

## **Youth Select Committee 2015: Inquiry into Mental Health Response from Sheffield Young Carers Project**

We offer support to children and young people aged 8-25 who live in Sheffield and provide care for one or more family members who have disabilities, chronic physical illnesses, mental health difficulties or problems with drug or alcohol misuse.

Due to limited time, this response is based on information gathered through routine conversations during our work with young people, rather than a formal consultation.

### **Awareness**

#### **What more could be done to prevent stigma and discrimination towards young people with mental health issues, particularly when they prevent young people from seeking support?**

Young people in our service regularly report that there is little or no information given to them about mental illness or emotional well-being and little is done to challenge stigma. They say they wish schools and college staff would show more awareness and understanding. Some issues that have been raised include:

- Not being believed when they have told teachers about their own or their parent's mental health issues
- Telling a teacher but then the teacher never asks them how they are or mentions it again (perhaps due to the teacher not having enough information or not feeling confident about speaking about mental health)
- Speaking to one teacher and this information being shared with other staff without this being discussed with the young person
- Teachers not challenging negative comments about mental illness made by pupils

Young people have reported they feel that the following might help:

- Training for all education, health and social care staff
- Assemblies in schools
- Myth-busting lessons exploring issues around mental health and well-being
- Regular awareness raising events throughout the academic year in schools and in public places
- Positive image publicity around schools / colleges / public places
- Direct challenges by staff when pupils use discriminatory language about mental illness

*“If they said something racist or made fun of someone who had cancer, my teachers would never let them get away with it, but when it comes to mental illness, they don't say anything”*

Young people also report that the wider public are often not very understanding around their parents' mental illness, which impacts on their own well-being, for example shop staff being rude and impatient if someone is slow in responding or appears anxious or confused. Better education in school now could instil wider understanding amongst adults in the future.

**Do young people feel informed about the services available to them? If not, what more could be done to raise awareness?**

- Young people report there are very limited services available
- Some have reported not feeling listened to or not being taken seriously by their GP when they try to get help around their own or their parents' mental health
- Young people experience long waiting lists for services
- They report getting the majority of their emotional well-being support from school (but see issues above) or from voluntary sector projects such as ours.

To improve this, there could be:

- Information provided routinely via schools, GPs and in other settings where young people spend time (e.g. shopping centres, cinemas etc), including directories of services in formats that are accessible and engaging to young people
- More poster campaigns on buses and public places / TV and social media campaigns (perhaps though additional funding to increase the reach of Time to Change).

**Could more use be made of social media or mobile applications? If so, how?**

Yes it would be good to have young people friendly websites and apps that are health-service approved and promoted via schools. If this does not already exist, given the large number of websites and apps already available, it would be good to develop a quality kitemark that young people, parents and professionals are told to look for, to ensure they are looking at health-service approved content.

**What is the impact of websites which promote self-harm and other online material?**

**Should something be done about these sites? If so, what?**

We have witnessed an increase in the number of young people reporting self-harm within our service over recent years. It is positive that stigma is being reduced and people feel more able to ask for help, but concerning that websites and media coverage seem at times to be normalising and even glamorising self-harm. There is a stark difference between people seeking online support from others who have similar experiences to people actively encouraging others to start potentially harmful behaviours. When reported, websites that promote self-harm should be blocked with information offered about alternative coping strategies and support services available to the people who are looking at them. Schools and youth settings also need good staff training about self-harm and to embed education around emotional well-being and positive strategies for managing difficult emotions within curriculums to counter the messages from such websites and other media.

## **Education**

**Is education on mental health in schools sufficient? What could be done to improve it?**

See 'Awareness' above

**Should it be a compulsory part of the National Curriculum? Yes**

**If so, at what age should it be introduced?** Mental health, happiness and well-being education should be delivered at all ages.

**Could more be made of education around peer support?** Yes – young people often report wishing they knew how to support friends who are struggling with emotional well-being issues.

They also report that, where they do not feel able to tell friends or peers at school about their own issues, this is due to either worries about burdening their friends too much or fears that other people will find out and they will get bullied.

### **What is the impact of mental health issues on young people's education?**

There can be a broad range of impacts amongst young people we work with which include difficulty in attending, loss of concentration, poor attainment, worry, feelings of isolation and lack of friendships, bullying, behavioural issues, and exclusions from school.

### **Do teachers, parents/carers and others working with young people receive sufficient training and support?** See awareness section above

#### **If not, what more could be offered?**

- Specific modules within health, education and social care training programmes about understanding mental illness and supporting young people around their mental health
- Regular compulsory refresher mental health training for staff in these professions
- Accessible information for parents to be distributed regularly by schools, through printed and online materials, as well as information workshops on this topic available for parents to access and information at parent's evenings. This would help break stigma by being offered universally, rather than singling out families where mental health issues are known about.

### **How accessible is published literature and online information about mental health?**

This varies –there is so much I think young people, parents and professionals do not always know which are the more useful or reliable to access. See social media / apps response above.

### **Could it be made more "youth friendly"?**

Again, this varies. A good example of a website about mental health produced by CAMHS in Sheffield that young people report as being very accessible is 'Epic Friends' (<http://epicfriends.co.uk/> )

## Services

### **What is the current state of services and treatments available (e.g. through CAMHS)?**

CAMHS provide excellent free training for professionals in Sheffield on a range of topics, which helps our staff better support young people in our service.

The local service is very under-resourced, however, and there are long waiting lists, with thresholds very high to get a service for young people. As a result, we have had to source funding to work in partnership with a voluntary sector counselling service in order to meet the need of young carers in Sheffield who do not reach the CAMHS threshold but still need a service or who need a service more quickly than CAMHS can provide.

### **Is the current funding for mental health services being targeted at the right areas?**

There is a big gap in the 16-18 age group. Some funding locally has been directed at this but, given the high levels of need amongst this age group, much more is needed.

**Are changes needed to the provision of mental health services? Are they accessible and appropriate for young people? If not, what could be done to improve them?**

- Some services are based in locations that are not easily accessible – they would be more accessible for people who rely on public transport (i.e. young people and many families) if they were based in the city centre
- It might also be useful to house them in buildings that have other services there, so people do not feel worried or embarrassed about being seen going into buildings that are specifically for mental health services
- More family therapy should be made available, particularly from adult services
- More recognition of carers' roles in managing mental health and involvement of carers in treatment and care planning is needed (i.e. Triangle of Care)
- Easier referral routes and improved awareness amongst GPs around young people's mental health
- Young people need flexible appointments during evenings and weekend
- Welcoming, relaxed environments and friendly reception staff help people feel comfortable

**Could more be done to promote the sharing of best practice between services? Is the process for transition between children and adult services effective? If not, what could be done differently?**

There needs to be improved transition between CAMHS and AMHS e.g:

- AMHS workers trained in working with young adults
- A named AMHS worker to be introduced well in advance of a young person transitioning from CAMHS, with handover meetings including an accompanied visit to the new setting
- Very clear information to be given to the young person around any changes in expectations and requirements when people move CAMHS to AMHS, with time to ask questions about this.

**What experiences have young people had in using mental health services?**

- When young people who access our service have been seen by CAMHS, they generally report very positive experiences
- When young adults transition to adult services, this has been difficult for some
- Some young people have reported difficult experiences if they have been admitted to hospital for self-harming, for example not being told for many hours if they will be staying in overnight or not.

**How does mental health provision compare with the services available for physical health?**

There are not enough resources to manage need, which means services like schools and voluntary sector projects like ours that are not staffed by mental health professionals are now being expected to support young people around higher level mental health issues than previously. This is stressful for staff and impacts on their own mental health and means young people are not getting the specialist support they need.