

West and East Wakefield Primary Care Networks

Engagement with 16 to 25 year old people on mental health and wellbeing support

1. Background

The young person offer focuses on an early intervention offer for our most vulnerable population (who may have suffered childhood trauma, may be on the Autistic spectrum or have other neuro diversity such as ADHD, may have been excluded from school and/or out of work, have substance misuse problems, housing issues or be leaving looked after children provision). We want to shift away from services being too “diagnosis” and bio medical model focused to being needs based and led with a bio psycho social model underpinning the culture of the service.

We know that primary care is often the first port of call for people with concerns about their mental health and this is why the CCG has linked with local PCNs to ensure that these services will interface effectively with them. This is with the aim to offer integrated support, which recognises the connection between poor mental and poor physical health and how wider social determinants of health impact upon them.

The Primary Care Networks (PCNs), working across the West and East of Wakefield District, have come together to build on the excellent work being undertaken in the community by a wide range of groups, organisations and providers. Wanting to complement existing service provision and expand it further to meet the needs of the community and improve outcomes for our residents:

- Earlier intervention to support our most vulnerable 16-25 year olds
- Move away from services being “diagnosis” led to being “needs” led
- Embed co-production and peer support as a central part of the approach
- Improve the long term outcomes for young adults that are currently on a trajectory to have their life dominated by mental health services

Our PCNs have come together to form two key groups taking this work forward. PCNs across West Wakefield include Brigantes, Trinity Health Group and West Wakefield. PCNs across the East of the district include Wakefield Health Alliance (North, Central and South) and Five Towns.

Both PCN groups initiated engagement with our local groups and stakeholders. Our findings were reflected in shaping a possible model for the service, which was further shaped by continued engagement both with our stakeholders as well as our communities and partners.

2. Engagement – stage one

West Wakefield Primary Care Networks

Our engagement indicated the need for a co-ordinated approach to mental health service provision for people aged 16-25. Young Future at St George’s in Lupset identified the 16-25 age range as the forgotten group with limited services and resources available to them, and challenges arose as they transitioned from Children’s to Adult’s services. This was corroborated by anecdotal evidence from young people who observed:

- Accessing CAMHS at 17 can be difficult as young people feel they are fobbed off until they are 18 to then access adult services

- No specific person to talk to in school who has the capacity to offer early intervention or prevention work for mental health and wellbeing
- Many young people raised the need for support for self-harm and suicidal thoughts – Samaritans provide a peer mentoring scheme offered to schools and third sector organisations, there are plans to pilot safe talk training to third sector and young people including the deaf community.

A more focused forum discussed a wider range of issues and they made the following observations:

- Bereavement counselling was essential and needed to be provided in a timely fashion
- The delays for assessments and treatment for counselling were too long and had a detrimental effect on mental health
- Young carers were unable to organize care for the people they were caring for; they needed to be part of decision making and have access to support when required; they also needed to be able to speak to SCD to arrange additional support, especially when it wasn't possible for a parent to do this (if they were being cared for)
- Drugs and alcohol are a key issue - Drugs, alcohol and self-harm were a means of coping / making things seem better
- It is really hard to concentrate on things like school when your head is full of other stuff and you're living in a chaotic environment
- Need to know how to manage money particularly if young people are living independently
- The inter-generational project was brilliant
- Treatment, help and support needs to be provided in a safe space and by someone who is trusted, they know within a few minutes if someone is trustworthy, if not they won't talk
- Many young people talked about the number of referrals that had been made to SCD and that nothing happened or changed until someone in the family reached a crisis point. Cases were regularly closed even though there were serious problems that needed addressing
- Young people need to understand the importance of consent in sexual relationships and the consequences of sharing indecent pictures –this can really affect identity, self-esteem and long term mental health
- Lots of young people said they had very few role models / people they could talk to / trust
- They need to be able to speak to someone in a time of crisis

- Some young people said they had received counselling but had withdrawn when they started to feel better but actually they would have benefited from completing the treatment; if they could go back they wouldn't withdraw
- There were lots of comments about exposure to domestic violence, drug and alcohol abuse, neglect, bereavement, suicide, poor mental health, and poverty as being contributing factors to mental health
- Terminology could be changed to make it more positive –e.g. in Leeds there is a Youth Justice team as opposed to Youth Offending team
- Lots of young adults talked about the amount of time spent in isolation in school, exclusions and boredom when trying to fill time – just waiting for others to finish school so they'd have something to do
- They talked about the importance of friends and support and a sense of belonging
- People with Asperger's talked about the need to have someone to talk to, victim support and diagnosis support, the need for support in schools. They talked about the need to understand emotional needs and support when relationships break down. While having a clear plan for the future, they'd need support to help with this for example accessing apprenticeships. They observed that the Council is not very helpful especially if people aren't well off / single parents. They need someone to stand up for them if being bullied or abused.

East Primary Care Networks

Stakeholders

- The East PCNs in partnership with Wakefield CCG held a Stakeholders event in December 2019 with key partners across the system to begin discussions on how we could improve mental health care for our cohorts aged 16-25.
- Partners invited included:
 - Carers Wakefield & District
 - Nova / The Community and Voluntary Sector
 - Spectrum Community Health CIC
 - Wakefield Clinical Commissioning Group
 - Wakefield Local Authority
 - Wakefield District Housing
 - Primary Care
 - Department of Work and Pensions / Job Centre Plus
 - Turning Point Talking Therapies
 - West Yorkshire Police
 - Young Lives Consortium
 - Live Well Service
 - Princes Trust
 - GASPED
 - Public Health
 - Well Women Centre

The event was an opportunity to explore the following questions:

- 'What do we know about the 16 – 25 population? Recognising they are not all the same'
- Where do they “hang out”?
- Who do they engage with?
- What motivates them?
- What do they need?
- What do they want?
- Do we need an actual MDT?
- Should there be a physical base?
- How to address the 4 domains?
- Would a one stop shop work?
- How to reduce stigma?
- How to build on what already works?

Real examples:

- In college but struggling with pressure and life
- NEET, low educational attainment, no aspirations
- Sofa surfing, no family ties, no direction
- LTC, struggling with “WHY ME”
- Mum at 14, now has a toddler, socially isolated
- Involved in “gang activity” and taking drugs every night
- Abused as a child, feels worthless, self-harming
- English is the second language, recently moved to the area, struggling to adjust
- Vulnerable to CSE, FGM and forced marriage
- Young carer with no support

Themes

- Better co-ordination needed
- Transition from childhood to adulthood in services
- Mental Health Information and Advisory Group (IAG)
- Peer talks
- 16-25 year old’s to help write leaflets etc
- Explore other groups including The BRIG, The Hut and Youth Clubs, Youth Parliament and Young Health Watch and look at larger organisations linking with smaller ones
- Explore State of MIND and Building our Futures
- Sport
- Need to use social media. Use Tik Tok, Instagram, Snapchat and use a social media expert/marketer (16-25 year old)
- Travel and transport always an issue either cost or need support to go there themselves

Barriers and opportunities

Barriers / Gaps

- Lack of use of social media to promote services
- Advertising/paid can attract new people
- Facebook no/unsuccessful
- Instagram yes/successful
- YouTube yes/successful
- Making messages 'accessible' to right type of influencers
- Stigma of mental health and domestic abuse – cultural barriers
- Empathy is key
- Even knowing about services doesn't mean that people know what services/organisations provide and how they can help them
- Liaising during transition; support during transition
- Fragmentation of services = difficult to manage

Opportunities

- Peer mentoring – already used by some organisations
- Gives sense of direction; influential
- Young persons' voice in projects and groups
- Reduces isolation
- Local authority -> team around a child
- Engage with the vulnerable groups
- Various apps to make access to service easier and more relevant to young people
- Asking young people what they want
- Involved young people can champion initiatives
- Someone to guide the young person through services and support them on their journey
- One point of contact (but need to consider young people developing dependently)
- Co-design the where, when and how with young people

3. Engagement – stage two

To build further on the findings of this engagement and to help shape the initial thinking about the service going forward, follow up engagement was carried out. This included an event for all stakeholders working with and/or supporting young people aged 16 to 25 and a survey specifically developed to gather the views of young people.

3.1 Stakeholder event

The Primary Care Networks worked with Young Lives Consortium to organise and hold an event on 10 July 2020. This was aimed at colleagues across the voluntary and community sector as well as statutory partners to share their experience and

views in relation to services supporting young people around their mental health and wellbeing.

The event was attended by 48 colleagues and attendance included:

- The Sanctuary Project in Wakefield
- Forensic Nursing WY SARC
- Public Health Wakefield Council
- Enabling Youth and Motorcross CIC
- Community navigator for Castleford and Airedale
- Home-Start Wakefield and District
- St Swithun's Community Centre
- Wakefield Parent Carer Forum
- Kidz Aware
- Carers Wakefield & District
- Wakefield Employment Hub
- Hemsworth District Partnership
- Health visiting
- Travellers/asylum seekers support City of Sanctuary
- St George's Community Centre
- Sexual health nursing

What do young people need?

The key themes arising during the discussion included trust, consistency and a reliable support. This included reflections on needing to consider the needs of young people, making sure that they are listened to and their needs, as opposed to their families' views of these, are considered. Building relationships following adverse childhood experiences and 'not giving up' on the young person were also shared together with the need to support young people to develop a plan and achieving it. Having a trusted adult was seen positive across cohorts, including young carers and asylum seekers and refugees.

Issues were expressed in relation to under 18s accessing out of hours services, which often leads to A&E attendance. Support was also noted as needed for children and young people with sensory impairments and those who are LGBT+ or Q, as well as for those for whom English isn't first language.

What would make a difference to people aged 16-25

When looking at mental health we can become reactionary and only respond when someone has ill health. We need to look at what we can do to prevent this happening. Look for an approach where we can support the young person to avoid serious mental health conditions.

Don't overwhelm young people with lots of different professionals. Acknowledge that young people can have made mistakes and how to avoid it from affecting the rest of

their lives. Young People can be protected from 'gang' culture by having people who care for them and support them.

It was also noted that, due to the pandemic, children mental health and their families mental health needs have increased. Therefore, would need to ensure support is available to the whole family.

Accessing education and having more education, employment and training opportunities were seen as helpful, as was continuity of a relationship with a young person.

Providing support to develop transferable life skills and ability to practice these skills in a safe environment with someone they trust to build confidence. Providing sport and other activities and helping young people to become more aware of mental health and what they can do to build resilience to help them cope in future situations.

What are the barriers to accessing services, what are the solutions?

Communication was notes as one of the themes with the need to communicate in the most appropriate manner and promote services to young people via the right channels and in the right way. It was felt that this should be more targeted for different cohorts (e.g. 16-20 is different to 20-25, different phases of life, different outlook) and use social media.

Taking away barrier of criterion for accessing support and a simple website where all information can be accessed. At this point, the following was shared with attendees as already in place: www.wf-i-can.co.uk

It was noted that suspensions or exclusions from educational setting can have a long-lasting impact on a young person. Emily Castle noted that a pilot was being implemented where a number of services come together around the young person based around school. The idea is to involve a number of services.

Easy access, being able to get information about what is available to them and where were seen as important to help improve access to services and reduce barriers. Making sure that places such as GP practices and clinics have displayed information on what support is available and working with educational settings, mosques, temples and youth centres. It was also noted that fear of being labelled may stop some from accessing services and for others, they may find environments in centres worrying.

Mental health issues, low self-esteem and confidence, transport, poor literacy levels, poor relationships and lack of role models, being controlled by inappropriate adults, previous poor experiences of professionals were also noted as barriers.

Trusted adult supporting a young person consistently was again noted, linked to barriers such as school exclusions and linking in with different services. School exclusions, lack of support or 'punishment' rather than support were strongly noted in this discussion.

What areas of good practice do we need to learn from (or what doesn't work)?

Emily Castle reflected on previous work in terms of trusted adult model and peer learning. Talent Matching which was in place about 5 years ago. They worked with the individual for a year so this enabled trust and emotional wellbeing. It supported young people so did prevent escalation. Another piece of learning is that the young people were involved in recommending how the programme could improve. Wide variety of young people from a variety of backgrounds. A bursary was available which enabled people to make a small but important difference in their lives – eg clothes for interviews. About developing skills and confidence.

Comments included the importance of building and sustaining relationships for young people to build confidence. Youth worker approach to support a young person on finding their way round, building confidence and developing life skills.

Attitude and support in schools were also noted, as was the often experienced short term funding, which isn't productive for building and sustaining long term relationships with young people.

What has changed since Covid 19?

Access to and use of digital technology was noted. As much as technology can improve access to services, with examples given where people opened up more and reached out for help as this was felt to be more anonymous, there were also examples where young people were not being safe using platforms like social media.

Access to devices and/or internet was also discussed as many young people do not have access and could not use services if they were only online.

Increased time in isolation, especially if looking after or living with a vulnerable person, was seen as a potential trigger for feeling low.

Online support was also not seen ideal for some groups of young people, with face to face still being preferred. Audio support was noted as an alternative during this period.

Recognising that 'one size doesn't fit all' is important and as much as online support is important, there need to be additional ways in which people can access the services.

Please could you talk to the young people you work with and feed back to us?

At the end of the event, those who attended were asked to share a survey developed for young people to capture their views. Findings of this can be found in the following section.

3.2 Young people survey – in their words

23 responses were received for the survey.

1. What do you need when it comes to talking to someone when you feel low or need help?

- Supportive advice and someone who will listen.
- Reassurance
- Support no matter the issues and to be confident that what you're discussing isn't going to be repeated
- Just for them to listen
- Would need to feel calmed or relaxed in the space
- Someone to just let me vent
- A comfortable environment that is kinda secluded
- Someone to listen and not judge and for it to be confidential or the safeguarding rules to be made clear
- Confidence
- Some real qualified mental health support
- someone to talk to
- I need someone that will listen and has experience with dealing with my mental illnesses in particular. I also need someone who isn't judgemental and will complete the tasks they say they will.
- patience, lack of judgement, confidentiality, freedom to be honest
- Face to face help, consistency, not having to tell the same story over and over again. Some actual help rather than empty promises.
- Talk to parents
- Talk to my friends
- I hardly talk to anyone but my mum as i block stuff in
- To be listened to.
- That they are genuine and don't try and tell me I'm not feeling what I'm feeling.
- Reassurance, understanding, patience and explanations.
- just someone who will listen and not try and instantly solve things not being given breathing methods etc
- Help online to be easily accessible and advertised across all social media platforms
- Easy, flexible access

2. What would make a difference to help you look for support? Where would it be? What would it look like? Who would you go to?

- Online, via phone, somewhere secluded where no one else can hear or see. Not a GP surgery.
- I wouldn't
- People talking more openly about their experiences and the help they got.
- My mum or a friend
- If it was simple to get the support like making an appointment online if you can't already, as well as a place in the local area.

- I would like someone who listened to how I feel then explain why and how to stop it rather than giving me a diagram on how intrusive thoughts work
- Mobile contact with friends or professionals
- Outwood schools need to make help a lot more available and be more private when someone has reached out. anyone that I trust
- To my closest friends who understand me
- A GP-like person who focusses only on mental health
- It being more out there and accessible
- I usually look at CAMHS but their services are stretched and their crisis team doesn't follow through with what they claim they'll do. I think in the future we should have somewhere to go anonymously with trained counsellors, psychiatrists and therapist. This would help more people to reach out for support.
- Sending emails with photos of MHFAs to all staff every few months to remind people they are relatable humans
- I always go to my mum for help because I never get it from anyone else. My parents have paid for private counselling.
- Social media, more advertisements on Snapchat, twitter etc. Make mental health more public.
- Group of friends - someone I can talk to - a place where people don't know I'm getting support and it's normal not services or in my social group like dancing/theatre/football
- To make me go look for support would mean that i know i can trust this person and i know who this person is so that they know what i was like and how to support me
- Nothing would. I don't talk about my feelings to anyone. Most people think I'm just a bundle of happiness both on the inside and outside.
- Face to face 24/7. Somewhere to go that is safe and there till my crisis is past. A trained person in depression and suicide
- First-hand advice.
- Being able to book on line/instagram/ text messages instead of having to ring up
- Advertising on social media platforms such as: Facebook, Instagram, Snapchat.
- An app or confidential phone number I can access that gives me reassurance and support. Someone that takes time to listen first and advise second.

3. What would stop you from getting help or looking for support? What puts you off?

- The feeling of wasting someone's time
- Opening up to a complete stranger and having to do it fast
- What puts me off most is that I'm quite a reserved person when it comes to feelings, I would rather keep them to myself
- Me feeling like I'm putting my problems on another person cause they've got to hear it
- I usually can't be bothered going and getting help as it seems more like a chore than anything else
- That it's very uniform in the way most mental health Services work. I don't want to understand my condition like a science lesson

- Fear of being seen as weak by friends
- They can tell your parents which sometimes makes it worse as then u are deterred from talking as u know the outcome. Or if everyone will find out i need support like what happens in schools
- Not finding the right help
- Long waiting lists and going to a GP who isn't specialist
- The stigma
- Stigma/judgement from the professionals - Professionals that don't follow through on promises - Bad experiences - Negative stories from others - Inability to communicate verbally
- Bringing it up with manager - they're not very supportive
- The system. When it's not face to face, group work, continually being let down.
- Actually first talking to someone about mental health and opening up.
- Labelled and feeling like people know I don't feel good. It needs to feel normal
- What puts me off is if the person doesn't know me or doesn't even listen to me
- Judgement.
- No one answering the phone. Not able to leave a message. Not there 24/7.
- Doing something new or different to normal. Changing routine to include.
- Being questioned too much when making an appointment Feeling judgment
- Lack of information available on platforms used everyday by teens.
- Previously having to repeat my life history before getting a chance to articulate my immediate circumstances. Patronising responses, delays, lack of interest from, waiting months for an appointment to then be given a short period of time and time slots that suit the provider not me trying to balance a working, family life and postnatal depression.

4. Have you used help from anywhere before or know someone who has? What was good about it?

Six people noted that they have not. Further four noted the Child Adolescent Mental Health service.

Of the other comments received in relation where help was sought or aware of:

- school mentors, private councillors
- the support system at college and school - 2
- online and telephone.
- going to a service

In terms of further comments:

- I got told they don't have a magic wand and can't fix me due to my addiction and OCD
- Our old mentor told us we would end up disabled or suicide wouldn't work so we shouldn't try it
- Forcing someone to talk about things they don't want to talk about
- I've heard adult mental health services don't offer adequate support to patients. I also know that services offered in Colleges and schools tend not to be very helpful because you are only given a short amount of time with the counsellor.
- Constantly giving personal examples, interrupting, asking questions, lack of confidentiality, giving too many things to help (need to be more specific)

- Relying on the help from strangers. Not everyone understands or can comprehend the difficulties you're experiencing - and they've often experienced something different, but some seem to think that their advice will help when really, it's all useless.
- The lack of flexibility, long delays in waiting for an appointment doesn't help. I need to speak when I am low, not two to 9 week later at a time that suits me i.e early evening when I am ready not at 12 o'clock when I am trying to make my child's lunch or it is my lunch hour at work.
- Talking to someone in the same boat who's liable to drag the negativity.

6. Has anything changed during lockdown in the way that you talk to others, feel or look for help?

- Yes, don't see my friends often. It's more difficult to say how I feel over facetime
- I've become more isolated, more confident but more anxious
- I'm more harsh on myself during lockdown, I would think that I don't have a reason to be upset which would make me more worked up. I am more open to the idea of looking for help after lockdown.
- Yes I would say so because it's given me more time to think and reflect on situations my problems and life in general
- Feel a lot less social as well as a complete loss of appetite
- I feel more inclined to read between the lines of what my friends are saying and help them
- Since lockdown I haven't really spoken to anyone about the way I feel
- Help is more available online
- I've changed how I've become
- Yes, it is online or face to face
- Not really
- During lockdown I've been experiencing more mood swings and symptoms but I haven't been able to reach out to friends and professionals
- I try to look for help without manager assistance - I require more at present and update manager as necessary. Online helps as well as GPs
- Lost the private counsellor because of lockdown restrictions. Felt better because there wasn't the pressure of learning in a way that I don't learn
- If anything I've looked for my help because of how challenging lockdown has been mentally.
- I talk more online to my friends
- Yes it has changed because I can't speak to anyone from college so I don't have someone that understands me
- Nope. I am my own worst enemy, but also my best ally.
- Only I don't have to go out or talk to anyone
- Less verbal, sometimes less understanding.
- Social media is the best way of reaching young people and offering help.
- I am much more isolated... Lots more time to reflect.

4. Next steps

We would like to thank all individuals, groups and organisations who have given up their time to share their views and supported this engagement. Your views are much valued and appreciated.

We would also like to thank Young Lives Consortium for supporting us to set up our event. The discussions were great and we gained lot of feedback.

All feedback will be used to shape the support for young people aged 16 to 25 years across both the West and East Primary Care Networks. We will continue to liaise with and learn from colleagues in developing our service model.