

# Wiltshire's Youth Mental Health Conference

Working together for Wiltshire's  
children and young people

13 November 2019  
Devizes Corn Exchange



## 1. Why a conference on youth mental health?

This event was created to directly address areas of concerns identified by Wiltshire's Families and Children's Transformation (FACT) programme, and the recommendations of a member-led scrutiny exercise of a new child and adolescent mental health service model that went live in 2018.

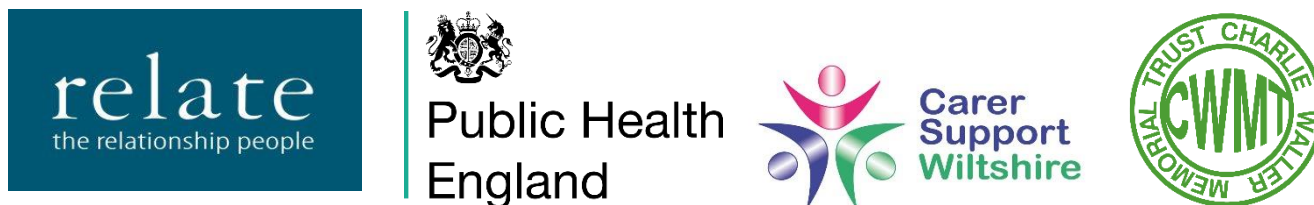
## 2. The aims and agenda for the day

The multi-disciplinary team delivering the event aimed to:

- Build a better understanding across agencies of the **support available** to children and young people in Wiltshire;
- Hear the **voice** of children and young people in relation to their mental health and wellbeing;
- Raise awareness of **digital resources** to support mental health;
- Work towards the creation of a **collaborative and coordinated** approach of early support for children and young people's emotional mental health and wellbeing – across the whole system. We know that no single agency can effectively support children and young people's mental health and wellbeing – the most effective approach is to come together as a system.

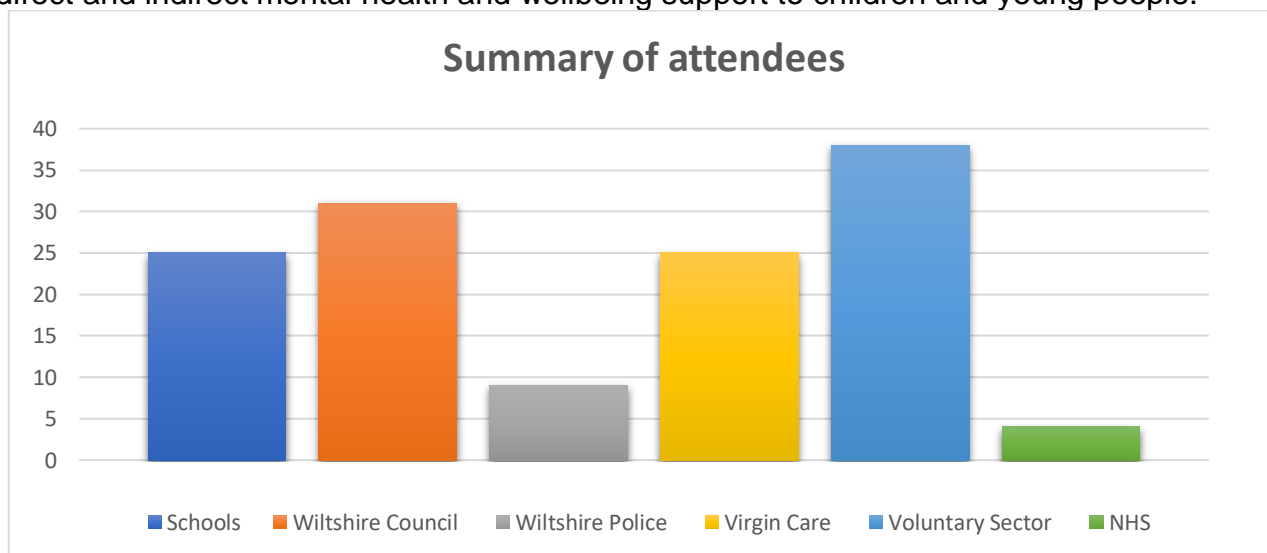
- I. **Welcome**  
Terence Herbert, Executive Director – Children and Education
- II. **Setting the Scene**  
Young people from the CAMH Service User Group and Wiltshire Youth Union
- III. **Service mapping exercise of support to children and young people**  
Judy Edwards & Adele Owens, Wiltshire Council Commissioning & Systems Thinking
- IV. **Service updates:**
  - **The new Child and Adolescent Mental Health Service Single Point of Access (SPA)**  
Penny Foley, Oxford Health NHS Foundation Trust
  - **Redesign of the specialist school nursing service**  
Charlotte Forward, Virgin Care
  - **Digital services and support**  
Nick Bolton, Wiltshire Healthy Schools Coordinator
  - **Roll-out of Five to thrive attachments-based approaches**  
Sally Johnson, Public Health Strategist
- V. **Time to Change – stigma, discrimination and youth involvement**  
Young Champion
- VI. **Young people's Panel Discussion**  
Child and Adolescent Mental Health Service User Participation Group
- VII. **Next steps in working together to support mental health and wellbeing**  
Judy Edwards & Adele Owens, Wiltshire Council Commissioning & Systems Thinking

The Youth Mental Health conference was an opportunity to bring organisations together and share their resources and good practice. Links to those organisations are below:



### 3. The delegates

Below is a summary of people who attended demonstrating the commitment to and interest in this important area of work. Those attending were from a range of organisations providing both direct and indirect mental health and wellbeing support to children and young people.



### 4. Input and discussion

A welcome from Terence Herbert (Chief Executive Officer – People, Wiltshire Council), was followed by direct input from children and young people. They shared results from the 2017 Wiltshire pupil health and wellbeing survey and quizzed attendees on some of the key findings. The results of the survey were positive, demonstrating that most Wiltshire children and young people are generally happy and healthy. However, direct feedback from young people included some key messages:

We are not involved enough in planning our own care

We have to wait too long for support

We cannot find the information that we need- where to go for help or whether we will meet the criteria

Access points are not simple or streamlined

We need help earlier

We don't want to go to CAMHS' unless we have to

Delegates considered sets of scenarios and to put themselves in the position of a young person to answer questions posed; an example is given below. The purpose of the exercise was for attendees to get a better understanding of how young people all have different experiences which shape their behaviour – their ‘frame of reference’. For each scenario, attendees were asked to consider:

- How they thought the young person would have felt in the situation
- What worked well
- What didn’t work well
- What could be done differently.

Fig.1



### Scenario 1: Lewis

Lewis is a student in Year 10. He has struggled with low mood for the past couple of years and in the past has used self-harm as a way of coping with this; which his teachers are aware of. He is receiving support for his mental health, and with time he is gaining a better understanding of his feelings and is developing alternative ways of coping. Last week, Lewis was approached by his teacher at the beginning of his science lesson and asked whether he would be willing to show a visitor around the school during today’s lesson. His teacher told him that he had been suggested for this as they felt he would be a good role model for the school. Lewis felt positive about being chosen for this opportunity. Lewis finished showing the visitor around the school slightly before the end of the lesson, therefore returned to his science classroom. On his return, he found out that during today’s lesson the class had been carrying out dissections. The real reason Lewis had been asked to show the visitor around during this lesson was because his teacher was worried about him being around the scalpels during the lesson, knowing that he has previously self-harmed.

How do you think Lewis may have felt in this situation? - Embarrassed, devalued, judged, vulnerable, lied to

What was good? – He had been given responsibility

What was bad? – poor thought for his wellbeing. Huge assumption + distrust which has set back his amazing progress

What could have been done differently? - was handled appallingly by school and he should’ve been given an opportunity to give his input

Delegates were also referred to an exercise within the Youth Mental Health First Aid training course in which barriers to a young person thriving are considered, and potential sources of support and guidance shared (see Fig 2). These may be available at community, county and national level and be deployed to eliminate barriers. Very often, the response will need to be from multiple sources and agencies.

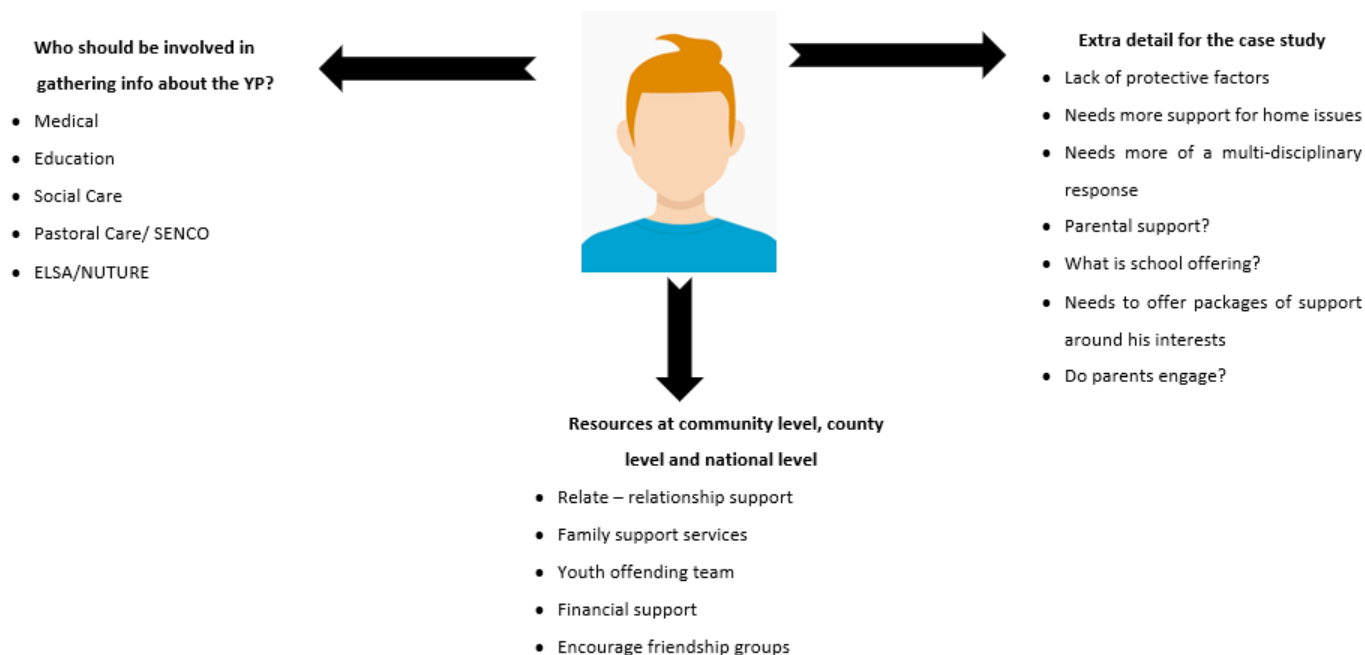
Wiltshire’s Child and Adolescent Mental Health Service (CAMHS) introduced its new Single Point of Access (SPA). To be launched in January 2020, all calls will come through the SPA for triage. Having a SPA will allow people to receive prompt responses for their concerns and any other enquiries. SPA practitioners will be present in schools at agreed times to offer mental health assessments, training, consultation and support to school staff. Referrers (including self-referrers) will be able to continue to refer online and via a new single phone number.

The specialist school nursing service is being relaunched. The service is being delivered by teams of qualified nurses who have undergone additional specialist public health training; these may be staff nurses and school support workers. The service is accessible to children of school age who may require additional support with a health issue. Referral to this service can be made by telephone, and schools, parents and other agencies can access immediate advice from the duty

school nurse via the Virgin Care SPA. Virgin Care are working in partnership with young people in school communities in the way they deliver their service.

Fig 2.

Kyle is a 10 year old boy. He has diagnoses of ASD and anxiety disorder and is under the CAMHS team. Kyle is from an Irish traveller family. His parents have an acrimonious relationship, with reported domestic violence. He has a large extended family, but his closest sibling was taken into foster care and he has little contact currently. There has been a history of offending amongst his siblings with engagement from the youth offending team. Kyle is on roll at a local primary school but is not a regular attendee; he is described as capable but under-achieving. School has recently applied for a EHCP but this has not yet progressed. Kyle does not have friendship group and has been bullied at school. He has described self as a different from other. He spends a lot of time on Xbox, alone and unsupervised. His appearance is unkempt; often does not have the right uniform or equipment for school. Kyle is under weight for his age. He does not like to try new foods and is avoidant of a large number of food groups. As a toddler, there was also a choking episode in which he was taken into hospital by ambulance. Kyle is under the CAMHS team but rarely attends appointments. Kyle has stated that he would like to try judo and has an interest in cars.



Digital innovation and resources were also shared and discussed. A new [Emotional Wellbeing and Mental Health Strategy](#) website was launched - a site for educational settings to clarify evidence-based actions that can promote young people's mental health. The website has links to sources of support, both local and national.

## Emotional wellbeing and mental health strategy

Schools and other educational settings have a key role to play in helping their children succeed by supporting them to be resilient and mentally healthy. Supporting children and young people's social and emotional wellbeing contributes to positive academic progress.

From a review of evidence, a whole school approach is key to making a difference. The [Wiltshire Healthy Schools](#) programme provides schools with a tool to help them audit their current provision and gain accreditation for meeting key criteria across a wide range of issues relating to health and wellbeing.





The [harmLESS](#) tool was designed for people who have contact with young people who are self-harming; it's there to help professionals have conversations about self-harm with young people, so that the right support can be identified.

# harmLESS assessment

## Assessing self-harm and planning support

harmLESS provides a series of questions you can ask the young person.

How they answer these questions will inform a plan about the type of support they might require.

If at the end of this you are still unsure or worried about a young person then phone your local CAMHS team.



**H**ow long have you had thoughts of wanting to hurt yourself?

## 5. Sharing knowledge

Throughout the day, attendees shared their knowledge on what they have found works in supporting the mental health and wellbeing of children and young people from early years, primary, secondary and post-16 age-groups.

### Secondary school age

- Involve local schools in planning strategies – what are the struggles? How realistic is it to implement?
- Improving links between Mental Health services, community support & involving parents/ friends in interventions/ support
- [Seeds 4 success](#)
- Suicide ASIST First Aid Training
  - a two-day course on suicide first aid
  - Teaches how important the conversation is
  - Important to equip all staff with capacity & confidence to engage in a conversation about self-harm + suicide with any CYP
- Local area coordinator
  - Are in 9 locations: Trowbridge, Westbury, Melksham, Calne, Chippenham, RWBT, Warminster, Amesbury & Salisbury

### Post-16

- Young minds
  - Great website for professionals, students & parents with lots of resources
- Carer support Wiltshire
  - Young adult carer cafes
  - [www.yacbook.co.uk](http://www.yacbook.co.uk)
  - [www.carersupportwiltshire.co.uk/young-carers](http://www.carersupportwiltshire.co.uk/young-carers)
- Local Area Coordinator
  - Builds trusting relationships, enabling people to expand connections & thrive in their community
- Panic Attacks – 5,4,3
  - 1. 5 things you can see
  - 2. 4 things you can hear
  - 3. 3 things you can touch

### Primary School

- Local Area Coordinator
  - Whole family approach
  - No time limit, assessment or referrals
  - No waiting lists
- Primary Mentoring
  - Age 8-11 years
  - Meeting with a volunteer mentor in school
  - Through telling and understanding activities. The aim is to build resilience to cope with what life throws at them

Less focus on academic achievement, more teaching on community mental health

### Early Years

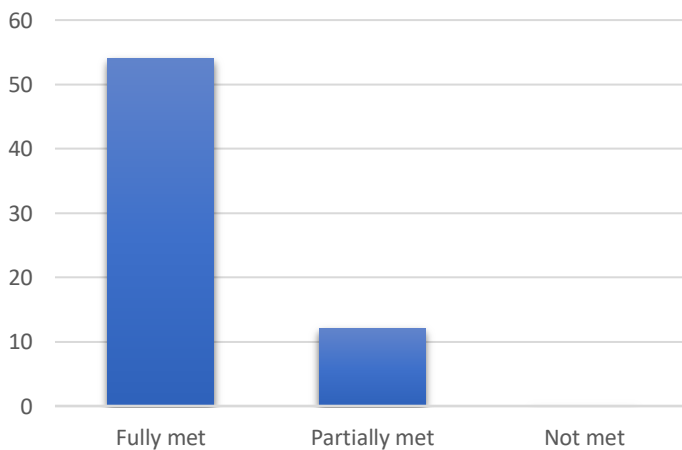
- Better support for parents

Addressing the negative stigma with parent support services

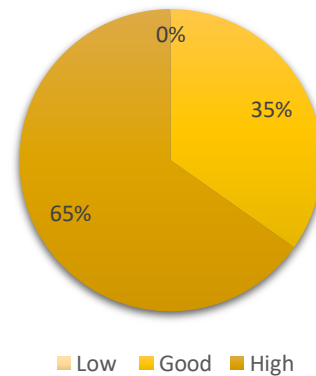
## 6. Evaluation

Feedback from the conference was positive as demonstrated below:

### The aims were



### Overall, my satisfaction with this event is...



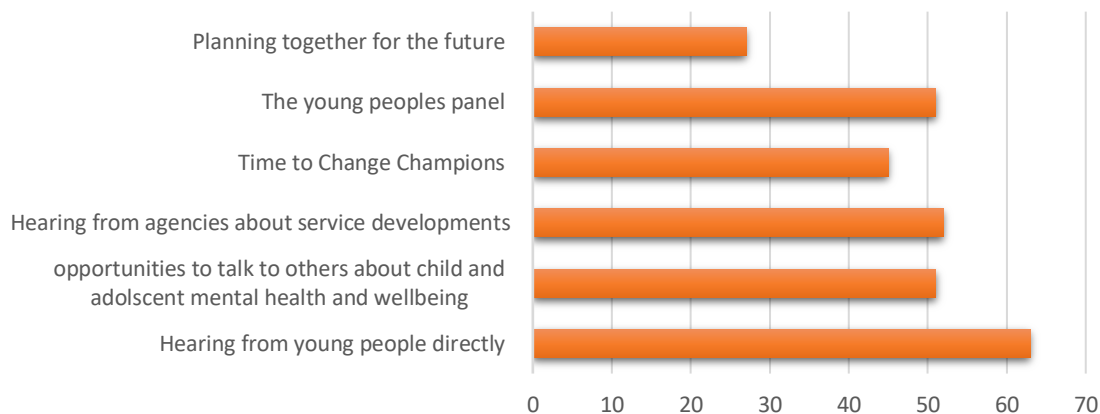
### I know more about services across the county than I did before



Evaluation forms demonstrated the value delegates places on the opportunities to hear directly from young people and health colleagues, as well as networking with others.



### The most helpful items from today were



## 7. Planning future partnership events

Following the event and the feedback received subsequently, the planning team propose the following activities in 2020/21 and 2021/22, which offer more of what delegates enjoyed from this conference and seek to address those services and viewpoints that were missing.

Activity	Purpose
1. Deliver mental health information sessions to parent/carers, to include peer support and linking with Barnardo's early mental health service from 1 April 2020.	To review child mental health services and gaps in provision in parental skills and knowledge, as well as gaining service user feedback from parents and carers.
2. Deliver young person's panel 'roadshow' for professionals and parents – either 'live' or via digital means and making appropriate for different age groups.	To allow parent/carers and professionals to hear directly from young people about their mental health needs.

- |  |  |
|--|--|
| 3. Work with CAMHS and Virgin Care to design information and advice sessions for parents of infants and primary aged children.   | To review child mental health services and gaps in provision in parental skills and knowledge for younger children.  |
| 4. Build more community information about positive activities into web platforms addressing mental health e.g. <a href="http://www.onyourmind.org.uk">www.onyourmind.org.uk</a> . This to include youth clubs, sports clubs and spaces for young people to be together that are safe and positive. | To give parents, carers and professionals a better understating of other sources of support for young people who may not require intervention at CAMHS level |
| 5. Understand the specific needs of electively home educated children and their mental health needs and develop a plan for how services can be targeted to them.   | To ensure that the local offer reaches all children and young people and that not all support is delivered via education settings.                           |

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