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## Health Overview and Scrutiny Committee

23 October 2013

### Final Report - Community Mental Health & Care of Young People Scrutiny Review

#### Background

1. This report sets out the findings to date and highlights some emerging conclusions arising from the review to date, from which the Task Group is asked to begin formulating some recommendations.

#### Background

1. At a meeting in July 2012, the Lead Clinician from the Child and Adolescent Mental Health Service (CAMHS), the Service Manager for the Youth Offending Team and the Assistant Director for Children's Specialist Services at City of York Council presented the Health Overview and Scrutiny Committee (HOSC) with an introductory briefing on Community Mental Health Services in Care of Adolescents (particularly boys) – see **Annex A**.
2. This briefing was provided to support the Committee's consideration of a scrutiny topic proposed by Councillor Runciman at the annual scrutiny work planning event in May 2012.
3. The Health Overview and Scrutiny Committee (HOSC) agreed to proceed with the review and set up a Task Group of its members to carry out the review on their behalf.
4. In early November 2012, the Task Group met with Councillor Runciman who was keen to see the review focus on the correlation between youth offending and mental health problems in adolescents, suggesting there was evidence that effective early intervention could prevent an escalation in mental health problems for young people and consequently contribute to a reduction in youth crime and other poor outcomes for young people. A key message from specialist practitioners at York's Children's Mental Health Matters Conference held in February 2012 confirmed that early intervention could be highly effective in putting things right at an earlier stage.

5. The Task Group discussed a number of themes i.e. :
  - The background of young people with mental health issues and an offending record;
  - Emotional support provided in primary schools
  - The challenges associated with providing emotional support to young people in secondary school settings
  - The impact of low level mental health issues on young people's ability to learn and make positive choices were also considered.
6. Based on their discussions the following remit was set for the review:

### **Aim**

To raise awareness of emotional and mental health issues for young people, and the services and interventions available, with a view to ensuring that the wider children's workforce are well informed and equipped to identify and respond to children and young people with emotional problems and/or emerging mental health issues.

### **Key Objectives**

- i. To identify current levels of understanding and awareness of the importance of recognising early symptoms of emotional and mental health problems in young people
- ii. To look at ways of disseminating learning from effective targeted emotional and mental health support in schools – with particular reference to the successful TaMHS (Targeted Mental Health in Schools) arrangements.
- iii. To look at ways to further improve multi-agency working in relation to supporting the emotional and mental health needs of children and young people in the city. In particular, to consider how the developing Child and Adolescent Mental Health Strategy Action Plan 2013-16 (CAMHS) will support this objective.

### **Consultation**

7. Consultation has taken place with:
  - Officers across the Council

- The Lead Clinician for the Child and Adolescent Mental Health Strategy 2013-16
- CYC Youth Offending Team Service Manager
- Head Teacher - Huntington Primary School
- Leader of Inclusion - Hob Moor Federation of Schools
- The School/Home Liaison Officer - All Saints Roman Catholic Secondary School
- School Nurses
- York Youth Council

### **Information Gathered & Analysis**

8. The Task Group began its work in gathering information and evidence in support of this review in February, consulting a range of key stakeholders. The Group, supported by officers, undertook an initial scoping exercise to refine the focus and terms of the review. A subsequent programme of interviews with key stakeholders, to establish a clear understanding of the current awareness of and arrangements to support the emotional and mental wellbeing needs of children and young people, ensued. The group reviewed the range of current services, strategies and interventions across the City with a particular focus on the school community. A plenary meeting of the review group to analyse the evidence presented and to triangulate this with the emerging CAMHS strategy for the City was completed. The group ensured that the voice of children and young people remained at the heart of the process by the direct inclusion of and ongoing consultation with representatives from the Youth Council throughout.
9. Members were very mindful of the breadth and scale of the issues potentially in scope of the review topic. It was recognised that children and young peoples' emotional wellbeing and mental health needs cannot be neatly delineated and range across a spectrum of complexity and severity. In the circumstances, and informed by the key objectives, Members focussed on issues of awareness and responsiveness mostly the across universal settings and in particular schools.

The Task Group was open to receiving evidence about areas of more severe or complex needs but recognised the limitations in terms of time and methodology to address these in detail.

#### 10. York Youth Council

The Task Group learnt that in 2011-12 the Youth Council had carried out a review of the PSHE curriculum in York's secondary schools with the aim of suggesting more relevant and engaging material for lessons.

It highlighted that there was a perception among many young people that there were a lot of unhappy people in schools. And, that young people wanted assurance that their emotional wellbeing was high on their school's agenda, and consistent across the city. Officers reported that the national picture was fairly pessimistic but locally the picture was much more positive with schools wanting young people of all ages to be emotionally stable and happy.

11. Working with a Primary Mental Health Worker based at Castlegate, the Youth Council considered information on the experiences of young people with issues such as family bereavement. Looking at whether or not they received support from school. In order to address some of their concerns the Youth Council had identified a number of ways of improving school's approach to emotional health and well being:
  - A scheme of work with six lessons for each of Years 7 – 11 was developed, explaining potential causes of stress and what could be done to manage stress and keep it at a healthy level. The materials encourage young people to work through strategies for dealing with an emotional crisis and it shows young people how to support each other through day to day anxieties . It did not include talking about different types of mental illness.
  - A film was commissioned which explained the Risk and Resilience model (stress bag) which could be used in the lessons – see: <http://www.youtube.com/watch?v=nzGIXER5fdc>
12. In addition, the Youth Council considered a Mentally Healthy School Charter which had been developed to describe what strategies, resources and support systems should be in place in secondary schools. The Charter states that schools should balance well-being with academic achievement, and there should be mental health sessions in PSHE, so students can learn how to deal with a crisis and develop resilience. The Youth Council also gave a presentation at a Head teacher's conference in January 2012, and asked Secondary schools to complete a questionnaire, identifying which of the 12 actions on the Mentally Healthy School Charter they already did in school, so there was baseline data.
13. The Youth Council presented their findings at the Child & Adult Mental Health Strategy Conference in February 2012, and highlighted the need for:

- Information on support services to be put in every child's school planner
  - Peer mentoring services – need to be properly supported by qualified staff, the school needs to allocate time and space
  - Lessons that educate everyone on how to stay mentally healthy and help friends when they are stressed
  - Accessible support for under 16s
  - Support for victims of bullying
14. Finally, to acknowledge the commitment of schools to develop emotionally supportive learning environments, the Youth Council created a three level award.
15. The work of the Youth Council was subsequently shared with the Healthy Schools and Risky Behaviour Consultant who was supporting a multi-agency group of professionals, including health and education representatives, to develop a mental health toolkit for schools. It is hoped that it will be developed in to lessons within York secondary schools.
16. The Task Group recognised that young people cared greatly about their own and their peers' emotional wellbeing, and was pleased to note that the work undertaken by York's Youth Council had been shared with the UK Youth Parliament as part of its Curriculum for Life Campaign.
17. The Task Group agreed to invite a member of the Youth Council to present the findings of their review at a future meeting –details of that are shown at paragraphs 39-46.
18. The Task Group raised the issue of how the Youth Council attracted people to become involved, in particular how they attracted those from a BME<sup>1</sup> background to join or those that would not normally become involved in something like the Youth Council. They felt that whilst the Youth Council was an extremely positive and valuable group it would attract those with a degree of articulacy who were willing and confident enough to become involved. The Voice and Influence Lead Officer at City Of York Council confirmed that the Youth Council does recruit young people from all the secondary schools and youth groups, which has enabled the involvement of BME, LGBTQ<sup>2</sup>, a refugee and specific needs young people from Choose 2<sup>3</sup> in York.

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<sup>1</sup> Black and Minority Ethnic

<sup>2</sup> Lesbian, Gay, Bisexual. Transgender, Questioning

<sup>3</sup> Choose 2 is a youth group for children with learning disabilities and physical disabilities

19. YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 (CAMHS)

The Task Group received information on the draft Strategy, which was in the process of being updated and aligned with the Children and Young People's Plan 2013-2016 and the overall Health and Wellbeing Strategy for the city. Detailed information on the strategy is shown at **Annex B**, alongside the strategic priorities to achieve the overall aim of improving the support available to younger people. Further information from the Assistant Director for Children's Specialist Services on the work in progress in relation to the Children and Young People's Mental Health Strategy 2013-15 was also considered by the Task Group. (see **Annex H**)

20. The Task Group noted that whilst the Council offered a good range of services to support children and young people's emotional health and wellbeing, it needed a more complete picture of local need across all the possible dimensions of young people's mental health. In their view, with better information about what services were needed, the Council would be able to successfully deliver them and be able to evidence it was promoting good emotional health and wellbeing amongst younger people.
21. The Task Group acknowledged that raising awareness of mental health and emotional wellbeing issues amongst young people was a priority, and that listening to children and young people was key, together with regular workforce development for those that work with younger people.
22. The Task Group considered the seven key priorities identified within the new strategy as set out below:
- i. Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and wellbeing – *the Task Group were keen that this would involve all communities and health service providers and commissioners; in particular the Leeds and York Partnership NHS Foundation Trust and the newly formed Clinical Commissioning Groups. It was imperative that there was robust communication between the different partnerships.*
  - ii. Children and young people and their families will be treated with respect and confidentiality – *The Task Group were keen that this*

*should mean working with whole families and a holistic approach should be taken.*

- iii. Mental health and wellbeing services provided by all agencies, including the voluntary and faith sector are well co-ordinated.
  - iv. Promote mental wellbeing for children and young people and intervene early when difficulties begin to emerge – *The Task Group felt that this was around the different services working effectively together.*
  - v. Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, through support and signposting by appropriately trained staff – *The Task Group felt that one of the ways this could be achieved was via the mental health toolkit (currently in development and referred to later in this report) and through the TaMHS programme (again mentioned in detail at a later point in this report).*
  - vi. Accessible, specialist support will be available for children and young people with severe or chronic mental health needs. *The Task Group understood from officers that the number of children needing this kind of support was small. It was felt that there was a good track record for providing this kind of support within the city.*
  - vii. Supported, qualified, experienced and confident workforce will work across agency boundaries
23. Further discussion showed that schools, and the Council as a whole, were still struggling to be confident in speaking to young people who were depressed, had other emotional wellbeing issues or were living in difficult circumstances. There were challenges around ensuring that ‘listeners’ were available for young people, and an understanding that in secondary schools young people would be more likely to speak to their peers, whereas in primary school children are often more likely to speak to their teacher (maybe because they only had one teacher whereas in secondary school a pupil would have several teachers).
24. The Task Group agreed there was a significant need to look at equalities issues in relation to the emotional wellbeing of young people, especially as the population of the city was increasingly changing in terms of race, faith and an increase of young carers. They felt this

should be added to the list of priorities to be included in the refreshed CAMHS Strategy. The Voice and Influence Lead Officer confirmed that LGBTQ young people also needed specific support and more general work needed to be done to remove the stigma within the community (including amongst pupils).

25. Overall, Members felt there was a clear overall multi-agency vision emerging to improve the emotional wellbeing and mental health outcomes for children and young people in the City, but considered some improvements could be made to embed this approach further. These are outlined in the summary conclusions at the end of this report.

### **School Based Initiatives, Interventions and Resources**

26. Mainstreaming York Targeted Mental Health in Schools (TaMHS) Project

The Task Group learnt of the Council's involvement in phase 3 of the TaMHS initiative following receipt of a substantial amount of funding (£222k) to implement a preventative strategy for addressing mental health needs in schools.

27. As part of this York had introduced the Emotional Literacy Support Assistants Training Programme (ELSA), initially targeting a small number of schools (2 secondary and 6 primary schools). Detailed information on the programme is shown at **Annex C**. As part of their fact finding on this, Members learnt the following:

ELSAs received a comprehensive package of training and supervision to enable them to implement preventative interventions at individual and group level, with children and young people displaying emerging mental health needs,

The TaMHS ELSA project was subjected to a comprehensive evaluation which demonstrated a very positive impact. For all interventions, both individual and group work, improvements were reported by staff, parents and pupils.

- For group work: 72% of staff, 65% of parents and 62% of pupils showed improvements in perceptions of Emotional Health and Well-being (EHWB) for the targeted pupils.
- For individual work: 73% of staff, 63% of parents and 67% of pupils showed improvements in perceptions of EHWB for targeted pupils



- For more complex individual work: 79% of staff, 89% of parents and 75% of pupils showed improved scores on the Strengths and Difficulties Questionnaire (SDQ) for targeted pupils

Cost effectiveness case-studies were undertaken. The cost of TaMHS/ELSA interventions for a specific pupil ranged from £157 (individual support) to £371 (extended group and individual work). Most schools anticipated that without TaMHS involvement, further input would have been required from outside agencies, incurring additional costs which in some cases was estimated at 10 times as much.

Subsequent evaluations of ELSA courses have been very positive. Overall 99 % of the ratings given for achieving the course learning outcomes have been 'good' or 'excellent'. Competence and confidence questionnaires continue to show positive shifts pre and post training. Demand for places on the courses continues to be high. York is now part of the national ELSA Network and has its own website run by one of the ELSAs.

Many of York's schools also use a national strategy called SEAL (Social and Emotional Aspects of Learning) to develop children's social, emotional and behavioural skills including Silver SEAL which is a more targeted approach to improving wellbeing amongst children and young people. ELSAs are trained in Silver SEAL.

It has been noted that just having ELSAs to offer support in a school setting raises the profile of emotional wellbeing.

28. The Task Group recognised the importance of confidential spaces in schools where children could talk to an ELSA. Also that there were many good reasons for early intervention in relation to emotional wellbeing ranging i.e. the positive effect it had on a child or young person to be emotionally stable and confident and minimising the number of children and young people that needed to be referred to a Pupil Referral Unit (PRU) or excluded from school for a fixed term, thereby reducing the cost to a Local Authority.
29. The Task Group agreed that despite there being no more funding available, it would be beneficial to continue the ELSA training and for all Local Authority schools to have at least one ELSA. They also suggested that those in independent schools should be encouraged to join the programme.

30. Mental Health Toolkit

The final paper considered by the Task Group at their February 2013 meeting set out information on the Mental Health Toolkit for Secondary Schools.

31. The Task Group learnt of a review undertaken by the Healthy Schools and Risky Behaviour Consultant with the PSHE Leads in all 10 secondary schools, and also the special school and education support centre. The review took place between May 2010 and September 2011. The initial analysis was to provide the Council with information regarding the provision of Drug, Alcohol and Tobacco Education (DATE), and also Sex and Relationship Education (SRE) on a school and city-wide basis, and to help individual schools identify their present provision and any future actions to further improve this area of PSHE. Each school was provided with a report of the findings and ways to address areas for development

32. The findings of the analysis highlighted many things including:

- Many schools were working at levels consistent with minimum criteria for DATE and SRE as outlined by the Healthy Schools programme
- Many schools had made insufficient use of National and Local data to inform programme planning
- Wider provision of information about health services to support young people in areas readily accessible to students was evident in the majority of schools
- Very few schools had a dedicated team approach to PSHE. Research suggests that this is the most effective model for delivery of DATE
- Whilst assessment of DATE and SRE in PSHE took place informally in some schools, there was often no standard procedure for recording it, (although students did have a good idea of the progress they were making).
- Consideration of the needs' of staff for in-service training on basic drugs awareness, drugs education, SRE, relationships, healthy eating, financial capability and emotional health issues was being addressed through the curriculum, but often teaching staff were concerned about their lack of knowledge in certain areas.
- Teaching staff were concerned about the number of young people who were presenting possible signs of mental health, emotional health and wellbeing issues, which they often felt ill-equipped to deal with in the short term.

- Teaching staff expressed the need for training on signs and symptoms of mental health needs, but also specifically around self-harm and body image. The suggestion of training and a lesson plan Toolkit was felt to be an option to explore over time. The success of the Sexual Relationship Toolkit for young people with learning difficulties, and having a shared vision and understanding with professionals from the Child and Adolescent Mental Health Service were felt to have been very successful. As a consequence, it was felt that a similar approach would be a good starting point for issues raised around mental health and emotional health and well-being.

As a result, agreement was reached to establish a Mental Health Toolkit for Schools with the support of teaching staff. A meeting was arranged with professionals from across the city to cascade the findings from the analysis and to establish ways forward. It was agreed that the action plan would benefit from sitting with the Social, Emotional Working Group (SEWG), for monitoring and future planning.

33. Two sub-groups were established, with one group covering the training needs of teaching staff and the other the Mental Health Toolkit. The Task Group were informed that two meetings of both groups had subsequently been held and work was underway to ensure effective delivery to young people. Further support had also been offered from University College London - Institute of Health Equity (Marmot Team), to ensure that the most relevant and up to date research was available.
34. The training offered through the Toolkit will be provided at three levels:
  - Level 1 - Mental health and emotional health and wellbeing – including generic information around mental health illnesses such as schizophrenia, self harm and bi-polar
  - Level 2 - Working with the Mental Health Toolkit i.e. lesson planning using the Toolkit
  - Level 3 - Bespoke training in schools - to cover further information on the Toolkit and any misunderstanding from the training above
37. The Task Group recognised that after the above training it would be possible to look at specifics; for example, if a school had a particular problem with self-harm then it would be possible to develop lesson plans related to this. It was also acknowledged that building

relationships with key partners was imperative as ultimately one of the most important things to make the Toolkit successful was ensuring that schools engaged with it and its associated materials and embedded them within their curriculum and the overall ethos of their school.

38. On consideration of all the information received in February 2013, the Task Group agreed that they would like to take the following next steps:
  - i. To meet with a representative of the Youth Council to receive the presentation they had given at the CAMHS conference in February 2012 around their review into emotional wellbeing
  - ii. Meet with Head Teachers or Pastoral Care Leads from two primary and two secondary schools (with at least one of these schools not having an ELSA in place)
39. Meeting with a Representative from the Youth Council  
 In March 2013 the Task Group met with a representative of the Youth Council and received a presentation entitled '*What young people need to help them cope*' – see copy of presentation at **Annex D**.
40. Discussions around the presentation highlighted that the world for young people was a very different place to that experienced by their parents when they were growing up, and they faced a lot of stress. Young people were very often judged by their peers on what they had (i.e. the latest designer trainers or an up to date mobile phone) and this, amongst other things, could lead to school being a very stressful place. Young people face challenges around: peer pressure, relationships, exams and future prospects (i.e. university and employment) as well as trying to understand who they were as individuals as they matured.
41. Schools were also a different place from most parents' experiences, with academic stress and the expectations of what young people were expected to achieve being stressful enough without the added stress of the issues mentioned in the paragraph above. In contrast, the Youth Council representative confirmed there were many things that were good about being a young person which was a good reason why young people needed to be taught about their own mental and emotional health and wellbeing and ways of coping with stress.
42. The Task Group considered the national statistics within Annex D around young people and mental illness ( taken from the Young Minds

Website<sup>4</sup> in September 2012) They showed that unfortunately it was not just stress that young people suffered from, but from diagnosable mental health conditions, with 1 in 10 young people being affected. In addition, between 1 in 12 and 1 in 15 young people deliberately self harm and for around 25,000 the self-harming is so bad that they had to be admitted to hospital. About 195,000 young people have an anxiety disorder and about 62,000 are seriously depressed. The Task Group therefore agreed that more awareness and support for emotional and mental wellbeing, using a nurturing and 'listening' approach, was needed for young people.

43. The Task Group were also presented with information on the emotional wellbeing of young people in York during the year 2011-2012 which showed that around 1300 children and young people were referred to CAMHS via Primary Mental Health Workers with 900 of these going on to be supported by the specialist CAMHS team. The Task Group noted that the figures provided only related to those young people that had been identified as having a mental health issue. They therefore acknowledged there may be young people that had not been identified and as such were not getting any help or support.
44. The statistics also indicated a large gap between what is currently been taught in the PSHE curriculum area and what young people feel should be taught to develop their emotional wellbeing.
45. The Task Group discussed the stigma around mental health with the Youth Council representative. All felt that mental and emotional health and wellbeing could easily get mixed up with mental illness and young people needed education to help them understand and reduce the fear of prejudice. Teachers and young people needed to be able to access specialist help. Specifically teaching staff needed to have a good understanding of mental and emotional wellbeing and an awareness of mental illness. It was felt that there was little point in having some of the excellent support services available to schools if teachers did not understand. However, they agreed it was important to leave the diagnosis of mental illnesses to the professionals.
46. They also acknowledged a pupil's school work could be affected by their ability to deal with things going on in their lives such as bereavement, poverty, bullying, academic workload or family break up.

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<sup>4</sup> [http://www.youngminds.org.uk/training\\_services/policy/mental\\_health\\_statistics](http://www.youngminds.org.uk/training_services/policy/mental_health_statistics)

They agreed schools should have a responsibility to provide a safe and supportive environment in which pupils can learn and achieve.

47. In summary, it was acknowledged by the Task Group from this representation that young people wanted assurance that their emotional wellbeing was high on their school's agenda and consistent across the city

48. Meeting with Head Teachers and Pastoral Care Leads

Earlier in this review the Task Group had identified that they wished to meet with Head Teachers and Pastoral Care Leads from two Primary Schools in York and two Secondary Schools with at least one of the 4 schools chosen not having an ELSA in place. The following schools were subsequently identified:

Schools with ELSAs

- Hob Moor Federation (hosted the first ELSA course and trained staff in both Hob Moor Primary School and Hob Moor Oaks Special School)
- All Saints Roman Catholic Secondary School (the new SENCO<sup>5</sup> has promoted ELSAs in her previous schools as well as at All Saints)

School without ELSAs

- Huntington Primary School
- Huntington Secondary School

49. In April 2013, the Task Group met with representatives from those schools and discussions ensued around the following questions:

- i. What steps are taken to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
- ii. Do you or how might you use other young people in your school to support those you identify as vulnerable?
- iii. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?

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<sup>5</sup> Special Educational Needs Co-ordinator

- iv. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school? - Why do you think this is?
  - v. What training have you had in the past three years for dealing with mental health issues in your school? And have you used that training at your school?
  - vi. How do you rate your school at dealing with young people's health issues and what is your plan for the next three years? - Do you involve the young people at your school in assessing issues?
  - vii. As voluntary organisations become further involved in the community, have you been approached by an organisation and would you welcome this? - What support would you welcome?
  - viii. What services are you aware of that are available for students in your school?
50. Following the meeting, the Task Group further posed the following five additional questions to the participating schools:
- ix. How often does your school ask young people about their emotional wellbeing?
  - x. Do your staff have the confidence to deal with emotional health and wellbeing issues?
  - xi. What do you want to achieve for young people's wellbeing in your school?
  - xii. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?
  - xiii. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?
51. The responses from each school are shown at **Annexes E - G** (Hob Moor Federation of Schools, All Saints Roman Catholic School and Huntington Primary School respectively) (NB: no response received from Huntington Secondary School).

52. The Task Group learnt that the Hob Moor Federation school was situated in an area of high deprivation with children coming in with a range of emotional vulnerabilities. The Federation consisted of Hob Moor Primary School and Hob Moor Oaks (a special school). They had been a host school for training ELSAs and currently had 12 ELSAs at the school along with a Parent Support Advisor (who worked predominantly with parents). In addition, pastoral staff had fortnightly meetings where they allocated key workers to specific children. They also focussed on targeted short term work, work around 'what makes a good male role model' and using restorative circles to encourage children to talk with each other and discuss their feelings.
53. The Head Teacher at Huntington Primary School explained that whilst they did not have an ELSA at the school they used SEAL (Social and Emotional Aspects of Learning) and this was woven into everything the school did. The school also had strong links with the community, the parents of the children at the school and with Huntington Secondary School.
54. In regard to All Saints Roman Catholic Secondary School, they operated from two sites, with a pastoral lead at each site. The school offered lunchtime 'chill out clubs', homework clubs and summer schools for identified vulnerable pupils moving up to the school from a primary school.
55. Of the schools represented, Members noted that that there was a clear commitment to ensuring the best possible emotional support for the children and young people in their care. The review found that the approaches across each of the schools differed and that there was limited cross school or cross phase sharing and learning from what works. The review found innovative and effective pockets of practice and a willingness, at least by those who responded to the review, to explore new and different approaches to supporting their children / young people.

Confidence in dealing with emotional / mental health issues across the school community appeared variable but a clear commitment to address this issue was evident.



## **Secondary School Nurses**

56. In June 2013, the Task Group met with Secondary School nurses in relation to the emotional wellbeing issues which emerge in young people upon their transition to Secondary School from primaries.
57. At this meeting, Members heard from school nurses about a variety of issues, ranging from the national (as well as local) escalation of self harm amongst young people to eating disorders becoming more apparent at a younger age (as early as Year 7). Different types of activity seemed to be taking place across schools to raise awareness about the emotional wellbeing of young people. Some of the good practice already taking place included Self Help Kits in some schools, established links with CAMHS (Children & Adult Mental Health Services), Student Wellbeing Groups in some schools, transition questionnaires for pupils leaving primary schools. In particular, Members noted that a training day was being held for schools in October 2013 to raise awareness on mental health issues.
58. Upon learning of the work which was taking place, Members still felt that a number of themes were emerging around which some recommendations would be valuable, such as dealing with the 'stigmatisation' associated with admitting to having emotional issues, guidelines to schools on how to respond to these types of issues, clear demarcation of roles and a directory of where to get help.

## **Council Plan 2011-15**

59. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015

## **Options**

60. The Task Group have learnt about current practices during the course of this review and discussed different potential options for future ways of working. This discursive process has led to the formulation of their key recommendations for future delivery.

## **Overarching Themes**

61. Several key interrelated themes emerged from the evidence heard. The Group found that the experience of children and young people in having

their emotional and or mental health needs recognised and met is variable.

Inevitably, given the major role they play in the development of the City's children and young people, the review focussed sharply on the arrangements in school settings.

There is a clear distinction between the approaches and arrangements in primary schools and those reported by secondary schools. Members recognised that of necessity and function, the environments in primary and secondary schools are very different. It was apparent therefore that 'what works' in primary schools may not be appropriate or deliverable in secondary settings. However, the Group did hear evidence to suggest that there are key principles that should be observed across the school phases. These include:

- An explicit and visible commitment by schools to supporting the emotional and mental health needs of their children / young people.
- Early recognition / identification of emotional vulnerability / mental health issues is the key to preventing problems from escalating and therefore to reducing the likelihood of more serious future mental health issues.
- A willingness to create a listening environment is highly valued by young people - in secondary settings 'peer listeners' have a big contribution to make.
- Institutions need effective strategies to overcome or reduce the barriers (e.g. stigma) to young people seeking help or advice.
- Good accessible information about services and help is essential.
- A 'nurture to attain' model is favoured by young people and demonstrated to be effective

62. The Task Group received limited information about arrangements to support the emotional wellbeing and mental health across the wider community. The emerging CAMHs strategy could become a useful catalyst for greater multi agency collaboration to ensure that all agencies are involved in supporting front line services. Overall, it was felt that the current draft of the strategy lacked sufficient focus on equalities, seems to lack full sign up and ownership across the wider

partnership of key service providers (e.g. the Vale of York CCG). The group recognised the detailed work and consultation that had gone into developing the vision for the strategy and the range of strong services available across the City, however, these are not yet knitted together to form a cohesive action plan. The Group see this work as a key priority if the aspirations for a 'listening', 'knowledgeable' and 'responsive' citywide environment is to prevail.

63. There was very good evidence of several innovative, evidence based and effective initiatives across the City which taken together could make a very significant contribution to improving the emotional and mental health of children and young people across the City. The TaMHs ELSA initiative provides a model of working which not only meets individual needs but also creates a positive whole setting culture, in which young people are more likely to have their emotional and mental health needs recognised and addressed.
64. The developing Mental Health Tool Kit provides a resource to schools and potentially other settings to help them communicate with their children and young people on issues that may not be sufficiently prioritised or even missed in busy settings.
65. The Youth Council's accreditation scheme is another effective way to ensure that the emotional and mental health needs of children remain high on the agenda of schools and in the future potentially other settings.
66. The Task Group greatly valued the contribution by the Youth Council. Members were also mindful that the group's contribution may not be fully representative of some of the more vulnerable groups across the city. The voice of all young people, users of specialist services and their parents and carers was in some respects a bit muted in the review and these groups must be fully consulted and engaged in any future development work.
67. The Group was struck by the passion and commitment of all those who presented during the review. Although a small sample of the wider professional community working to develop and support York's children and young people the group felt that if the energy, vision and commitment of these people was reflective of the wider children's workforce then the City can be very optimistic about the quality and effectiveness of future arrangements to support our more vulnerable children.

## Summary Conclusions

The overarching themes identified by the Task Group then led the Group to draw some summary conclusions as follows:

### York Youth Council

68. The Youth Council's proposal to implement across all secondary schools a scheme of work with six lessons for each of Years 7 – 11 should be supported. Some material has been developed to help young people better understand stress and strategies to manage stress and keep it at healthy level.<sup>6</sup>
69. A short film (commissioned by YYC) explaining the Risk and Resilience model (stress bag) should be considered for use in the above lessons<sup>7</sup>
70. A Mentally Healthy School Charter which had been developed to detail what strategies, resources and support systems should be in place in secondary schools.
71. Peer mentoring services – need to be properly supported by qualified staff, the school needs to allocate time and space

### YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 (CAMHS)

72. The strategy should explicitly involve all communities and health service providers and commissioners; in particular the Leeds and York Partnership NHS Foundation Trust and the newly formed Clinical Commissioning Groups.
73. The strategy should promote and emphasise working with whole families and a holistic approach.
74. The strategy should promote the use of, and learning from, the Mental Health Toolkit<sup>8</sup> and the TAMHS programme in schools and wider community services as part of a preventative approach to mental health needs affecting children and young people.

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<sup>6</sup> [Note: this material does not include talking about different types of mental illness.]

<sup>7</sup> see: <http://www.youtube.com/watch?v=nzGIXER5fdc>

<sup>8</sup> A collaborative resource for schools to use as part of the curriculum to promote awareness of emotional and mental health issues for young people in secondary schools

75. The strategy should seek to emphasise the need for effective 'listeners' for young people in school settings and recognise that in secondary school settings these are more likely to be peers than professionals. (which relates to Youth Council recommendation at d. above).
76. The strategy should carefully consider and include as priority equalities issues in relation to the emotional wellbeing of young people, especially as the population of the city was increasingly changing in terms of race, faith and an increase of young carers.
77. The strategy should consider how all agencies can work and behave to overcome any issues of 'stigma' that may be associated with seeking or receiving help for emotional or mental health issues.
78. The strategy should also raise awareness of the need to support and attend to the emotional wellbeing of professionals who work in children's settings.

#### Schools Based Initiatives, Interventions and Resources

79. There is strong evidence that the TaMHS approach in primary schools is effective. It helps to meet the emotional support needs of individual children whilst promoting a whole school culture of 'nurture to learn'. Panel concluded that this model should be supported and promoted across the whole school community.
80. The emerging CAMHS strategy should seek to promote this approach in other children's settings such as children's centres and youth groups.
81. The Mental Health Toolkit should be adopted by secondary schools across the city. There is scope and real value in developing this model / resource for use in primary schools.
82. The Mental Health Tool Kit could help to increase the confidence of professionals in schools in responding to children and young people's emotional and mental health needs.

#### Meeting with Head Teachers and Pastoral Care Leads

83. It is hard to be confident that there is a good understanding across the wider school community of the range of initiatives, resources and interventions available to help them address the emotional and mental health needs of their children / young people.

84. There is a good understanding of the barriers to providing such support including, stigma and a lack of knowledge about resources and referral routes.

### Meeting with School Nurses

85. The issue of self-harm, whilst beyond the scope of this scrutiny review itself, is an area of serious, and increasing, concern to schools. This indicates the need to offer a preventative strategy to build capacity through effective staff development and sharing of good practice. Pastoral staff including school nurses, ELSAs and SENCos will be the frontline staff who identify needs and they need support to ensure there is effective referral and signposting to specialist services e.g. Limetrees as needed.

### **Overall Summary Conclusions**

86. Having formed the above summary conclusions in each area, the Task Group concluded there were 3 key priority areas to help achieve their aim of raising awareness of emotional and mental health issues for young people:
- A single strategic action plan for the city ultimately;
  - Support for the most effective interventions and resources (including the TaMHS programme and the Mental Health Toolkit );
  - A training and information strategy; and

Above all, promoting a 'nurture to attain' approach across all children's settings, as supported through the Youth Council's Accreditation Scheme) would be fundamental to achieving increased awareness of the issues amongst young people themselves and service providers.

### **Implications**

87. The Task Group's final recommendations are set out below and potentially give rise to some minor resource implications:

#### **The Mental Health School Charter and Mental Health Toolkit:**

In making a recommendation for schools to endorse and adopt the Charter and Toolkit, the Task Group acknowledged that there might be some costs associated with physically printing the Toolkit should schools

need to do so. Members of the Task Group fully appreciated the requirement upon schools to balance the 'standards agenda' with their 'pastoral responsibilities'.

At this stage, Members acknowledged that it was hard to quantify any likely production costs because demand in that sense was unknown. Acknowledging the competing demands on school resources, Officers gave a commitment, as part of this review, to work with and support schools in adopting the implementation of the Charter/Toolkit and in exploring ways of mitigating any comparatively minor production costs of this nature

### **Emotional Literacy Support Assistants Programme (ELSA) Conference**

The Task Group welcomed the ELSA conference as an exciting opportunity to strengthen and promote the whole ELSA approach across the city. However, Members acknowledged that its success would be dependent upon schools' willingness to pay for their ELSAs (Emotional Literacy Support Assistants) to attend and to release them from school for a day. With no additional funding available to support this, it was acknowledged the cooperation of schools was vital to ensure the viability of the conference. As such, the Task Group felt it was important for a recommendation to emerge from this review to encourage schools to support this initiative as part of the journey to deliver a preventative strategy for addressing the mental health needs of young people.

88. Outside of the above, there are no Legal, HR, Financial or other implications associated with the recommendations below.

### **Recommendations**

89. In light of the information and evidence gathered throughout the review and the overarching themes and summary conclusions which had emerged, the Task Group wishes to make the following recommendations to Cabinet:
- (i) That secondary schools in the area be requested and strongly encouraged to introduce the Mental Health School Charter, setting out what strategies, resources and support systems were in place to help pupils, carers and support staff identify and cope with emerging emotional or mental health issues;

- (ii) Whilst fully endorsing the YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 and its vision and aims, the Assistant Director for Children's Specialist Services provide a final draft of the Strategy Action Plan to the Board in Autumn 2013, taking account of the overall recommendations and findings from this review and drawing out the issues surrounding stigmatisation and equalities, as well as signposting where there is evidence of serious mental health problems ;
- (iii) That all providers of the Emotional Literacy Support Assistants Programme (ELSA) be actively encouraged to support the Conference being organised in the Spring Term for 2014, in line with the TaMHS (Targeted Mental Health in Schools) Project, to promote and deliver a preventative strategy for addressing mental health needs in schools; and
- (iv) That
  - (a) the potential benefits in the widespread adoption of the Mental Health Toolkit throughout York secondary schools be openly recognised and supported, to help schools respond to children and young people's emotional and mental health needs.
  - (b) whilst acknowledging the financial costs involved for schools in reproducing the Toolkit, all secondary schools in York be actively encouraged to adopt it and officers explore ways to support those schools in doing this.

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*tick*

**Date** 17.9.13

**Final Draft  
 Report  
 Approved**

**Wards Affected:** All

All

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



**Background Papers: None**

**Annexes**

**Annex A** Briefing Note on Proposed Scrutiny Topic dated 23 July 2012

**Annex B** Background on the work of York Youth Council  
on Mental Health and Well-being

**Annex C** Yor-ok CAMHS Draft Strategy 2013-16

**Annex D** Mainstreaming York TaMHS Project

**Annex E** Mental Health Toolkit

**Annex F** Youth Council Presentation

**Annex G** Response from Hob Moor Federation of Schools

**Annex H** Response from All Saints Roman Catholic School

**Annex I** Response from Huntington Primary Schools