

July 2015



**Seen &
heard?**
Why not now ●

Acknowledgements and thanks

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And finally Healthwatch would like to thank the young people and families who spoke to us. We are indebted to you for your openness in recounting often painful details about experiences. This report has been written for you.

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Executive summary

This report builds on our previous *Listen to Me!*¹ report, published by Healthwatch Hillingdon in partnership with Hillingdon Mind last year, and is the second in a series exploring the condition of services for children and young people experiencing mental health difficulties. A third wave, to be undertaken towards the end of this year, will look at the changes being made to improve services and deliver the new solutions that are needed now more than ever.

Our engagement work in this area aims to:

- Develop a better understanding of what it is like to be a service user trying to get care for yourself or a loved one
- Contribute to the planning and commissioning process - ensuring services better meet the expectations of young people, parents and carers
- Help transform services so they prevent problems instead of picking up the pieces
- Gather insight for benchmarking against future service improvements.

This report reinforces what we found in *Listen to Me!* and we have used this insight to develop a set of key principles which could be used by commissioners to improve outcomes for children and young people experiencing mental health problems.

Since the publication of *Listen to Me!*, the children's mental health service landscape in Hillingdon has changed markedly. We have been encouraged to see a renewed commitment to improve services for children and young people experiencing mental health difficulties by both NHS Hillingdon Clinical Commissioning Group (CCG) and Hillingdon Council. We've also seen enhanced partnership working, which we are keen to support and contribute to, drawing from our own community listening projects.

We now have a new programme of work that will achieve real change to the way young people with mental health problems are heard and how services are designed. Working together with agencies and local charities we are determined to help commissioners find new care solutions and be bold in our patient engagement approach.

**Better services,
better access and
better outcomes
are the
shared goals**

The mental health of a child or young person influences the adult they will grow up to be, and by gaining knowledge and insight on issues concerning mental health it is our hope Healthwatch Hillingdon can provide commissioning support in achieving improved mental health outcomes.

What makes this report different is that it's influenced by the people that really know what they're talking about - children, young people and their families. It's based on interviews with them about their struggles with emotional and mental health issues.

Better services, better access and better outcomes are the shared goals. While this report highlights some of the problems in the system, we also want to help bring about positive change.

A blueprint for improving care

Ten key principles for commissioners

1 Make targets count

- Open up access to CAMHS
- Develop maximum waiting times from assessment to treatment
- Implement and monitor minimum service specifications.

2 Help schools lead

- Back schools based counselling services and wellbeing plans and ensure support is joined-up - in and out of school
- Involve young people in service design and solutions - including peer-to-peer support
- Strengthen capacity and capabilities of school staff to spot signs - establish a link person with CAMHS in each school
- Put developing social and emotional skills on the timetable

- Give young people the tools to meet the opportunities and threats of new technologies.

3 Prioritise by need

- Identify most at risk groups and those with multiple needs (young carers, autism and other disabilities, LGBT², BAME³, young homeless people)
- Understand the risks and challenges of intergenerational problems, abuse and neglect in families
- Recognise children with early starting behaviour problems as one of the groups most vulnerable to later mental health problems.

4 Share good practice

- Spread the word on the benefits of existing services

- Develop a whole-community approach to wellbeing, coordinating the collective efforts of universal, leisure and youth services

- Establish a single point of access and multi-agency triage, including out of hours support
- Build on the effectiveness of youth counselling.

5 Use voluntary sector expertise

- Support #mentalhealthready prevention-focused programmes for high-risk groups
- Build the capacity of the voluntary sector in respect of tier 1 and 2,* such as self-harm, suicide prevention, bereavement, drug abuse
- Embed voluntary sector links and support in CAMHS pathways.

* Tiers are used to classify levels of mental health need, tier 4 representing the highest need.

6 Develop clear pathways

- Simplify referral routes - making services easier to access, understand and navigate
- Support GPs to recognise, diagnose and treat, or refer, young people with mental health issues
- Encourage GPs to keep registers of children experiencing difficulties to ensure help is received and progress is monitored
- Establish a self-harm pathway with guidance, backed by the Safeguarding Board, linked to suicide prevention strategy
- Improve ways agencies, sectors and systems work together to meet need by moving from a tiered model to the THRIVE model.⁴

7 Care for families

- Promote relationships (family and friends) as an integral part of diagnoses, treatment and recovery⁵
- Ensure parents receive the support, advice and information necessary to make good choices for their child.

8 Engage, listen, involve

- Commit to shared decision making and shared outcomes - allowing parents and young people to share in commissioning decisions
- Empower children and families to be involved in the commissioning process
- Bring children, young people, families, professionals, voluntary sector and practitioners together to talk about mental health services
- Scrutinise mental health early detection activities and suicide prevention, led by the Safeguarding Board.

9 Be autism aware

- Offer more support to young people with autism, and their families
- Build practitioners' understanding so they are autism aware
- Review procedures around transition points - strengthen links between CAMHS and adult mental health services
- Develop a comprehensive pathway focused on mental health early intervention, embedding links with the voluntary sector.

10 Review CAMHS spending

- Examine children's mental health spending - include public health, troubled families and other wellbeing budgets
- Join the Centre for Mental Health local government #MHChallenge
- Adopt an invest to save approach - prioritise spending on early intervention and prevention, avoiding false economies.

A message from the Healthwatch Hillingdon board

“Underinvestment in mental health services, particularly for young people, simply does not make sense economically.”

Chief Medical Officer,
Dame Sally Davies

What are the challenges?

Every parent wants their child to be happy and positive about the future. But young people have told us they feel enormous anxiety as a consequence of family breakdown, body image pressure, school stress, bullying and social media. Faced with the challenges of modern life parents have told us that they fear the needs of their child are being ignored because, for instance, they don't meet the threshold criteria for accessing services or have few rights in relation to treatment.

There is good cause for sounding the alarm bell.

During the early part of this year we spoke to the father of a teenager with autism⁶ who tried to take his own life in 2013 with devastating consequences, despite several pleas for help made to the school and care system. The father said: “My son was badly bullied at school. They targeted him because he was different. On one occasion they pushed him down the stairs and on another they chased him with sticks, kicking him at the ankles and calling him names. He felt violated. When I took it up with the headmaster he said: ‘The school doesn't have a problem with bullying’.” Over the years the bullying continued and the father said: “I think living for so long with a condition that wasn't ever properly recognised, coupled with the unrelenting bullying and unbearable stress, got too much for him. By the time my son reached 16 he'd had enough.”

It is estimated that nearly 400 under-10 year olds have either self-harmed or attempted suicide in Hillingdon, along with around 1,500 11-16 year olds. This is projected to rise to 1,665 by 2021.⁷ Furthermore, there are between 1,400 and 1,800 children living with anxiety and depression in Hillingdon and by 2021 nearly 5,000 children in the borough will have a mental health disorder.⁸

Need is rising yet investment in services hasn't kept pace.⁹ The spending squeeze is affecting services that could help prevent problems and our emergency services are facing unprecedented pressure because of the lack of the mental health care professionals, including counsellors, youth workers and out-of-hours community based services.

Behind cuts to services are the individual stories of young people, and families, waiting indefinitely for treatment, suffering from immense stress, and struggling to find someone able to listen and help.

This problem cannot be ignored: it's time to imagine a different future. We need to be more family-based and community-oriented in our response.

Our challenge is timely. Local Authority funding pressures mean commissioners are looking again at how they organise things and might do 'better for less'. The recent government taskforce,¹⁰ taken together with the new government's manifesto, promised to put access to mental health services into law,¹¹ as well as offer more support for mental health sufferers.

The good news is that Hillingdon's NHS Clinical Commissioning Group has already started to look at what more can be done to shift investment from picking up the pieces to early intervention, working in partnership with the local authority.¹² We hope this report will assist them, working with the Health & Wellbeing Board, and commissioners, in how they take a broader community approach to improving the health and wellbeing of children living with - and recovering from - mental health problems.

We must start by looking at how services are experienced by young people and families and whether their needs are being met. In an average classroom 10 young people will have witnessed their parents separate, eight will have experienced severe physical violence, sexual abuse or neglect, one will have experienced the death of a parent, and seven will have been bullied,¹³ yet our services are sometimes slow to respond and are too fragmented. Needs can happen suddenly but it takes time for health and support services to kick in.

More than half of parents surveyed, with the help of the Hillingdon Parents Forum, said they had or are waiting longer than six months for CAMHS services. This situation simply would not be tolerated in physical health and Healthwatch is committed to helping remove barriers preventing improvements. Why not now?

Doing things differently

A vibrant voluntary sector

Hillingdon's voluntary sector has an impressive range of programmes that can help young people where the NHS cannot. These organisations are rooted in their communities, and have a long history of user-led interventions, that sit outside of clinical settings, but are able to offer effective, and trusted, levels of support. There is scope for the development of these programmes; indeed they should be embedded in new, and existing, care pathways.

Schools as leaders

Some Hillingdon schools already benefit from the effectiveness of counselling, but not every school has a counsellor and many are only employed to be in one or two days a week. Staff in schools say more mental health services are necessary to meet need. One parent told us that although her daughter was self-harming, and being bullied, school staff said that her daughter couldn't be prioritised because 'she wasn't in an exam year'. In the end, the parent was forced to seek help outside of the borough. We believe this must be looked at, including: strengthening links between schools, the local authority and health services, and commissioning self-harm services. Parents want a single point of contact in schools, while school staff would welcome more joined-up working with the NHS and CAMHS, to prevent referrals to secondary care where possible. NICE recommends young people with depression are offered counselling therapy,¹⁴ yet the impacts of not having enough counselling services are being felt right across the borough.¹⁵

A whole community approach to mental health

In Hillingdon there exists a wide range of community services - leisure, libraries, police cadets, colleges and so on - which could be leveraged to promote wellbeing, prevent mental health difficulties and, where problems occur, provide signposting to services and support.

“The Trust welcomes this insightful report and sees considerable value in setting out messages to commissioners.”

Shane DeGaris,
Chief Executive,
The Hillingdon Hospitals
NHS Foundation Trust

Peer-to-peer support

Young people told us they would seek advice from friends first. Young people themselves can be, and indeed are, resources for other young people. Indeed most young people who have experienced problems and are recovering told us they'd be happy to share their advice and knowledge with others. Mentoring could play an important role in the early stages of mental health difficulties, especially in the context of long waiting times for support from CAMHS.

Change is possible

Too many people we have interviewed feel let down. It doesn't have to be like this. As well as hearing distressing testimony, we've also seen lots of expertise and innovation which could be better recognised, supported and spread.

The hope of this report is that the voluntary sector, schools, hospitals, the police, local government and the wider community will come together to support practical wellbeing programmes that prioritise prevention and enable children and young people, and their families, to shape the services they receive. Children and young people have told us, and will continue telling us, about the reality of experiencing - and struggling to overcome - mental health difficulties. Their stories, ideas and ambitions, the inspiration for this report, show how change is possible. The challenge now is to listen and do.

What young people said

"I really wanted a support group to meet others who could show me it's possible to come through the other side"

"If you're going to help young people going through hell at school you have to stop bullying"

"Me and my mum were made homeless. She had a lot of problems and things were really hard. I was lucky because I was rehoused with P3. For the first time in ages I didn't feel suicidal. P3 helped me feel stable and that I had a future"

"I've tried to kill myself before because I was really unhappy with myself"

"Kids use social media to gang up on people but school won't do anything about it"

"Before seeing Link I was on anti-depressants and bouncing off walls. Since going there I'm much happier. Counselling has really helped me move away from self-harm and thoughts of suicide"

"Kids don't talk to teachers they talk to friends. Peer mentoring is really important. I like going to HACs¹⁶ and helping others higher on the (Autistic) spectrum than me"

"Going away on breaks with Hillingdon Carers gives me something positive to focus on. Without it life wouldn't be worth living"

“Caring for Mum has been one big life juggle. I was very shy and used to feel scared most of the time. Since coming to Hillingdon Young Carers I’ve made great friends and now I can talk easily to anyone”

“I was being badly bullied at school. If it wasn’t for Link I think I would have ended it all”

“I go through periods when I’m really sad, confused and panicky”

“My school has about 1,000 pupils with just one counsellor. Not everyone with problems is getting help”

“I’ve gone through periods when I’m really depressed and have thought about ending my life. It’s hard to cope”

“There should be more school assemblies about mental health so everyone is involved”

“I worry that my mum’s emotional problems could happen to me. What are services doing to stop that?”

“Bullying should be illegal. It causes so many problems and really messes your head up”

“If you really want to hear about how mental health affects young people don’t just rely on statistics. Talk to them”

What parents said

“Once you get CAMHS they are amazing but they are simply snowed under”

“DASH is a lifeline for me but we need more stuff like this to stop our kids going off the rails”

“My son has been out of school since January (2015) because he can't cope. Now I can't get him out of his bedroom but there aren't enough special schools or ADHD experts in Hillingdon who can help”

“They would rather give him medication than offer counselling and treatment”

“School will only deal with his behaviour. I've been asking for help for ten years but he's fallen into a gap”

“They said my daughter wasn't autistic enough to get help, even when she stopped eating and was self-harming”

“Wish¹⁷ is what we need in Hillingdon so young people can get help without an age threshold”

“Mainstream schools see autism as a problem. This lack of understanding worsens the difficulties your child is going through because they feel ignored”

“No-one at school has ever asked my daughter about bullying but they know she is self-harming”

What professionals said

“There is a gap in services for young people, especially out-of-hours counselling for young people over 14 years”

“Although LINK is a counselling service and not a psychiatric service, like CFACS¹⁸ and CAMHS, this doesn't mean counsellors aren't dealing with unhappy, damaged young people”

“There is a problem when you can only refer to CAMHS 9 to 5 and not at weekends. The problems are so serious we need CAMHS on call 24/7”

“We can't carry on in a situation where A&E is the only pathway”

“Young carers have asked for more peer mentoring schemes and there's a gap there we need to fill”

“We're having to discharge young people who self-harm from A&E without community (charity)-based resources to refer them to”

“There’s a lot of misunderstanding about what CAMHS is. We need a clearer description that everyone can understand”

“We need more health-based services of safety. We’re not offering the best care when a young person in distress is waiting in A&E with a police officer”

“We need to know which London borough sets the ‘gold standard’ for CAMHS and build on that good practice”

“We’re not adequately trained to deal with the levels of anxiety and emotional problems children have”

“Some parents don’t believe their child needs counselling. Having the opportunity to self-refer is essential”

“They don’t need a diagnosis they just need to know it’s OK to feel bad and know how to ask for help”

“A lot of problems start at key transition points, including entering secondary school and leaving. We need to get better at understanding this and putting more prevention projects in place”

“Just because a person is 18 it doesn’t mean they magically have adult life skills and are able to ask for help”

“Ask yourself how many young people that are criminalised also have mental health problems?”

“We have to ask ourselves is a paediatric ward, with very sick children hooked up to drips, the best and most sensitive place to deal with young people with mental health problems?”

“It’s important we have counselling services that are supportive of the needs of mid- to late adolescents because some adult services are not always sensitive to the needs of young adults”

“When no-one else is there to help, the police are always there. We’re often seen as the only agency able to respond to mental health problems”

“I’ve seen young people literally starving themselves. There’s also a lot of sleep deprivation, bullying and bereavement problems”

“We need to include mental health in Ofsted performance and PSHE measures”

“We need more teaching of resilience in schools for children’s wellbeing and because it’s vital for great learning in the classroom”

The economic case for good mental health

Mental health costs are big business

Costs do not impact on health alone, they are also linked to educational underachievement, unemployment, relationship breakdown, substance misuse and crime. The direct costs of mental ill health in England are now around £22.5 billion a year - this includes spending in health and social care and other agencies, but not the indirect costs, including criminal justice system impacts and lost opportunities and employment. It is important we understand the level of need and right type of investment required in Hillingdon, without which we will all pay the price - not just in wasted resources but also in wasted lives.

Although there is a pressing need for new studies of the costs and benefits of specific interventions, there is sufficient evidence to support the case for greater investment in mental health promotion and community-based services, including counselling and more support for parents. The clear relationship between poor mental health in children (anxiety, depression, self-harm and risk-taking behaviour) and poor school outcomes means that even a modest improvement in services is likely to have significant cost benefits.

there is sufficient evidence to support the case for greater investment in mental health promotion

The economic case for good mental health (infographic)



Close to **£75 billion** is spent each year to address **mental ill health** in the London economy¹⁹

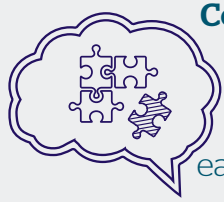


At least **1 in 10 children** is thought to have a clinically significant **mental health problem**, meaning 111,000 young people in London²⁰

45% of 'looked-after' children aged 5 to 17 experience **mental health disorder**²¹



The impacts of childhood **psychotic disorders** cost London's education system approximately **£200 million per year**²²



Costs of ADHD total £102,135 per case. Total **long term cost** of ADHD for each year's children is £1,070 million²⁹

CAMHs team **per case £4,549** (excludes qualification costs)³⁰



CBT per session £104 (based on CAMHS treating adolescents with depression)³¹



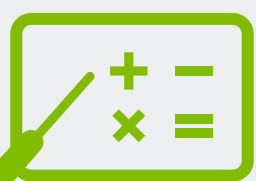
70%

The proportion of young people reporting **improvements** in their mental or physical health after counselling services (YIACS)²³

For every £1 spent on preventive therapies (counselling), **£15 is saved**²⁴



The estimated lifetime costs of severe behavioural problems is **£260,000 per child**. £1,300 is the estimated cost of a parenting programme²⁸



Early Intervention in Psychosis is known to be **highly effective** in helping young people. It allows young people to stay in education, to get and keep work - **saving** the NHS £9 and the wider economy another £9 for every £1 invested²⁵

For every £1 spent, £31 is generated in **measurable benefits** using an evidence based group CBT programme for anxiety disorders²⁶



Bullying **reduces lifetime earnings** of a victim by around £50,000. The cost of delivering (whole-school) intervention is around £75 per pupil²⁷

helpless
isolated power
rising bullying
carers aut
self-harm r
learning disability
anxiety depression
suicide under pre
helpless alone iso
powerless teasing
bullying young c
autism ADHD s
struggles learn

Case studies

Principles for commissioners*

1 Make targets count

Zoe is 19 and works full time. She started to experience mental health problems at school in Hillingdon when she was 13.

“I was finding everything overwhelming and I stopped eating. Things got complicated and my GP referred me to CFACS but it didn’t work because I couldn’t make a trust connection with the counsellor. She was aloof and robotic. Because of everything I’d been through, making strong connections with professionals was important to me. I stopped going but my problems got worse. They didn’t contact me to find out what was happening. I needed to go back because I wasn’t coping but this time I saw a different counsellor and things improved.

We had six sessions once a week but this wasn’t enough. When I reached the point I needed help again I didn’t meet the age threshold and things spun out of control. My problems got worse and I was referred to the Pembroke Centre for an assessment but this was a waste of time. Every week I would have to explain myself to different professionals each time. It was impossible to get to know staff or make a connection. I just thought to myself I’m going to stop trying. I felt like I wasn’t ill enough in their eyes to get help.

My problems worsened and I think a referral was made to the council but the message came back that I wasn’t ill enough. After this they referred me to Link Counselling. Link have helped me put my life back together. Before going to Link I was self-harming, I was on anti-depressants and had thoughts of taking my own life. Now I’m so much happier. Because staff there actually care it makes all the difference. Before Link the system sometimes made me feel like I was rubbish.”

* Case study names have been changed and some details have been changed to protect the identity of individuals. All case study subjects live and/or work in Hillingdon.

“I’ve literally tried every service going”

Sarah lives with her two children and husband in Hillingdon. One of her sons (13 years old) has autism. He struggles with communication. He also has problems sleeping and following school systems and routines.

“I’ve literally tried every service going and now we are at our wits end. When your child is autistic, it’s the constant having to repeat your story every time you call the GP, the council, or when a new teacher starts at school, that wears you down. This has an impact on your child. You end up asking yourself, what’s the point of explaining the emotional problems your child is going through when they’re only going to write it down on a piece of paper and you don’t hear from them again. We have to get more specialists, and mental health professionals, in schools. As parents, we’ve also got to know where we stand, and when we are going to help. Better communication from agencies about how long you’re going to wait, and what you can do when you’re waiting, would make a big difference.”

Hayley has two sons with autism aged 12 and 19 years. Her sons have different needs. Her eldest has limited needs and youngest very high needs. Autism has put significant strain on the whole family.

“I first went to CFACS when my son was about four years old. My GP gave me a referral and I thought I was going to get a diagnosis. We’d been going there for over a year and a half before it was explained to me that I wasn’t going to get a diagnosis. They explained CFACS had been observing my son. In the end they said they couldn’t diagnose him. So after attending regular appointments, for over a year, probably at great expense to the NHS, we were no further forward.

“The whole system needs restructuring around early support. We need much quicker referrals and trained professionals able to help calm your child down when they have anxiety attacks in schools and other public places. We need more therapists and counsellors in schools, working alongside CDC and CAMHS professionals, where they can make the most difference. If more trained professionals had been able to physically contact my child, and calm him down, he could get so much more out of school. Instead the school have called me to ask me to take him home early because they can’t deal with his needs.

“Today my son is having a terrible time at school. There was a big push for him to go to a mainstream school but it wasn’t right. He has now started to talk about not wanting to live anymore.”

2 Help schools lead

Esther works in a Hillingdon School. She has worked with young people for nearly ten years.

“Schools are a vital setting to reach out to pupils needing help. It’s where they spend most of their time. I do think more counselling services should be made available and that CAMHS should be working in close partnership with schools - working alongside other professionals in a flexible and integrated way. It can feel CAMHS don’t collaborate across a wider system and care pathway.

I’d like to see more Mindfulness in schools or at least one or two ‘school leads’ coordinating Mindfulness projects and training across the borough. A lot of teachers are under pressure but pupils practising Mindfulness could help at a number of levels - including life skills and increased pupil performance. School attendance is a big driver for counselling interventions but we shouldn’t ignore problems until attendance becomes an issue. We could also be doing more about transition and helping students develop resilience skills using Mindfulness. Some schools organise transition preparation for vulnerable students but these groups should be mixed up with high achievers so everyone is involved and knows positive mental health is good for everyone - and that it’s ok to have trouble coping.”

Julie is a health professional with one daughter at a Hillingdon school. Her daughter started to self-harm at 12 years.

“The problems started when boys started teasing her at school. At first it was low-level name calling but things got worse. They would stop her in corridors and say things in class. One day I came home early from work to find her in her room. She had blood on her arms and when I looked closely I could see that she’d been cutting herself. I approached the school straight away. Initially I had no idea who to speak to. There’s no information on the school website about mental health, or any details about who to contact. There’s lots of information about school policy and exam performance but nothing about wellbeing. In the end I spoke to pastoral care asking for help and advice. Because she’d deliberately hurt herself I asked for counselling but the school said they couldn’t offer this because my daughter wasn’t in an exam year. When I explained how worried I was they advised me to

“There’s no information on the school website about mental health”

take her to A&E. I even asked if I could pay but the school explained they couldn’t prioritise by ability to pay.

I started doing my own research and found lots of information about services like Link that could help. I gave all this information to the school to hand out to other parents, but I didn’t get a reply. The school didn’t follow-up to ask how my daughter was, and whether she was getting better. The only information I received was about her school performance. This is all they seemed to care about. Things boiled over again, the teasing went from name calling to bullying, but my daughter didn’t meet the age threshold for Link, but she needed help. She was vulnerable but the school couldn’t see this.

In the end we had to go out of borough, securing help from trained psychotherapists and also from The Wish Centre³² which are excellent. They do one to one counselling and peer-to-peer support. There’s such a lack of self-harm and confidence services for young people in Hillingdon, and also a lack of joined-up thinking between schools, health and community. My daughter talks a lot about how many other girls self-harm. They need places to go in school where they can talk and more posters and information about how to get help. Schools need to have policies and procedures in place about self-harm. I asked the school about school procedure for girls who are self-harming at 11 years old. They told me that usually a referral goes to the Year Director and then to the school Safeguarding Lead who then might liaise with the local authority Safeguarding Team, who in turn might refer to CAMHS. We need to act much more quickly and have more accessible, self-refer, services in place.”

Susan works in Hillingdon with young people. She has worked in school and college settings.

“Families are having a lot of problems and you see kids lashing out. There’s a lot of pressure to keep up with peers and with exams. Over recent years we’ve seen an increase in self-harm, anorexia (especially in boys) and more general anxiety and depression. In a college setting learning support is linked to student and emotional support so you can be more rounded in your approach. There’s also a clearer referral system with clear pathways for support available on campus. I’d like to see a borough-wide approach that saw schools setting clear standards, and that saw mental health as a good thing not a bad thing. We need to talk more openly and think about families. I’ve recently supported a young person whose mum was diagnosed bipolar. She wasn’t being properly fed and family routines had gone out of the window. She was experiencing emotional crisis and needed multi-agency support. Mental health problems are going to get much worse and we should be working together to work out the pressure points and put systems in place that help prevent crises.”

3 Prioritise by need

Tia is 20 and homeless. She started experiencing mental health problems at school in Hillingdon aged 12.

“Teachers and staff knew what I was going through and gave me access to counsellors, and they looked out for me, but I had a lot of anger inside me. Sometimes I wasn’t in school and it was a struggle keeping on top of school work when my head was all over the place. I couldn’t understand my feelings and found it hard to trust adults and concentrate. I was drinking to block out feelings and was messing about with drugs. I got help from HDAS. Through them I was referred to P3/Navigator because I’m homeless. I’ve been sofa surfing for months now. I’ve got to go the council to ask about housing but I just feel so overwhelmed. I don’t know how to cope with the feelings I’m having. Last year I took an overdose and was put in Riverside. I took my second overdose after being discharged. I just wanted everything to end. I’ve been self-harming since I was about 12 years old. I’ve always felt suicidal. I don’t have anywhere to live right now and don’t know who I am anymore.”

“I would call CAMHS every week but they would only say she’s on the waiting list”

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

“Our son has a high IQ and reached the second highest SCAAT score in his year. At primary school they mentioned Asperger’s but they didn’t ask us to do anything about it. At secondary school he was badly bullied. The local authority ‘Parents Partnership Group’ helped us take things up at school. We were really grateful for this but the problems continued. I accidentally came across HACS (Hillingdon Autistic Care & Support) through a conversation with another parent. It was HACS who helped me get my son statemented. After this I thought the school would put support in place. They didn’t and the bullying just got worse. It hit him really hard when his two friends pushed him away. They were under pressure to stop hanging around with my son, and in the end they gave way. It was at this point our son started to isolate himself. We tried to talk to teachers but they didn’t want to have to deal with his problems. The GP referred us to Link Counselling. It helped but nothing could make-up for the loss of friends and being ostracised. We could see things were getting on top of him. He’d been on an escalator of problems since primary school mostly about his needs not being properly recognised and having to face constant bullying. One day he threw himself off a multi-story car park. We later found out he’d taken some pills. He survived but both his legs needed to be amputated below the knee. We’re now worried he might try again.”

Sally lives and works in Hillingdon. She has two daughters at local schools.

“My daughter was isolated at primary school. She talked about not fitting in and the horrible things others said. She started to complain about stomach aches and not wanting to go into school. She always seemed on edge and anxious, especially during school term time. She talked about the school ‘populars’ and how uncomfortable they made her feel. She chose to withdraw from the crowd. We didn’t know what to do and started to think about sending her to another school. We told the GP she wasn’t eating, that she was unhappy, and complained of stomach pain and migraines. The GP referred us to CAMHS and we were seen quickly for an assessment, but we didn’t hear anything after that. I would call CAMHS every week but they would only say she’s on the waiting list. What I needed was tips and advice while we were waiting, something to hang-on to, but nothing was forthcoming. After about 10 months my daughter got her appointment with a CAMHS specialist.

- She had about four to six sessions but she saw a trainee and I'm not sure how successful this was. She's still having problems. She's self-harming, not eating and taking medication. She's having suicidal thoughts and sometimes talks of hearing voices. As a family we don't know what we're doing from one day to the next. It's really frightening. My daughter is in a living hell but what does it take for her to get the treatment she needs to get better? She's not in school because she's so ill but we've had a real struggle getting her home tuition. You wouldn't treat a child that was sick with cancer in the same way."

4 Share good practice

Maureen has worked in Hillingdon schools for several years supporting young people.

"As well as counselling in schools I've worked on projects working with pupils who've been excluded from school. Most came from families where they'd been family breakdown or domestic violence, and there's not anyone in the family to hold things together. Before coming to us no one had really 'got them' before. Often they were angry or violent and sometimes drugs were involved. You could see our involvement was useful - they felt they were being taken seriously and heard for the first time. For them, just coming in to off-load, or sound off, can really help. Most of the young people I've helped wouldn't go to counselling or CAMHS. In their case parents can't take their kids to CAMHS (they can't be bothered, have other complicated problems going on or don't want to and fear social services knowing about family problems). We gave them the opportunity to off-load in a safe way to help build trust relationships which is really important.

In Hillingdon I see a lot of cases where pupils are self-harming. I see a lot of boys with anger issues who can't seem to fit-in and struggle knowing what their place in the world. Social media is a factor. At school my role is freelance and I'm self-employed. Because of the issues I'm seeing I wish I was more involved in developing or supporting training. Young people need counselling but they also need semi structured, 'self-refer', drop-in - that's informal and feels less statutory. Sometimes young people are referred to counselling when they're not ready which can put them off. This can cause problems later-on accessing services."

“Young people talk to each other first before asking adults”

Shirley has worked in many special schools, including in Hillingdon.

“Hillingdon Early Bird is fantastic but there is a shortage of suitable interventions for autism and mental health - both for young people and for the huge strain it puts on families. Without appropriate interventions we’re potentially increasing long term risks and storing-up bigger problems for the future. Parents are crying out for more courses that teach a range of parenting skills which we know demonstrate less use of health services. Hillingdon needs more commissioned services that focus on young people’s social skills and relationships as well as communication and managing behaviour linked to good mental health.”

Matthew is 17 and went to school in Hillingdon. He now attends a local college.

“I started self-harming when I was 11. My dad died and I felt I had depression. The teachers didn’t know what to do about it. I don’t think they understand how bad depression can be. School made me feel bad. I wasn’t bullied but I saw other kids that were. It’s quite extreme and horrible when the whole school gangs up on one person. If it’s cyber bullying it can go on for days. Most of the time cyber bullying spills over into face to face problems. We didn’t have a counsellor at school so I got referred to my GP.

I went on the waiting list for CAMHS but it takes so long you give up. They don’t phone you about appointments they write letters, and when you’re staying with relatives you can miss them. I felt like I was going nowhere. What helped me most was friends being there for me, and having someone to talk to who’s on the same level as you. Young people talk to each other first, before asking adults. Now I’m at college it’s so much better. You can talk to staff easily about any problem and they’ve always got good ideas about how to help. They run all sorts of activities and courses that help you feel good about yourself. College has shown me it’s possible to come through the other side.”

5 Use voluntary sector expertise

Ben is 16 years old and attends a Hillingdon school.

“I was referred to CAMHS by my GP for depression last summer. My music teacher spotted my behaviour was different and through the school counsellor I was encouraged to speak to my GP. He put me on anti-depressants and also on the waiting list for CAMHS. The medication made me feel even more depressed but if you miss a day it really messes your head up. After seeing my GP teachers would ask if I was OK. They were helpful after that.

There’s a lot of misunderstanding about depression. Everyone calls us the ‘depressed generation’ but we’re not and depression is a really serious problem that shouldn’t be joked about. Sitting down, talking with others, not being judged, is really important but that’s not going to happen at school. Sexuality and bullying has been a big problem. At school you couldn’t talk about it or get any help, but there’s a lot of confusing behaviour online that can really mess your head up if you’re gay. Young people need to be taught what’s ok and what’s not and be able to protect themselves from cyber bullying that can take down your confidence and lead to serious mental health problems.”

Michelle is 14 years old and goes to school in Hillingdon.

“My mum used to have mental health problems and we’ve had about five social workers involved with our family. I’ve had a social worker for a few years but not now. I’m meant to be getting CAMHS but I haven’t yet. The school counsellor comes to the classroom from time to time to talk to me. A lot of young people have real anger issues but this gets confused with bad behaviour or mental health. Anger is a cry for help but I don’t see professionals dealing with that. Young people need space to let it all out. I’ve cut myself before and thought about ending everything. Sometimes you cut because you want your brain to stop. If others found out about my cutting they’d think it was funny or cool but it isn’t funny when you’re in pain. Coming to Hillingdon Carers really helps me wind down and relax with people I trust. We need more stuff like this where young carers can go. You learn from each other and that strengthens you. It helps you cope better.”

“What use is a national website when you want to speak to local medical professionals?”

Carol lives in Hillingdon with her son aged 20 who has experienced mental health problems.

“Mental health services label my son ‘high functioning Asperger’. He’s 20 now but when he was at school we literally had to fight, tooth and nail, to get him assessed and statemented. He attended a mainstream school but didn’t get the support he needed when it came to exams. The school didn’t take into account how exams impact on pupils with autism. My son gets upset with small changes and it’s hard to calm him down. When you’ve got Asperger’s the stress is magnified. We know more about autism now but back then no one really cared. I was told by professionals to use the National Autistic Society website for information. What use is a national website when you want to speak to local medical professionals about your son? There’s absolutely nothing in the borough for Asperger’s if your child is a young adult.

We’ve used HACS (Hillingdon Autistic Care & Support) and they’ve been brilliant attending school meetings and offering valuable support when there are problems. But even they say there’s a gap for young adults which they can’t meet because of funding. He’s got some GCSEs but he’s missed out on a lot. Asperger’s can make you disruptive in class and he couldn’t retain much information for long periods. He used to smash things up when he got really frustrated. Professionals told me that I needed to improve my parenting. This made me feel like I was to blame.

I’m really worried about what’s going to happen now that he’s a young adult. He’s not entitled to a care plan and he hasn’t got anything to do. He feels worthless. He has problems communicating and making social choices. He sits in his bedroom and gets really down. A few years ago he took some tablets and tried to take his own life. He got drunk once and tried to jump off a bridge. This was a real low point. If you’re isolated and in your bedroom all day without a job, wouldn’t you feel mentally unwell?”

6 Develop clear pathways

Louise is 19 and started having problems at school in Hillingdon.

“I was badly bullied at school. Some of it was through social media but most of it was face to face. My friend Jack has ADHD and we were bullied at the same time. The problem was that whenever Jack asked for help he got it. I didn’t get help because I didn’t have a special label with a condition. My problems were more hidden. When things got really bad I did ask for help. By this time I was feeling worthless and I didn’t know who to talk to. The name calling and bullying was overwhelming. When you already feel like you don’t fit it, and you’re being told to go and kill yourself on a daily basis, every round of name calling can feel like a knife piercing the skin. I stopped going into school.

Eventually the school arranged for me to see the counsellor for about two months, once a week. It was good to talk to someone but I’m not sure it helped me cope with everything that was going on in my family at that time, which felt horrific. I was referred to CFACS because of other traumatic events but I didn’t feel ready or able to make the most of the service. I couldn’t wait to leave school. It felt like everyday hell and not somewhere you could succeed. No one really knows what’s happening in people’s lives and how bullying can make problems worse. Me and my mum were made homeless. She had a lot of problems and things were hard. I was lucky because I was rehoused with P3. For the first time in ages I didn’t feel suicidal. P3 helped me feel stable and that I had a future. I love it here. The staff are amazing. I’ve finally made friends and now I have the courage to come out of my shell. Sometimes I worry what would have happened if hadn’t found P3. I still go through problems but I wouldn’t want to go back to CFACS or CAMHS.”

“We’ve really struggled finding things like local art therapy and creative classes”

Lucy works in NHS healthcare.

“We don’t have the skills and training to deal with mental health problems in paediatrics. We’re not helping by admitting a child with emotional problems onto a ward where children are hooked up to drips and medical equipment. We’re already stretched and don’t have the resources for one-to-one mental health care for young people who are self-harming or worse. Getting access to data - and up-to-date patient information - can be a battle. We don’t know where to refer young people to and we get a sense from patients that there’s not enough out-of-hours support in the community for young people, especially for suicide prevention and self-harm.”

Gayle used to run a business in Hillingdon and has two daughters. One daughter has autism.

“My daughter is 18 now but we first started to notice problems when she was about two years old and she refused to have her photo taken, or when she would throw herself on the floor and have a tantrum. She had a low birth weight and was slow to reach her milestones at school. We saw the GP and started to go the CDC (Child Development Centre) but GPs didn’t know about autism then and I was advised to put in boundaries at home. As she got older her behaviour worsened and she struggled concentrating and taking things in at school. She felt different from everyone else and she started to self-harm. Her behaviour became disruptive in class and on one occasion she was excluded. After this she broke down. I remember her saying ‘I wish I was dead’.

Another parent told me about HACS (Hillingdon Autistic Care & Support). Without them our daughter would never have got statemented. We’ve really struggled finding things like local art therapy and creative classes for our daughter who needs a calm space where she can express herself and be understood. We did get referred to CAMHS for family therapy but it wasn’t enough. My daughter has been sent to the Priory for an assessment but she hooked up with girls experiencing eating disorders, and anorexia, which had an impact on her own eating habits and identity. She’s taking anti-depressants and things are really hard now. She doesn’t know what’s happening and worries about the future. She’s transitioning to adulthood but they don’t magically develop adult skills do they? She really enjoys art therapies and we wish there was more of that. We also wish they had picked things up earlier.

Karen has worked in Hillingdon's public sector for over 15 years. She has been working with young people for nearly ten years.

"I'd like to look at the pattern of services we have and how they can be redesigned for more mental health early support, and for developing coping skills, especially for children who are vulnerable to problems. Over the years, I've seen a misunderstanding grow about what CAMHS is actually for. Is it only for the clinically ill? There's a lack of professional and public understanding about CAMHS and we need a much clearer definition. What are the thresholds for, what do they mean? Do we know what we mean by 'good mental health' in Hillingdon, and have we established a consensus across agencies for this? I've seen very good results from schemes like Family Key Working and Hillingdon Youth Service projects. Multi agency teams is definitely the way to go if we're going to prevent mental health problems and crisis."

7 Care for families

James is 21 years and lives in Hillingdon. He is on the autistic spectrum and recently lost his mum.

"My mum died a few years ago and after staying with dad for a while he helped me get a flat. I find social groups really hard, usually feeling like I don't fit in. I've always felt people live in bubbles and I can't get in. I am alone a lot and this can lead to thoughts of self-harm. When my mum was ill I was hardly going into college and had no social interaction apart from caring for my mum. She was barely eating or able to do anything. I felt like I was going crazy. I had no reason to do anything or had anywhere to go. I really needed a relaxing environment I could go to, that wasn't a pub, where I could unwind and maybe do things like crafts to take my mind off things. What young people want is activities not services, where you can do things for other people and just feel normal again. Since mum died I've felt awkward and lost most of the time. That's why I use Link Counselling. Some days I hate waking up."

“The school didn’t speak to our GP and CAMHS were not speaking to the school”

Sophie and her husband have both experienced serious ill health, leading to disability. They have three children aged between seven and 15 years.

“The entire family have been plunged into mental health crisis through lack of support. The children have been profoundly affected mentally, watching us both get ill and unable to look after them. They’ve been living in a permanent state of anxiety, and fear the future. My husband was having up to six seizures a day and was off work. We didn’t know from day to day if his company was going to pay him. It was like walking a tightrope. One daughter stopped eating and became anorexic but support at school was virtually non-existent. My GP was helpful but this doesn’t help the underlying issues.

Our family was falling apart and we urgently needed professionals to listen to our children to help them put their emotions into perspective. We also needed all round family support. All my children would frequently break down in classroom because they were unable to cope. That’s when the bullying started but my conversations with the school didn’t go anywhere. It just feels like none of the organisations that are supposed to be helping actually interconnect and speak to each other. The school didn’t speak to our GP and CAMHS were not speaking to the school. It got worse when one daughter could no longer face the world and stopped going into school.

“There should be procedures in place for when families fall into crisis, involving health and other agencies. When you finally get an appointment with CAMHS your child’s ability to engage is at its lowest point. I couldn’t get my daughter out of her room to attend her first appointment because she felt so awful about herself. She felt that she’d been abandoned by the system. The worst thing is when the police and education welfare officer visit your home to tell you it’s your responsibility to get your child into school. Your child is so mentally unwell you can’t get them into school. You wouldn’t do this if a child had a physical illness like cancer. This process makes you feel like a complete failure when you’ve been battling to get an appointment with CAMHS and are in daily contact with the school. Why can’t education welfare speak to CAMHS so things can be speeded-up and you can get your child better and back into school?”

Jane is 59 and has lived in Hillingdon all her life. She has a daughter whose partner died recently. Since then her three grandchildren have been experiencing mental health problems.

“My daughter’s partner was killed in an accident three years ago. He went to work and never came back. My daughter was left with three children. The family have been living a day-to-day trauma ever since. We’ve spent hours on the computer trying to get advice and help but we’ve really struggled finding bereavement support in Hillingdon. The GP referred my daughter’s eldest son to CAMHS (CFACS). It took six months to get an appointment and he had three sessions. But it was difficult for him to share his feelings with a psychiatrist. In the end they said he needed bereavement counselling which we’d known all along. CAMHS said we needed ‘family therapy’. We had three sessions but it wasn’t enough when the whole family is going through intense grief.

“The kids signed up for the ‘Seasons for Growth’ project through school but a lot of the other kids were dealing with divorce and parents being apart. The children had six sessions but then it stops. There wasn’t a step down and we’re worried this might have made problems worse. We even went to see our MP. He told us that ‘Hillingdon used to have Cruise Bereavement Counselling but it had to be closed down’.

“The problems soon resurfaced. My grandson got panic attacks and would hyperventilate. His depression got so bad he wouldn’t come out of his bedroom. I just wish all the services we’ve had to speak to would be more joined-up. I also think Hillingdon needs more counselling services, especially for bereavement, and for families. We’ve had to speak to so many professionals but you feel like you’re going round in circles and no-one is listening.”

Tom is 18 years old and lives in Hillingdon. He was a young carer.

“My Mum has obsessive compulsive disorder (OCD) and other mental health problems. She doesn’t have any friends or family to reach out to. She gets lonely and frustrated. She can be very controlling and this has affected me. I’ve seen social workers come and go but they didn’t do anything to help me in any way. I used to think about doing myself in. I would smash things up because I had so much anger in me. My house never felt like a home. Now I’m starting to worry about my little sister who is going through the same thing. I did try to get help from CAMHS but the waiting list is so long I gave up. When you’ve got problems the last thing you want to do is sit in an office - it’s too depressing.

School counsellors can help but it’s not the right thing for everybody. I wish I’d had more activities where you can draw and make stuff as a way of expressing yourself and being with others. There needs to be more training and awareness about what young people are going through and much earlier help. Young carers need hope of a better future and to know that there’s someone available to speak to who understands. I didn’t know Hillingdon Carers even existed or that it helped young people going through problems. I wish someone had told me before because it’s changed my life. I’ve been really lucky and now I want to help other young people like me.”

8 Engage, listen and involve

Cara is 14 years old and is a young carer.

“I’ve felt embarrassed caring for Mum and talking about it at school. I know it really affects how I feel day to day. It’s hard to put feelings into words but that doesn’t mean I don’t want professionals to know what it’s like. When young carers feel like they’re being listened to, and that someone cares, it can change everything. It can help you stop dreading the world. I do think professionals need to understand what our lives are actually like and how caring can make you angry and want to hurt yourself.”

“What has helped my recovery is being heard and listened to”

Michelle works with young people in a school in Hillingdon.

“It shouldn’t take a crisis for change to happen. In Wales, change arose following the deaths of teenagers in Bridgend. Now every school in Wales has a school counsellor and I think this is a positive way forward. We also need to get better at bringing different professionals together to talk about the issues to make change happen in our different settings with young people.

“Leadership is really important if we’re going to help prevent young people having problems. At the moment we have a system where one school is doing this and the other is doing that and none of us really knows what each other is doing. Training is really important and helping teachers look out for signs. I’d like to work with other professionals on school transition which is rarely acknowledged as a key point when mental health problems start or become worse. There also needs to be some measure or way to assess what schools are doing. We’re all busy but I think a lot of professionals, dealing with mental health day to day, want to help make change happen.”

Helen is 23 years. She is in mental health recovery in Hillingdon.

“When I was at school I was always scared of failure. I got good A level results but I still thought they weren’t good enough. I’ve always wanted to do things perfectly and this can be paralysing. When I spoke to teachers they gave me a list of expensive psychologists in London that I couldn’t afford. When I got to university I felt overwhelmed and I started to have insomnia. I kept it to myself but I wish I hadn’t. I didn’t know how to talk about my problems to professionals or how to properly ask for help. I got behind with essays and my sleep patterns were really bad.

I started to feel watched and paranoid and one day medical professionals came into my room and took me to hospital. I didn’t realise I was being sectioned and that I would never return to university. I was moved to Riverside after a few months and I found this really scary. I was the youngest patient there and it was frightening watching people talking to themselves. But there were lots of really good things about Riverside and now I’m getting better. What has helped my recovery is being heard and listened to in the community. It really matters that young people with mental health problems are heard by professionals. I want to get more involved in advocating for other young people who are going through the same problems I experienced.”

9 Be autism aware

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

“Our experience has been characterised by a lack of understanding, and suspicion even, of autistic spectrum pupils in mainstream schools. This includes our son casually being told he probably had Asperger’s by his Head teacher in Year 2 - with no further support offered - to his secondary school offering a ‘managed move’ to a different school following his diagnosis in Year 7. At the time he felt rejected because his GCSE results didn’t meet expectations. We have to get better at understanding what these experiences do to a young person and do much more to support the wellbeing of students on the autistic spectrum.”

Bob is 18 years old and lives in Hillingdon.

“I found school really hard. I hated it every single day. I’m autistic and got excluded nearly every other week. Usually it was down to my behaviour or lack of attendance. I was in year 6 when I was statemented but after that I wasn’t allowed on school trips for health and safety reasons and this is when I started to get singled out and made to feel like a black sheep. I was anxious and got depressed, and felt angry most of the time. The name calling got ridiculous. I tried to put a mask on every day. I used to get pinned-up against the wall by others and told that I was a ‘spastic’ or ‘retard’. Other times they would just say ‘go and kill yourself’.

School didn’t do anything about bullying. One day I reacted but I got expelled for two weeks. I felt it was easier for the school to just have me out of the way. I was never offered school counselling or someone to talk to like a mentor although I really needed it. On a bad day I would sit in my room, at home, and hide myself away. My sleep patterns are really bad and I get insomnia. I have to listen to music and wait to crash out from the exhaustion. I don’t think this helps. We did have an SEN group at school which helped but I also needed to do things like art therapy to help calm me down and be away from others.”

“Even when you have a diagnosis you can feel like you’re banging your head against a wall”

Tricia has lived in Hillingdon for the last 15 years. She has two sons with autism.

“One of my sons hasn’t been in school since January (2015) because he was beaten up. My other son has problems mainly through lack of diagnosis and appropriate support structures in school. Both my children are high functioning which in some ways makes it harder when you’re asking for help. Teaching assistants and OTs can be a life-line but if the support isn’t consistent it can make your child’s behaviour and emotional problems worse. Both our children are seen by the CDC and Great Ormond Street Hospital. One son is currently being assessed and is on the waiting list for CAMHS. We’ve been waiting since February (2015). His diagnosis is unclear, and there are other problems linked to conduct disorder and dyslexia. Getting proper assessments is a stumbling block.

We have a lack of special schools in Hillingdon and not enough awareness, training and education. We have the Triple P parenting course but it’s not right for everyone. It can make you feel like you’re being told it’s your fault. You hear about Triple P when you first start asking for help. You want someone to explain how your child can get help but instead you’re told to go on a parenting course. Some days I can’t get my son out of his room he feels so bad about himself. Even when you have a diagnosis you can feel like you’re banging your head against a wall when the school don’t make changes to support your child. When we had the Paralympics you could see how much it helped raise awareness about disability. Children with ADHD and autism are invisible but they need something similar so everyone is more aware. Our kids are vulnerable to mental health problems because they can’t communicate their feelings. It’s really important CAMHS and health have more knowledge of autism and that our kids are being properly assessed early to stop problems getting worse as they get older.”

10 Review CAMHS spending

“She’s been told by the system that she doesn’t fit in anywhere”

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

“After his attempted suicide me and my wife are now, pretty much, his full time carers. Hillingdon Carers have helped us a lot. We had a lot of forms to fill in which they really helped us with and my wife goes there for support. Our son is getting a lot of help now but why did the system fail him when he started having problems?”

Linda lives in Hillingdon with her two children.

“My daughter was diagnosed with a mental health problem at 14 years. She is bipolar and autistic and professionals have talked about detaining her under the Mental Health Act. She is currently being seen at the Early Intervention Centre (Pembroke Centre) but she’s 19 now and that’s too late. She had a really tough time at primary and secondary school and was constantly being targeted by bullies. My daughter’s behaviour was erratic and I was told that I needed to remove her from the school. She was given a social worker and sent to a special unit outside of Hillingdon. She has also spent time at the Priory.

Throughout her early school years we struggled to get her properly assessed. She was 10 years old when she stopped eating and started self-harming. Now they’re talking about sectioning her its years too late. Throughout her teens she’s engaged with every part of the system from social workers to CAMHS and been sent out of borough, several times, to keep her safe. She’s been told by the system that she doesn’t fit in anywhere and that her needs are too complex. She hasn’t got a social worker at the moment and they’re also talking about putting her in a hostel. After years of being knocked from pillar to post I’m worried she’s never going to have a life.”

Children and young people's mental health pathway

Symptoms

- Talk to friends
- Feel isolated
- Self-harm
- Fear of speaking out or being ignored

Contact professionals

- Talk to school staff
- Access information online
- See the school counsellor
- Talk to GP
- Visit A&E

Referral/treatment

- Refer to CAMHS / CFACS
- Refer to LINK counselling
- Wait for assessment
- Wait for treatment
- Attend A&E

But...

- Not every school has a school counsellor
- Voluntary sector not identified as part of pathway
- Police need to be able to refer to trained mental health counsellors
- Young people (all ages) need to be able to self-refer for support
- Lack of safe online resources for support / self-help

But...

- Schools might not refer to CAMHS and CAMHS might not speak to schools
- Schools don't share resources/ information with each other
- Schools don't signpost to voluntary sector
- A&E can't signpost to voluntary sector because they are unaware of services available
- Hospital databases are not compatible with social care system
- No support in place when long waits for CAMHS are inevitable
- Transition from children's to adult mental health services can be challenging

Case studies

What works locally

“Early intervention is vital to help as many as possible reach their full potential”

Lord Laming

Because the issue of good practice in children’s mental health is relatively under-researched, we invited a broad range of professionals, across Hillingdon, delivering targeted and universal services for young people, to share successful projects with us. We sought examples of good practice as widely as we could - particularly in relation to prevention and early intervention, and new thinking - but there is undoubtedly even more to capture.³³ We hope that by continuing to focus on young people’s mental health throughout 2015 we will be able to draw together networks and a broader body of good practice that will help commissioners.

Link Counselling, Link-Ed

LUC (Linking Up Counsellors)

“After years of abuse and self-harm Link helped me trust people again and start to rebuild my life”

What happened?

Link Counselling chose to take part in the Healthwatch research programme because they are dealing with an overwhelming case load - mainly referred through GPs, relatives and self-referral³⁴ - and know they will be facing increasing demand in future. Link is a council service (in the early intervention team). Today, they deliver over 2900 hours of (pre-booked) counselling with up to 400 young people. Open Monday to Friday (10.30am - 7.30pm) they offer counselling by appointment to people aged 13-25 years. Many BACP (British Association of Counselling and Psychotherapy)-accredited Link volunteers practice in Hillingdon schools

independently on a freelance or contractual basis. Link delivers its counselling service largely through a cohort of unpaid volunteer counsellors. The LUC (Linking Up Counsellors) Group, established in 2010, provided a network for school counsellors and a valuable opportunity for peer support for professionals working in often isolating roles. This support group has ceased operating due to the merging of resources.

Presenting Issues:

Anxiety (general): 143 clients

Depression: 129 clients

Family issues: 125 clients

Anger (general): 109 clients

Stress: 113 clients

Relationships issues: 70 clients

Isolation and loneliness: 48 clients

[April 2012 - March 2013: Agency Profile and Key Performance Outputs]

Lessons

Between 2009 and 2011 the Healthy Hillingdon 'Safe Project' was established to promote mental health awareness in secondary schools to staff, and to offer advice in the setting-up of in-school counselling service. This included offering schools, who employed a counsellor, the opportunity for additional provision by providing a 'volunteer' counsellor managed and supervised by Link (Link-Ed). Link-Ed sustained and expanded the aims of the 'Safe Project' and through a second wave of school engagement piloted a complementary project to offer a bespoke counselling service to both primary and secondary schools.

Link-Ed - delivered through the Link Counselling Service - was designed as an out-of-school (off site) service recognising that not all young people feel comfortable accessing off site services but also ensuring that young people under 13 years could access counselling / play therapies - for those not meeting CAMHS criteria.

Link-Ed engaged six secondary schools, and 4 primary schools, with the aim of providing a borough wide service, allowing pupils to access early intervention support. Primary schools were particularly receptive and worked in partnership with Link-Ed to meet the requirements for setting-up a service. Due to a service restructure and efficiencies, the benefits of this approach - ensuring all schools have an outcomes-focused counselling service - haven't yet been fully realised.

Next steps

Using 'counselling in schools' audits (2003 & 2009), the local authority, working with Link, should take a proactive

the 'Safe Project' was established to promote mental health awareness in secondary schools

role engaging all schools in the potential of Link-Ed, with particular focus on increasing early intervention in primary schools. Recent DfE guidance ‘Counselling in Schools: a blueprint for the future’³⁵ sets out strong expectations that all schools should make counselling services available to their pupils and that counselling is likely to be most effective where it is delivered as part of whole school commitment to improving mental health and wellbeing. Now is a good time to revisit previous audits and support schools in taking forward new guidance, in partnership with Link.

P3 (charity) – People, Potential, Possibilities

Navigator Project (Yiewsley and West Drayton)

“I’ve felt suicidal most of my life. I took an overdose last year and P3 are starting to help me get my life back”

What happened?

P3 is a charitable social enterprise delivering a range of services to young people, and families in Hillingdon, facing a combination of linked problems such as unemployment, low skills, inadequate housing, limited incomes, poor health and family breakdown. It works mainly with young people and young families, helping them reintegrate when they have fallen through the net, for example when facing mental health problems or finding stable employment and secure housing. Their ‘navigator’ hub, based in Yiewsley, is designed around a (‘no case turned away’) drop-in service providing advice on anything from securing a college place to mental health issues. P3 also runs a supported accommodation service within the Hillingdon borough.

Presenting Issues:

- Homelessness
- Unemployment, debt, benefits
- Health, including mental health issues
- Family breakdown
- Domestic violence
- Drug and alcohol problems

Lessons

P3 say what young people want more than anything is ‘someone to hear them and to talk to’. The service is seeing growing demand for services because of the lack of provision

after a young person reaches 18. Their programmes are mostly designed around offering support when individuals have reached crisis, or they have been turned away from other services. They say mental health is always a factor in presenting issues, often related to drug and alcohol problems. Young people with multiple and complex needs is a growing factor requiring new service responses. Young people with multiple and complex needs frequently do not gain access to services or end up in inappropriate services because of criteria governing service use, long waits or service users being unaware of entitlements to assessment.

Next steps

P3 sees a gap in early intervention programmes for young people experiencing complex vulnerabilities, whilst still at school.³⁶ They believe providing intensive support in school, before crisis happens post 16, will help short-circuit intergenerational cycles of problems and aid early intervention.

Haydon School

‘Link Mentoring’ unit

“School counsellors are left supporting pupils who should be receiving treatment”

What happened?

Haydon School is an Academy for students aged 11-18 years committed to individual excellence, ensuring students fulfil their potential. In 2014, the school was re-designated as an Investor in People school, receiving the highest accreditation of ‘Gold’ in recognition of its commitment to learning and development. The school has two in-house counsellors working five days a week, alongside one to two other counsellors doing their training. This team forms a central part of the whole school approach to wellbeing. The school also has its Social Inclusion Unit - ‘Link Mentoring’ Unit - where a dedicated specialist team of teaching assistants support young people with self-esteem, confidence and identity issues. Referrals to this unit are made from counsellors and teachers, Year Leaders, the Deputy Head and through self-referral for students struggling with identity and other complex problems - as a way to build their resilience and self-esteem.

The Link department ‘Link Mentoring’ unit has a strong track record in delivering outcomes focused on mental wellbeing and increased self-esteem results.

Lessons

Haydon School is seeing growing pressure, on already strained resources, for student mental health support. One staff member said: “In all my fifteen years of teaching I have never known the school to have had so many referrals for emotional support.” In particular, the number of referrals for self-harm, eating disorders, bullying and bereavement have seen a sharp increase. Haydon School identifies a gap in community services³⁷ to meet these needs and shortcomings in the ways schools share best practice.

Police officers are responding to a high number of incidents in Hillingdon involving mental health and young people

Hillingdon Police Cadets

School Liaison (Safer Schools Partnership)

“Mental health is a very important issue for the force. Police cadets are just one of the ways we help young people on the right path to managing their own problems, including mental health”

What happened?

Police officers are responding to a high number of incidents in Hillingdon involving mental health and young people. The time spent dealing with these challenges has a significant impact on operational policing and capacity.³⁸ Each year Hillingdon police cadets train about 120 young people, in cohort groups of 40, aged 13 - 18 years. Referrals come through local agencies, mainly the councils Youth Offending and Children’s Social Care teams. They see many young people unable to cope with school and often dealing with anxiety and depression, some of whom have fallen into criminal activity.

As part of the Safer School Partnership, the police have a dedicated team linked to the secondary schools in the borough, which provides support, liaison, advice and training. The School Liaison Team recently offered a presentation about pupil safety and relationships. This programme empowered young people to think about their own behaviour online, how to prevent cyber bullying and the dangers of posting (sexting) inappropriate body images.

Lessons

Thousands of hours of police officers’ time is spent dealing with mental health problems experienced by young people. They would like to see improved coordination between organisations and better sharing of information and data so that individuals can be better and more appropriately

supported. Building on the successful outcomes of police cadets, and police school liaison projects, officers would like to see the commissioning of more Street Triage³⁹ and diversion services intended to ensure that a young person with mental health problems receives appropriate treatment and support.

“Police officers are frequently called to assist people suffering a mental health crisis. It is important that officers are able to call on the assistance of, and refer people to, specially trained mental health counsellors in order to provide timely and appropriate support. This is especially important for young people, and their carers, who are trying to chart their development into adults whilst learning to manage their mental health. To make this possible, it is important that young people and their families are able to express their opinions about what they need, what works for them, and what doesn’t, so that suitable support is available.”

Mark Luton, Chief Inspector
Hillingdon Police Mental Health Lead

Yeading Junior School

(peer research project)

“We’re trying to build on the idea that young people can be empowered to seek support”

What happened?

Buckinghamshire New University (Social Work Department and IDRICS⁴⁰), in partnership with Yeading Junior School, want to find out what pupils think the Yeading Junior School ‘Community House’⁴¹ is for, why they think people go there, and what it offers as a place of potential support for them, and their families. Led by Dr Elaine Arnall⁴² the project has been working with 10 pupils, aged between 10 and 11, drawn from a group of ‘intellectually gifted’ students. Working as ‘Peer Researchers’, these pupils have been trained in research methods, ethics and confidentiality and have contributed to the research design. Data gathered from interviews will be analysed to appraise gaps, helping to show patterns of awareness about Community House and what it does.

Lessons

Supporting pupils to lead ‘peer-to-peer’ research projects has helped unlock insight and experience that might not have been possible to uncover through adult professionals. The project also helped raise awareness of ‘Community House’ in ways that young people understand, helping spread the benefits of this resource to families and other vulnerable groups, including those where mental health is a factor. This project could be replicated elsewhere in Hillingdon, as a resilience, sign-posting and mental wellbeing tool.

Mosaic LGBT Youth Centre

(Hillingdon Council)

“Two thirds (58–69 per cent) of LGBT⁴³ students say homophobic bullying makes them feel lonely and isolated, making them depressed and deliberately self-harm”⁴⁴

What happened?

The Mosaic LGBT Youth Centre (Fountains Mill) runs a range of workshops and activities, planned by existing members, offering friendly advice and support about relationships and careers, and how to deal with homophobic behaviour and bullying. Hillingdon Mind have successfully secured funding to deliver a weekend members club, meeting every other Saturday each month. Based on 2011 Census data Hillingdon has approximately 13,700–19,200 LGBT (lesbian, gay, bisexual and transgender) people living in the borough. The LGBT community is one of the highest risk groups in terms of substance misuse, self-harm and suicide and mental health problems.

Lessons

There is currently a lack of data about the needs of LGBT people in Hillingdon, potentially obstructing the commissioning of services. There is a need to collect data about LGBT people in schools, health and other services, and to offer programmes for young LGBT people which promote their rights to support, including with mental health. In addition new services are needed aimed at preventing self-harm and suicide.⁴⁵ Hillingdon Mind believes there is potential to extend their work with LGBT groups to other vulnerable groups.

The Seasons for Growth programme supports children experiencing loss and separation

Healthy Schools London Programme

(Hillingdon Council, Public Health)

Seasons for Growth

(Hillingdon Council, Public Health)

“37 Hillingdon schools have signed up to the Healthy Schools London programme.⁴⁶ We want to build on this success so every school is taking part”

What happened?

91% of Hillingdon schools have reached national Healthy Schools Standards⁴⁷ and 37 have joined the new Healthy Schools London programme, sponsored by the Mayor of London, which helps schools support their pupils to be healthier through learning about health and by developing the motivation to make healthy choices. The Public Health Team have found that using this approach has contributed to pupils increasing many aspects of healthier behaviour including school attendance and participation in physical activity. Applying the scheme, Stockley Academy is planning to improve emotional health and wellbeing as a priority by implementing a range of interventions involving staff, children and families.

The Seasons for Growth programme supports children experiencing loss and separation. Today 33 schools are active in delivering Seasons for Growth groups. A recent evaluation of 76 children,⁴⁸ including feedback from professionals and parents, has shown positive impacts in relation to behaviour and emotional wellbeing.

Lessons

The Public Health Team hopes to get more schools engaged with the new London scheme and address health priorities in their school throughout 2015. In order to develop and expand the Seasons for Growth programme, the Public Health Team are looking at ways of resourcing the analysis and updating of data, and overall monitoring of the programme.

Hillingdon Young Carers Service

(Hillingdon Carers)

Young Carers Plus

(Hillingdon Carers)

“I didn’t want to talk about stuff at school or for anybody to know I was struggling. Now I use the young carers club, I get the chance to be away from juggling school work and being a carer”

What happened?

Hillingdon Carers run a Young Carers Saturday Club and a ‘Young Carers Plus’ scheme supporting children and young people between the ages of 5-18 years, caring for family members with mental health problems in the six wards of Hillingdon (UB3, UB7 & UB8).⁴⁹ Professionals, and volunteers, offer emotional support, one-to-one support, advocacy, advice and information on benefits, housing, health and education. Other projects include sports and creative arts projects, school holiday activities and residential breaks. Over 380 young carers were supported by the service in 2014 and 96 per cent say that they ‘love’ the Saturday Club, as a vital break away from caring.

Lessons

The Hillingdon Young Carers Team say that understanding the role and challenges for young carers is essential, as is the provision of healthcare services linked to risk factors including bullying, stress, isolation, self-harm, depression and physical injury. The team would like to offer more seamless support, in coordination with health services, to support the mental health and wellbeing of young carers. They have also identified a gap in out-of-hours counselling provision for young carers over 14 years and would like to work with statutory partners to meet the growing need.

Early help assessment (EHA) Team around the family (TAF)

**The processes
could be spread to
target young people
at risk of mental
health problems**

The Early Help Assessment (EHA)

What happened?

Early help assessment (EHA) is a standardised approach to conducting an assessment of family need and deciding how needs should be met. EHA provides a tool for assessing family needs and facilitating early intervention. The aim is to identify, at the earliest opportunity, where a family's needs are not being met, and provide timely and co-ordinated support. Needs may include those linked to child and adolescent emotional health and well-being. This can help ensure families access the right service at the right time and stop issues escalating unnecessarily.

Team around the family (TAF)

What happened?

Team around the family (TAF) is a multi-agency meeting where professionals - working with the family, including the parent/carer and, where appropriate, the child - explore what help is needed and how this can best be provided. At the first TAF meeting a lead professional is appointed to chair future meetings and be the key point of contact for TAF professionals, including the family. EHA and TAF have been shown to be successful in facilitating early identification of needs and timely responses including child mental health related issues.

Lessons

Using early help approaches assist at-risk individuals in developing new ways to solve problems, including self-support approaches. Some parents are more vulnerable to life's challenges than others. These can be compounded by mental health problems, or the use of drugs and alcohol. The benefits of the EHA and TAF processes could be spread to target young people at risk of mental health problems, including those with autism and other disabilities.

Community Children's Nursing Team

(CNWL NHS Foundation Trust)

Child Development Centre:

- Speech Therapy
- Health Visiting
- School Nursing
- Community Children's Nursing Team
- Looked After Children's Team
- Speech and Language Therapy Teams
- Social communication pathway with Attention Hillingdon

“Our Community Nursing Team have helped a family when a child tried to commit suicide”

What happened?

Central and North West London's community children's health services provide a range of healthcare for children and families in Hillingdon. Each service provides rounded assessments for children which includes assessing their mental health and providing support, including referring and liaising with other agencies to support the child and family. Professionals frequently signpost to HACS and Hillingdon Carers.

Lessons

A number of recent community engagement activities about speech and language therapy, and how early 'communication development' can help prevent emotional, behavioural and mental health problems have been very successful in raising awareness about the support available, particularly for vulnerable groups. Could this type of engagement activity be replicated elsewhere, across the system, to help more families understand what support is available, and how they can access it?

School Counsellor 'How are you feeling' form

(Hillingdon School)

'Social media is a big factor in self-esteem. The 'fat' word has a huge impact as does 'skinny' 'ugly bitch' and 'go kill yourself', which I hear a lot"

What happened?

One school counsellor interviewed uses a 'how are you feeling' form to help young people focus on and understand what's happening to them. Devised by the school counsellor, the form is used once a student has been visiting the counsellor for several weeks, showing signs of depression and low mood. The 'how are you feeling' form is helpful for listing possible signs of depression, when students find it hard to put into words how they are feeling.

Lessons

On many occasions the 'how are you feeling' form has helped secure CAMHs appointments after being taken to GPs by students.

Hillingdon Autistic Care & Support (HACS)

Autism Training and Support (Pam Sickelmore)

‘It took years to get my son properly diagnosed with autism. I literally had a nervous breakdown because I wasn’t coping and felt no one was listening. I felt I was losing my mind. Finding HACs was a major breakthrough for the whole family. Why didn’t someone tell me before?’

The Family Support Team offers information, advice, guidance and advocacy

What happened?

Established in 1997, HACS helps families affected by autism in order to minimise disability, maximise a young people’s potential and ensure access to support for families. They provide a local voice for the autism community to influence and improve service delivery through its partnership with Hillingdon Council. Through its membership of the All Party Parliamentary Group on Autism (APPGA), the charity also organises regular public meetings to campaign for changes to national policy so that people on the autism spectrum get the support they are entitled to. Offering a range of services, the Family Support Team offers information, advice, guidance and advocacy to parents, carers and professionals, and individualised support in the fields of education and welfare.

Pam Sickelmore (Autism Training and Support) is a trustee for HACS and runs a rolling programme of workshops and training sessions throughout the year for parents, practitioners and social care professionals. Popular courses include *Autism and What Works* and *Managing Behaviour & Associated Difficulties*. For information go to: www.autismtraining.net

Lessons

HACS hopes to see the expansion of local commissioning of community based support for people with autism in future. Responding to growing demand for services, including mental health services, HACS is keen to look at innovative commissioning solutions, including a framework for local commissioning and a new ‘pathway of care’⁵⁰ to support people with learning disabilities, experiencing mental health problems, to live at or near home rather than in hospital.

Police
AMHS
parents
children
people
family
community
listen
involve
early
intervention
promotion
referral
collaboration
prioritise
by need
clear
pathways
support
joint
working
relationships
Police
hospital
GPs

Research and engagement methodology

Project research has taken place over a period of four months across Hillingdon and has involved a combination of primary and secondary research.

For the former, our work was largely desk-based, including gathering local 'best practice' and a review of key policy documents and academic literature to build on the available evidence base. These included: Hillingdon CAMHS needs assessment draft outline (Jan, 2015), Children's Health Programme Partnership: work stream and actions, The Children and Young People's Mental Health and Wellbeing Transformation Plan (v5, April 2015), the Mental Health Needs Assessment (2014, Hillingdon) and key government documents.⁵¹

This report does not pretend to offer a comprehensive, representative or exhaustive analysis of need. The report has been written to assist in the accumulation of evidence about young people's experiences of mental health services and to make recommendations for change. It draws upon face-to-face interviews with 24 young people, 19 parents and 25 professionals as well as surveys and secondary data to assess the factors that determine barriers to support and ask what a clearer, early help and support, pathway could look like.

It also draws from two surveys (online and offline) that were completed between January and March, and March and April 2015.

Interviews: who we spoke to	How many	Age
Young People	24	9-25
Teachers / TAs / SENCOs	8	n/a
School Counsellors	9	n/a
Police Officers	4	n/a
Voluntary Sector Professionals	22	n/a
Parents	19	n/a
Carers (adult)	1	
Statutory Service Providers	n/a	n/a
Adults with user experience of children's mental health services (CDAS)	15	25-50+
Young people under 25 in mental health recovery	3	20-26
National charities (children's / adults' mental health)	3	n/a
Colleges	1	n/a

Opportunities to engage with agencies

All Hillingdon secondary schools and further education colleges were contacted and given the opportunity to support this work. As were Hillingdon Council (Youth Parliament, 'Looked After' Children's Council and Early Intervention Team), NHS Hillingdon Clinical Commissioning Group and the Mental Health Trust CNWL. Healthwatch Hillingdon believes further extending engagement opportunities to these agencies could help shorten the distance between local people and commissioning decisions that affect them. Furthermore, that Healthwatch could have done even more with the involvement of the youth parliament and 'Looked After' Children's Council.

There is a need for more, and new, forms of engagement between young people and commissioners that has real meaning for people using mental health services. Healthwatch Hillingdon sees its role as helping ensure the concerns of users of healthcare are heard and taken seriously and also in supporting new engagement activity involving children's mental health.

What we did

We used a wide range of semi-structured discussions with people involved in mental health services from different perspectives, including those with direct experience of using services. Interviews were conducted with staff and young people, and their families, at a range of professional and community settings. Although not fully representative, the participants are varied enough to establish themes and trends. The case studies examined should be viewed as examples from which commissioning agencies can generate testable hypotheses about support needs and service gaps.

Survey in numbers

Detailed survey comments and feedback, plus full methodology, are available online at www.healthwatchhillingdon.org.uk

Notes and references

Notes & references

¹ *Listen to Me! A snapshot of young people's views of mental health and emotional wellbeing services in Hillingdon* Dec 2014.

² BAME - Black, Asian, and minority ethnic communities of Hillingdon.

³ LGBT - Lesbian, gay, bisexual and transgender populations of Hillingdon.

⁴ *THRIVE. The AFC - Tavistock Model for CAMHS (Nov 2014) Anna Freud Centre/ Tavistock and Portman NHS Foundation Trust.*

⁵ Except in cases where children need protecting from abuse and neglect (RCP, London [2003] *Child abuse and neglect: the role of mental health services*)

⁶ We use the word 'autism' throughout to describe all conditions on the autistic spectrum including Asperger Syndrome.

⁷ Hillingdon Mental Health Needs Assessment 2014.

⁸ Up to 1 in 12 children in Britain deliberately hurt themselves on a regular basis, this is the highest rate in Europe (The Children's Society: *The Good Childhood Inquiry, The Children's Society*, London (2009).

⁹ *THRIVE The AFC - Tavistock Model for CAMHs*, NHS Foundation Trust, Anna Freud Centre (Nov, 2014) - 'Historically underfunded, and vulnerable to cuts because of its location within larger systems, the more recent context of austerity has resulted in extensive disinvestment in services, with 25% cuts reported in some areas in 2013(4).'

¹⁰ *House of Commons Health Select Committee report, Children's and adolescents mental health and CAMHS (2014-15) and Future in Mind (NHS England and Department of Health) 'Promoting, protecting and improving g our children and young people's mental health and wellbeing'* (2015).

¹¹ NHS England, Department of Health *Achieving Better Access to Mental Health Services by 2020.*

¹² In 2014 Hillingdon CCG Clinical Leaders came together with local authority commissioners to form a 'Children's Mental Health and Well-being Board' to develop: The Children and Young People's Mental Health and Wellbeing Transformation Plan. This work programme involves the following work streams: (1) Universal Promotion and Prevention, (2) Early Help and Intervention, (3) Specialist Therapeutic Intervention, (4) Emergency Assessment and intensive Community Support/ Home Treatment, (5) Needs of Vulnerable Groups.

¹³ *Young Minds Mental Health at Key Stages 3 & 4* (2004).

¹⁴ *Depression in Children and Young People: identification and management in primary, community and secondary care, Clinical Guidance 28*, The National Institute for Health and Clinical Excellence (NICE), 2005.

¹⁵ *Youth Access (YIACS): an integrated health and wellbeing model* (Jan, 2015).

¹⁶ Hillingdon Autistic Care & Support - HACS.

¹⁷ The Wish Centre, Harrow [providing self-harm, sexual and domestic violence support and recovery for young people with mental health needs].

¹⁸ CFACS - Child Family and Adolescent Consultation Service.

^{19, 20, 21, 22} *The London Mental Health Report*, GLA (Jan 2014) Greater London Authority.

²³ *YIACS: an integrated health and wellbeing model* (2015) Youth Access.

²⁴ *YIACS: an integrated health and wellbeing model* (2015) *Youth Access and Investing in recovery: making the business case for effective interventions for people with schizophrenia and psychosis*, Knapp, M., et al., PSSRU, LSE and Centre for Mental Health, 2014.

²⁵ 'Lost Generation' - *protecting early intervention in psychosis services (Rethink)* 2015.

^{26, 27} Centre for Mental Health (The Pursuit of Happiness - A CentreForum Commission) - *Investing in Children's mental health (a review of evidence on the costs and benefits of increased service provision)* Jan 2015.

^{28, 29} Centre for Mental Health - *The case for treating childhood behavioural problems* (2015).

^{30, 31} Early Intervention Foundation: *Making an Early Intervention Business Case (evidence and resources)* 2014 (source: PSSRU) 2011/12 figures (source: PSSRU).

³² The Wish Centre, Harrow.

³³ Hillingdon Mind has had considerable success engaging with local BME communities, particularly Asian and Somali communities. Hillingdon Mind have found outreach to the LGB&T communities challenging, but have recently met with OutWest (West London LGB&T) and HEAR (pan-London equalities forum) to begin thinking about allies and a more co-ordinated outreach strategy.

³⁴ Feedback to Link Counselling from young people has highlighted the importance of self-referral, especially in special circumstances when parents/ carers may have negative or critical attitudes to mental health which in turn can influence whether a young person seeks help or successfully accesses support for mental health problems. Other sources: *SOS Stressed Out & Struggling Emerging Practice: Examples of Mental Health Services for 16-25 year olds - Young Minds* (2006).

³⁵ *Counselling in Schools: A blueprint for the future* (March 20015) Department for Education.

³⁶ *Intervening to improve outcomes for vulnerable young people*, Department for Education (2010), J. Walker, C. Donaldson.

³⁷ NHS Five Year Forward View, October 2014.

³⁸ *House of Commons Home Affairs Committee, Policing and mental health (Eleventh Report of Session 2014-15)* 3 February 2015.

³⁹ Department of Health 'pilot schemes' (Crisis Care Concordat) aimed at reducing section 136 detention rates.

⁴⁰ Institute for Diversity Research, Inclusivity, Communities and Society (IDRICS), Buckinghamshire New University.

⁴¹ Yeading Junior School received Chrysalis funding to build an extension to the Yeading Junior School 'Community House'. This facility houses a range of courses for residents to improve opportunities and quality of life.

⁴² Dr Elaine Arnall BA (Hons), CQSW, PGCert HE, PhD, Faculty of Society & Health Buckinghamshire New University.

⁴³ LGBT - Lesbian, gay, bisexual and transgender populations of Hillingdon.

⁴⁴ Hillingdon Council, *Report on needs assessment of homophobic bullying and health and wellbeing amongst young LGBT people in Hillingdon* (2012) Malin Stenstrom, Vicky Trott.

⁴⁵ Stonewall 'Health Briefing' In the last year, 27 per cent of gay men think

about taking their own life even if they would not do it. This rises to 35 per cent of black and minority ethnic men, 38 per cent of bisexual men and 47 per cent of gay and bisexual men with a disability.

⁴⁶ Healthy London Schools programme, sponsored by the Mayor of London (2013), aimed at supporting schools to help children learn about health, and develop motivation and self-respect to make healthy choices.

⁴⁷ National Healthy School Standard (NHSS) is part of the government's strategy to raise educational achievement and address inequalities. For details about Hillingdon's healthy school programme contact Hillingdon Council's Public Health Team or www.wiredforhealth.gov.uk

⁴⁸ 76 children have been evaluated in the Seasons for Growth programme (Hillingdon Council: Public Health) April 2012 - March 2013 and April 2013 - December 2014.

⁴⁹ There are 2,450 young carers, under 25, in Hillingdon. About 70% are caring for one or both parents, and about a

quarter are caring for a sibling. Almost two thirds of adults being cared for have a mental health problem, and a third have a physical or sensory disability [Hillingdon Council, JSNA (2014)].

⁵⁰ NICE guidelines: 'Autism diagnosis in children and young people. Recognition, referral and diagnosis of children and young people on the autism spectrum' (local comprehensive pathway).

⁵¹ Documents consulted included: *Future in Mind* (DoH, NHS England), *NHS England Mental Health Taskforce, NICE guidance, 'Co-ordinated system' task and finish group report* (DoH), *Prevention and access task and finish group report* (DoH), *Key findings from the professionals' engagement exercise* (DoH), *Vulnerable groups and inequalities report* (DoH), *Young Minds report on children, young people and family engagement, NHS England Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3), NHS England Eight Pilot schemes leading innovation in children's mental health provision* (2015).

School

Duration

Project in

Get in touch
 ☎ 0208 250721
 ✉ info@hillingdon.gov.uk

Sorted
 Fountains Hill Young People's Centre
 87 High Street
 Uxbridge
 UB8 1JH





LINK-Ed

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Out

Counsellor's pay

dash




disability does not mean inability


Are you gay, lesbian, bisexual ... or not sure?

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MOSAIC LGBT YOUTH CENTRE

A guide to the Early Help Assessment and Team Around the Family



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Registered charity number: 1152553



We have also produced an animation to highlight the issues raised in this report.

You can view this at

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