

# Starting Well and Children First: Young people, wellbeing and mental health

West Sussex Health and Wellbeing Board

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**Adur and Worthing**

30th January 2020



## What we know

1 in 4 young people between 15-24 will experience a mental disorder in any 12 month period

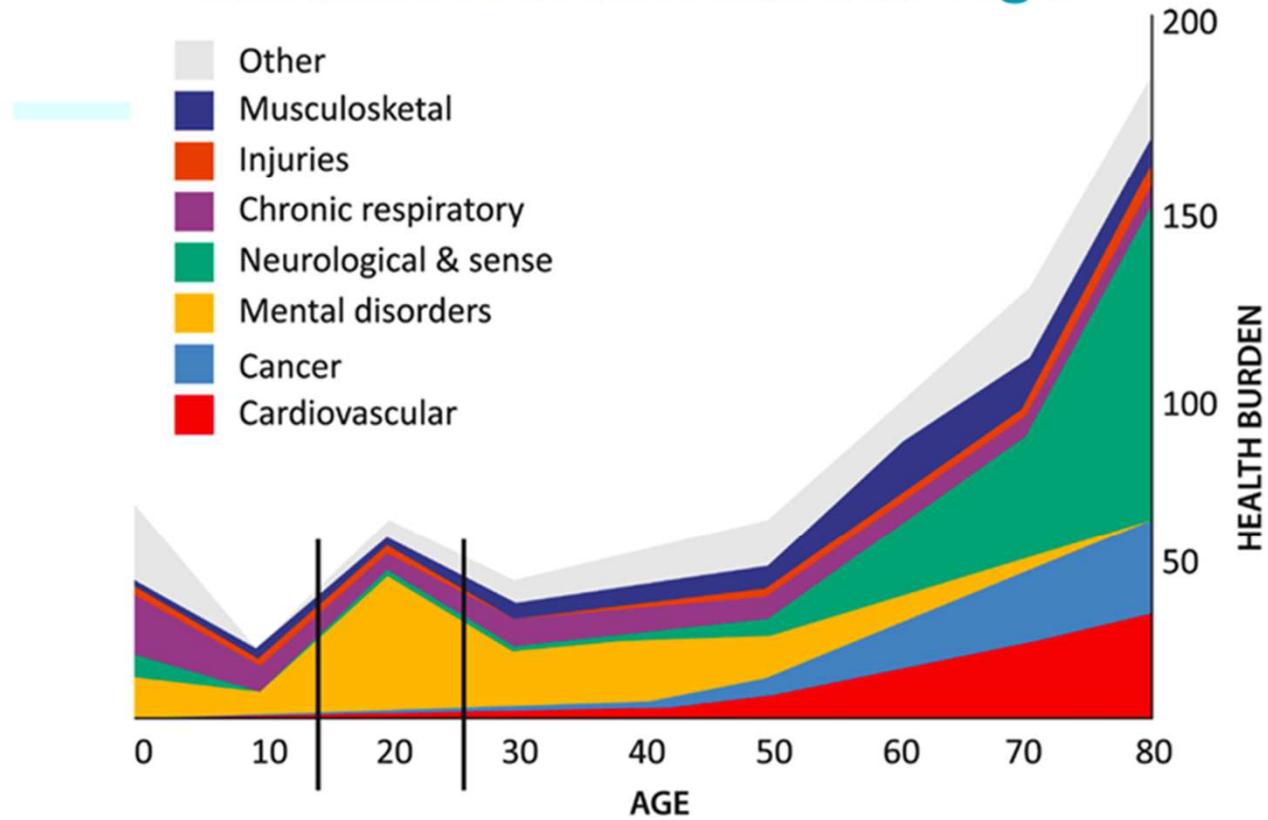
15 - 24 years old is the peak period for the onset of mental disorders (75%)

Pathways for young people to access health resources are limited as use of standard GPs is under-represented in this age group

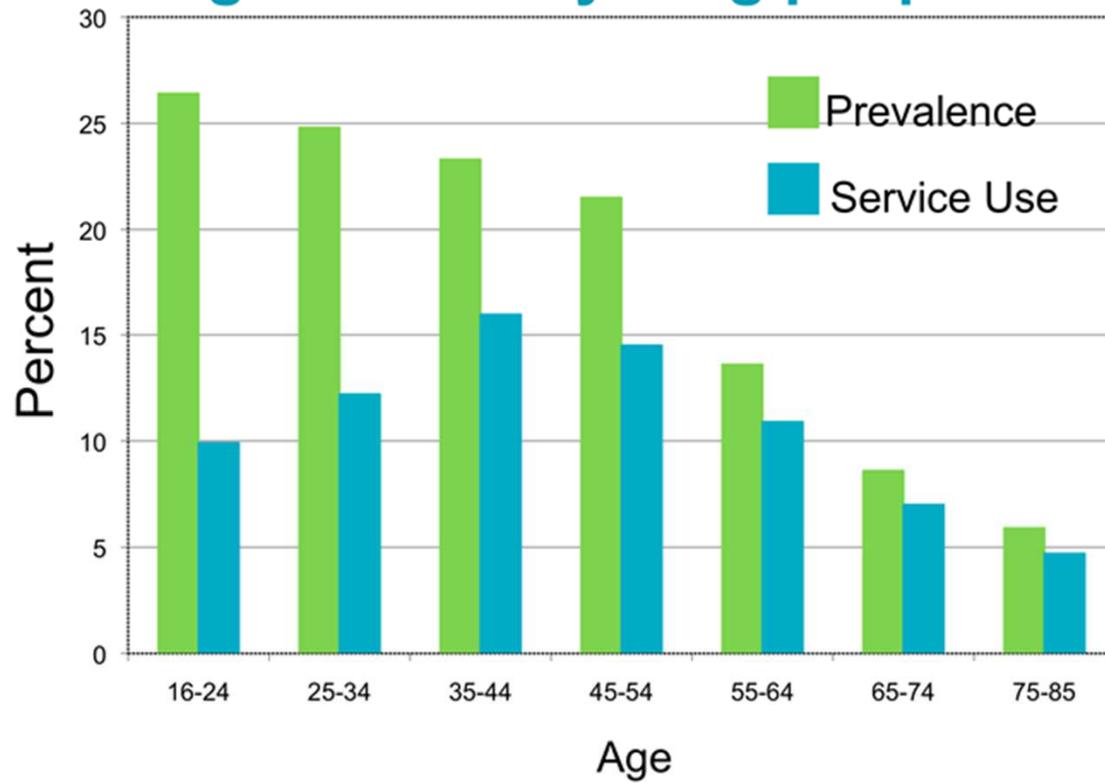
Negative impact on longer term vocational pathways and economic participation

(Birchwood, Singh & McGorry, 2013) stem4

## Disease Burden across Age

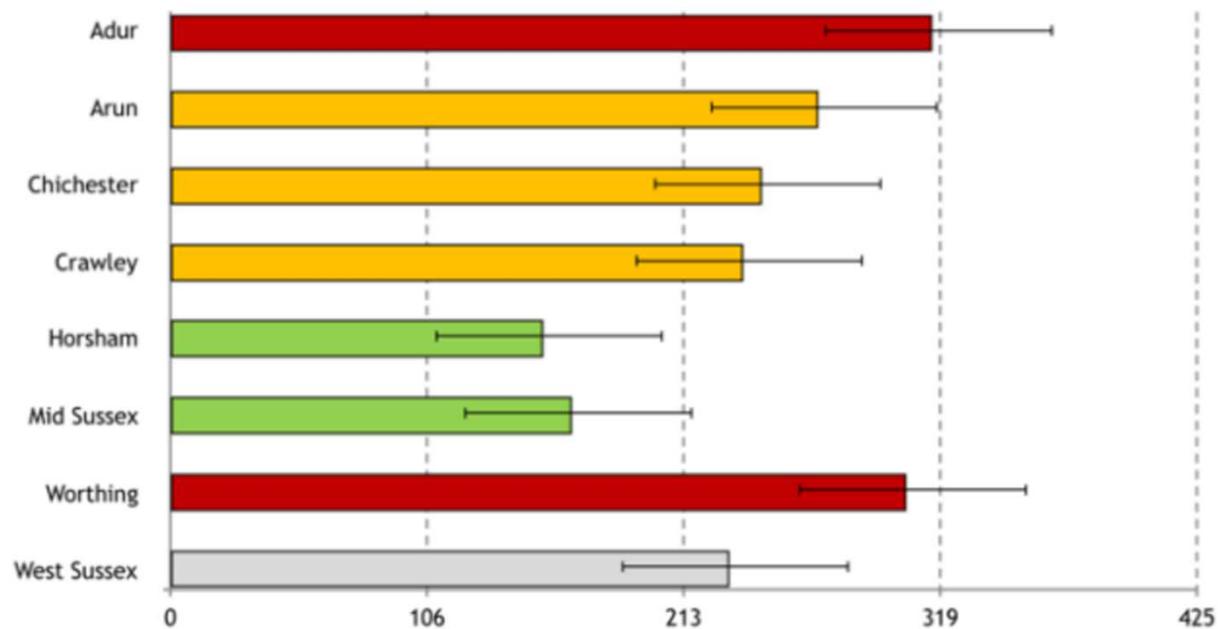


## MH Prevalence /Service Use Gap greatest for young people



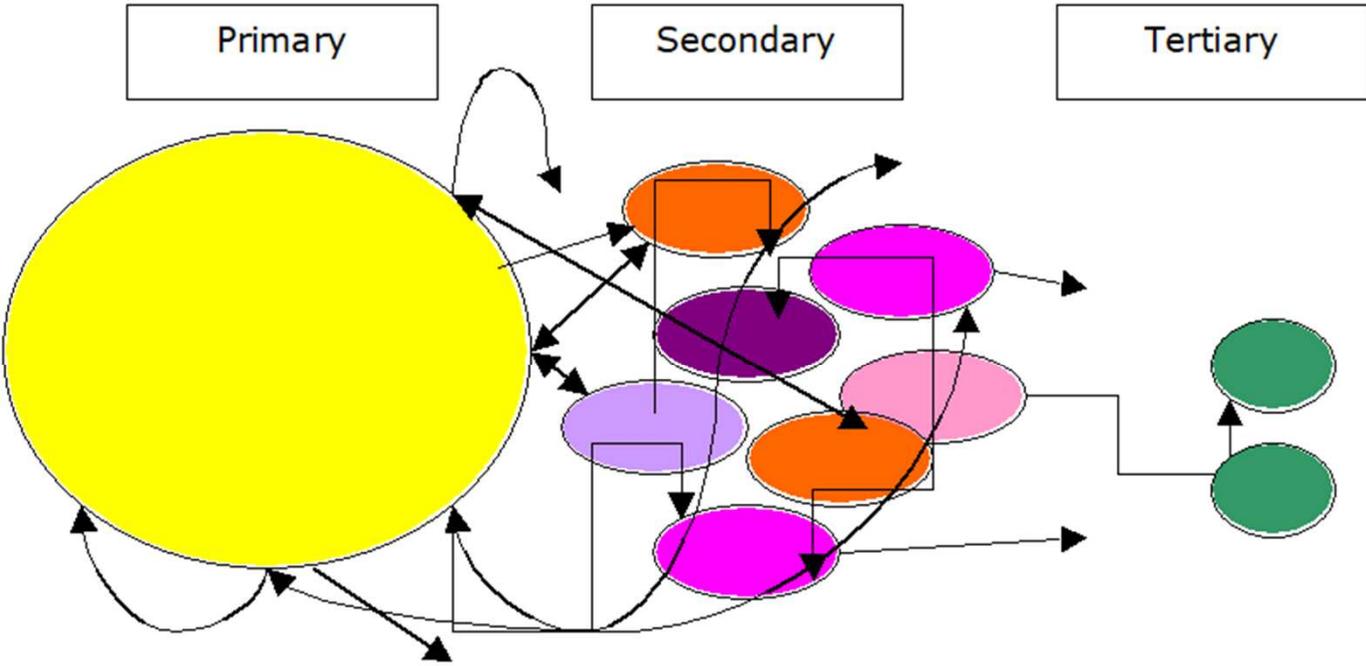
# Self harm data

Figure 1: Emergency hospital admissions (First FCEs) for self-harm in 2014/15: directly age standardised rate (per 100,000 population)



Source: PHOF 2014/15. Colours relate to comparisons with West Sussex. Red = significantly higher, amber = no difference, green = significantly lower.

# Current MH system for YP



## Exploring community-based approaches to good mental health for Young People

Adur and Worthing Local  
Community Networks



## Current context

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### ACTIVITY

Hearing about the current context from different perspectives. Panel sharing their points of view about: How does it feel right now for CYP and promoting good MH? What is the biggest challenge? What is the biggest opportunity?

### Challenges

#### The main challenges identified are:

- not enough support for YP
- difficult to access support
- not joined up working
- not enough support for YP during transitions

### Opportunities

#### The main opportunities identified are:

- equip friends and family to support YP
- improve access to support
- joined up working
- meaningful partnerships to explore issues and ideas
- timely interventions

## Current context - Shoreham Academy

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### Challenges

Some young people are slipping through the net. A young boy in YR8, who was fine before, has been known to be 'groomed', involved in drugs,... a difficult situation for him and his family. Vulnerable YP coming into the school should be able to access support. We know what the issues are, we need to talk more about them, share them and then decide what we can do. YP are not having enough experiences.

### Opportunities

#### **What if...**

- we join things up to find solutions to complex situations (including families)?
- we work with families?
- we focus in early identification to allow early intervention?
- every YP (especially vulnerable) can access support coming into school?
- YP had access to more experiences?

## Current context - GP

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**Rani**  
GP

### Challenges

There's a tendency to overmedicalise and often YP are in crisis once present at GP. When referring to services, we are aware of delays, and the anxiety and isolation that comes with it is an issue.

YP may not be 'severe' enough to access CAMHS but they still need help. There is a gap in service because they 'don't fit' into current services.

Lack of time in consultations and lack of joined up triage.

### Opportunities

#### **What if...**

- families get the support they need
- we look at wider determinants of health
- to overcome the challenge of GPs lack of time in consultation, know who to contact who has skills to support YP and family
- there is a joined up triage

## Shared ambition - Design Principles



### ACTIVITY

Exploring our shared ambition and principles

- **Our shared ambition** - Success is (e.g. reducing the stigma around mental health)
- **Our shared principles** - Enable young people to (e.g. feel confident to talk about their experiences)

- **EARLY INTERVENTION:** Early help and timely - looking at the whole life and involve families
- **A CLEAR SYSTEM FOR EVERYONE:** Clarity for non-health professionals about the 'system' so referral is appropriate and measured.
- **CULTURE CHANGE:** Create a culture of 'doing with' (families, young people) not 'doing to'
- **INTEGRATED WORKING:** Integrated working across the whole system
- **LEADERSHIP** that promotes the right service, at the right time, in the right place
- **GOOD RELATIONSHIPS:** Every child has a significant adult / somebody to talk to
- **PERSONALISATION:** Person centred approach
- **POSITIVE LANGUAGE:** emotional wellbeing less scary for CYP than mental health.
- **BUILDING RESILIENCE IN CYP**



*In the BBC's Loneliness experiment  
involving 55,000 people*

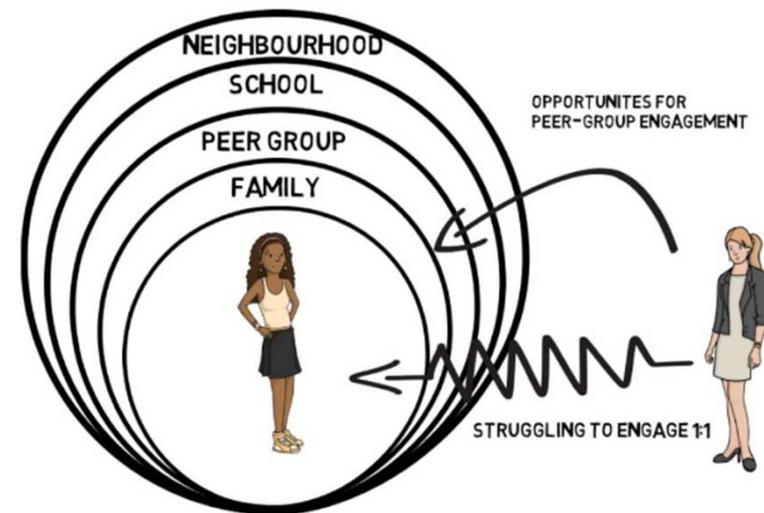
①

16-24 year olds are reported to be the most lonely in the cohort.

# Contextual safeguarding issues

Young people's experiences of significant harm are driven by different relationships formed in neighbourhoods, schools and online.

Parents and carers have little influence over these contexts



# Contextual safeguarding issues

## **Operation Signal**

### **A&W Peer Group Conference**

- 100+ young people across Adur and Worthing?
- As young as 11 and 12 years old
- Several key locations - fluid
- Education?
- Parenting/families
- Violence/risk

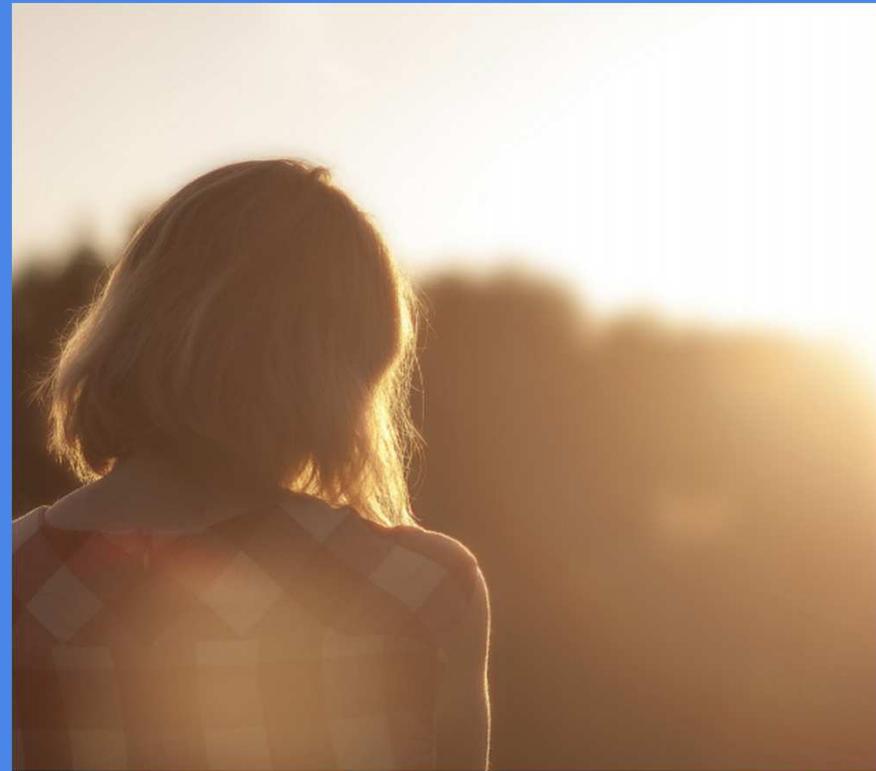
# Thrive connects this

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WHAT DO  
YOUNG PEOPLE  
NEED TO  
THRIVE?

DESIGN PRINCIPLES

The ingredients of what young people need to thrive have emerged from the ethnographic research carried out by Local Vision partners.



# THRIVING YOUTH

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WHAT DO YOUNG  
PEOPLE NEED  
TO THRIVE IN  
WORTHING?

OPPORTUNITIES  
TO FIND WHAT  
YOU LOVE!

FEELING LIKE  
YOU BELONG  
(GOOD  
RELATIONSHIPS)

SEEING ME AS A  
WHOLE PERSON

BEING READY  
FOR THE FUTURE  
& INDEPENDENT

TAKE TIME FOR  
YOURSELF

The ingredients of what young people need to thrive have emerged from the ethnographic research carried out by Local Vision partners and two synthesis sessions in December 2016 and January 2017.

Our collective focus  
and action

# Skills for parents

- A programme to develop the skills and resilience of parents so they can more effectively support their children around mental health and well-being
- Free/very low-cost open workshops and events linked to schools across West Sussex open to any and all parents and carers – Also free e-learning
- Funded by CCG/WSCC following successful pilots
- 2 aspects - General programme around emotional well-being and mental health and more specialized programme focusing on autism and ADHD
- Lived experience perspective – Parents and young people
- 18-19 first full year – Over 60 events supporting nearly 700 parents
- Continuing and developing in 19-20



## Knowledge or strategies gained:

*“understanding the struggle and behaviour of my teenagers”*

*“talking to my husband and daughters about what I had heard”*

*“a lot of my fears were normalised, and I felt better able to talk about things”*

*“tried strategies discussed and still ongoing trial and error”*

*“adapted our whole parenting style and adopted specific strategies to deal with challenging behaviour. We have also purchased additional recommended resources.”*

General programme includes	Autism/ADHD programme includes
<ul style="list-style-type: none"><li>• Anxiety, Low Mood and Resilience in Young People</li><li>• Anxiety and low mood in primary age children</li><li>• Coping with Exam stress for families</li><li>• Helping Young People Cope with Life</li><li>• Living with Self Harm</li><li>• Managing Transitions</li><li>• Dealing with behaviour of concern</li></ul>	<ul style="list-style-type: none"><li>• Making sense of autism/ADHD</li><li>• Handling Stress and building your resilience</li><li>• ASC and ADHD Strategies</li><li>• Making sense of anxiety</li><li>• Understanding emotional regulation</li><li>• Making sense of challenging <u>behaviour</u></li><li>• Understanding School SEND Support, Statutory Assessment and EHCPs</li></ul>

# The system: Primary Care and Schools

## Initial LCN work provided the impetus to:

- Prioritise time to come together
- Develop relationships and trust
- Develop a deeper understanding of shared issues and potential new ways of working

## To date this has enabled:

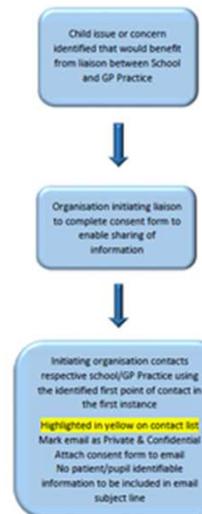
- Real time communication between schools and Primary Care
- integrated support approach
- Opportunities to intervene earlier

## Plans Going forwards:

- Ongoing opportunities to come together; potential for wider inclusion
- Case study work to share learning
- Workstreams focusing on: Children who over medicate, Asthma Management & Supporting Return to School After Self Harm



### Adur Schools and General Practice Liaison Process



# Find it Out Plus - an approach

A front door for young people's **emotional wellbeing and mental health**

A place where young people (and parents) can find and access existing **support and help** in relation to their **emotional wellbeing and mental health**, easily and early.

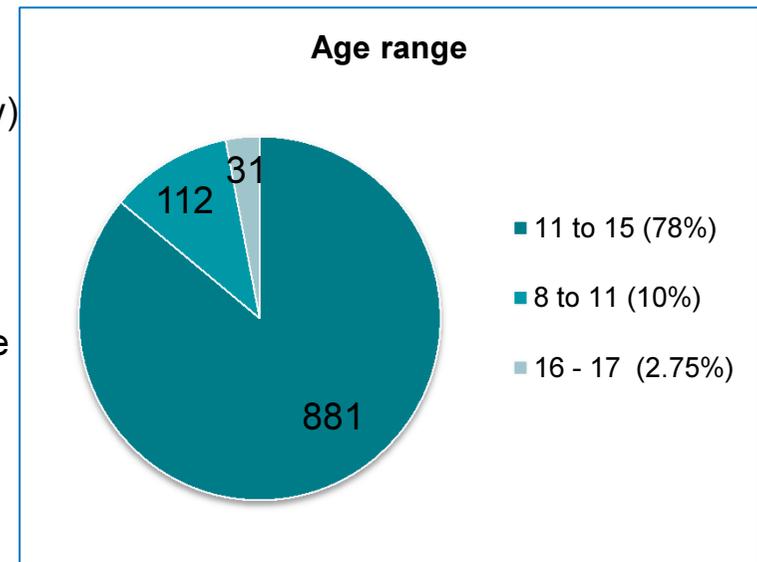
A **welcoming** space, starting with a conversation - **no need for a referral**.

An early approach, to explore what a young person needs/wants to **support their connection and transition** into the right type of service or activity that is helpful to them.

**Listening** to a young person's **story once**

# Early indications of need

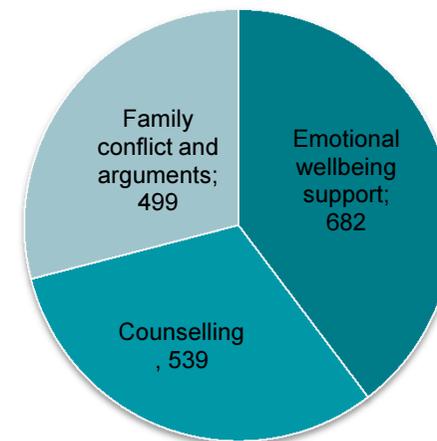
- The Survey had 1124 Respondents.
- Majority school age (reflects the main routes for the survey)
- 84.04% White British in line with Census data.
- 80.94% female, 16.13% male.
- 64% (first) wanted to see a mental health professional face to face.
- 32% (second) would like to access groups.
- 30% (third) wanted to see a youth worker face to face.
- Most young people (43.7%) agreed they would feel comfortable coming in to a youth hub. 35% neither agreed nor disagreed.



# Early indications of need

- Highest type of support sought is emotional wellbeing (including friendships, bullying and anxiety), followed by counselling and support with family conflict - see chart.
- Majority want 11 – 7 opening hours service with a weekend option.
- Majority want to be able to book an appointment, but there were a large number who wanted a drop in service, or both.
- The location, overcrowding and waiting lists are perceived as barriers to the service.
- Majority want to get in contact by phone / email / text at first or by drop in.

## Support young people would like





# Early indications of need - Next Steps

## Next steps

- 86 Respondents to the survey wanted to be involved in shaping the development of the FIO service.
- Create and develop a young persons board
- Further consultation targeted at more responses from a male audience.
- Further consultation needs to be done with 16 and 17 age range.
- Further consultation needs to be done with 18 – 25 age range.
- Further exploration needs to be done for 8 – 11 age range including consent and parent / carer attending appointments.



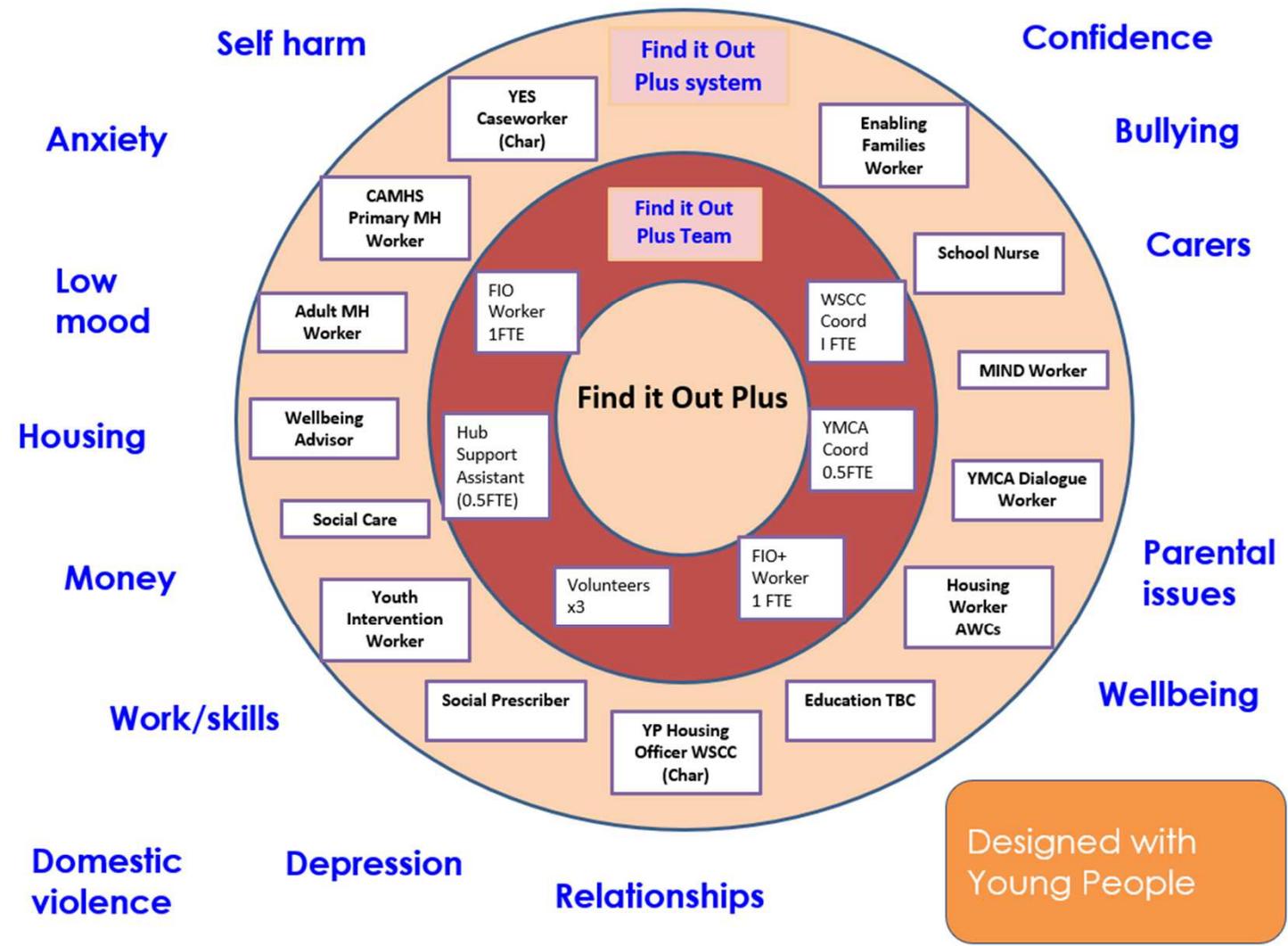
## Find it Out Plus - how it will work

- A building which is **accessible on the day**
- Skilled front of house people to meet and greet - no need for a referral;
- A **holistic approach** focused on what **individuals need/want**;
- **Integrating the workforce** behind the scenes, around children and young people in a place;
- Working through age boundaries (11 (?) – 25 YOs);
- Valuing clinical and social support, equally;
- Prioritising **early intervention and prevention**;
- Networking provision for young people;
- Developing the **capacity of the wider system**;
- Designed with young people.

# CO-DESIGNED WITH YP

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# Evidencing impact



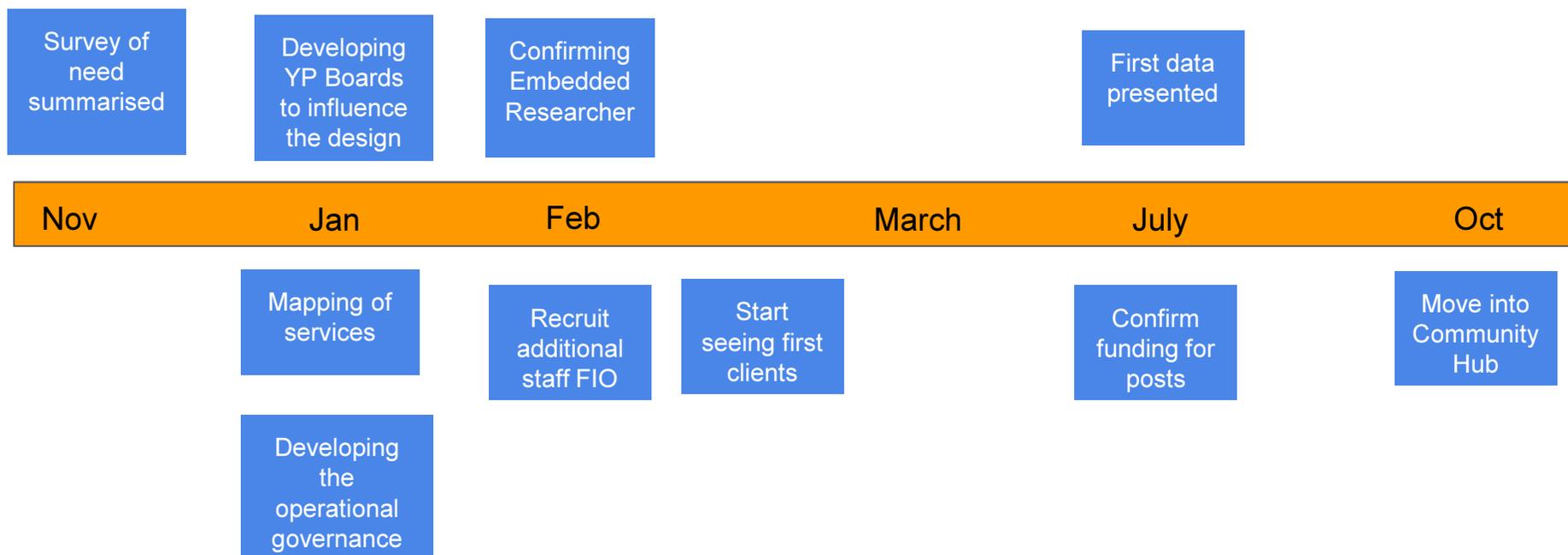
ADUR & WORTHING  
COUNCILS

## Indicative Outcomes?

- Reduction in A&E mental health presentations
- Reduction in duplication of triage and assessments.
- Reduction in touchpoints and delay.
- CYP accessing services when they would otherwise not
- Retention/engagement in education and employment
- More effective use of low intensity and/or third sector provision/  
self-help
- Greater choice
- No DNA's & improved engagement.
- Timely intervention
- Greater satisfaction
- Immediate reduction in reported distress



# FIO+ Timeline 2020



# MH in Schools – Pilot Trailblazer & Rolling-out

## **What are they?**

1. Delivering evidence based interventions for mild to moderate MH issues.
2. Supporting Ed. MH health lead to introduce whole school approach.
3. Giving timely advice to school and college staff.

Collectively West Sussex stakeholders successfully bid for trailblazer status in 2019 – beginning in Crawley and Bognor Regis.

National Plans to roll-out by the end of 2022-23

We are currently preparing a bid to expand into other areas of West Sussex - and will therefore integrate further with our joint Worthing plans.

**Thank you**