Young people's views and experiences of emotional wellbeing support in Northamptonshire

November 2018
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Summary

In Spring 2018, Young Healthwatch Northamptonshire was asked by the Northamptonshire Health and Care Partnership (NHCP)\(^1\) to gather young people’s views on local mental health services. To do this they devised a survey to ask young people across the county about their emotional wellbeing and access to services, specifically their frustrations and what services they would like to support them.

749 young people between the ages of 11 and 19 responded to the survey, including 45 young people who identified as being a ‘young person in care’ and 71 who said they looked after someone with an illness or disability (carers). We asked young people to score their emotional wellbeing across the range of one to ten, and received a full range of scores, with boys reporting better emotional wellbeing than girls.

The young people we spoke to valued knowing where to go to get support for their emotional wellbeing and over one-third had needed to access support. Young people had differing experiences of services, with many finding Child and Adolescent Mental Health Services (CAMHS) difficult to access or finding long waiting times for services an issue. Support at school and self-help services were things that young people would find useful to support their emotional wellbeing.

This report aims to improve service provision for young people accessing mental health and wellbeing services in Northamptonshire, especially where those young people do not fit the criteria for services such as CAMHS. It ensures the voices of young people are heard at a strategic level by feeding into the NHCP and local ‘Future in Mind’ Transformation Plan refresh\(^2\).

\(^1\) A county-wide partnership across health and social care aiming to reshape and improve the way that care is delivered.

\(^2\) See Background section.
Key findings

- 749 young people responded to the survey between April and August 2018.
- Young people rated their emotional wellbeing on average as 6 out of 10.
- The average score given by boys (7.1) was higher than for girls (5.9).
- 38% of young people said they had needed to access support their emotional wellbeing and nearly two-thirds (62%) knew where to go to access support.
- 43% of girls said they had needed to access support for their emotional wellbeing, compared to only 26% of boys.
- Knowing where to go for support was selected as the most important thing about getting help for emotional wellbeing (by 39% of young people).
- 43% of 231 young people who said they had accessed Child and Adolescent Mental Health Services (CAMHS)² said they had found it hard or very hard to use.
- Long waiting times were the most common challenge faced when trying to access support services.
- Approximately one-third of young people said that they would like services that help them help themselves (self-help, stress busters and resilience building). One-third also felt that basic counselling would be useful.
- Over 60% of young people told us that they would most like to receive support at school.

³ A high proportion of young people rated how easy/difficult they had found it was to access CAMHS and other services, so it is possible that some of the answers to this question are based on perception or experiences of people they know, rather than their own experience.
Recommendations

1. The development of a self-help service that would enable young people to access support when needed. This could be co-designed with young people to ensure it meets their needs.

2. More, or more specialised, mental health support in schools and colleges to enable young people to access support in an environment that suits them.

3. Assessment of the waiting times for wellbeing services for young people, especially CAMHS, and seeking ways to improve them.

4. Continue to ensure the voice of young people is heard in decision-making and the design of youth mental health and emotional wellbeing services.
Response to recommendations

Response from Northamptonshire Health and Care Partnership
The organisations who work together as part of the Partnership are very grateful and appreciative to the individuals who have taken the time to complete this survey. The recommendations from the survey have informed the development of the programme of work planned to begin the transformation of services for Children and Young People (CYP) in Northamptonshire. Based on the initial feedback from the survey, Well-being and Mental Health services for Children are a priority of the CYP workstream and work has already commenced in a number of areas, including school nursing and Mental Health services working together to improve pathways. We will continue to use the valuable information within the report to ensure transformation of services are in line with the wants and needs of our young people. Thanks again.

Response from Nene and Corby Clinical Commissioning Groups
We welcome the results of this survey and would like to say thank you to all the Children and Young People who took the time to respond - we always value your feedback and use it to plan and deliver services that meet your needs.

Northamptonshire’s refreshed Children and Young People’s Local Transformation Plan for mental health services addresses the key themes identified in the survey. The plan outlines the intention to strengthen the way CAMHS support universal services with an Early Intervention Model, which aims to contribute to the creation of mentally healthy communities in Northamptonshire, in line with the aspirations and recommendations of the Five Year Forward View for Mental Health and Future in Mind. There will be a range of direct work undertaken with children, families and carers, as well as indirect interventions which aim to reduce stigma, build resilience, increase knowledge and improve understanding and early identification of difficulties in these different contexts. These interventions will take place in the different settings in which children find themselves. For young children, this includes Children’s Centres and Primary Schools; for older children this includes Secondary Schools, GP practices, on line or virtual communities and platforms; for those with additional needs the ‘communities’ might include Children’s Services, Youth Offending Teams or SEMH Schools.

5 Schools for pupils with social, emotional and mental health difficulties.
Response from Northamptonshire Healthcare Foundation Trust

NHFT welcomes this report and the valuable insight it provides. NHFT Children’s Services work to deliver co-produced services with our service users but it is great to have a much broader perspective from across the county and we would like to express our thanks to those who took part in the survey. We will discuss the recommendations within the report with the clinical teams as well as with the patient participation group to see how our services can be adapted. Work has already begun to join services across children’s mental health and the school nursing team based on the initial feedback received from this survey and the full report is welcomed to inform that further.
Background

Young people’s mental health and emotional wellbeing is a big topic nationally and locally and is regularly highlighted in the news. Mental health issues affect a significant number of children and young people, with the most recent data suggesting that one in ten children and young people has some form of clinically diagnosable mental health disorder.6

In 2015, NHS England published ‘Future in Mind’, setting out the strategy and direction for Children and Young People’s mental health and emotional wellbeing until April 2020. The Northamptonshire Children and Young People’s Future in Mind Local Transformation Plan for Emotional Wellbeing and Mental Health8 (hereafter referred to as the Transformation Plan) aims to improve the emotional wellbeing and mental health of Children and Young People (CYP) across the county and ensure they can get the help they need when and where they need it. The plan set out the actions that need to be taken to do this and is currently being refreshed to assess and comply with local needs.

In Northamptonshire, CYP wellbeing services are also being considered as part of the Northamptonshire Health and Care Partnership (NHCP). Children, young people and their families sit with maternity services as one of six new care models. The NHCP CYP Board asked Healthwatch Northamptonshire to support them in gathering information from young people aged between 11 and 19 about their emotional wellbeing. There is a need to ascertain young people’s views on current service provision and what services they locally would like to see to support them with their emotional wellbeing.

The feedback from this survey will help identify areas of improvement for the NHCP Children and Young People’s workstream to focus on and inform the ‘Future in Mind’ Transformation Plan refresh.

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8 Children and Young People’s Future in Mind Local Transformation Plan for Emotional Wellbeing and Mental Health - NHS Nene and NHS Corby Clinical Commissioning Groups (CCG), together with local partners across the NHS, local authority public health, children’s services, education and youth justice sectors and voluntary and community sectors, have developed the Local Transformation Plans for delivering improvements in children and young people’s mental health and wellbeing in Northamptonshire, with the aim to ensure that every child or young person gets the help they need when and where they need it.
Method

Survey design
Young Healthwatch Northamptonshire was asked to design the questions for a survey to ensure it would engage with young people. At their meeting in March 2018, Young Healthwatch members devised a series of questions that they felt their peers would answer about emotional wellbeing. They were asked to use questions that would be answered by young people between the ages of 11 and 19 and would look at young people’s frustrations regarding support for their emotional wellbeing and what services they would like to support them in this area.

Young Healthwatch agreed that an online survey should be used, with paper copies available to make it accessible to more people. The survey was designed to be no more than 15 questions long and no longer than two sides of A4 paper so that it would not take too long for young people to complete.

Survey distribution
The aim was to reach a minimum of 250 young people in the north and 250 in the south of Northamptonshire.

The survey was well promoted on social media. The link to the survey was shared widely across various social media sites including Instagram, Facebook and Twitter. There was positive engagement with the social media posts, with one post on Facebook reaching over 15,000 people.

The survey was also sent to all secondary schools across Northamptonshire and members of Young Healthwatch asked their friends and schools to complete and share the survey. Additional surveys were completed by young people at the summer events Healthwatch Northamptonshire attended in Northampton (National Play Day, Northampton Carnival and International Youth Day).

The survey introduction included the following description of emotional wellbeing:
“The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. This includes:

- being happy and confident and not anxious or depressed
- the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- having good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.”
To help schools and young people engage with the survey, we worked with five schools in Northamptonshire to deliver wellbeing workshops with Lemon Pop Workshops\(^9\) that explored what emotional wellbeing means to young people. Workshops were also a way we could signpost young people to local services as well as open up conversations about emotional wellbeing. The workshops were an hour long and looked at what made students happy. During the workshops young people created picture canvases which schools can display to promote good emotional wellbeing.

The following schools took part in the workshops:

- Weston Favell Academy
- Northampton School for Girls
- Wootton Park School
- Sunnyside Primary Academy
- Silverstone University Technical College

Example social media posts:

9 Lemon Pop Workshops provides creative solutions for Young People to develop the resilience needed to thrive in an ever-changing world. https://en-gb.facebook.com/lemonpopworkshops/
What people told us

- 749 young people responded to the survey that ran from April to August 2018.
- All figures given are percentages of the answers received for each question, unless otherwise specified.

Demographics

Age

14 and 15 years old were the most common ages of the 744 young people who answered (38% of all answers). The average age was 14.5 years. Only 16 young people were 19 years old.

Gender

Two-thirds (66%) of the 743 young people who answered identified as female.

Seven of the young people who answered with ‘other’ identified as non-binary or no gender.

Postcode

We asked young people across Northamptonshire to complete the survey online and made paper copies available to schools, colleges and youth groups. This enabled us to get a good geographical spread of data and to make sure those living on the borders of Northamptonshire were also heard.

Around half of the 636 young people who gave an answer (53%) lived in postcode areas NN1 - NN5 (Northampton). 23% lived in NN8 - NN10 or NN29 (Wellingborough and Rushden) and the remaining 24% were spread around the county, including Kettering, Corby, Daventry and Towcester. 35 young people (5%) had a MK, OX or PE postcode but may still live or study in the county.
Looked after children and carers

45 (6%) of the 736 young people who answered identified as a being a young person in care. 71 (9%) of the 738 young people who answered said they looked after someone with an illness or disability.

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10 The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council’s children’s services department has cared for the child for more than 24 hours.
Emotional wellbeing

We asked young people to rate their emotional wellbeing out of ten, with one being the lowest and ten being the highest. 727 young people answered this question and the average score was 6.2.

One-third (34%, 250) gave a high score (8, 9 or 10), implying they felt they had good emotional wellbeing. Fewer gave a low score (1, 2 or 3) - 96 people (13%). Half (52%, 381) gave a score between 4 and 7.

The average score given by boys (7.1) was higher than for girls (5.9)\(^{11}\). Half of boys (52%, 108 out of 209) gave a high score (8, 9 or 10) compared to 28% of girls (135 of 480). The average score for the seven people who told us they are transgender was lower, 3.3, although this may be skewed by the small number of people.

The average emotional wellbeing score for young people that said they were in care was 6.5, similar to the overall average.

Support for emotional wellbeing

**Knowledge of support available**

Nearly two-thirds (62%) of the 730 young people who answered said they knew where or how to access support for their emotional wellbeing. A similar proportion of girls (61%, 292 of 482) and boys (67%, 141 of 210) answered ‘yes’.

\(^{11}\) Statistically significant by t-test, \(p < 0.00001\)
Five of the seven transgender young people knew where or how to access support, as did 34 of the 44 young people in care (77%) and 38 of the 70 young carers (54%).

Need to access support

Overall, 38% of the 734 young people who answered said they had needed to access support for their emotional wellbeing at some point.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>456</td>
<td>278</td>
</tr>
<tr>
<td>Girls</td>
<td>278</td>
<td>207</td>
</tr>
<tr>
<td>Boys</td>
<td>156</td>
<td>54</td>
</tr>
<tr>
<td>Transgender</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>In care</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>Carers</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>62%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Significantly more girls (43%) than boys (26%) said they had needed to access support. Four of the seven transgender young people had accessed support, as had 27% of those in care and 38% of young carers.

Most important aspect of support

From a list of five options, knowing where to go for support was selected as the most important thing about getting help for emotional wellbeing by 39% of young people (out of the 696 who answered). This was also the most selected answer for girls (41%, 190 of 463), boys (34%, 67 of 197), those in care (44%, 18 of 41) and young carers (28%, 18 of 65). Fast service (2) and Self-help tools (2) were more important for the six transgender young people who answered.

<table>
<thead>
<tr>
<th>Most important thing when getting help</th>
<th>Unknown where to go for support</th>
<th>Fast service</th>
<th>Self-help tools</th>
<th>Group support</th>
<th>In-depth information</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>39%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

12 Statistically significant by Chi-squared test, \( p < 0.0001 \)
Many (25) of the ‘other’ responses given mentioned having someone to talk to, such as close friends (6), parents (3), or someone who cares and understands (9), with a preference for one-to-one support. Confidentiality and trust were also mentioned by 6 people. The word cloud below illustrates the ‘other’ responses:

\[\text{Word Cloud: Confidentiality, Trust, Talking, Understanding, Feeling, Care, Issue, wcześniej, Emotional, Personal, Friends, Needs, Help, Advice, Fast, Just, True, Chocolate, Helped, School, Nurse, School, wellbeing, team, GPs, CAMHS, The Lowdown/Service Six/Time2talk/Youthworks, Telephone helplines such as Childline, Samaritans, Johnny’s Happy Place, Mind Crisis Cafes, Other}\]

\section*{Services used and access to them}

The young people were asked to tell us how easy they had found a list of services to access, if they had used them. 500 of the 749 young people rated the access of at least one service and 120 rated the access of all ten services. It is possible that these people had used all the service but perhaps more likely that they misunderstood the question and rated access to services that they had not personally used.

\begin{table}[h]
\centering
\begin{tabular}{|l|c|}
\hline
\textbf{Services used} & \textbf{Access} \\
\hline
GP & 406, 54\% \\
School nurse & 294, 39\% \\
School wellbeing team & 290, 39\% \\
CAMHS & 231, 31\% \\
The Lowdown/Service Six/Time2talk/Youthworks & 211, 28\% \\
Telephone helplines such as Childline & 211, 28\% \\
Live chat & 205, 27\% \\
Samaritans & 163, 22\% \\
Johnny’s Happy Place & 155, 21\% \\
Mind Crisis Cafes & 150, 20\% \\
Other & 38, 5\% \\
\hline
\end{tabular}
\end{table}
Taking the answers at face value, over half (54%) had used their GP and 39% had used their school nurse or school wellbeing team. A surprisingly high number of people (31%) said they had used CAMHS (Child and Adolescent Mental Health Services), which may be down to those not answering the question correctly.

The ‘other’ services mentioned included Friends or family (10), Mentors (8), Counselling or therapy (7), School, other than school mentors (5), Relate (2) and Council worker, Suicide camp, Healthy Minds, Youth Works CIC, Community Mental Health Team (CMHT), a therapist/service which communicates by messaging, YouTube (all one each).

CAMHS was rated as the hardest service to access, with 43% (100 of 231) saying it was hard or very hard to access. Telephone helplines (such as Childline) were rated as the easiest to access, with 63% (133 of 211) saying they were easy or very easy to access. Most of the ‘other’ services were rated as very easy or easy to access (except Suicide camp, CMHT, Council worker, and Relate).

<table>
<thead>
<tr>
<th>Service</th>
<th>Difficulty to access average score (1 = very easy, 5 = very hard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS</td>
<td>3.52</td>
</tr>
<tr>
<td>Mind Crisis Cafes</td>
<td>3.27</td>
</tr>
<tr>
<td>Johnny’s Happy Place</td>
<td>3.12</td>
</tr>
<tr>
<td>The Lowdown/Service</td>
<td>2.98</td>
</tr>
<tr>
<td>Six/Time2talk/Youthworks</td>
<td></td>
</tr>
<tr>
<td>Samaritans</td>
<td>2.93</td>
</tr>
<tr>
<td>Live chat</td>
<td>2.93</td>
</tr>
<tr>
<td>School wellbeing team</td>
<td>2.83</td>
</tr>
<tr>
<td>School nurse</td>
<td>2.74</td>
</tr>
<tr>
<td>GP</td>
<td>2.74</td>
</tr>
<tr>
<td>Telephone helplines such as Childline</td>
<td>2.27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ease of access</th>
<th>Very Easy</th>
<th>Easy</th>
<th>Ok</th>
<th>Hard</th>
<th>Very Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>13%</td>
<td>31%</td>
<td>32%</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>School nurse</td>
<td>17%</td>
<td>26%</td>
<td>35%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>School wellbeing team</td>
<td>16%</td>
<td>24%</td>
<td>33%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>CAMHS</td>
<td>3%</td>
<td>11%</td>
<td>42%</td>
<td>16%</td>
<td>27%</td>
</tr>
<tr>
<td>The Lowdown/Service</td>
<td>9%</td>
<td>19%</td>
<td>48%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Six/Time2talk/Youthworks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone helplines such as Childline</td>
<td>25%</td>
<td>38%</td>
<td>26%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Live chat</td>
<td>14%</td>
<td>20%</td>
<td>39%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Samaritans</td>
<td>7%</td>
<td>25%</td>
<td>45%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Johnny’s Happy Place</td>
<td>10%</td>
<td>9%</td>
<td>54%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Mind Crisis Cafes</td>
<td>3%</td>
<td>11%</td>
<td>54%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>30%</td>
<td>30%</td>
<td>23%</td>
<td>13%</td>
<td>3%</td>
</tr>
</tbody>
</table>
439 young people told us about challenges they had faced when trying to access the support services. They were asked to choose from a list of challenges or tell us about others. Half (52%, 229) told us that long waiting times were an issue and delays in or a lack of follow-up after self-referral was mentioned by 16% (69) and 15% (64) respectively.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long waiting time</td>
<td>229</td>
<td>52%</td>
</tr>
<tr>
<td>Not enough support given in general</td>
<td>144</td>
<td>33%</td>
</tr>
<tr>
<td>Slow follow-up after referring my self</td>
<td>69</td>
<td>16%</td>
</tr>
<tr>
<td>Services did not know about my issues</td>
<td>67</td>
<td>15%</td>
</tr>
<tr>
<td>No follow-up after referring my self</td>
<td>64</td>
<td>15%</td>
</tr>
<tr>
<td>The right service was not available</td>
<td>59</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>4%</td>
</tr>
</tbody>
</table>

Other issues mentioned included feeling their concerns were dismissed or they were not listened to (6 people), staff ‘not showing up’, not getting to them or not seeing them often enough (3), being reluctant or too scared to attend (3), cost or location issues (2), not knowing what is available (2), and not meeting criteria (one person) or not finding the support helpful (one person). For example:

“They didn’t believe me. I spoke to my doctor about a mental health concern and they turned me away without assessing my mental condition at all, claiming that I was “self-diagnosing” (despite the fact that I was at the doctors looking for a real diagnosis). They referred me to Service Six which was too complicated to use and get any help from.”

“They didn’t acknowledge my gender.”

“Told to just deal with it and that I did not need services.”

“Too rural to access without parents driving me (no bus service here!) - so wasn’t an option until I passed my driving test (had to turn down support prior to this as I couldn’t get there!”

“I was told I did not meet criteria - i.e. school told mum as we hadn’t suffered from domestic abuse, drug issues, rape or self-harm we did not meet the criteria for help. Help only comes for certain people if you meet their tick boxes.”

“Need to see someone regularly not just once a year.”

“Don’t have the confidence to do so as never been made aware on how to access them.”
Moving between services

We asked people who had moved between services to tell us what worked well or did not work well. 52 people commented: 24 young people mentioned difficulties they had faced, eight mentioned good experiences or suggestions, six had a mixed experience, and 14 mentioned services but it was not clear if they had worked well or not.

A few people specifically mentioned aspects of moving between services that had been poor, such as delays in getting a service, e.g.:

“Moved between CAMHS and CMHT and the transition was poor. Everything was rushed, last minute, and I had to wait ages for an appointment with CMHT and no information had been passed onto them from CAMHS.”

“I had to keep explaining my issues as they didn’t know anything about it.”

“Having to constantly chase referrals, my mum does it.”

“Crisis support was key. Long wait times made it difficult to access help when it was needed most.”

“Lowdown were good, but the GP wasn’t because they got confused about my age and after two weeks realised I was too young and should be referred to Lowdown instead.”

Others mentioned issues they had with services, especially CAMHS, e.g.:

“Offering group support to a child who has anxiety and struggles to even attend school is inappropriate - one-to-one CBT [Cognitive Behavioural Therapy] should have been offered. CAMHS then just discharge - mum paid for private support as CAMHS was rubbish.”

“CAMHS - they didn’t understand me.”

“None that I have attended worked for me. Service Six pushed me around. CAMHS have failed to help me many times after referrals and school were very unhelpful and disrespectful of my mental illnesses.”

“Service Six only gives you six weeks and I feel like that I need more than that and when I tried to get hold of them again they haven’t yet answered.”

“School services didn’t seem to care so I emailed the Samaritans, but that was a very slow process and I couldn’t wait, so I went to different people in school who also didn’t seem to care and didn’t listen or help in any way.”
“All of the services I have been to have been unhelpful aside from offering medication.”

Some told us things or services that had worked well, particularly being listened to, e.g.:

“Not patronising, easy to talk to, is interested in what you’re saying.”

“What worked well was that they listened.”

“Child counselling for anxiety and anger/trust - being able to have someone to talk to who understood and I never felt judged.”

“I have only used the school support team. They helped me by telling me how to access them and how to deal with the problem.”

“Lowdown and Service Six - they listened and gave me strategies to help.”

“Having someone to talk to such as a school nurse has worked well for me.”

“Childline was very understanding.”

“Support when I needed it but there’s often long waiting times.”

Two people had differing experiences of using CAMHS and the Lowdown:

“I first went to the Lowdown and it was a young student who was being assessed for her work with me. I was a little young at the time and needed advice, instead I just talked and nothing was resolved. They then let me go and a few months later I had a relapse and started having allusions and hearing voices. I then went to CAMHS and met with a young student again but I was a little older. He assessed me and started targeting the causes for my anxiety. I also felt that being seen consistently was helpful so that all problems new and old were targeted. He gave me all the tools that I needed and with support I overcame that and have never been better at coping with my anxiety.”

“CAMHS was awful, I felt extremely judged and they only saw me twice. I used to lie to them just so they thought I was better and I no longer had to go. I much preferred Lowdown but the wait list was long, but once you get it, it was good and felt nice to open up to someone who didn’t judge. I also had CBT provided at my doctor’s surgery, which was helpful but as soon as an appointment is missed you no longer receive it.”
Preferred service

The young people were asked to tell us which of a list of services they would like to use or see. 579 of the 749 young people answered.

Approximately one-third of young people said that they would like to use or see ways of helping themselves (self-help - 37%, stress busters - 34%, and resilience building - 33%). One-third (35%) also felt that basic counselling would be useful.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-help</td>
<td>214</td>
<td>37%</td>
</tr>
<tr>
<td>Basic counselling</td>
<td>203</td>
<td>35%</td>
</tr>
<tr>
<td>Stress busters</td>
<td>196</td>
<td>34%</td>
</tr>
<tr>
<td>Resilience building (ways to help you cope with life’s difficulties)</td>
<td>189</td>
<td>33%</td>
</tr>
<tr>
<td>Peer to peer support</td>
<td>161</td>
<td>28%</td>
</tr>
<tr>
<td>Information about CBT</td>
<td>145</td>
<td>25%</td>
</tr>
<tr>
<td>Support groups</td>
<td>140</td>
<td>24%</td>
</tr>
</tbody>
</table>

Self-help options were less popular among young people in care, with peer to peer support and support groups being the most preferred options.

<table>
<thead>
<tr>
<th>Services preferred by young people in care</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer to peer support</td>
<td>11</td>
<td>27%</td>
</tr>
<tr>
<td>Support groups</td>
<td>11</td>
<td>27%</td>
</tr>
<tr>
<td>Self-help</td>
<td>10</td>
<td>24%</td>
</tr>
<tr>
<td>Stress busters</td>
<td>9</td>
<td>22%</td>
</tr>
<tr>
<td>Resilience building (ways to help you cope with life’s difficulties)</td>
<td>8</td>
<td>20%</td>
</tr>
<tr>
<td>Basic counselling</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Information about CBT</td>
<td>5</td>
<td>12%</td>
</tr>
</tbody>
</table>

20 young people suggested other service, including talking to family or friends (4), one-to-one counselling or other therapy (3), online chat services or tools (3), and one person mentioned each of the following: autism-specific, CAMHS, crisis support, Johnny’s Happy Place, self-harm coping mechanisms, guidance for helping friends, someone to talk to, teaching about stereotypes.

Selecting from a list of four locations, nearly two-thirds of young people (65%, 410 of 633) told us they would most like to receive support at school.
Other suggestions included at home (27), online (10), at a counsellor, therapist or health provider (7), with friends (3), at college or an apprenticeship (3), “everywhere” (3), somewhere homely or that felt safe (2), somewhere private, on the phone, by letters sent home, somewhere near home, and Johnny’s Happy Place (one each).
Conclusion

The findings of this survey support the ambitions set out in the Government green paper\textsuperscript{13} published in December 2017 on ‘Transforming Children and Young People’s Mental Health Provision’\textsuperscript{14}. The paper outlines what the Government wants to do to help children and young people with their mental health, and highlights the importance of early intervention and prevention, better and faster access to services and more support for schools and colleges:

“In some cases, support from the NHS is only available when problems get really serious, is not consistently available across the country, and young people can sometimes wait too long to receive that support. Support for good mental health in schools and colleges is also not consistently available. This green paper therefore sets out an ambition for earlier intervention and prevention, a boost in support for the role played by schools and colleges, and better, faster access to NHS services”. (Ministerial Foreword, page 2)

Acknowledgements

Young Healthwatch Northamptonshire would like to thank:

- Lemon Pop Workshops
- Wootton Park School
- Weston Favell Academy
- Sunnyside Academy
- Northampton School for Girls
- Silverstone University Technical College
- Northampton Carnival Arts Consortium
- The organisers of International Youth Day in Becket’s Park
- Every organisation that supported us in spreading the message online about the survey

\textsuperscript{13} A green paper is a document where the government states what it wants to do, so that people can tell the government what they think.

About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people’s needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.

- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement.

- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.

- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.
About Young Healthwatch Northamptonshire

Young Healthwatch Northamptonshire is a group of young people between the ages of 11 to 24 who are health and social care champions.

What we do:

- Look at local health and social care issues
- Give young people a voice for all aspects of health and social care locally.
- Work with professionals on the health and wellbeing of young people locally and nationally
- Set our own work plan
- Learn new skills
- Report back to the Healthwatch Northamptonshire Board

We are always looking for more young people to join us. Please get in contact

Facebook.com/younghealthwatchnorthamptonshire
Twitter.com/YHWNorth1
yhwnorthants (scan our code)
yhwnorthamptonshire

If you are a professional that wants to work with us please contact us on the details on the next page or email younghealthwatch@healthwatchnorthamptonshire.co.uk
About Lemon Pop Workshops

Lemon Pop Workshops provides CREATIVE SOLUTIONS for Young People to develop the resilience needed to thrive in an ever-changing world.

As creative practitioners we use a range of creative arts to deliver transformative workshops and as a tool to raise awareness, learn transferable skills and develop an understanding of you, yourself and the wider community. Our workshops are more than just fun they are transformative, powerful and life changing. We are focused on delivering an informative learning experience that is tailor to suit your specific needs as an organisation and for the participants. Either Academic (curriculum) and Professional or Personal Health and Social topics, we identify priorities and key learning messages to customise your workshops.

Lemon Pop Workshops provides a safe platform for young people to express themselves through creative arts and activities that encourage them to explore, discover and develop their personal wellbeing and gain transferrable skills.

www.lemonpopworkshops.com
Instagram: @lemonpopacademy
Facebook: @lemonpopworkshops
Tel.: 07835165583
Appendix - Survey

1. What is your age?
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19

2. What is your gender?
   - Female
   - Male
   - Transgender
   - Prefer not to say
   - Other-please tell us: ____________________

3. What is your postcode?

4. Are you a young person in care?
   - Yes
   - No
   - Rather not say

5. Do you look after someone with an illness or disability?
   - Yes
   - No
   - Rather not say

6. On a scale of 1 to 10 with 1 being the lowest and 10 being the highest, how would you rate your emotional wellbeing? (please circle the relevant number)
   - lowest 1 2 3 4 5 6 7 8 9 10 highest

7. Do you know where to access support for your emotional wellbeing?
   - Yes
   - No

8. Have you ever needed to access support for your emotional wellbeing?
   - Yes
   - No

9. What is the most important thing when getting help for your emotional wellbeing? (please tick one)
   - Fast service
   - Group support
   - Self-help tools
   - In-depth information
   - Knowing where to go for support
   - Other (please tell us): ______________


10. If you have used one of these, how easy was it to access?

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Easy</th>
<th>Easy</th>
<th>Ok</th>
<th>Hard</th>
<th>Very Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone helplines such as Childline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS</td>
<td></td>
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<td></td>
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<tr>
<td>Live chat</td>
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<tr>
<td>Samaritans</td>
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<tr>
<td>Your GP (the doctor you normally see)</td>
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<td></td>
<td></td>
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<tr>
<td>The Lowdown / Service Six / Time2talk / Youthworks</td>
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<td></td>
<td></td>
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<tr>
<td>Johnny's Happy Place</td>
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<tr>
<td>Mind Crisis Cafes</td>
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<tr>
<td>School wellbeing team</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Other, which service?

If you have moved between services what worked well/what didn’t work well? (please tell us what services these were)

11. If any, what challenges did you come across when trying to access the services?
- Long waiting time
- Slow follow-up after referring myself
- Services did not know about my issues
- Not enough support given in general
- No follow-up after referring myself
- The right service was not available
- Other—please tell us:

12. Where would you like to access support?
- School
- Community Centre
- Doctors or hospital
- Youth club
- Other—please tell us:

13. What services would you like to see or use to help with your emotional wellbeing?
- Support groups
- Peer to peer support
- Basic counselling
- Self-help
- Resilience building (ways to help you cope with life’s difficulties)
- Stress busters
- Information about CBT

(Cognitive Behavioural Therapy is a talking therapy that helps treat a wide range of emotional health conditions in young people)
Contact us

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Twitter: twitter.com/HWatchNorthants

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