There are lots of resources that we learnt about, and some of them are really good! We have listed them in this report, and think that sharing this with other young people will be helpful.

### 12.0 Recommendations

- A North Tyneside approach to mental health education - an education programme in place in both primary and secondary schools to ensure young people are educated about mental health, how to support their friends and where to go for help.
- Trained staff in schools. Trained in mental health disorders, mental health first aid.
- Champions in school to ensure that mental health is advertised discussed and stigma is reduced.
- Gather examples of good practice and learn from those (such as the Helping Hands programme and the St Thomas More RC ‘Forget Me Not’ group).
- Getting services in the NHS, Local Authority and Third Sector to work together well and share resources and training to improve understanding across the borough.
- Education linked to increased vulnerability, such as being a carer, sexuality, being in care.
- Build positive relationships between local GP’s and young people so the feeling of going there for help is increased.
- Increase activity in schools to promote positive mental health, and encourage young people to talk about mental health the same way as physical health. Things like Mindfulness sessions in schools all year round to help with exam and life stresses would be a great idea!
- Use young people! We can be better at talking to other young people than adults. Train young people to be mentors in schools to help other young people around mental health.
- A booklet from a young persons perspective about mental health for professionals and other young people about mental health issues.
- Sharing a directory of services and promoting this to young people.

### 13.0 Next steps

We are working on producing a mental health lesson that we would like to roll out in all secondary schools. We are trying to get a little more money to make it very interactive and look brilliant, and also want to work closely with professionals who work with young people who have mental health issues.

We will continue to campaign for better education of mental health! As well as better resources to keep our mental health positive. We would like to see more use of things like mindfulness and peer mentoring in schools and groups. And think that using these methods will help save the NHS money, too!

### 14.0 Resources

**YoungMINDS**

[www.youngminds.org.uk](http://www.youngminds.org.uk)
YoungMINDS work with children, young people and their parents/carers to encourage better mental health and wellbeing. They do a lot of research and campaigning for children and young people.

**Change UR Mind**
http://www.changeurmind.org.uk/
Mental Health Young Board North East – providing support, guidance and representation to young people 11 to 25 years old who have, or know someone who has, mental health problems.

**Mind**
www.mind.org.uk
Mind are a mental health charity offering support and information on mental health

**CAMEO (Come and Meet Each Other)**
www.cameonorthtyneside.org.uk
CAMEO is a peer led organisation who helps people experiencing mental health issues. They give support, advice and information and also offer sessions on things like relaxation.

**Time to Change**
www.time-to-change.org.uk
Programme challenging mental health and stigma.

**MoodJuice**
www.moodjuice.scot.nhs.uk
MoodJuice is a website with lots of self help resources to help you address problems emotionally and to do with your wellbeing, and work towards solving them.

**NHS Choices**
www.nhs.uk
NHS website with information on illnesses and disorders.

**MindEd**
www.minded.org.uk
For adults, but has lots of free resources and training/information on young people and mental health.

**Streetwise North**
www.streetwisенorth.org.uk
Free, friendly advice to young people 13 to 25 years old in the North. Confidential advice and counselling.

**ChildLine**
www.childline.org.uk
Website with contact details to speak to a counsellor about problems you are facing. Get help and advice on issues.
Life SIGNS
www.lifesigns.org.uk
Self injury Guidance and Network Support. Providing information and support to people who self injure.

Cameo
www.cameo.nhs.uk
Cambridge and Peterborough NHS Trust have a website for early intervention service (for people aged 14 to 35) which is all about the first episode of psychosis.

Royal College of Psychiatrists
www.rcpsych.ac.uk
Has information on disorders and mental health problems.

The Site
www.selfharm.org.uk
Lots of resources on self harm

National Self Harm Network
www.nshn.co.uk
Support and guidance for people experiencing or helping someone who is self harming.

Rethink Mental Illness
www.rethink.org
Website about mental illness, lots of facts and resources.

Winston’s Wish
www.winstonswish.org.uk
For children who are bereaved (and their support network)

For more information please contact
Kat Telfer
Children’s Participation Officer
Kathryn.telfer@northtyneside.gov.uk
Appendix One

Article 1
Everyone under 18 has these rights.

Article 2
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4
The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

Article 5
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6
You have the right to be alive.

Article 7
You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8
You have the right to an identity – an official record of who you are. No one should take this away from you.

Article 9
You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10
If you live in a different country than your parents do, you have the right to be together in the same place.

Article 11
You have the right to be protected from kidnapping.

Article 12
You have the right to give your opinion, and for adults to listen and take it seriously.

Article 13
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15
You have the right to choose your own friends and join or set up groups, as long as it isn’t harmful to others.
Article 16
You have the right to privacy.

Article 17
You have the right to get information that is important to your well-being, from radio, newspapers, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18
You have the right to be raised by your parent(s) if possible.

Article 19
You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20
You have the right to special care and help if you cannot live with your parents.

Article 21
You have the right to care and protection if you are adopted or in foster care.

Article 22
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23
You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

Article 24
You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26
You have the right to help from the government if you are poor or in need.

Article 27
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can’t do many of the things other kids can do.

Article 28
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

Article 29
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30
You have the right to practice your own culture, language and religion – or any you choose. Minority and indigenous groups need special protection of this right.

Article 31
You have the right to play and rest.

Article 32
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.
Article 33
You have the right to protection from harmful drugs and from the drug trade.

Article 34
You have the right to be free from sexual abuse.

Article 35
No one is allowed to kidnap or sell you.

Article 36
You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37
No one is allowed to punish you in a cruel or harmful way.

Article 38
You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39
You have the right to help if you’ve been hurt, neglected or badly treated.

Article 40
You have the right to legal help and fair treatment in the justice system that respects your rights.

Article 41
If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42
You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

Articles 43 to 54
These articles explain how governments and international organizations like UNICEF will work to ensure that the rights of children are protected.
Appendix Two
Letter from young people to School Improvement

Young Persons Health and Wellbeing Group
c/o Kat Telfer, Children’s Participation Officer

2nd July 2014

Dear Joyce and Elaine,

We are the Young Persons Health and Wellbeing Group in North Tyneside Council. Some of us sit on the Youth Council and some of us are part of other groups in North Tyneside. All of us are interested in health issues for young people and have identified mental health as our priority after lots of feedback from young people in the past.

There are a few things that we would like to look at and see what we can do.

1. Mental health education in schools
2. Stigma of mental illness
3. Understanding of positive mental health
4. Support for young people around their mental health

We have looked at lots of training and have started some of them so we will have a lot of knowledge about mental health as well as being able to represent the views of young people as young people in North Tyneside.

Some of the things you could help us with would be answering these questions:

10. What needs to be taught in school legally?
11. What do you expect your schools to teach?
12. How are the expected to teach it?
13. What training do teachers get on mental health?
14. How are mental health leads chosen?
15. Do you know what schools do teach? How is it fed back in?
16. What support is available to young people with mental health issues?
17. How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?

Through the summer we are trying to look at all the things available about mental health for young people in our area. When we have written a report we will share it, but we would like you to be involved in helping us find things. If you could look at the questions and help us answer them that would be great. Also, we might find it useful meet with you in the summer. We will get in touch nearer the time.

If you have any statistics about North Tyneside, any services you think we should talk to or any case studies that would be good for us to look into, that would be great.

Thank you for your help!

Rebecca M, Niamh, Ashleigh, Matthew, Steven, Leah, Matty, Rebecca R, Reece, Isaac, Beth, Hannah, Jessica and Jarrett
Young Persons Health and Wellbeing Group
Appendix Three
School Improvement: Joyce McCarty and Elaine Robson

What needs to be taught in school legally?
“As Personal, Social, Health and Economic (PSHE) education is not statutory, there is no legal requirement to teach about ‘mental health’. However, all schools are expected to provide ‘personal, social, health and economic education (PSHE) based on good practice’.”

“The PSHE Association have produced a programme of study for PSHE for pupils of all ages which includes all aspects of physical and emotional health and links to risk taking behaviours. We have provided all schools with copies of this guidance which builds on the National Curriculum 2000 guidance schools already have.”

“The Social and Emotional Aspects of Learning (SEAL) Programme is a series of lessons to teach social and emotional skills and to address issues such as bullying, resilience, anxiety and relationships. This was introduced into all Primary Schools in varying degrees from 2005.”

“Staff were employed to support schools and to promote the use of the materials for the benefit of the pupils learning.”

“A secondary version of SEAL was introduced. Marden High School was a pilot for this work and was very supportive of the programme and continues to value work to promote emotional health. Funding is no longer available to promote this work specifically however the Health and Wellbeing team include this in all aspects of their work and particularly through the Healthy Schools programme and the ‘Safe to Learn’ priorities.”

“All schools must promote the Spiritual, Moral, Social and Cultural development of the children and young people in their care. This is included in Ofsted reports and links well with the PSHE curriculum.”

What do you expect your schools to teach?
“We encourage schools to provide an emotionally safe environment and support schools to teach children and young people the personal and social skills that help them to lead happy and healthy lives.”

“Learning objectives included in the PSHE curriculum are:
- How to maintain physical, mental and emotional health and wellbeing
- How to manage risks to physical and emotional health and wellbeing
- Ways to keep physically and emotional safe
- The ability to identify different influences on health and wellbeing”

“The details for each Key Stage can be found on the PSHE Association website www.pshe-association.org.uk. Schools can choose how to provide personal, social, health and economic education, there is no legal requirement.”
How are they expected to teach it?
“We would recommend the teaching of PSHE lessons each week following a programme of study that meets the needs of young people.”

“These lessons ideally should be taught by well prepared class teachers in Primary Schools or a specifically trained group of PSHE teachers in Secondary schools.”

“School Nurses also make a vital contribution to PSHE education in North Tyneside and several have completed training in teaching PSHE through the accredited PSHE continued professional development training programme.”

“External agencies and visiting speakers can contribute to and enhance PSHE lessons, assemblies and focus days if planned effectively and built into an ongoing programme. The Health and Wellbeing Team do not support one off presentations or PSHE taught only on ‘drop down days’.”

What training do teachers get on mental health?
“Specific staff, such as pastoral staff, might have training on emotional health and mental health.”

“Schools in North Tyneside were recently invited to send staff to training in dealing with self harm.”

“We offer training in promoting an emotionally healthy school in all aspects of our work.”

“Initial Teacher Training – a very few courses, such as the North Tyneside SCITT course, might include topics such as PSHE, behaviour or emotional health but most courses pay scant attention to this important work.”

How are mental health leads chosen?
“Pastoral leads, Heads of year, Learning Mentors and teaching assistants are involved with supporting students with emotional health difficulties as part of their role.”

Do you know what schools do teach? How is it fed back in?
“Schools can decide on how much PSHE is taught and the content of their curriculum. As part of the Healthy Schools programme schools are asked about how they support the social and emotional development of the young people and what services are accessed, through the quality assured process.”

What support is available to young people with mental health issues?
“Support available will vary from school to school but some examples are:
• Nurture Groups
• Friendships Groups
• 1:1
• Contact with Teaching Assistants and Learning mentors
• CAMHS
• Primary Mental Health Workers”
How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?

“All of our schools have a pastoral system that students can access when they need to. Also, the School Nurses offer drop-in sessions for secondary age pupils.”
5th August 2014

Dear all,

We are the Young Persons Health and Wellbeing Group in North Tyneside Council. Some of us sit on the Youth Council and some of us are part of other groups in North Tyneside. All of us are interested in health issues for young people and have identified mental health as our priority after lots of feedback from young people in the past.

There are a few things that we would like to look at and see what we can do.

1. Mental health education in schools
2. Stigma of mental illness
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We have looked at lots of training and have started some of them so we will have a lot of knowledge about mental health as well as being able to represent the views of young people as young people in North Tyneside.

Through the summer we are trying to look at all the things available about mental health for young people in our area. When we have written a report we will share it, but we would like you to be involved in helping us find things. If you could look at the questions and help us answer them that would be great. Also, we might find it useful meet with you in the summer. We will get in touch nearer the time.

Some of the things you could help us with would be answering these questions:

1. What do you find are the biggest problems for young people regarding mental health?
2. Do you work with young people who experience poor mental health?
3. What do you provide to support young people with poor mental health?
4. Do you have resources you have made specific to mental health?
5. Do you have resources you know others use from elsewhere specific to mental health?
6. Do you promote services which provide to young people with mental health issues?
7. How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
8. Are there any things you would like to tell us about your experience of working with young people regarding mental health?

Could we ask you to ask your young people to take part in our audit about education of mental health? (Document attached)

If we want to contact you for a further chat, would you be interested?
If you have any statistics about North Tyneside, any services you think we should talk to or any case studies that would be good for us to look into, that would be great.

Thank you for your help!

Rebecca M, Niamh, Ashleigh, Matthew, Steven, Leah, Matty, Rebecca R, Reece, Isaac, Beth, Hannah, Jessica and Jarrett
Young Persons Health and Wellbeing Group
Northumbria Healthcare NHS Foundation Trust

North Tyneside Child and Adolescent Mental Health Service (CAMHS) is a specialist community outpatient department. The service is provided by the Children Health Business unit, within Northumbria Healthcare Trust, and is commissioned by the North Tyneside Clinical Commissioning Group.

Our service aims to provide help to children, young people and their families who are having moderate and severe emotional, behavioural, developmental, psychological or relationship difficulties. We see children and young people up to the age of 18 who are referred by a range of health and social care professionals.

The opening hours are Monday – Friday 9am-5pm.

The CAMHS service is multidisciplinary, with staff trained in assessment of children and young people, and some staff have additional specialist training...

The team consists of:-

- **Administrators** – they will be the first people you see when you arrive. They manage all of their team’s communication from letters to telephone calls and arranging appointments.
- **Psychiatrists** – are medical doctors trained to work with children, young people and families. They can offer various therapies, including medication when it is required.
- **Clinical psychologists** - specialise in particular forms of therapeutic assessments and interventions. They are trained to understand the behaviour and feelings of children, young people and their families and can offer wide range of complex assessments and talking therapies to help people make sense of their problems.
- **Nurses** - are skilled in various assessments and therapies and manage some of the physical aspects of care. Some of the nurses in CAMHS can prescribe medication. They come from a range of backgrounds including child, adult, mental health and learning disability nursing.
- **Art therapist** - the art therapist uses play materials and art to help children and young people express feelings and resolve problems.
- **Social workers** - are skilled in liaison and providing various kinds of therapeutic work with families.
- **Primary mental health workers (PMHWs)** – are often the first point of contact with CAMHS. They have a background in health and social care that specialise in working with young peoples' emotional and mental health. These staff work closely with a number of different agencies to support early intervention with children and young people experiencing mental health problems. They are skilled in providing assessments and brief interventions. They work in partnership with children, young people and their families, as well as other professionals to identify the appropriate service to meet their needs.
- **Trainees** – CAMHS provides training for trainee psychologists and psychiatrists. These clinicians are already highly trained before starting in CAMHS; they are able to provide assessments and various therapies. All trainees are supervised by a senior member of staff.

- **Students** - you may see medical, nursing or social work students on placement with us. A student may be present within your appointment - but we would always ask your permissions first.

**The CAMHS team is currently structured into two integrated services:**

1. The Primary mental health service, based at Albion Resource Centre North Shields, telephone 2196700. The team has 4 generic PMHWs who are locality based. The team also has 2 targeted PMHW posts, one integrated into the YOT/N2L services and a PMHW specifically working into the special schools.

2. The specialist CAMHS teams – is provided by two teams.
   - The North team covers the North of the Borough and is based in Balliol centre Chesters Avenue Longbenton, telephone 2007435.
   - The South team covers the South of the Borough and is based at Albion Resource Centre on 2196670.

North Tyneside CAMHS performance standards are agreed within the current CAMHS strategy. We are currently engaged in assessing our standards of care as part of the Quality Network for Community CAMHS (QNCC). A network of Child and Adolescent Mental Health Services run by a project team based at the royal College of Psychiatrists Centre for Quality Improvement.

**What does the CAMHS service provide to support young people?**

1. *The PMHW is the early intervention service that supports young people with moderate mental health difficulties, and the professionals supporting them, to prevent a further escalation of difficulties.* They provide the following roles:
   - to work closely with other services to promote young peoples emotional well being and positive mental health. For example delivering workshops on mental health in whole school health promotion days, and delivering small group work into schools part of the Positive Choices programme.
   - to provide training to health, education and social care staff on how to promote positive mental health, how to prevent children and young people developing problems, and for those with recognised difficulties how to refer onto more specialist services.
   - individual advice and support to all professionals working with children and young people by a telephone consultation line and offering liaison by attending a range of meetings to advise services on young peoples mental health.
   - we also provide supervision to those professionals who provide direct support to children, young people, their families and carers, for example to health visitors and school nurses delivering The Solihull Approach (a preventative mental health intervention).
• delivering targeted group work in schools alongside school staff such as confidence building, improving self esteem, coping with exam stress.
• supporting other professionals to ensure their service is providing best available practice and helping to identify gaps in services to support young people mental health, e.g. North Tyneside’s ‘Deliberate Self Harm Project’, to manage self harm in schools. A collaboration between CAMHS, School health, Education, Community Learning Disability service and Young Minds.
• Direct work with children, young people and their families, including assessments, brief interventions and signposting to appropriate support services.

2. There are also two specialist multidisciplinary teams who provide more intensive support to young people with more complex and enduring mental health difficulties.
Each team is staffed by psychiatrists, psychologists, nurses, social work therapists, art therapist and ADHD specialist nurses.
These teams provide more specialist assessment, and a range of different treatments
These include individual talking therapy, including cognitive behavioural therapy (CBT), Solution focussed therapy, Art therapy, Behavioural therapies, including support for parents with behaviour management strategies, Group therapies, including dialectical behaviour therapy (DBT), medication may also be available to treat some problems, and advice regarding other available service.
CAMHS also provides a specialist ADHD clinic, an ASD assessment clinic.

What do you find are the biggest problems for young people regarding mental health?

General concerns in relation to access and referrals:-
• a reluctance to disclose a problem to family and friends in fear of their reaction
• stigma and fear associated with mental health preventing young people and their families seeking help and accessing CAMHS service
• young people’s uncertainty about who to talk to at school / different roles in school?
• Concerns around their confidentiality (who will know)?
• worries about involvement in CAMHS and impact on future education and career opportunities.

General issues affecting their mental health:-
• Relationship difficulties with family and friends
• Parental mental and physical health problems /parental substance misuse /domestic violence
• Bullying (face to face/cyber bullying/exploitation )
• Transitions ( moving from primary to high schools/localities)
• Life events ( bereavement , divorce and separation )
• Worries and Stress ( going to school , exam pressures)
• Poor self esteem , body image
• Substance misuse
• Learning and developmental problems.
Do you work with young people who experience poor mental health?

Children and young people are referred to CAMHS with a range of mental health difficulties. Referrals into CAMHS are processed on a daily basis, in line with our eligibility criteria.

As follows:-

**URGENT CASES** – Overdose/ other self harm with intent to commit suicide, acute psychosis

**PRIORITY CASES** – Deliberate self harm, psychotic symptoms, eating disorders, bipolar disorders, major depressive disorder, severe anxiety, and Obsessive compulsive disorder.

**ROUTINE CASES** – ADHD/Autistic spectrum disorders, Tic disorder, Anxiety, specific phobias, Post traumatic stress disorders, Low mood, oppositional defiant disorder, complicated bereavement.

Do you have resources you have made specific to mental health?

- CAMHS individual interventions are based on current best practice and policy guidance suggested by the Department of Health / Children’s Schools and Families www.nice.org.uk
- www.northtyneside.gov.uk/selfharm a training package and procedure pathway for the management of DSH in schools
- Training session plans on general mental health awareness, how schools can support pupils with anxiety, low mood, conduct problems, ADHD.
- Group work sessions on looking after your mental health, managing stress, low self esteem, body image.

Do you have resources you know others use from elsewhere specific to mental health?

- www.rcpsych.ac.uk
- www.moodjuice
- www.mind.org.uk
- www.youngminds.org.uk
- www.minded.org.uk
- www.selfharm.org.uk
- www.nshn.co.uk
- Young Minds free parent helpline telephone 08088025544
- Solihull Approach
- www.time-tochange.org.uk
- www.rethink.org/living-with-mental-illness/-youngpeople
- The .National Autistic Society
- www.winstonswish.org.uk

Do you promote services which provide which provide support to young people with mental health issues?

We signpost young people to a number of services in North Tyneside, such as:–

- Connexions Helping Hands Programme
- The young carers service
- N2L
- Someone Cares
• PROPS North Tyneside
• Acorns service
• Public health school service
• North Tyneside Front Door service
• North Tyneside Parenting Programmes e.g. Parent factor programme
• The Mentor Project

How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
• As referrals to CAMHS are currently made via health and social care professionals we currently do not accept direct referrals from young people.
• Information about our service is provided to the North Tyneside workforce within our training /liaison /consultation roles.
• Copies of the CAMHS eligibility criteria and referral pathways have been sent to all health, and social care services.
• Young people and their families are provided with an information leaflet on our service when they receive an initial assessment appointment.
• The CAMHS service is also advertised on the North Tyneside Local Authority and Northumbria Health care website.

Is there anything you would like to tell us about your experience of working with young people regarding their mental health?
We are part of a national collaboration called CAMHS Outcomes Research Consortium (CORC), the aim of which is to make sure that children, young people and their families get the help they need. Amongst other outcome measures we ask young people and their families for feedback on their experience of using our CAMHS service.

To date, the majority of the feedback we have received has suggested that children, young people and their families had positive experiences of CAMHS. Children and young people felt that they were able to talk about how they felt with CAMHS professionals and felt listened to and respected. They also appreciated the help CAMHS provided in collaborating with other agencies such as schools. Families also felt listened to, respected and importantly not judged. Coming to CAMHS they were able to get advice from professionals and were helped to realise that they were not alone.

Where people did express problems with the service, these were often with regards to the practicalities of attending appointments or the clinic environment. We are always happy to work with young people and their families to establish a suitable time and location which everyone who needs to can attend. We also endeavour to make our clinic environment as welcoming as possible; however, we do appreciate that often our clinic spaces are not as child friendly as we would like.

Overall, those who have provided feedback were very happy with the service we provide within CAMHS and often felt it made a positive difference to their lives. Whilst we are proud of the positive feedback we have received, we are committed to continue developing as a service and will continue to seek feedback from children, young people and their families to ensure the service we provide reflects their needs and opinions.
Appendix Six
YoungMINDS: Yvonne Collins

“On ChangeUrMind we are also trying to develop a directory of services across the region. ChangeUrMind offers a supportive environment for those who are passionate about improving mental health services to help them to get involved in positive activities.”

YoungMINDs also offer training workshops on issues in the YoungMINDSVs campaign: bullying; sexual pressure, no work, no help, school stress. YoungMINDs also runs a parents helpline which is available around the country and can deliver sessions in schools on a variety of issues.

Yvonne told us that she thought the biggest problems were “getting access to services and fighting the stigma about having mental health problems”.

“YouthFocus:NE have developed workshops for youth workers delivered by young people about mental health. Our partnership has also developed and piloted a transitions advocacy service and a young leaders programme both of which are targeted at young people with mental health or well-being concerns.”

She also offered to come and meet with us as a group.
Appendix Seven
School Nursing: Veronica Hetherington and Elaine Davies

“Presently the majority of referrals to school nurses are requesting support for young people with mental health issues. We find the problems for young people are wide ranging and include issues with anxiety, self esteem, bullying, relationship problems (friends/family), self harm and depression.”

“School nurses offer and promote support through assemblies and the school website. They see young people at high school drops in and pupil appointments. They also see young people at home if this is helpful. Some high schools also have a school nurse email and texting service.”

“School nurses have developed assemblies and lesson plans and use a range of resources with young people available from YoungMINDs, NHS choices, Royal College of Psychiatrists (parents and youth info), MoodJuice and the self harm guidance from schools (available on North Tyneside website).”
Appendix Eight
YMCA North Tyneside: Bruce Robertson

Bruce told us: “I think that the biggest problem facing young people regarding mental health is the stigma that is still attached to it and the subsequent embarrassment that a young person may have when needing to talk to someone about their issues.”

The YMCA work with some young people who have had mental health issues and the “support that we have provided has mainly been twofold:

- being there to listen to the young person in a very non-judgemental way
- referring them on to another agency if that is what they want and supporting them with that.”

“We are quite fortunate in that Tyneside Mind is based in the building so we are able to refer young people to them. As they are in the same building there is not the same pressure as having to go to somewhere new or quite specific where everyone knows what the young person is doing there. We also have a good relationship with the Child and Adolescent Service in North Shields and have suggested to young people that they may wish to go there.”

“Two young people from the Young Health Champions project at the YMCA were involved in My Mind Matters training with Youth in Focus North East and continue to be involved at a regional level looking at mental health and how it affects young people.”

“We do not advertise services that are available to young people at the moment due to a variety of building work going on in the building and not having a current specific area for young people to meet informally. I am not sure if any of our other venues we advertise anything but I am sure that all staff will know who and where they can refer young people to for advice and information on mental health.”
Les told us that N2L works with young people who experience mental health difficulties, and that mental health and substance use are very closely linked. The mental health difficulties that they see the most of are low self esteem, anxiety symptoms, low mood and poor emotion regulation - in particular difficulty managing feelings of anger.

“N2L has a primary mental health worker (PMHW) from CAMHS who is based within the service. She offers consultation to staff and will also speak to young people, offer ‘meet and greet’ to encourage referral into CAMHS. If a referral into CAMHS is not required, then PMHW support staff to deliver some form of intervention. The PMHW also works into school as part of positive choices to deliver small group work around ‘what is mental health’, also joins N2L staff to discuss with young people links between substance use and mental health.”

Les told us that as they specialise in substance use, which is often linked to mental health issues, their resources are specific to substance use. “The service is promoted in the widest sense of help for YP who are experiencing difficulties with substance use. The assessment does contain questions about mental health and emotional wellbeing. Our service is linked to schools and children’s services, we have a page on the Council website and our own dedicated webpage on the internet for information, young people can contact us by e-mail, telephone or through a professional.”

We asked ‘Are there any things you would like to tell us about your experience of working with young people regarding mental health?’ Les said: “Many young people who have mental health difficulties have substance use as part of their way of coping, which can make the problems more difficult and complex, we help young people manage/stop using and try and ensure they have access to support to address their mental health and emotional wellbeing.”
Appendix Ten
Longbenton Detached Youth Project: Kelly Coates

What do you find are the biggest problems for young people regarding mental health?
“Access to support, waiting times are very long and it falls to the individual GP whether or not they refer. Young people have very little faith in Doctors and often don't have the confidence to raise issues, especially mental health issues relating to drug or alcohol consumption. There is still a pill popping culture of antidepressants without talking therapies, research shows that one without the other is not effective.”

Do you work with young people who experience poor mental health?
“Yes, it often goes hand in hand with chaotic lifestyles and low self esteem, some of our young people have caring responsibilities and lead stressful lives.”

What do you provide to support young people with poor mental health?
“We do support young people and refer them to other services, but as we are a small project it's not often support specific to mental health, it is usually as a result of substance misuse, unemployment etc.”

Do you have resources you have made specific to mental health?
“No, we did a project about 6 years ago with 'Them Wifies' specifically around mental health, young people direct our work so we do projects when there is the motivation by young people.”

Do you have resources you know others use from elsewhere specific to mental health?
“No.”

Do you promote services which provide to young people with mental health issues?
“Not widely but I have sought out services for young people around mental health in the past on an individual basis.”

How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
“It isn’t.”

Are there any things you would like to tell us about your experience of working with young people regarding mental health?
“That youth projects are frontline services and often the first people to identify problems, but often young people hide their difficulties because of stigma, or they don't want to appear weak or vulnerable.”
Appendix Eleven
De Paul UK: Jane Premtaj

“Getting young people to talk about/accept that they have an issue with mental health. First thing is NOT to use the words “mental health” but suggest issues around depression etc. Sometimes the best way to approach this is to talk to young people away from their keywork/support meetings i.e. when making meals in the projects.”

“Young people present to us with many issues around their homelessness and become anxious about where they are going to live, how they will survive with little or no money as well as often some very serious issues as to why they are homeless in first place (step parent issues at home i.e. no longer being wanted in family home, general behaviour, violence in the home).”

“Some young people, who have had transient life, do not have a doctor. Once registering with a doctor (can take time), and getting a young person to attend an appointment (more time), doctors aren’t keen to deal with mental health straightaway, as the young person isn’t “known” to them. Staff have accompanied young people to appointments for this reason.”

“Some young people find that its easier to deal with problems by ignoring them and use legal highs, alcohol or drugs instead.”

“Some young people come to us, who have, on paper, mental health issues identified in risk assessments from referring agencies, but then no formal engagement to deal with this – sometimes not clear whether this is because young people are going through various services (and avoiding dealing with issues) or not having time to engage properly.”

What do you provide to support young people with poor mental health?
- Access services /advocate on their behalf and support young people in attending appointments. Encourage services to be part of young peoples pathway plans through our services, which can include multi agency meetings.
- Use our own Mental Health First Aid training to support young people
- Adapt keywork/support sessions to aid young people
- Offer activities for young people so they can meet other young people – Depaul have staff locally who work with young people on sports programmes, promoted to support people to improve mental health, amongst other support. We have an ex service user who now works on the project
- Offer young people Depaul Mentors, who can work one to one away from the projects
- Engage young people in client participation activities, to promote self worth

Do you have resources you have made specific to mental health?
“We did have activities run specifically for people around mental health, as we had a worker who’s role it was to work specifically in this field, but unfortunately this funding ended.

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However the work that started here, has been extended into the current activities programmes."

**Do you have resources you know others use from elsewhere specific to mental health?**

“Staff who have attended Mental Health First Aid training, have their training book.”

**Do you promote services which provide to young people with mental health issues?**

“Yes, promote own work and also work at Barnardos.”

**How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?**

- Support is identified in keywork sessions and young person and keyworker together would look to access services
- At the moment, we don’t have any posters up in our accommodation projects advertising any services. This is a conscious decision to make their accommodation be more a home environment than an institution.

**Are there any things you would like to tell us about your experience of working with young people regarding mental health?**

“Takes a long time to get young people to acknowledge and work on issues as it takes time to build up relationship and trust, and not seen as just another professional interfering in their life.”

Jane also passed on the following links, as she felt they would help explain mental health and youth homelessness, as well as highlight projects and research on the topic area.

**Depaul has taken part in mental health research with Astra Zeneca in past, which is how we developed a mental health programme**

[http://www.depauluk.org/newsandresources/research/](http://www.depauluk.org/newsandresources/research/)

**Depaul research documents**


**North East research document that Jane Prentaj was involved in**


**North East research document Depaul was involved in**

Appendix Twelve
Trinity Youth (Northumberland): Debs Walker

“Trinity Youth Association and DISC run a regional support service for young people (13-25 year olds) who experience discomfort with their birth gender. Some young people using our service are very clear that they wish to transition to the other gender which may include hormone therapy and/or surgery. Other young people using our service feel strongly that they do not fit into a binary system of gender i.e. that they are both male and female or neither male nor female, others come to our service with questions about their gender identity.”

“Being ‘Trans’ can be very distressing indeed. Imagine getting up everyone morning and not really recognising the person who looks back at you through the mirror, hating your body and feeling completely alone. Being transgendered until recently was classed as a mental illness. Quite rightly it was declassified as such; it is the feelings of being alone, of being different and the lengthy waits and intrusive assessments which precede a Trans person getting the medical help they need which usually results in a period of mental illness. Being Transgender in itself is not a mental health issue. Many Trans young people self harm and at least 50% will try to commit suicide. This is not inevitable and occurs because young Transgender people find it difficult to get the support they need.”

Debs felt it would be useful for Trinity to pose questions for the group within the report, as her area of work is quite targeted. These are the questions raised:

1. Can gender identity be discussed as part of PSHE, also Transphobia?

2. Do schools have a policy on how to support children or young people if they ‘come out’/begin to transition while still at school?

3. Could all pastoral staff, mental health and social workers working with children and teenagers undergo training so they understand Transgenderism and know how to support Trans young people?

4. As the numbers of Transgender children and young people who are ‘coming out’ and asking for support is growing exponentially, how could North Tyneside Council help to influence health services so that under 18s are provided with specialist help from a gender clinic. (There is only one gender clinic in the UK for under 18s. It is based in London, although recently has started seeing patients in Leeds.)

5. How can North Tyneside Council ensure that all children and young people who tell someone they are Transgender/ have distress around their birth gender are taken seriously and receive the support they need.
Appendix Thirteen
North Tyneside Youth Service: Michael Cudlip

Michael told us that he works with children and young people who have poor mental health and that they are “there to talk, in a non-judgemental manner, about any concerns or feelings they may have, that they wish to share with an adult on a confidential basis.” He also told us that they refer young people on to specialist services is necessary, as well as actively promoting services and charities who are about mental health to the young people he comes into contact with. “We have made it clear through the way that we promote our services – and as importantly through the way we interact with the young people we work with – that we are there to talk, in a non-judgemental manner, about any concerns or feelings they may have, that they wish to share with an adult on a confidential basis.”

We asked Michael what he thought was the biggest problem for young people regarding their mental health. He told us “Speedy and timely access to appropriate services, when they (or others around them) actually realise they are experiencing mental health issues. e.g. A telephone assessment by any professional should not be an adequate means to determine whether or not that young person should be able to access NHS services. Waiting times (for all but those experiencing the most severe distress) are extremely counter-productive, with young people’s mental health often deteriorating during that waiting period. It is clear that the increasing financial pressure (cuts) in the NHS is having a deleterious impact on the provision of mental health services for young people, through removal, re-organisation and increasing workloads without an increase in staffing.”

Are there any things you would like to tell us about your experience of working with young people regarding mental health?
“Early intervention is crucial to prevent unnecessary escalation of mental distress. Mental health issues are prevalent across the whole demographic of young people that we work with but, anecdotally – though with some confirmation from PCT colleagues - appear to be concentrated in areas of deprivation.”
Daniel Notely is a Play Specialist at North Tyneside General Hospital who supports the CHAT group, for young people accessing acute services to have their voices heard. Although Daniel tells us it isn’t often he works with young people with known mental health problems, he told us he knows they will be coming in as patients for a variety of reasons. He says that if there was a concern, a “referral to CAMHS will be made as a matter of course” and that there are lots of leaflets in the unit for young people about mental health. “We have leaflets from N2L and Sorted as well as lots from Young Minds on a wide range of topics, these are always available, particularly when we have young persons clinics in the Outpatients' Dept”

Daniel told us that accessing services is the biggest problem for young people. “Some need a bit of signposting, but it is often difficult for them to actually know what’s what or to get there if they don’t have specific direction.” He also said that young people “stigmatising attitudes” is a big issue, with “some perceiving that it is still difficult to open up due to others' opinions”.

Daniel told us that his group identified confidentiality as a big point and that they “also have a confidentiality posters throughout our departments, which clearly promote the ability of young people to speak to health professionals without parents involvement”. These were designed with the support of the CHAT group.

Daniel told us “I think we as a department do well, but we can always do better!”
Appendix Fifteen
PROPS North Tyneside: Amy South

Amy South is the Young Persons Intervention Worker at PROPS (which stands for Positive Response to Overcoming Problems of Substance Misuse in the family).

What do you find are the biggest problems for young people regarding mental health?
- Young People not sure where to access support
- Young People Frightened their parents will find out
- Young people not sure that they have the right to see their GP confidentially.
- Young People not being aware of the signs of poor mental health and not being able to understand why they feel that way.

Do you work with young people who experience poor mental health?
“Yes, often related to family members using substances drug/alcohol.”

What do you provide to support young people with poor mental health?
“Support, respite, advice and guidance where to access support for mental health.”

Do you have resources you have made specific to mental health?
“No, as we don’t support specifically for mental health but would work in partnership with other agency’s for example- acorns, streetwise and CAMHS. Streetwise are based in Newcastle city centre but offer one to one counselling sessions and also online counselling sessions for young people which the young people I work with have always found useful. I am unaware if there is anything similar to this in North Tyneside.”

Do you have resources you know others use from elsewhere specific to mental health?
“No.”

Do you promote services which provide to young people with mental health issues?
“Yes we work in partnership and do referral processes.”

How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
“I feel in my opinion there isn’t much advertisement for young people to talk about problems or issues. This may identify in schools with pastoral teams or school nurses; however a lot of the young people works with have said these people aren’t always available when they need to talk to them. A booklet from a young person’s perspective
about mental health would definitely be beneficial to both professionals and young people—possibly with a directory of services and what they offer for young people.”

**Are there any things you would like to tell us about your experience of working with young people regarding mental health?**

“In past experiences in working with young people there isn’t enough support for young people with mental health issues. Often the young people don’t feel that they are listened to because they are young and feel they are not taken seriously.”
Appendix Sixteen
Barnardos The Base: Carla Franchi

“All our programmes take into account young people’s mental health, low self esteem, isolation and lack of motivation as well as working with those with a medical diagnosis. We understand that poor mental health (or any other issue) does not usually happen in isolation – there are often other issues, all of which impact on each other. We run group work sessions with NEET young people, young parents 2 Be, school support services and participation that enable young people to start identifying and addressing the issues that are preventing them from realising their potential.”

“We also regularly see young people in crisis through our Drop In service where mental health is often a major factor for the service user or their families. In all cases, we carry out an assessment with the young person, provide a listening service, help them develop an action plan with bitesize goals, provide advocacy and engage them with other appropriate services.”

What do you find are the biggest problems for young people regarding mental health?
- Lack of informal access to professionals who have knowledge about mental health.
- The need for social and youth work led approaches to mental health rather than medical models.
- The need for space to chat through what they are experiencing to actually allow them to analyse how healthy their mental health is.
- Difficulty in accessing professionals emergency services

Do you promote services which provide to young people with mental health issues?
“Yes. When there are awareness raising campaigns, we display the posters/literature. We also run sessions with mental health as a theme, where appropriate.”

“We have worked with the mental health worker (Amy) from N2L to co-deliver sessions to help young people identify the link between drug & alcohol use and mental health issues, where appropriate.”

How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things?
“The listening service and keywork elements of our programmes here at The Base are fundamental to the way we engage with young people. Often this is done using an informal approach so that young people don’t feel that they are being ‘counselling’. Our Drop-In service (open access) says that we have a worker to listen to you and offer support. We use the keywork role in our structured programmes to help young people unpack the issues that are often holding them back. Sometimes raising young people’s awareness of how lifestyle factors can impact their mental health is a key starting point.”

Are there any things you would like to tell us about your experience of working with young people regarding mental health?
“Within our team, we have significant experience of working, in a range of ways, with young people who are experiencing mental health difficulties. On the whole we have found that it
is very difficult (nigh on impossible) to get specialist support for young people experiencing mental health crisis unless they have an actual suicide plan – feeling suicidal is apparently not enough to be taken seriously."

“What we have found is that, whilst there has been a development of services within mental health, many of these are medicalised and only easy accessible to those with a clear diagnosis. Feedback from young people has identified the importance of a “youth-work/social peer led” model of support which is accessible to those in crisis, along with those who through life’s ups and downs are feeling less resilient.”
Appendix Seventeen
Phoenix Detached Youth Project and Connexions North Tyneside: Becky Rowe and Helen Heslop

Helen Heslop (Connexions Personal Advisor) and Becky Rowe (Senior Detached Youth Worker) told us about the Helping Hands Project ran by Connexions North Tyneside and Phoenix Detached Youth Project.

“We work with young people from 13 to 25 years old – most of the young people who come to the groups are aged between 13 and 16 years old and there are some 17 to 20 year olds. The project provides an opportunity for young people to talk about their experiences, to discuss their mental health and emotional wellbeing and to share strategies with each other; to help and support one another.”

“The groups meet every fortnight for an hour and one-to-one sessions are available if a young person feels that they want this kind of support.”

“Some of the issues that young people are experiencing include self-harm, anxiety, depression, low self-esteem and confidence, as well as specific mental health diagnoses (psychosis, personality disorders, OCD).”

“We use a range of resources – books, worksheets, websites - around mental health issues. Websites such as YoungMINDs and Time to Change. Some young people in the groups have developed links with Young Minds, Health Promotion, Regional Mental Health Board, VODA and are developing a potential link with the Northumberland, Tyne & Wear NHS Foundation Trust by becoming a Service User Governor. Some of the young people met for a focus group meeting with the Director of Public Health for North Tyneside to discuss their experience and views in regards to local provision for young people that would enhance their emotional well-being.”

Topics that have been covered in group sessions include:

- Motivation
- Positive thinking
- Self-Esteem/confidence
- Coping strategies
- Assertiveness
- Raising aspirations
- Transitions
- Decision making
• Risks
• Managing relationships
• Career planning
Jo Wooley (Youth Volunteer Adviser) works with VODA, who are a registered charity providing advice, training, information and support to volunteers, voluntary and community organisations working in North Tyneside.

Do you work with young people who experience poor mental health? “Yes”

What do you find are the biggest problems for young people regarding mental health? “Perhaps knowing where to access services”

What do you provide to support young people with poor mental health? “Positive activities though volunteering”

Do you have resources you have made specific to mental health? “One of our NCS teams 2014 have made a leaflet on mental health accompanied by a DVD.”

Do you have resources you know others use from elsewhere specific to mental health? “No”

Do you promote services which provide to young people with mental health issues? “No”

How is support advertised to young people who don’t have an identified mental health issue, but may want to talk about things? “We don’t advertise”

Are there any things you would like to tell us about your experience of working with young people regarding mental health? “We have found that volunteering has a positive impact on young people across the board and improves confidence and self esteem.”

“Whilst we have answered no to a number of questions; if we encountered any young person that disclosed they were suffering from mental health problems, and asked for our help, we would signpost them to an appropriate organisation.”
**Appendix Nineteen**  
**Young Persons Questionnaire**

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<th>School/training provider/service support:</th>
<th>Year group:</th>
<th>Age:</th>
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<td>What do you think ‘mental health’ education should include?</td>
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**Do you think you have been taught about mental health in school?**

Yes / No

**What made you choose this answer?**

**How would you like to see education on mental health being taught in school?**

**Do you know where to go in North Tyneside for support or information on mental health?**

Can you name some places?