



York Mental Health Participation Festival Report

**Produced
through collaboration between:**

**Show Me That I Matter
I Still Matter
The York Youth Council
The Blurt Foundation Advisory Group
York Mind Young People's Steering Group**

Introduction

The York Participation Festival brought together a large group of young people from various youth participation groups, aiming to discuss what would make York the 'perfect mental health city' for young people, and to pitch ideas for how to improve mental health support in York. It was also an opportunity for the young people from the different participation groups to meet each other and make plans for how the groups would collaborate in future.

The youth participation groups that were represented at the event were:

- Show Me That I Matter: the York Children's in Care Council.
- I Still Matter: the York Carer Leavers Forum.
- The York Youth Council: part of the national UK youth parliament.
- The Blurt Foundation Advisory Group: young people who co-produce and design the Blurt Peer Project.
- The York Mind Steering Group: young people who advise and steer York Mind's youth services.

Mental illness, and mental health support, were important topics for all the young people who attended. The York Mind Steering Group and the Blurt Foundation Advisory Group are both made of young people who have struggled with their mental health and accessed mental health support. Show Me That I Matter and I Still Matter have identified that mental health is a key issue for young people in and leaving care. The York Youth Council, through the Mark Your Mark ballot, have established that mental health is one of the top subjects that young people within York are passionate about seeing change and improvement within.

The festival started with an introduction of each group, and sharing what our groups had already had achieved. This was followed by Show Me That I Matter delivering a "Red Light, Green Light" exercise to allow the young people attending to share the positive and negatives around mental health support from a young person's perspective in York. York Mind Steering Group then delivered an exercise exploring what an ideal "Perfect Mental Health City" would like for young people in York. The event finished with City of York Youth Council running a "What Next" activity to explore how the participation groups could continue to collaborate going forward.

Traffic light activity

Show Me That I Matter (SMTIM) ran a section of the meeting to find out more about the views of young people about mental health in York. SMTIM asked the group what they feel is going well in York in relation to young people's mental health, and what they think is not going so well and could be improved. A traffic light system was used, green for what is going well and red for what could be improved. Young people's views have been grouped into common themes.

What is going well?

- Awareness

More young people are talking about mental health; this includes socially, within school and at participation groups/events such as SMTIM, Youth Council and York Mind Steering Group. The group felt that there is an increase in the knowledge of mental health in the younger generation and this has meant there are a lot of people who would like to make a difference.

- Good quality staff and services

Some young people shared that, once they accessed mental health services, they felt the service they received and the support from staff was of good quality. It is worth noting that there were differing views on this and some people did share negative experiences of the clinical services they have accessed.

- Some young people shared that they have had support from multiple services eg. school, mental health services and schools which has been really positive.

- The group felt that more young people are now aware that they can speak to their GP about mental health and not just physical health.

What could be improved?

- The role of schools in supporting young people with their mental health.

Young people shared that they feel school staff have a lack of knowledge of how mental health affects young people, and this maybe comes from a lack of training. Linking with this, young people felt that SLTs do not maybe prioritise mental health.

The group feel there is a general lack of sensitivity from school staff and that staff often don't respect their confidentiality; it was discussed that this could have a negative impact as it may mean young people don't feel they can discuss their mental health with a worker within school. Some young people said they ended up feeling like many staff were aware of their mental health, and they felt 'talked about'.

Comments were made about staff changes within school, and although this can't be helped, it often does impact a young person if they had built up a relationship with a particular member of staff. Many young people also stated that their school doesn't have a school nurse anymore and they would value a trained medical professional to speak to.

- Young people feeling judged by professionals

Some young people said they have felt judged by professionals in relation to their mental health. In relation to targeting mental health support from CAMHS, some young people said they were unable to access this support and they felt they were judged as 'not unwell enough'.

- Waiting lists

Many young people raised waiting lists as an issue, both within CAMHS and charity organisations. Young people were concerned that this has now been a problem for some time, and waiting lists are accepted as the norm. Young people also feel that the voluntary sector is being used as overflow, and linked this potentially to the CAMHS waiting list.

- Feedback system for CAMHS

The group said that they think it would be a good idea for CAMHS to have a feedback system. The group were not aware whether this exists or not.

- Mental health services for younger children

Aside from CAMHS, the group felt like there are options of support for young people aged 16+, and still some options for 13+, but very limited options for younger children. This was identified as a gap.

- Awareness and availability of services

There were conflicting views in relation to mental health services available. Older young people (16+) felt like there was lots of support accessible to them, but other young people felt like there is a lack of options for support and limited awareness of any services. This links to the above point. Young people also felt like GPs have a limited awareness of local services so are unable to signpost to other appropriate services. Young people also feel that, because services are quite stretched, there is limited choice and the example given was a lack of choice of worker.

- Location of services

Young people felt like the location of a service is important. The only service commented on was 30 Clarence Street, and that the location is near other charities which support adults with drug and alcohol addiction, so this does not feel like an appropriate location for young people's mental health services.

Perfect Mental Health City (run by York Mind Steering Group)

The aim of the Perfect Mental Health City activity was to gather a larger variety of ideas that young people want from mental health support. In this activity we thought of what would make York a 'perfect' city for young people's mental health, without having to think of funding or any other limiting factors. This encouraged "blue sky thinking" on how we would improve services already available, as well as additional services we would like. For the activity, we split into three groups mixed from the different participation groups. Each group had flip-chart paper, and spent thirty minutes recording their ideas for the perfect mental health city. After that, the groups decided on their three most important themes, developed those in depth and then presented them for discussion for other young people to respond to and develop an agreed set of themes for a perfect mental health city. - York Mind Steering Group.

Presented themes Three

central themes became clear in the response to the activity, which then broke down into several smaller themes across the different groups. These three were:

- suggestions to improve mental health support in **schools**,
- suggestions to improve access to and experience of **clinical services**
- ideas for **further mental health support** that could range across services.

These three larger themes were present across all of the groups' presentations. The smaller themes were present across one or more presentations, and then agreed in discussion between all of the groups. While the activity had focused around 'blue sky thinking', the young people did discuss practicalities, and the topics they chose to present on were all ones where they thought the suggestions they made were realistic and possible. Each theme is broken down in more detail below.

Suggestions for Schools

The suggestions for schools split into two smaller themes:

- desire for more early intervention in schools
- suggestions for school support

Early Intervention

The young people agreed that they wanted early intervention to start from primary school, with "gentle" interventions around learning about emotions and how to talk about them. They gave examples of groups some of them had attended while in primary school that had focused on learning about dealing with emotions, without suggesting something was "wrong" with the young people who were part of the group, and suggested that this was an example of good practice.

The young people indicated that they wanted early intervention to continue throughout their school lives. They stated that this would include teaching to deal with negative emotions, as well as lessons and support focused around encouraging young people to speak about positive and negative emotions in general. They suggested schools should challenge the taboo around speaking about mental health, encouraging young people to speak about their emotions and making open dialogue around perspectives on mental health a prevalent attitude in schools. They stated that pupils building personal relationships with staff where the young people's emotions could be discussed was key to early intervention, as it allowed them to share if they began to struggle.

Suggestions for School Support

The young people suggested that there should be mental health training across all teachers and school staff, so all adults are aware of mental health and able to respond positively to a disclosure. During discussion, they raised that when a young person chooses to disclose to an adult within school, it may be the first time they have made a disclosure, and the reaction to it could affect whether they would disclose around mental health again in future. They also brought up the importance of staff having an awareness of different diagnoses and symptoms, so that staff were both aware and understanding of the impact different mental health problems would have on pupils. They shared that they thought this understanding would create an environment in schools that was more accepting of mental health issues, and less stigmatising.

It was agreed across the young people that it was important that there were multiple members of staff available to speak to around mental health beyond the point of disclosure, and that young people had choice in who they worked with. They discussed the difficulty of accessing support when they felt uncomfortable around the school counsellor or pastoral staff member that was available to them, and how having choice between multiple members of staff could remove this barrier.

The young people stated the importance of safe spaces in schools. They agreed that these should be separate to where "kids go when they're in trouble", and that they should be able to attend these confidentially.

They shared that it would be good for safe spaces to be in easy-to-access locations, without it being immediately obvious to other pupils where you have been. They said that safe places should include a member of staff available to speak to, and be a safe and relaxed place where a young person can go when struggling.

Suggestions for Clinical Support

The suggestions for clinical support split into three smaller themes:

- Easier access to support
- Clinical services to become more “home-y”
- Action to maintain
- stable mental health after support ends

Easier access to support

The young people agreed that strict boundaries around age range could be a barrier to accessing support, and several shared difficult experiences around the movement from child to adult mental health services at 18. They suggested that there should be a blurred age barrier, where young people could access either child or adult services for a few years, one young person giving the example of between 17-21. The young people agreed that in an ideal world they would have instant access to support when requested, but felt that there would be a long way to go to achieve that. They suggested that in the meantime reducing waiting list times and offering a package of support for young people on waiting lists would improve access to services.

They also agreed that a more tailored and reactive approach based on the need of young people would allow greater engagement with mental health services, as they perceived there as being a “one-size fits all approach”, which they saw as a barrier.

Clinical services to become more “home-y”

The young people agreed that making clinical services more “home-y”, “friendly” or “warm” would increase engagement. They described this as “kind” setting, and “less clinical” and “less like a hospital”. They suggested having more areas decorated by young people. They also suggested an emphasis on all staff being welcoming and approachable, and stated that it was important this included non-clinical staff such as receptionists. Some young people shared experiences of negative first impressions of services due to feeling staff were “cold” or “cocky” towards them. The young people agreed that clinical staff should use ice-breakers or casual “getting to know you” conversation with clients, and not go “straight into” the assessment or session. They also suggested clinical staff members working over a period of time with a young person should sometimes meet them outside of the clinical environment, in order to “reduce the cold feeling”.

Action to maintain stable mental health after support ends

Young people shared difficult experiences around completing clinical support. They agreed that an element of ongoing support would help transition out of the service, and came up with the example of having phone call check-ins of decreasing frequency after completing support. They agreed this would avoid feeling “dropped like a stone” at the end of support. The young people suggested that there should be focus on and recognition of the possibility of relapse, with provision in place for young people who have previously accessed support struggling again.

Further Mental Health Support

The young people also agreed on further suggestions for support that would be available in a perfect mental health city. These were:

- A greater availability of mental health drop-ins
- A greater availability of mindfulness related activities

from a drop-in, with “choice” being key. They agreed that resources should be provided at drop-ins, but given to young people in a “respectful” way. One young person gave the example of people at a homelessness drop-in being given a “bin bag” of terms, and said they thought that would feel negative. The young people agreed that there should be an understanding of the links between mental health and foodbanks or homelessness, and that “crossover” support should be available in drop-ins.

A greater availability of mindfulness related activities

The young people agreed that there should be more teaching around mindfulness across schools and services, with a focus on it being “actually taught and understood” rather than “used as a buzzword”. The young people agreed that mindful activities, such as non-competitive sports groups, or arts groups based more around enjoyment than skills, should be prevalent, affordable and accessible.

What next? (Run by York Youth Council)

The 'What next?' Activity was led by members of the York Youth Council. The purpose of this activity was to allow the 3 groups to think of ways in which they can work together and tackle some of the issues that had arisen throughout the meeting. They split into separate groups each consisting of members from each group to share ideas on how they thought we could work together in the future or different campaigns that we could do as a collective to prevent work being duplicated

The suggestions made by young people were to:

- Work collaboratively with the other groups on campaigns/projects that we have a shared passion about. An example of this was given when York Mind spoke of their recent campaign to create information packs for GP surgeries regarding young people and mental health. Show Me That I matter and Youth council agreed that they would support York mind in this should they need it.
- Keep each other up to date on our current work by sending updates to be shared at meetings. This will be sent via email to the workers facilitating each group.
- Include each group in the mailing list for newsletters if the group has them.
- Where possible and appropriate have cross representation in each group. Youth council currently has a member that is a representative from Show Me That I matter which is working well.
- Work together on a social media campaign such as the 'viral challenges' that's have been circulating.
- One of the groups to explore if CAMHS has a feedback process.

Summary and recommendations

Below is a summary of the key themes and recommendations made by young people throughout the event.

Recommendations for CAMHS

- Statutory Mental Health Services to be more 'homely' – with an emphasis on 'welcoming and approachable' staff at all levels, more 'casual conversation' alongside appointments, and occasionally meeting outside of the clinical environment.
- CAMHS to operate an easy-to-use and easy-to-find feedback system.
- For there to be a crossover age range between CAMHS and adult mental health services, for example between 18-21 being able to access both services.
- CAMHS to offer a support package for young people on waiting lists, while working on reducing waiting lists where possible.
- CAMHS to instigate an element of ongoing and decreasing support to transition young people out of the service, with a focus on the possibility of relapse.

Recommendations for Secondary Schools

- Schools to clearly promote available mental health support within school, as some young people were unaware of what was offered within their school.
- Schools to develop consistent consent and confidentiality systems, where it is clearly indicated to young people the pathways information will be shared along, including consent being required to share non-risk related information.
- Training to be delivered across all school staff, so all staff have an awareness and understanding of young people's mental health, and are able to respond as the first point of contact for disclosures.
- School staff to supported to be aware of local support and services, and to be proactive in signposting young people.
- Early intervention and prevention work to take place from a young age in schools, including primary schools, including more lessons around emotions and creating an environment where discussion of emotion is encouraged.
- Schools to develop, from a senior level, an attitude and environment that encourages positive and non-stigmatising perceptions around mental ill health.

Recommendations for All Services

- Services to offer 'mindful' groups for young people to access.
- Services to offer 'drop-in' support options for young people that lead to further support.
- Services to work to reduce waiting lists, and give young people clear expectations of waiting times.