Mind the Gap

A Rotherham Youth Parliament Report about Mental Health

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Mind The Gap Report

Introduction

This report investigates mental health and the existing services available to individuals- in particular young people- in the south Yorkshire area, mainly Rotherham, and how individuals with mental health issues are seen by society and themselves. In order to write this report and the conclusion, numerous amounts of research has been carried out to form a balanced and accurate depiction of the services available to young people and the support network around the services for young people to access if required. All the sources of information have been listed in the bibliography at the end of the document and have come from various professionals to ensure a spectrum of data was used in the overall analysis of the services available.

Mental health can be referred to as ‘mental well-being’ and ‘emotional health’, usually people believe that this is negative due to coverage in the media and other external influences, but they are wrong as everyone has mental health. Mental health is the way we feel at any one point in time and is changeable throughout our lives, much like our physical health. Changes can occur due to circumstances in our lives and how we react to them due to the way our minds are programmed such as a death of a close one, different family members will react differently. Sometimes the emotions that we feel will expand into serious problems, similar to a broken arm but without the sling or plaster to show the wider world you are suffering which is why sometimes cases are undiagnosed for a long time. It has been proven that cases of suicide increase as financial times become more difficult due to the added pressures in addition to their normality. This consequently has resulted to a mass misunderstanding about mental health conditions, in particular how they are controlled and managed fuelling some of the problems visible in society regarding mental health.

One in four people or one in ten young people will experience a mental health issue each year. It is believed in recent years numbers have stayed relatively constant, but due to other external pressures such as unemployment and benefits, people are finding it harder to cope with the emotions they are experiencing which are not necessarily new to the individual. Every seven years a survey is done in England to investigate the amount of people who experience mental health issues. Statistics suggest that 9.7% of people experience mixed anxiety and depression, 2.6% of people have phobias and 1.3% of people have OCD. Additionally, on average 4 people in every hundred experience a personality disorder, 2 people in every hundred have bipolar disorder and 2 people in every hundred have Schizophrenia. These numbers look small and insignificant but in the same survey it was reported that 17% of people have suicidal thoughts and 3% of people self-harm. Despite appearing minimal these people deserve as much support as other physically ill patients who receive fantastic care through the NHS, often this is not the case due to funding for mental health being a small proportion of government spending. The figures in the statistics were collected from home-cases only and don’t include people in hospital and prison, so the
statistics could be far larger than communicated in this survey so aren’t an entirely true reflection of the scale in need of support from either friends, family members or additional services.

**Stigma**

Recently, a survey into television dramas and soap operas brought up some interesting data. It found that television helped fuel a negative stigma people had around mental health issues[^1]. This can be concluded because over a three month period it is recorded that 74 story lines contained mental health issues, and of these 33 of the characters who were experiencing a mental health issue used violence towards others and 53 self-harmed. Often the characters were presented as tragic victims with a bit of sympathy from others. Of these 19 story lines were around depression, 8 about mental breakdowns and 7 about bi-polar. It is believed this contributes to the stigma around mental health due to it being an unrealistic portrayal of mental health issues and the quantity of people who suffer despite frequently television programmes frequently working with mental health charities and organisations when writing a plot involving these issues.

There are two types of stigma, social stigma and perceived stigma, both of which have catastrophic effects on the individuals who are experiencing difficulties with regards to mental health[^2]. Social stigma is what the wider community believe about an issue, in this instance it would be about mental health and what society thinks is correct information about it. Commonly, it is believed that many people with mental health issues are violent, dangerous as well as alcohol and drug dependant when often this isn’t the case. Sometimes, particularly with eating disorders, people believe these issues are self-induced and many people hold negative ideas about the issue regardless of their ages and knowledge about the topic making the view often fictitious. This could be because it has happened for years as people with mental health issues have been subject to mistreatment in the past by a variety of people who are pre-eminent in the socialisation of young people like the church, political groups and medical professionals. These have stemmed from the idea that people who experience mental health issues are spiritually possessed or less of a person than those who have higher mental health resilience and this has traditionally led to brutal treatment of individuals who can’t control their situation independently at that current point in time.

In recent times, brutal treatment is less common as we have more understanding medically with regards to mental health issues due to our advances in technology and how they are caused as well as helping manage the various mental health issues through medication and other therapy grounded techniques thanks to fantastic research. However, due to the history of negative stigma and attitudes around mental health, there is still a problem around understanding and the acceptance of the medical issues by wider society and could explain the imbalance of funding. Stigmas have damaging properties due to them embracing the prejudice attitudes and discriminative behaviours in society. Consequently, the individuals who experience the stigmas and misrepresented information statistically have a
worse quality of life as it reduces the rate of recovery from mental health issues due to gaining a greater sense of self-consciousness and a deteriorating self-worth. This makes the perceived stigma worse. As a result, due to the consequences associated with stigma, these need altering and challenging at all levels to help maintain and improve the image of mental health issues and the individuals facing them.

Suicide Report

Additionally, in Rotherham an independent report in to a group of suicide events and the action taken subsequently was commissioned. After reading the report, multiple things could be concluded. The events which took place included a series of suicides and severe self-harming incidents by young people aged between 11 and 19. In the report the authors emphasises the circumstances around the occurrences were “very unusual”. However, there is some Australian government guidelines, the developed suicide and self-harm community plan has been shared with Public Health England who are currently developing guidelines for use in England; none the less it cannot be ignored that two of the young people who died and one young person concerned in the report attended the same school. The report says that schools are “a primary form of prevention as well as support” this is supported by the fact it is a form of secondary socialisation, also indicated are key findings and it’s highlighted that there is “lack of national framework” for occurrences similar to those which happened in Rotherham this fails young people and their families who experience a mental health concern. Furthermore, all the families involved were working with social workers as well as CAMHS professionals and the police and it is important to remember none of the families “refused help, support or input” showing the openness for help from the families demonstrating the acceptance and understanding about young people’s mental health and its severity, suggesting in this occurrence the available services didn’t meet up to the expectations. Despite this, it was felt that the agencies involved should have responded in a quicker way to ensure that no delays with the implementation of the community response plan occurred. There appeared to also be an “insufficient contextual data/intelligence” which refers to the lack of up to date data, given to different groups regarding the epidemiology of suicides and self-harm cases in Rotherham. Rotherham are now part of a real time surveillance pilot and as a result has this data on suspected suicides and suicide attempts within a short space of time of them occurring which allows them to look at public health prevention actions. Also there was a perceived lack of knowledge and expertise with regards to the young peoples’ suicides and mental health, which shown was based from the lack of support when parents asked for “clear information to be made available for young people about where to go for help” if they ever required it insinuating that the professionals require more knowledge before giving it to young people. The report states “the emotional health and wellbeing of young people is not one of the current priority areas for Rotherham Health and Well- Being Board.” Consequently, the report makes seven specific recommendations and two further areas of consideration for Rotherham Metropolitan Borough Council. Hopefully, these will be taken in to consideration and listened to by the
local authority to make a positive difference to available services\textsuperscript{ix}. At the time of the report the group leading on the suicides took advice from Samaritans and Australian guidance, it was advocated that a whole school approach was required which would involve informing parents and carers of support and information. As a result, a letter was sent to all parents and carers from Rotherham Metropolitan Borough Council\textsuperscript{iii}. Now in Rotherham there is a Rotherham Suicide and Serious Self Harm action plan which details how Rotherham are picking up on the recommendations made by the report along with additional actions which are in response to the national suicide prevention strategy. These actions have been in progress for a long time\textsuperscript{i}. The report was extremely positive about the support which was given to high risk individuals identified after the cases\textsuperscript{viii}. This independent review went to the Health and Well-Being Board in May and it is the responsibility of all partners on the board (health, police and the LA) to ensure that recommendations are implemented no just Rotherham Metropolitan Borough Council. Public Health Rotherham is going to be reporting back on a regular basis\textsuperscript{ix}.

\textbf{Rotherham Youth Cabinet}

Young people in Rotherham Youth Cabinet have also done work around mental health as it was one of their main manifesto aims in 2015. Rotherham Youth Cabinet have previously done work around self-harm and due to it being exceptionally successful have focused this year on mental health as the theme around services and stigma occurred during the research for the previous campaign. The group collected their own research including case studies and have made several key findings including waiting time lengths being too long, lack of exam stress support and the clinical environment at Kimberworth Place in Rotherham which is a CAMHS facility. These have been listened to by professionals who have begun to implement the changes in services offered after numerous meetings with the youth cabinet and were included in the strategy CAMHS wrote to help improve its service. This is a fundamental improvement due to the services being evaluated for young people by young people. As a result it is important for these suggestions and comments to be continuously listened to by as many organisations as possible to make every facility as beneficial as possible\textsuperscript{x}.

CAMHS consultation with Rotherham Youth Cabinet on 17\textsuperscript{th} June 2015 saw 11 members of youth cabinet meet with CAMHS workers to discuss the services in order to help implement changes. The primary statement for conversation was a single point of access for CAMHS services. This had comments such as having various people on the line (both professionals and young people) to make the service more diverse and approachable for young people, it would be effective way to communicate with young people who need quick, emergency help and it would need to be a free phone number to persuade young people to use it and ensure that a maximum amount of individuals had access to the offered service. Secondly, the discussion was around keeping people safe when the young person is most vulnerable. This was seen as a good idea by most people as it was felt that young people needed to
know they weren’t alone in their time of crisis, however, the liaisons need to have specific qualities such as compassionate, understanding, not patronising and young person friendly as well as making sure the young person knows who their liaison is and make provisions for young people. Finally, the conversation went to making sure that CAMHS services are available to get when and where a young person needs it for example at school. This had positive comments like it sounded “friendlier” for young people; “more personal” service and helps the “most vulnerable” when needed. After these three main discussion points, the young people were asked about the positives and negatives of the CAMHS services. The positives included they help young people when they need it, relationships between the young person and the worker can be developed as well as the work CAMHS is “very good”. Yet the negatives included long waiting times, poor publicity about the service as well as the facilities currently offered being too clinical for young people\textsuperscript{xii}.

Rebecca Parkin

Not only have groups done work around mental health but individuals have as well due to taking a particular interest in the topic of mental health due to it being a key part of young people’s lives. One individual in particular whose work stood out was Miss Rebecca Parkin. Rebecca has worked on various aspects of mental health such as services and stigmas. Also she has done projects including work with the broadcaster ITV about the concerns around mental health and the offered amenities which were shown on the ITV news and highlighted the negatives of mental health services as ninety-nine young people were treated on adult mental health wards in England from January to April of 2015. Other work includes making a CAMHS production about complaints in the service which is to be released in October 2015, sitting on the CAMHS strategy and partnership board, interviews with BBC news and BBC Radio 4 about her work and issues with experiences, speaking at a mini WE day about self-harm, speaking at a suicide prevention conference about the recommendations from Rotherham Youth Cabinet associated with self-harm, being a Health watch Ambassador for Rotherham to help improve CAMHS services as well as other health related facilities and ensuring the correct treatment is given to patients and attending a “bridging the gap” meeting which focuses on the transition between adolescent and adult mental health services which is notoriously unrelated and can make mental health issues worse during the change, this took place at the institute of health and was attended by numerous professionals of mental health and service leaders\textsuperscript{xiii}. The work Rebecca does highlights the passion of young people and emphasises the importance of making sure the services delivered to young people are as of the highest standard as 75% of mental health issues occur in adolescence illustrating the importance of early intervention and an adequate level of service with in organisations\textsuperscript{xiv}.
Mind The Gap Report

Rotherham Youth Parliament Independent Research

As part of the investigation in to mental health services and stigmas a survey was carried out electronically. The survey was completed by 43.59% 10-16 year olds, 10.26% 17-21 year olds, 5.13% 22-25 year olds and 33.33% who were 26 years old and above. There were 7.69% of people who preferred not to state their age. 64.10% of respondents were female, 30.77% were male and 5.12% of people said they were either other or they preferred not to say, 92.11% of these were white British and 7.89% said they were either Pakistani, African or other. Respondents of the survey said that a 1/3 of them had either experienced a mental health service or preferred not to say, the services some respondents shared included counselling, seeing mental health professionals and school nurses. When asked about waiting times between appointments, 75% of answers were more 3 weeks which completely contrasts the desired time length of 1-2 weeks between appointments. Waiting times was deemed by the respondents as the most important factor, followed by friendliness of professionals, accessibility to facilities, non-clinical environments and available information

All of which have previously been highlighted as concerns with mental health services by various groups. Furthermore, over a quarter of people who responded to the survey said they had experienced a stigmas associated with mental health and felt it needed addressing. As a result, comments at the end of the survey included “improvements are definitely needed”, “transitions to adult services are arduous and sometimes uncomfortable” as well as “it’s good to hear the Youth Cabinet and UK Youth Parliament for Rotherham have mental health as a manifesto aim”. Consequently, it is in the interest of both the services and the wider community to address these concerns which are emphasised in the survey to make the services more accessible and usable for the individuals requiring them.

In order to further the research in to mental health services a meeting was held to gather further details about experiences, common themes and both positive and negative aspects of services available. It was highlighted that mental health was commonly just seen as meaning mental illness and doesn’t always recognise that we all have mental health which needs looking after. Also it is a common misconception that mental illnesses are always visible when often they are not. As a result phrases such as “going around the bend” have derived from the negative stigma in society as mental hospitals in the past were around the corner of a long drive, hence when people arrived at the hospital they had to go around the bend. A positive aspect highlighted by the focus group meeting was once you were using the service they were helpful the majority of the time and are extremely effective. Additionally, the services provide peer support and patients aren’t isolated and alone during their treatment. This helps some individuals cope with their mental illness more effectively than just having a mental health practitioner for support. However, the waiting times were perceived to be too long, the consistency within the service was lacking and there was an inconsistent communication network within CAMHS and other similar facilities. The group felt that there was a massive lack for government funding going towards mental health
services which they felt contributed to the concerns. This was apparently evident from the gap between the services available for physical health in comparison to mental health, which is significantly less. Publicity was also highlighted as another area for addressing. This was because some services such as new websites and telephone helplines were unheard of by many young people and as a result would be better if they were advertised providing the essential information to young people who are requiring help this could be done by having one central location listing access points for information. For Rotherham Metropolitan Borough Council employees are given a twenty-four hour helpline number, the use and noting of this is encouraged by a wide range of people within the organisation. Additionally, the managers are easy to access and are approachable if an employee is experience an issue with regards to their mental resilience. There is also an organisation called occupational health which provides information to employees who need advice about health issues. This is a demonstration of a successful support network and could provide a good framework for other organisations. Schools in Rotherham have differentiating approaches to mental health and what they offer to students. For instance, some schools utilise the head of houses or years to direct the young people to a specific and specialised member of staff who co-ordinates all the school’s referrals. Some schools use their school nurses to give advice and offer services, but other students said they were unsure as to who their school nurse was which they deem as a problem. An example which was well received by the majority of the group was a post box which individuals could post their concerns about any issues and a member of staff or a school nurse could answer with an appropriate response. This is locked so nobody could get in to the post box and remove any confidential information which young people don’t want disclosing to their peers. An issue with this idea is that teaching staff need to manage the service to ensure responses are given. However, it is still apparent to the members who attended the meeting that there is a negative stigma around mental health. One particular person said “it was sad” but said you couldn’t fully address the issue due to more education being required to help eliminate the misconceptions. The difficulty with this is that you can never really know about the consequences of mental health issues unless you’ve experienced them personally. This could be an explanation as to why the funding for physical health is significantly higher than mental health as more people use the services due to an absence of negative stigma around the majority of physical health issues as symptoms are visible and more knowledge is present about it. Usually, if you have poor mental resilience, you may experience poor physical health as well. This suggests an approach of caring for mental health should be high priority as it may help avoid some physical health problems in the future. The focus group felt that to share mental health experiences brings the issue to life and makes the topic real, meaning not only medical professionals will pay more attention to it, but individuals of all ages may be persuaded to recognise they have an issue and receive support before they get to crisis point as well as take the issue more seriously. This would benefit a wide range of people and would make the services more effective and convenient for users as well as future users due to learning from past lessons.
Solutions

Schools

Schools, as highlighted in Rotherham’s independent report in to a group of suicide events, are a vital part of prevention and support of mental health cases for young people experiencing difficulties. As a result, when a young person is experiencing difficulties the school should have adequate appropriate resources to assist the young person as best they can in a manner which is beneficial to the young person’s coping mechanism. Research indicates that all schools have access to courses about support methods as well as physically written resources in multiple forms. Each school in Rotherham is equipped with a leaflet about the Educational Psychology Services available. The organisation in one particular document is “concerned with the application of psychology for the benefit of all involved in providing or receiving services for children” helping to implement the role educational institutions play in preventing and supporting mental health cases. They focus on partnership working, emotional well-being, thinking and learning as well as vulnerable children and schools, these are fundamental aspects of young people’s lives. The methods used address making sense of the young person’s concerns and their support, choosing a effective actions which add value to the young person’s coping mechanisms helping to aid recovery, monitoring and evaluating the interventions put in place for a particular individual to ensure methods are suitable, but most importantly sharing good practice between organisations to ensure as many young people get the best help available to as many young people as possible. It is important to note the leaflet states the organisation does “prioritise complex difficulties, situations or issues” however; they also state they offer “a flexible service with emphasis on early consultation and intervention” which is constantly communicated to be a vital factor in the monitoring of young people with mental health concerns. The service works with young people with learning difficulties such as thinking skills, social, emotional and behavioural difficulties like aggression and challenging behaviour, developmental difficulties such as autistic spectrum disorders as well as physical and sensory difficulties like hearing and visual impairments, helping ensure every young person has access to all services. This is offered though specialist psychologists who are linked with each school and all the specialists work within the SEN code of practice which is of high importance to young people experiencing issues regarding mental health.

Another service available is ‘The Family Action Targeted Mental Health in School Project’ also known as TaMHS, this is an organisation which aims to “transform the way support is delivered to children aged 5-13 years to improve their wellbeing and mental health”. Funded by Sheffield City council, it provides training to school staff and other related professionals who contribute to the improvement of the young person’s emotional wellbeing and mental health this will help with the implementation of support and help to prevent serious mental health issues occuring. The support offered by TaMHS comes in two forms, one of these id subsided training under the headings “focusing on solutions” this is a solution focused approach in schools to improve children’s emotional wellbeing and mental health, “identifying and responding to risk factors to child mental health” this is a checklist
to “systemically develop innovative support strategies” in a classroom environment and finally “looking after teachers” this promotes and enhances personal wellbeing as well as practice through “solution focused reflecting team model” to ensure the safety of staff as well the individual. Other services are therapeutic services; this is accessible to all primary and secondary schools in Sheffield and is easy to access. TaMHS can offer support in a variety of ways, for example art therapy, theraplay which is a structured play therapy, the ‘Why Try’ programme which tries to prevent truancy, violence, drug and alcohol use and bullying, ‘buster’ which is an anger management programme and kids skills which is a brief solution focused intervention the selected methods are specific to an individual and their needs. The service is highly commended by both parents and schools for the work and support they offer. Rotherham applied for funding for all three years but unfortunately only received funding for one year.

Schools also have information about the Rotherham primary care mental health service, they are a team of skilled professionals in mental health and work in GP surgeries who work with people aged 18 and over with emotional and common mental health issues. This is irrelevant information for schools with regards to young people as the majority of institutions only have students up to the age of 18 in their care unless they have resit or mature students. The main methods used by the company are based on cognitive behaviour therapy (CBT) and counselling, both of which are proven to be highly successful methods for a large percentage of the population. Support is offered to a wide range of adults with mental health issues including depression and low mood as well as phobias and assertiveness. Services can offer help by learning new skills and techniques to better manage a circumstance and addressing current problems. RDaSH, the organisation in charge of the service, offer three types of help- individual talking treatments for example guided self-help and CBT techniques, workshops for specific things and signposting such as books and the internet as well as other organisations and support agencies to do with mental health. There is a confidentiality policy within the organisation and any appointments as well as their content are kept within the environment unless the individual is at risk of any serious harm. This is beneficial for young people as often they feel ashamed about the emotions and issues they are experiencing due to little media coverage and misunderstandings about mental health but since the service isn’t for young people it is a wasted document for them. However, it is also important to ensure the staff have positive mental health in the school environment due to teachers having a high suicide rate, so this document may be useful to help with lowering this statistic.

Another available resource is “Learn about Psychosis” which is also an RDaSH leaflet. Compared to the other resources available, the simplistic and basic document uses multiple rhetorical questions to divide up the resource. These are sections are divided in to three-changes in mood and behaviour, care to yourself as an individual and who can help. The information given is straight to the point and is ideal for young people as it has a clear, concise message; however, due to it being a resource for schools and other professionals it
seems inappropriate to have very limited material available in one document unless it is being given to the students themselves.

In addition to the other resources, Rotherham youth service- youth start has a double sided A4 sheet which is given to schools. It communicates that the service is “open to all young people of secondary school age and young adults up to the age of 25”. The service offers a widespread access point to target specialist services, supporting young people on a diverse spectrum of issues such as emotional wellbeing. Methods stated in the document are counselling, advice, therapeutic support, health clinics and personal support, emphasising they offer “a unique combination of early intervention, prevention and crisis support for young people”. Youth Start believes their approach in supporting young people boosts their capacity to avoid and cope with the risks, challenges and issues young people encounter as they grow older which will inevitably alter as external pressures also change. It states the service runs 52 weeks a year and is an independent, impartial support outside the school environment. On the document it is reported that Youth Start were seen by young people most frequently in 2010-2011 about family relationships, identity and self-esteem, anger and challenging behaviour, stress and anxiety, depression and low mood as well as friendships and isolation. This may be because young people are encouraged to bring any issues, regardless of “how big or small a worry may seem”, and offer one off emergency “offloading” sessions which can be self-referrals. In addition, youth start is supported by NHS Rotherham Teenage Pregnancy Strategy and works with NHS Rotherham Contraception and Sexual Health Service (CaSH). Appointments can be scheduled or drop in as clinics are operational throughout Rotherham. The document states “young people find the youth clinics and drop in sessions an inevitable service due to the young people friendly environment” which is different from the clinical and overly medical atmosphere that is present in many institutions trying to address specific issues. This document would be appropriate for young people who have time to read but I personally feel it was better suited to staff who would be referring or advising young people about where else help is accessible which would explain the quantity of information about ‘youth start’ and other access points.

Schools are given a booklet of courses available from Rotherham and Barnsley Mind, all the courses offered are OFSTED approved and is said to highlight “the specific areas of the framework that each course individually meets” giving the educational institution an idea about the course they are looking at allowing the educational institutions to select the most appropriate course for their environment. Courses are available in a number of things for example “understanding poor mental health in children and young people” which examines potential risk factors and warning signs associated with poor mental health and building confidence in identifying mental health issues for staff working with young people, “eating disorders” which highlights the difference between sub-clinical and clinically recognised eating disorder and providing strategies for staff to support young people with an eating disorder and “working therapeutically with children and young people” which explores
unique techniques for engaging with young people as well as making sure applied techniques are age appropriate for the young person. By offering these courses as well as many others, it show the comprehension of what support is essential in the school environment and as a result offers the suitable support to staff who work with the young people. All the courses are offered frequently and appear to be of high-standards due to them being OFSTED approved\textsuperscript{xiii}. However, it is worth noting that none of the courses have comments from past participants or if a cost is involved for the interested institution. Despite this, all the information is useful for the staff in an institution but not the young people themselves, which does not seem to be the audience of this particular document.

\textbf{Scrutiny Review}

Simultaneously to the information school receive; a scrutiny review has been done by Councillors Shabana Ahmed, Judy Dalton, Jane Hamilton, Barry Kaye, Stuart Sansome and Maureen Vines into child and adolescent mental health services. The report covers a wide number of aspects including the work previously mentioned by Rotherham youth cabinet, RDaSH and financial efficiency. The review aims to understand the importance and impact of mental health issues for young people, comprehend the costs, value for money and quality of services as well as identifying problems with the established services in order to improve them. In terms of the effectiveness of the report it can be concluded that the service RDaSH CAMHS are improving but still require improvements with regards to communication between the service and families concerned as well as within the service itself. It highlights that early intervention should be a focus of high priority as many of the other sources of research also highlight this as well. Key facts emphasised in the report also state that Rotherham have a 14\% higher rate of estimated mental health issues than average for the United Kingdom, this is believed to have considerable impact on our community and the individuals in need of the support so more assistance and services should be available. The numbers, alarmingly, are exceptionally high for looked after children with around 60\% of young people in care having a mental health issue and 72\% of these being in residential care. It is believed that 14-18 years are taken off the lives of those with mental health issues; these are statistics which shouldn’t occur as every young person is entitled to adequate care regardless of any illness and circumstances that may happen in their lives\textsuperscript{xxiii}. As a result this report highlights both positive and negative aspects of the available services in Rotherham, and provides twelve recommendations for the service. In the interest of young people, these recommendations should be followed and carried out in order to provide a satisfactory level of support for young people.

\textbf{Maisie’s Story}

In addition to the written data collected, an individual whose story was truly shocking was Maisie. Maisie has autism and is currently undergoing treatment for her mental health concerns. Her mother has been petitioning to try and change what currently happens for
inpatients with mental health issues. Members of parliament have been paying attention to this as more that 17,000 people have signed her petition and speeches in the House of Commons have included Maisie’s experiences. After a conversation with Maisie’s mother, a few things stood out. Mental health wards have no provisions for autistic young people, as they have “no idea how to handle the individuals” and “make no allowances for them”. Also according to the conversation it was said that wards drug the young people as a cheap option to help them cope with their difficulties. This seems inhumane as it doesn’t address the issues, but only masks them from the wider world. Behaviour is also measured and patients are seen as ‘naughty’ rather than ill, Maisie’s mum said “If Maisie had a meltdown she lost privileges.” This sometimes led to her not being able to see her own daughter, and this has made Maisie’s mum “have no faith in the system”, due to the units containing the young people rather than healing them or helping them cope. The conversation ended with Maisie’s mum pointing out that there are many families out there who face a similar problem and the issues need addressing. It has to be said that personally, I agree with the conclusion as young people shouldn’t have to encounter such negative situations at such a young age.

**Health Watch Rotherham Contribution**

Furthermore, recently a Care Quality Commission report into Rotherham health services for Children Looked After and Safeguarding Information was released and had an interesting section which focused on what people had told the writers of the report. Some examples include “they have helped me a lot”, “she (the school nurse) wants me to do well and gives me advice” and “it’s nice to talk to someone and not be shouted at”. All of these are positive experiences and shows the positive work done by CAMHS once using the service. However, despite these encouraging quotes preliminary, the report makes some recommendations about how the service could improve. These include ensuring all professionals within the health sector have an understanding about the local child protection processes, ensuring effective governance around record keeping and ensuring young people who are working with CAMHS practitioners have a clearly identified lead professional and that consistent communication takes place with the child’s GP where there is concern. All of these recommendations demonstrate an absence of communication between professionals both within and out of the sector. This may prove to be detrimental to the efficiency of the services as they may be able to complete the gaps in each other’s knowledge, helping to manage the mental health issue concerned.

Moreover, a review called “Chief Inspector of Hospitals rates, The Rotherham NHS Foundation Trust as Requires Improvement” was also released showing that the service “requires improvement”. This was concluded as the following categories fulfilled this specification, safety, effectiveness, responsive and well-led, also medical care (including older person’s care), urgent and emergency services, surgery, intensive and critical care as well as maternity and gynaecology. However, services for children and young people were
deemed by the report as “inadequate”. The review states that “we found a number of environmental safety concerns, particularly for patients with mental health needs cared for on the children’s ward” and it was noted that “staffing establishment fell below nationally recognised guidelines on the children’s assessment unit, ward and special care baby unit”. The staffing levels were immediately addressed by the trust as this was raised at the time of inspection. More alarmingly, however, it was found that “staff had not had training on the Mental Capacity Act 2005 or training to enable them to provide support and care to children who had mental health needs”, this concern was also raised at the time of inspection and CAMHS have arranged to go in to deliver the appropriate training to all the staff who attend.

Additionally, there was a “Briefing for Rotherham MPs for the parliamentary debate on children’s and adolescents’ mental health” which was held on Tuesday 3\textsuperscript{rd} March 2015. It highlighted that CAMHS offers “excellent” support for individuals of all ages regardless of their mental health concerns, but it also illustrated numerous negative matters about CAMHS. These included waiting times being too long, the CAMHS website not working properly and miscommunications between services. All of these issues were brought up in the focus meeting, by Rotherham Youth Cabinet and on the survey, this shows that there is room for improvement in these areas and due to these being an issue currently individuals who are looking for help are no accessing the facilities CAMHS have to offer. Overall, this supports the messages from other sources of information and suggests these concerns need to be addressed in the near future in order to ensure and useful service remains available for individuals with mental health concerns.

**Conclusion**

Overall, from the research I have conducted I can deduce that the services have positive features and negative aspects. These should be addressed in an appropriate manner working with young people and other users to improve the areas which require improvement. An aspect which stood out in particular to myself, was the lack of funding available for the services, this plays an important role in the other areas which need refining also. If this area is not addressed in the foreseeable future, then the services will struggle to keep up with the demand for them. This is a shame as the work that is currently done once using the services has been highly praised by users, OFSTED and other organisations. Thus with more finance the services will be able to offer more sessions, appointments as well as publicise to a wide variety of people helping vulnerable individuals receive the guidance they require. Additionally, the issue around stigma around mental health needs to be addressed through education. This could be done in a variety of mediums, but by educating work places and educational institutions the employees will be able to understand and educate others who may have incorrect preconceived ideas about mental health and concerns around it. Therefore, once these two major issues have been improved, the rest of
the negative aspects should be easier to focus on due to the funds being available and absence of prejudice not preventing individuals speaking out about issues.

**Recommendations**

As a result of writing this report, twelve recommendations can be made:

1) **More funding for mental health services**
   This will allow more money to be spent on staffing units as well as recruiting staff to do more visits nearer the young person involved. Also more money can be invested in services and therapies available which will benefit young people who are experiencing a mental health concern.

2) **More information given about self-help techniques**
   By giving young people more information about self-help and how to overcome specific issues independently, services will save money in the long-term scheme of the provision. Additionally, waiting times may also be reduced as less people will get to crisis point and requiring intervention from external sources meaning for those who need assistance, their wait will be reduced.

3) **Make facilities more available for young people**
   By making facilities easy to navigate to and access more young people will be inclined to use them and address any underlying mental health concerns they may have at that point or in the future.

4) **Having convenient services for young people**
   By having services that work around young people instead of around a standard working day, young people will feel the services are more accessible for them. As a result they will be less liable to feel as if they are a burden to the system. This may help address some of the stigma associated problems around mental health.

5) **Providing fluent treatments**
   By providing a service that gives quick assistance to individuals which is when, where and how they need it, the success rate and satisfaction rate with services will increase meaning young people with mental health issues are more likely to approach a service then needed.

6) **Addressing the issue around stigma**
   By having a promotion around information about mental health to address stigma, more young people with mental health issues are liable to address their concerns before they reach a crisis point.

7) **Sharing good practise between organisations**
   If organisations share good practise, young people aren’t disadvantaged with regards to accessible support based on which school they attend or extra-curricular activities they attend.
8) **A service run by young people for young people**
   If the services are run by young people for young people, then the adults who run the service will have direct input from users and young people about what young people want from the services provided to them.

9) **Ensuring all workplaces have mental health training**
   By training every employee about mental health, staff will have a better understanding about their own mental health as well as other peoples. This will allow them to be more empathic and consequently individuals with mental health issues will feel more accepted by society.

10) **Promoting positive mental health and eliminating stigma and stereotypes in media**
   By communicating a more realistic portrayal of mental health in the media, individuals will gain the correct information about mental health which isn’t stereotyped. This will help eliminate the negative stigma around mental health and therefore allow a better understanding to be gained.

11) **The referral times and the time of receiving treatment for young people needs to be consistently quick and appointments should be regular**
   Between the time of referral and the time taken to receive help from a service needs to be minimal and needs to be consistently so. This will help individuals with mental health concerns to cope with their issue as they receive the appropriate treatment in an adequate manner of time- not when it gets to crisis point.

12) **All educational institutions have easy access to mental health services and school nurses**
   Every young person should know what mental health services are available to them and how to access them in their time of need. The services should be promoted throughout the school and should be easy to access with regards to the location and referral to the service itself.

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i  http://www.mentalhealth.org.uk/help-information/an-introduction-to-mental-health/what-is-mental-health/

ii  http://www.time-to-change.org.uk/what-is-mental-health

iii  Meeting with Ruth Fletcher-Brown


v  http://www.mentalhealth.org.uk/help-information/mental-health-a-z/S/stigma-discrimination/

vi  http://www.time-to-change.org.uk/mental-health-statistics-facts

An Independent Review of Actions Taken Following a Group of Suicide Events in Rotherham by
Dr Elaine Church and Dr Tony Ryan

Rotherham Suicide and Self-Harm Action Plan

Rotherham Youth Cabinet

CAMHS meeting with Rotherham Youth Cabinet on 17th June 2015

Meeting with Rebecca Parkin 21st June 2015

Kids in Crisis Channel 4

Rotherham UK Youth Parliament Survey into Mental Health

Focus group meeting 15th July 2015

Educational Psychology Services

Family Action- Family Action Sheffield, Targeted Mental Health in Schools

Rotherham Primary Care Mental Health Service

Learn about Psychosis

Rotherham Youth Start

Rotherham and Barnsley Mind Working with Children and Young People 2012-2013


Maisie’s story


http://www.cqc.org.uk/location/RFRPA

Briefing for Rotherham MPs for the parliamentary debate on children’s and adolescents’
mental health – Tuesday 3rd March 2015