



Mental Health Services for Young People

Report with Recommendations from
the Hull LINK investigation

January 2010



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Why have we produced this report?

Since Hull LINK was formed in 2008 a lot of work has been done to find out which local health and social care issues people would like to see us take up and examine. We gathered people's views at events including our launch in November 2008 and a public forum event in February 2009, by attending community events in the city, by asking people to complete comments cards, and via surveys through our newsletter and website.

When the results of this consultation were analysed they showed that mental health services for younger people was an area that many people were concerned about. Among the issues mentioned were access to services, transition between different services and improved understanding of mental health problems. In response to this, Hull LINK's Steering Group decided that this issue would be one of our top priorities. Wendy Bennett of North Bank Forum, a member of the Steering Group, and Jonathan Appleton of the Hull LINK staff team were tasked with developing this work through a small task and finish group.

How did we approach this issue?

Early on it was decided that our report should not be too broad in scope and that it should be completed within a reasonable timescale. The task and finish group drew up some boundaries for their work to give it focus.

'Young people' is never an easy term to define but we decided to concentrate mostly on the 18-25 age group. This was partly because LINKs are excluded from examining children's services, ruling out our looking at younger age groups. We also felt it was useful to have an age group to refer to when explaining our work to those we would be talking to. However we were aware that individuals do not fit neatly into categories, and that it was important not to be too rigid about this. We found that, particularly when exploring transition between services, we needed to be flexible about age groups.

Regarding our approach, we felt it was important to find out what services exist and how they operate. We also wanted to find out as best we could how well services are meeting people's needs, and to identify what was working well and what needs further development. This would lead to us being able to make recommendations to the people who plan and deliver services.

'Travelling to appointments is really difficult. The doctors involved are there to help me but I am the one having to travel so far for them.'

Comment from a service user

How have we produced this report?

We wanted to gather a representative picture of the services available to young people and to hear from young people, service providers and carers about their experience of services.

We found out about the range of services provided from a number of people in the NHS and local authority. We also spoke to people involved in providing services in the voluntary and community sector. As well as finding out about services, this also enabled us to pick up on a number of issues affecting service users.

Mental health is a sensitive issue and many people are not comfortable about discussing their experiences, but we found that by talking to those supporting young people on a daily basis we were able to find out about the kind of issues they are facing. Where possible we sought to involve service users directly in our work. We also asked young people for their views on mental health and a selection of their comments appear throughout this document.

We are aware that a report of this kind would have limitations. With such a big subject and a limited timeframe and focus there would be areas we were not able to examine. We take the view that this report is a snapshot of services as things stood at the time of our work. That does not mean this report will be our last word on the issue, or that we cannot look at other aspects in those involved in the LINK want us to. We look forward to receiving responses to our recommendations and hope to see services develop and improve as a result.

'Young people need to know they are not alone. Anyone who has suffered from depression will say they felt they were the only one who really understood how they were suffering.'

Comment from a young person



Background – Research on Young People’s Mental Health

We found that research conducted by national organisations has made a number of recommendations on how to improve mental health services for young people.

This told us that:

- Services for young people need to be age-appropriate for their needs.
- Services need to be designed so that young people want to engage with them.
- Young people need to be involved in planning and delivering services.
- Services for young people need to work within a range of settings including GP’s surgeries, youth centres, education settings, and voluntary and community settings.
- Young people say that sometimes GPs are dismissive and don’t listen to them.
- Young people often feel that they get lost in the system at 18.

For more information on this research see:

‘Supporting Young People’s Mental Health’, Mental Health Foundation, 2007.

‘Young Minds Children and Young People’s Manifesto’, Young Minds, 2009.

‘Having someone there that can say it’s okay to have good days and bad days and you can get through this helps.’

Comment from a young person



How many people are affected?

It is estimated that one in six people (i.e. 47,000) in Hull are affected by a mental health problem at any one time.*

Some reports have pointed to a lack of information on the prevalence of mental health problems in Hull.** Information which informs planning is often based on national figures from which local figures have been estimated.

Who plans and delivers services?

The body responsible for commissioning mental health services in Hull is NHS Hull, the city's primary care trust. The plan which determines its priorities up to 2013 is the NHS Hull World Class Commissioning Strategy. Mental health is one of the eight key goal areas. The goal for mental health is to provide a choice of appropriate, comprehensive, integrated mental health services with a maximum of 14 days from referral to intervention.

For children's and adolescents' services, Hull City Council has commissioning responsibilities using the CAMHS grant paid directly to them.

Data on waiting times for mental health services is not routinely collected but a local audit showed an average wait of six months for counselling.***

Specialist mental health services are provided by Humber Mental Health NHS Teaching Trust. The Trust provides services a range of mental health, learning disability, and addictions services to people in Hull and East Yorkshire. Some services are commissioned from the voluntary, community and independent sectors.

'I have a positive opinion of the mental health service, they helped me when I was ill.'

Comment from a service user

*Hull Joint Strategic Needs Assessment, October 2008.

**Hull and East Riding Mental Health Equity Audit, March 2007; Hull Joint Strategic Needs Assessment, October 2008.

***NHS Hull World Class Commissioning Strategy 2008-2013.

Keith Baulcombe, Assistant Director of Mental Health and Learning Disability (NHS Hull)

Keith confirmed that highlighting provision in terms of age created an artificial barrier as current service delivery gives priority to a needs-led approach. Child and Adolescent Mental Health Service (CAMHS) are mindful of not labelling young people with a mental health diagnosis. Keith understood young people's services identifying mental ill-health in terms of behaviour and mood.

Regarding transition between children's and adults' services, Keith agreed that this can cause problems. In some ways age is an artificial barrier, in that at 18 most people will be transferred to adult services; hardly a needs led approach. However services are judged harshly if they provide care inappropriately, for example by placing under 18's on adult wards. As CAMHS are led less by diagnosis and more by behaviour there can be difficulties at the point of transition. Lessons can be learned from learning disability services, which has a transition team and a transition sub-group.

The main priority currently is for people to be seen quickly. The development within Adult Mental Health provision is the Single Point of Access, in which GP's will refer to the specialist team, with a plan for assessment within 14 days (this will be 7 days by March 2010.) There will be an urgent/non-urgent blue light service as well. This model would have a pathway which theoretically may be G.P. referral for assessment and then the specialist team will identify best provision which could be, for example, a referral to Cruse, another voluntary provider or City Health Care Partnership/Humber Mental Health or others. If the Single Point of Access becomes successfully established there may be opportunities to develop and improve further along the lines of health care navigation services (as in Barnsley). This model recognises the service user's opportunity to identify their own care package from an allocated amount of funding.

Regarding information on the prevalence of mental health problems in Hull, Keith advised that much of the trust's planning is done following estimates based on national figures. He felt that the range of data available provides a reasonable basis for analysis and predicting trends. He was able to show data that provided an extensive breakdown of mental health problems in the city, with figures broken down by condition, area and age group.

'West End Mental Health Service Counselling is really helpful.'

Comment from a service user

Evelyn Krasner, Public Health Lead, NHS Hull

Within public health there is a whole population focus on mental health improvement although many programmes target vulnerable and at risk groups. For example, within the primary health mental health services a programme has been commissioned to address the physical health needs of people with severe mental ill health, as they experience substantial physical health inequalities. NHS Hull also commissions a wide ranging arts and health programme which currently focuses on carers, people with long term conditions and people with dementia. It is recognised that people with emotional and mental health needs benefit from general physical health promoting initiatives, alongside developing and strengthening coping strategies to address an individual's stressful life circumstances such as managing unresolved debt, social isolation and poor self-esteem.

The suicide rate in Hull is the highest in the Yorkshire and Humber region with men aged 25 to 50 year old forming the largest number. NHS Hull commissions initiatives such as Mental Health First Aid training which is available across public and third sector organisations and to date has trained over 600 people. Youth Mental Health First Aid will be introduced during 2010 /11. Other programmes seek to reduce stigma, increase knowledge of self-care and improve understanding of the links between physical and mental health.

The primary national organisation working for young people's mental health is Young Minds which campaigns for distinct, discrete services for young adults (www.youngminds.co.uk) Locally Hull and East Yorkshire MIND runs Ace Volunteers, through which a group of young people have set up a website to promote good mental health (www.gonecrazy.org.uk)

There are also programmes such as:

- Sure Start – assisting young mothers who may be isolated
- The Healthy Schools Programme – includes a focus on the social and emotional wellbeing of children
- College student support and counselling
- Mindful Employer Programme – working with employers to improve workplace mental health.

Mental illness begins early. 10% of children have a diagnosable mental health condition and 50% of lifetime mental illness is present by the age of 14. Early preparation for adulthood in young people needs to raise awareness of the importance of mental and emotional health and self care.

Overall, a key aim of public health work is to provide services that can help prevent people developing mental health problems, but sometimes this is not reflected in national priorities. The 1999 national strategic framework for mental health focussed on improving services for people who were severely ill, but there was little investment in prevention. The New Horizons Department of Health document, published in December 2009, has a strong focus on prevention with an emphasis on supporting people to get a positive start in life – through parenting support programmes, in particular, but it is unclear at this stage whether new resources will become available to support this vision. A public mental health operational framework is due to be published in early 2010.

Kevin Blyth, Single Point of Access, Humber Mental Health Teaching NHS Trust

The Single Point of Access (SPA) is the new service that manages access to all adult mental health services in Hull. The service covers all people over 18 but there is some flexibility – they could also deal with people under the age of 18 if they live independently.

It has been set up in response to NHS Hull's World Class Commissioning target to reduce waiting times for mental health services. The aim is that by April 2010 everyone should have no more than a 14 day wait from referral to treatment commencing. The majority of referrals presently come from GPs, but there is an aspiration for people to be able to refer themselves and at the time of the interview publicity materials were being prepared for to promote self-referral. It is anticipated that there will be an initial surge in referrals as the publicity materials are circulated but that this will stabilise over time.

The Single Point of Access Service is responsible for the initial screening, triage and assessment with the aim of ensuring that the user has access to the right part of the service to meet their needs.

SPA has developed pathways into the psychological well-being services provided by the City Healthcare Partnership and the high intensity cognitive behavioural therapy service provided by Humber Mental Health NHS Trust. Both of these services are commissioned and funded by NHS Hull as part of the national strategy to improve access to psychological therapies (IAPT).

The SPA also has pathways for access to specialist mental health services for people with more serious mental health problems, the social prescribing project at MIND, talking therapies such as counselling as well as other more practical support and advice around such issues as employment, welfare benefits and housing.

As well as accessing statutory services provided by the local NHS and Hull City Council the team can also refer to some local third sector organisations such as Cruse, Survivors, the Warren, and MASS (a men's support group). It is important that these services can demonstrate that they are properly structured and supervised and free at the point of use.



'In 2002 when I suffered a very traumatic accident I was offered counselling which really helped with the after effects and helped me deal with the trauma mentally.'

Comment from a service user

Sue Wadforth, PSYPHER, Humber Mental Health Teaching NHS Trust

PSYPHER is the service for people aged 14-35 experiencing first episode psychosis, suspected psychosis or at risk of psychosis.

They have used an open referral system for some time. Individuals and family members may refer. Over 40% of referrals come from non statutory services, with few of their referrals coming from GPs. They have links with schools, colleges, universities, housing associations and YPSS.

PSYPHER's approach is very much individually based and first contact will usually be at the person's home. They offer whatever help it is agreed will be useful, starting by discussing with the person where they need to get to to improve things. Family and friends will often be involved in this process. There is a big emphasis on the role of family in a person's recovery - people may need their families to change if things are to improve. PSYPHER encourage people to maintain normal life. They don't disregard medication but are aware that it is not always the answer.

Issues Discussed with Humber Mental Health Trust

Transition – it was agreed that there are issues with this and that for some people transition between children's and adults' services is like 'falling into a black hole'. For 16-19 year olds the help available can depend on who is interpreting the rules, and people can get passed between services before they get help. Part of the issue is different ways of working between adult and children's services.

Weekend and out of hours services – there is no local provision for in patient beds for young people at weekends. This can result in younger people being placed in adult wards which are inappropriate for their needs, or being sent to the nearest available unit in York. A lack of provision of out of hours services can lead to people feeling they have no other alternative than attending A&E; hardly the best place for people with mental health problems.

Influencing service design - there is very little opportunity to influence the mechanisms and it will always be difficult for service users to complain about services. They would like to see more involvement and more of a say from young people in how they want services designing. They would also like to see more independent auditing of services.

Broadly speaking it was felt that too often the question asked by professionals is 'do they fit the service criteria?', but a more person centred approach is needed.

Ian Burnitt, Hull Children and Young People's Services


Ian Burnitt is the Service Development Manager (Emotional Health/Substance Misuse) within Hull Children and Young People's Services. Ian leads on the national Targeted Mental Health in Schools (TaMHS) initiative which aims to identify early indicators of emotional ill-health/mental ill-health within educational settings.

The TaMHS programme in Hull has a dedicated recently-recruited team led by a psychologist with two primary mental health workers who will be working closely with teaching and ancillary staff who have received training around 'Embracing Children's Needs'. It is recognised that children and young people's emotional well-being often manifests itself in terms of their behaviour and mood. Targeted schools (15 across Hull) will have opportunities for all staff to receive the Mental Health First Aid training as a minimum requirement and those schools will be particularly mindful in identifying where there are emotional problems for children.

Ian recognised that mental ill-health often occurs following trauma in childhood or having negative experiences. The Children & Adolescent Mental Health Service (CAMHS) is often asked to address an ever-increasing list of conditions which children and young people display but it is Ian's belief that the investment should be front-loaded across health and statutory services to address the causes of mental ill-health occurring in childhood.

The impact of abuse, neglect and bullying results in low self-worth and under-achievement and can be anything from low mood to being a condition which is clinical and diagnosable. The impact of these traumas is carried by children into their school life and the transition from primary to secondary is seen by Ian to be pivotal.

It is suggested that there has to be a strategic consideration of those recommendations within the National Strategic Framework and an exploration of what they mean for the population of Hull, in terms of early intervention.



'It is important to treat everyone as individuals as everyone's personality is different. It is important to keep day to day life the same as everyone else, with access to work and leisure activity.'

Comment from a young person

Michelle Watson, Clinical Services Manager, Hull CAMHS

The Child and Adolescent Mental Health Service (CAMHS) is currently in the middle of service re-design and with issues such as capacity, demand for service and choice and partnership, is in the process of developing pathways to address areas of need. These include:

- Conduct problems
- Autistic Spectrum Disorder
- ADHD
- Early Intervention Psychosis

In November 2009 four more pathways were developed:

- Eating Difficulties
- Mood pathway
- Substance Misuse
- Deliberate Self Harm

Evidence of outcomes for young people will be assessed which will inform planning and identify resource needed. Referrals will go into appropriate interventions rather than a 'service'. The assessment tool will offer short-term solution-focused work and this will aim to avoid gaps in provision.

The Primary Mental Health Workers will review progress after six to eight sessions and there will be tools to identify when Tier 4 services might be relevant. (Tier 4 covers those conditions which may require significant intervention such as in-patient care.) It is hoped that *'a young person's journey will be a lot clearer.'*

Crucially for this inquiry, the issue of transition is an area which CAMHS can influence together with their partners in Adult Services. It is acknowledged that this is an area for development and a Senior Health Practitioner is working alongside Adult Services to progress this.

If a 17 year old is living independently, they can access Adult Services. A 17 year old living with parent(s) can access CAMHS up to age 18 – this is currently being considered for an increase to 19 years old. It is hoped that the work CAMHS is undertaking within this review of service will mesh with care clusters in Adult Services.

Gail Thornton, Young People's Support Service (YPSS) Counselling Service

Gail Thornton works in a team of five counsellors (three full time and two part time posts) delivering counselling services for young people aged 16 to 25 years of age. The team works under the auspices of the YPSS but are located in a different building in the city centre.

Referrals are received from a range of sources: GP's; CAMHS; schools; Youth Offending Team; Connexions; and self-referrals. The presenting issues which the team deal with are wide-ranging and include family dysfunction, abuse in childhood and working with anger. Gail believes that specific or rigid referral structures can inhibit young people accessing the service and this is overcome by making agencies aware of their existence. GP's are a significant source of referral to the service (which is free to them) and it is unclear how far those GP's employing their own counsellors are using them.

The service contacts young people within 10 days as they are aware that those young people who have agreed to the referral may lose the momentum if they are waiting too long for an appointment.

Gail believes that where counselling is failing young people is likely to be those younger adults who are physically and learning disabled. There are currently no young people from the minority ethnic groups accessing the service. An asylum seeker did use the service on one occasion but there was a tension in that he believed the translator may pose a risk of compromising his confidentiality – this may have impeded access to the service.

Nickie Johnson, Voice and Influence Manager, Children and Young People's Services

Nickie has undertaken work with young people who have identified emotional wellbeing as an area in which they are interested. This culminated in an afternoon of activities and health promotion which was successfully held on Saturday 18th July 2009, with large numbers of young people attending and taking part. The event offered networking opportunities and promoted roles within health and the voluntary sector, working with young people to promote wellbeing.

Nickie's work enables her to have contact with a significant number of young people who are responsive to enquiries considering how significant a problem mental ill-health might be. George Campbell of the LINK team agreed to forward a short questionnaire for young people have sight of and respond to, if they wish. This would offer our investigation a picture of how significant the problem may be for younger teenagers.

Greg Harman, Manager, Carers' Centre, Hull

The Carers' Centre works with people 16 years and above and works with people supporting family members with multiple problems but not mental ill health per sé.

The Centre traditionally works with older people, often the partners of people suffering dementia and it is believed that whilst young people are welcome, there is a belief that they may believe there is a stigma attached to accessing services there, probably due to an older membership. There may be a mindset about the organisation only supporting older people.

Referral routes are word of mouth or via one of the voluntary groups supporting families e.g. Alzheimer's Society, Rethink. Generally, the hours when the Centre can be accessed may not suit someone who is younger and in higher education or employment. The team did highlight the plight of some younger people who are the carer for a parent with mental ill-health.

People who do use the Carers' Centre have an assessment for their support needs and then they can exercise their choice. Among the services available are: OASIS, a short stay respite service providing a few hours respite; internet programmes such as Skillswise; information, advice and signposting on matters such as welfare benefits, community care assessments and transport; and a carers' drop-in.



'Your specialist says it will take time and they are willing to work with you and help you through until you're happy to carry on on your own.'

Comment from a service user

Andrea Nettleton, Rethink Carers Service

The service is commissioned by the Hull and East Yorkshire Primary Care Trusts to provide support to carers of people who have a severe mental illness, whether or not the person they care for is using mental health services. Carers can be referred to Rethink by professionals or can self-refer.

Rethink is based in Beverley and has two staff. The service provides individual support based on carers' needs. Services may be information, signposting or support. Services are designed to be short term and recovery focussed. Rethink runs carer drop-ins at two acute units – Westlands and Newbridge. They run support groups for carers in Hull, Beverley and Goole.

Rethink's services often find that people who care for younger people with mental health issues don't think of themselves as 'carers'. Rethink often use terms like 'supporters of people with severe mental illness' or 'family friend' as a more fitting term.

Rethink stress the need to look beyond a 'medical model' of treatment, which has a focus on medication. There needs to be more engagement in terms of social activities, education or helping people with daily living skills (i.e. non-medical support which may help a patient's recovery). It was felt that service providers are aware of the need for a more 'holistic' approach and are trying to move in this direction. However in-patient units are often at full stretch and face a lot of pressure to manage risk in dealing with patients, leaving them little opportunity to use other methods.

Regarding transition from child to adult services, Rethink does see cases where people are being 'bounced' between the two services. The issue often seems to be lack of communication between consultants and teams.

'I personally was confused and frustrated with a person who had mental health problems until I volunteered to attend a course on Mental Health First Aid. I then became fully aware of the person's condition.'

Comment from a young person

Linda Tock, Coordinator, Humber All Nations Alliance (HANA) Mental Health Project

Linda co-ordinates a team of four community development workers in Hull and one in York. The project works closely in partnership with a team of community development workers in the East Riding who are employed by Humber Mental Health Trust

There is an emerging picture of good community work in and amongst different groups with some of them organising social events around health discussions (Sudanese community) and a twice-yearly social event for young people (aged 7 to 18 years) also with a health theme. However, many people from the BME (black and minority ethnic) and asylum seeking community suffer mental ill health due to isolation, post-traumatic stress and consequently do not access services until they are at an acute stage.

There is recognition that it is a challenge to make services sensitive to the breadth of mental health needs of the significantly ethnically diverse communities in Hull. Nevertheless, with the four workers taking a community development approach and having established links with the mental health teams providing support and services, mutual learning and an appreciation of cultural requirements and sensitivities is developed.

Within this approach the project's aims are to:

- Achieve good outcomes for BME communities in accessing mental health services
- Promote positive mental health
- Achieve cultural sensitivity
- Promote community involvement

It is important for service provision to appreciate faith issues where misunderstanding may arise, for example, a service user attending for one appointment and failing to return may be a belief that charges are levied at second and subsequent appointments, as would occur in their country of origin. Similarly faith issues may affect acceptance of drug therapy.

It is suggested that assessment tools may benefit from additional questions for some BME patients, in order to capture an accurate picture of their condition. This is currently best met with the community development workers taking a role in working alongside the mental health teams.

Marg Oaten MBE, S.E.E.D.

S.E.E.D. is an eating disorder support service working in Hull and the East Riding offering support for sufferers and carers and working closely with practitioners and professionals to raise awareness and improve service provision.

Many young people with eating disorders are within the age category of the LINK's study of mental health services for young people. Monitoring figures show that between 2002 and 2009 over half of people helped by SEED were aged between 16 and 29.

Eating disorders which include anorexia nervosa and bulimia nervosa have a devastating impact upon sufferers and their families and S.E.E.D. offer support, information and advice including a 'buddying' scheme for those with the condition, and workshops entitled 'Walking on Eggshells' for families and carers.

S.E.E.D. is self-funded but receives a small contribution from the Hull PCT to cover core costs and this is recurrent each year. S.E.E.D. is working closely with the Hull PCT Eating Disorder Team and sees partnership working as the way forward to develop eating disorder services to cater for mild to moderate and moderate to severe levels of the illness.

GP's are often the first point of contact and Marg described a person's referral pathway being determined by their GP's knowledge of eating disorders and the Community Mental Health Single Point of Access. Progress for a patient can be impeded by a lack of understanding and for a number of families this can be the case.

Marg advised that where a more intensive therapeutic intervention is required i.e. through specialised services (Tier 3) there is often a lack of clarity as to how the referrals are progressed and, of more concern, there can be a waiting time of up to 14 months for a Psychologist within Specialist Services to be identified.

'I think you should get all the young people you help and get them all together and talk about each of their problems. Help each other get through all the bad times.'

Comment from a young person



Elaine Bates, Hull Gypsy and Traveller Community

Elaine advised that it is evidenced nationally that gypsies and travellers represent a significant number in terms of mental ill health (particularly women). This is often related to having unsettled locations, being evicted and moved on by Councils.

Travellers' depressed conditions often go unreported as culturally it is seen as the norm, coupled with a general unwillingness to discuss anything of a mental health nature which may lead to people being labelled 'mental'. Elaine advised that she has experience of struggling to achieve a service for a young person over 25 years who was self-harming as it appeared to be only recognized as a younger person's problem.

A further example was cited which concerned a young woman who was self-harming for whom it took 18 months to access an appointment for her. This appears to be due to a number of factors: her reluctance to see her GP (other travellers use the surgery and openly ask each other the reason for their visit), a number of agencies lost the young woman's contact details and did not get back to her with an appointment. The Haven eventually achieved an appointment with a clinician.

Recent developments have seen a Community Health Trainer available to the sites for 4 hours per week. Chris Long, CEO NHS Hull met with the community and forged an effective connection with them – hoping to have a more substantial health presence on sites, including a health trainer and a forum for the community. 18 young people are attending the Warren's group for 14-19 year olds and a large group of younger children are accessing The Rascals group.

Undoubtedly the stigma attached to mental ill-health is a feature for the gypsy and traveller community and the reluctance of some to access help via GP's surgeries may be an area for consideration.

'Often people say they will call and then don't seem to bother. I then have to contact them again which makes me feel like a nuisance and I am bothering them. This gets me down more.'

Comment from a service user



Image: djcodrin / FreeDigitalPhotos.net

Emma Wilkinson, The Warren Counselling Service

The Warren is a service for young people in Hull up to the age of 25 and their city-centre facility offers advice to young people on any issues which affect their lives including:

- Housing/accommodation/homelessness
- Welfare rights and living in poverty
- Sexual health
- Mental health
- Self harm
- Health initiatives
- Music
- Learning

There are opportunities for young people to meet, use the crèche and café and have healthy meals at a reduced cost.

The counselling service at The Warren works with young people experiencing a range of difficulties and challenges often relating to their circumstances and disadvantage or abuse in their childhood. A significant number of young people using The Warren will have emotional difficulties relating to the challenges they are currently facing such as being jobless, homeless, living in poverty or experience of harmful experiences during childhood.

The Warren receives referrals from other organisations, and young people can also refer themselves.

A referral may come about when a young person is accessing an appointment relating to, for example, welfare rights advice, pregnancy testing and the member of staff recognises the young person may benefit from counselling or therapeutic support.

Counselling is offered on a one-to-one basis with opportunities for young people to join other groups (dance, music, poetry etc). Where people are seen to have a more complex condition The Warren refers on to Community Mental Health provision and services such as PSYPHER.

Emma believes that a significant number of the young people accessing The Warren experience emotional and mental ill-health as a result of being homeless and living in poverty. She states that benefits available to over-25's at an enhanced rate are not available to the under-25's even when their circumstances mirror the same conditions. This means that many are unable to afford hostel accommodation and results in rough sleeping.

Zoe Coleman, Roy Watson, Rita Purdue - Mental Health Action Group Advocacy Project

This project helps people with accessing a wide range of services, such as housing, benefits and advocacy. They are funded by Comic Relief to provide one to one support to clients who have a wide range of mental health issues including neurodiversity and aspergers.

Referrals come via word of mouth, outreach work, stalls at events, but also via bedded units, GP's, prisons. They have worked with the 167 Centre to support clients from black and minority ethnic clients.

In their experience there are problems with transition from child to adult services. For some people it is not easy to 'get into' services – some have problems with their GP's and it may not be an easy journey to get into PSYPHER.

It can be difficult to access the Crisis Resolution Team. Sometimes people are told they are not in a crisis and passed on to the Single Point of Access. This can be difficult as the person may feel themselves that they are in a crisis. The service's definition of what is a crisis is different from what the client may think.

Claire Thomas, Service Manager, Hull and East Yorkshire Mind

Claire and her colleague, Carol Florin, Deputy Chief Executive Officer, gave information about the range of services to people with mental ill-health and emotional difficulties across the Hull area.

The ACE project (Achieve, Contribute and Experience) is funded by V Involved and Mind won a contract to deliver this time limited project which caters for 18 groups which service 180 young people in total. The members have responsibility and management of their own voluntary projects over 12 week periods with innovative community activities including tackling stereotypical images of disability, a comedy night, and organising Christmas meals for older people. The project offers more than participation for the young people involved – they have responsibility and management of their own budget, for example.

Mind offer day services which assist service-users with education, safety and welfare, housing and living advice, recreational opportunities and befriending amongst other provision. Linx is a 'supporting people' project offering housing and provides 24 hour intensive support for young people aged 16 to 35 who may be experiencing their first psychotic episode.

'The stigma associated with mental health problems makes people scared of other people and not sure where to get help.'

Comment from a young person

Kate Macdonald, Jellycat Media

Kate runs Jellycat, a social enterprise and independent consultancy which works to destigmatise mental health issues and provide inspirational activity for young people.

In the past Kate helped set up Humber Mental Health Trust's PSYPHER service. She has also been a researcher and has worked regionally on early intervention.

She feels PSYPHER, a direct access service, is a good example of a service including people in its design with a consultation and liaison model. It has a good team and achieves good results for the people it helps.

Jellycat worked recently on the Manifest event in Hull which aimed to engage young people in health and well being issues. Kate was keen to avoid this being viewed as a 'mental health' event as this could be off-putting for the people it was designed to reach. The event resulted from a resolution passed by Hull's Youth Parliament.

Regarding transition, Kate agreed there are problems with this and there has been a difficult relationship between CAMHS and Adult Services. Partly this is because services are commissioned separately; partly it is down to a lack of communication between teams.

Kate advised that it is possible for 16 year olds to end up being placed in adult in-patient units, which is inappropriate.

Kate would like to see the trusts developing more partnerships with 'non-traditional' services to assist service-users. Services often use a traditional model of 'symptoms-diagnosis-treatment', whereas for a lot of people it may be more beneficial to give them activities and programmes to build their confidence. The phrase she used was 'inspirational activity as a catalyst for recovery'. It's important to think creatively about the types of activity that people may benefit from, such as arts, sports and volunteering. Kate suggests the New Economic Foundation's five ways to well being as a good model (Connect – Be Active – Take Notice – Keep Learning – Give). More information http://www.neweconomics.org/gen/well-being_fiveways.aspx

Kate has worked with young people to develop a website www.gonecrazy.org.uk which has stories about their experiences and useful advice for people experiencing poor mental health.

Regarding early detection, Kate would like to see a reduction in the time it takes to diagnose mental health issues. It would take more funding to do this but it would help to join up services more.

It was important for us to try to engage with young people, particularly those who have used local mental health services. Reaching people with direct experience of services was not easy; mental health is not an area that people are likely to feel comfortable about discussing openly. These were the steps we took to get input from service users into our report.

Focus Groups and Discussions

We attended the Hull Young Peoples Counselling Network, a group of counsellors who work with young people including members from the University of Hull, Hull College, Young People's Support Service, The Warren and Victim Support. They meet regularly as a mutual support group who wish to establish best practice and build knowledge of resources in the Hull area. The groups working with large numbers of young people (Hull University and Hull College of Further Education) agreed to circulate a brief survey for those young people who may have experienced mental ill-health.

The Counsellor from the University of Hull highlighted difficulties which arise for those students with a diagnosed mental health condition who arrive from out of the area, when continuity of care is a problem.

A focus group at Centre 88 was invaluable in gathering experiences of users and highlighting a number of issues which had a direct bearing on this report, including the importance of appropriate communication and providing services in an accessible way.

We are also indebted to a user of mental health services who met with a member of the task and finish group privately to discuss her experiences. This meeting highlighted the importance of involving users in the design and delivery of services. Overall she was happy with the service she had received and felt it had helped make progress in her life.

She pointed to staffing issues where there were problems with handover from one staff member to another due to staff leaving or taking maternity leave. This led to periods when she was temporarily left without an appointed worker.

When asked what she felt would improve services her response was that users sometimes have issues they want to raise concerning services, but do not want to become formal complaints. She felt that an independently facilitated user group for users of the PSYPHER service would give people a chance to discuss issues, make suggestions and give feedback on the service.

Surveys

We used short surveys designed to capture people's views and experiences in a way that was quick, easy and confidential. We engaged with Hull Youth Council and local education providers to help us with distribution. We also distributed it at events where the LINK had a presence. The surveys were also accessible via our website www.hull-link.org.uk and we publicised them among people involved in the LINK through newsletters and updates.

Survey of Young People aged 25 and under

A total of 96 people completed a short survey which asked for their ideas on what makes for good mental health for people in their age group.

1. What is the biggest barrier in stopping young people from getting help with mental health when they need it?

Response	Number of responses
Don't know where to go for help	30
Feel embarrassed about admitting there is a problem	54
Services available don't meet their needs	9
Other	3

2. What is the best way to ensure good mental health for young people?

Response	Number of responses
Taking part in activities	22
Having someone to talk to about problems	55
Support from school or college	15
Other	4

3. What will be the most helpful thing for young people with mental health difficulties?

Response	Number of responses
Treat people as individuals	36
Keep people's problems confidential	36
Giving people interesting activities to do	14
Other	8

Commentary

These results indicate that for large numbers of young people the stigma attached to mental health problems is a very powerful barrier to getting help, with many saying that people are embarrassed to admit there is a problem, and a large number concerned about confidentiality.

Over half of respondents feel that having someone to talk to is the best way to ensure good mental health, but it is a concern that a large number feel young people don't know where to go for help.

It is encouraging to see that a number of young people recognise the importance of having interesting activities to do as a means of maintaining their well-being.

Survey for Practitioners, Parents and Carers

We also conducted a parallel survey aimed at people working in the field of mental health and also at parents and carers of young people who had direct experience of services. There were seven responses.

What do you believe is working well at the moment?

There was praise for:

- Hull Youth Council's Youth Counselling Unit
- The PSYPHER team
- The variety of services available
- Schools and independent organisations getting better at recognising and reacting to children's needs
- Recognition for the scale of the problems faced
- Widespread consultation on solutions
- More funding becoming available.

What do you believe are the current problems?

There was concern about:

- Lack of staff and funding to cope with demand
- Difficulties getting professional support if GPs are unsympathetic, or if young people are reluctant to approach their GP
- Confusion among young people about where they should access help
- Services being slow to act (concern about having to chase up services repeatedly before help is accessed)
- Long distances some have to travel to access help
- Lack of communication between services
- Unrealistic waiting lists and deferrals
- Too much reliance on drugs as a first resort – help, counselling and cognitive behavioural therapy should be first option

-
- Long waits for GPs to deem help necessary, during which things will probably get worse
 - Getting services to listen to and act on what parents are saying

How could services be improved?

- There should be a counsellor, CBT worker or psychologist in every secondary school.
- Services out in the community which are more accessible for young people to attend without stigma. To be advertised in yellow pages.
- More ways that people working with young people can access advice and support for them. Counsellors in particular are often 'holding' cases where the GP is not supportive but the young person is struggling.
- Less bureaucracy and less 'passing the parcel' between different people and organisations.
- More reacting to people's needs – slowness of response and insistence on writing letters or visiting out of the way centres just makes things worse. Responses need to be quicker.
- Named person who is responsible for each aspect of help or care.
- Speed, validation, peer support, deadlines for action, assured continuity of care for a given period not being passed from bleeding heart to bleeding heart.
- Education of GPs to better understand mental health issues.
- More resources into the provision of cognitive behavioural therapy as a first option.
- More resources for rehabilitation services.
- Getting the services to understand that contrary to belief most parents do know what their child needs, and when asking for help there is generally a good reason as most only ask for help when things have become intolerable.

Commentary

Clearly this part of our work raised a number of issues, many of which are addressed in our conclusions and recommendations.

It is notable that issues concerning speed in accessing help, poor communication, waiting times and bureaucracy come up a number of times and clearly cause a lot of frustration. There are also issues of a lack of support from GPs in some cases

'Patients may think that the mental health service staff have not personally been in their situation so how can they help?'

Comment from a young person

What did we learn from producing this report?

- Transition – many people told us that there are problems with the transfer from children’s to adults’ services. This can leave many people leaving frustrated, distressed and without adequate support. There seem to be a number of reasons for this: lack of communication; different methods of working between the two services; and inconsistent decision making.
- A ‘well being’ approach to mental health – many people told us that they would like to see more emphasis placed on non-traditional services. They feel that mental health can often be improved by tackling issues broadly and providing access to activities that boost confidence and self-esteem. These can include social activities, education, life skills, community activities and sport.
- Involving young people in the design of services – our research told us that services will be much more effective in helping young people if they feel comfortable using them. The importance of reducing the stigma associated with mental health problems was stressed to us a number of times. The best way to achieve this is to involve young people in designing how services will be delivered.
- Publicising services – people told us that it’s important that services are publicised effectively in appropriate formats, taking account of cultural differences. Some people felt that current services had not been sufficiently widely publicised to date.
- Existing services – a lot of the feedback we received about current services was positive. There was praise for PSYPHER, the psychosis service for 14-35 year olds, which we were told worked in innovative ways to meet individual needs. We were also encouraged that Humber Mental Health NHS Teaching Trust is working to meet the needs of minority communities through its partnership with HANA. We welcomed the range of creative programmes which seek to reduce stigma and increase awareness, such as the Mental Health First Aid training.
- Waiting times and out of hours/weekend services – it is clear that reducing the time it takes to get access to help is a major goal for local services. This is to be welcomed as we were told that long waits to access support are a concern for many people. We also heard some concerns that Hull is not well provided for in terms of accessing services out of hours and at weekends.
- A number of people stressed the need for more early detection of mental health problems.

‘Some people don’t know they need help. There should be more trained teachers and nurses in mental health so it is picked up earlier before it gets worse.’

Comment from a young person

What do we want to see happen as a result of this report?

1. Single Point of Access services (i.e. those for children and adults) develop joint working arrangements to ensure that they work together effectively and that service users do not suffer as a result of transition between the two.
2. Where possible, commissioners of services look to commission a wider variety of services, particularly those which emphasise a 'well being' approach to mental health addressing issues of self-esteem, confidence and social activities.
3. Services develop more opportunities to involve young people in how they are designed and delivered. These can include user groups, forums and user surveys. Services should also take account of current mechanisms for engaging young people, such as Hull Youth Parliament and Hull Youth Services.
4. Services ensure that their publicity materials reach as wide an audience as possible. This must involve use of appropriate formats and distribution to relevant locations. It is also important that practitioners are aware of new services and changes to existing services.
5. Regarding out of hours services and services at weekends, we recommend that local provision of these services be reviewed, with a view to providing more locally available services at these times.
6. A city wide strategy for early detection of mental health problems be developed



'I have been very grateful on a few occasions to PSYPHER and the Inter Link Agency groups for taking an interest in challenging cases where I could not get help from the GP. It is good to see that, with help, students who have had mental health issues can return to college or move on to higher education.'

Comment from a student counsellor



Centre 88
Saner Street
Anlaby Road
Hull
HU3 2TR

tel: 01482 221372
fax: 01482 221537
email: link@hull-cvs.co.uk
website: www.hull-link.org.uk

Hull CVS Ltd is the host organisation for the Hull LINK



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Hull Community and Voluntary Services Ltd.

Registered in England No. 1570120 Registered Charity No. 514311

Registered Address 29 Anlaby Road Hull HU1 2PG Tel: 01482 324474