AGENDA ITEM No:

Business & Children's Policy and Scrutiny Committee

City of Westminster

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Title:	**The impact on the mental health of local young people – a report from Healthwatch Central West London June 2021**
Report of:	Healthwatch Westminster
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Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to report to the Westminster Scrutiny Committee on what young people are telling us about their mental health.

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say about the health and care services available to them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

Young Healthwatch Westminster

Young Healthwatch Westminster (YHWW) is a dedicated team of young volunteers (aged 14-25) and core Healthwatch Central West London staff, committed to supporting the wellbeing of young people in Westminster and beyond. We want all young people living, working or studying in and around Westminster to feel supported by local health and care services, so that they can grow and continue to develop creatively and academically, without being held back.

Introduction

1.1. This document outlines what Healthwatch (CWL) has been hearing from local people through our community engagement in Westminster and RBKC and is focused on young people's emotional wellbeing and mental health.

1.2. Since March 2020 we have heard from over 200 young people aged 11-25 about their experiences of accessing information, support and services from across the 8 Northwest London boroughs. The large majority told us that they have felt an impact on their mental health, with around a quarter reporting a big impact. We saw a slight dip in the impact when lockdown eased last summer, but the impact is still marked.

1.3 Prior to the onset of the pandemic, we spoke to 200 students at Westminster Kingsway College to identify the key issues of importance for young people. Mental health was identified as the most salient issue. The findings from this engagement helped to shape our priorities and approach as a group.

1.4. With the onset of the COVID-19 pandemic, there was clearly a heightened strain on young people's mental health, but also an increased awareness of it with funding, resources and energy focused on plugging the gaps in support that have arisen.

1.5 Whilst welcoming the separate calls for evidence for children and young people and adults, we also highlight that young adults, aged 18-25, are a cohort that has historically suffered from a lack of support. Admittedly, this is a cohort that has had particular attention from CCG and local authority during the pandemic, and we praise them for this work.

1.6 The commitment and dedication of our healthcare colleagues and youth sector colleagues has been admirable in incredibly difficult times.

Overview

2.1 This paper presents some of our key findings and observations on young people's mental health and emotional wellbeing based on what residents told us through our:

- Statutory Healthwatch work
- Young people's mental health survey
- Discussion sessions with youth groups
- Awareness projects
- Wider community engagement activity
- Social media

- Weekly Young Healthwatch volunteer meetings
- Wellbeing webinars

2.2. This report is set out in 5 sections:

- Access
- Information and communication
- Engagement
- Quality of care
- Recommendations

3. Access

3.1 During the Coronavirus outbreak, provision to support young people's mental health needed to adapt and move away from face-to-face help. There was a spike in signposting to talking therapies and online resources in clinical services e.g. Child and Adolescent Mental Health Services (CAMHS). We observed increased need and demand for different types of support which has meant that how easy it is for young people to access support has come sharply under the microscope.

3.2. CAMHS services

3.2.1 The demand for CAMHS services since the pandemic has risen, with the Westminster and RBKC service reporting 100 referrals for the month of March 2021. However, young people told us that information on referrals, and particularly self-referral remains unclear. They would like a clearer outline of how to be referred for CAMHS support. This should be widely communicated at multiple times such as before and when young people access services.

3.2.2 Schools are an important partner in supporting and signposting young people and need information on specialist mental health services, online support, and support in the community.

3.2.2 Young people have told us that they are aware of long waiting lists for referral and treatment, and that staff are 'overworked' and only urgent cases are seen. This acts as a deterrent for young people and stops them asking for support.

> "It takes a very long time to get seen and the staff are overworked so less able to invest in your 'case' as much as needed."

> "That it is a program aiming to improve the mental health for adolescents, via different types of therapy as well as medical options (medication). However, often the waiting lists are very long, so people can feel ignored by the system."

3.2.3 We reported what young people told us about referral pathways from school to their service to CAMHS team managers in Westminster and RBKC. They have agreed to review their coverage and consider putting in place early intervention workers.

3.2.4 Our young volunteers have also been involved in a working group created to develop a new CNWL CAMHS website that would improve access, providing advice on how the site could be more suitable for young people

3.4 Non-clinical online support

3.4.1 Young people told us that they did not have the information they needed to be able to find support online.

3.4.2 We heard that websites like 'Childline' and 'Goodthinking' have been helpful because they offer a wide range of support and are easy to find and to use. 'Samaritans' was also an online support option that was mentioned often as being very accessible.

3.4.3 Young people told us that not only is lack of awareness of where to find support a barrier to accessing these services, but feeling discomfort and anxiety, and worrying about being a burden, misunderstood, ignored or patronised, also made it hard to seek support.

> "I don't feel comfortable talking about my mental health."

> "Because you would think no one would understand what you're going through and you don't want to open up."

3.4.4 Young people told us that an online support with everything they need 'in one place' would be the most beneficial for them

3.3. GPs

3.3.1 Young people told us that in the main they would not go to their GP for support, and there is little awareness that this route can be the gateway to further support.

3.4 In school

3.4.1 When asked across a range of options about where they go for support with mental wellbeing, young people told us that they are most likely to go to family or friends, more than twice as likely as someone at school. They told us that they would like more dedicated assemblies and PSHE classes about accessing services. However,

other reports from young people suggest that school is a good place to access support and that they feel able to go to a therapist / teacher at school.

> "I feel able to go to a therapist at school / seek help from teachers."

> "School provides lots of access to support."

3.4.2 Young people have repeatedly shared with us that being able to speak with their peers (who have requisite training) would be the preferred option for seeking help

> "Teachers need to be more approachable, and we want to speak to other students who can support us by telling us where to get help"

3.4.3 Young people told us that during the height of the pandemic when schools were closed, accessing online classes often on a single mobile device all day was overwhelming and tiring.

3.5 In the community

3.5.1 Young people told us that youth clubs and community centres that advertise a set activity e.g. a sport or creative class are the best way to introduce conversations about mental health, rather than advertising an activity about mental health explicitly.

3.5.2 We heard that young people found support in the community through faith groups and life coaches.

3.5.3 Many young people cited their friends and family as key figures of support. However, this is delicate as young people have also told us how they don't want to 'burden' adult family members or feel 'belittled' if they talk about their mental health, which has been found to be a huge barrier in accessing help.

> "Sometimes I could feel like I could be burdening my family members with my difficulties due to the state of my mental health. And so in my opinion it feels quite selfish in a way when I try to talk to them about it but initially I shouldn't."

3.5.4. Young people have told us of the strains of not being able to see family and friends, compounded by fearing for their wellbeing. In addition, they told us that they need more details on how to access support for bereavement. We have observed that bereavement has disproportionately affected young people from minority ethnic backgrounds.

> "I lost a family member and a friend, so it's been hard for some of my relatives."

"Where to get bereavement support. Where to get support for mental health specifically like who to contact first."

3.5.5 Young people have told us that time away from others has meant they have been able to focus on themselves more, but also, there have been multiple reports of a sense of drifting apart from friends and the damaging impact of being locked down on their mood and wellbeing.

"All the extracurricular stuff I do is so good for my mental health"

"I can't really see any of my close friends or **family** and that's caused us to drift apart like we don't even know each other anymore."

"We live in a small flat and since I am a teenager and hormonal I lose my temper a lot which means I get in a lot of trouble. Not being able to go outside to take space as I did before the lockdown I'd really hard."

4. Information & communication

4.1. Young people told us that there has been enough information on support available in general, but we have heard from a significant number who told us that they have not heard about any. This suggests that there is a disparity in how this information is communicated and who is receiving it.

4.2 CAMHS (Specialist support)

4.2.1 Only third of our survey respondents had heard of CAMHS services. And for some of those who had heard of it, knowledge of what they do is mixed. Young people told us that clearer information on a specific point of contact and specific details on how the service works would be helpful.

4.2.2 Some young people have told us that CAMHS staff 'don't listen', suggesting that this is something that needs to be investigated further.

"It was a terrible experience, they barely listen."

"I think the people working there are really nice and you feel listened to when you are there and I feel a lot better after a session."

4.2.3 The new CNWL CAMHS website is a positive sign that the providers are listening to the concerns that are being fed through.

4.3 Online support options

4.3.1 Young people displayed low awareness of non-clinical online support options. 'Every mind Matters' and 'Kooth' had reasonable awareness rates but 'YoungMinds' was the most recognised from our survey findings.

> "We want stuff we can relate to by young people, for young people"

> "Authenticity and variety is important when looking for help online"

4.3.2 Although issues with lines of communication in school on support have been reported, young people told us school is where they primarily hear about online support options, along with social media.

4.3.3 Young people consistently told us about the value of flyers and posters when promoting these services at events like school/college fairs and in the community e.g. at bus stops and in youth clubs.

4.3.4 Websites like 'Childline' were mentioned as particularly useful because so much 'relatable' information is available on a variety of health topics.

4.3.5. We heard accounts of the lack of support available on social media and how difficult it can be to 'match up' to others who present a 'perfect' image of themselves online

4.3.6 Young people have told us that more details on specifics of the service offered and first point of contact would be helpful.

> "I haven't heard from anyone about how to get mental health support."

> "Specifics of where to go and what to do."

4.3.7 However, we also heard worrying levels of difficulty with using social media, hearing that it is hard to escape bullying, or that there is pressure about appearance and the impact of that on mental wellbeing. The amount of time spent being on social media also has an impact.

> "I don't really know. I haven't been looking for it. But with the amount of time I've been spending on social media recently, which has been growing and therefore probably impacting my mental health, I would have expected to see something."

> "Many people are obsessed with their appearance on social media."

> "Social media can also be hurtful because people can text mean things about you."

> "If you're getting bullied at school you can go home but with social media it's 24 hours."

> "Because a lot of young people are worried about their social media life and where they stand online it often gets in the way of real life."

4.4 In school

4.4.1 We received conflicting reports from young people about the information on mental wellbeing available in schools. Some young people told us there is not enough information in school, and others told us there is a lot.

4.4.2 Young people told us that the communications sent out by schools has not been frequent or detailed enough and that it had a 'patronising' tone.

> "Schools shouldn't send stuff about mental health and then follow it up with loads of work."

> "Schools should send more letters/emails to all students about support, but not in a patronising tone!"

> "Schools need to be more receptive. Our mental health is more important than any grades we might get or the level of our work"

4.4.3 We also heard from parents that they did not feel that their children were receiving enough updates from school on the changing situation with exams and grades, and that this is damaging the mental health of their children.

> "I'm worried that my child is feeling hopeless as school isn't communicating properly on exams and ways to get help"

4.4.4 Young people have repeatedly told us that they need more emotional wellbeing support in schools, and in workplaces. For example, they would like more frequent communications on what emotional wellbeing and mental health support is available in their school and how they can access it e.g. Kooth, school nurse service, Mental Health Support Team

4.5 GPs

4.5.1 Young people told us that there is a perception that the information give out on emotional wellbeing support is outdated.

> "It seems that their general health advice of 'eat an apple a day' is just going through the motions"

> "We want a multimedia approach. They should speak with young people to find out how we want information"

4.3.2 There is a suggestion that young people would like to see GPs in the community more so that lines of communication and understanding can be built, and trust established.

4.3.3. Young people expressed fear of being given diagnoses and 'labels' too early and then can skew treatment in a way that they feel may not be favourable.

"We don't want to be given labels straight away. With a diagnosis, things can escalate quickly."

5. Engagement

5.1 Our approach to engaging with young people from the onset of the pandemic has been focused on ensuring that they have access to up to date, reliable information and that we heard what their experiences of accessing health and care services were like at this time. We work with local authority, community groups, NHS partners and research bodies. Examples of some of our engagement can be seen below. We also hold weekly online meetings with our volunteers.

"Young Healthwatch was fantastic because I was able to get to know other people and learn about the factors affecting health. We also got to do some really fun activities which meant we saw the different mediums to use in order to inspire conversations regarding feelings."

Former Young Healthwatch volunteer

5.2 We have held two webinars in the last year, bringing together young people and professionals in different fields in a Q&A format. These events were co-designed with, and hosted by, young people. Young people could ask questions of speakers about some of the concerns they consistently shared with us. The second webinar evolved into an event that celebrated creativity as a way of coping with pressure on mental health. We also published the questions and answers and produced illustrations with some of the key pieces of advice.

5.3 We created a poster where our volunteers reviewed online support options. This was in response to the lack of awareness of services we had seen among young people. We also used this poster to highlight urgent mental health support options, and groups to connect with in the community as a young person.

5.4. Our young volunteers staged a Twitter 'takeover' over of our main page for a week so that they could spark conversations about mental health. This was a response to the need for information from 'relatable' sources.

5.5 Our young volunteers presented on the CNWL One community Radio show twice in the last year. Once to raise awareness about mental health, and secondly to discuss our findings with a new, and wider, audience.

6. Quality of care

6.1 CAMHS (Specialist support)

6.1.1 Local young people have told us that they find CAMHS is a 'safe space' to talk and that there is a range of support for their mental health.

> "I have heard that they help with anyone's mental health and help people whether they feel unsafe."

> "They can help with different things."

> "I think the people working there are really nice, and you feel listened to when you are there, and I feel a lot better after a session."

6.1.2 Young people's experiences suggest good levels of user involvement and effective information, advice and support. We have heard that specialist services, such as for anorexia and bulimia are appreciated and respected.

> "It's incredibly stressful and dreaded by mental health patients who use it however, with the right people, it can be supportive and practical if needs be e.g. for anorexia and bulimia."

6.1.3 However, young people have also told us that continuity of care is not consistent and there is a knock-on effect on quality of care as a result.

6.1.4 The length of treatment offered (six weeks) has also been questioned by local young person who have told us it seems too short term and early prevention measures are called into question.

6.2. Online support

6.2.1 Online counselling services such as Kooth have been widely well received but could be advertised in school more widely.

6.2.2 Young people told us that they would prefer to retain the same counsellor if they are returning to a service they have previously used, rather than being assigned a new one.

> "Having a different therapist each time puts me off"

6.2.3 Some young people informed us that they find it difficult to express themselves in the initial consultation in written format, rather than video link or face to face

> "I'd like to be able to speak with someone before the counselling rather than just write it all down"

6.2.4 Our young volunteers were involved in a consultation to streamline the sign-up process sign up process to ensure the experience would be more suited to young people's needs.

6.3 In school

6.3.1 Many young people told us that school has been exhausting as a result of an increased workload both during school time and with homework. This, coupled with a sense of uncertainty about exams, what grades mean and the impact of this on their futures, has been widely reported as incredibly challenging and anxiety-inducing.

> "Schools shouldn't send stuff about mental health and then follow it up with loads of work. They need to be more receptive. Our mental health is more important than any grades we might get or the level of our work."

6.3.2 We heard consistently that young people feel high levels of pressure to succeed in their exams and a perception that demands may be too high.

> "School puts too much stress into students that they literally become stressed.

> "In my school particularly, pressure to do well academically creates a lot of stress for pupils, which is sometimes only fed into

> "I am what many consider a "gifted student" but knowing how important exams are for people my age make me crumble under the pressure."

6.3.3. Young people also told us that they have been able to cope with the strain of uncertainty around school due to supportive families, but others have reported less harmonious home environments, increasing the pressure on their mental health.

> "My parents are getting angry for no reason all the time and it's crap."

> "School particularly, pressure to do well academically creates a lot of stress for pupils, which is sometimes only fed into by parents."

6.3.3 We have heard some reports of insufficient training on LGBTQ inclusion, leading to students being outed to family without their consent.

6.3.4 Young people have expressed concerns at Safeguarding leads telling parents about an issue without consulting them, and that these leads are often not very approachable when you have something you want to talk about

7. Recommendations

1. Local CAMHS services and schools should collaborate to create clear information posters about the service details and referral pathways that can be shared with students. Healthwatch should be involved in this process.
2. Schools should agree a clear policy with their students on what support they need for their mental health and how they'd like it to be communicated, as part of a needs analysis. Healthwatch should be involved in this process.
3. Local authority should support schools to raise more awareness of the support options that are available in school with parents and students
4. Schools should work with groups like Healthwatch to provide information sessions for students and parents on the support that is available in the community
5. Young people would like to know more about the confidentiality process, and specifically what happens when it is breached. We suggest schools explore external organisations running workshops/assemblies with schools on how the process
6. Access to *basic* training for teachers to recognise signs of mental ill health