**REPORT NO: 139/2015 – Appendix A**

# Young Peoples Mental Health Project
## Report to the Rutland Health and Wellbeing Board 23.07.15

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| Meeting | Rutland Health & Wellbeing Board | Agenda Item |
| Meeting Date | 23rd July 2015 | |
| Subject | Young People's Mental Health | |
| Author/Presenter | Jennifer Fenelon<br>Chair, Healthwatch Rutland | |


**SUMMARY**

This report describes the work done by Healthwatch Rutland over the past year in voicing and finding possible solutions to the concerns of young people in Rutland about their mental health. The project has attracted national interest because it has been led by the voices of our young people.

The project has been significant both by the clarity with which the young people of Rutland have put their case and by the willingness of organisations across health, education, social care to work together to find solutions to the very serious problems identified.

This report makes joint recommendations to the Health and Wellbeing Board for moving forward in Rutland.


## NATIONAL BACKGROUND

The mental health of young people is a major cause for concern both nationally and locally.

In October 2014 the Parliamentary Health Committee published its grave concerns about provision for young people's mental health in England ..\..\House of Commons report October 2014.pdf It concluded that

"There are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people. "

In February 2015 the Government issued a draft response which said:-

One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before age 15 and 75 per cent before the age of 18.

The Government has committed to improving mental health provision and services for children and young people. The Government's 2011 Mental Health strategy, *No Health without Mental Health,* pledged to provide early support for mental health problems, and the Deputy Prime Minister's 2014 strategy, *Closing the Gap: priorities for essential change in mental health,* included actions to improve access to psychological therapies for children and young people and to publish guidance for schools on supporting pupils with mental health problems

Healthwatch England responded to this draft with evidence from across England including from Healthwatch Rutland ..\..\CAMHS\HW's comments on CYPMHW taskforce report (Jan 2015).pdf. and in March 2015 a final report "Future in Mind" was published by the Government ..\National Report March 2015\Future in Mind Childrens_Mental_Health Report March 2015.pdf.

Its Executive Summary is attached as Appendix A and key recommendations are:-

1. **Simplify structures and improve access:** by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service (Chapter 5).
2. **Deliver a clear joined up approach**: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable (Chapter 6), so people do not fall between gaps.
3. **Harness the power of information**: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment (Chapter 7).
4. **Sustain a culture of continuous evidence-based service improvement** delivered by a workforce with the right mix of skills, competencies and experience (Chapter 8).
5. **Make the right investments**: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals. Such an approach will also enable better judgements to be made about the overall adequacy of investment (Chapter 9).

On 26th May 2015 Sir Bruce Keogh wrote out to the NHS announcing a major transformation programme to implement the findings of “Future in Mind" and asking for local transformation plans prepared with input from young people and their families and aligning with " Future in mind" . CCGs will be monitored against locally set objectives.

**HEALTHWATCH RUTLAND PROJECT**

**a. What our Young People said**

In 2014 the Youth Council of Rutland told us that, of all the problems facing young people in the County today, their mental health was by far the greatest concern.

We tested this by surveying just under 1000 pupils in secondary schools across Rutland. (The survey excluded the two Rutland public schools for sheer size but these schools have kept in close touch as part of the project.)

The survey of 965 young people was carried out in late 2014 across year's 9-11 of UCC, Casterton College and Rutland County College. It was conducted by the 6 members of the Healthwatch Rutland Young People's Team most of whom are former teachers/ special needs teachers. We are indebted to the Public Health Department for help with survey design and Professor Fitchett of Leicester University for extensive pro bono analysis of the results. Key messages from the survey are attached as Appendix B.

These results were presented to an invited audience of young people and stakeholder organisations on 12th March 2015.There was unanimous agreement that the issues were serious and should be taken forward collectively by partner organisations to produce a joined up service that met young people's needs .

There was a very clear call for early intervention which could reduce later crises and long term adult ill health. The young people's messages were stark:-

- Almost half of young people (46%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with academic pressure.
- Over a quarter of young people (27%) said that they needed help coping with Illness (themselves or someone close).
- Almost a fifth of young people (19%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with Bullying.

- Significantly almost 1 in 10 young people (9%) said that they needed help coping with Social Media (bullying).
- Just over 1 in 5 young people (21%) said that they needed help coping with Loneliness.

**b. Mapping current provision & identifying gaps**

On 27th April 2015 the project moved on to map current services and to identify current gaps in the system. The workshop was facilitated by the young people themselves. They then went away to study the extent to which current services meet their needs and concluded that there are 10 solutions they want to see implemented immediately. These are:-

- Bring mental wellbeing on to the curriculum to enable symptoms of mental ill health to be identified.
- Hold Year Group meetings for parents led by mental health practitioners.
- Create a culture where mental health is not taboo.
- End the stigma - make it more acceptable to discuss issues
- Focus on prevention and coping strategies.
- Increase the number of counsellors in school or someone to talk to when needed.
- Student/staff forums to monitor and discuss ongoing areas of concern.
- Peer mentor training.
- Listen to the young people
- Improve young people's resilience
- Acknowledge that it is everyone's responsibility and inculcate a better understanding of what is available and how it can be accessed.
- Make sure early intervention and adolescent and child mental wellbeing is properly funded and provided.
- Publicise appropriate websites much more widely
- Educate parents, pupils and staff together to ensure that the stigma is ended and these issues can be spoken about honestly and without fear!

Although our survey was conducted in secondary schools, we are told the same issues apply to primary schools so these recommendations apply to all ages.

**c. Finding solutions**

**The Dragons' Den**

On 22nd June 2015 we brought young people, commissioners and providers together in a light hearted but serious " Dragons Den" to explore how the young people's list could be turned into services. Chaired by the Vice Chair of the Rutland Youth Council, the “Dragons" were young people and commissioners while the “pitchers" were a wide range of voluntary and statutory providers. From this we got a picture of what services were possible.

Questioning from the young people was incisive and we are indebted to the range of providers who offered solutions and responded to tough questions.

National representatives of “Young Minds" and Healthwatch England came too. They commented that Rutland is far ahead of the rest of the country both in the extent to which the voices of young people are being heard and the level of willingness between agencies to collaborate in finding solutions.

**CAMHS Services**

Our Healthwatch Young People's Team was also invited to participate in the formal review of CAMHS Tier 3/4 services. We gave a range of input to this most vital stage of care. We have

also contributed our views to the Better Care Together work stream for young people's mental health and hope that the lessons learned in Rutland can be incorporated into the overall pathway of care for LLR which is being developed for consultation in the Autumn and will, doubtless, also form part of the joint CCG response to Sir Brice Keogh's request for a plan by September 2015.

**4 NEXT STEPS**

After the Dragons' Den, a small ad hoc group of young people and stakeholder organisations was assembled by Healthwatch Rutland to brain storm next steps.

Rutland County College volunteered to be a pilot test bed for a new approach that would support early prevention and intervention. Their only caveat being that results should start to be seen by September 2015.

Rutland County Council has agreed to support the implementation of a Pilot in Rutland County College and has offered to manage this critical stage and has established a task and finish group to help design and deliver the Pilot. This initiative by Rutland County Council is greatly appreciated. Draft terms of reference for the task and finish group for the Pilot are attached as Appendix C.

**Short Term** We are indebted to Rutland County Council for volunteering to support the prevention and early intervention stage of the project**.**

A large amount of provision necessary to solve the problems is already in place but it is neither well utilised nor publicised or teachers, parents etc trained in its used.

The proposed project would start initially in Rutland County College but lessons learned would then be rolled out to Casterton College and then it’s linked primary School in Ryhall. In this way the solutions can be tested across the spectrum of education.

The objective is to have the basis of a trial comprehensive and integrated service in place at the pilot sites by September 2015.

**Longer Term** The development of pathways of care which shift the focus from crisis care at CAMHS level 3/4 towards prevention and earlier intervention is being addressed by the LLR Better Care Together Children's Group and Commissioners.

We would like to see the learning from Rutland used to help develop those pathways across Leicester, Leicestershire and Rutland before they are due to go out to public consultation in the Autumn of 2015.

**FOR DISCUSSION & DECISION**

The Health and Wellbeing Board is asked to note the considerable progress made to date and to endorse the next steps set out above

**APPENDIX A "Future in Mind" - Executive Summary**

1.1 The Children and Young People's Mental Health and Wellbeing Taskforce1 was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

1.2 Key themes emerged which now provide the structure of this report. Within these themes, we have brought together core principles and requirements which we consider to be fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people.

1.3 In summary, the themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The case for change

1.4 Mental health problems cause distress to individuals and all those who care for them.

1 *Children and Young People's Mental Health and Wellbeing Taskforce: Terms of Reference*. Available at: www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce

One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

1.5 The economic case for investment is strong. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change. We set this out in full in Chapter 3.

1.6 Evidence presented to the Taskforce also underlined the complexity and severity of the current set of challenges facing child and adolescent mental health services. These include:

i. Significant gaps in data and information and delays in the development of payment and other incentive systems. These are all critical to driving change in a co-ordinated way

The treatment gap. The last UK epidemiological study2 suggested that, at that time, less than 25% – 35% of those with a diagnosable mental health condition accessed support. There is emerging evidence of a rising need in key groups such as the increasing rates of young women with emotional problems and young people presenting with self-harm.

iii. Difficulties in access. Data from the NHS benchmarking network and recent audits reveal increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems.

iv. Complexity of current commissioning arrangements. A lack of clear leadership and accountability arrangements for children's mental health across agencies including CCGs and local authorities, with the potential for children and young people to fall though the net has been highlighted in numerous reports.3

v. Access to crisis, out of hours and liaison psychiatry services are variable and in some parts of the country, there is no designated health

2 Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). *Mental health of children and young people in Great Britain, 2004*. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan.

3 National CAMHS Review (2008). *Children and young people in mind: the final report of the National CAMHS Review*. National CAMHS Review; HM Government (2011). *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages.* London: Department of Health; Department of Health (2012). *Annual Report of the Chief Medical Officer 2012*. London: Department of Health; CAMHS Tier 4 Report Steering Group (2014). *CAMHS Tier 4 Report*. London: NHS England.
place of safety recorded by the CQC for under-18s.
vi. Specific issues facing highly vulnerable groups of children and young people and their families who may find it particularly difficult to access appropriate services.

1.7 These issues are addressed in considering the key themes that form the basis of this report and the proposals it makes.

Making it happen

1.8 The Taskforce firmly believes that the best mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities, so that evidence-based treatments are provided that meet their goals and address their priorities. These need to be offered in ways they find acceptable, accessible and useful.

1.9 Providers must monitor, and commissioners must consider, the extent to which the interventions available fit with the stated preferences of young people and parents/carers so that provision can be shaped increasingly around what matters to them. Services need to be outcomes-focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries.

1.10 Delivering this means making some real changes across the whole system. It means the NHS, public health, local authorities, social care, schools and youth justice sectors working together to:

••Place the emphasis on building resilience, promoting good mental health, prevention and early intervention (Chapter 4)



••Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service (Chapter 5).

••Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable (Chapter 6), so people do not fall between gaps.

••Harness the power of information: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment (Chapter 7).

••Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience (Chapter 8).

••Make the right investments: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals. Such an approach will also enable better judgements to be made about the overall adequacy of investment (Chapter 9).

1.11 In some parts of the country, effective partnerships are already meeting many of the expectations set out in this report. However, this is by no means universal, consistent or equitable.

A National ambition

1.12 This report sets out a clear national ambition in the form of key proposals to transform the design and delivery of a local offer of services for children and young people with mental health needs. Many of these are cost-neutral, requiring a different way of doing business rather than further significant investment.

1.13 There are a number of proposals in this report which require critical decisions, for example, on investment and on local service redesign, which will need explicit support from the next government, in the context of what we know will be a very tight Spending Review. We are realistic in this respect. At both national and local level, decisions will need to be taken on whether to deliver early intervention through an 'invest to save' approach and/or targeted reprioritisation, recognising that it will take time to secure an economic return for the nation.

The Government's aspirations are that by 2020 we would wish to see: *(The numbers in brackets refer to the proposals in and at the end of each chapter)*

1. Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled. This would be delivered by:a hard hitting anti-stigma campaign which raises awareness and promotes improved attitudes to children and young people affected by mental health difficulties. This would build on the success of the existing Time to Change campaign; (3)
1. with additional funding, we could also empower young people to self-care through increased availability of new quality assured apps and digital tools. (5)
1.
1. In every part of the country, children and young people having timely access to clinically effective mental health support when they need it. With additional funding, this would be delivered by:a five year programme to develop a comprehensive set of access and waiting times standards that bring the same rigour to mental health as is seen in physical health. (17)
1.
1. A step change in how care is delivered moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families. This will ensure children and young people have easy access to the right support from the right service at the right time. This could be delivered by:joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners, enabling all areas to accelerate service transformation; (48)

   having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services, responsible for developing a single integrated plan. We envisage that in most cases the CCG would establish lead commissioning arrangements working in close collaboration with local authorities. We also recognise the need for flexibility to allow different models to develop to suit local circumstances and would not want to cut across alternative arrangements; (30)

1. transitions from children's services based on the needs of the young person, rather than a particular age. (15)
1.
1. 4. Increased use of evidence-based treatments with services rigorously focused on outcomes. With additional funding, this would be delivered by:building on the success of the CYP IAPT transformation programme and rolling it out to the rest of the country. (44)
1.
1. 5. Making mental health support more visible and easily accessible for children and young people. With additional funding, this would bedelivered by:every area having 'one-stop-shop' services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the voluntary sector; (16)

1. improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools. This would include integrating mental health specialists directly into schools and GP practices. (16)
1.
1. 6. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. This would be delivered by:ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented; (12)

1. no young person under the age of 18 being detained in a police cell as a place of safety; (19)
1. implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care. (13)
1.
1. 7. Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour. With additional funding, this would be delivered by:enhancing existing maternal, perinatal and early years health services and parenting programmes. (4)
1.
1. 8. A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it. This would include:ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to the services that they need, including specialist mental health services. (24)
1.
1. 9. Improved transparency and accountability across the whole system, to drive further improvements in outcomes. This would be delivered by:development of a robust set of metrics covering access, waiting times and outcomes to allow benchmarking of local services at national level; (36)
1. clearer information about the levels of investment made by those who
1.

commission children and young people's mental health services; (38)

••subject to decisions taken by future governments, a commitment to a prevalence survey for children and young people's mental health and wellbeing, which is repeated every five years. (39)

10. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

Local Transformation Plans

1.14 Delivering the national ambition will require local leadership and ownership. We therefore propose the development and agreement of Transformation Plans for Children and Young People's Mental Health and Wellbeing which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

1.15 In terms of local leadership, we anticipate that the lead commissioner, in most cases the Clinical Commissioning Group, would draw up the Plans, working closely with Health and Wellbeing Board partners including local authorities. All these partners have an important role to play in ensuring that services are jointly commissioned in a way that promotes effective joint working and establishes clear pathways. Lead commissioners should ensure that schools are given the opportunity to contribute to the development of Transformation Plans.

1.16 To support this, NHS England will make a specific contribution by prioritising the further investment in children and young people's mental health announced in the Autumn Statement 2014 in those areas that can demonstrate robust action planning through the publication of local Transformation Plans.

1.17 What is included in the Plan should reflect the national ambition and principles set out in this report and be decided at a local level in collaboration with children, young people and their families as well as providers and commissioners. Key elements will include commitments to:

Transparency

A requirement for local commissioning agencies to give an annual declaration of their current investment and the needs of the local population with regards to the full range of provision for children and young people's mental health and wellbeing.

A requirement for providers to declare what services they already provide, including staff numbers, skills and roles, waiting times and access to information.

Service transformation

A requirement for all partners, commissioners or providers, to sign up to a series of agreed principles covering: the range and choice of treatments and interventions available; collaborative practice with children, young people and families and involving schools; the use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.

Monitoring improvement

Development of a shared action plan and a commitment to review, monitor

1.

and track improvements towards the Government's aspirations set out in this Report, including children and young people having timely access to effective support when they need it.

Next steps in 2015/16

1.18 At a national level, we will play our part to deliver the ambition by:

••delivering waiting times standards for Early Intervention in Psychosis by April 2016;

••continuing development of new access and waiting times standards for Eating Disorder;

••commissioning a new national prevalence survey of child and adolescent mental health;

••implementing the Child and Adolescent Mental Health Services Minimum Dataset, which will include the new CYP IAPT dataset;

••continuing to focus on case management for inpatient services for children and young people, building on the response to NHS England's Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report;4

••testing clear access routes between schools and specialist services for mental health by extending the recently established co-commissioning pilots to more areas;

••improving children's access to timely support from the right service through developing a joint training programme to support lead contacts in mental health services and schools. This will be commissioned by NHS England and the

4 CAMHS Tier 4 Report Steering Group (2014). *CAMHS Tier 4 Report*. London: NHS England.
Department for Education and tested in 15 areas in 2015/16. DfE will also support work to develop approaches in children's services to improve mental health support for vulnerable children;
••improving public awareness and understanding of children's mental health issues, through continuing the existing anti-stigma campaign led by Time to Change and approaches piloted in 2014/15 to promote a broader national conversation;

••encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing through a new counselling strategy for schools, alongside the Department for Education's other work on character and resilience and PSHE.

1.19 In the medium to longer term, the Taskforce would like a future government to consider formalising at least some parts of this national ambition to ensure consistency of practice across the country. This would also give a more precise meaning to what is meant by the existing statutory duties in respect of parity of esteem between physical and mental health, as they apply to children and young people.

**Appendix B**

# FACT SHEET

## Furthering Conversations on Young People's Mental Health Experiences

**On 12 March 2015 Healthwatch Rutland shared the results from their survey. This was the second phase of research committed to exploring young people's mental health experiences in Rutland. The survey was designed and administered by a group of volunteers, developed from listening booths with young people and discussions with various stakeholders (including the Youth Council of Rutland and schools). University of Leicester academics have given consultation and advice on the analysis and a review of the survey.**

### Who participated in the study?

965 young people attending 3 schools and colleges in Rutland, in Year 9 (26%), Year 10 (28%), Year 11 (21%) and Year 12&13 (25%) completed the survey. The survey was confidential, young people were fully informed about the survey purpose and guaranteed anonymity.

### Should mental health be on the school curriculum?

7 out of 10 young people (69%) say that mental health should be on the curriculum. Young people who have received help and benefited from help when they feel under pressure are statistically more likely to say that mental health should be on the curriculum. Young people who received help from family and friends, professional health services and school services are more committed to the idea of mental health being on the school curriculum.

### What are young people's reported experiences?

Academic pressure is experienced as the main issue that young people need help coping with.

- Almost half of young people (46%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with academic pressure.
- Over a quarter of young people (27%) said that they needed help coping with Illness (themselves or someone close).
- Almost a fifth of young people (19%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with Bullying.
- Significantly almost 1 in 10 young people (9%) said that they needed help coping with Social Media (bullying).
- Just over 1 in 5 young people (21%) said that they needed help coping with Loneliness.

### Who would young people prefer to go to for help?

Young people rank family and friends as their most preferred source of help. School based resources and particularly teachers are their secondary preference.

### Who have young people asked to help?

Young people most often have asked family, friends and teachers for help when they feel under pressure, and they report finding this help useful. The survey suggests that young people might not necessarily be aware of the professional help that is available, or that there is not enough professional help that is easily accessible when they feel under pressure.

- Just over half (52%) of young people had asked a family member for help because they felt under pressure. Almost 9 out of 10 of these (88%) felt this help was useful. Almost a quarter of young people (24%) had asked a teacher for help. Over 8 out of 10 of these (82%) felt this help was useful.

- Relatively smaller numbers of young people turn to professional health care services for help. When they do the help given is generally considered useful.
  12% (117 students) had asked a counsellor for help. 7 out of 10 said this help was useful (70%). 5% of young people (50 students) had asked for help from a psychologist or psychiatrist and around two thirds (66%) said this help was useful.
  6% of young people (59 students) had asked a school nurse for help and just under half (47%) said this was useful.
  5% of young people (47 students) had gone to A&E for help and around two thirds (66%) said this help was useful.
  8% of young people (74 students) had asked a GP for help, and three quarters (76%) said this help was useful.
  4% of students (36 students) had used a Helpline, and around two thirds (69%) said this help was useful.

## Do young people *consider* using drugs, alcohol, eating and self-harm to relieve pressure?

Young people who report that they have reached the stage where they felt they needed help coping are statistically more likely to report that they have considered drugs, alcohol, eating and/or self-harm to relieve pressure than those who have not reached a stage where they felt they needed help coping.

- Of those young people reporting that to relieve pressure they have considered Taking drugs, Drinking alcohol, Eating (too much or too little) or Self-harm (n=410) 55% said they had considered the risks, 38% said they had not considered the risks and 7% did not answer the question.
- Over a third of young people (35%) said that they had considered Eating too much or too little to relieve pressure in the last two years. 153 young people in our sample (16%) said that they had considered Self-harming to relieve pressure in the last two years. 122 young people in our sample (13%) said that they had considered drug use to relieve pressure.

**For further information contact:** Dr Ann Williams, Healthwatch Rutland

**Our sincere thanks are expressed to the following people for their help in realising this survey:**
The young people at three Rutland schools & their schools
The Youth Council of Rutland
Professor James Fitchett & Dr Andrea Davies (University of Leicester)

**APPENDIX C**
**Rutland Young People's Mental Health and Emotional Well-Being Task & Finish Group**

**Terms of reference** 26/06/15
**Purpose of the task and finish group:**

- To create a project plan that will address three overarching objectives:
    - To improve access to early mental health and emotional well-being support for young people in Rutland
    - To support and build capacity amongst front line practitioners working with young people; with a particular focus, in the first instance, on those working within education settings.
    - To support and build parental resilience.
- Oversight and input into the framework to be used during the pilot.
- Review progress of the pilot and provide an evaluation report including recommendations for future work based on the learning generated.

**Membership:**

The Task and Finish Group will be chaired by Rutland County Council's (RCC) Early Intervention Health and Wellbeing Development Officer. The membership shall comprise of representatives with the skills and understanding of young people's mental health and emotional needs as well as the knowledge of the services available to address these. Partners on the Task and Finish Group should ensure that their representative has a clear remit and accountability to address issues raised and respond to actions identified.

Membership to include:

- Health & Wellbeing Development Officer (RCC)
- Two Young People's representatives
- A parent representative
- A member of Healthwatch
- Inclusion Development Worker - Mental Health
- Children's Community Liaison Nurse
- Director of sixth form – Rutland County College or Student Manager
- Principal Educational Psychologist

**Governance and reporting**

Rutland's Health & Wellbeing Board.
Families Support - Early Intervention Head of Service RCC

**Meetings:**

- 2-3 initial meetings of the task group held at Rutland County College with actions being worked on between meetings.
- Subsequent bi-monthly progress meetings for the duration of the pilot to capture and reflect on progress to inform the final evaluation report.
- Chair - Health & Wellbeing Development Officer

**Deliverables:**

- A project plan with clear outcomes, actions and timescales and leads identified to take to the Health and Wellbeing Board July 2015.

- A pilot project implementation plan that identifies a programme for the pilot schools and identifies who will deliver the project, when and any resources needed. September 2015
- A proposed training and development plan for those working with young people in schools or other community settings.
- An evaluation report including recommendations for future work.
- This Task and Finish group will operate for no more than 2-3 months to full implementation of the pilot project at which point bi-monthly progress meetings will take place for the duration of the Pilot. The pilot project is expected to last approximately 6 months.