

## Health Overview & Scrutiny Committee

26 June 2013

Report of the Community Mental Health and the Care of Young People  
Scrutiny Review Task Group

### Community Mental Health and the Care of Young People Scrutiny Review – Interim Report

#### Summary

1. This report sets out the findings to date in relation to the scrutiny review on Community Mental Health and the Care of Young People.
2. Members are asked to agree what if any further information is required to complete the work on this review, and a final meeting date to identify and agree their conclusions and recommendations arising from the review.

#### Background

3. 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**.
4. 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.
5. 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.

6. 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.
7. 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.
8. 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**

9. 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

## **Information Gathered & Analysis**

10. In February 2013 the Task Group received information on a number of areas of ongoing work relating to this scrutiny review:

11. 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 happy.

12. 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 where stress came from and what could be done to manage stress and keep it at healthy level. Young people get to work through strategies for dealing with a crisis and it shows young people how to support each other. 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>
13. In addition, the Youth Council considered a Mentally Healthy School Charter which had been developed to detail 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.
14. 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 for support for under 16's
  - Support for victims of bullying
15. Finally, to acknowledge the commitment of schools to develop emotionally supportive learning environments, the Youth Council created a three level award.
16. The work of the Youth Council was subsequently shared with a Healthy Schools and Risky Behaviour Consultant who was supporting a group to develop a mental health toolkit for schools. It is hoped that it will be developed in to lessons within York secondary schools.

17. 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.
18. 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.
19. 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 always generally 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.
20. 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.
21. 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.

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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

22. 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.
23. 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
24. 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).
25. 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).
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 Emotional Literacy Support Assistants Programme (ELSA), initially in a small number of schools (2 secondary and 6 primary schools). Detailed information on the programme is shown at **Annex C**.

28. The Task Group learnt that many schools also used a national strategy called SEAL (Social and Emotional Aspects of Learning) to develop children's social, emotional and behavioural skills and Silver SEAL which was a more targeted approach to improving wellbeing amongst children and young people. ELSAs were trained in Silver SEAL and it had been noted that just having ELSAs in a school raised the profile of emotional wellbeing.
29. 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.
30. 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.
31. 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.
32. The Task Group learnt of a review undertaken by the Health and Community Consultant of the provision of Personal, Social and Health Education (PSHE) 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 progress any weak areas.
33. 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, 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 overtime. 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.

34. 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.

35. 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.
36. The training offered through the Toolkit is 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 faced 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 counselling in schools and more awareness and support for emotional and mental wellbeing was needed for young people.

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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)

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 being taught in the PSHE curriculum area and what young people feel should be taught and what they feel they need 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. They agreed schools should have a responsibility to provide a safe and supportive environment in which pupils can learn and achieve.
47. 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 and trained staff in both Hob Moor Primary School and Hob Moor Oaks)

- 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

48. 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?
- 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?

49. Following the meeting, the Task Group further posed the following four additional questions to the participating schools:

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

- 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?

50. 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).
51. 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.
52. 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.
53. 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.

### **Completing Work on the Review**

54. In June 2013, the Task Group met again to :
- Consider further the submissions from the schools (shown at **Annexes E- G** to this report )
  - Receive information from the Assistant Director for Children's Specialist Services on the work in progress on the Children and Young People's Mental Health Strategy 2013-15 (see **Annex H**)
  - Discuss with Secondary School nurses the emotional wellbeing issues which emerge in young people upon their transition to Secondary School from primaries
55. 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.
56. 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 2011-2015**

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

## Implications & Risk Management

58. On completion of the work on this review the Task Group will present a draft final report containing their proposed recommendations and the implications and any risks associated with those draft recommendations, to the Health Overview & Scrutiny Committee.

## Recommendations

59. Members of the Health Overview & Scrutiny Committee are asked to note and comment upon this interim report and be aware that the Task Group will meet one final time to formulate its final recommendations for submission to this Committee in its final report.

Reason: To conclude the work on this review in line with Scrutiny Procedures and Protocols

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Report Approved

Date

14 June 2013

**Specialist Implications Officer(s)** Not applicable at this stage

**Wards Affected:**

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** Overview of Children & Young People's Mental Health Strategy  
Draft Strategy 2013-16



- Annex C** Overview of the Emotional Literacy Support Assistants (ELSA) Programme
- Annex D** Youth Council Presentation
- Annex E** Response from Hob Moor Federation of Schools
- Annex F** Response from All Saints Roman Catholic School
- Annex G** Response from Huntington Primary Schools
- Annex H** Update on work in progress on the Children and Young People's Mental Health Strategy Action Plan 2013-16