

## **Health and Wellbeing Board**

23 November 2016

Report of Consultant in Early Intervention Psychiatry and Deputy Medical Director, Tees, Esk & Wear Valleys NHS Foundation Trust, on behalf of the York Student Mental Health Network

## **How the issues raised at the conference held in November 2015 (“Everybody’s Business,”) have been taken forward**

### **Summary**

1. This report was requested to inform the Board of progress made since the report to the Board in March 2016 that summarised the feedback received at the “Everybody’s Business” conference on Young People’s mental health on 25<sup>th</sup> November 2015.

### **Background**

2. A conference was held on 25 November 2015 at the National Science Learning Centre at the University of York entitled “Everybody’s Business.” It explored mental health issues for young people aged 0-25, and it was jointly commissioned by the CAMHS Executive and the Higher York Board.
3. It came about because the Higher York Board was concerned at the rising incidence of student mental health problems. The conference was successful and well-subscribed, and a report on the conference was made to the Health & Wellbeing Board in March 2016.

### **Main/Key Issues to be Considered**

4. This report provides an update on developments consequent to the Everybody’s Business conference, in addressing the key issues that emerged from the feedback to the conference.

### **Consultation**

5. The ‘Everybody’s Business’ conference engaged with a wide range of young people.

## Options

6. This report is for information only and there are no options for the Health and Wellbeing Board to consider.

## Analysis

7. The following themes emerged from the Conference and progress on these themes is reviewed sequentially below:

### Planning and Commissioning

- (i). *“It is essential that Commissioners take account of the strong evidence of the rising incidence of poor mental health in young people, of all ages”;*

I believe that commissioners are sighted on this. Although there is little available additional funding (as ever), there are initiatives planned or underway that will have positive impact. Some of these are evidenced below.

- (ii). *“York’s substantial body of HE students, 10% of the population, needs to be given appropriate attention in local plans and strategies, and in the JSNA”;*

The overall health needs of the higher education population, including their mental health needs, are currently subject to a consultation and subsequent development of a specific Student Health Needs Assessment, led by Public Health.

- (iii). *“There is an appetite to work on a multi-agency basis, across sectors (including the third sector) and age ranges, to address the issues of young people’s mental health.”*

This appetite has been built on substantially with the convening of the York Student Mental Health Network. (see specific notes below)

### Transitions

- (iv). *“This was the theme that came up most frequently at the Conference: we still seem to be poor at transferring information and support across key transition points, especially primary to secondary schools; school to college; sixth form to University; and Child and Adolescent Mental Health Services (CAMHS) to Adult Services. There are particular issues for University students who*

*may arrive from another location and find themselves having to restart the process of getting the care and support they need, often with significant waiting times. Do we need to design a mental healthcare plan, designed to follow the young person from one institution to another?"*

There has been some progress in improving transition across some of these interfaces. A Transition Panel was set up to improve transition between CAMHS and adult mental health services in November 2015, and this has met on a monthly basis since then. Other agencies have been invited and attended, and there is still an intention to develop the process further, with wider involvement. The panel deals with about 10-15 young people each month, and although a significant minority will ultimately be transferred to secondary adult mental health services, all will have key data logged with the single point of access, and a passport issued to the young person and family summarising their previous difficulties and potential needs, should they present to any service in the future. There is also a project underway to adapt this passport specifically for students who may move elsewhere to study. The work of the panel and plans to develop it further will be evaluated in early 2017.

Early Intervention; This is an issue that was considered by the York Student mental Health Network (see below)

#### Support for the Workforce

- (v). *"There is an urgent need to support the academic workforce who may be in most regular contact with young people – including teachers, lecturers and pastoral staff – to identify mental health problems and to respond appropriately";*
- (vi). *"Mental Health First Aid" was frequently cited as an example of good practice in training non-health professionals;*

This training has been made available to some staff, but there is a continuing need for this and different options (and prices) such as ASSIST and Safetalk, have been discussed. It is hoped that training will be more widely available in 2017 and beyond. Training needs for different groups across the City will be considered as part of the Suicide Safer work the Director of Public Health is leading.

- (vii). *“Others mentioned Networks of support for staff – similar to the cluster project pilot – giving external support and supervision for staff in stressful situations.”*
- (viii). I think there remains a need to consider this more strategically
- (ix). The CAMHS Cluster pilot has been positively evaluated and has secured funding from Health and the Local Authority to roll out this early intervention service model to all schools across the city from September 2016 onwards. The new service called School Wellbeing Service is managed by the Local Authority, clinically supported by CAMHS and based in schools. It has 6 Wellbeing Workers linked to the 6 geographical clusters of schools across York. The aim of the service is to strengthen the mental health support arrangement in schools to intervene early and support children and young people effectively with emerging mental health issues and concerns. The service is currently supporting schools and children and young people around issues of low mood, anxiety, self harm, resilience and self regulation.

#### Specific Issues (1): Self-harm and suicide

- (x). *“Suicide prevention should feature more prominently in the JSNA;”*

This is being addressed directly through the JSNA/Joint Health and Wellbeing Strategy Steering Group. Suicide prevention will be included in the Student Health Needs Assessment. A conference took place on 28<sup>th</sup> October at the University of York for people affected by suicide jointly hosted by North Yorkshire Police and the York Public Health Team, to raise awareness and share stories as part of the plans for developing a suicide-safe city.

- (xi). *“We need a better understanding of the incidence of self-harm in York, whether certain groups of young people are over-represented, and what can be done to help;”*

This continues to be the case, although significant improvements have been made in terms of how this data is collected. The presence of a 24 hour Liaison service in the Emergency department and in York Hospital, along with the establishment of CAMHS practitioner posts to provide further capacity for assessment and support for young people under 16 as well, has

enhanced the service provision for young people, particularly those who present with self-harm or related issues.

### Specific Issues (2): Body image and self-esteem

- (xii). *Key concerns here included how schools and other institutions in York are addressing these issues, access to early help when criteria for secondary care aren't met, and how the needs of young men can be overlooked.*

I am not aware of any evidence that these issues have been significantly addressed since the conference report.

### Communications

- (xiii). *“The pathways to support are complicated and hard to understand – how can staff and families understand the pathways better? Communication between stakeholders and providers needs to improve; Across the conference as a whole there was high demand for similar events and increased communication and information-sharing between services”*

In response to this recommendation and in response to serious incidents involving students in late 2015 and early 2016 a number of meetings were set up with overlapping membership and similar goals. These groups came together for a joint meeting and workshops on 5th May 2016, which (informally at that stage) marked the establishment of the York Student Mental Health Network (YSMHN). The inaugural meeting and workshop included a wide local membership from the Universities of York and York St John University as well as York College and Askham Bryan College. There was good representation from students, both graduate and undergraduate, primary and secondary health, crisis services, public health, voluntary sector, counselling and pastoral care. The Chief Executive Officer (CEO) of Student Minds attended and was impressed that such a multi-agency meeting had been convened. Professor Jo Smith, who has led the suicide safe initiative at the University of Worcester made a presentation and helped to facilitate the workshops. Samaritans and Nightline were also contributors. The workshops focussed on the themes of: Access, Capacity, Prevention and Early detection/intervention. A large number of pledges were made by the participants and the next steps agreed. Further meetings of the network took place on 28<sup>th</sup> July, 8<sup>th</sup> September and 17<sup>th</sup> November. A follow-up

conference or event is under consideration for student mental health day on 2<sup>nd</sup> March 2017.

(xiv). The University of York Student Mental Ill-health Task Group: Report to the Vice-Chancellor March 2016

<https://www.york.ac.uk/media/studenthome/features/2016/Student%20Mental%20Ill-health%20Task%20Group%20Report%20Mar%202016.pdf>

This important report was commissioned in response to a number of sad incidents of suicide or unexplained death affecting students at the university.

The report highlights issues of national as well as local relevance, and summarises evidence of escalating mental health needs within the student population. It makes a number of recommendations that overlap heavily with those of other reports including those from the “everybody’s business” feedback. The recommendations were grouped under two main recommendation headings:

**Recommendation 1:** take immediate steps to improve University support for student mental health

**Recommendation 2:** ensure a high-level and coordinated approach to improve mental health services for students in York and North Yorkshire

The University subsequently facilitated a “Mental Health as a Research Focus” Workshop on Tuesday 27 September 2016 to develop the twin goals of encouraging and supporting mental health research, and supporting the mental health and wellbeing of its own community

### **Strategic/Operational Plans**

8. As a multi-agency response, I believe that this aligns with the strategies of all of the stakeholder organisations, particularly the Care Commissioning Group strategy for mental health in York and the Student Health Needs Assessment. The feedback following the conference was 100% in favour of a future conference, perhaps biennially, and this would provide an opportunity to further develop

and consolidate the appropriate organisational and multi-agency (joint) strategies.

9. In addition to this a new Joint Health and Wellbeing Strategy for the city is currently being developed. The draft of this contains a key priority around emotional and mental health and wellbeing and has specific references to transitions, student health and self harm. The new Strategy is due to be launched in March 2017.

### **Implications**

10. **Financial** – see risks below
11. **Human Resources (HR)** - There are no significant HR implications
12. **Equalities** - There are no significant implications
13. **Legal** – There are no significant implications
14. **Crime and Disorder** – There are no significant implications
15. **Information Technology (IT)** – effective information between stakeholder IT systems would facilitate closer working
16. **Property** – There are no significant implications

### **Risk Management**

17. The main risk relates to inaction, in failing to address the high prevalence and escalating concerns around the mental health of young people.
18. There is a risk that the recommended actions are not adequately resourced and it is imperative that all of the agencies involved work closely together to achieve the desired improvements within the available resources

### **Recommendations**

19. The Health and Wellbeing Board is asked to consider the progress and direction in addressing the issues raised by the “Everybody’s Business” conference in November 2015 and the subsequent report to the Board in March 2016.

Reason: To keep the Health and Wellbeing Board aware of progress made.

## Contact Details

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**Report**  **Date** 11.11.2016  
**Approved**

Sharon Stoltz  
Director of Public Health  
City of York

**Report**  **Date** 11.11.2016  
**Approved**

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Background Papers:** None

### Annexes

None

### Glossary

CAMHS: Child & Adolescent Mental Health Services

JSNA: Joint Strategic Needs Assessment

NYCC: North Yorkshire County Council