

# Young Women's Mental Health Outcome Based Accountability Report



March 2020

## 1. Background

The national [Future in Mind](#) guidance outlines the aims for improving children and young people's mental health and wellbeing. Locally, the [Future in Mind: Leeds](#) strategy and [Local Transformation Plan](#) details a whole system transformation to the local service offer in order to ensure children and young people have early access to the right support, at the right time and in the right place. Likewise, drivers for adult mental health are set out in both [The Five Year Forward View for Mental Health](#) and the [NHS Long Term Plan](#), providing a series of recommendations for the NHS and Government to improve outcomes. This sits alongside the [National Suicide Prevention Strategy for England](#) focusing on targeted priorities. Locally, key action on mental health will be delivered through the newly refreshed Mental Health Strategy and the [Leeds Suicide Prevention Action Plan](#)

Evidence indicates that young women's mental health has deteriorated over recent years. Local self-reported results for secondary school aged girls, over a four year period, from the Leeds My Health My School survey, shows a steady increase in those reporting feeling stressed or anxious every day or most days. This reflects the national picture, where an increase in emotional disorders among girls 5-15 years<sup>1</sup> and a significant increase in Common Mental Disorders in young women aged 16-24 years<sup>2</sup> has been reported. Self-harm related admissions for young women have steadily increased along with common mental health problems and those reporting feeling stressed or anxious daily or most days. Demand for mental health support is increasing and services are feeling the pressure.

In response to the changing patterns of young women's mental health, Leeds City Council facilitated the co-production of an Outcome Based Accountability (OBA) event. Young people from YouthWatch and MindMate provided an essential insight into the development of the event and the construction of the agenda. The event was chaired by Charlotte Betteridge, MindMate Ambassador and Georgia Smpiliri, YouthWatch member and table discussion were led by YouthWatch and MindMate Ambassadors. The event was aimed at young people, parents, carers and professionals with personal experience of, or an interest in, improving young women's mental health. A 'Turning the Curve' report was circulated prior to the event in order to provide an overview of the current Leeds picture and aid table discussion (Appendix 1)

The young women's mental health OBA was attended by 120 individuals, made up of 51 young people, 10 parents and 59 professionals from a wide variety of partners including: Leeds City Council, health, education, third sector and private sector organisations. Individuals shared their personal experiences of living with mental health problems, both in person and through the use of video. Young people demonstrated creative means of delivering message around mental health via music, visual resources and dance. Parents gave moving accounts of being bereaved by suicide of their children and services presented the current offer of mental health prevention, early intervention and treatment in Leeds. The round table discussions explored gaps in current local provision, quality of the service offer and what services could do differently and opportunities for improvement.

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<sup>1</sup> Mental Health of Children and Young People in England, 2017

<sup>2</sup> Adult Psychiatric Morbidity Survey, 2014

## **2. Table Discussion**

The OBA event included two individual table discussion sessions. The table discussions, facilitated by young people and supported by one of our partners, covered firstly, the prevention and early intervention offer in Leeds, followed by the crisis service offer. A number of similar themes came out of the different table discussions, copies of the notes from individual tables can be found at Appendix 2. A summary of the main issues from the table discussion are presented below.

### **2.1 Prevention and early intervention themes**

#### **2.1.1 School provision**

Schools were seen as a crucial resources in the prevention and early intervention of mental health problems, by both young people and adults. The need to ensure skilled, knowledgeable school staff with adequate mental health training was an issue raised in most table discussions. Participants felt this to be a specific gap in the city's prevention offer and suggestions made around mental health first aid training for staff as a minimum requirement. The need for regular mental health lessons in schools was identified with individuals reporting that this should be compulsory across all schools. It was recommended that schools include, within these lessons, topics such as adolescent brain development and creative techniques such as yoga or mindfulness to manage feeling and emotions.

Regular conversations around mental health throughout the school year were seen as a priority however, it was also suggested that extra support should be provided at key times, i.e. points of transition and during exams. Getting the balance right between academic results and young people's mental health and wellbeing was seen as essential.

The provision of safe spaces and buddying schemes within schools emerged from several table discussion. Access to a safe, positive space where a young person, who may be struggling and feeling overwhelmed, can take timeout and speak to a member of staff, in addition to the support of a 'buddy/ambassador' within the school setting was considered central to the school offer.

#### **2.1.2 Awareness raising**

The stigma associated with mental health was reported to be a significant issue that prevents young people from talking about their own wellbeing. The need to deliver wider anti-stigma work, community campaigns, promote messages that 'it's ok not to be ok' and continue to encourage people to talk about mental health was highlighted.

The impact of social media on mental health was raised on a number different tables. It was acknowledged that there are pros and cons to social media use, however suggestions were made around providing advice on setting boundaries, preventing 'unhealthy' online relationships and how to use social media as a positive, safe resource.

Discussions emphasised the need for more public health campaigns, using TV and radio as well as the normal routes. In addition, requests were made that websites are kept up to

date, local information is delivered to 'where young people are' and better promotion of Chat Health and Calm Harm .

Appeals were made to think more creatively around the use of existing, well-known campaigns such as 'Leeds Girl Can' and consider how to make better use of Breeze to deliver messages.

### 2.1.3 Creative community approaches

Providing creative community approaches that will allow young people to channel their energy in to positive outlets came through clearly from the table discussions. A variety of options were suggested from art, drama and dance to broadcasting, vlogging and pet therapy.

The request around this provision was that it will be delivered in collaboration with community groups, churches, leisure centres etc. and that it should be low cost or free for young people to access.

A gap was identified around the provision of peer support groups for young people, particularly more vulnerable young people such as those with learning or physical disabilities, LGBTQ+, racial/ethnic groups. Not forgetting that parents are a valuable resource and want to be 'part of the team' and involved in the delivery of support.

### 2.1.4 Parent/carer support

The lack of mental health training and awareness raising opportunity for parents was a particular concern for many individuals participating in the table discussions. A comprehensive offer of skill based sessions made available to parents was proposed. Sessions should cover a range of topics such as: how to talk to their children about mental health, healthy relationships, the value of sharing feelings and talking openly about mental health, better understanding of brain development, the importance of attachment, as well as how to manage their own mental health.

Peer support parent groups and wellbeing coffee mornings were also suggested as a means of support and a source of information for parents. Overcoming the digital divide between parents and their children was viewed as a particular barrier in supporting young people to use social media and online platforms as a positive resource. Providing parents with information on the benefits of the online community and available resources, the use of approved mental health sites, an understanding of how to keep children and young people safe online and the ability to mitigate against risks.

## 2.2 Service Provision

### 2.2.1 Mental health treatment

Significant concerns were highlighted about young people with mental health problems who fall between child adolescent mental health services (CAMHS) and adult mental health services (AMHS) and get lost or disengage during their transition. It was reported that the

lack of provision and support during transition can have tragic consequences for young people and their families.

A joined up approach between services was seen as essential and information for families on how to successfully navigate transition is required. Issues around lengthy waiting lists were mentioned across the table discussions. The wait was considered debilitating for those in need of treatment, leaving people in limbo. Recommendations were made around managing people expectations through open and honest communication, along with greater access to drop-ins and other support options while waiting.

A more flexible service design with an online offer rather than face-to-face could release some capacity. Equal access for vulnerable young people and those in BAME or remote communities was also reported as a gap in provision, in addition to a request for services in areas other than the city centre.

### 2.2.2 Primary Care

GP appointments were reported to be inadequate to meet the needs of people with mental health problems. The waiting time to access a GP appointment is too long and they were deemed as too brief to have a useful conversation. A number of tables requested quicker response times, stating that when booking a GP appointment, in relation to mental health or emotional wellbeing, there should be a system to have access within a couple of days at most. In addition to quicker access, the need for automatic allocation of double appointments was suggested, in order to allow sufficient time to discuss particular concerns and ensure they are beneficial.

Information on available support and referral to services by GPs, rather than merely prescribing medication, was raised as a specific issue. It was mentioned that GPs seem to lack knowledge/awareness of available mental health support services, particularly those in the third sector, and would benefit from CPD sessions around this particular area.

### 2.2.3 Staff & Professionals

Staff mental health training and knowledge around tackling stigma were areas of concern mentioned during the table discussions. Suggestions were made that all health and social care trainees/students received mental health training as part of their professional studies in order to prevent what is sometimes a 'postcode lottery' in the level of mental health support received from professionals.

Stigma associated with mental health problems was highlighted as an ongoing problem yet professionals are unaware of the issue or simply don't acknowledge that it is a genuine barrier for people.

Extensive caseloads and limited capacity within mental health provision was seen as an obstacle to delivering proper care, as well as, an acknowledgement that adequate supervision for staff and an appropriate response to improving staff wellbeing is also required.

## 2.2.4 Social Capital & Community Assets

The importance of social capital and access to community assets were recognised as influential factors in positive mental health and wellbeing. It was proposed that there is a need to look beyond service provision to what is happening at grassroots level and how enrichment, belonging and access to green spaces can improve mental health and wellbeing as part of a wider offer.

Making better use of local spaces, i.e. libraries, coffee shops, unused community spaces and connecting people through shared interests to foster resilient communities and a sense of belonging.

## 3. Creative solutions to 'turn the curve'

The OBA approach is guided by the data and story behind the baseline, it encourages a process of working collaboratively and identifying what changes would help 'turn the curve' and bring about better outcomes, making a difference to young women's mental health. OBA is a useful framework for bringing partners together and inviting innovative, creative solutions, including low cost and no cost ideas. The following minimum cost actions and creative solutions were identified:

- Primary schools – use school coat pegs to encourage children to consider how they are feeling each day – use different emoji's to symbolise feelings
- Explore peer support opportunities/buddying schemes
- Consider different types of access to support such as text, phone call, e-mail
- Include support information in school planners, school websites – provide at key points of transition. Year6/7, exam periods, Year 11, Post 16
- Encourage periods of abstinence from technology, i.e. mobile phones, screens etc. for an agreed amount of time
- Provide opportunities for Park Art – along the lines of Park Run but using art
- Ban isolation rooms, or at least rebrand them.
- Introduce ambassador/big brother or sister support and befriender schemes
- Ensure better information for parents – use Facebook as a means of getting messages to parents.
- Encourage GPs and other health professionals to promote MindMate and Mindwell sites.

## 4. Next Steps

The young women's mental health OBA report will be shared with key partners, attendees at the event and other stakeholders. The information gathered during the round table discussions and the subsequent findings on how to improve young women's mental health will be presented at the Future in Mind Prevention Group, the wider Future in Mind Programme Board, the Leeds Mental Health Partnership Board and the Leeds Strategic Suicide Prevention Group. Recommendations will be reviewed and priorities agreed for inclusion in the Future in Mind Local Transformation Plan and the new Mental Health Strategy for Leeds. A whole system approach will be taken to implement outcome based changes in the planning and delivery of mental health and wellbeing provision.

We would like to thank all those who planned and participated in the event particularly the Youthwatch members and MindMate Ambassadors who gave their time and commitment in both the planning and delivery of this event.

**Young Women's Mental Health Outcome Based Accountability  
Turning the Curve Report**

**1. Outcome**

Improve the mental health and wellbeing of young women in Leeds.

**2. Indicators**

- i. Hospital admissions as a result of self-harm
- ii. My Health My Survey self-reported data on emotional health and wellbeing

**3. OBA Governance and process**

Findings from the OBA will be discussed at the Future in Mind Prevention Group, the wider Future in Mind Programme Board, the Leeds Mental Health Partnership Board and the Leeds Strategic Suicide Prevention Group. Recommendations will be reviewed and priorities agreed for inclusion in the Future in Mind Local Transformation Plan and the new Mental Health Strategy for Leeds.

**4. Turning the curve**

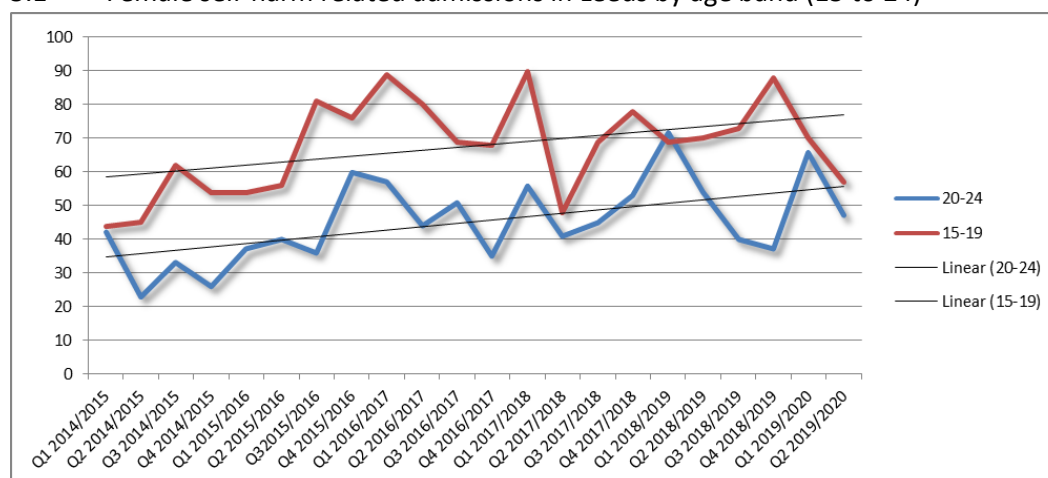
OBA is a process that helps us work together with partners and stakeholders, to take action to move from where we currently are to where we want to be. We use data to see what the trends are and predict future outcomes if we do nothing. Then we jointly explore creative solutions to 'turn the curve'.



## 5. Story behind the baseline

The 'story behind the baseline' aims to provide a historical look at the changing patterns of young women's mental health.

### 5.1 Female self-harm related admissions in Leeds by age band (15 to 24)

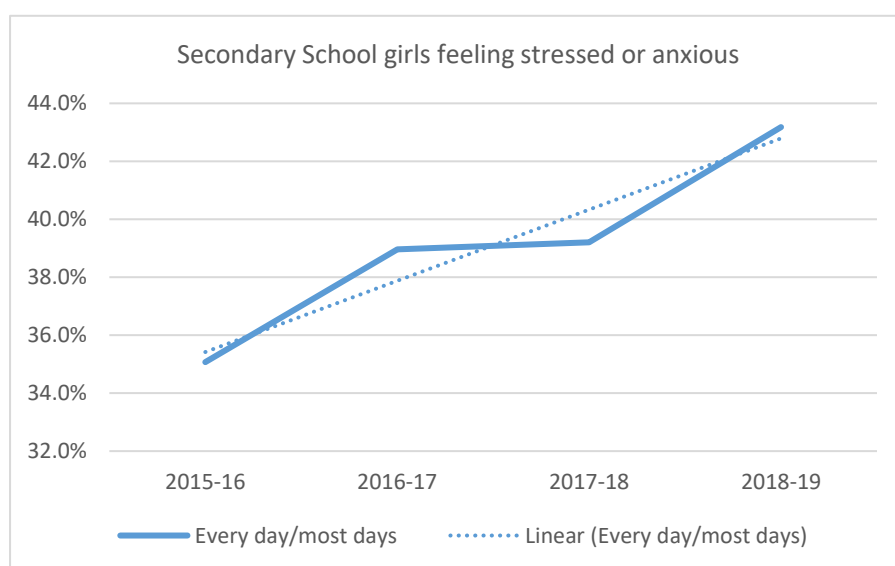


The overall trend in self-harm related admissions for NHS Leeds CCG registered patients over the past 5 years is upwards, though there appears to be a downturn in the most recent year. All quarters so far in 2019/20 are lower than in the previous year, nevertheless, admissions remain on an upward trajectory.

Self-harm related inpatient spells show the same rate of increase in both age bands although numbers are consistently higher in females aged 15-19 years.

### 5.2 Leeds My Health My School survey results

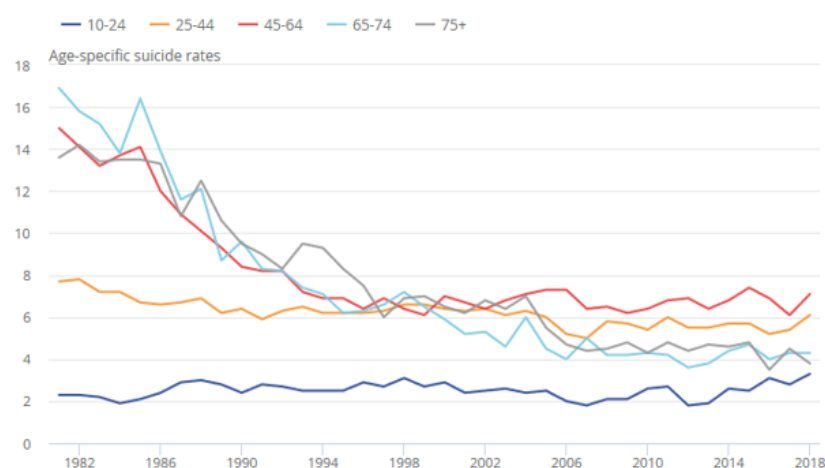
The 'My Health My School' survey is an annual pupil survey completed in Leeds schools by children and young people. The survey allows children and young people the opportunity to express their opinions and provide their experiences on their health and wellbeing in an anonymous way and in a comfortable school setting. The 2018/19 survey was completed by over 17,000 children and young people and is a good representative sample across all Leeds schools.



Self-reported results, over a four year period, from secondary school aged girls shows a steady increase in those reporting feeling stressed or anxious every day or most days. This reflects the national picture, where an increase in emotional disorders among girls 5-15 years<sup>1</sup> and a significant increase in Common Mental Disorders in young women aged 16-24 years<sup>2</sup> has been reported.

### 5.3 Suicide rates

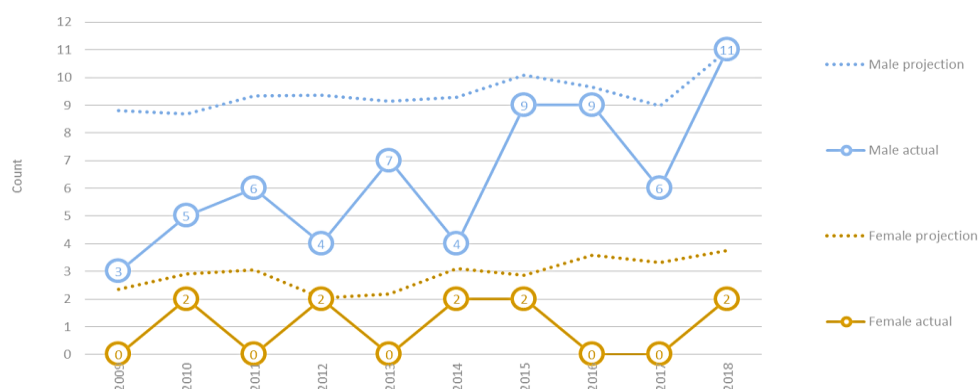
Age-specific suicide rates by broad age groups, females, UK, registered between 1981 and 2018



Across the UK there has been an increased trend in young women's suicides, with a rise of 83% between 2012-2018. During this 10 year period, the number of suicides in young women in Leeds is lower than the applied UK rates, varying from zero to two suicide deaths each year and Leeds does not appear to mirror the increased UK trend.

Male deaths for suicide aged 10-24 for Leeds are higher than females, ranging from 3 to 11 deaths per year over this time period. There does appear to be an increased trend for young men in Leeds

Leeds suicides, ages 10-24, Males and Females compared to projected suicides using UK age/gender specific suicide rates



Actual suicide counts: ONS deaths data 'suicide or open verdict' using ICD-10 codes matching ONS suicide definition.

Predicted counts: ONS UK 10-24year gender suicide rates applied to Leeds resident 10-24year old populations  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>

<sup>1</sup> Mental Health of Children and Young People in England, 2017

<sup>2</sup> Adult Psychiatric Morbidity Survey, 2014

We continue to work collaboratively with partners on citywide data to inform us of any trends or causes for concern

#### 5.4 Changing patterns of mental health and influencing factors

The adolescent brain is still developing. Dramatic changes during adolescence create adjustments in connectivity within and between various regions of the brain which aren't fully completed until about the age of 25. This phase of brain development can leave young people particularly vulnerable to mental ill health. Added pressures during this time from school and exams to peer relationships, trying to fit in and worries around image can cause a great deal of stress. Young people may be also coping with puberty and the associated physical changes in their bodies and hormones. In addition, studies show that elevated levels of the stress hormone cortisol in adolescence triggers genetic changes that, in young adulthood, can result in mental illness in those predisposed to it.

### 6. Mental Health Primary Prevention and Early Intervention

Public Health and partners provide a range of primary prevention and early intervention programmes in response to increasing emotional and mental health needs.



**MindMate** is a dedicated mental health and emotional wellbeing website in Leeds for young people (around age 12 – 25), parents and professionals who work with young people. Designed and developed with young people, it offers tips and tools to support self-help and offers clear signposting to services in Leeds. It has sections for young people, their families and professionals. It includes animations explaining what support is available for young people in Leeds, and stories from young people in Leeds who have had problems with their mental health and what helped them. All resources are approved by a panel of young people before being featured and the website is also reviewed by clinical experts.

MindMate Lessons are a new, exciting and modern social, emotional and mental health curriculum for Key stages 1 - 4. The lessons have been written by a range of teachers, mental health professionals and consultants in partnership with other relevant services and groups. They are designed to fit into the schools PSHE curriculum, in a modern, engaging and evidence based manner as part of a whole school approach.

MindMate Wellbeing provides mental health support through school clusters. The service offer is commonly known as cluster guidance and support across the city, and offers a range of family support, services and partnerships including early intervention mental health support.

The MindMate Single Point of Access (SPA) works with all services available locally to find the right support for the child or young person. Practitioners can refer into the SPA, as can young people and parents and carers. Services that MindMate SPA can forward referrals to include, but are not limited to: CAMHS, The Marketplace, Community Links Aspire and cluster multi agency teams including the Special Inclusive Learning Centre (SILC) cluster team.



The Leeds Healthy Schools Programme is available to all schools in Leeds. It aims to support schools to help their children and young people to grow healthily, safely and responsibly. The service comprises of a specialist team of advisers who provide central and bespoke training, in-school

support and assessment around a range of topics including social, emotional and mental health and PSHE.



The Resilience Programme is delivered in school and college settings in Leeds and intended to promote emotional resilience, reduce anxiety in young people and prevent risky behaviours. The programme is based on the Young Minds Resilience Framework and Wakefield Resilience Model. It is a twelve week programme with an eight week group work section and two weeks pre and post for individual support and one to one mentoring. In addition to the weekly group work programme, staff will continue to work with young people on a one-one basis to identify individual needs, support and signpost, where needed, to other local internal/external services.



Dance Action Zone Leeds (DAZL) aims to improve the mental health, emotional wellbeing and physical health of children and young people aged 3 – 19 years in disadvantaged communities of Leeds. Dance has shown to improve mood and self-esteem while reducing stress levels and symptoms of depressions and anxiety. DAZL delivers a programme that focuses on wider health issues, offering a fun, positive experience that gives young people a sense of self-worth.



Calm Harm is a UK developed app, designed for adolescents, the concept of which was established by a Consultant Clinical Psychologist. The app has been adapted for Leeds and provides tasks that help teenagers resist or manage the urge to self-harm, using an evidence-based therapy approach called Dialectical Behaviour Therapy (DBT). Leeds Calm Harm also provides a direct link to the MindMate website for further information and advice.



The Market Place provides free and confidential support for 11-25 year olds in Leeds. Offering a range of services including one to one support, counselling, group-work and drop-in. **Drop-in** is open 7 days a week and is for young people age 13 – 25yrs old. No appointment is needed and young people receive support for up to 30mins around any issue that is worrying them or having an impact on their emotional well-being and/or mental health. Drop-in times are Monday – Thursday 3-6pm, Friday 6-9pm and Saturday and Sunday 2-4pm. Please note from 3<sup>rd</sup> April 2020 Friday drop-ins will be 3-6pm.



The THRU Peer Support project (Talk, Help, Relate, Understand), led by Leeds Mind, offers peer support group work for young people aged between 16 and 25 for 6 months and up to a year. It's a space to meet with other young people to share how you're feeling and to develop new ways of managing your mental health. Together we work on things like managing stress, confidence building and self-esteem.



CBUK Leeds offers a community based support to children, young people and families who have experienced the death of a parent/primary carer, sibling or close family member. The service is available to young people (up to the age of 18) and their families, offering a range of support including a telephone helpline, flexible one-to-one support and facilitated group sessions.



Leeds Suicide Bereavement Service (LSBS) provided by Leeds Mind and Leeds Survivor Led Crisis Service offers support to individuals who have been affected by the loss of someone through suicide. The service helps reduce the risk of further suicides and is peer led meaning all the staff and volunteers who work for this service have personal experience of suicide bereavement. People in Leeds can access support as an individual, family or work place. LSBS provide 1:1, peer groups, family support around a loss – this may be a parent, child, partner, sibling, other relative, friend or work colleague.



Mentally Healthy Leeds (MHL) is a public health preventative service aimed at promoting positive mental health and wellbeing to people who are at high risk of poor mental health. The aim is to equip people with an understanding and experience they can use to prevent problems developing or becoming worse. The service uses community development approach and work with individuals, groups and communities to reduce Mental Health stigma and discrimination, increase resilience, and reduce social isolation and loneliness. MHL work includes public health priorities to reduce suicide and self-harm.



Since 2013, mental health charity [Leeds Mind](#) has been the lead partner for the Mindful Employer initiative in Leeds. Developed, led and supported by employers, Mindful Employer provides businesses and organisations with easier access to information and support for staff who experience stress, anxiety, depression or other mental health difficulties. This means that our wider workforce is supported with both good mental health practices and the ability to challenge the stigma of mental illness in the workplace across the city.



MindWell is a mental health website for people in Leeds to access help and support for themselves or someone they are worried about. Funded by the NHS Leeds Clinical Commissioning Group, it brings together information from the NHS, Leeds City Council and the third sector into one single 'go to' place. It provides quick and easy access to up-to-date information for all adults in Leeds, including GPs, employers and other professionals.

### **Leeds Student Health and Wellbeing Partnership Board**

The Leeds Student Health and Wellbeing Partnership Board is a group of Higher Education and Further Education providers in the city that meets regularly to discuss and co-ordinate work around

student health and wellbeing needs in Leeds. It holds three themed meetings with partners each year covering: mental health; drugs and alcohol; and sexual health. It is a forum for sharing best practice, resources and experiences, and representing the health needs of students in the city.

## **7. Mental Health Crisis Services**



Safe Zone is a crisis service for young people aged 11 – 17 in Leeds. It is staffed by experienced youth workers and counsellors from The Market Place who can offer around 40 minutes of emotional and practical support. There is also a social space to unwind and have something to eat. Currently this provision is available on a Monday evening however from the 1<sup>st</sup> April this will be a three nights a week provision (Monday, Thursday and Sunday) and will be delivered at locations across the city, as a partnership between The Market Place and Leeds Survivor-Led Crisis Service.



Kooth is an online counselling service that offers children and young people (aged 11-18) timely and easy access to online mental health and well-being support, giving access to articles, moderated forums and self-help resources 24 hours a day. This is in addition to counsellor messaging and direct one to one counselling sessions. Kooth counsellors are available between 12 noon and 10pm on weekdays, and between 6pm until 10pm on weekends, 365 days a year.



### **Transition**

Leeds Child and Adolescent Mental Health Service (CAMHS) has a dedicated Transitions Team working on a citywide basis. Their role is to support young people over the age of 17½ and open to Leeds CAMHS to make their transfer smoothly into appropriate Adult Mental Health Services, both voluntary and statutory. The support offered is dependent on the young person's needs and the input they will require post 18 years. The team liaise with the young person's CAMHS Caseholder to understand what assessment or therapeutic intervention the young person has had. The team can meet with the young person, parents/carers where appropriate, getting to know them and collaboratively considering what ongoing support the young person requires, preparing them for their transition to adult services. There are pathways with specialist Adult Mental Health Services and links to Primary Mental Health and 3<sup>rd</sup> Sector Services. They will provide the young person with advice on where to seek support if they are in a mental health crisis post 18.

### **Crisis**

Leeds CAMHS is in the process of developing a new Crisis team. The role of the team will be to respond to mental health crisis such as suicidal ideation. At present the team mainly assess children and young people in the Emergency Department and on wards at Leeds Teaching Hospital. The new multidisciplinary team will move to being peripatetic – taking the service into the community to support those who are experiencing a mental health crisis rather than in a hospital setting. Some children and young people will still need to attend hospital due to needing physical intervention eg treatment for an overdose. The team will also offer training and consultation around MH crisis to professionals including education, police and ambulance services, with a focus on how best to support children, young people and their families. The team are establishing partnership working with colleagues in education, 3<sup>rd</sup> sector organisations, police, social care and health. CAMHS and Leeds and York Partnership Foundation Trust have worked with NHS Improvement on strengthening crisis support for young people approaching 18 years. The involvement of children, young people

and families is crucial in the team's development and evaluation.

The team will work between 9am till midnight, 7 days a week. Current data suggests that very few young people requiring a mental health crisis assessment present at the Emergency Department after midnight. Out of these hours children and young people will be able to be assessed by Leeds and York Partnership Foundation Trust in the hospital setting and will be followed up by the CAMHS crisis team. CAMHS also has a well-established outreach team which aims to avoid hospital admission or shorten the length of stay wherever possible by providing intensive support in the home environment.



### **FACS (Fast Access Crisis Support)**

This service offers young people aged 11 – 25yrs 4 sessions of crisis support. This support is about exploring and working with the issue that has 'tipped' the crisis and could be a mixture of practical and emotional support. The main referral route for FACS is through drop-in but for 11 and 12 year olds they can be referred by contacting The Market Place. For more information about these and the other Market Place services please visit [www.themarketplaceleeds.org.uk](http://www.themarketplaceleeds.org.uk)



**Teen Connect** provides confidential online or phone support for young people aged 13-18 year olds and their parents and is open 6pm-2am every night of the year.

### **Connect Helpline**

[Connect](#) is a telephone helpline for people living in Leeds. The service provides emotional support and information for people in distress. People call Connect who are feeling anxious, lonely, angry, experiencing mental health problems or a 'life crisis' or just need to talk. Trained volunteers and workers provide compassionate, non-judgemental support and can give information about other services, if needed. The service is also there for carers who need to talk to someone. Open 6pm-2am every night of the year.

**Dial House** is an out-of-hours service in Leeds for people in crisis run by Leeds Survivor-Led Crisis Service

Visitors can access Dial House for an hour of one-to-one support from the team of Crisis Support Workers when they are finding it hard to cope. Visitors who are attending for the first visit, can just turn up from 6pm. Dial House has a family room, so parents can bring children with them. Open Tuesdays and Thursdays, 6pm-11pm.

**Dial House@Touchstone** is an out-of-hours crisis service in Leeds for people from Black and Minority Ethnic (BME) groups. Dial House@Touchstone is a confidential service and all staff are from BME groups. Refugees and asylum seekers are welcome. Open Tuesdays and Thursdays, 6pm-11pm.

**Well-Bean Hope in a Crisis Café** is open to people in Leeds who are experiencing a crisis. It is open 7-days a week, over three different locations. The cafe can offer emotional one-to-one support for up to one hour, support in a safe social space as well as practical help. Support focuses on loneliness, isolation, emotional health and wellbeing. Access to this service is by self-referral.

**Table 1**

## Prevention: What could we do better?

- We need to listen more effectively and try not to “fix” young people
- Good communication is essential.
- One door – not being bounced about when needing help ( but being able to offer this too)
- -links to knowing quickly about new services as professionals – big discussion around how we do this and are kept up to date eg ... below only on person had heard of “chat health”
- Promoting the “Chat Health” texting service
- Make sure ALL schools (including academies) offer the same consistent support and promotion around mental health.
- Services and schools must be Safe and safe spaces when sharing their emotional needs and problems – for children and parents – has to be safe and a positive experience or else they will lose their voice and trust and wont then want to talk about their MH.
- Being safe at school crucial
- More every contact counts training for workforce / schools – good and quick training on how to relay simple messages.
- Knowledge and awareness of good mental health and having skills to challenge stigma – all must challenge and be consistent especially in early years and nursery.
- Theme was around Schools to be more supportive towards young people and their parents / carers. Specifically support children and family’s needs around loss / poor MH. Don’t exclude them – support them long-term and through the full length of their stay at school. Making supportive environment normal

## Treatment

- Themed around holistic offer as it was felt that most services (and 3<sup>rd</sup> sector) overwhelmed with both need /demand and not being able to deliver what they are commissioned to do. Impact of austerity and multiple need.
- LSBS – Outreach in school to continue and would want to see schools keep reaching out with the children throughout their time at the school (grief is long lasting)
- Schools do not discuss / grief enough and do not always value 3<sup>rd</sup> sector as equal professionals and experts specifically around grief. This is key around helping them make key life decisions around exam choices / relationships. This is something that needs to be continuously recognised. It helps with attainment and attendance.
- Leeds Playhouse - encourage creative engagement more and involve all the people in the YP life i.e. actors to be able to offer support. Knowing what action to help / support with and having the time to do so. Listening ear – early interventions. To do this we need to make the culture right.
- Making the culture right for YP to be able to open up and be listened to was a key theme and discussion – following right action. If we get the culture right this will happen more naturally and be normalised.
- Universities rep - MH Services don’t come to the campus. We don’t know how to support and navigate so that would be a positive step to have professionals around.
- Other final theme (bit rushed) was that procedures need to be changes and streamlined. All services are professional and should be taken seriously if they are concerned about a

YP. It feels Schools / NHS hierarchy when in fact YP do get the right support from a number of people / services that are important to them. This needs to be the culture

**Table 2**

Prevention: What could we do better?

- Something better in schools – so that it's more comfortable talking to a teacher
- Cheap idea: There is evidence about primary schools and meditation/mindfulness
- We need to focus on and give time for other things – not just learning and education
- Prioritise building girl's self-esteem. Start in primary schools
- We need to change the culture in schools and wider so that girls and young women feel cared for. Relationships and trust over achievement and result
- Support girls and women to practise talking about and expressing their feelings
- Education and wellbeing should be integrated
- Easier to talk to people you don't know very well
- Better training for staff
- A big issue is the jump to high school
- Need better 'scaffolding' so that in the transition to high school - it's easier for you to fund your people
- Big issue: How can we prevent social media being a bad thing? How can we make it positive
- We need to do things outside of school and colleges. Social media
- Cheap idea: like the 'my name is' campaign - have an 'are you ok today?' campaign in schools and colleges
- We need to get the message across that it's ok not to be perfect
- Off the wall idea: Cancel toxic programmes like Love Island!

Treatment

- What's good is that access points are increasing
- Cheap Idea: get on the radio and publicise MindMate!
- Can we use campaigns like Leeds Girls can – but focus on self-esteem
- What are the links with physical activity?
- Cheap Idea: Recovery College: Let's co-design a course on transitions for families and young people, about how to navigate move from CAMHS to adult mental health services
- Can we have services that aren't just in the city centre – 11 and 12 year olds might not be able to make it to The Market Place
- How can we make the most out of things like Breeze
- Can we make better use out of local spaces – eg libraries, unused spaces. Where do young people hang out - coffee shops?
- We need more outreach youth work
- Off the wall idea: Ask investors into Leeds to commit a proportion of profit to fund mental health for young people
- We need to address stigma - young people still experience stigma.
- Talking to a peer – but someone you don't know is a good idea
- We need better focus on trauma

**Table 3**

Prevention: What could we do better?

- There are obstacles for contacting GP services, e.g. being referred to CBT and talking therapies, particularly when there is no face-to-face contact during the process because it is mostly managed online, by post/ letter or over the phone.
- Many young people don't feel comfortable calling up services to talk.
- Paperwork is another barrier for young people accessing groups/ support e.g. consent forms.
- Waiting lists for most counselling services are either incredibly long or closed.
- Main barriers to accessing services or support include cost of transport (it is £5 for an adult day ticket on the bus), lack of childcare provision, and language and cultural barriers.
- There seems to be a lack of understanding and caring for young people, particularly around the issues underlying their mental health problems (e.g. domestic violence, caring responsibilities). It's easy to label young women as "not engaging" when their lives are chaotic and may not be able to attend every single appointment, or complete self-referral forms online – they are also more likely to have poorer attainment and attendance at school.
- Young people with disabilities need specific services and there needs to be a greater focus on inclusion.
- Education
- Do schools and colleges know what's out there – in terms of services, resources and key messages? Posters and leaflets are often not the best way to get information across. Showing videos (e.g. the one shown about self-harm) could have a better impact in terms improving awareness and challenging stigma within a school or college setting. More visible role models sharing lived experience – this is more powerful than posters and leaflets.
- Many young people don't know what "home" should look like.
- There was a strong agreement across the table to strengthen early intervention across the education sector as a whole, and not just in primary schools or higher education.
- There are real cultural differences towards mental health, language and stigma. The workforce needs to be diversified to represent the communities of Leeds and build trust.
- Who is working with and speaking to young boys? Particularly around consent, relationships and sexual health, behaviour... there's work happening with young women but there seems to be a gap in terms of educating and supporting young men.
- Teachers could be better equipped to support young people with their mental health through better training and development opportunities – however there needs to be recognition that teachers are not counsellors/ mental health specialists. Who provides the emotional and pastoral support in school and college settings? There needs to be a clearer definition of roles and enough capacity within the system to manage need.
- School resources are incredibly stretched at the moment.
- Teachers have a massive responsibility – often they act as teachers, carers, support workers, and are doing the best they can. But what about their mental health?
- Sustainability is being sacrificed because of austerity – there doesn't seem to be any positive signs that this situation will improve in the short-term. Third sector, education and support services require 3/5/10 year plans to undertake meaningful work but this is undermined by 1 year contracts and short-term funding. There is a sense of plugging gaps in the system rather than investing for the long-term and in prevention.

- There needs to be better processes in place to listen - to communities, community coaches, and people on the ground who have the knowledge, skills, and relationships.
- In the long term, we need more doers!
- How can we measure our impact?
- There's a drop-off rate at 14 years old for physical activity in young women, due to a range of factors, including caring responsibilities and home life.
- Period poverty and stigma.
- Violence, including domestic violence and dating violence. We tend to think of these as 'adult' problems but dating violence in teenagers is increasingly common due to communication methods commonly used by young people e.g. WhatsApp, 'sexting'
- There's a recognition that families and parents also need to be supported but what about when the parents are a factor in a young person's mental health problem?
- How do we improve young people's communication skills? A lot of interaction now happens online – are young people underdeveloped in terms of their communication skills? There's a perception that young people don't talk face to face as much as they do online – how then do they learn how to show emotion, body language, verbal cues, and the language around mental health?

## Treatment

- It came as a shock to the table that children and adult mental health services are not as joined up as they thought they would be. The issue of transitions being a gap in the system really came through from the film shown of parents who have been bereaved. 2 workers for the CAMHS crisis team isn't enough for the whole city!
- There should be stronger outreach provided that is directly linked to services, so that services are able to be where young people are – "People don't leave their areas – we need to go out to them."
- Who are we missing? There are people living in crisis but they might not know they are experiencing crisis as this has become their 'normal' – how do we find them? Risk that many young people are falling through the gaps.
- Improving 3<sup>rd</sup> sector links to community groups – there is a view that the 3<sup>rd</sup> sector equals communities when in reality the picture is more complex. The 3<sup>rd</sup> sector is a valuable bridge/ link to local communities and families but it is still hard to engage and support people on the ground.
- There needs to be a more holistic structuring of services.
- Mental health services should be configured to be more like the Leeds safeguarding approach to ensure services are flexible and can talk to one another – i.e. an interconnected model/ involving child and adult services/ multi-agency.
- The more times people try (and fail) to get help, the greater chance we will lose them. Workers have a fear of referring people to services and not getting a response back.
- CAMHS is so difficult to access, but is an excellent service when you're in it. There seems to be a greater need for this level of specialist mental health service.

**Table 4**

**Prevention: What could we do better?**

- In one high school there is a group where young women are given space to eat/ or not eat their lunch in school
- They need someone to recognise their circumstance
- Time to support them is a pressure and issue
- Training staff is an issue – difficult to get release time for this kind of thing
- Young people on table felt easier to talk to peers
- Privacy is a factor, can be hard to open up and say how you're feeling
- Talking to adult/ professional means that it's serious and feels serious
- Worry about peers perception of them once they've opened up – what will they think of me? Will they think I'm weird?
- First step to talking to an adult is hard and finding the right person isn't always easy
- It's about relationships with someone rather than who they are
- Misinformation about what happens if you do decide to say something, like, "I'm having suicidal thoughts".
- Based on your experience too (you may have been let down by a professional, or let down by your peers. )
- Just one look or comment or question can the difference in being able to talk or not
- We're not mentally healthy savvy
- School MindMate Ambassador Programme is being developed and piloted across some schools over the summer term where children/young people are trained up as MindMate ambassadors within schools.
- Spotting the signs of when something is wrong
- This will start in Sept 2020, with the mandatory curriculum
- This new curriculum will help to make talking easier
- Help to catching things earlier

**Treatment**

- Issues raised by 2 young women who were unable to attend event due to anxiety issues making it difficult for them to use public transport. They were from Boston Spa and felt that there weren't enough services such as counselling locally and that accessing services for them usually means travelling into the city centre or another area of Leeds which is very difficult for them with their anxiety issues.
- Someone from one of the NHS Trusts acknowledged that resources are limited so some areas are inevitably prioritised to the detriment of other areas - but this is an issue that Trusts need to acknowledge and look into to improve access
- The group talked about this access issues in general – is this the same in other more remote areas such as Otley? What about barriers faced by BME communities (cultural/language issues?)
- Use of technology to overcome some of these barriers – appointments don't always need to be face to face – need for more flexibility in service design.
- Following bereavement films, discussion around parents' involvement in young person's care particularly around transition as someone constant in their lives. Young people's views should already be respected in terms of whether they want their parents involved or not. Some may have very good reason for not wanting them involved and parents view can be very subjective. Talked about whether there could be more scope for more choice of any 'trusted adult' named by young person to be involved in their care as that

source of knowledge and support through transition – could be another family member, sibling, friend etc who supports that young person.

- Issue raised about only being 2 transition workers for the whole of Leeds and how could that possibly provide the level of support needed to help young people transition to adult services effectively. Point raised that these workers were only for those young people who met the criteria and not as much support for those who didn't.
- Transition is a priority in the all age mental health strategy.
- LYPFT are currently trying out a new way of working with 18-25s to help with transition
- Reluctance of young people to talk for fear of what will happen next. CAMHS assessment is 3 sessions – many young people may not open up during these three sessions.
- Need for more person centred design of services – would be good for people who design services to have a reality check of what it's like to experience services and really follow the story of someone who tries to use the current system – 'walk in their shoes'.
- Need to have services that are designed around what people want not what we think they need.
- Need better access to services before its almost too late and not having to face devastatingly long waiting lists. Often for young people, it's a big decision to go to GP to ask for help – which might be at the point at which you can't take any more – only then to be told that you have to wait 3 months for assessment and then another 6 months before first appointment.

**Table 5**

Prevention: What could we do better?

The table agreed that schools are crucial – this is where lots of the problems lie (pressure of exams and SATs, excessive emphasis on the importance of choices being made – e.g. subject options in Yr 8, which aren't that important in the grand scheme of things but are made to seem like the be-all and end-all; bullying and issues with friendships/relationships, coercion around sharing of sexualised photos etc). Also where lots of protective mechanisms could be implemented – e.g. better pastoral care, buddy schemes, incorporating emotional health and wellbeing into the curriculum, offering 'safe space'.\*

- Do all schools have a MH First Aider? They should!
- Use PTAs to reach parents: to offer and find out about support they would find useful
- Work on communication between school and parents about an individual child's wellbeing – how is this information shared? More mechanism for sharing this. Some parents on the table felt teachers could have/should have shared their concerns or observations re: their child's wellbeing.
- Use school spaces to deliver emotional wellbeing training for teachers, parents and students outside (and/or during?) school hours.
- Create a safe space to talk in schools – a room where you could be alone or supported by a teacher.
- Identify key times of stress – eg. Choosing options in Year 8, transitioning to high school, approaching exams at GCSE and A-level, transitioning from school – and considering how each students' wellbeing needs are being met at this point and/or using this as an opportunity to share information about support for emotional wellbeing.
- Offer wellbeing activities (eg yoga, mindfulness) and skill sessions (eg stress bucket, solution-focused ladder) for teachers and students at lunchtimes or straight after school.
- Incorporating mental health and emotional wellbeing/self-care as part of the curriculum. This should look at how to self-sooth, recognising and managing emotions. The younger this begins, the better. Should start in reception at primary school (though offering something earlier than this is important too).
- Training teachers to moderate how they talk about issues such as options/exams/plans after school for college/uni/work etc so that this is less pressured. And including discussions about how students are managing their wellbeing and sharing strategies for this as part of the wider conversation about these issues in schools.
- Offering students the chance to set their own after-school clubs and PE lessons up – finding shared interests and building supportive connections up around these. If students want to start a foraging club or a club for making clocks, or start a HIT club during PE, that needs to be supported and enabled.
- Recruit mental wellbeing ambassadors in each school and implement a buddy scheme pairing up an ambassador with students who are struggling
- Awareness-raising in the widest sense – about what services are out there, what creative opportunities or other activities in the community young women could access, more opportunities for talking about mental health to reduce stigma, and raising awareness of strategies for managing mental health/emotional wellbeing.\*
- How is information shared? Where is it shared?
- Everything is hard to access when you feel depressed/anxious/stressed – this needs to be remembered when raising awareness.

- Channelling energy into positive outlets is crucial – especially creativity. Creative activities offer catharsis, a helpful way to process and express emotion, connectedness and can be a meditative experience too.
- Poetry – ‘Say it with your chest’ – offers the chance to use poetry and performance
- Leeds Playhouse offers Music Makers (making original music), Tuesday Night Drama, 1<sup>st</sup> Floor Artists, Passionate About Plays and other weekly activities with a youth worker present to encourage young people to explore creativity. (Madison from Leeds Playhouse was on our table).
- Must be offered at low cost or no cost in the community and/or in schools
- Creative opportunities are very individual – people have their own ‘thing’ – need to explore to find out what each person’s ‘thing’ is.
- Also discussed - dance, broadcasting, podcasting, vlogging, textile arts, painting.
- ‘Roots of Empathy’ and ‘Seeds of Empathy’ are early interventions offering a package of support and skills-building for parents and pre-school children. Evidence-based and have achieved good outcomes elsewhere.
- Parents are scared of what their kids are doing on their phones, and don’t know how to monitor and control it, how to talk to their kids about it, or what their kids are up to on their phones. Parents don’t see the positives that young women also get from being connected with others via their smart phone. Parents need help to support their children to use online technology and social media platforms positively.
- Young women value social media and approach it positively in many ways, such as one of the participants who found out about the poetry group ‘Say It With Your Chest’ on Instagram. Also using Calm Halm app (not just social media – other online interactions too). However, another participant learnt self-harm techniques via Instagram, others felt #thinspiration was a very negative influence – in general the mismatch between curated self/real self was identified as problematic. Ways of raising young women’s resilience, self-esteem, ability to self-soothe and put into perspective what they see on social media all discussed as important ways of tackling this.
- Buddying scheme in schools, FE colleges and universities – among students. In communities – to link women from different generations. Linked to specific opportunities – to access a support service for the first time, to access a physical activity session or creative opportunity – a person who can support you to get there and stick with it for the first session. Online – linked to existing networks e.g. Mindmate
- Information, not just MH services, other opportunities such as creative spaces/opportunities to feel enriched and connected, experience a sense of belonging – how to share info about these too? Link to buddy scheme to enable access – not just giving info on the activity but on HOW to access it with support. Discuss this information at times of transition e.g. Yr 8, transition to high school, transition from school. Ensure information re: creativity and physical activity is shared by MH services and on MH information platforms e.g. Mindwell
- Parents don’t know how to talk to their kids about MH issues. They need peer support, from other parents who have dealt with these issues skills-based sessions on ‘how’ – how to talk to their kids, how to manage social media, how to manage their own wellbeing
- Awareness raising about what support and opportunities that are out there, about when to worry and what to do if they’re worried about their child’s wellbeing
- While school is important, schools are part of a community and initiatives such as skills sessions on self-soothing, recognising and managing emotions etc should be linked into and offered within the wider community too – working across churches, community groups, leisure centres etc to interlink communities and opportunities.

- Create a 'Toolkit for Wellbeing' which can be shared widely with parents, young people, teachers, community leaders etc.

## Treatment

- Although most people on the table disclosed that they'd experienced times of low mental health, or supported their children through these experiences, the emphasis of this discussion was not on secondary/specialist MH services because people didn't have these experiences (except as workers). This is worth noting in itself, as so much of the pivotal/influential activity is happening 'under the iceberg' of services.
- "Help must be there when you ask for it" – it takes a lot to get to the point where you're ready to ask for help. If you have to wait at that point it feels very discouraging and puts you off engaging with services.
- Transitions between services are difficult – people get lost between the cracks.
- "Don't just focus on services – when resources are tight, it's more about connections" – how do we link up what's happening at a grassroots level with what services are offering? E.g. Time to Talk volunteers in running clubs, Bangladeshi women who set up a walking group and have found it really helps their mental health, the Girl Gang arts collective....how do they link up with services? How does signposting happen (if at all?)
- How can women support each other by offering informal (but loosely supported?) peer support? By encouraging this we can look to meet people's emotional needs and potentially reduce/remove the need for formal services.
- Campaign for longer appointment slots for MH issues. These should be made available without a long waiting time. Use this time to link to other services *within* the appointment – make a phone call there and then, or at least give out an actual phone number. GPs shouldn't be telling people to 'look up counselling on the internet'.
- Campaign for more CPD time for GPs: they don't have time to find out what's out there or to develop good skills for dealing with young women's mental health
- Campaign for GPs to properly record visits relating to mental health (Quality Outcomes Framework?) and be accountable for how they signpost and treat people presenting with mild-moderate MH issues as well as more serious ones – "just prescribing medication isn't good enough".
- GPs need to know what's out there – including a good awareness of all the third sector services, and also knowledge of recommended online platforms.
- "People don't know what's out there" – especially in the third sector. (All the YP on the table agreed with this)
- Adverts in the right places (a suggestion for adverts during high-profile TV shows which might adversely affect MH or deepen unhelpful associations between ideals of beauty/body image and self-esteem, such as Love Island)
- Use of social media to share information about services – Instagram the more powerful platform for young women. Facebook more effective for parents.
- Implement pop-up ads for local MH services when people in Leeds do google searches on issues such as 'self-harm' or 'cutting'.
- Work with Facebook via BattleScars (who were consulted by FB on how to monitor discussions re: self-harm because their private FB group is so successful) to implement pop-up messages showcasing local services when people in Leeds search for 'self-harm' or other search terms on FB or Instagram.
- Flooding schools with posters and leaflets about services, especially 3<sup>rd</sup> sector services
- Use school PTAs to ask parents to share link to Mindwell via their WhatsApp groups
- Sharing Mindwell and Mindmate directory with GPs and other health professionals

- “Mindwell has too many national services on there – and lots of the local stuff is close. It needs updating and rebalancing.”
- Student nurses (not just MH nurses), and all trainee health and social care workers, need to know about local sources of support for mental health. Sharing information on MH support should be part of training, along with skills such as MH First Aid.
- Caseloads for MH care coordinators are too big – e.g. 55 people on 3 days per week. MH workers need more time and more capacity to deliver proper ‘care’, not just care coordination.
- Look beyond services”: by looking at what people need for good mental health – enrichment, belonging, access to green spaces – and seeking out opportunities to offer this in lots of ways, not just through services. Connecting people in communities through creating a sense of belonging and development of shared interests.

**Table 6**

Prevention: What could we do better?

- Create better support systems in schools and further education institutes. Support is mostly felt to be reliant upon having a good relationship with one particular teacher. Students are more likely to speak to a teacher first. Felt that it's not always a formal referral to support services that are needed, but someone to talk to and listen. Teachers have an ongoing relationship and perspective on their students and understand them.
- There was a query around data shown in the turning the curve report. Is data from schools being collated and where does it go? Didn't seem to be reflective in the report given.
- Table members noted a difficulty in that all schools are different in their approach and when they talk to students about MH outside of the curriculum requirement (which is seen as minimal and often brushed over/rushed)
- Some young people felt that schools only spoke about mental health post-event. When something had happened in the news or locally. They felt that the schools and colleges generally prioritised their outward appearance/public persona, grades and academic achievements over the actual happiness and wellbeing of their students.
- Students and carers on the table felt as though teachers were so preoccupied with workloads and achieving grades that they passed students concerns and worries off as 'nothing'. Though also acknowledged that educational institutes are under resourced and don't have enough time to help.
- An issue around confidentiality in schools when difficulties are disclosed. People are worried to disclose issues as they feel that they have no ownership/control of who is informed and word spreads quickly between teachers who don't always know how to deal with things or what to say. This all makes issues worse.
- People felt MH was still very much a taboo topic in schools.
- Opportunity to have regular conversations throughout the school year on an ongoing and frequent basis. More space for discussion and allowing young people to open up. Not in a reactive way or once a year during PCSH and wellbeing week events, which were seen as 'tick box' and meeting minimum requirements.
- Some students also said they weren't at all aware of what mental health support was available through their school or in the local area until they sought it out themselves. Opportunity to do more promotion of local services and signposting.
- Peer support was mentioned frequently. More likely to disclose worries and difficulties to friends and they find it difficult to know what to do about it or where to turn/how to help their friends. Better awareness and offering a peer support/MH 1<sup>st</sup> aid element in school for student ambassadors may help.
- It was recognised that often adults can be struggling too. Teachers jobs are hard, parents don't always know what to do. Young people felt that sharing own experiences and being more open would help. You are "supposed to have it together" when you are in your early 20's and onwards. This isn't always the case, the pressure of perfect lives on social media and adults hiding their own struggles doesn't help.
- Anti-stigma/awareness raising – acknowledging that it's ok not to be ok. it's ok to feel big feelings and everyone does at one point or another.
- Develop options to support people whilst on waiting lists. If you are out of school because you are too unwell to go and awaiting treatment or referral to a specialised

education provider, that makes things worse, increased isolation, lowered confidence and self-worth.

- Suggestion to have a mix of professionals and teachers who are approachable and available at set times within the day at educational institutes and create a culture where students can self-direct to this support within lesson time without being penalised.
- Mental Health 1<sup>st</sup> Aid training to be implemented for teachers.
- Exam time is particularly key – we know how stressful this acute period of time is for young people so let's load resources there and develop ways to reduce the pressure. Work with educators and those with influence within the education system collaboratively.

## Treatment

- Manage people's expectations about waiting lists better. Open and honest communication. Long waiting lists make people feel as though they might not bother. "I've spent this long dealing with this on my own, why bother now" or the opposite experiences where people are told they are 'urgently referred' but waiting much longer than anticipated.
- GP's very quick to prescribe anti-depressants in the experiences of those on the table. People want to be offered wider options
- Be more open and honest about how health organisations in the city are working with each other. If there are communication or system difficulties which are causing issues.
- Listen to individuals and take them seriously when they say they are struggling/hurting and respond compassionately.
- Involve carers, friends, family members more. Make them a part of the team.
- Organisations need to learn from their mistakes/reports/recommendations/inquests and be open and honest about where things can improve.
- Be honest about systemic issues and how long things may take to change and improve and how complex system change can be.
- Don't assume people know what is happening to them, how to articulate it and what help is available. Professionals need to take time to really listen, talk and understand individuals. Language / criteria for support is very important.

**Table 7**

Prevention: What could we do better?

- Strengthening prevention in school, worry boxes as a good way to lift the barrier for children who don't feel comfortable speaking to an adult, we need a secondary equivalent with a more age appropriate name as these would be such a resource to secondary school staff.
- Safe spaces in school, they have the nurture rooms but need spaces, especially for secondaries, where anyone can go whether on the SEN register or not. Some primaries do calm corners where children can go when feeling overwhelmed or if they need extra support and a staff member will come and chat to them – again, it is hard to find an equivalent for older children but a safe space/room would be a huge help.
- Weekly talks in schools (general class for primary, form time for secondary) around emotional wellbeing/literacy/regulation (age appropriate) maybe using videos like the Explained series from Netflix – particularly teaching kids the neuroscience to destigmatise and depersonalise mental health as not being dramatic, etc.
- YP tend to get information from the internet and if they're not guided to the right sources misinformation abounds, particularly on social media.
- A concentration on mental health not mental illness and distinguishing the two – the idea of gym for the mind. Naming emotions, finding triggers, nurturing resilience, providing a safe space to explore these issues.
- Teaching kids how to dismantle learnt behaviours is not easy!
- The earlier the better, perinatal, better support around MH from health visitors, at the moment it seems to be a postcode lottery, lots of mothers in the group recalled getting lots of information about the birth but not their mental health “less knitted wombs, more mental health!”
- A trauma-informed approach and an understanding of attachment is paramount to all staff in all industries in terms of how we relate to each other – young women need this at the earliest stage.
- Engaging parents is absolutely vital, there needs to be a united front wherever possible of consistent messages, removing barriers wherever possible to better MH for YP.
- A Mental Health section in parents evenings was proposed
- Family support worker in JESS cluster mentioned they do parents coffee mornings across the cluster where they invite parents to talk about issues like emotional health and healthy relationships, invite only, they see education as paramount for parents and children in terms of SEMH.
- People around the table discussed fears when they were teenagers and wanting to disclose but being terrified of the snowball effect, wanting to keep control so staying quiet this led to a call for clearer expectations of what will happen when they disclose, exactly who they would tell and what would happen next, so they can have a clear idea of whether it's safe for them to disclose.
- Signposting to anonymous support like Kooth is a vital step within this – make them feel safe and in control, allow them to speak to an anonymous therapist and don't quicken the process at the expense of the young person – allow their journey to help to be managed by them so that when they come forward to disclose when they are ready to but in some cases the distress of the disclosure escalating can be as dangerous to mental health as not disclosing.

- **DON'T LOOK SHOCKED** – when disclosing something distressing – it makes the child (especially women) want to minimise your distress and can lead to them shutting down or minimising the situation.
- Try at every stage to avoid a fear of the unknown as it will lead to catastrophizing what will happen, which leads to sometimes fatal misunderstandings – be transparent.
- Children have a very real fear of being removed from their families – CAMHs practitioner said they often talk to us because they don't want schools to know – how can we let children know schools are on their side?
- Transitions, primary to secondary – managing the anxious response and seeing change as opportunity, rewiring past bad experiences of change by managing changes positively and carefully.
- Too much fear is put into year 6s about the severity and step up to secondary – causes unnecessary levels of anxiety, rather than saying you will manage and school will support you.
- Pressure to conform, not be creative, can lead to young women fearing and resenting their differences.
- Mental health is more important than academic success – your ability to self-regulate and be empathetic will likely take you further than academic intelligence (depending on your career)
- Too many adults still punish children from being sad – 'stop being soft' – or tell girls they can't be angry.
- Teaching young women to curate their online experiences (Like Young Minds campaign) for the sake of their anxiety, body image and self esteem is paramount.
- There was a battle within the group of those who were anti social media and said they should just get flip phones and disengage and those (of which I was one) who said the internet isn't going anywhere, it will only increase its influence, so we need to teach our children how to curate their time online and how to be savvy to source information and have a strong idea of apps and websites that provide legitimate advice.
- Examples given of child who texts her parents her feelings because she can't talk to her parents face to face about how she is feeling – social media creating a disconnect. We talked about the need to use all platforms but to ensure our young people still feel confident to interact face to face as will cause anxiety later in the working world if this muscle is not flexed and they are not supported to be confident.
- Young person talked about the value of the Samaritans hotline for her, was so important to talk rather than type.
- It's easier to engage with online services instead of walk-in places in terms of hiding it from your parents, which has its value.
- Help parents not to react adversely – or think that it's their fault – because the child can shut down – communicate that it's making it about you instead of them!
- Lots of mothers saying that leaflets on the warning signs would have been of great help to them – that even when you work in MH that doesn't mean you are not going to act emotionally or misunderstand behaviours from your own children.
- External symptoms are particularly barriers for autistic young women who can mask and internalise – accessing services in themselves have been a huge barrier for someone in the group with an autistic teenager – the autistic school that was right for her in all other ways was too male heavy.
- There aren't enough support groups for young women with autism, or if there are, we don't know about them! This is VITAL
- Timely support for people who go through trauma – they shouldn't have to wait, its hard enough

- Normalising mental illness – there is a lot of work going on but it needs to be advanced and reimagined to keep up – particularly personality disorders and schizophrenia, lots more work to be done. Support at every age and every stage.
- Brain development and trauma – give practitioners a better understanding. Depersonalise MH – it's brain science!

## Treatment

- Transition from CAMHs to AMHs – there is clearly not enough provision and YP are slipping through the net with tragic consequences.
- Family mediation – working more with families. Professional helping family to help the child – like multi systemic therapy team – bringing everyone together on the same page – wish there was more provision for this so more children could benefit from a holistic approach with everyone getting the same, consistent messages and advice for that child – it empowers everyone involved and parents clearly need to be consulted more
- We talked about low cost no cost and said just giving young women more of your time – but time costs – so much of what is needed is costly and there needs to be an acknowledgment of this
- Family resilience programmes – take the research coming out of the Anna Freud Family School – what did they learn about working with parents, what works.
- If uniform messages could be embedded into our culture as a form of prevention we would see great changes – this especially includes the arts (this is happening, but not in all areas)
- Doesn't have to be clinicians or teachers – look at safeTALK and ASIST models – it's about community leaders
- Video is powerful – young women need to see other women normalising how they are feeling and telling them what helped them – self injury video a great example of this
- Wider cultural messaging wherever possible – public health bringing messages onto mainstream TV more.
- Care needs to be at the core of everything – and mental health and climate change prevention need to work hand in hand
- Being kind, the importance of open conversations needs to be emphasised
- Dissolution of communities has led to more isolation, continue work in trying to rebuild them – they won't look like the spirit of '45 but it's up to us to reimagine them, these communities will help safeguard our girls and young women
- More pet therapy and pet divisions like in REACH primary – these can be transformational especially for attachment
- More peer support groups for protected groups (particular learning disabilities, physical disabilities, LGBTQ+, diagnoses, racial groups) young women desperately need these – the white experience, or the abled experience, or the straight experience being dominant in a peer group can lead to disengagement – they need to feel seen and know that people are making space for them.
- Off the wall idea – TV add on attachment and brain development simplified – getting messages out to CYP where they would actually see them – they're unlikely to watch documentaries on this unless they're seeing them in school (also good!)
- Instead of watching Newsround in schools watching mental health videos
- Workers need to know about what's out there particularly smaller groups – we all check mindmate and mindwell and some of the smaller groups today we hadn't heard of – we know it's a lot of work to constantly update the directories but it's so important for signposting

**Table 8**

Prevention: What could we do better?

- Widen Best Start offer – ensure ‘all’ not just targeted have access to support during pregnancy with regards to bonding, attachment, promoting emotional wellbeing
- Teach in schools, starting at primary school with age appropriate discussions exploring feelings, emotions, coping strategies
- Ensure teachers have appropriate first aid mental health training
- Need a culture shift – too much pressure on young people from society, education and parents – to look good, to achieve to be better than the next person
- Sometimes too much of a focus on building resilience, needs to be a focus on promoting kindness
- Raise awareness of mental health issues - particularly with parents
- All people need a more informed approach in how they interact with people on a day to day basis
- Need a more proactive approach – not waiting to intervene at the point of need. Example of practice in Birmingham - five wellbeing café/drop in – schools refer young people to the service , café/drop-in delivers issue based sessions and promotes coping mechanisms for young people
- Primary schools – use school coat pegs to encourage children to consider how they are feeling each day – use different emoji’s to symbolise feelings
- Explore peer support opportunities/buddying schemes
- Promote simple coping strategies – journaling, support box
- Introduce safe spaces – at concerts/events, shopping centres – quiet zones/quiet hours
- Lobby education ministers/government to stop increasing pressure on schools and young people to ‘perform’
- Increase access to wider social activities/opportunities/taster sessions – knitting.  
*Example of practice at Leeds City College – offer workshops on confidence building, how to be ‘happy’*
- Develop wider campaign promoting young women’s mental health, similar to MindMate, Leeds Girls Can. Consider the use of ‘role models’ – have an event celebrating young women in the city

Treatment

- Need to do more to increase/improve access to support services – practically, it would be useful to have satellite services but also need to think about how to reduce stigma and judgement for those requiring support
- Improve access to support services – *Practice example in Birmingham – GP surgeries have community psychiatric nurse on site – quicker referrals. It was thought that something similar was being trialled in Leeds through the colleges who will have mental health workers on site*
- A & E services – most people accessing at crisis point - initial assessments need to recognise need for flexibility – situations can change rapidly – categorising levels of risk is not useful
- Times of appointments need to be informed by a young person’s situation – utilise drop in model used by The Market Place
- Need to improve support for families whilst young people are on waiting list for support – parents can currently access Teen Connect and Safe Zone independently of their child

- All services should have an awareness of mental health issues. Should treat mental health same as physical health
- Process of dealing with young people in crisis needs to be considered – feeling forced to be there (in secure setting/ service appointment) from outset can have a negative impact on how further support is perceived/received. Need to recognise that ‘crisis’ is different for everyone.
- Consider different types of access to support such as text, phone call, e-mail
- Raise awareness of support services through displays/posters in schools, GP surgeries but also in discreet places – behind toilet doors
- Include support information in school planners, school websites – provide at key points of transition. Year6/7, exam periods, Year 11, Post 16

**Table 9**

Prevention: What could we do better?

- Starting from primary – put mental health on the agenda in schools – make it compulsory
- Need group discussions to help people say how they're feeling
- There is more focus on sexual health and not on mental health – need more 'opening conversations'
- Need to talk about what's good for your mind
- My experience is that since my granddaughter died [from suicide] people have been more open
- Need to talk about suicide openly – young people need to know that you can stop the pain in another way
- It's important that people who are helping have their own personal experience of mental health as they understand.
- Have more people working in mental health who have their own personal experience so less of a power imbalance
- When you speak to professionals it's hard to open up. They make assumptions. Tell me what's wrong with me. POWER
- Need openness and honesty – people should share how we really feel on social media. Need to be real.
- We need to share with young people how to use social media positively. How to share appropriately.
- How to set boundaries – how to have healthy positive social media experience
- Advice around following different accounts – need to take a harm reduction approach...
- Delete people who aren't healthy for you
- Make parents aware of what to look out for. "My parents had no idea – they didn't ask me. My mum didn't know" – need education for parents
- "my parents didn't believe me. They thought only adults can have mental health problems"
- Schools could run education programmes for parents – in the same way that they get you to come in to find out about SATS – they could invite you in to learn about mental health.
- One person on table felt strongly that we shouldn't use term 'mental health' and should re-name 'emotional wellbeing' or 'neurological disorder'
- Others agreed it's very individual how you feel about terminology
- "People have signed me off without asking – they think I can't cope"
- Need openness.
- At Leeds Mind we have a 'wellbeing hour' regularly – we can do what we want with it – means we're valued by employer
- People make assumptions about you – assume you'll be off
- Could have mandatory question in one-to-ones about how someone is feeling emotionally. BUT shouldn't be tick-box. Others felt this wouldn't be good idea as they wouldn't feel ok opening up to manager unless they trusted them as worried about implications.
- "My manager asked me when I was going to recover"
- Would be good to have someone external checking in about well-being
- Society needs to understand that mental health isn't black and white.
- People think you do it on purpose
- Mental health will always be part of me

## Treatment

- Create a 'crisis card' like the adult one about young people's services
- Should collate all the services available
- Doctors should tell you about the support available "my doctor only told me about medication or IAPT – not all the things that they've just talked about" [in services presentation]
- Should embed well-being questions with GPs
- Have longer sessions
- If you book an appointment and you say it's to do with mental health you should be offered appointment that day and automatically get a double appointment
- All GP surgeries should have mental health advisers like in Leeds student medical practice. One young woman gave example of how she was seen for an hour and told she could come back again if she wanted. Group felt all surgeries should have this option.
- Services should let you know you can come back if you want to – you don't have to have open door policy but let you know that you can re-access
- "When I've had free counselling they haven't cared – you get a limited amount of time. I've had to pay £40 per hour to get someone to care"
- Time pressures don't help
- Services don't call back – you need the help at the right time
- Better phone access – "I kept getting engaged when I tried to call"
- "If you want to access help you have to be motivated – if a service has long waiting lists it's debilitating"
- Service need to follow up on promised – "I had appointment cancelled and I asked to reschedule and I never heard back"
- Need more drop-in so whenever you need it you can access it "I went to the market place drop-in then I had Fast Access counselling and it really helped. It was the thing that got me through"
- Need services for people who are in limbo – so not bad enough for crisis support but get put on a waiting list
- Should have less focus on age – some 13 year olds are really mature and some 25 year olds less so.
- Take away top age restrictions for services – you should access service that meets your need regardless of age
- "I hate the age cut offs – if you start a service and you know you'll have to leave in 6 months it's awful"

**Table 10**

Prevention: What could we do better?

- Start young – support parents to form good bonds with their children so child feels safe and has high self-esteem and resilience
- Education re healthy relationships
- Highlight that it is good to share emotions for children and young people
- Establish a place to share and recognise pressures on young people today
- Education and discussion about safety on line – how to spot the difference, how to manage use of it, how to manage mental health when using social media. Good and bad sides.
- Share good stuff – links about where to go if not got a door to knock on
- Social media abuse can invade all of life – can't just shut the door – discuss how to break the need to keep looking all the time – almost an addiction.
- Information for parents – to help them to understand the severity.
- Guides for parents about social media - What are the ones out there? What do they do? What are the age restrictions? Etc. etc.
- Language used when talking about mental health – can seem stigmatising for example restraining/sectioning
- Helping young people to understand who they are, what their values are, discovering their uniqueness
- Discussion with children and young people about social media and the impact in both a positive and negative way. Highlighting that they can develop a different persona, which they can eventually believe and struggle to know who they actually are
- Help children and young people to “Take Notice” and spot the good and nice things in life. Help to flip the focus and the mind-set from negative to a positive focus – perhaps using a gratitude diary
- Campaigns to encourage children and young people not to bottle up their feelings talk to people they trust and have a good relationship with e.g. parents, teachers, peers
- Encourage children and young people to post something positive every day on social media channels for an agreed amount of time. Then talk about the impact of doing so on them. Then discuss the potential impact on others of posting bad things. Helps to raise awareness and develop empathy for others.
- Help CYP to focus on the positives. Celebrate achievements and successes
- Encourage “Detech” to not use phones, screens etc for an agreed amount of time. Again discussing what this feels like.
- Peer support. Share experiences
- Increase number of places and items for “CHAT” happy to talk places – chairs, sofas, benches where CYP go or use. Include some training and awareness to help others go and start a conversation and how to manage.
- Pet therapy – animals provide unconditional love could get animals into schools, pet loan schemes. One project called “Think like a pony”, also therapy dogs
- Develop service user videos where they talk about their mental health issues and what has helped – shown in places and on social media channels that CYP use.
- Establish safe places across the city which are open 24/7. Venues to include shopping centres etc. CYP can go when need to talk about how they are feeling. Establish support services in them.
- Set up rooms with a phone that CYP could use when they need support, venues could have self-care info etc. too

- Art projects including poetry, art therapy, singing, art groups – all can help build skills of CYP which in turn increases self-esteem – which then helps them to discover and develop more of who they are
- Park Art – along the lines of Park Run but using art

## Treatment

- Shorter waiting times
- Make transition smoother – why not have services for young people extended to 25 or at least a couple of years after they turn 18. LAC get longer and may have more specific needs but if CYP involved in mental health services need continuity beyond 18
- Explanation of processes involved in mental health services in user friendly language and other ways.
- For YP, with existing mental health issues, going to university or moving area can be extra tough. Hard to know what services are available in the new area, so if in crisis what to do.
- Systems need to be more joined up
- Need more people employed in all services such as during transition services not just 2 for the whole city.
- More on call services – which YP can visit or contact when in crisis
- Increase focus on early intervention
- Encourage assessments in home or a better venue from the YPs perspective than clinical ones. Ideas included Rail stations, other places YP use and visit.
- Walk in centres based in locations YP know about and already use.
- Have much higher presence of support services at University open days – publicising what local services are available and how YP can access them
- Reduce the stigma of MH – in some universities such as the Russell Group ones and on courses such as law etc talking about MH is a definite no no.
- School systems often leave to exclusion/isolation exactly not what is needed. Often expressing emotions seen as wrong. Needs to be systems and services that respond to this.
- Art therapy
- For women if they are quiet this is seen as normal behaviour and therefore opportunities to discuss are potentially missed to talk or challenge and ask if there is a problem.
- Ban isolation rooms or at least rebrand
- Continuity of care vital – same person who assesses should be involved in future care and support.

**Table 11**

Prevention: What could we do better?

- Ambassador or 'big brother/sister' (America) – to support
- 'safe space' – open space for everyone can go with art/comfort/cushions etc
- Befriender schemes – email/support/ online etc
- Wider community anti-stigma campaigns
- Not enough support and training/education for families
- 'Bench' – place to go – ambassador/mentor/ safe to talk
- Parents evening
- Coordination of volunteers –people who want to help
- Older generations (grandparents) can offer different perspective
- Early intervention – notice
- Better training for teachers and support
- Stopping bullying – schools need to do more
- How to create a space for people to say you're not ok and pick up cues
- Still a taboo – especially talking about suicide
- How to help teachers understand mental health challenges – not 'bad child/ill behaviour' – i/c recognising neurodiversity such as autism (think i/c means including?)
- Putting on record – start to label self and self-esteem goes down
- Teachers – ask why – be curious
- Having a safe space – wellbeing room
- College/university – mentor = they come together to support each other
- Recognise the Enormity of moving from primary school to secondary school – offer support
- Recognise parent want to be part of the team – step out of the box/process
- Recognise – difficulty to share sexuality within society/family
- Recognise the challenges of some ethnicity groups – daren't express their mental health – worried their parents will find out (socially not accepted e.g. Chinese, Philippines)

Treatment

- Transition between CAMSH and AMHs needs focus. Increased risk time in relation to suicide
- Not over relying on crude questions in risk assessment and not just medication – need psychology support too
- No flexibility of support related to diagnosis (medical model)
- 'listen to the person!' – need person centred approach – decide with the person
- A lot of passing around and summer break
- Need wrap around so young person supported to get help from college/uni
- Some bad experiences with GPs – dismissed
- Positive about being able to self-refer
- Recognise difference between CAMHS and AMHs
- Proper support while you wait – bring people together
- Reduced waiting times