“Minding the Gap”

(Mental Health Provision for 16-25 Year Olds and their Carers in County Durham)

Report of the Scrutiny Working Group

Scrutiny Sub-Committee for
Strong Healthy and Safe Communities

DURHAM COUNTY COUNCIL

Contents

Section One - Foreword

Most people will be affected by mental health problems during the course of their lives – either directly, or indirectly through their family and friends.

Experiencing mental ill health can be frightening, leading to isolation and feelings of hopelessness. Unlike many other illnesses, it is not visible or always apparent and does not evoke the feelings of compassion or concern that those suffering from more visible illnesses often receive.

For many, mental ill health is a temporary experience. With the care of family and friends, and medical support where required, most individuals can be helped through their difficulties. Some people, however, may need continuing assistance.

The very word "mental" can be enough to stigmatise those who experience mental ill health. This applies particularly to younger people, where it is often an additional burden. Young adults not only have to confront mental ill health and the stigmatisation that goes with it - they are also at a stage in their development when they are leaving school; going to college or university; starting employment; beginning relationships; or looking for a home of their own.

There has been tremendous progress in recent years in the development of services in the field of mental health, with much good practice evident. However, as services have evolved, there has been a growing recognition that young adults in the "transitional" age range of 16-25 years do not "fit" comfortably into either the children's or adult mental health regimes. This transitional age group has different needs and a different "culture" not always best served by existing services.

This Scrutiny project was undertaken because of casework issues involving a group of young people with mental health problems in Derwentside. The experiences of members of this group, when accessing health, education and social services, highlighted the lack of any real provision targeted at young people in the transitional age range.

Given the complexity of the issues and the number of agencies involved, this has been a major scrutiny project. It could not have happened without the support of Members, Officers and all those who have given their time to come along and talk to us about their role in providing services. I would like to thank each and every one of those who participated in the project..

Effective scrutiny is about making a difference and driving up improvements in services. There have been some other studies, mainly national, looking at similar issues, but, as we heard during the course of the project, although well intentioned, these have resulted in little practical change. I hope that those involved in the delivery of services in County Durham will feel that the recommendations in this report will make a positive contribution and that they can be taken forward to "bridge the gap" in service provision.

Councillor Edna Hunter
Chairman of the Working Group

Section Two – Overview and Scrutiny, Background to the Project and Terms of Reference

Overview and Scrutiny

2.1 Overview and Scrutiny is a new way of working for Councils and an important part of the Government's drive to modernise local government to ensure that we provide better public services by being responsive to stakeholders needs.

2.2 The Overview and Scrutiny process we have adopted in County Durham is based broadly on the lines of the parliamentary select committee model. The Executive (the Cabinet) is held to account for its decisions or assisted in policy formulation by Non-Executive Members (in the Overview and Scrutiny Committee and/or its Sub Committees).

2.3 Scrutiny Sub-Committees have been created for each of our corporate aims of Development of Lifelong Learning; Promoting Strong, Healthy and Safe Communities; Looking after the Environment; and Building a Strong Economy, together with a Sub-Committee for Corporate Management Issues (to examine matters that may affect the County Council as a whole), and a Sub-Committee for Health (in partnership with District Councils).

2.4 The Overview and Scrutiny Committee and its Sub-Committees:

- Review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the Council's functions;
- Make reports and/or recommendations to the full Council and/or the Cabinet in connection with the discharge of any functions;
- Consider any matter affecting the area or its inhabitants; and
- Exercise the right to ask the Cabinet to think again about any decisions they have made (call-in).

2.5 Scrutiny Sub-Committees decide which areas they wish to examine and may look at particular areas in depth, as is the case in this particular study. To do this the Sub-Committees may appoint smaller Working Groups.

2.6 In looking at a particular issue, the Working Groups appointed by Scrutiny Sub-Committees will usually seek to establish the current position; seek help from experts and take evidence; listen to stakeholders; look at what is happening elsewhere; examine how we compare; produce a report with recommendations; and monitor progress of any agreed recommendations to ensure improvements are delivered.

Background to the Project

2.7 The project was instituted by the Scrutiny Sub-Committee for Strong, Healthy and Safe Communities, following issues raised by the local Member, Councillor Mrs Edna Hunter, about mental health provision for young people aged 16-25 in the South Moor area of Stanley. The issues of appropriate

mental health provision for young people have also been highlighted nationally by charities such as YoungMinds and the Mental Health Foundation and in publications such as Community Care.

2.8 Following a presentation to Members in November 2002, it was agreed that a Working Group to examine the issues would be appointed.

Terms of Reference

2.9 The Terms of Reference of the Working Group were agreed as follows:

To review the level and adequacy of provision of support to 16-25 year olds with mental health problems in County Durham, with a view to considering:

- ***How far it meets the needs of users of services and their carers***
- ***Whether it is timely and proportionate***
- ***Whether it is correctly targeted***

And to raise awareness of the issues and, if necessary, make recommendations for improvement.

Section Three – Executive Summary and Recommendations

3.1 There has been growing awareness in recent years that young people with mental health problems do not always receive services and support that are best suited to their needs. We chose to scrutinise services and support for young people aged 16-25 because this was the age range that appeared to be most affected by the way services were structured and delivered.

3.2 For many young people, young adulthood can be an exciting and exhilarating time, full of opportunities, with new found freedoms, new friends, career opportunities and so on. But for some young people, their experiences of this time in their lives can be starkly different, with the onset of mental health problems, social exclusion, isolation, loneliness, frustration, poverty and lack of opportunity.

3.3 The situation is not helped by the way in which services are structured to meet young people's needs, which is often inconsistent. In most local authorities with Social Services functions, young people are treated within the Children's regime until they reach 18 years of age (consistent with the Children's Act). However, in the case of health service provision, many Child and Adolescent Mental Health Services (CAMHS) only go up to the age of 16, after which young people move in the adult mental health regime.

3.4 Geography and local custom and practice further complicate the issues. In some areas of the UK, CAMHS services are provided up to 18 or 19 years of age. Even within County Durham, there are differences. CAMHS provision in Easington, which is commissioned by Easington Primary Care Trust (PCT), goes up to 18 years of age. In the rest of County Durham, the CAMHS provision commissioned by the remaining County Durham PCTs covers young people up to 16 years of age.

3.5 Because young people in the age range 16-25 are at the upper limits of CAMHS provision and the lower threshold of adult provision, most services are not tailored to their particular needs. How young people move from CAMHS into adult services is also a major issue. Falling into the gap can have serious consequences and we heard from Dr Joe MacDonald, a consultant psychiatrist specialising in adolescent psychiatry, that young people could die in this gap. Our recommendations are an attempt to bridge the gap and to begin a debate locally about the issues.

3.6 Our report also contains a section about who does what in terms of support and services provided for young people with mental problems in County Durham. We were not able to discover during our investigation any readily available documents that provided an overview of how mental health provision was structured locally. We hope the information in our report will bring some clarity to the process.

3.7 The main themes identified in evidence and upon which our recommendations are based were:

- **Early identification and Intervention**
- **Young People's Needs**
- **A Greater Role for Young People**
- **Education about mental health issues**

- **Looked After Children**
- **Joined-up Services**
- **Funding and training issues**
- **Carers**

3.8 We recommend to the Council, the PCTs and Mental Health Trusts operating in County Durham as follows:

Promoting Early Identification and Intervention when Mental Health Problems present

(1) Early identification and intervention when mental health problems first arise can prevent more serious problems developing in later adolescence and adulthood. The County Council can play a key role in this process by:

a) Considering (with its partners) how the existing Place To Be and Secondary Schools Counselling Projects can be sustained and, wherever possible, extended into more schools.

b) Raising awareness amongst teaching staff about the importance of early intervention and the pathways to care for younger children with mental health problems.

c) Ensuring, as lead or accountable body in relation to local Sure Start programmes, that the mental health agenda is fully promoted in all local programmes. County Councillors, through their membership of local Sure Start programme boards or committees, should likewise champion mental health issues within Sure Start.

d) Considering how the Initiative for developing an Early Intervention Service for 14-35 year olds with first episode psychosis can be supported.

Really Considering Young People's Needs

(2) Young people aged 16-25 have diverse and complex needs, which differ from those of children or older adults. Too often, services are designed around the needs of those organisations delivering them, rather than those who receive them. The way services are organised should reflect young people's needs.

a) The emerging findings of the Children's National Service Framework will extend CAMHS provision upwards from the current 16 years to 18 years of age, ensuring greater uniformity between social care and health provision. The PCTs outside Easington (which already has CAMHS provision up to 18) and the County Durham and Darlington Priority Services Trust (the Priority Services Trust) should give priority to implementing these changes and ensure that, within any new CAMHS provision, the specific needs of 16-18 year olds are recognised.

b) Young people's differing needs should also be recognised within the broad spectrum of mental health and social care provision for adults (18+) with mental health problems. The County Council and Health Trusts should consider how this agenda can be promoted and make adequate provision in planning and delivery of services.

c) Whilst there are sometimes unavoidable problems with continuity of staff, the County Council and Health Trusts should review their existing procedures for allocating professional staff to individual young people with mental health problems, to ensure, that wherever possible, there is a continuity of staff who deal with individual young people.

d) The Primary Care Trusts and the Social Services Department, as commissioning bodies should consider whether opportunities exist for befriending schemes for young people with mental health problems to be further developed and promoted.

e) The PCTs as commissioning bodies, and the Mental Health Trusts, as providers, should make specific provision for young people in their services by ensuring that:

   (i) Leisure and recreation activities specifically targeted at young people are provided in existing or proposed adult acute in-patient facilities (whether in whole units or in a specific room).
   (ii) CAMHS or Community Mental Health Team (CMHT) waiting rooms have areas specifically tailored to the needs of young people.

f) Dealing with young people can be challenging. The County Council and Health Trusts, in recruiting staff who will (either wholly, or in part) work with young people with mental health problems, should consider how job descriptions, person specifications and recruitment processes can be used to select applicants who are able to empathise and work effectively with young people.

g) The County Council should undertake a review of its existing day centre/training provision for people with mental health problems, to ascertain whether the existing facilities adequately meet the needs of young people, or whether any specific provision is required for this group.

h) PCTs and Social Services Department as commissioners, and the Mental Health Trusts as providers, should consider what opportunities exist for providing CAMHS and CMHT services outside normal office hours (on evenings and Saturdays). Opportunities to deliver services in settings other than clinics should also be explored (i.e. Connexions Centres, Leisure Centres, Durham Young People's Project).

i) The County Council and Primary Care Trusts, when commissioning mental health (and linked social care) provision and the Mental Health Trusts, in providing services to young people, should consider whether opportunities exist for delivery alongside other services in holistic "one stop shop" settings. The County Council and Health Trusts should encourage a debate locally with other providers about what opportunities exist for developing this type of provision, where a range of services, including mental health services for young people, can be delivered in a non-stigmatising setting.

j) The Youth Offending Service and Health Trusts should jointly discuss and consider what opportunities exist for ensuring that those young people with whom the Service engages, who need to see a mental health professional, do so.

k) The County Council, and Health Trusts should consider developing an up to date website about mental health issues which is young people friendly and, equally as important, examine how this can be effectively promoted.

l) There is a need for clear understandable guidance for users of mental health services about how services are structured and delivered (perhaps in the form of a short leaflet). The provision of on-line leaflets (as in the Tees and North East Yorkshire Mental Health Trust) should also be considered.

m) In developing guidance for young people who access mental health and associated social services, the County Council and Health Trusts should jointly consider the inclusion of the following information, where appropriate, in any promotional literature, or on websites:

- Details of the service provided
- Who the service is for
- Who provides the service
- Where the service is provided
- When the service is provided
- Directions to the service (maps etc)
- What to expect (people, treatments, regimes etc)
- Choices available to users
- A statement regarding confidentiality
- How to comment upon the service
- Where further details can be obtained from (telephone, website, text etc)

A Greater Role for Young People

(3) Young people with mental health problems should have a greater role in determining how services are provided for them.

a) The County Council and all Health Trusts, should ensure that young service users are given greater opportunities to shape the development of information for young people with mental health problems.

b) The County Council and Health Trusts should review their existing arrangements for engagement with young people, to explore whether opportunities exist for them to have a greater say in service development and provision.

c) The County Council and Health Trusts should jointly consider the establishment of a standing group of young people with experience of mental health problems, who can be consulted and have a *meaningful* role in the planning, development, delivery, performance and evaluation of services provided for them.

d) The County Council and Health Trusts should promote, as good practice, within their organisations, the principle that young people with mental health problems are customers first and should have a real say in how they receive services.

e) The County Council and Health Trusts should review their procedures for provision to young people with mental health problems, to ensure they are offered choice, both in treatments and services available; where they are delivered; and by whom. Young people should be given clear explanations, both before and after assessment, about how and in which areas they can exercise choice (i.e. if they are unhappy with the service, the treatment offered, or find it difficult to engage with the staff who deliver the services).

More Education about mental health issues

(4) Ignorance about mental health issues can result in fear, bullying and discrimination. We all have a role to play in overcoming this.

a) The Local Education Authority and Schools individually should consider whether opportunities exist within the school curriculum to raise awareness of mental health issues amongst young people; overcome the stigma associated with mental health; build emotional resilience in young people and sign-post pathways to care.

b) The Education in the Community Service should play a more pro-active role in promoting understanding of mental health problems amongst young people and overcoming stigma. This should be reflected in the Youth Service Plan and in the work of the Service generally.

c) The Health Trusts should consider whether they can play a more pro-active role in assisting those staff in colleges who are responsible for young people's mental health needs and sign-posting pathways to care.

d) The Priority Services Trust and South of Tyne and Wearside Mental Health Trust should consider whether opportunities exist for joint working with Tees and North East Yorkshire Mental Health Trust in its "Open Up" campaign to reduce the stigma surrounding mental health problems and learning disabilities. In particular the Trusts may wish to explore whether the existing "Passionate People" group of staff, patients and carers can be expanded, or a group set up for the remainder of the County, to share their experiences of working or living with mental health problems with a wider audience in County Durham.

More Support for Looked After Children

(5) Many young people in the Looked After System have mental health problems to some degree. Young people leaving the Looked After System are subject to even greater pressures and should be given the additional support they need.

a) Providing more support for young people who leave the Looked After System is essential and the recent increase in the capacity of the STEPS

Therapeutic team to facilitate this is to be welcomed. The Director of Social Services should ensure that the increased provision is regularly reviewed, to ensure that the Team has sufficient capacity to meet the additional demands placed upon it.

b) The Director of Social Services should consider how the expanded role of STEPS in supporting young people beyond 18 and up to 24 years of age can be promoted amongst professional staff across all agencies to ensure they are aware of the support available.

More joined-up delivery of services

(6) Closer working between agencies and greater awareness of issues are essential components of an improved service for young people with mental health problems. The County Council should play a major role in promoting this agenda.

a) The County Council can serve as a catalyst for change by initiating a wider debate about mental health provision for young people. We suggest the County Council should consider, as a priority, hosting a Conference about young people's mental health, to which key partners are invited and which provides opportunities for young people to put their views. Hosting such a conference would also further build upon the initiative developed by the Director of Social Services (recommendation 6c below)

b) The County Council, as lead or accountable body for Sure Start, should consider how closer working with CAMHS can be promoted. The Director of Education should consider with the Priority Services Trust, which delivers CAMHS in County Durham, how this might be achieved.

c) The County-wide Commissioning Manager for Mental Health and Substance Misuse in Social Services Department initiated a process of dialogue with providers of mental health services in October 2003, which aims to bring together service providers in a forum where issues of common interest can be discussed. The County Council should seek to build upon and sustain this initiative, facilitating closer working with its partners in the mental health field.

d) Copies of this report should be sent to the County Durham Strategic Partnership and an opportunity should be given to the Local Strategic Partnerships to consider the issues, and determine to what extent and in which manner, if any, they can play a role in promoting young people's mental health.

e) Colleges of Further Education should be asked consider whether there would be benefit in establishing a joint forum to share best practice (such as the work underway at Derwentside College and New College, Durham) and discuss common issues linked to supporting young people with mental health problems. There may be opportunities for the Health Trusts and Social Services Department to engage with Colleges in this work.

Improved Support through Funding and Training

(7) Sustainability and certainty of service provision are necessary for proper planning and delivery of services. The voluntary sector in particular, as providers, should be supported in this area.

Professional and other staff who work with young people should receive appropriate training (including training delivered by young people themselves) about young people's needs.

Young people with mental health problems who receive services are customers first and foremost. Training and development programmes for all staff should include a module about customer care in mental health provision.

The greatest proportion of young people aged 16-25 in the transitional age group fall within the adult mental health regime. Whilst the growing emphasis by Government of provision for children's needs is welcomed, reductions in real terms of funding for adult mental health, such as in the case of County Durham's Adult Mental Health Grant, is of concern.

a) The County Council and PCTs should consider initiating discussions about joint funding and appointment of a link worker (initially on a pilot basis across two PCT areas), whose role would be to:

- strengthen links between voluntary sector and statutory providers; and
- identify and assist in procurement of funding to ensure the viability and sustainability of existing voluntary sector provision in the mental health field.

Detailed consideration would need to be given to the grading of the initially temporary post, but we would hope that some provision could be made within the Social Services budget to meet the initial costs of the Council's share.

b) The County Council and Health Trusts locally should discuss how the training of professional staff delivering services to young people with mental health problems can be:

- Jointly commissioned (so as to encourage closer working links between professional staff from different agencies)
- Developed to include elements which are delivered by young people themselves (along the lines of "Total Respect")
- Designed to include modules which focus on customer care.

c) Whilst we appreciate that many of those who work in the Education in the Community Service are volunteers, we believe that training for those individuals about health issues, including specifically, mental health and pathways to care, should be mandatory, instead of voluntary as at present. The principle of mandatory training would be no different to that which exists for other groups who undertake work that is essentially voluntary (i.e. the magistracy, or indeed, Councillors themselves).

d) The reduction in real terms of funding via the adult mental health grant paid to the County Council is placing limitations upon the way existing services are delivered and stifling opportunities to develop new innovative ways of working, particularly in the areas we are examining. The Director of Social Services and County Treasurer should consider whether Cabinet should be asked to make representations to the Government on this issue.

e) The County Council and Health Trusts should consider whether there is a need for key workers who interact with young people with mental health problems to be suitably trained to be able to deliver basic benefits advice, if they are not already in possession of these skills

Better Assistance for Carers

(8) **Many carers are unsure and uncertain of their role when their children experience mental health problems. They need assistance to enable them to fully play their part in supporting young people. Evidence from carers suggested that provision was uneven, and providers should re-visit their procedures to ensure that the needs of those who care for young people with mental health problems are being adequately addressed.**

The County Council and Mental Health Trusts should consider undertaking a sample audit of casework involving young people with mental health problems, to determine whether adequate support is being provided to carers, or whether a more pro-active approach should be adopted in relation to assessment of carer needs. In the light of the audit findings, the Council and Trusts could determine whether existing policies and procedures require revision.

Review Date

(9) The Working Group should review progress six months after consideration of its report by Cabinet. To further assist the Executive in progressing the issues, we have drafted a suggested Action Plan which is contained at Appendix Three.

Section Four – Mental Health Problems Experienced by Vulnerable Young People: Some Definitions

What is Mental Health?

4.1 There is no one agreed definition of what "mental health" is, just as there is no one definition of what constitutes a "mental health problem."

4.2 During the course of the scrutiny investigation, we heard a number of definitions of mental health.

4.3 The World Health Organisation (WHO) defines mental health as: ***"An integral component of health through which a person relies on his or her own cognitive, affective and relational abilities. With a balanced mental disposition, one is more effective in coping with the stresses of life, can work productively and fruitfully, and is able to make a positive contribution to one's community. Mental disorders affect mental health and impede or diminish the possibility of reaching all or part of the goals above."***

4.4 The Mental Health Foundation has suggested that children and young people who are mentally and emotionally healthy have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

4.5 The Mental Health Promotion Strategy for County Durham and Darlington 2002-2012 sets out a number of protective factors to assist in development/sustenance of mental health well-being and these are:

- Self esteem
- Talking things over
- Physical activity
- Learning new skills
- Support networks
- Creativity
- Participation
- Relaxation
- Able to seek help

4.6 As regards mental health problems, at the presentation to Members prior to the establishment of the Scrutiny Working Group, we heard from our officers that:

"Mental health problems can be abnormalities of emotions, behaviour or social relationships sufficiently marked or prolonged to cause suffering

or risk to optimal development in the child, or distress or disturbance in the family or community."

"Mental disorders are more severe mental health problems, such as psychosis, schizophrenia and bi-polar disorder."

4.7 Poor mental health can impact upon all aspects of a person's life. Without good mental health an individual may not be able to fully participate in everyday life, such as family life, relationships, social activity, work, and learning. This can leave individuals with a sense of low self-worth, feeling unfulfilled and unhappy with their lives.

4.8 For the purpose of the scrutiny investigation, we did not limit ourselves to any specific definition of "mental health" or "mental health problem."

Terminology Employed

4.9 Definitions of some of the medical terminology employed in relation to mental health issues are set out below:

- Psychosis – impairment of a person's ability to think clearly, respond emotionally, communicate effectively, understand reality and behave appropriately (this includes schizophrenia).
- Bi-polar disorder – manic depressive illness.
- Conduct Disorders - persistent behaviours violating social rules and rights of others and can present in the home, school or community. Includes bullying, theft, truanting, substance misuse or sexual precocious-ness.
- Attention Deficit Hyperactivity Disorder (ADHD) – a brain function problem, causing inattentiveness, impulsiveness and hyperactivity.
- Development Disorders – disruptive/challenging behaviour, depression, phobias, autism, ADHD, childhood violence, and eating disorders.

4.10 We propose the following definitions for the purpose of this report:

- Young people – people aged 16-25 years of age
- Children (including adolescents) – those aged under 16 years
- Adults - those aged 25 upwards
- The "transitional age group" – those aged 16-25 years of age

Who is Affected, How and When?

4.11 We heard from Phil Dyson of Social Services Department that:

- 1 in 5 children or adolescents has mental health problems
- 1 in 10 5-15 year olds have a mental disorder
- 1 in 200 under-12's & 66% of teenagers will suffer some form of depression
- Nearly 3 per 1000 15-19 year olds will attempt suicide; 5% of these will succeed
- Conduct disorders are responsible for most referrals to mental health services and up to 50% of children and adolescents referred will develop anti-social personality disorders in adulthood
- In the 2 years up to November 2002, 1,324 under 25 year olds (711 male and 613 female) were referred to community mental health teams in County Durham. There were 254 cases ongoing in November 2002
- In the 2 years up to December 2001, there were 103 suicides in County Durham and Darlington and of these, 20 were by persons under 25 (14 males and 6 females)

There is growing recognition that gaps exist in the provision of services and support for adolescents/young adults in the age range 16-25 and various proposals have been advanced to overcome these difficulties.

"Real" People, "Real" Situations (Case Studies)

4.12 To gain an understanding of the sorts of situations which young people with mental health problems experience, we were provided by Phil Dyson and Frank Whitelock from Social Services Department with a number of case studies to examine, some of which were based on actual cases. Brief summaries of these are given below:

"Sarah" – Was sexually abused by father when she was 2 years old. Her father was convicted, but Sarah, her sister and mother had to leave the neighbourhood who supported her father. Father moved back with the family when Sarah aged 6 and later began to sexually abuse her older sister. Sarah and her sister were temporarily accommodated by Social Services with foster family. Problems between 3 and 11 years with lack of bladder/bowel control and ostracised at school. Sarah had to leave foster carers, with whom she had built up a relationship, because they were retiring from fostering and she returned to parental home. At age 12 alleged that father had hit her. Moved between 7 foster carers during next 5 years. Problems fighting with other children at school resulting in permanent exclusion at 14 years of age. Regularly absconded from foster placements before returned by police. Self harmed (cutting) and binge eating and on two occasions took overdoses of paracetamol, but discovered by foster carers. Assessed by duty psychiatrist at hospital after first attempt. Spent first two nights on adult ward because children's ward full. Began stealing, misusing drugs. At 14, Sarah was referred to specialist Child and Adolescent Mental Health Services (CAMHS) and had sessions with psychologist, but stopped attending when school problems worsened. Good relationship with social worker but refused to engage in alternative educational provision feeling it was a waste of time. Expressed sense of hopelessness. Referred to therapeutic team in Social Services at age 16 and second referral to CAMHS after she expressed suicidal intentions. Psychologist worked directly with Sarah until 17 to help make sense of her life and explore post abuse issues, issues of rejection, separation and loss. Available thereafter to social worker. Therapeutic worker worked with Sarah's social worker Therapeutic worker also worked with Sarah's aunt. Sarah returned to local college at 17.

"Tom" – Tom's step-father and mother left him behind at age 9 with a maternal aunt, when they emigrated to Australia. He went into foster care at age 12. Physical health problems resulted in a need to wear colostomy bag. Bullied at school, he became very distressed. After three sets of foster parents, he was moved to residential accommodation at 15, then on to his own tenancy with a housing organisation. He developed unreal beliefs and memories about family life, and told implausible tales about visiting places and people. At 16 Tom began to self-harm (secretly at first), by cutting himself. He found it difficult to cope; was vulnerable and taken advantage of by others. Referred by his Social Worker (Children's Services) to a GP, he was referred on to adult mental health services for assessment by a psychiatrist and then on to a Day Unit. The Day Unit was inappropriate, with activities geared towards much older people and Tom was unable to engage. The psychiatrist refused further appointments because of Tom's unwillingness to work with adult services. The social worker in adult mental health team within Social Services found Tom accommodation at YMCA direct access hostel and helped him onto a government training scheme to develop computer skills. Tom never received a thorough mental health assessment despite his problems. No therapeutic service. He continues to struggle with relationships and self-harm. His social worker believes he needs time in an age related mental health facility where needs can be assessed and an age suitable care package be developed.

"Phil" – Lives with his parents and older sister. He did well in GCSE examinations at school, but dropped "A" level studies. Over a 2 year period he became reluctant to leave home, spending most of his time in his bedroom on his computer where he has formed a relationship with a Canadian girl. Referred to Community Mental Health Team (CMHT) by his GP at age 17. He denied being bullied at school, but admits being picked on by an older boy, who he began to avoid. Gradually lost his circle of friends and became reclusive. Although he wanted to go to college and gain employment working with computers, he now lacks ambition. Phil is very shy and withdrawn, unable to make eye contact and reluctant to change clothes regularly. Reluctant to initiate conversation, he responds politely to direct questions, but does not voice opinions readily. Phil does not smoke or use drugs and drinks rarely. Although generally unhappy, no suicidal notions have been expressed by Phil, although he has cut himself on a number of occasions, which he said made him feel better. After assessment, Phil was referred to a consultant psychiatrist and for day unit attendance. Phil was also encouraged to attend an informal men's group run by the CMHT at a local school. Phil attended the group but spent most of his time on the internet as the men attending the group were much older than him and there was a lack of common interests. Following day unit attendance, Phil has spent regular sessions with CMHT team members visiting record or computer shops. He enjoys this, but can become anxious on occasions in busy/crowded areas. Anti-depressant medication has been prescribed but to little effect. Phil is awaiting assessment by the nurse consultant to explore the potential for some cognitive work. The main issues in tackling Phil's condition are overcoming social isolation; practical support for Phil's parents; provision of meaningful activities for Phil; and a befriending service for similar young people who are "lost."

What it Means in Practice

4.13 Many young people in the age group 16-25 are undergoing rapid change in their personal lives, in addition to any mental health issues which can arise. They may be leaving school and starting college or university; or looking for employment. Young people may be in their own home, or be otherwise isolated from close family. They may be in a relationship, or be a parent themselves.

4.14 The problems in this age group differ from those of younger children. At this age young people tend to present to mental health services with the highest level and most complex problems, often in crisis, all of which need resolving quickly and require more in-depth support individually.

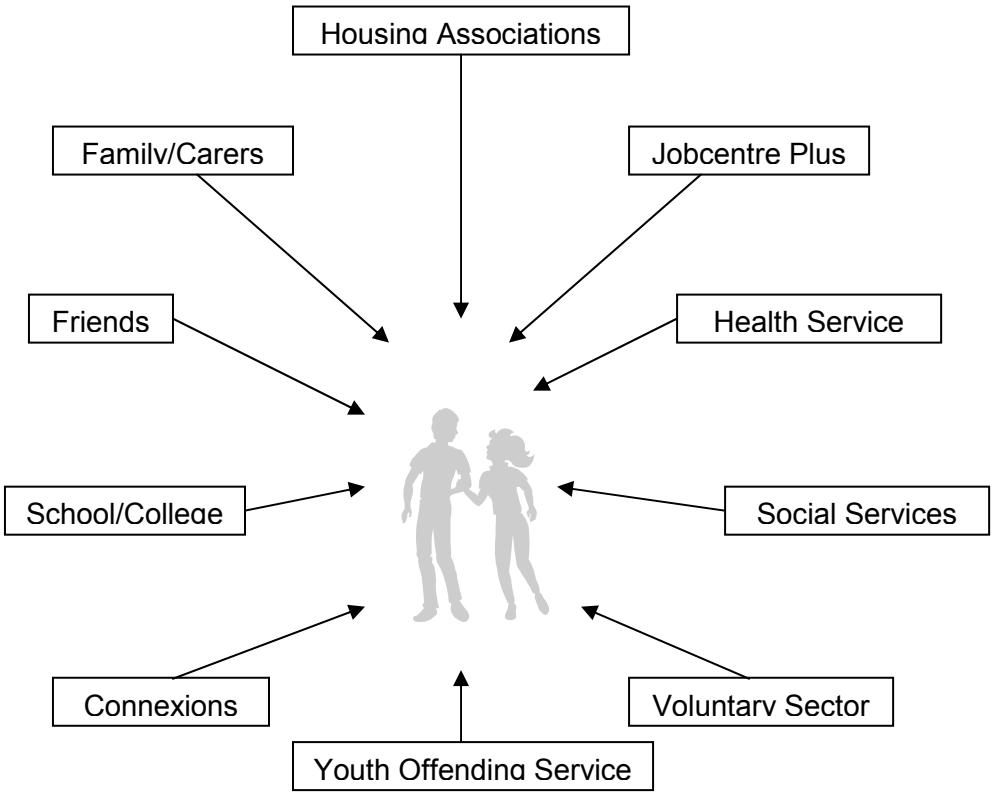
4.15 One of the greatest barriers to proper and adequate support for young people with mental health problems is not the needs of young people themselves, but how services are structured.

Section Five – Mental Health Services and Support in County Durham – Who Does What?

Introduction

5.1 The delivery of services to young people with mental health problems is complex. It involves a wide range of providers, both statutory and voluntary. In carrying out this investigation, it became clear that there was no comprehensive explanation of the services and support available in the County. Although it was not possible to gather information from every provider in County Durham, this Section seeks to provide a reasonably comprehensive review of the extent of provision available.

5.2 In undertaking this project, we decided that we would adopt a holistic approach to looking at the issues, as young people often require, and can potentially receive, support and services from a broad range of providers. In diagrammatical form this might be seen as:



Health

5.3 The delivery of national health services throughout the United Kingdom is guided by the NHS Plan, which sets out an ambitious vision for a service designed around the patient – a service of high quality and national standards which is fast, convenient and uses modern methods to provide care where and when it is needed. Services should not only be designed around patients but also be responsive to them, offer them choices and involve them in decision making and planning.

5.4 The National Service Framework (NSF) for Mental Health, which was launched in 2000, lays down specific responsibilities for health and social care agencies in conjunction with other key stakeholders to deliver safe supportive services for users with mental health problems and their carers. This, together with a mental health strategy which was already in place in County Durham in 2000, governs the strategic direction in mental health in Durham. Local Implementation Teams (LITs) are charged with delivery of the NSF, with progress being monitored by the Strategic Health Authority annually. There are 2 LITs in County Durham – 1 covering Easington Primary Care Trust and the other covering the remaining 4 Primary Care Trusts. In each PCT there is a Local Implementation Group (LIG) whose main responsibility is to ensure local implementation of NSF targets, identify and address local needs and feed issues into the LIT. The Children's NSF which is expected in 2004 will also impact upon the way in which mental health services are provided to young people.

Primary Care Trusts

5.5 The 5 Primary Care Health Trusts (Durham and Chester-le-Street, Derwentside, Sedgefield, Easington and The Dales) commission mental health services for people living in County Durham.

5.6 **Primary Care Trusts** are responsible for:

- Improving the health of the community
- Developing primary care
- Commissioning hospital and community health services.

5.7 They do this by:

- Developing programmes dedicated to improving the health of the local community
- Deciding what health services the local population needs and ensuring they are provided and are as accessible as possible. This includes hospital care, mental health services, GP practices, screening programmes, patient transport, NHS dentists, pharmacies and opticians
- Bringing together health and social care, so that NHS organisations work with local authorities, social services, and voluntary organisations
- Ensuring the development of staff skills, capital investment in buildings, equipment and IT, so that the NHS locally is improved and modernised and can continually deliver better services

5.8 PCTs have robust arrangements in place for working together which support a range of activities where it is anticipated that individual PCTs will not be totally self sufficient, e.g. commissioning, public health, partnership working with local government, implementation of National Service Frameworks (NSFs), clinical networks etc. The form of co-operative arrangements is determined locally by PCTs. For the greater part of County Durham, the lead commissioning role for provision of mental health services is undertaken by Sedgefield PCT, acting on behalf of the remaining PCTS, except Easington.

5.9 PCTs are funded by Health Authorities for both revenue and capital. Unified revenue allocations made to PCTs cover Hospital and Community Health Services; Prescribing; and GP infrastructure costs. In all PCT areas the

method used for identifying and agreeing priorities for funding is the Local Delivery Planning (LDP) process.

County Durham and Darlington Priority Services NHS Trust, South of Tyne and Wearside NHS Trust, and Tees and North Yorkshire NHS Trust

5.10 The provider of mental health services to children and adolescents via CAMHS in County Durham (commissioned by all of the County Durham PCTs), is the County Durham and Darlington Priority Services NHS Trust (the Priority Services Trust). The Priority Services Trust also provides mental health services for adults in County Durham, except in Easington PCT area, where different arrangements apply. In the northern part of Easington PCT area, adult mental health services are provided by the South of Tyne and Wearside NHS Trust. In the southern part of Easington PCT area, they are provided by the Tees and North East Yorkshire NHS Trust. The Trusts are responsible for providing a range of services and facilities for people with mental health problems or learning disabilities in those areas of County Durham where they are commissioned to do so by the relevant PCTs. They work closely with other parts of the NHS, local authorities, other agencies, voluntary organisations, and carers and users of services.

5.11 The Priority Services Trust provides mental health services for children and adolescents in County Durham via Child and Adolescent Mental Health Services (CAMHS), which are multi-agency multi-disciplinary teams; whilst services to adults, in areas apart from Easington PCT, are provided via the Community Mental Health Teams (CMHTs), which are also multi-agency.

Child and Adolescent Mental Health Services

5.12 In all PCTs, apart from Easington**,** CAMHS provide services for children and adolescents from 0-16 years of age. In Easington PCT (partly because of historical reasons and the commissioning arrangements), services are provided by CAMHS up to 18 years of age. There are 5 CAMHS Locality Teams (or Departments of Child and Family Psychiatry) in County Durham, which are co-terminous with each of the PCT areas as follows:

Location
Health Centre, Chester le Street
Clairmont Family Centre, Bishop Auckland
Derwentside Child and Family Centre, Consett
The Lodge Family Centre, Sedgefield
The William Brown Centre, Peterlee

5.13 Most CAMHS Teams in County Durham operate on an “office hours” basis i.e. 9.00 a.m. to 5.00 p.m. on weekdays. Each CAMHS Locality Team is multidisciplinary, made up of:

- Consultant Psychiatrist
- Consultant Psychologist
- Nursing staff
- Social Workers employed as therapists

There is also some local integration between services, achieved on a locality basis by multi agency forums in each PCT area with representatives from health, social services, education and all other relevant stakeholders. The purpose of each forum, which meets regularly, is to establish closer working between agencies locally, provide a seamless service, consider themes and in some instances to determine how individual cases are progressed.

5.14 The specific aims of the CAMHS service (outlined to us by members of the Easington CAMHS team) are:

- Assessment and treatment of children and adolescents with mental health problems up to their 16th (or 18th in Easington) birthday. There may be some flexibility at the upper age limit cut-off point, depending upon the condition of the person developmentally, or whether they are continuing in full-time education
- Liaison, support, advice to Primary care and other agencies (Tier 1)
- Promoting the mental health of children and young people
- Providing support and consultation for family members and carers
- Providing staff support and development in accordance with Trust policy

5.15 The CAMHS strategy for County Durham and Darlington includes the following key principles for service development:

- Equality of access to services regardless of locality within County Durham (and Darlington)
- Delivery of care most likely to produce a successful result
- Proper training of people who provide the services
- Services provided as near as possible to where people live
- Information provided when needed
- Services should be as flexible as possible according to individual needs
- Services make the best use of any money available
- Continuous work is undertaken to ensure that clients receive what they need
- Services should help people achieve continuous positive mental well-being and prevent mental illness in the future

5.16 CAMHS services locally are provided along the lines of a national model, called the four-tier model, as follows:

Tier	Provided by	Interface
1	GP's, health visitors, school nurses, social services, teachers	Primary or first point of contact
2	Paediatricians, clinical educational psychologists, child psychiatrists, community psychiatric nurses	Secondary – assessments and advice
3	Multi-disciplinary - working in community mental health clinic	Specialist service for more severe, complex and persistent disorders
4	Infrequently used but essential tertiary level services such as day units, or in-patient units	For older children and adolescents with severe mental illness or at risk of suicide

5.17 The broad objectives of the CAMHS are:

- Assessment
- Interventions and therapy
- Liaison/consultation and supervision

5.18 CAMHS **do not** take referrals directly from the general public. Access to CAMHS is usually by referral from:

- Health Service professionals
- Social Workers (Social Services)
- Educational Psychologists (School based referrals)
- Youth Offending Service

5.19 Once a young person is referred to CAMHS a system of prioritisation is applied as follows:

- **Urgent** – Contacted by and identified Team Member within 24 hours
- **Priority** – Seen by a Team Member within 2-4 weeks
- **Non-Urgent** – Receive an appointment within current Priority Services Trust Guidelines (13 weeks)

5.20 CAMHS deal with a broad client group and some of the more commonly encountered difficulties can include:

- Affective disorders – anxiety, depression, phobias and obsessive compulsive disorder
- Eating disorders
- Abnormal grief/bereavement reaction
- Psychosis
- Post Traumatic Stress disorder
- Lack of bladder/bowel control
- Deliberate Self Harm
- Development Disorders (where no evidence of a learning disability)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Abuse, leading to mental health difficulties
- Psychosomatic disorders

5.21 In undertaking an assessment of a client, CAMHS will consider:

- The child's developmental needs
- Parenting capacity
- Family and environmental factors

and will assess the vulnerability factors of the child and any strengths that there may be.

Working Group Discussion with Mark Cain, General Manager of CAMHS

5.22 The following case study sets out how engagement of a young person with CAMHS might arise:

> **"Jen"** is a 16 year old only child of mixed race who lives with her mother. As a child she suffered sexual abuse. Her mother has suffered poor physical health in recent years. Jen has a poor record of school and college attendance and has become socially isolated. Jen does, however, have a close relationship with her grandmother. Jen recently became pregnant and underwent a termination. She was seen by her GP because she was hearing voices, had become aggressive and suffered from violent mood swings. She had lost weight, could not sleep and had developed obsessional traits and suicidal thoughts, with self-harm. Jen was referred by her GP to CAMHS who accepted the referral and prioritised her case. Following an assessment, areas of Jen's life that were determined as vulnerable included her mother's poor health, her isolation, poor school attendance, lack of friends, sexual abuse, termination of pregnancy and bereavement issues and self harm. Strengths were identified as including a supportive grandmother, the close-knit community in which Jen lived and her pre-morbid personality. Following assessment, the treatment plan for Jen included medication, individual support, tier 4 provision (in-patient services), health education, family work, and multi agency working including – Social Services, Connexions, the Options Team and Stonham Housing. In the later stages of treatment, there were some issues about Jen's transition from child and adolescent to adult mental health services which required careful management.

5.23 The issue of how adolescents at the upper end of the age spectrum covered by CAMHS are supported is an issue that has already been considered by a CAMHS interagency group. Work was undertaken to develop a strategy for 16-18 year olds, but funding was not available to deliver the strategy. Further work is being undertaken which will now result in the creation of supra-locality teams, in the North and South of County Durham to provide additional support for CAMHS on 16-18 year old issues.

Adult Mental Health Services

5.24 The move from Child and Adolescent Mental Health Services to Adult Mental Health Services occurs at 16 years of age for most people in County Durham, (or 18 years of age where a person is in full-time education), although there is some flexibility dependant upon the development of the individual concerned. The arrangements in Easington are different, where CAMHS deal with young people up to the age of 18, at which point which they move into the adult mental health regime.

5.25 The provision of most mental health services to working age adults (aged 16-64) in the larger part County Durham is undertaken by the Priority Services Trust in the form of:

- In-patient facilities
- Community mental health teams (CMHTS)
- Day hospitals
- Outreach services and

- Out-patient clinics

The arrangements are different in Easington PCT, with 2 separate mental health trusts delivering services depending upon whether people live in the north or south of the area, but the delivery mechanisms are similar to those for the Priority Services Trust.

Community Mental Health Teams

5.26 Community Mental Health Teams are located in County Durham as follows:

Locality
Health Centre, Chester-le-Street
Dawson House, Crook
Derwent Clinic, Shotley Bridge Hospital, Consett
North End, Durham
Goodall Centre, Bishop Auckland
Barnfield Centre, Spennymoor
Community Health Centre, Barnard Castle
Phoenix Centre, Newton Aycliffe
Stanley
Merrick House, Easington (south)
Caroline House, Seaham (north)

In addition, there are Liaison nurses at Durham and Bishop Auckland hospitals. There are also Assertive Outreach Teams for The Dales, Sedgefield, Durham, Easington and Consett areas.

5.27 CMHTS are multidisciplinary teams offering specialist assessment, treatment and care to working age adults with mental health problems in their own homes and the community by:

- Providing treatment and care for those with time-limited disorders who can benefit from specialist interventions
- Providing treatment and care for those with more complex/enduring needs
- Giving advice on the management of mental health problems by other professionals and in particular, advice to primary care, and a triage function enabling appropriate referral (link workers)

5.28 Each CMHT is a multi-disciplinary team made up of:

- Primary Care Link Workers
- Psychiatrists
- Physiotherapists
- Occupational Therapists
- Community Psychiatric Nurses
- Social Workers

with Social Services and NHS Trust staff co-located in joint bases managed by Team Managers who come from either a health or social services background. An example of an actual CMHT team is given later in Section Seven of the report.

5.29 The model of care in CMHTs is care co-ordination, an amalgamation of the former Social Services Department care management process, and the health

led care programme approach. Jointly agreed documentation in respect of referrals, assessments, care plans and reviews are used by CMHT staff and there are protocols about sharing information. There are proposals to use the flexibilities under the Health Act 1999 which will result in the County Durham and Darlington Priority Services NHS Trust operationally managing Social Services staff within a Trust setting.

5.30 CMHTS work with Primary Care, undertake assessments, including Social Services assessments, review cases, adopt a team approach, co-ordinate care, arrange suitable interventions and undertake medical management.

5.31 The first point of contact that young people with mental health problems are likely to have with the CMHT is via the Link worker who undertakes front line primary care assessments of individuals identified as having mental health problems and who will sign-post individuals to the services that can best meet their identified needs. Link Workers have small individual caseloads and can offer brief therapy to individuals for a maximum of six sessions. They work with the Primary Health Care Team (PHCT), providing assistance, support and advice to the PHCT about individuals on their caseload with mental health problems

5.32 Response criteria for referrals to CMHTS are as follows:

Level or Priority	Presenting/Problem	Response/Timescale
CRITICAL Emergency – within 4 hours	Sudden severe mental breakdown and/or enduring illness. Immediate serious threat to health or safety of individual, or others	CMHT arrange assessment within 4 hours
SUBSTANTIAL Urgent – within 2 days	Service users with identifiable need for ongoing therapeutic intervention, or those experiencing difficulties associated with their illness seriously affecting their quality of life or those of their carer, or where failure to act would increase risk	CMHT arrange assessment within 2 working days
MODERATE Routine – within 10 days	Service users with intermittent episodes of mental health difficulties who may have had no previous contact with services	Direct referral to Primary Care Link worker for screening within 10 working days
Routine – within 21 days	Where clarification required as to whether individual is presenting with a mental health problem or experiencing a normal reaction to a life event	Initial assessment screened by Primary Care Link Service within 21 days

5.33 Development work is ongoing within the greater part of Durham with crisis resolution and home treatment (implementation by January 2004), assertive outreach and early intervention (2004) and reprovision (2006). This process is more advanced in Easington. Work has been ongoing to explore changes (initially on a pilot basis in Chester-le-Street), to enhance access, booking and

choice for users of CMHTS, to be rolled out elsewhere in County Durham in the near future. In undertaking work with young people and adults, the aim is to provide therapies and opportunities, which keep those with mental health problems engaged with society and their local communities. Work is also underway within the Priority Services Trust to develop an early intervention Service for people aged 14-35 with first episode psychosis, in line with the NHS Plan. Early intervention aims to promote an individual's recovery from psychosis by prevention, early detection and more effective treatment at the beginning of illness. Early intervention teams in the UK are expected to meet the needs of people aged between 14 and 35 who show symptoms of psychosis for the first time, or people aged 14 to 35 during the first three years of a psychotic illness.

5.34 Assertive Outreach Teams will provide intensive support for severely mentally ill people who are difficult to engage in more traditional services. Care and support will be offered in people's homes or some other setting at times suited to them. Crisis Resolution/Home Treatment Teams will provide intensive support for people in mental health crisis in their own homes and will stay involved until the problem is resolved. This is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. In Easington and the south of County Durham Teams will be established during 2003/04, with the north of Durham expected to follow in 2004/05. Much of the work of Assertive Outreach Teams and Crisis Resolution Teams is undertaken outside of a service setting, 24 hours 7 days a week.

In-Patient Facilities

5.35 In-patient facilities for adults in the larger part of County Durham are provided at 3 sites in the County. Patients from Easington PCT area also use facilities in two other Mental Health Trusts. There are no acute in-patient facilities for children or adolescents within County Durham, who have to go outside the County for treatment.

5.36 Allensford Ward is a current typical adult in-patient acute facility, sited at Shotley Bridge Hospital, Consett. It is a mixed Acute Ward for up to 25 adults (16-65). There is separate male/female accommodation, provided in single rooms and 2 double rooms (for couples), all of which have washing facilities. There are communal areas for dining, cooking, washing, etc. and a separate lounge area for female patients. Patients are allowed to have electrical items such as their own TV's and Hi-fi's in their rooms, although this is subject to electrical checks and also to the items not being played too loudly to the detriment of other patients.

5.37 Patients are usually referred onto the Ward following assessment by a consultant psychiatrist. However, wherever feasible, treatment and support is provided in local communities, as going into hospital can be a stressful and stigmatising experience, with subsequent anxieties when leaving the hospital environment. Wards usually have full occupancy.

5.38 A range of treatments and therapies are provided to patients resident on Allensford Ward. As regards activities available for patients, use is made wherever possible of sports activities available within the immediate locality, as the aim is to re-integrate patients into society. As regards social activities on Allensford Ward itself, these tend mainly to be organised on a group basis

and there are communal lounges/dining areas. There is no specific provision (such as computers) for young people. It is proposed to buy in activities 3 days per week.

5.39 We heard that the number of younger in-patient referrals is growing year on year and people as young as 14 have been admitted to Allensford. Many young people's issues are linked to drugs use.

5.40 Staff on the Allensford Ward liaise closely with CMHTS in relation to re-integration of in-patients back into their local communities, following the conclusion of in-patient treatment. A discharge planning process is undertaken prior to patients going back to their local communities to ensure that the needs of the patient and of their carers are met.

Social Services

5.41 The County Council's Social Services Department provides help and support for a wide range of people and has a responsibility for arranging and providing social care services to enable people to live as independently as possible in their local communities. The provision of social services to young people with mental health problems in County Durham by Social Services is prescribed by the manner in which the Social Services Department is organised. Organisation of Services to Children and their Families follows the interpretation of "child" in the Children Act 1980 which is from 0-18 years of age. Adult Commissioning deals with those aged 18 and upwards.

Children and Their Families

5.42 The Children and Their Families Branch is organised into the following service areas:

- Children in Need Teams in each locality
- Fostering and Adoption
- Disabled Children
- Residential and Community Services
- Looking After Children and Aftercare
- Community Support Team
- STEPS Therapeutic Service
- Family Services Teams (North and South)
- Early Years Service
- Secure Services
- Copelaw Education
- Service Development

Adult Services

5.43 The Adult Branch is organised into the following service areas

- Promoting Independence Teams – Adults
- Joint Community Mental Health Teams – Adults
- Integrated Learning Disabilities Commissioning Teams - Adults
- Substance Misuse Team
- Social Care Direct
- Sensory Impairment Team
- Carers Team

- Review Team

5.44 County Durham Care (CDC) is part of the Social Services Department and one of the largest providers of a range of social care services in County Durham. The Branch provides a range of services including services to people in their own homes, day centres, and residential care, all aimed at promoting and maximising independence.

5.45 Social Services Department operates 5 Mental Health Day Care facilities at:

- Stanley (Beaconsfield)
- Chester-le-Street (Cuthbert Resource Centre)
- Peterlee (Horizon Resource Centre)
- Seaham (Fenwick Centre)
- Bishop Auckland (Light House Resource Centre)

5.46 The Supported Living Scheme also provides supported housing in the North Durham area for those with severe and enduring mental health problems

STEPS Therapeutic Social Work Team

5.47 The Social Service Department STEPS Therapeutic Social Work Team consists of experienced Social Workers providing a County-wide service from two bases (Durham and Newton Aycliffe). Their primary focus is meeting the mental health needs of Children Looked After and those who have suffered trauma. Trauma is defined as *"A state which can impede the child/young person's ability to function as well as their capacity to grow and develop."*

5.48 STEPS receives referrals from Social Workers/Social Care Assistants based in locality Children in Need Teams and Looked After Teams. The age range of young people supported by STEPS is 3-21 years, (rising to 24 with the introduction of the Leaving Care Act, 2000). It is a Tier 2/3 provider. There are regular liaison meetings (North and South) between CAMHS and STEPS professionals engaged in complex case work where there are significant mental health concerns.

5.49 STEPS offers a social work therapeutic service; pre-referral discussions; direct work with children, their carers and families; therapeutic assessment; case consultation; and training. This is done by:

- Communication through play
- Family work
- Solution focused work
- Counselling
- Art/drama/music/story-making, life process work, relationship building

5.50 The support network for a young person might typically include:

- Parents/carers/extended family
- School
- Social Worker
- STEPS

Presentation to the Working Group by Steven Tait about STEPS

5.51 The following case study sets out how engagement of a young person with STEPS might arise:

> **"Jane"** is a 17 year old young woman, currently subject to a Section 31 Care Order. She was referred to STEPS in 2002 to receive help for experiences of physical abuse, separation and rejection by her birth family. She had been physically assaulted by her father and suffered numerous moves and changes of placement. Currently she is lodging with friends of her family who have mental health issues of their own. When STEPS became involved with Jane, she made allegations of sexual abuse against a family member and a child protection investigation was instigated. There was concern about Jane's mental stability and suicidal intent which involved overdosing on prescribed medication. She had 3 emergency hospital admissions and regular follow up appointments with an adult consultant psychiatrist. She was prescribed several types of medication to maintain her mental stability. Jane presents as "flat" and uncommunicative, with little verbal communication with professionals. Other times she is high and hysterical but does not seem to recall this afterwards. She can become agitated and verbally aggressive and upsets the equilibrium of home. She is reliant on medication to maintain stability. When STEPS became involved with Jane, following referral by her social worker, care was taken to ensure that safety issues in relation to the work to be carried out were assessed; the quality of Jane's support network was established; appropriateness of being involved and timing issues were considered; and the views of Jane were considered. The key steps in the process were a meeting with Jane's Social Worker; the meeting with Jane and her carers; and a professional network meeting. Jane had been very disempowered by her experiences, but was clear that she did not want to proceed with any therapeutic work which might prejudice the outcome of the pending prosecution against the alleged perpetrator of sexual abuse. STEPS were, however, able to provide a relationship building support role for Jane and her carers, whilst it was appropriate to change the focus of the work.

Looked After Children

5.52 Social Workers may also be involved with young people with mental health problems via the "virtual" team which has been established to provide support to young people in the Looked After system. This is headed by a Co-ordinator

in CAMHS (currently a secondee from the County Council with a Social Work background).

5.53 Young people in the Looked After system receive support and services from the age of 0-21 years if cared for by the Local Authority and up to 24 years of age if they continue in full-time education. In September 2003, there were 484 Looked After Children in County Durham, of which 316 were in foster care, 45 in residential care and 74 with their parents. There are a number of Looked After Children placed in County Durham with Independent Fostering Associations by other Local Authorities.

Education

5.54 Whilst Health and Social Services are key players in relation to services for young people with mental health problems, most young people spend much of their time in educational settings. CAMHS staff told us that many issues that result in mental health problems presenting in later adolescence, were evident, and/or could be tackled by early intervention, often in quite young children. Although the Working Group was conscious of the important day to day role played by teachers and school nurses, in looking at mental health issues within an education context, the Working Group focused on:

- Sure Start
- Educational Psychology Service
- Education in the Community Service

Sure Start

5.55 Sure Start is a Government programme which aims to achieve better outcomes for children, parents and communities by increasing the availability of childcare for all children; improving health, education and emotional development for young children; and supporting parents in their role and in developing their employment aspirations. This is achieved by helping services develop in disadvantaged areas, while providing financial help to enable parents afford quality childcare; and rolling out the principles driving the Sure Start approach to all services for children and parents.

5.56 Sure Start supports families from pregnancy right through until children are 14, including those with special educational needs, and up to age 16 for those with disabilities. The guiding principles, drawing on best practice in early education, childcare and Sure Start local programmes, are

- Working with parents and children
- Services for everyone – dependent upon different needs
- Flexible/accessible services – to encourage access
- Starting very early - first antenatal visit
- Respectful and transparent – customer driven
- Community driven and professionally co-ordinated – by listening to people
- Outcome driven – better outcomes for children, less bureaucracy and more joined up working

5.57 County Durham has 14 Sure Start Programmes, including 2 mini programmes in Shotton Colliery and Wheatley Hill. The County Council is now responsible for co-ordinating the strategic planning, management and overview of Sure

Start and ensuring that the contribution early years services can make to the broader local agenda is recognised. The Education Department carries the lead responsibility for these developments and supports the Partnerships and local Programme/Management Boards, which make key decisions. The County Council will also have a role in overseeing implementation of children's centres. Sure Start will support and fund the development of children's centres, which will be located in the 20% most disadvantaged, wards in the country (85 wards in County Durham) and serve all children and families in them. They will act as service hubs within communities, providing integrated care and education for young children from birth to 5 years old, child and family health services, ante-natal care for expectant mothers, family support and outreach to parents.

5.58 Sure Start Teams consist of a mix of professional staff, including midwives and health visitors, working within local communities in a multi-disciplinary setting. There has been some joint working locally between Sure Start and CAMHS, but there may be opportunities for Sure Start Locality Managers to forge stronger links with CAMHS through integration via the Sure Start Management Group.

Educational Psychology Service

5.59 Durham County Council's Educational Psychology Service seeks, in partnership with others, improvement in the quality of life for all children and young people, through the promotion of their emotional well-being, achievements, progress and inclusion within the educational and social context. The service consists of:

- A team of educational psychologists
- Portage services (home based teaching programme for pre school children with special educational needs)
- Dyspraxia service (support for children with co-ordination, attention or speech difficulties)
- Anti-bullying services (for individual schools to overcome bullying)

5.60 The Educational Psychology Service is responsible for, and contributes to, a number of innovative and proactive projects aimed at raising standards across the County. These include:

- The positive parenting programme
- A range of high quality training
- Getting Along - the Key Stage 1 and 2 Social Skills development project
- Counselling
- Physical Difficulties Project
- Child and Adolescent Mental Health

5.61 Each mainstream school, special school and nursery has a named educational psychologist who visits on a regular basis. The number of sessions is based upon a formula agreed with the head teacher. During these visits, educational psychologists try to prevent problems arising by providing advice about children and how to prevent difficulties by consultation and/or training. When problems do arise about a particular child or group of children, the psychologist tries to find out why the difficulties are occurring through a detailed assessment. On the basis of this assessment, recommendations about ways to overcome the problem are made

5.62 Psychologists do not always need to see a child in order to help, but may be able to make suggestions on the basis of information provided by other people such as teachers and parents. If a child has to be seen, parental permission is always sought before the first contact. Assessment by an educational psychologist may take many different forms, depending upon the age of the child or the nature of the problem. If it seems that the child has special educational needs that cannot be met within the resources normally available to schools, it may be that an assessment of Special Educational Needs under the 1996 Education Act will be initiated.

5.63 There are currently two initiatives operating in schools within County Durham which are relevant to the mental health needs of young people. These are:

- "Place 2 Be"
- Durham Secondary Schools Counselling Service

5.64 **"The Place 2 Be"** (P2B) is operating in 11 primary schools in East Durham within the Education Action Zones. The project offers therapeutic and emotional support to primary age children, including support for parents. The cost is £16,000 to £20,000 per school with some funding provided by CAMHS and Social Inclusion Funds. Current funding arrangements will support the project over a period of 3 years, but there are issues about sustainability thereafter.

5.65 Founded in 1994, P2B is effectively a professional mental health service within a school, providing trained counsellors who offer emotional and therapeutic support to children referred by teachers. Entirely independent of the school and the child's home life, counsellors offer a safe and independent adult listening ear, neither parent nor teacher, to disturbed and distressed children. The P2B direct service model is made up of a range of services delivered in each school by a P2B School Project Manager (a salaried and fully qualified professional psychotherapist), supported by volunteer counsellors. Volunteer Counsellors are carefully screened and thoroughly trained before they undertake any direct work with children. The counsellors usually work from within a specially designated room in each school which is equipped with art and play materials**.** P2B services include weekly 1-1 sessions, group sessions and The Place to Talk, a self-referral drop in service run at lunchtime. The model also includes The Place to Think, an opportunity for teachers to reflect about whole class issues or the emotional needs of specific children with the School Project Manager. P2B also provides brief, solution-focused sessions for parents.

5.66 The School Project Manager supports a team of volunteer counsellors who work in the school from a special designated room – the Place to Be – usually for two or three days a week. The room is equipped with art and play materials. Teachers refer children about whom they are concerned. In some cases parents suggest that help is needed. The child attends individual sessions with a volunteer counsellor for up to one hour per week, either for a fixed number of sessions or for an open-ended period up to one year. A volunteer will work with up to four children exclusively. Each child is collected from class, brought to the 'Place to Be' and taken back at the end of the session. Work with children is tightly managed and needs to be timetabled. The Place to Be also offers work with children in groups, led by trained staff. The Place to Talk offers individual counselling through self-referral as a lunch-time drop in service and the Place to Think support for teachers.

5.67 Local organisation of the Place to Be is based on a hub or cluster system of up to 10 schools, managed and supervised by a salaried hub manager, who in turn is overseen by an Regional Manager. Each hub has a steering group made up of head teachers, LEA representatives, health and social services, school governors and other link agencies including representation from business. The steering group is responsible for raising funding for the Hub locally, works closely with 'the Place to Be' charity and oversees the progress of the programme in participating schools.

5.68 **Durham Secondary Schools Counselling Service** is another project currently providing support and services for young people in 10 secondary schools in County Durham. This is a joint initiative involving CAMHS, the County Council's Educational Psychology Service and schools which provides an in-school service to 13-18 year olds. The project is supported by £98,000 of European Social Fund project funding, with matched funding from the Local Education Authority, schools and CAMHS. The schools participating in the project did so following a bidding process. Project workers (10 in all - 1 in each school) were recruited to provide services.

5.69 The Secondary Schools Counselling project aims to develop:

- Direct therapeutic services to young people in school – either individually, or in small groups
- Drop in provision for students
- Support to parents
- Close working between project worker and staff, including project worker advice to staff who may have concerns about particular children
- Project worker contributions to school systems/practice where relevant to social and emotional needs of students (i.e. by in service training of staff)

5.70 Project workers (who are attached to the Educational Psychology Service) provide services on a part-time basis (15 hours per week) with timetabling negotiated with individual schools. The types of support provided have included:

- 1 to 1 counselling
- Group work around issues such as examination stress, self esteem, victim support, anger management, bullying and post trauma
- Training/management of peer support groups
- Telephone support over holiday periods
- Supporting staff
- Liaison with teachers responsible for child protection
- Liaison with staff pre and post intervention to raise awareness of suitable referrals
- Liaison with parents where appropriate
- Some work with grandparents
- Liaison with external agencies such as Connexions, Social Services, School Nurse, CAMHS, Education Welfare officers and GP's

5.71 In the first year of operation of the project (up to August, 2002) over 322 individual young people received support.

5.72 The main categories of issues raised in counselling related to:

- School
- Personal/Self

- Relationships/Family
- Health
- Abuse

5.73 The individual types of issue raised are set out below in detail:

Category	Types of issues Raised (ranked in descending order)
School	Behaviour at school Attendance Bullying Experience of school/stress Relationships with staff Disaffection Phobias Learning difficulties Inappropriate referral
Personal/Self	Anxiety/stress Self-esteem Anger Self-harm Depression Traumatic even Suicidal feelings Criminal activity Inhibited emotional; development Other Gender and sexuality Personal organisation
Relationships/Family	Difficult family issues Peer relationships Bereavement Split family/separation issues Parental issues Parental needs/expectations Siblings Step family Other Isolation/loneliness Looked After Children Counselling relationships
Health	Drugs/alcohol misuse Illness Pregnancy/suspected pregnancy
Abuse	Emotional Neglect Physical Racial Rape Violence/assault Domestic violence

5.74 Work has also been undertaken down to nursery school level across all 3 primary schools in Shildon, under the Time for Children project where the "Goodmans" questionnaire is used to identify children who may need support. Similar schemes are likely to be operated elsewhere in the County, depending upon funding in the coming years. Further work is ongoing in relation to development of policy and guidance in relation to ADHD. A draft training and resource pack has also been developed as part of the Mentally Healthy Schools initiative.

Education in the Community Service

5.75 Work is also undertaken with young people aged 11-25 by the **Education in the Community Service** within the County Council's Education Department. The Service enables and supports individuals, groups and communities to access Life Long Learning, so that people will feel valued, reach their full potential and become active citizens. The County Council spends £3.8 million per year on Education in the Community and supports 250 youth and community organisations. It enables community use of schools through its shared use associations. In the past year 270,000 young people have accessed services provided by Education in the Community. Some 45 full-time and 400 part-time staff are employed by the service.

5.76 Youth Work is different to some other aspects of engagement with young people, as young people engage with the service only because they wish to. Although the format of the work undertaken with young people varies from group work to 1 to 1, and the subject matter differs, work is always educative in nature.

5.77 A holistic approach is adopted by Education in the Community detached youth workers in relation to youth work and health issues, with the main concentration on well-being and well-becoming of individual young people. Projects look at drugs, alcohol and tobacco, giving the facts to young people about the dangers of substance abuse. Work is also carried out in relation to teenage pregnancy, with advice to young people about safe sex.

Other Statutory Services and/or Providers

Youth Offending Service

5.78 County Durham Youth Offending Service (YOS) is a multi agency partnership, led by Durham County Council, with Police, Probation and Health. Its principal aim is the prevention of offending by children and young people (Crime and disorder Act 1998). It prevents offending by helping young people achieve their full potential as active members of their communities. The Service does this by:

- Working with under 19's and victims of youth crime
- Targeting young people at risk of social exclusion and crime
- Targeting young people who have admitted/been convicted of an offence

5.79 The Service works with young people at risk (aged 5-19) as well as those who have admitted or been convicted of an offence. The Service employs 150 people in County Durham, consisting of 3 County-wide Teams and 3 Locality Teams. Each Locality Team has a Community Nurse and a Substance

Misuse Nurse. There is no provision for Mental Health Nurses, but Teams do have access to CAMHS specialists. Young people engage with the Service in a variety of ways. There is voluntary engagement by those who are at risk of social exclusion or crime (4,500 in 2002), or who have admitted offending (867 in 2002), or who are required to engage with the Service following a court conviction (783 in 2002). The Service operates within a rigorous performance framework.

5.80 The Working Group was provided with two case studies showing how young people became involved with the YOS:

"John" – Lives with his mother who has substance misuse issues. His father works away for long periods. There is animosity between the parents. John developed normally but displayed anti-social behaviour from 14 onwards - Educational Psychology Service became involved. He was involved in a road traffic accident at 15 and suffered brain damage, leaving him with a reduced mental age; physically disabled and learning difficulties. Because of family problems and missed medical appointments resulting from his mother's condition, John didn't receive rehabilitation and was discharged. Only Social Services was involved. At 16 John came to attention of YOS following a common assault. Reports were ordered by the Court, which revealed John's mental age of between 7 and 11 and an IQ of 50. A 6 month Supervision Order was imposed which proved difficult to manage. John used cannabis heavily and whilst he engaged with YOS Substance Misuse Nurse no behaviour change resulted. Further offences occurred, including public order, drugs possession and theft. All involved peer pressure. John was given a Community Rehabilitation Order for 12 months. Several months later, in June, John and his father attended the YOS office. John had several superficial slash marks to his arms, deep cuts to his throat, and appeared clinically depressed. He was frustrated about his impairment following the accident and had been excluded from education because of violent outbursts. YOS Community Nurse contacted CAMHS, the Learning Disabilities Team and the Clinical Psychologist for Learning Disabilities. Learning Disabilities Team advised they did not deal with people who have a learning disability following a head injury. Clinical psychologist did agree to take John on as an urgent case, but there was a 2 months waiting list. By July, John was still self-harming. His relationship with his mother deteriorated. An urgent assessment by the Learning Disabilities clinical psychologist took place in early August and follow up sessions were arranged for treatment. John did not attend these sessions because soon after, an alcohol fuelled domestic incident at home caused him to become severely disturbed and suicidal. Despite telephone calls by the YOS Community Nurse to agencies from CAMHS to Learning Disabilities, his GP and every bed provider in the North East, no one could provide a bed to offer John a safe environment where assessment and treatment could be provided. John had to remain at home overnight with support from the Emergency Duty Team until a bed was found the following day. He was then sectioned on mental health grounds. John remained in the Unit for 28 days and was discharged with medication for depression. He now receives psychiatric treatment, psychology input, physiotherapy and speech therapy. Social Services are attempting to resolve home difficulties to prevent any relapse. John will soon be 18. The Learning Disabilities Adult Team will not accept him. He has no service provision for the future, despite being one of the most vulnerable young people on the YOS caseload

"Anne" – is 15 and currently on a 6 month Supervision Order for assaulting a police officer, with 5 other charges pending for similar incidents on police officers or females. She was first involved with YOS for a public order offence on a Referral Order. She was also involved with Social Services and CAMHS, after being raped 2 years earlier (her attacker was convicted). Anne's home life was chaotic. She had a volatile, sometimes violent relationship with her mother. And lived with three siblings and her stepfather in the family home. The natural father was a known heroin use who had little contact. Anne often absconded or was thrown out of home, usually staying with friends. She self-harmed and had low self-esteem, manifested in promiscuity, inappropriate relationships and excessive alcohol intake. The Primary Mental Health Worker and YOS Substance Abuse Nurse carried out joint work with Anne, but her frequent absences from home were a complication and at the end of the Referral Order, both withdrew their support because of non-compliance (although the Primary Mental Health Worker said she would re-engage when Anne felt she was ready). Two months after the order ended, Anne came back to the YOS after being thrown out of home by her mother. Her offending, self-harming and promiscuity had escalated and she had been excluded from school for inappropriate sexual behaviour. Anne was found accommodation in a stable household with a friend's mother and the Primary Mental Health Worker was re-engaged. The YOS Substance Misuse Nurse is also involved. Anne desperately seeks love and affection and a stable family relationship, although she has sabotaged her latest foster placement. Her mother seems not to want any interventions to succeed and is attempting to persuade Social Services to place her in a secure children's home. Anne's mental state and self-harming is exacerbated by the fact that her attacker is due out of custody soon. Joint work continues

The Connexions Service

5.81 Connexions is a national youth support strategy for young people aged 13-19. The Service provides information, advice, guidance and support on a wide range of issues, to help young people to prepare for adult and working life. Young people aged 13-19 in England have access to Connexions in a variety of ways, whether they are at school, in further education, in or out of training or work. Extra help and support can be provided to those young people who need it. Young people may access Connexions Advisers, who can give information and advice on learning and education and career choices, as well as helping young people to overcome barriers, which may be stopping them reaching their full potential.

5.82 Connexions County Durham is run under a Consortium Agreement, with Durham County Council acting as host body. The Cabinet Member for Lifelong Learning, Directors of Education and Social Services; Youth Offending Service Manager; and the Manager of the Education in the Community Service are members of the Partnership Board. Representation from Health has not yet been secured, but Connexions is heavily involved in health issues. The overall aim is to increase the numbers of young people aged 16-18 participating in learning.

5.83 There are ten Connexions Centres in County Durham at Bishop Auckland, Chester-le-Street, Consett, Crook (part-time), Durham City, Newton Aycliffe (part-time), Peterlee, Seaham (part-time), Spennymoor (part-time) and Stanley (part-time). All services are available to young people aged 13 to 19 with mental health issues. There is a Connexions Adviser working specifically with the Local Education Authority's Home and Hospital Tuition Service, which provides for young people who are not able to attend school for a variety of reasons. Specific support is provided to young people who have had breakdowns (school phobics, for example).

Jobcentre Plus

5.84 Jobcentre Plus is the new Government Agency serving working age customers aged 18-65 which assists individuals looking for employment and deals with working age benefits issues. Although Jobcentre Plus works with and pays benefits to 16/17 year olds, this age group are normally directed initially to Connexions for advice and guidance. In County Durham there is a statement of working arrangements with Connexions that is regularly reviewed and developed. Jobcentre Plus also works closely with the County Council's Welfare to Work team and New Deal for Disabled People Job Brokers. There are some geographical areas where Jobcentre Plus services are not yet joined up, but the intention is that by 2006 all Jobcentre Plus offices will provide all services.

5.85 In addition to benefits issues, Jobcentre Plus can assist young people with mental health problems. In circumstances where the disability or health condition is such that it does not cause particular difficulties in finding or keeping a job, most disabled people who use Jobcentre Plus are helped into work by Jobcentre Plus or Jobcentre personal advisers. Where the disability or health condition is such that it is causing difficulties for people gaining employment, or where people are employed but fear losing their jobs because of their condition, there are specialist advisers called Disability Employment Advisers. Access to Work Advisers have specialist knowledge of the Access to Work Programme which provides support to disabled people and their employers to help overcome work related obstacles resulting from their disability.

5.86 Disability Employment Advisers provide support, including:

- Employment assessments – to determine the impact of the disability or health condition upon the work or training proposed
- Work preparation – tailored programmes to help ease returns to work after long periods of sickness or unemployment, including work placements (and Personal Development Programmes) for job ready customers (with additional support for users with mental health problems)
- Advice/support on – training, job seeking, retaining employment
- A gateway to the New Deal for disabled programme aimed at supporting customers on incapacity related benefits return to work
- Encouraging employers to commit to employing disabled people, through the Disability Symbol Award
- Information on WORKSTEP – a scheme providing supported job opportunities for those facing more complex employment barriers

5.87 Access to Work Advisers provide support, including:

- Access to Work programme
- Assessment of needs and appropriateness of Access to Work
- Details of grants available towards extra employment costs that might result from disability

5.88 In County Durham enhanced assessments and counselling are also available via occupational psychologists in a Work Psychology Team. The Team also provides training on mental health issues to Disability Employment Advisers. Disability Employment Advisers and Jobcentre Plus marketers also positively promote the employment of disabled people within County Durham.

The Voluntary Sector

5.89 There are a substantial number of voluntary sector organisations providing services and support in the mental health field. Many of these provide services that do more than just fill the gaps in statutory provision. They carry out groundbreaking and innovative work, commission influential research and generally aim to provide a better quality life for those with mental health problems. In carrying out this project we were not able to examine all of the services provided by all the bodies involved, but chose to look at a number of voluntary sector organisations (some national), which provide support within County Durham.

Mind

5.90 Mind is one of the leading mental health charities in England and Wales. Mind works to create a better life for everyone with experience of mental distress by:

- advancing the views, needs and ambitions of people with experience of mental distress;
- promoting inclusion by challenging discrimination;
- influencing policy through campaigning and education;
- inspiring the development of quality services, which reflect expressed need and diversity;
- achieving equal civil and legal rights through campaigning and education

In all its work Mind promotes the values of autonomy, equality, knowledge, participation and respect.

5.91 There are over 210 local Mind Associations in England and Wales. In County Durham there are 3 local Associations, based at Chester-le-Street, Derwentside (Consett and Stanley) and Newton Aycliffe. All centres offer a variety of provision, which can differ according to locality but includes drop in facilities, various group activities, one to one befriending schemes, counselling, courses, games and recreational activities. Clients can be referred through Social Workers, Community Nurses, GP's or by self-referral. Some local associations levy minimal charges for membership and/or refreshments. In others, membership is free.

5.92 The Working Group heard about some of the work undertaken with young people by Chester-le-Street Mind. A partnership was entered into with Park View Community School to provide a listening service to young people in years 9 to 11. One to one sessions were available both in the School and also at Mind's premises in South Pelaw. As a result of this initiative, further research had been undertaken to assess young people's views about

provision of services (this will be considered later in the report). As a result of feedback, Chester-le-Street Mind is pursuing the provision of a help line, suitable for texting from mobiles, and also a young people's drop in centre in Chester-le-Street town centre.

Stonham Housing

5.93 Stonham Housing is the largest provider of housing and care in England for vulnerable people with special needs. Through its network of 460 services it provide support to over 7500 people each year. Stonham works closely with local authorities, probation services and other agencies and has an annual budgeted income of £55 million. It is a non-profit-making organisation whose services are funded mainly by The Housing Corporation, Local Authority Housing and Social Services, the Probation Service and charitable donations. Service users include:

- single homeless people;
- people with mental-health problems;
- people with learning or physical disabilities;
- young people leaving care;
- people who have been in prison or through the courts;
- women and their children who are escaping domestic violence;
- refugees/asylum seekers;
- vulnerable mothers and their babies and;
- people with drug and/or alcohol dependency problems.

5.94 In County Durham, Stonham Housing provides a variety of services and support, some of which are commissioned by Social Services. These include:

- **Accommodation** in Sedgefield Borough and Durham City, Easington and Derwentside Districts – the majority of these schemes are supported/staffed by Project Workers
- **Floating Support Services** in Derwentside, Easington, Wear Valley and Teesdale Districts where mental health service users are supported by Project Workers
- **Substance Misuse** – County-wide service
- **Learning Disabilities** – 23 service users supported by 10 full time Project Workers
- **Day Care** – Centre at Consett (3 days per week)
- **Drop in Centres –** 3 in Teesdale/Wear Valley, 9 in Sedgefield District, and 8 in Easington District
- **Employment and Education Linkworkers** – In Derwentside and Dales providing support to service users with mental health problems to consider education and employment opportunities
- **Befriending Scheme** – Sedgefield Borough
- **Easington Sports Worker Service**

End House Youth Project, Durham City

5.95 Durham Young People's Centre is based at End House in Durham City. The Centre was established in the early 1990's, following a study by Durham Health Promotion exploring young people's perceptions of their health needs and the most appropriate services to meet those needs. Running costs for the Centre are £180,000 annually, of which £67,000 comes from the Primary

Care Trust. The County Council makes a small contribution. The remainder comes from fund-raising which takes up much of the Project Manager's time.

5.96 The Centre only works with young people aged 13-25 years of age. All services are free and entirely confidential (unless someone is at risk of serious harm). The Centre is brightly painted inside, with music, magazines and free tea, coffee and water. Appointments are not necessary. Young people can also talk to workers at the Centre by telephone if they wish. The project never turns young people away and, whilst most clients come from Durham and Chester-le-Street, some young people come from as far away as Derwentside and the Dales. The types of services available include:

- Advice, counselling and support
- Free condoms
- Pregnancy testing
- Sexual health and contraceptive clinic
- Access to emergency accommodation
- Young Gay and Bisexual Men's Group
- Free Laundry
- Leaflets and Information

5.97 The Mission Statement of Durham Young People's Centre is to support young people in their right to have the information, space and services they need in order to make practical choices and gain greater control over their lives. The Centre aims to enable young people to meet their own needs and those of others by accessing, developing and creating the services and activities they identify as being important and the Project provides advice, support and opportunities for young people in a sociable and helpful environment. The objectives of the Durham Young People's Centre are to:

- Provide a one-stop shop where young people can meet socially, but also access a range of services under one roof
- Make available space attractive to young people for social activities, group work and individual sessions
- Create an atmosphere and image associated with positive health, providing services that are free from stigma
- Ensure that information, advice, counselling and other activities related to health are provided in a way that empowers young people and is sensitive to their needs
- Provide an open access service and accept referrals from other agencies where appropriate
- Publicise the Centre's activities and expand its work into the community, schools and youth clubs to maximise access

5.98 The Centre is open most afternoons and on Saturdays. Clinics are held 3 days per week. Counselling sessions for the most part last over a period of 6 – 8 months. In the last 1½ years, there has been a noticeable increase in the number of young men using End House. An evaluation was undertaken of use of the Centre in the year ending March 2003, with the following results:

Activity	Number of Visits
Counselling	423
Advice/Support	333
Groupwork	292
Pregnancy Test	164
Condoms	1600
Clinic	1297
General Chat – Drop In	133
General Chat – Advice	70
Emergency Contraception	66
Laundry	33
Internet	48
Other Drop In	49
Other Advice	7

5.99 Longer term, the Centre would like to provide access to services such psychiatrists/psychologists on site. However this could not be undertaken without additional funding. The professionals concerned would also have to be able to empathise with and be acceptable to young people. There are, however, concerns about sustainability of the Centre in the longer term, given that the majority of its income is derived from fundraising.

Comments made by young people who use the Centre

"I think it's really good here as there aren't many places to go for advice"

"Thank you for making me feel so relaxed about coming here, being made to feel welcome and comfortable was a great help"

"The staff were very approachable"

"End House is cool – but needs better tea bags!"

Section Six – Evidence

Introduction

6.1 During the course of the project evidence was taken from a large number of organisations. Full details of these are set out in Appendix One. Some written evidence was also taken and details of this are set out in Appendix Two. In the following Section some of the main issues raised during the evidence-taking process are summarised.

Oral Evidence

Social Services Department and County Durham and Darlington Priority Services NHS Trust

6.2 The following evidence was given by Phil Dyson and Frank Whitelock from Social Services Department and Harry Cronin from the Priority Services Trust:

- As regards mental health problems in people aged 16 to 25 years of age, they:
  - are often complex in nature
  - are sometimes linked to bullying at school
  - often involve self-harm
  - usually present whilst young people are of school age
  - are often more severe, or become chronic and require more substantial intervention due to failures to identify issues at a much earlier stage.
  - often require intervention from more than one agency to meet complex needs.
- Entry points for pathways to treatment include:
  - Family/carers
  - Teachers/Educational psychologists
  - Social Workers
  - Hospitals - Accident and Emergency
  - Police
  - Youth Offending Teams
  - Voluntary Sector (e.g. via counselling)
  - General Practitioners/Health Visitors/NHS Direct
  - Connexions Service
- Key issues identified:-

Early Intervention and Treatment:

- Early diagnosis/appropriate intervention when mental health problems present in young people to prevent more serious conditions developing later (services are to be developed for 14-35 year olds with first episode psychosis)
- The best locality to identify emerging mental health problems and devise appropriate interventions in young people is at school
- Links with education services, i.e. SEN children
- Education of relevant professionals about issues

***Needs of young people aged 16 to 25 years*:**

- Support and activities for this age group should be meaningful and relevant to their interests and lifestyle

- Complex needs often requiring support from more than one agency – holistic approach
- Advocacy of young people by young people
- Easy access to services, including 24 hour support, in all population centres, with support from outreach workers
- Confidential and non-stigmatising services, delivered in informal settings
- Services which engage with young people and are delivered at the right time, in the right place, and by persons with the right skills
- Co-ordinated support for young people with mental health problems leaving the "Looked After" system
- Services which overcome mistrust by young people of "professionals"
- Social Contact with people in their own age group

Education:

- Better education to increase awareness about the issues and reduce stigmatisation:
  - Parents
  - Young people
  - The wider community

Delivery of Services and Support:

- Better co-ordination of all of the agencies involved; more joined-up working and a move away from "silo mentalities"
- Removal of artificial age barriers to provision of services from statutory agencies
- Better delivery of services is more about culture, vision, shared responsibility and philosophy, than professionals sitting in the same room together in meetings
- Need to develop more "holistic" approach to supporting young people with mental health problems
- Funding – particularly of the key statutory agencies is key to effective delivery of services and support
- Shortages of skilled personnel, long training lead in times and insufficient numbers of staff to undertake one to one work
- Professionals who seek to protect themselves from increasing workloads instead of making themselves more accessible
- Co-ordination with education services
- Training and retention of skilled workers
- Support and information for carers
- Education of the public and professionals about the issues

Members of the Mental Health Scrutiny Working Group in Session

County Durham and Darlington Child and Adolescent Mental Health Services

6.3 The following evidence was given by Mark Cain, General Manager of CAMHS:

- CAMHS operates within and needs to influence a large number of local initiatives such as Sure Start, Quality Protects, Behaviour Support Plans etc.
- There are key priorities where considerable work is underway around:
  - Children Looked After
  - Integration of CAMHS services
  - Education and CAMHS
  - Improving the interface with Primary Care
  - Transitional services 16-18
- There is a need to focus on care pathways for 16-18 year olds
- Many staff dealing in adult mental health find working with adolescents a challenging and difficult process
- There were some issues around the organisation of child and adult services in Social Services and the Health Service, although work was ongoing to try and integrate services

STEPS, Social Services Department

6.4 The following evidence was given by Steven Tait from Social Services Department:

- Services must be child focused – listening to the young person and meeting their individual needs
- There must be communication and collaboration with other agencies, or fragmentation will occur - sustaining Inter-agency networks is an issue
- There are transitional issues around the 16-18 age group and pressures around the adult/child split – effective and sensitive transitional arrangements are required between CAMHS and adult mental health services
- There are developmental issues not easily addressed within this transitional age group: some 16 year olds are mature in terms of development and outlook, some 18 year olds are not – 16 to 18 year olds could be seen as children
- Should provision be service led or child led?
- There are concerns in relation to Looked After Children, the lack of adequate support networks and isolation.
- There are large numbers of professionals from different organisations working across boundaries – joint training of staff from different agencies and across adult/children's services could overcome some of the barriers
- Child protection issues
- A multi agency support plan
- Need to adopt a holistic approach when dealing with young people "starting with where a young person is at"

Dr Joe McDonald Consultant Psychiatrist – Barnes Unit, Sunderland

6.5 The following evidence was given by Dr MacDonald:

- Adolescent psychiatry is different to children's or adult psychiatry as young adults are at a difficult stage developmentally. There may also be legal issues around treatment regimes, i.e. post 16 compared with post 18 and confidentiality, particularly when young people are taking drugs
- Roughly 10% of young people aged 16-19 in the general population will present with mental health problems as outpatient referrals and 1% of these result in in-patient admissions. 1 in every 100 people who self--harmed would go on to kill themselves
- The Sunderland Adolescent Team (the Barnes model), established in 1999, was part of the adult psychiatry team. The advantages of the Team was that it could respond quickly, deal with emergency admissions, provide continuity of care (into adult services), work in ways which discouraged hospital admission or resulted in early discharge, and bridged the gap from child to adult. In County Durham a similar model could perhaps be run on a North/South Durham split
- Drugs were often linked to or a contributory factor when young people had mental health problems and when accessing treatment should be considered as a potential factor until ruled out
- Young people with mental health problems are often difficult to engage
- A young person's first contact with mental health services is crucial – it will colour their attitudes to mental health services for the rest of their lives
- Young people often present with identity issues (sexuality, weight, looks, etc), however, there are greater opportunities for young people to change and respond to treatment
- There are strong connections between young people with mental health problems and homelessness
- Young people are often aware that they are seen as a "problem" by some professionals – it was important to be positive when dealing with young people and to actively engage with them
- Young people need to be reassured when accessing services about confidentiality issues
- The focus on treatment is often regional, in-patient focused, selective and doctor led with many patients having to into beds in facilities outside their areas
- More than 60% of in-patient facilities do not take emergencies
- Care should be sustainable – with the ability to recruit, motivate and retain staff, and accessible – delivered locally in accessible settings
- Services should be multi-disciplinary and multi-agency with co-location as a guiding principle and the "shared kettle" approach
- Traditional services are not working
- The scale of adolescent psychiatric under-provision is currently masked within adult psychiatry
- Adolescent mental health services are currently too weak to stand alone
- Young people can die as a result of gaps in service provision

Easington Locality Child and Adolescent Mental Health Services

6.6 The following evidence was given by staff from the Easington locality CAMHS Team:

- Cut-off points for mental health provision linked to age are artificial barriers set by services – services should be provided according to need
- There is some flexibility between CAMHS and adult mental health services depending on individuals development
- The involvement of different agencies often makes matching services to meet young people's needs a lengthy process
- 16-18 year olds tend to present the highest level and most complex problems, often in crisis
- The problems for young people 16+ are often different from younger children – many of them are no longer living in family environments or isolated, requiring more in-depth support
- The Youth Justice Plan targets for referrals (5 days urgent and 10 days non-urgent) will impact on CAMHS
- The local authority which receives the Mental Health Grant needs to ensure that some of this provision is used for Looked After Children
- The age of those involved in substance misuse is falling and more information/support needs to be available in schools
- There need to be closer links between CAMHS and Sure Start and Sure Start needs to do more in relation to parenting skills
- CAMHS cannot work in isolation
- A specific service for 16-18 year olds would be preferable
- Specific gaps in service provision exist in relation to:
    - Bereavement (post termination)
    - Earlier referral to CAMHS
    - Racial issues
    - Sexual abuse
    - Sexuality issues
    - Welfare in colleges
    - Neighbourhood support
    - Lack of in-patient beds for young people
    - Lack of psychiatric staff
    - Supported accommodation for young people with mental health needs
    - Co-operation/co-ordination between agencies providing services
    - Client centred as opposed to professionally centred services

Sure Start

6.7 The following evidence was given by Frank Firth from Education Department:

- There has been close working in the past between Sure Start and CAMHS but more could be done – this could be progressed via the Sure Start Locality Managers
- There is a need for closer working of Sure Start with midwives and health visitors to make sure the Sure Start has an impact
- There were some initial issues of stigma associated with Sure Start, but it was believed these had now been overcome
- There were some issues around encouraging schools to sign up to Sure Start

Educational Psychology Service

6.8 The following evidence was given by Shirley Woodcock from Education Department:

- There needs to be a desire on the part of schools to change and develop in line with CAMHS objectives and to deliver joined-up services
- There were issues around the sustainability of both Place 2 Be (current funding for 3 years) and the Secondary Schools Counselling project (funded with ESF monies)

Young People's Views

6.9 One of the most difficult parts of the project was attempting to identify young people, either individually or in groups, to participate in the study. From those organisations we contacted to seek engagement with young people with mental health needs, we were told that most young people were reluctant to come forward – this seemed to be linked to stigma and confidentiality issues. Although some work has been undertaken by Investing in Children on behalf on CAMHS, we found little evidence of any cohesive groups of young people who could be consulted about the issues. The group of young people from Derwentside with mental health needs who had been the catalyst for this investigation were willing to meet informally with a small number of members from the Working Group. Despite press coverage in local newspapers, on local radio, and on the Overview and Scrutiny website, no evidence was received via these routes. There was however, considerable information from national studies (Mental Health Foundation and YoungMinds) and locally from Investing in Children (for CAMHS), which we were able to access. This evidence is contained in Section Seven of the report, which deals separately with evidence from young people and carers.

Community Mental Health Teams (Adult Mental Health Service Provision)

6.10 The following evidence was given by Denise Wyatt and Gail Ellerby of the Priority Services Trust and Phil Dyson from Social Services Department:

- Although interventions were not as thorough as they might be, a psycho-social intervention model was to be introduced which would improve the situation
- The integration of health and social services staff meant that there were moves away from the traditional descriptions of social workers and community psychiatric nurses towards a generic title of "care co-ordinators"
- Assertive Outreach Teams have a maximum of 10 clients
- The newly appointed Link Workers in each CMHT will play a key role in:
    - Undertaking front line primary care assessments of individuals identified as having mental health problems
    - Sign posting of individuals to services that can best meet their needs – this can eliminate the need for some individuals who previously were referred to specialist mental health services, to be referred to agencies such as Relate
    - Carrying small individual caseloads, offering therapy to individuals for a maximum of up to 6 sessions
    - Working with primary care to implement recently introduced treatment guidelines

    - Providing assistance, support, advice and consultation to members of the Primary Health Care Team in relation to individuals on their caseload with mental health problems
- New arrangements have been introduced, following a pilot, to improve patient access to services using a new appointments system where those patients who are able to do so make their own appointments
- A transition protocol covering the transition of young people from children's to adult mental health services was being developed as a requirement of the NSF
- Whilst there were links between some mental health conditions in young people and drugs, some young people had used drugs to self medicate themselves (i.e. young psychotic individuals)
- There was a need for an inclusive approach to be adopted when dealing with young people with mental health problems so as to avoid the development of a "mental health culture" amongst young people with such needs – the CMHT approach was to try to use existing social provision for leisure and recreation activities and also to encourage independent living in housing within local communities where appropriate
- Currently, only 2 16-18 year olds were receiving assistance in each of the CMHTs , although research suggested that the figure should be nearer 10 per team.
- As regards 18-25 year olds no separate distinction is made by the CMHT in relation to this group, as compared with older adults with mental health problems who receive support from the CMHT
- In relation to links with the voluntary sector, Phil Dyson was currently in the process of setting up a county-wide meeting with voluntary sector providers to establish what services are currently provided and where improvements can be made
- Staffing levels were seen as an issue and more staff, particularly support workers would lead to improvements in services
- There has been some financial provision for improvements in reception areas and in-patient areas
- Care Co-ordination assessments took into account the needs of carers as well as those of the young person
- Early intervention is a key factor for the future development of the service – this is an area that needs to monitored particularly closely as there are concerns that resources in this area are spread too thinly.

Chester-le-Street Mind

6.11 The following evidence was given by Helen McCaughey and Nikki Edwards from Mind, Chester-le-Street:

- Over 60% of young people surveyed in secondary schools in Chester-le-Street feel there is a need for an easily accessible, private advice and support centre for young people
- 32% of those young people felt that any Centre should be open every day and based in the centre of Chester-le-Street
- Feedback from young people indicated that many teachers did not have good listening skills
- There were limited services for young people with mental health needs within Chester-le-Street and they operated at times that made access by young people difficult

- A helpline (text) was one of the means of accessing information and support mentioned by young people
- Whilst there were some good services, many young people did not know where they were, how to access them and what to expect when they got there – this was a disincentive to accessing services
- There were concerns about confidentiality from some young people, that if they accessed services in their immediate locality, they might be seen by family or friends and their problems may come to light
- Hours of service provision seemed clearly to be based upon the needs of providers, instead of the needs of clients, and were not client centred. Chester-le-Street Mind recognised this in its own provision which operated from lunchtimes until 10.00 p.m. each evening. Some young people who had drugs related problems, if asked to present themselves for appointments, found mornings difficult. A huge step forward would be if all child psychologists could work outside school hours
- Mind had found that many young people in Chester-le-Street had problems resulting from caring for alcoholic parents, bullying at school (this was a serious problem) or poor parenting (also a major problem)
- More could be done to promote awareness of services amongst agencies – at a recent meeting organised by Chester-le-Street District Council for those working with young people in Chester-le-Street, many of the attendees knew nothing about the counselling service for young people provided locally by Mind. Because of lack of funds Mind had not been able to promote the service.
- There was a need for an independent, confidential, information and advice centre for young people in every major conurbation within County Durham
- Statutory providers such as the County Council should recognise that they cannot and should not attempt to provide all services – there was an important role for the voluntary sector which had proved that it could do innovative and cost effective work in this field
- Whilst school provided good opportunities for accessing young people with mental health problems and offering support, teachers were not always best placed for this role – many young people felt uneasy about the idea of sharing confidential issues with their teachers, in the knowledge that seeing those teachers in an ongoing school setting (which was inevitable) would make them feel uncomfortable
- We heard that the County Council, NHS and other providers should:
    - **Make the most of existing services** by ensuring that information about services is young person friendly – not only details of services available, but how to access them, what to expect, and how easy the process is
    - **Ensure that existing service provision meets the needs of young people** by making provision for appointments at appropriate times and in appropriate venues – many existing appointments to see consultants/doctors are arranged during the school day which leads to questions being asked of the young person about where they are going
    - **Ask young people which existing services they value** – promote successful existing services and develop them further with guidance from young people. The Durham Young People's Centre at End House, Durham City and the ERIC Bus were cited as good examples of provision
    - **Put young people on the agenda** – not only by asking for their views, but by putting their welfare at the forefront of debates, not

as an after thought; and by viewing young people as part of our community, not separate as a "problem"
    - **Aim High** – Provide a confidential information and advice centre for our young people in each major conurbation within County Durham

Primary Care Trusts

6.12 The following evidence was given by Charles McCaughey of Sedgefield PCT:

- The model for child and adolescent mental health provision within all PCTs is likely to be based upon the adult model in Sedgefield PCT area and will be rolled out to all PCTs:
    - It will be headed by a Local Implementation Team (LIT), having a Social Services lead and dealing with commissioning and strategic issues
    - A Joint Management Working Group dealing with service delivery, pooling of budgets, commissioning and operational issues raised by the Local Implementation Group (LIG) will underpin the LIT
    - The LIG will look at the needs of the local community, feeding back any identified needs, issues or gaps in provision up to strategic level
- There is currently no formal pooling of NHS or Social Services budgets under the 1999 Health Act flexibilities, but the proposed new structural arrangements will facilitate this
- The new structures are expected to be in place by the end of 2003
- Regarding transitions for young people from children's to adult mental health services, these needed to be seamless and should be dependent not upon age, but the developmental needs of the young person
- Young people needed to be able to access services – good examples of initiatives cited were in Shildon, where a GP, together with a psychologist held a health evening for young people in the local Sports Centre; and an on-site clinic supported by a GP at Spennymoor Comprehensive School
- The stigma associated with mental health issues was difficult to overcome – the words "youth progression" or "youth development" were sometimes used in connection with mental health work with young people
- The developing Children's NSF and proposals for Children's Trusts would have an impact on mental health service provision for young people
- There were clear gaps in provision – particularly between 16 and 18
- Substance misuse was a factor in mental health problems – especially psychosis
- There are major issues around support for Looked After Children who have high incidence of mental health problems – there were some issues around some GP's not taking these young people onto their lists and Sedgefield PCT was currently looking at GP contracts to ensure that provision was made
- There is a need for special provision within the Health Service for young people, designed to make them feel comfortable and secure
- The number of young mothers and fathers was increasing and there were high levels of post natal depression which needed to be tackled by agencies such as Sure Start
- **The following issues were considered to be key in relation to young people's mental health:**
    - Young people faced the same issues in life as adults, such as divorce, sexuality and loss of loved ones, but were less emotionally resilient.

Often, when bereavement occurred in families, the needs of young people were overlooked. There was an important role for mainstream education in teaching young people emotional resilience.

- Mental health issues were still a difficult area for the general public. There was a need for greater information and education of the public about mental health.
- There were big gaps in the knowledge of some key workers, such as the police and youth workers, who interacted with young people, about mental health problems - these needed to be addressed by appropriate training.
- There were particularly high rates of mental health problems in Looked After Children and young people leaving the Looked After system, which needed to be tackled.
- Appropriate Primary Care Services, with intervention at local level were essential for tackling mental health problems in young people and there was a need for more specialist services locally, such as young people's clinics
- Primary Care Services weren't just about GP provision. The voluntary sector had a huge role to play in front line provision. The biggest challenge was ensuring that someone co-ordinated the work and helped in access to grants, NRF funding etc. so as to build up voluntary sector capacity. The appointment of a link worker(s) (perhaps multi-agency, funded by Social Services and Health) to carry out this role would be beneficial.
- Existing in-patient provision in hospitals was not always suitable for young people.
- Services should meet the needs of the individual young person.
- Settings in which services were provided needed to be safe and accessible – such as Sports Centres.
- How young people were engaged was important. A model along the lines of Investing in Children was cited as a good example.
- Expert patient/self help schemes had a role to play in supporting adults and might be extended to younger people as well. There was a clear need for peer support or befriending schemes to help support young people, whilst still maintaining strong links to specialist services
- Early intervention was fundamental to overcoming later more serious mental health problems. Some Sure Start provision was too broad in its approach and overlooked mental health needs. Statements of intent would help to focus on this particular area of need.

Chester-le-Street Community Mental Health Team

6.13 The following evidence was given by members of the Chester-le-Street CMHT:

- The Chester-le-Street CMHT is typical of CMHTs in County Durham and consists of:
    - Team Manager
    - Registrar
    - Senior House Officer
    - Consultant Psychiatrists
    - 6 x Community Mental Health Nurses
    - 3 x Social Workers (2 approved)
    - 1 Community Support Worker (Health)
    - 1 Social Work Assistant

    - 1 x Nurse Consultant (Primary Care) and Secretary
    - 2 x Primary Care Link Workers
    - 1 x Team Administrator (Health) and 0.5 Team Administrator (Social Services)
    - 2 x Medical Secretaries
    - 1 Booking Clerk
- Psychology services are accessed by the CMHT at Durham
- At any one time Chester-le-Street CMHT is dealing with 500 outpatients – high caseload
- The success rate for helping patients through specific episodes is near 100%, but some 50% of patients require further assistance at some later point
- The appointment of Link Workers working with GP practices has meant the services can be provided to young people with mental health problems in a more informal manner, so reducing stigma
- The Team currently operates normal office hours ending at 5.00 p.m. on weekdays, but by 2004/05 Crisis Resolution/Home Treatment Teams which are currently being implemented in Easington and the south of the County will be introduced in the north of the County as well.
- Link workers and Consultants were examining the possibility of providing a service one night per week and some members of the Team would attend the Health Centre on Saturday mornings if necessary.

Allensford Ward, Shotley Bridge

6.14 The following evidence was given by Martin Brown and Paula Smith of the Priority Services Trust:

- Although the Unit provides care for in-patients 16-65, it has received patients as young as 14 years of age and more young people are coming through the system
- Each young person's needs are individually assessed and efforts are made to get them to use facilities within the local community
- Substance misuse is a often a factor in relation to young people admitted with mental health problems – this often linked to youth culture and many young people do not wish to, or see any need to change their habits
- In-patients are given questionnaires for comments when leaving the Ward
- In relation to housing issues for young people returning to local communities, there were 2 housing schemes locally, but these excluded young people with drugs or alcohol related problems
- There are now planned home visits prior to discharge
- Resources should be targeted at keeping young people in their local communities given the stress associated with going into a hospital setting
- A greater use of the voluntary sector needs to be made

Young People in the Looked After System

6.15 The following evidence was given by Penny Rowntree of CAMHS (Looked After Children Co-ordinator):

- There are particular issues in relation to young people in the Looked After system. National research indicates that 96% of young people in residential care and 57% of those in foster care have mental health disorders. Many of these appear to be linked to the previous experiences

of young people prior to entering the Looked After system in situations where young people lived with parents with drugs problems or where there was a history of abuse.

- Due to the various boundaries of work within which providers operate, there is a perceived lack of co-ordination of support.
- Whilst most services supporting young people in the Looked After system attempt to work in a more integrated way, there is no overall plan.
- There are issues around the numbers of children placed in County Durham with Independent Fostering Associations by other Local Authorities and meeting their needs.
- In County Durham, work has being ongoing to address some of the issues around Looked After Children with the establishment of a Virtual Team in 2002 with clear lines of communication between agencies.
- All key agencies are represented on the Virtual Team, which meets monthly and is co-ordinated through CAMHS.
- Work is ongoing to:
    - Identify current service provision and shortfalls in mental health provision for Looked After Children;
    - Promote and signpost services within different agencies;
    - Promote accessibility of services to young people, their parents and carers; and
    - Develop proactive and preventative approaches to support the mental health needs of Looked After Children.
- The Quality Protects initiative will also impact on mental health issues in relation to young people.
- The Quality Protects Programme is a key part of the Government's wider strategy for tackling social exclusion. It focuses on working with some of the most disadvantaged and vulnerable children in our society; those children looked after by councils; in the child protection system; and other children in need. All young people entering care will be offered a health assessment and treatment plan (likely to require more specialist nurse provision in the County).
- An interagency strategy for commissioning of children's health services will also be developed; and efforts will be made to reduce the number of moves that young people experience whilst in care.
- Funding has also been secured for STEPS for 2.5 social worker posts working across agencies dealing purely with young people in the Looked After system. Although the majority of work is being undertaken within CAMHS and focuses on young people aged 0-16 years, the development of a care programme approach should ease transition in most cases into adult services.
- Work will be undertaken to develop the "Stressed Out" Website for young people

Education in the Community

6.16 The following evidence was given by Paul Hebron, Pat Hill and Mandy Stag from Education Department (Education in the Community Service):

- Youth work is different to other aspects of education for young people as it is not mandatory and young people only attend sessions because they wish to undertake activities
- The Youth Service in Durham has a DfES target of working with 25% of young people in the County

- There are 5 managers with the Youth Service who co-ordinate provision throughout the County. The Authority has a number of purpose built youth centres where there are detached youth workers
- Youth workers carry out some work with young people which is mental health related, dealing with personal and social development, education and information, awareness raising and specific project work.
- Full-time youth workers have received training in relation to mental health issues, but given the voluntary nature of much of the work, this has not been mandatory in the past.
- It has been recognised within the service that scope exists for more training of youth workers in relation to mental health issues.
- Currently, where young people are identified as having specific mental health needs, they are referred on for counselling to projects such as the End House Youth Project in Durham City, which is recognised as providing a quality service.
- Some funding is provided towards End House - £4,000 direct grant and £4,000 towards staff costs annually
- Most of the young people referred to End House by Education in the Community come from the Durham City area, although some young people from Crook, Willington and Stanley have been referred. There is some similar provision for young people elsewhere in County Durham, such as Chester-le-Street, although they sometimes have more restrictive opening times
- Many of the young people the Service engages with have issues around self esteem, poor performance at school and bullying and the projects run by the Service often focus on issues such as confidence building
- Work was ongoing with a number of youth groups in the lead up to World Mental Health Day on 10 October 2003
- Although the Youth Service Plan had included a proposal to establish a mental health website for young people, the problems of keeping a website updated had been recognised and it was now considered more appropriate to provide links to national sites where relevant information could be found.

County Durham Youth Offending Service

6.17 The following evidence was given by Gill Eshelby of the County Durham Youth Offending Service:

- Whilst the Youth Offending Service recognised that all children mattered, some - such as those who offended or had challenging behaviour - might be seen by certain agencies as mattering less than others.
- There were a number of factors associated with youth crime and effective interventions to prevent it:
  - **School** – aggressive behaviour/bullying; low achievement; truancy; school disorganisation
  - **Individual/Peer Group** – Friends involved in and/or condoning problem behaviour; alienation/lack of social commitment; early involvement in problem behaviour
  - **Family** – Poor parental supervision; family history of conflict
  - **Community** – Disadvantaged communities; availability of drugs

- Some key statistics and facts about youth offending and mental health (Youth Justice Board, 2003 and County Durham YOS statistics):

  - Mental health problems amongst young people in the criminal justice system range from 25% to 81% (of those in custody)
  - 10% of young people who offend have deliberately hurt themselves
  - 11% of young people who offend have contemplated suicide
  - There is a higher prevalence of psychosis amongst young people in the youth justice system
  - The incidence of psychosis amongst young people in Young Offender Institutions could be as high as 10%
  - Severe mental health problems often go unrecognised in young people who offend
  - Less than half of the cases where mental health problems exist ever get to see a mental health professional
  - 25% of YOS caseload in County Durham have mental health problems ranging from self harm and depression to obsessive compulsive behaviours and anxiety
  - 50% of YOS caseload in County Durham have or have had emotional/behavioural problems or conduct disorders
  - Traumatic experiences in childhood/adolescence where no support or counselling is provided often manifest themselves in later mental health problems or offending behaviour
  - Drugs misuse and mental health are often inextricably linked
  - Substance misuse often masks mental health problems

- The YOS operates within a rigorous performance framework. In 2002 there was a 16.7% reduction in re-offending by young people (against a national target of 3%).
- There are particular measures in relation to mental health (performance measure 13), which deals with young people referred to YOS who have mental health problems. There is a requirement for young people with acute mental health difficulties to be referred by YOS to CAMHS for a formal assessment within 5 working days and non-acute mental health cases within 15 working days.
- Performance against measure 13 both locally and nationally has been low. A new mental health screening tool (SQIFA) and mental health assessment (SIFA), developed by the Youth Justice Board will come into operation in November 2003. This will involve a series of questionnaires to identify symptoms of mental health difficulties requiring further assessment and support; incorporate mental health surveillance as part of the youth justice system; and identify accessibility issues and blockers for those young people who require services.

Written Evidence

Social Exclusion Unit Mental Health Project – Scoping Paper

6.18 The Prime Minister and Deputy Prime Minister have asked the Social Exclusion Unit to consider what can be done the reduce social exclusion

amongst adults with mental health problems. Some of the main issues raised in the scoping note for the project were:

- Mental health problems differ from person to person and can change, disappear or re-appear during a person's life.
- Mental health problems often co-exist with other conditions such as substance misuse, homelessness, poor physical health and learning disabilities.
- Mental health is both a consequence and a cause of social exclusion.
- A range of risk factors influence the development of mental health problems including:
    - Socio economic disadvantage
    - Violence
    - Crime
    - Poor educational attainment
- Once mental health problems present they can have a negative effect on:
    - **Employability:**
        - Over the last 10 years there has been little increase in the numbers of people with mental health problems participating in the workforce.
        - Data about disabled people show that 628,000 adults in the UK regard mental illness as their main disability and only 21% of these are in employment
        - Job retention and progression are key issues
    - **Housing:**
        - The availability of appropriate social or private housing
    - **Household income:**
        - Lack of skills and resources
        - Route between benefits and employment is complex, confusing and intimidating
    - **Opportunities to access services and social networks:**
        - Mental health problems not well understood
        - Individuals with psychotic disorders are three times more likely to be divorced or separated and twice as likely to be living on their own
        - People with mental health problems are less likely to access everyday goods and services such as health and banking; take part in leisure arts or community facilities; or have strong family networks
- There are a wide range of specialist and mainstream services which can provide support for adults with mental health problems but these may not always be effectively co-ordinated or configured around the needs of individuals

Young People with Mental Health Needs – An International Perspective

6.19 The mental health needs of young people are not just a local or national issue, but are of international concern in the developed world. Internet research for the Group (Covenant House, New York and Washington University in St Louis) revealed that, in the USA, psychiatric disorders are the second leading cause of hospitalisation for young adults between the ages of 18 and 24. This was said to result from the increased stress placed upon young adults by environmental demands during this developmental stage and was a time when many serious disorders had their onset. Similar difficulties to those experienced by young people in the UK were cited - young people running away from home; pushed away by families or leaving the foster care

system to end up homeless. Shortcomings in mental health provision were highlighted.

6.20 The State Office of Mental Health provides mental health services in New York State. It has a Bureau of Children Services for both residential and community based services. However, the Bureau defines the end of adolescence as 17½ years of age. This was said to be contrary to the child welfare system in the USA, which recognises that young adults are in need of specialised support beyond 18 years of age. Mentally ill young adults 18-24 are immersed into the system for mentally ill adults. Opponents of this mechanism state that the rehabilitative approach of the adult system is inconsistent with young people's clinical and development needs.

6.21 At one programme in New York (Covenant House), providing services for runaway, homeless and at-risk youth, the advocacy section, highlighted issues about the lack of age appropriate services for mentally ill young adults. Treatment models utilising age-specific services focusing on issues young adults faced, such as identity formation, sexuality and future life goals were cited as beneficial, as were peer support programmes. Housing was recognised as a particularly important issue for young people on the threshold of a critical phase in their lives as they moved into adulthood. It was stated that in New York City, out of 22,000 supportive housing beds for the mentally ill, only 22 were specifically for young adults.

6.22 Another research study in USA (George Warren Brown School of Social Work, Washington University in St Louis) looked at service transition points for young adults with mental health needs. This was set against the background of the insurance based system of health care provision in the USA.

6.23 The study found that young adults were twice as likely as 45-54 year olds to suffer a psychiatric disorder. At the same time the insurance coverage for young adults was weaker and more tenuous than for all other age groups. Large youth-centred culturally competent organisations were best able to provide linkages that helped bridge transitions.

Discussion with Young People with Mental Health Problems from Derwentside

6.24 Details of feedback from young people are reported in Section Seven following.

Consultation with User/Carer Forum

6.25 Details of feedback from users/carers are reported in Section Seven following.

Information from Conferences, Research Studies and Local Initiatives

6.26 Details of research etc. relevant to young people's views are reported in Section Seven following. Other relevant issues drawn to the attention of the Working Group included:

Provision of In-patient Services

6.27 A YoungMinds National Research Project, which reported in 2003, found that:

- Traditional approaches to in-patient CAMHS are not working
- Better guidance is needed for young people about in-patient treatment and especially consent to treatment
- Boredom is an issue – better leisure/recreational activities are needed within in-patient facilities
- Sustainable community based models of support need to be developed
- Increases in in-patient beds are needed
- Particular attention needs to be given to the development of age-appropriate in-patient resources for older adolescents/young adults 16-25, which currently are very sparse

Age-Related In-patient Provision

6.28 The Lambeth Early Onset Unit, which provides first episode psychosis in-patient services for young adults 18-24 in the London Borough of Lambeth was cited recently at a national conference as an example of **age-appropriate in-patient provision** for young people. Key elements of the scheme are:

- A "youth feel" with single en-suite rooms, modern furnishings, specific gender areas, access to personal possessions/telephones, flexible visiting times etc.
- Weekly Unit youth focused activities to reduce boredom/frustration – exercise, dance, skills, education, fun, vocational, therapy, getting well/staying well, which are quite different to adult provision (often bought in)
- Sufficient staffing levels with an holistic approach to care, continual development of evidence based practice, and a culture which encourages staff to remain
- Service user questionnaires

The Children's National Service Framework

6.29 The Children's NSF is not expected to be issued until 2004, but emerging findings set out some issues of relevance to the project:

- CAMHS should deal with all young people aged 0-18 (the upper age limit being developed over time)
- Proposed Standards will cover issues such as:
    - Taking the views of children, young people, families and their carers into account in all aspects of service delivery, planning and commissioning of services
    - All frontline staff working with children, young people and their families should have sufficient knowledge, confidence and training to promote the emotional well-being of children and their families
    - All children, young people and their families should have access to high quality, timely, multidisciplinary, specialist child and adolescent mental health services that are inclusive of difference and diversity, delivered by skilled and supported staff, working in appropriate and safe settings

    - All CAMHS services should be commissioned on a multi-agency basis, informed by the assessment of local need and the views of service users and carers
- Mental Health is Everyone's Business
    - There needs to be promotion of mental health issues by all workers who come into contact with young people
    - Services in communities should be co-located
- Informed Multi Agency Assessments and Commissioning are important
- Multi Agency Partnership working is essential for those whose needs are complex and persistent and this will require:
    - Co-ordinated and integrated health, education and social services
    - Joint service provision with seamless transitions between tiers and services
    - Skills development and joint training
- Variety of locations for delivery of services close to home and in community settings whilst maintaining confidentiality
- Access to Tier 4 Services requires significant investment
- Routine audit and evaluation of work is important

Looked After Children Mental Health Issues

6.30 Looked After Children Mental Health Issues were discussed at a Barnardo's Conference about joined up mental health services for children and adolescents held in London in 2003. It was stated that:

- 96% of young people Looked After in residential care and 57% of young people Looked After in foster care have mental health disorders
- Many young people in the Looked After System have multiple mental health diagnoses
- Managing the ADHD (Attention Deficit Hyperactivity Disorder) boom presents real challenges
- Careful management of the transitions from Children's to Adult Social Services and Children's to Adult Health regimes is necessary
- A multi-agency mapping exercise including voluntary agencies is necessary to assess needs
- A multi-agency strategy for meeting the mental health needs of Looked After Children/Care leavers should be developed
- Specialist Social Services Leaving Care Teams should be developed
- User-friendliness of CAMHS, especially for 16-18 year olds, should be reviewed
- Consultation with users should be undertaken
- Availability of in-patient beds for Looked After Children is an issue

Befriending schemes

6.31 Befriending schemes are an emerging feature of support for young people, not only in relation to mental health, but also for young people in schools who may be subjected to bullying. Although the Group heard of various schemes in County Durham, such as that operated by Stonham Housing, an example was also given of the "ReMind Yourself" Project in Nottinghamshire which operates as follows:

- The purpose of the ReMind Yourself project is to support people using mental health services in the Mansfield and Ashfield Areas of Nottinghamshire via recruited volunteers.
- Volunteers roles vary according to their commitment and the needs of the people they offer support to, as well as the overall needs of the service, but the main tasks of each volunteer include:
    - Supporting a person currently using mental health services to complete a holistic mental health assessment known as the North Notts. Mental Health Measure (NNMHM)
    - Working within a multidisciplinary team, to assist with implementation of certain parts of the NNMHM such as enabling the person supported to access leisure activities
    - Involvement in reviews of NNMHM and evaluations of the NNMHM
    - Raising awareness of mental health issues
    - Breaking down stigma and prejudice around mental health via education in local communities
    - Being a volunteer support group leader or volunteer
- The time commitment is a minimum of two hours per week rising to whatever time can be given. Training is provided and travelling and subsistence is payable. There is a formal recruitment process.
- The project has been in operation for three years and during the period January 2002 to September 2003 supported 37 people aged 18 upwards. There have been some issues around recruitment of volunteers as this is not an area where large numbers of people come forward. The project is currently being evaluated.

Training of Staff

6.32 The need for relevant staff training was an issue raised during the course of the project. We heard from the Derwentside Group of young people that there was a need for better training of staff about the issues faced by young people with mental health needs. The group also expressed the view that this training for professionals might best be delivered by young people themselves:

- An initiative "Total Respect" in Durham County Council's Social Services Department aims to develop **staff listening and communication skills when engaging with children and young people.** The course is targeted at Staff in the Children's Branch, including managers, practitioners, foster carers and residential workers, who work with or have responsibility for children who are Looked After and aims to:
    - Change young people's experience of being in care
    - Enable young people to be listened to more
    - Allow young people to be more involved in decisions about their care and what kind of services they should receive
- The most interesting aspect of the two-day course is that three young people who are currently Looked After deliver it. Aspects of the course involve:
    - Why children's and young people's participation is important and here to stay
    - How professionals can eliminate jargon and better engage with young people
    - Overcoming barriers and bridges to promote children's and young people's participation

- Evaluation feedback from a previous session of the course has been extremely encouraging. Whilst there are issues about appropriate training and support for the young people who are delivering this type of course, it may nevertheless provide a useful model for the development of other courses for staff involved with young people with mental health problems.

Connexions Service

6.33 The following (written) evidence was given by Janice Bray of the Connexions Service:

- Some Connexions staff have received training on Mental Health Issues and CAMHS. There are also plans to deliver more sessions prior to in-depth staff development for Connexions Advisers
- Some staff have attended sessions run by CAMHS for partner organisations including 'Defining Mental Health in Children and Young People' and 'Collaborative working'
- The Connexions strategy is about working collaboratively with partner organisations. In this specific area Connexions works with CAMHS as members of their multi-agency fora (one in each part of the County) which enable a range of partners to identify their particular roles with specific young people
- Connexions is represented on the CAMHS Looked After Children Project Steering Group and 'Virtual Team'
- Embryonic work is ongoing with CAMHS about possible provision of some sessions by their child psychiatrists in Connexions Centres.

Jobcentre Plus

6.34 The following (written) evidence was given by Neal Knutsen of Jobcentre Plus:

- Enhanced assessments and counselling are provided via occupational psychologists in the Work Psychology Team and/or Disability Employment Advisers (DEA's) within Jobcentre Plus offices
- Work placements (and Personal Development Programmes) for job ready customers are provided via the Work Preparation programme (inc. additional support for users with mental health problems), e.g. the DEA's at Durham Jobcentre have recently completed an exercise where several customers from Skills House in Durham attended a mental health specific PDP at Finchale College.
- Vocational training (inc. additional support for trainees with mental health problems) in a wide range of areas.
- Jobcentre frontline staff receive disability awareness training via an open learning package and DEA's receive specific mental health awareness training from our Work Psychology Team
- Jobcentre Plus primarily works with customers of working age (18-65) and although they do work with and pay benefits to 16/17 year olds, the group would normally be directed initially to Connexions for advice and guidance. In County Durham there is a protocol about working arrangements with Connexions that is regularly reviewed and developed. They also work closely with the local authority's Welfare to Work team and New Deal for Disabled People Job Brokers.

- DEA's and Jobcentre Plus marketers positively promote the employment of disabled people within County Durham. On 3rd December 2003 Jobcentre Plus will hold a double event promoting its support for the European Year of the Disabled and a presentation for its new Disability Symbol Award users.
- The major challenges facing young people with mental health problems in terms of employment and benefits are prejudice and discrimination
- Jobcentre Plus's values underpin everything it does and in particular:
  Respecting People – by treating its customers…with respect… delivering real equality for them, and responding positively to feedback from customers, colleagues and partners.
  Making a Difference – by supporting, challenging and inspiring those within Jobcentre Plus so that they can make a difference to their customers lives, and by going the extra mile to help all its customers, including employers.
  Looking Outwards – by working together with employers, partners, local communities and others to achieve their goals and those of Jobcentre Plus, and by consistently identifying best practice opportunities to enhance customer service.
- In County Durham, Jobcentre Plus regularly consults its customers as part of continuous improvement.

Easington PCT Area Adult Mental Health Trusts

6.35 The following evidence was given by Paul Ellis, General Manager of adult mental health services in Easington PCT Area

- Mental health services for adults (18+) in Easington PCT area are delivered in the north of Easington District by the South of Tyne and Wearside Adult Mental Health NHS Trust and in the southern part of Easington by the Tees and North East Yorkshire Mental Health NHS Trust. Some specialist inpatient provision in the west of Easington District is provided by the County Durham and Darlington Priority Services NHS Trust. The principle of service delivery in the area is "Easington services for Easington people".

- The main centres from which services provided by the Community Mental Health Teams are delivered are Merrick House in Easington and Caroline House in Seaham. Some specialist services such as the Crisis Resolution Team are based in Peterlee Health Centre.

- Out of hours services are provided by Crisis Resolution and Assertive Outreach Teams who work 9 'til 9. The introduction of access booking/choice will allow some out of hours appointments.

- Make up of the CMHTs is similar to that elsewhere in County Durham, with multi-disciplinary integrated teams. There are some recruitment and retention issues in relation to posts such as psychiatrists and particularly psychologists, but the Trusts are looking to develop posts which will undertake certain aspects of the this work, by use of nurse consultants and specialist practitioners.

- Work is underway to develop an Early Intervention Service for first episode psychosis in 14-35 year olds in line with national guidance. This will be Easington based.

- The Trusts recognise that everyone who is carer should have a care plan if they so wish. The existence of these plans is audited, but there is not a great deal of evidence of such plans. Sometimes there is reluctance on the part of carers to be assessed themselves. It is recognised that a more pro-active approach may be required. There is a well-established carers group in the District, but carers may be confused when seeking help because of the numbers of access points to information/services. A carer's worker is employed in the PCT area and there are proposals to expand this provision. There are also proposals to develop a single telephone number point of contact for users/carers.

- The Trusts recognise that information is a key issue. Knowing what services are provided and how to access them is dependent upon information being available in readily accessible and understandable forms. It is also recognised that services are not necessarily designed around the needs of young people.

- The provision of one stop shops (but not solely for young people), or points of delivery for services within local communities, such as in leisure centres, is an area the Trusts have been exploring.

- Some innovative work has been undertaken with young people:
  - A community group offered through day services which meets at Merrick House and is targeted at young males
  - A proposal to establish a music technology group with support from the Workers Educational Association (WEA) to promote social inclusion
  - Further support for and development of the sports project delivered by Stonham

- There have been some issues around transition, both from child and adolescent to adult mental health services and also within adult mental health provision (65+) and the Trusts are working to overcome ageism in the delivery of services. There are procedures in place to ensure transitions are sensitively managed under the care co-ordination regime.

- The Trusts procedures for recruitment of staff within targeted services do emphasise the need for appropriate skills for those who will work with young people. There are opportunities for a user and carer to be present on all interview panels, although it was recognised that these were unlikely to be young people.

- The Trusts adopt an inclusive approach to user and carer involvement, with user representation on the local Partnership Board and user/carer representation on the Local Implementation Team (LIT), although it is recognised that these are unlikely to be young people.

- The Tees and North East Yorkshire NHS Trust has launched an initiative recently to overcome stigmatisation of those with mental health problems with its "Open Up" Campaign and a series of events are being held across the Trust region. One recent event in Easington was attended by the local

MP. “Passionate People” is another part of the initiative - a group of people (users, carers and professionals in the mental health field) who are prepared to visit schools, colleges and groups in local communities to talk about what living with a mental health problem means.

- If there were an opportunity to change how services were delivered, it would be to design services that were built around people, delivered in the right place, at the right time, and by the most appropriate means, with the concentration on pathways and journeys to care, as opposed to services that are designed around bases or organisations.

Section Seven – What Young People and their Carers Want

7.1 Key to this report and its recommendations is an understanding and appreciation of what young people with mental health problems need and want in the way of service provision and support.

7.2 Evidence from young people was taken from a variety of sources:

- A discussion with a group of young people with mental health problems who had previously met as in-patients on Allensford Ward at Shotley Bridge Hospital in County Durham
- Information from End House concerning survey findings about young people's criteria for services
- YoungMinds Research about In-patient Services
- YoungMinds Research on Young people's involvement with service provision
- The Mental Health Foundation Research documents and recent feedback from young people involved in MHF Crisis projects
- Studies undertaken by Investing in Children for CAMHS
- Research carried out by Chester-le-Street Mind in local schools

Discussion with Young People

7.3 Two members of the Working Group and the Senior Scrutiny Support Officer met with three young people who had previously been resident as in-patients on Allensford Ward at Shotley Bridge Hospital. The group of young people were all from the Derwentside area - A and B (females) and C (male) aged in their twenties and thirties. All had originally met whilst in-patients with mental health problems on the Allensford Ward at Shotley Bridge Hospital. Originally part of a larger group of friends who had met on the ward, the group was now much reduced, due to the deaths of some of their friends over recent years. The informal meeting began with a general outline by A, B and C about their own circumstances.

"A" - Lived on her own in a flat in Derwentside and worked on a scheme. She did not have a boyfriend. Apart from "B", "C" and another friend, "D", she had a limited circle of friends. She recalled her exposure to mental problems when 5 years old, when her mother had a nervous breakdown and subsequently suffered from manic depression. Her mother had played little part or involvement as she grew to adulthood and she felt that sometimes she was perceived by health and social workers as being part of her mother's condition, instead of having problems in her own right.

She had taken her first overdose at 14 and was diagnosed with depression at 18. She appeared intelligent and highly articulate, but felt that, because of this, her experiences with the health and social services had not been good as she felt they should have been, as she did not fit the stereotype of what a person with mental illness should be. She recounted how she had been told on one occasion that, because she was intelligent, she didn't qualify for a Social Worker. On another occasion her condition had been dismissed by a psychiatrist, who told her that she was - "A very bonny attractive girl, with a full life ahead of you."

She had been dissatisfied with her Social Workers when she had been allocated them and felt they knew little about her condition or needs, even though they were from the Mental Health Team. She expressed concerns about the difficulties of changing Social Workers and at one point had been re-allocated to a Social Worker she had already had a bad experience with. She said one particular Social Worker had given her an adverse report, stating she was aggressive and this was felt to have impacted on her application for Disability Living Allowance, which had been refused. She had, however, received some good support from a worker with SHAID (Single Homeless Action Initiative in Derwentside - a local charity established in 1993 as a response to youth homelessness in Derwentside which works with young people who are 'socially excluded', e.g. homeless, care-leavers, victims of abuse, unemployed or those not engaged in education). She felt that, although she had asked for cognitive therapy on a number of occasions, no-one had ever taken her requests seriously. At present she had no allocated Social Worker.

"C" - who also suffered from epilepsy, had previously lived on his own for two years, but had had some bad experiences, with his flat window being broken and a TV subsequently being stolen from his home. He had attempted suicide previously. He had been placed by his Social Worker, with whom he had a good relationship, with a family where he now felt settled and comfortable. He attended a day centre two days each week, which he appeared to enjoy, and worked on a scheme at a Garden Centre on the remaining weekdays. He had gone out drinking in the past, but now didn't do anything on evenings other than watch the TV, although he explained how he would often get 'phone calls from "A" when she was lonely. He sometimes felt tired after working in the garden centre, but would get a taxi to "A's" and they would watch videos together and usually end up having a laugh. He had an excellent relationship with his Social Worker whom he described as brilliant and more like a friend, but with too little time to offer because of other work commitments. He recounted how on one occasion, after he had attempted suicide, his Social Worker (who was away on holiday) had found out what had happened and had taken the time to ring him to ask how he was. He was anxious about the health of his Social Worker and worried that something might happen to him and he would lose that support. "C" told us of an experience whilst he was an in-patient in Allensford Ward and had mentioned to one of the male workers there that he liked Jennifer Aniston. A few days later the worker had brought him a poster of the actress. This had made a huge impact on him and he still had the poster at home.

"B" - had suffered from mental health problems for about 8 years. She lived with her family who were very supportive, but had a boyfriend about whom she spoke often and appeared to also have a significant role in supporting her. Like "C", "B" played a key role in supporting "A", mainly by telephone.

We heard how she and her family had had to fight hard to get a Social Worker allocated to her case. The Social Worker eventually allocated to her was excellent and was always there when help was needed. A good level of trust had been built up and the continuity of having the same Social Worker was seen as a plus. Her Social Worker was also able to empathise strongly with her condition, and direct experience of mental ill-health by the Social Worker (either personally themselves or via a family member) was seen as a powerful element in developing such empathy. She also explained that she had a good relationship with her psychiatrist.

7.4 Some of the key messages that came out of the discussions were:

- Mental ill health is not a 9 to 5 problem
- Poverty is often associated with mental ill health – social workers need to be able to give basic advice about benefits etc.

- In-patient facilities in acute adult wards are inappropriate for young people:
    - Lack of suitable activities
    - No preparation for re-integration into society
    - Little empathy or understanding amongst staff of young people's needs
- There is little public understanding or education about what mental illness is
- The attitudes of those staff dealing with young people with mental health problems are extremely important – particularly the ability to empathise with and relate to the young person
- Continuity of staff dealing with young people is important
- Sometimes it isn't possible to build a good relationship with a psychiatrist or health professional, or a social worker – young people need to know what their rights are and how they can change workers if necessary
- The most difficult times for young people with mental health problems are evenings and night time when they may be alone with their thoughts
- Young people would like to meet socially in venues such as cyber cafés, but there are issues around transport
- Young people would use telephone help lines if they were available and relevant (the Mental Health Help line was cited by one of the group as a good example but none of the others knew about it), but some other help lines (such as the Samaritans) were described as poor
- Family support, where available, was felt important
- There was a need to educate other young people about mental ill-health and what it meant for those who experienced it
- Young people with mental health problems feel different and are isolated
- Young people with mental health problems are no different to other young people – they like evenings out and weekends away (visits to Kielder Forest and Scarborough were cited as examples of support that had helped).
- Having a support network for when things go wrong or crises occur is important

Mental Health Foundation – "Young People Have a Say" Research Findings

7.5 The Mental Health Foundation (MHF) research document "Young People Have A Say" (1999) explored young people's views about the mental health professionals they came into contact with. The findings of the report confirm the comments made to us by young people, as the report found that **good qualities in a professional were**:

- Knowledge of children and young people's mental health issues
- Ability to relate to children and young people
- Ability to show care and affection
- Experience of personal mental health problems

Mental Health Foundation – "Turned Upside Down" Research Findings

7.6 The MHF research document "Turned Upside Down" (2001) examined young people's views about crisis mental health services. The main findings of the study revealed:

Types of services young people want

24 hours, available at weekends and nights; drop-in centres; respite facilities; services provided by other young people; crisis houses; specialist substance abuse counsellors; social services involvement; school based; and accommodation.

Support provided by services

Someone to talk and listen; support by staff with experience of mental health problems; emotional support; activities to get involved in (including outdoor); safe places to meet; practical help/support; and involving young people and users in the service.

How young people find out about services

Advertising and information leaflets (buses, libraries, schools, GP surgeries, TV/Radio 'phone boxes, community projects chemists, shops, posters and specialist help-lines were all mentioned); campaigning; and direct from professionals such as GPs psychiatrists, police and project workers.

The most important elements of crisis services

Having someone to talk to and listen; understanding young people's points of view; giving help and advice; empathy (staff with direct personal experience of mental health problems themselves); respect; confidentiality; support groups; and involving young people in projects.

How young people can be supported at home

Someone to visit or contact young people by 'phone at home and also help parents to better understand the needs of their children.

How young people can be supported whilst living independently

Reassurance was a key element; the feeling that someone is available to provide immediate support (so as to prevent hospitalisation); being able to get out of their accommodation for a night and do something with other people.

How to involve young people in crisis services

Several different models were suggested, all of which involved peer support involving users or ex-users of services who would befriend, advise and support young people in crisis; involvement of users ex-users in the planning and running of services (depending on capacity and capability)

7.7 The report concluded that services must:

- Listen to and understand young people
- Allow and encourage young people to talk about and explain their situation
- Provide help and advice
- Be respectful of young people's situation(s)
- Employ a range of staff with experience of mental health problems
- Facilitate and provide support groups
- Offer confidentiality

- Involve young people

Local Research

Durham Young People's Centre

7.8 The research undertaken prior to establishment of the Durham Youth Project in the early 1990's consisted of interviews with 265 young people aged 14-25. The main areas of concern expressed by young people about accessing services were:

- Confidentiality – fears that professionals would impart information to parents
- Lack of sympathy and understanding by professionals of young people's needs
- Lack of a friendly comfortable environment, with sufficient time for consultations
- Lack of skills by professionals to help young people explore problems or pursue ongoing counselling
- Stigmatisation of some services – family planning
- Medical professionals using medical jargon in medical settings making young people uneasy
- Bureaucratic nature of reception desks in clinics was intimidating and off-putting
- Long waiting times in public clinical surroundings made young people feel uncomfortable and embarrassed about using certain services
- Uncertainty about the reactions of health workers to questions young people might pose
- Local nature of some services raised fears amongst young people that they might bump into family or neighbours using the same service.

7.9 Most young people said that the best solution would be a specialist service for young people providing skilled workers who were specifically trained to deal with young people. Suggested criteria for any successful service were:

- A Service offering flexible opening hours (3.30 p.m. – 6.00 p.m. and Saturday mornings)
- Clear boundaries of confidentiality
- An explicit welcome for young men (who did not access services as readily as young women)
- A non-medical informal atmosphere
- Skilled workers in counselling related professions offering non-judgmental, supportive approach
- A generic service which did not label young people who are using it
- A service providing anonymity, wherever possible, away from village centres
- Ongoing evaluation of services by the young people using them
- Involvement of young people in day to day running of certain health service provision
- Outreach workers to link young people with services available

Chester-le-Street Mind

7.10 Chester-le-Street Mind carried out a survey of young people in 2002 about the types of service provision they would like to see locally. A questionnaire

was devised by a Panel of young people and circulated to all secondary schools.

7.11 In relation to advice and support required, the following areas were ranked in order of importance:

- Sexual health and disease/Contraception
- Pregnancy testing
- Drugs (including alcohol)
- Physical/emotional stress
- Problems at school
- Problems at home
- Eating disorders
- Having a disability
- Accommodation problems
- Being a young carer

7.12 As regards services required, the following were ranked in order of importance:

- Contraception clinic
- Drop in sessions; Counselling; Leaflets
- One-off appointments; Coffee bar
- Group support

7.13 Other services that it was felt would be useful included a confidential help line; sexual abuse advice and support; mental abuse advice and support and advice/support about bullying.

7.14 By far the largest majority of respondents felt that advice/support and services should be available in a facility in Chester-le-Street town centre and that any such provision should be available 24 hours, 7 days a week.

7.15 We were told that, in terms of what providers of services needed to do to improve services, we should:

- Make the most of existing services by making them more young people friendly - raising awareness, how to access them, and that the process is easy
- Ensure existing provision meets the needs of young people – appointments at appropriate times and in appropriate venues
- Ask young people which existing services are valued – develop them further with help from young people
- Put young people on the agenda – not only by asking their opinions but by having their welfare at the forefront of debates and viewing them as part of the community, not a separate “problem”
- Aim high – have an independent confidential information and advice centre for our young people in each major conurbation within County Durham

Mental Health Foundation Crisis Project Research

7.16 Building on the work of “Bright Futures” and “Turned Upside Down”, further research into the views of young people has been carried out by the MHF as part of the work currently ongoing with young people at four youth crisis

projects in the UK, at Brighton and Hove, Cardiff, Newcastle upon Tyne and Glasgow.

7.17 Consultation with young people in these projects revealed the following:

- Young people despair about long waiting lists – especially when they are in crisis
- There is a need for places to go for support/treatment which are accessible, friendly and welcoming – not like traditional doctor's surgeries
- A desire for greater choice for young people about the professional staff they see
- Workers in the mental health field can make a big difference to young people – warmth, friendliness and ability to relate **are as important** as qualifications
- Young people should be involved in the training of staff
- Users of mental health services should be offered choices of treatment – not just pills
- More accessibility to information needed – the CALM telephone help line and its advertising in local cinemas was cited as a good example (CALM, the Campaign Against Living Miserably, raises awareness of depression amongst young men across Manchester, Merseyside, Cumbria and Bedfordshire and was launched in response to the fact that suicide is the biggest killer of young men in England and Wales. Working with big names from the music, sport and club scenes, CALM encourages young men to 'open up' and sort out their problems)
- Poor service in A&E Departments at hospitals – being left on their own for long periods in waiting rooms etc.
- Need for development of peer support – particularly within schools
- Feelings of a lack of concern from some agencies about young people's issues
- Social Services need to be onboard strongly on young people's mental health issues

Young Minds Research on Young people's Involvement with Services

7.18 YoungMinds research on **young people's involvement** confirmed many of the issues raised by MHF. The following quotations from young people interviewed during the research project perhaps illustrate more eloquently what young people's needs are:

> ***"People should talk more and listen to what we as the patient think is best for us. The way we want to take things should be considered."***
>
> ***"It's important to be involved in the planning of your own care and have your opinions valued."***
>
> ***"They're telling me to do stuff that I know doesn't work and it just winds me up."***
>
> YoungMinds Research Study "Where Next" 2003

Investing in Children Study for CAMHS

7.19 A study was commissioned from Investing in Children by Darlington and Durham CAMHS in 2000 to investigate young people's mental health needs and their experiences and knowledge of mental health services. Although the sample size of young people consulted was relatively small, two reports were produced (in November 2000 and March 2001), the main conclusions of which were as follows:

- The quality of the relationship between the young person and relevant worker was critical in determining whether or not "good" or "poor" services were provided
- Services should be more child centred
- Workers should understand that they can't see things from a child or young person's perspective
- Young people should be given more input into the running of services by:
    - Complaints procedures
    - Suggestion boxes
    - Young people's groups
    - Advocates
    - Young people's representatives
- Receptionists/Reception areas should be comfortable and not daunting
- Workers should give serious thought to how they dress and talk to young people
- There are big differences between what young people feel are the causes of stress and what professionals cause stress
- Young people should be able to approach services anonymously, without their parents knowledge, and be able to refer themselves
- Services should be strictly confidential.

Investing in Children Research for CAMHS about Service Provision

7.20 A further piece of work by young people about mental health services was recently commissioned from Investing in Children by CAMHS. The study looked at the Centres attended by young people; what facilities were available; and the good and bad points about CAMHS services received by young people

7.21 Those surveyed had attended 8 centres (some outside the area) and found that most CAMHS centres had basic facilities including toilets; rooms; sofas; vending machines and TV.

7.22 Good points about services provided to young people included:

- Talking about feelings/asking questions/getting problems sorted
- Confidentiality
- Treated as equals
- Refreshments
- Understanding and competent counsellors/doctors

7.23 Bad points included:

- Nursery-like atmosphere or inappropriate decoration
- Smells/looks like a hospital (unsettling)
- Counsellors talk down to clients or make them feel intimidated

- Difficult when clients don't get on with or like their counsellor
- Counsellors failing to make appointments
- Waiting times
- Nothing for teenagers

7.24 Suggested changes for improvements included:

- Shorter waiting times
- Grown up teenager-friendly waiting rooms and facilities, with separate areas for younger children
- Better refreshments
- Better attitudes from counsellors
- A different name for CAMHS
- Information (website, video, leaflets)

Carers

7.25 The views of carers were obtained at a Countywide meeting of the Service User and Carer Forum for Participation in Community Care Services held at Shotton Hall on 13 August 2003.

7.26 In relation to **services/support provided** views were variable, with some users/carers saying there had been no support, whereas others mentioned good GP support (one practice had a trainee therapist) and others mentioned Monday to Friday day services, community psychiatric nurse and social worker support, out-of-hours help-lines and employment schemes as forms of provision.

7.27 In terms of **what was good about services/support**, one carer who had not received any direct report from providers mentioned a parent self-help group. Another carer said that support and information had been provided.

7.28 Comments about **poor service/support** mentioned concerns about confidentiality (although this was not elaborated upon), and another citing unprofessional behaviour of professional staff (again, no further details were given). One carer raised issues about limited availability of staff due to sickness absence.

7.29 In relation to areas where there was **more support needed**, only one comment was received, citing help and advice as areas which required further development.

7.30 Only one comment was received about **carer support**, indicating that none was provided.

7.31 A number of views were expressed about **areas for service improvements** as follows:

- People with learning difficulties often have undiagnosed mental health problems masked by their disability – this needs to be addressed
- More one to one support
- Reduced waiting times to see psychiatrists
- More carers assessments
- Better recruitment and retention of staff
- Out of hours care
- Action to overcome stigmatisation

- Better access to information/advice appropriate to young people – emails, text messaging, help lines
- Assistance with transport for young people with mental health problems (a Welfare to Work initiative in Derwentside was cited as good practice)

Discussion Groups at the Consultation Event with Users and Carers – August 2003

7.32 The Mental Health Foundation (MHF) research study "Is Anybody There" made the following comments about those who care for or support people with mental health problems:

- It is vital that Government, and statutory and voluntary sector organisations recognise the important role that friends play in people's lives
- The National Carers Strategy needs to recognise the role of friends as informal carers and to ensure that there are support provisions available for people to access within their own communities
- There needs to be greater access to talking treatments. More than 1 in 3 people supporting someone with mental distress themselves want a professional to talk to.

> ***"I think it must be extremely hard for people without good friendships to cope; I don't think I could have recovered so well without them. I think mental health services could offer a lot more support and help and education for friends and carers than it does at the moment."***
>
> Mental Health Foundation – "Is Anybody There"

Provision in County Durham Further/Higher Education Establishments

7.33 A telephone survey was undertaken in October 2003 about provision in a random number of further/higher education establishments in County Durham. The following establishments provided information:

- Durham University
- Derwentside College
- East Durham Community College
- New College, Durham
- Bishop Auckland College

7.34 All of the establishments were asked whether they had any in-house support or services for young people with mental health needs; how these were organised; whether any outside agencies provided support; what in-house facilities they thought were needed; what barriers there were (if any) to provision of services and support to young people with mental health needs within a college setting; how services and support could be improved within colleges; whether there were any issues around bullying/stigmatisation; and any other comments.

7.35 As might be expected, Durham University, as the largest organisation, had a well-developed specific service for students with disabilities, with experienced advisers and a number of information guides for students and staff. There was also support to students via the Students Union. Full academic assessments were available to students with special needs to determine what types of support would be required and there was close working with Community Psychiatric Nurses (CPNs) from the CMHT. There was an internal "buddy" system whereby students could receive payments for providing non-medical support to other students with special needs. A large part of the work of the service appeared to involve education of teaching staff about mental health and other disability issues and an example was quoted of some work being undertaken on raising awareness amongst staff who were teaching a student with Aspergers Syndrome. There were close links also with local GPs.

7.36 Issues raised in the discussions with University staff related to problems of isolation of some students, due to the nature of their illness, and awareness issues amongst staff, although most staff were considered to have good awareness. In terms of improvements, these centred around issues such as greater collaboration and co-ordination between professional staff in different agencies and building and maintaining links between those staff. An initiative mentioned that would have an impact upon internal provision was the Government's proposals for Access Centres and the University's intention to apply for such status.

7.37 Derwentside College had a member of the teaching staff who was a "named person" for mental health issues and went out into local groups such as Mind to speak to young people who wished to undertake further education. The post holder was also responsible for education of colleagues about the issues and liaison with outside agencies such as Probation and Connexions. This included contact with Community Psychiatric Nurses (CPNs). In terms of barriers, there were some issues for young people with mental health problems that related to how courses were run. These centred on course length, as on some of the longer courses, young people were not able to maintain the number of attendances necessary to fulfil the criteria of the course. The college had special support assistants to help young people, but felt that more support would be beneficial. Confidentiality was occasionally an issue – some students were happy for their conditions to be disclosed to teaching staff, others were not. An initiative that was being developed with Stonham Housing, was the development of shorter courses covering subjects such as managing money, and cookery which young people with mental

health needs (as well as other students) could access. We were told that Derwentside was a small college with high levels of awareness. Opportunities also existed on Open Days for organisations to set up information stands and distribute information to students.

7.38 New College, Durham had a two strand approach, with support to students via the College counselling service, and a Youth Worker in the Students Union (this covered the whole spectrum of student needs, not just mental health). Some external providers were used, with referrals of students to the Durham Young People's Project and also, via Social Services, to Waddington Street, Durham City (a community mental health resource for people with severe and enduring mental health problems offering day support, skills training, a wide range of educational activities and recreational/creative activities; and a supported housing scheme with referral via Social Services or the CMHT). The greatest barriers to providing adequate support were felt to be lack of knowledge about issues amongst teaching staff (although there was a willingness to learn), and funding mechanisms within further education that did not readily lend themselves to provision of support. Increasing the capacity of existing staff was seen as one way of improving services, perhaps with the designation of a specific person who young people could approach on mental health issues, and greater awareness raising amongst staff. It was felt that closer links needed to be established with providers and particularly CMHTs. The College had recognised many of the issues and a research project had been undertaken looking at this area which was expected to report in the near future.

7.39 East Durham and Houghall Community College also had a multi-strand approach with support being provided via College counsellors, personal tutors and student support workers. There were some links, with GPs and social workers, which provided opportunities for specialist care and provision to be accessed. One barrier mentioned was that of the need to make referrals to specialist services via GPs. Disclosure/confidentiality was sometimes seen as an issue. It was felt that more local support in terms of specialist services would be beneficial. Education – bringing issues out into the open was mentioned as a way of overcoming stigma and it was felt a good tutorial programme could help here.

7.40 Bishop Auckland College has a Student Support Service which provides support and advice about a whole range of issues, including mental health. It also provided counselling and a befriending service. There was a good working relationship with The Dales PCT. There were no links with Community Mental Health Teams. It was felt that the main barriers to provision of effective services and support was awareness. Support workers had received some training, but it was felt more was needed. In terms of better services, it was suggested that a specific student support group for those with mental health problems could possibly assist. There were no issues identified around bullying or stigmatisation. The major issue was that of advice for staff. It was stated that there were a number of instances when staff were aware of young people who had difficulties linked to mental health, who did not come forward seeking help. These presented by way of self-harming, or attempted suicide. One particular student had been Sectioned whilst at College. Staff would have welcomed the opportunity to speak to a professional with experience of mental health issues who could have provided advice about where young people could be referred to, how to deal with issues, what would happen next and so on.

Response from County Durham and Darlington Priority Services NHS Trust about Issues raised by the Derwentside Group of Young People

7.41 Following consideration by the Working Group of the report detailing the outcome of the meeting with young people from Derwentside, a response to the issues raised was received from the County Durham and Darlington Priority Services Trust and was subsequently circulated to members of the Group.

7.42 The response can be summarised as follows:

Empathy of Professional Staff

This is a core element of training for professional staff. For non-qualified staff, there is an induction process and ongoing training including communication skills. Clinical and managerial supervision reinforces this approach.

Continuity

Joint Care management processes promote continuity of staff, but this can be disrupted when staff leave or are absent due to sickness.

Relationships between Young People and Professional Staff

A system exists by which users of services can request a change of worker where there are perceived personality clashes. Issues can also be picked up via clinical supervision and key worker changes implemented.

Mental Health is Not a 9 am to 5 pm Problem

The Priority Services Trust agrees, but levels of provision are determined by the funding bodies – PCTs. The crisis resolution service being developed by the Trust will operate on a 24 hour basis. Most people who fall outside the definition of serious mental illness are referred back to GPs in primary care for ongoing support. CMHTs also network and direct people to non-statutory agencies such as Waddington Street (Durham) if it is felt appropriate and the person wishes to engage.

In-Patient Care for Young People

The Priority Services Trust acknowledges the lack of residential care for young people in County Durham. At present there is no discrete care provided by the Trust and young people up to 18 are referred to Middlesbrough or Newcastle for care and treatment. Young people 16 upwards are admitted into adult acute in-patient care and the Trust are conscious this is not the most appropriate environment for young people. Funding has been made over the next three years for development of a transition team for 16-18 year olds in advance of the proposals in the emerging Children's NSF findings for CAMHS to cover 0-18 year olds within the next 10 years. Another key Government objective will be the development of early intervention services for those aged 14-35 with first onset psychosis – this will be dependent locally on PCT funding. There are also issues with current in-patient provision where staff have to deal with some 50% of in-patients who have dual diagnoses (e.g. substance misuse as well as a mental health problem).

Crisis Situations

The Priority Services Trust (and Social Services) recognise the need for crisis services and are working with their commissioners to develop services to meet the needs of young people in crisis including delivering services into A&E Departments in hospitals. However, engagement by statutory services with young people in crisis is difficult and a model is being developed which seeks to recognise this.

Awareness of Mental Health Issues Amongst Young People

The CAMHS strategy has focused on awareness raising issues and support has been given to educational psychologists in the developing initiatives in schools as well as setting up local mental health forums.

Young People in Vulnerable or Isolated Positions

Availability of local and accessible services to young people is key in helping them when they are vulnerable and isolated. Ongoing developments in service provision are aimed at meeting these needs, but there needs to be a recognition that these are as much community issues as health issues.

Section Eight – Conclusions

8.1 This scrutiny investigation has been wide-reaching of necessity. Whilst we could have selected a discrete aspect of mental health provision for young people, we took the view that the best approach was to consider services and support in a holistic fashion. Each individual component of support is important in its own right, but it is the sum of all the differing facets of support that can often determine how well individual young people cope with mental health problems.

8.2 One of the aspects of the investigation that impressed all members of the Working Group, as we took evidence, was the commitment and positive attitude of many of those we spoke with. There were a great number of individuals whose advocacy of the rights of young people with mental health problems and empathy with those young people was refreshingly evident.

8.3 As the work of the Group progressed, a number of themes began to emerge, many of which were reinforced by subsequent evidence. We have, therefore, decided to base our conclusions and recommendations around these areas.

8.4 The main themes identified in evidence were:

Promoting Early Identification and Intervention when Mental Health Problems Present

8.5 We heard in evidence from the Priority Services Trust, CAMHS and Educational Psychology Service that, in some cases, mental health problems which present in adolescence (often in crisis), and go on to become chronic, might have been identified and treated much earlier. One of the young people we spoke to from Derwentside mentioned significant influences on her life from the age of 5. Evidence also suggests that the higher incidence of mental health problems in young people in the Looked After System has links to early family difficulties. We heard from the PCTs that young people simply lack the emotional resilience to deal with issues, such as bereavement and divorce, which present difficulties even for the most resilient of adults.

8.6 Many early symptoms are likely to present either within the family, or in a nursery or primary school setting. Parents, nursery staff, teachers, health visitors, school nurses and other social care or health professionals all have a role to play in the process of identification of issues. Early intervention is not only desirable in terms of alleviating any distress or difficulties for those involved at that point in time, it can also be effective in preventing much more severe presentations of conditions in adolescence.

8.7 There are a number of initiatives underway aimed at addressing the mental health of children, including Sure Start, Place To Be, the Time for Children Project in Shildon and the Secondary Schools Counselling project. We heard from CAMHS of the need for closer working between Sure Start and CAMHS and some suggestions were made to us by the Education Department (which has a key role in County Durham for Sure Start, either as lead or accountable body) about how this might be achieved via Locality Managers. The development of parenting skills is certainly an issue we feel needs to be progressed within Sure Start and individual members of the County Council

have a role to play within their local Sure Start programmes, in ensuring that mental health issues form part of the Sure Start Agenda.

8.8 We were impressed by the work in primary schools undertaken by The Place To Be and the opportunities it presented for counselling of young children. There are issues, however, around the numbers of schools participating in this project and the sustainability of the scheme beyond its current funding. Likewise, the Secondary Schools counselling project and Time for Children project were limited in terms of distribution across the County and there would be benefits in an expansion of these sorts of scheme. Another issue we heard about was the initiative locally to develop an Early Intervention Team for first episode psychosis for 13-45 year olds in line with the NHS Plan. If this proposal can help to identify, treat and prevent further episodes of psychosis in young people, the County Council should support it.

Really Considering Young People's Needs

8.9 We heard in the early stages of this project that children and young people who are mentally and emotionally healthy have the ability to *"develop spiritually, emotionally, creatively, intellectually and spiritually; to initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; resolve problems and learn from them."*

8.10 The scoping notes for the project currently being undertaken by the Social Exclusion Unit on the social exclusion of adults with mental health problems identify a number of areas where mental health problems can have a negative impact. Conversely, these areas can be said to be essential components of what we might consider to be a reasonably balanced and inclusive lifestyle for all adults. These apply equally to young people aged 16-25 and are:

- Employability – (Educational attainment, job acquisition, retention and progression)
- Housing
- Household income (whether earned, via benefits or both)
- Access to services – such as health and banking
- Access to Social Networks – leisure, arts or community services; family and friends

In providing services therefore, the approach should be person-centred, based on individual needs and provided in a holistic way, which often involves more than one agency.

8.11 We heard in evidence from the PCTs that young people are less emotionally resilient than adults. Yet they are just as affected by life events such as bereavement and divorce. They need as much, if not more support, at times of crisis and this is an issue that is often overlooked in school settings, by GP's, or where support is provided from other agencies. The transition from child to adult life also brings with it challenges – moving from education into employment or higher education; first relationships and perhaps parenthood; living on one's own; running a house and managing money. We heard from Dr MacDonald that young people often present with identity issues – sexuality, weight, looks etc. There are also some key issues around drugs. We heard during several evidence sessions about the links between drugs misuse and mental health problems; however, there are issues around the

present “youth culture,” where drugs are an accepted part of modern lifestyle. We heard that some young people could not be persuaded to stop misusing drugs because to do so would alienate them from their peers.

8.12 There are also issues about young people in the age group we looked at concerning development. This was particularly relevant in the discussions we had with the Priority Services Trust, CAMHS and CMHTs, regarding the transition from child to adult mental health regimes. This has been recognised and a protocol is being developed to manage this process. In the evidence from the Priority Trust CMHTS, we heard nothing to suggest that any account is given of the age of the individuals concerned in terms of how they are supported once they move into the adult mental health regime. We appreciate that age should not be a sole determinant of service provision and that developmentally, a young person can be considered to be very mature. However, in one of the case studies, we noted that day centre provision was often geared to much older adults and might not be the most appropriate sort of provision where younger adults would feel comfortable. The Health Trusts and Social Services Department, in commissioning and providing services, need to consider how and where provision can be made for younger people within generic adult services.

8.13 In the early stages of the project we heard about the plans for a 16-18 strategy, which could not be progressed because of funding difficulties. We have been encouraged by the emerging Children’s National Service Framework findings, which recommend a move over time (10 years has been suggested) to CAMHS provision for young people up to the age of 18. The Health Trusts in those areas of County Durham which do not currently have CAMHS provision up to 18, are seeking to establish supra-locality teams to begin this process. This is to be welcomed and should be given priority.

8.14 Many young people are not insensitive as to how they are perceived by adults within the mental health regime. We heard from Dr MacDonald that young people can be very challenging to deal with and difficult to engage. They know that some adults see them as a “problem” and there is a need for those adults who engage with them to do so in a positive manner. Recruiting the right staff and providing appropriate training is key to this and we touch on this issue again later in the report.

8.15 Young people are also acutely aware of what being labelled as someone with a “mental health problem” means. There are real fears about stigmatisation and we heard on a number of occasions that one of the greatest concerns of young people about coming forward with issues, was the fear of confidentiality, either in terms of parents/families, neighbours, or peers. This appeared to be one of the factors in the success of the Durham Young People’s Project, which provided a broad range of services (a one-stop shop) for young people in a relaxed comfortable setting. Young people attending the project were aware that the issues they raised with staff would not be divulged. Nor could their attendance at the project “label” them as having a particular problem. Providing a variety of services in a single setting could be one solution to overcoming stigmatisation.

8.16 Young people with mental health problems told us in evidence that they are no different to other young people. They have the same interests and like the same social activities – evenings out and weekends away. The issue about evenings was highlighted by the group from Derwentside who told us that

evenings and night time were often the most difficult for them to cope with and when they were most likely to be on their own with their thoughts. Activities and support for young people at these critical times is essential. Whilst the moves within the adult mental provision towards home support and assertive outreach teams will go some way to providing support, we did not hear that they would be providing assistance or support with leisure or recreational activities which are important to young people. It is also important to consider the needs of young people in relation to any day centre provision or training opportunities that are provided. Young people often find it difficult to settle and engage in schemes or settings where the majority of people present are much older than themselves. Provision in day centres, projects, acute inpatient facilities and clinics (CAMHS and CMHT) should reflect these needs.

8.17 We heard from the colleges about some of the work underway to support young people with mental health needs. The "buddy" system operated within Durham University appeared to have some merit. We were particularly impressed by the work being developed in Derwentside College with Stonham Housing to provide short courses covering issues such as managing money and cookery, which were some of the issues raised by the Derwentside group of young people in evidence. We also felt that the outreach work undertaken by Derwentside College with young people attending Mind and other similar support groups, which provided information and support for those who wished to move into further education, was commendable. The research undertaken at New College into young people's mental health needs also showed there was a growing recognition of the issues and we look forward to its publication.

8.18 One of the issues clear to us in the evidence from the Derwentside group of young people was the reliance and strong bonds that young people with mental health problems can form with professional staff and particularly social workers and community psychiatric nurses. One young man expressed to us his real fears about the health of his social worker and the impact this might have in terms of his continued support. We appreciate that social workers and many other workers in the mental health field have demanding workloads; and that they are no different from other personnel in terms of sickness, having holidays, or leaving to take up other positions. We feel, however, that wherever possible, providers should ensure (unless there have been difficulties in establishing effective relationships) any changes of workers dealing with individual young people are kept to a minimum.

8.19 We heard in evidence that, unfortunately, some young people with mental health problems have little or no experience of upbringing within family settings or in loving relationships with which many of us are familiar. As one young woman who spoke to us said to a Working Group member after an evidence session, "What I'd really like is just for someone to give me a hug."

8.20 We heard at an early stage in the investigation that a young person's first contact with mental health services was crucial – it would colour their experience and attitude to mental health provision for the rest of their lives. In planning, designing, delivering and reviewing services, therefore, the needs of young people must be considered. An example quoted to us on a number of occasions was that of waiting rooms. In CAMHS these were most likely to be pleasantly furnished and filled with toys for younger children to play with. In CMHTS they were more likely to resemble doctor's surgeries, with educational posters and leaflets. Neither to us seemed particularly suited to the needs of young people. The IIC research for CAMHS suggested separate

waiting areas for teenagers and younger children in CAMHS facilities. At one evidence session we were asked to consider how a 16 year old attending a CMHT Locality Clinic for the first time would respond if sharing a waiting room with a 50-year-old severely disturbed schizophrenic. We do not think it would be impossible or overly expensive for there to be some provision within waiting areas to reflect the needs of young people aged 16-25.

8.21 There was a substantial body of evidence from young people about what they wanted in terms of services. In our discussions with young people from Derwentside, reference was made to in-patient facilities and the lack of suitable activities for young people whilst they were patients at Allensford Ward. We were impressed with the condition of the building and overall facilities provided at Allensford Ward when we visited. Whilst admission to any facility as an in-patient is an upsetting event, we felt that young people in particular would find it more difficult to feel comfortable in the setting currently provided. We recognise that the Priority Services NHS Trust has to provide facilities at Allensford which are suitable for a broad age range of adults from 16-65 years, but there was no evidence of any provision that young people could relate to, such as computers, posters or furnishings. Security issues were mentioned as one of the factors. The Lambeth Early Onset Unit provides a good example of the sort of tailored provision for young people that appears to work. Whilst we understand the difficulties of providing a dedicated facility in County Durham, there may be scope in terms of future or existing provision to develop facilities that young people need. In Allensford Ward we noted the provision of a separate retiring room for female in-patients - perhaps similar provision could be considered for young people.

8.22 Empathy of staff was an important issue – it was clear that there are some professional staff who are better able to engage with young people and build more effective relationships than others. We heard from the Derwentside group of young people about the difference that having understanding social workers made. The actions of a health worker on the Allensford Ward had made a significant and positive impact on one of the Derwentside group. We also heard, though, that some workers were not particularly effective at building good relationships. The MHF Crisis project research findings suggested that workers in the mental health field could make a big difference to young people and that warmth, friendliness and ability to relate were as important as qualifications. The IIC research for CAMHS highlighted issues around counsellors talking down to clients. The research also revealed that how workers dressed and spoke to young people made a difference. We were delighted to hear when we visited the Durham Young People's Centre that, if funding permitted some sessions might be arranged with psychiatrists in End House, but *they would have to be interviewed by young people first to make sure they would feel comfortable with them.* We wonder if these sorts of issues are given any weight when staff are recruited and trained by providers of services. We heard that in the Easington Adult Mental Health Trusts there were opportunities for users and carers to sit on appointments panels, although the numbers of young people within these two categories was felt to be limited. However, the principle of involving users and carers at appropriate stages in the recruitment process is one which should be welcomed. Perhaps job descriptions, person specifications and recruitment procedures could also reflect these particular needs?

8.23 We heard from Mind and young people themselves about the sort of services that they were most comfortable with and these included telephone and text

help lines, internet websites, and one-stop shops such as the Durham Young People's Centre, where a variety of activities were on offer and the project was not seen as stigmatising. We felt the Stonham Housing project which used sports activities as a means to engage with young people (not just those who had mental health problems) was a good example of how one type of provision can "draw" young people into a project and provide opportunities for additional work. The MHF Crisis project research found that young people need places to go for support and treatment which are friendly and welcoming – not like traditional doctor's surgeries. The Chester-le-Street Mind proposals for a cyber café, which would serve to attract young people, whilst providing a portal to other services, is a worthwhile project. In relation to support networks for young people, we heard these were often limited in scope. We heard of some limited development of befriending schemes in County Durham and received evidence about a well-organised scheme in Nottinghamshire and the Durham University scheme. We feel more could be done to develop this aspect of support, particularly in the new CAMHS structures to be developed over the next 3 years.

8.24 One of the major issues for young people in deciding whether or not to access mental health provision was confidentiality. There are real problems with stigmatisation of young people with mental health problems. If young people know their confidentiality will be breached - either by professional staff divulging information to parents/carers, or by their peers discovering they are receiving treatment/support, they will not engage with services. Even though a considerable number of young people receive counselling and support at the Durham Young People's Project, it was not possible to bring together a group of young people together collectively for consultation as part of this project because of individual fears around revealing their conditions. We heard from Mind that sometimes, the way services are organised can heighten fears about confidentiality. We were cited the example of a young person having to leave school lessons each week to see a psychologist and worrying about how those regular absences could be explained to peers in the classroom who were naturally inquisitive.

8.25 We took evidence from a wide range of providers about how services were delivered to young people with mental health problems. Key factors in good provision were said to be services delivered in the right place, at the right time and by people with the right skills.

8.26 There are 5 CAMHS units (1 in each PCT) and 11 CMHTS with, in addition, liaison nurses at Bishop Auckland and Durham hospitals. These provide reasonable opportunities for access, but there may be issues around accessibility given that many young people who need to access services have limited access to transport. At present young people aged 14-16 can access a scheme provided by Investing in Children (IIC) which permits off-peak bus travel at reduced fares. We understand there may be proposals for a scheme up to the age of 19. However, in a rural County, like Durham, these issues apply equally to all young people. We heard from CAMHS that on occasions, staff can undertake home visits. The new arrangements piloted initially in Chester-le-Street CMHT in relation to patient access and booking within the adult mental health regime will also bring a measure of flexibility and choice to existing provision across all CMHTs.

8.27 We were told that in terms of working hours, both CAMHS and CMHTS operate between 9.00 a.m. and 5.00 p.m. on weekdays. There is, however,

limited flexibility and we were told that Link Workers and Consultants at Chester-le-Street were examining the possibility of providing a service one night per week and some members of the Team would attend the Health Centre on Saturday mornings. The roll-out of Crisis Resolution/Home Treatment Teams and Assertive Outreach Teams will also overcome some of the difficulties with the existing systems. We understand that, in relation to CAMHS, a working group is currently examining how the operating hours of CAMHS can be extended. More innovative provision of services out of hours is to be encouraged and would benefit not only young people but other adults as well.

8.28 An issue mentioned on a number of occasions as a tension during the course of this investigation was whether services provided should be centred on the needs of users, or whether services reflected the needs of service providers. We strongly feel that services should be designed to meet the needs of those who use them. We believe that the services provided by the Durham Young People's Project (open most afternoons and Saturdays - appointments not necessary) and Chester-le-Street Mind (open lunchtimes to 10.00 p.m. on weekdays) were good examples of services that would be easier for young people to access. The research with young people undertaken prior to the establishment of Durham Young People's project indicated that young people wished to have services that were accessible between 3.30 p.m. and 6.00 p.m. and Saturday mornings. In our view, more needs to be done in terms of this type of provision.

8.29 Although we heard of problems in some other areas of the country about difficulties over waiting times for referrals, this did not seem to be as important an issue in County Durham. New targets for Trusts should help to improve the situation still further. We did hear about difficulties surrounding the Youth Offending Service, which, as part of its performance regime is expected to refer young people with acute mental health problems to CAMHS within 5 working days and non-acute cases within 15 days. We understand action is being taken by the Youth Offending Service in this regard with new screening procedures. However, we were concerned to learn that, in less than half the cases where mental health problems exist, do young people in the criminal justice system ever get to see a mental health professional. Whilst this is not exclusively an issue for the Youth Offending Service, we feel there needs to a debate between the Youth Offending Service and Mental Health Trusts about these issues to ascertain whether access by young people to mental health professionals can be improved.

8.30 Although national (and international) research indicated that homelessness was an issue often inextricably linked with mental illness, we did not hear in evidence from local young people, or from providers, such as Stonham, that homelessness of young people with mental health problems caused particular difficulties in County Durham. We believe there may be factors impacting locally, such as the availability of social and private sector rented housing, although we did hear that recent changes in legislation would enable younger people to take up tenancies and this may have an impact longer term on the availability of suitable housing stock.

8.31 We did not hear in oral evidence of any major issues directly relating to employment of young people with mental health problems. However, national research and the written comments we received from some witnesses indicated that employment prospects for young people with mental health

problems were often coloured by the prejudice and ignorance of potential employers. There will always be some young people who may, because of the impact of their medical conditions, find it difficult to secure and retain employment. We hope that the current project being undertaken by the Social Exclusion Unit will highlight these issues and will bring forward recommendations to ensure that, where this occurs, adequate support is provided through benefits such as Disability Living Allowance, to enable young people and others to remain within society. However, we were encouraged by work being undertaken by Derwentside College and Durham University in encouraging young people with mental health problems to access and be supported in further education. Initiatives by Connexions and Jobcentre Plus should also assist the opportunities for young people with mental health problems to access employment opportunities. The County Council also has a role to play in terms of training opportunities for young people.

8.32 The County Council and Health Trusts need to be ever more innovative about how they provide information about mental health provision to young people, whether for potential users of services, or in the form of publicity material to educate and help overcome stigma.

8.33 We heard from Chester-le-Street Mind that it already provides a telephone help-line, but is considering texting as a way of providing information. This is a method of communication with which many young people can feel comfortable. There are some well-developed internet websites nationally, such as YoungMinds, which are young people friendly and other websites which are targeted at particular groups of young people, such as the CALM website for young men. We were informed that, as part of the services being developed for Looked After Children with mental health problems, there were proposals to upgrade and maintain the "Stressed Out" website. Similar proposals had been put forward in the Youth Service Plan, although there had been a subsequent recognition of the resources and commitment required to update and support a site. The proposals had been amended to provide information in other formats, which would signpost young people to existing sites. We feel, however, that development of the "Stressed Out" website would be beneficial for local young people and would commend sites such as the CALM website as an example of an accessible youth orientated site.

8.34 As the evidence-gathering process progressed, and we gained some knowledge about how mental health services are provided and to whom, we felt there was some confusion for those outside the services around issues such as when children and adolescents enter the adult mental health regime. In County Durham, the determining factors for this seemed to be based upon age; whether or not the individual was in employment or full-time education; and geography (in Easington PCT age limits are different). There was little we saw in the way of simple guides or information about how services operated and to whom they were provided, although one of the adult Mental Health Trusts in Easington District is moving towards online leaflets. Some information was available on the Internet, but not in a form that we believed young people would feel comfortable with, or readily understand. We heard in evidence from a variety of sources that lack of proper information can be a disincentive to accessing services. In the Chester-le-Street Mind presentation we heard that often, young people have difficulties in finding clinics; and more importantly, they do not know what they will find when they get there; or whether they will be treated confidentially. We have set out in our

recommendations some basic elements that we think should be incorporated in any information provided for young people with mental health problems. More needs to be done to provide simple understandable guidance in this area.

A Greater Role for Young People

8.35 Only by establishing mechanisms that allow us to effectively engage with young people, will we be able to develop services that adequately meet young people's needs. We need to ensure that young service users are given a greater opportunity to shape the development of services and information provided to young people.

8.36 Some innovative work has been undertaken by CAMHS in commissioning research from IIC about services and the facilities in which services are delivered. We heard during our visit to Allensford Ward that questionnaires are issued when in-patients are discharged. This too, is a step in the right direction. The research undertaken prior to the establishment of the Durham Young People's Project was comprehensive and, more importantly, led to a service **designed around the needs of young people,** which has been a key factor, we believe, in the success of the Project. The research undertaken by Chester-le-Street Mind has also given a clear indication of what young people's needs are in that locality. We are aware that the County Council is supportive of and has signed up to both Investing in Children and Hear By Right, but more needs to be done in practical terms to give young people a voice in how services are developed and delivered.

8.37 There are carers and users networks, both generic and also specifically in relation to mental health, covering County Durham, who can serve as "sounding boards" in relation to various issues. We feel, however, that there is scope for the establishment of a young people's group. Such a group would need to be supported and sustained. There may be some opportunities for joint working between the County Council and Health Trusts in this area, perhaps via IIC. There do exist support networks, such as Mind and Stonham where volunteers might be canvassed. We believe that, within the substantial numbers of young people who access Education in the Community services, there might also be opportunities for suitable young people to come forward.

8.38 We see a role for young people not only in the planning and development of services, but also in how services are managed, reviewed and evaluated. The involvement of users and carers in appointment panels in the Adult Mental Health Trusts in Easington was commendable, but more needs to be done to ensure young people are involved in this process. We believe the County Council and the Health Trusts need to do more in practical terms across the whole area of planning, development, management, review and evaluation of services.

8.39 The Government's consultation "Fair for all, personal to you," seeks views on extending choice within health and social services. We heard during the course of the investigation of examples where perhaps more could be done to extend the choice of young people with mental health problems about the services they receive.

8.40 The young people we spoke to from Derwentside raised particular issues associated with choice. Whilst, there are very good reasons and, on occasion,

requirements for particular regimes within in-patient facilities, young people felt that sometimes they were not treated as individuals, or given choices during their stays. We understand there has been much progress in recent years, but there may be scope for training of staff (not only in health, but also social services) which emphasises that young people are customers first and clients/patients second.

8.41 Some of the research for CAMHS undertaken by IIC also revealed issues around young people's understanding of their treatment regimes. There seemed to be lack of knowledge on the part of young people because professionals had not explained to them what their treatment entailed, or, in one instance, why they were being asked particular questions. For young people to be able to exercise choice, they need to have adequate understandable explanations about what is happening to them, and to be told when and how they can exercise choice.

8.42 One of the Derwentside group of young people mentioned to us some difficulties associated with allocation of social workers. Facilities should exist and opportunities be given to young people for them to express views about workers allocated to them if they find it difficult to engage in effective working relationships with those staff. The Priority Services Trust told us that systems were in place for users of services to request changes of staff when there were perceived personality clashes. Where such systems exist, arrangements need to be in place to advise users of services about the options available to them.

More Education about Mental Health Issues

8.43 We heard from the PCTs about issues associated with the emotional resilience of young people, who were often overlooked at times of crisis within families, such as when bereavements or divorce occurred. We were told that more needed to be done to recognise this as an issue and to prepare and support young people through such crises. In our view the schools have an important role to play here, both in terms of curriculum; training/awareness of teaching staff; and signposting pathways to care.

8.44 In the evidence from Education in the Community, we heard about the work undertaken with large numbers of young people in our local communities. Whilst there was a general recognition of health issues within the Service and some evidence of specific projects undertaken with young people around mental health, we feel that some potential may exist for the Service to do more in relation to education of young people about mental health issues. We understand that young people who engage with the Youth Service do so through choice, but feel that there is some scope for expansion of the information available to young people about mental health issues, particularly in relation to overcoming stigma about mental health problems. This needs to be reflected in the Youth Service Plan and the work of the Service generally.

8.45 We heard in the limited survey of further education establishments, that there was varying provision for young people with mental health needs. Durham University had a specific Service for Students with Disabilities, which was very pro-active and provided information and support for teaching staff and students. Other colleges had less support – typically, this was either individual tutor support, or student union support. It was clear however, that some teaching staff in colleges were unsure about particular types of mental health

problems, how they presented, and pathways to care. There are perhaps opportunities here for more work to be done within colleges if stronger links can be forged with adult mental health services, possibly via the link workers or CPNs. The Health Trusts should consider whether they can be more pro-active in this process.

8.46 In terms of overcoming stigma and raising awareness, the work underway in the Tees and North East Yorkshire Mental Health Trust with its "Open Up" campaign was impressive. The establishment of a group of 100 "Passionate People" (staff, patients and carers) to go out to speak to community groups, schools and colleges about working and living with mental health problems is an initiative that should be considered for implementation across the whole of County Durham.

More support for Looked After Children

8.47 We were encouraged by the recognition by the County Council and Health Trusts that young people with mental health problems in the Looked After System need greater support. The creation of a virtual team to support young people and the expansion of STEPS to provide a therapeutic service for young people at the upper limit who are leaving the Looked After system are to be commended. We feel, however, that careful monitoring needs to take place of the demands upon social work staff within STEPS to ensure there is capacity to meet demands. There appeared to be a lack of recognition by some agencies during the course of our investigation, about the additional support offered to Looked After Young people at the upper age limit. There may be some benefit in ensuring that relevant agencies are made aware of the increased support now being offered.

More Joined-up Delivery of Services

8.48 We heard in evidence from Dr McDonald about how beneficial joint working between services could be in providing support to young people. We also heard from Social Services and Health Service officers about the arrangements for closer working between the agencies in relation to Looked After Young People, with the establishment of a virtual team. The situation in adult mental health is more advanced with multi-disciplinary, multi-agency teams within CMHTs.

8.49 We have no doubt, however, that there still exist areas where there could be closer co-operation between the agencies and voluntary sector providers. We heard from CAMHS in evidence that there may be greater opportunities for co-operation between Sure Start and CAMHS. The County Council, as lead or accountable body for Sure Start, should pursue this. The Mental Health Promotion Strategy for County Durham and Darlington also recognises that there is a need for an action plan between youth organisations to take forward the young people's mental health agenda.

8.50 We do not believe there is any particular resistance or unwillingness to provide more "joined up " services. More often, there is a lack of knowledge or understanding of particular instances of good or innovative work that is being undertaken within the County. We feel that the work undertaken by the County-wide Commissioning Manager for Mental Health and Substance Misuse in Social Services Department in October 2003 to try to bring together all providers was an important first step in achieving closer working. This

needs to be sustained and built upon. Our recommendation for a conference, hosted by the County Council, to discuss young people's mental health issues, could also provide an important impetus in this area.

8.51 A key aspect of supporting and re-invigorating local communities is the new framework of Local Strategic Partnerships. There may be opportunities for the Partnerships (including the County Durham Strategic Partnership) to assist in the delivery of improvements to mental health services to young people and they should be engaged in this process.

8.52 Some of the individual work underway in further education colleges in relation to young people's mental health is commendable. However, we feel there may be opportunities for it to be more joined up. There may be opportunities for networking between Colleges, and possibly the establishment of a forum where young people's mental health issues can be discussed and new or innovative ways of working publicised. We would hope that, if appropriate, representatives from colleges can be invited to the proposed conference, which might serve as a catalyst for this process.

Improved Support through Funding and Training

8.53 Funding is critical to sustaining many of projects we scrutinised during this investigation. We heard during the presentations by Durham Young People's Project and Chester-le-Street Mind that some members of staff in these very worthwhile voluntary organisations spend large amounts of time seeking out and identifying sources of funding (usually challenge funding) to sustain or develop new projects. This was particularly evident in the case of the Durham Young People's Project, whose total operating costs are in the region of £180,000 per annum and might be considered to represent excellent value for money, given the range of services provided.

8.54 In the presentation we received from the lead PCT on mental health commissioning for the greater part of County Durham, it was suggested that one way to overcome the diversion of staff in the voluntary sector from the constant merry-go-round of chasing funding, would be for the County Council and PCTs to appoint, on a pilot basis (perhaps across two PCT areas), an officer whose role would be to act as a link between voluntary sector and statutory providers in the mental health field; identify funding streams to sustain existing voluntary sector provision, and advise and progress bids for funding on behalf of the voluntary sector. We feel there is some merit in this proposal.

8.55 One of the key issues to come out of this investigation was the need for staff who are able to engage and empathise effectively with young people who have mental health problems. We heard from the Derwentside group of young people that one of the ways this might be developed was for young people like themselves to deliver training. We feel there is real worth in this suggestion, although to provide such a service would require identification of those willing to provide training, and the provision of training and support for the trainers. We were impressed with a similar initiative "Total Respect" which is being pursued within the Social Services Department in relation to communication, and is being delivered by 3 young people from the Looked After System. We feel this could serve as a model for development of similar

packages to be delivered to professional officers who work with young people with mental health problems.

8.56 In the evidence we received from Education in the Community, we heard that the service is dependent upon youth workers, many of whom are volunteers. Whilst some training had been provided about mental health issues, attendance had been voluntary. We understand the need to consider carefully the demands placed upon those who provide their services freely. However, we believe that there should be some training for such volunteers (as well as employed staff), which is a pre-requisite to working within the Youth Service. Information about mental health needs of young people and the pathways to care should be included within this category of training.

8.57 We mentioned earlier in the report the need to consider young people with mental health problems as customers first. The experiences of some of the young people we spoke to, together with findings from national research, indicates that more needs to be done both within Social Services and the Health Trusts to address this issues. Training for all staff who come into contact with young people should contain a module focusing on customer care.

8.58 We see no reason why all of the aspects of training outlined above could not be commissioned jointly by the County Council, Health Trusts, other relevant agencies and the voluntary sector and be delivered in multi-agency and multi-disciplinary staff settings. This could greatly enhance the development of closer working between staff.

8.59 One of the issues raised with us by Social Services officers during the investigation concerned the amount of adult mental health grant received from Government. We were told that this amount has fallen over the last two years in real terms and whilst, previously, there was scope for some new or innovative work to be undertaken, there are likely to be difficulties in sustaining existing services on the current levels of funding

8.60 The Priority Services Trust also made the point that the services they provide are those which are commissioned by the PCTs who hold the funds for mental health provision and reflect the plans and priorities of the respective PCTs.

8.61 An issue was raised with us by the Derwentside Group of young people about basic advice on benefits issues. We are aware of the services provided by County Council's own Welfare Rights Unit, but did not receive any evidence about whether front line social workers or Health Trust workers had the necessary skills in this area which the young people felt would be beneficial. We feel the County Council and Health Trusts should consider whether there is a need for certain key workers who interact with young people with mental health problems to be suitably trained to be able to deliver basic benefits advice, if they are not already in possession of these skills.

Carers

8.62 We had a mixed response to our consultations with carers and there appeared to be conflicting information provided about services for carers. We

heard in the evidence from CAMHS and CMHTs and from our own Social Services officers that carers needs were considered and assessments undertaken would reflect this. We heard from some carers that they had received little or no support. Those that had received support said it was either as a result of local initiatives (support in a particular GP practice was mentioned), or because of the existence of a local self-organised parent support group. There are opportunities for carers to have an input into services via the specific mental health users and carers group, which has representation on Local Implementation Groups. However, we feel that there would be merit in the County Council and Mental Health Trusts undertaking a sample audit of casework involving young people with mental health problems to verify whether the needs of carers are being adequately addressed. We heard that in Easington there were audits by the Trusts, but little evidence of the existence of any plans for carers. We were told that there was sometimes a reluctance on the part of carers to undergo an assessment, but wonder whether a more pro-active approach could be adopted by the Trusts and the County Council in relation to this issue.

Section Nine – Recommendations

9.1 This project was wide-reaching, taking a holistic view of how services and support are provided to young people with mental health problems and their carers.

9.2 The main themes identified in evidence and upon which our recommendations are based were:

- **The need to promote early identification and intervention when mental health problems present in children**
- **Really considering Young People's Needs**
- **A Greater Role for Young People**
- **More Education about mental health issues**
- **More support for Looked After Children**
- **More Joined-up delivery of Services**
- **Improved Support through Funding and Training**
- **Better Assistance for Carers**

9.3 We recommend to the Council, the PCTs and Mental Health Trusts operating in County Durham as follows:

Promoting Early Identification and Intervention when Mental Health Problems present

9.4 Early identification and intervention when mental health problems first arise can prevent more serious problems developing in later adolescence and adulthood. The County Council can play a key role in this process by:

a) Considering (with its partners) how the existing Place To Be and Secondary Schools Counselling Projects can be sustained and, wherever possible, extended into more schools.

b) Raising awareness amongst teaching staff about the importance of early intervention and the pathways to care for younger children with mental health problems.

c) Ensuring, as lead or accountable body in relation to local Sure Start programmes, that the mental health agenda is fully promoted in all local programmes. County Councillors, through their membership of local Sure Start programme boards or committees, should likewise champion mental health issues within Sure Start.

d) Considering how the Initiative for developing an Early Intervention Service for 14-35 year olds with first episode psychosis can be supported.

Really Considering Young People's Needs

9.5 Young people aged 16-25 have diverse and complex needs, which differ from those of children or older adults. Too often, services are designed

around the needs of those organisations delivering them, rather than those who receive them. The way services are organised should reflect young people's needs.

a) The emerging findings of the Children's National Service Framework will extend CAMHS provision upwards from the current 16 years to 18 years of age, ensuring greater uniformity between social care and health provision. The PCTs outside Easington (which already has CAMHS provision up to 18) and the County Durham and Darlington Priority Services Trust (the Priority Services Trust) should give priority to implementing these changes and ensure that, within any new CAMHS provision, the specific needs of 16-18 year olds are recognised.

b) Young people's differing needs should also be recognised within the broad spectrum of mental health and social care provision for adults (18+) with mental health problems. The County Council and Health Trusts should consider how this agenda can be promoted and make adequate provision in planning and delivery of services.

c) Whilst there are sometimes unavoidable problems with continuity of staff, the County Council and Health Trusts should review their existing procedures for allocating professional staff to individual young people with mental health problems, to ensure, that wherever possible, there is a continuity of staff who deal with individual young people.

d) The Primary Care Trusts and the Social Services Department, as commissioning bodies should consider whether opportunities exist for befriending schemes for young people with mental health problems to be further developed and promoted.

e) The PCTs as commissioning bodies, and the Mental Health Trusts, as providers, should make specific provision for young people in their services by ensuring that:

    (i) Leisure and recreation activities specifically targeted at young people are provided in existing or proposed adult acute in-patient facilities (whether in whole units or in a specific room).
    (ii) CAMHS or Community Mental Health Team (CMHT) waiting rooms have areas specifically tailored to the needs of young people.

f) Dealing with young people can be challenging. The County Council and Health Trusts, in recruiting staff who will (either wholly, or in part) work with young people with mental health problems, should consider how job descriptions, person specifications and recruitment processes can be used to select applicants who are able to empathise and work effectively with young people.

g) The County Council should undertake a review of its existing day centre/training provision for people with mental health problems, to ascertain whether the existing facilities adequately meet the needs of young people, or whether any specific provision is required for this group.

h) PCTs and Social Services Department as commissioners, and the Mental Health Trusts as providers, should consider what opportunities exist for providing CAMHS and CMHT services outside normal office hours (on

evenings and Saturdays). Opportunities to deliver services in settings other than clinics should also be explored (i.e. Connexions Centres, Leisure Centres, Durham Young People's Project).

i) The County Council and Primary Care Trusts, when commissioning mental health (and linked social care) provision and the Mental Health Trusts, in providing services to young people, should consider whether opportunities exist for delivery alongside other services in holistic "one stop shop" settings. The County Council and Health Trusts should encourage a debate locally with other providers about what opportunities exist for developing this type of provision, where a range of services, including mental health services for young people, can be delivered in a non-stigmatising setting.

j) The Youth Offending Service and Health Trusts should jointly discuss and consider what opportunities exist for ensuring that those young people with whom the Service engages, who need to see a mental health professional, do so.

k) The County Council, and Health Trusts should consider developing an up to date website about mental health issues which is young people friendly and, equally as important, should examine how this can be effectively promoted.

l) There is a need for clear understandable guidance for users of mental health services about how services are structured and delivered (perhaps in the form of a short leaflet). The provision of on-line leaflets (as in the Tees and North East Yorkshire Mental Health Trust) should also be considered.

m) In developing guidance for young people who access mental health and associated social services, the County Council and Health Trusts should jointly consider the inclusion of the following information, where appropriate, in any promotional literature, or on websites:

- Details of the service provided
- Who the service is for
- Who provides the service
- Where the service is provided
- When the service is provided
- Directions to the service (maps etc)
- What to expect (people, treatments, regimes etc)
- Choices available to users
- A statement regarding confidentiality
- How to comment upon the service
- Where further details can be obtained from (telephone, website, text etc)

A Greater Role for Young People

9.6 Young people with mental health problems should have a greater role in determining how services are provided for them.

a) The County Council and all Health Trusts, should ensure that young service users are given greater opportunities to shape the development of information for young people with mental health problems.

b) The County Council and Health Trusts should review their existing arrangements for engagement with young people, to explore whether opportunities exist for them to have a greater say in service development and provision.

c) The County Council and Health Trusts should jointly consider the establishment of a standing group of young people with experience of mental health problems, who can be consulted and have a *meaningful* role in the planning, development, delivery, performance and evaluation of services provided for them.

d) The County Council and Health Trusts should promote, as good practice, within their organisations, the principle that young people with mental health problems are customers first and should have a real say in how they receive services.

e) The County Council and Health Trusts should review their procedures for provision to young people with mental health problems, to ensure they are offered choice, both in treatments and services available; where they are delivered; and by whom. Young people should be given clear explanations, both before and after assessment, about how and in which areas they can exercise choice (i.e. if they are unhappy with the service, the treatment offered, or find it difficult to engage with the staff who deliver the services).

More Education about mental health issues

9.7 Ignorance about mental health issues can result in fear, bullying and discrimination. We all have a role to play in overcoming this.

a) The Local Education Authority and Schools individually should consider whether opportunities exist within the school curriculum to raise awareness of mental health issues amongst young people; overcome the stigma associated with mental health; build emotional resilience in young people and sign-post pathways to care.

b) The Education in the Community Service should play a more pro-active role in promoting understanding of mental health problems amongst young people and overcoming stigma. This should be reflected in the Youth Service Plan and in the work of the Service generally.

c) The Health Trusts should consider whether they can play a more pro-active role in assisting those staff in colleges who are responsible for young people's mental health needs and sign-posting pathways to care.

d) The Priority Services Trust and South of Tyne and Wearside Mental Health Trust should consider whether opportunities exist for joint working with Tees and North East Yorkshire Mental Health Trust in its "Open Up" campaign to reduce the stigma surrounding mental health problems and learning disabilities. In particular the Trusts may wish to explore whether the existing "Passionate People" group of staff, patients and carers can be expanded, or a group set up for the remainder of the County, to share their experiences of working or living with mental health problems with a wider audience in County Durham.

More Support for Looked After Children

9.8 Many young people in the Looked After System have mental health problems to some degree. Young people leaving the Looked After System are subject to even greater pressures and should be given the additional support they need.

a) Providing more support for young people who leave the Looked After System is essential and the recent increase in the capacity of the STEPS Therapeutic team to facilitate this is to be welcomed. The Director of Social Services should ensure that the increased provision is regularly reviewed, to ensure that the Team has sufficient capacity to meet the additional demands placed upon it.

b) The Director of Social Services should consider how the expanded role of STEPS in supporting young people beyond 18 and up to 24 years of age can be promoted amongst professional staff across all agencies to ensure they are aware of the support available.

More joined-up delivery of services

9.9 Closer working between agencies and greater awareness of issues are essential components of an improved service for young people with mental health problems. The County Council should play a major role in promoting this agenda.

a) The County Council can serve as a catalyst for change by initiating a wider debate about mental health provision for young people. We suggest the County Council should consider, as a priority, hosting a Conference about young people's mental health, to which key partners are invited and which provides opportunities for young people to put their views. Hosting such a conference would also further build upon the initiative developed by the Director of Social Services (recommendation c below)

b) The County Council, as lead or accountable body for Sure Start, should consider how closer working with CAMHS can be promoted. The Director of Education should consider with the Priority Services Trust, which delivers CAMHS in County Durham, how this might be achieved.

c) The County-wide Commissioning Manager for Mental Health and Substance Misuse in Social Services Department initiated a process of

dialogue with providers of mental health services in October 2003, which aims to bring together service providers in a forum where issues of common interest can be discussed. The County Council should seek to build upon and sustain this initiative, facilitating closer working with its partners in the mental health field.

d) Copies of this report should be sent to the County Durham Strategic Partnership and an opportunity should be given to the Local Strategic Partnerships to consider the issues, and determine to what extent and in which manner, if any, they can play a role in promoting young people's mental health.

e) Colleges of Further Education should be asked consider whether there would be benefit in establishing a joint forum to share best practice (such as the work underway at Derwentside College and New College, Durham) and discuss common issues linked to supporting young people with mental health problems. There may be opportunities for the Health Trusts and Social Services Department to engage with Colleges in this work.

Improved Support through Funding and Training

9.10 Sustainability and certainty of service provision are necessary for proper planning and delivery of services. The voluntary sector in particular, as providers, should be supported in this area.

Professional and other staff who work with young people should receive appropriate training (including training delivered by young people themselves) about young people's needs.

Young people with mental health problems who receive services are customers first and foremost. Training and development programmes for all staff should include a module about customer care in mental health provision.

The greatest proportion of young people aged 16-25 in the transitional age group fall within the adult mental health regime. Whilst the growing emphasis by Government of provision for children's needs is welcomed, reductions in real terms of funding for adult mental health, such as in the case of County Durham's Adult Mental Health Grant, is of concern.

a) The County Council and PCTs should consider initiating discussions about joint funding and appointment of a link worker (initially on a pilot basis across two PCT areas), whose role would be to:

- strengthen links between voluntary sector and statutory providers; and
- identify and assist in procurement of funding to ensure the viability and sustainability of existing voluntary sector provision in the mental health field.

Detailed consideration would need to be given to the grading of the initially temporary post, but we would hope that some provision could be

made within the Social Services budget to meet the initial costs of the Council's share.

b) The County Council and Health Trusts locally should discuss how the training of professional staff delivering services to young people with mental health problems can be:

- Jointly commissioned (so as to encourage closer working links between professional staff from different agencies)
- Developed to include elements which are delivered by young people themselves (along the lines of "Total Respect")
- Designed to include modules which focus on customer care.

c) Whilst we appreciate that many of those who work in the Education in the Community Service are volunteers, we believe that training for those individuals about health issues, including specifically, mental health and pathways to care, should be mandatory, instead of voluntary as at present. The principle of mandatory training would be no different to that which exists for other groups who undertake work that is essentially voluntary (i.e. the magistracy, or indeed, Councillors themselves).

d) The reduction in real terms of funding via the adult mental health grant paid to the County Council is placing limitations upon the way existing services are delivered and stifling opportunities to develop new innovative ways of working, particularly in the areas we are examining. The Director of Social Services and County Treasurer should consider whether Cabinet should be asked to make representations to the Government on this issue.

e) The County Council and Health Trusts should consider whether there is a need for key workers who interact with young people with mental health problems to be suitably trained to be able to deliver basic benefits advice, if they are not already in possession of these skills

Better Assistance for Carers

9.11 Many carers are unsure and uncertain of their role when their children experience mental health problems. They need assistance to enable them to fully play their part in supporting young people. Evidence from carers suggested that provision was uneven, and providers should re-visit their procedures to ensure that the needs of those who care for young people with mental health problems are being adequately addressed.

The County Council and Mental Health Trusts should consider undertaking a sample audit of casework involving young people with mental health problems, to determine whether adequate support is being provided to carers, or whether a more pro-active approach should be adopted in relation to assessment of carer needs. In the light of the audit findings, the Council and Trusts could determine whether existing policies and procedures require revision.

Review Date

9.12 The Working Group should review progress six months after consideration of its report by Cabinet. To further assist the Executive in progressing the issues, we have drafted a suggested Action Plan which is contained at Appendix Three.

Section Ten – Membership of the Working Group

10.1 The following Councillors were Members of the Working Group:

Joe Armstrong
Bill Blenkinsopp
John Dormer
Sonny Douthwaite
Brian Ebbatson
Michele Hodgson
Terry Hogan
Barbara Howarth
Edna Hunter (Chairman)
George Hunter
Richard Langham
Brian Myers (initially as a non-executive member, latterly, following appointment to the Cabinet, as an observer)
Morris Nicholls
George Porter
Anne Wright

10.2 Co-opted Member of the Working Group:

Mandy Taylor

Appendix One

Oral Evidence Taken

Date of Meeting	Organisation/Witnesses
31 January 2003	Phil Dyson (Operations Manager, Mental Health and Substance Misuse) and Frank Whitelock (Operations Manager, Children's Services), Social Services Department, Durham County Council; Harry Cronin (Director of Learning Disabilities, Mental Health and Nursing Services), County Durham and Darlington Priority Services NHS Trust
18 February 2003	Mark Cain (General Manager, CAMHS), County Durham and Darlington Priority Services NHS Trust; and Steven Tait (Manager, STEPS Team) Social Services Department, Durham County Council
21 March 2003	Dr Joe McDonald, Consultant Psychiatrist
19 March 2003	Visit to Easington CAMHS Locality Team
28 April 2003	Frank Firth (Strategy and Special Projects Officer), about Sure Start; and Shirley Woodcock (Senior Psychologist), both from the Education Department, Durham County Council
5 June 2003	Meeting with Young People from Derwentside with mental health problems
17 June 2003	Denise Wyatt (Operational Manager – Adult Community Mental Health Teams) and Gail Ellerby (Team Manager – Chester-le-Street Community Mental Health Team), County Durham and Darlington Priority Services NHS Trust
19 Jun 2003	Helen McCaughey (Manager) and Nikki Edwards, Chester-le-Street Mind
24 June 2003	Charles McCaughey (Commissioning Manager – Mental Health) Sedgefield Primary Care Trust
18 July 2003	Visits to Chester-le-Street Community Mental Health Team and Allensford Ward, Shotley Bridge Hospital
23 July 2003	Visit to Durham Young People's Centre, End House, Durham City. Mandy Taylor (Project Manager End House) and Dee Boyd (Projector Manager, Sedgefield, Teesdale and Wear Valley), Stonham Housing
2 September 2003	Penny Rowntree (Co-ordinator for Looked After Children), seconded to CAMHS, County Durham and Darlington Priority Services NHS Trust; and Paul Hebron, Pat Hill and Mandy Stag, Education in the Community Service, Education Department, Durham County Council
23 September 2003	Gill Eshelby (Deputy Head) County Durham Youth Offending Service

Appendix Two

Written Evidence Taken

Date	Evidence (Reports of the Head of Overview and Scrutiny)
21 March 2003	Reduction of Social Exclusion Amongst Adults with Mental Health Problems: Social Exclusion Unit Project
19 June 2003	16-25 Year Olds with Mental Health Needs: An International Perspective
19 June 2003	Discussion with Young People with Mental Health Problems from Derwentside
2 September 2003	Consultation with User/Carer Forum
23 September 2003	Information from National Conferences, Research Studies and Local Initiatives
23 September 2003	Role of the Connexions Service
23 September 2003	Role of Jobcentre Plus
22 October 2003	Response of Priority Services NHS Trust to Young People's Views and Services provided for Young People with Mental Health problems in Higher Education Establishments
October 2003	Telephone Survey of Further Education Establishments by Scrutiny Support Officer
11 December 2003	Paul Ellis (General Manager) Directorate of Mental Health, Easington

Appendix Three

Action plan (to be inserted)