



Up-2-Us Looking at Mental Health

Paper

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Gail Wilson

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Mental health is defined as the sum of positive mental wellbeing and mental health problems (NHS Health Scotland & National MHI Network, 2014). The World Health Organisation & Calouste Gulbenkian Foundation (2014, p9) noted that 'certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances, interrelated with gender. Disadvantage starts before birth and accumulates throughout life.' Up-2-Us see's supporting mental wellbeing as integral to the care and support provided across its projects by staff and managers. This report is a summation of what Up-2-Us as a whole thinks are issues in and surrounding mental health and describes its vision for approaches advocating for and supporting young people. For the purposes of this report, the terms mental health problems, issues and difficulties are used interchangeably and represent issues including but not limited to anxiety, low mood, depression, psychosis, schizophrenia, PTSD, self-harming, personality disorder, eating disorder, suicidal thoughts and attempts.

Prevalence of mental health issues

A number of Scottish mental health charities have been propagating positively about mental health and raising the profile of what it is and how society can support young people with problems. However, discrimination remains. Recent findings from questionnaires demonstrate that many Up-2-Us service users report feeling stigmatized and different to others. Age of diagnosis, labelling, and lack of outreach services to those who slip through gaps in our system of welfare means that it is often difficult to ascertain real figures about the numbers of young people with mental health concerns. Unrealistic waiting times, rigid criteria to access meaningful support and at times a poor understanding from professionals about the context to young people's lives remains a hindrance to providing relevant and sustainable care.

Support services such as Up-2-Us help to break down barriers to individuals getting the attention or specialist support they might need or want. What is clear from interviews with young people is that they share common experiences which have shaped their attitudes, behaviours and coping styles and this impacts on how they interact with services. Too often a lack of time and sensitivity means that professional mental health support is rescinded due to a lack of engagement from these young people. However, after speaking to young women, it is also found that regardless of their attempts they have also experienced non engagement from services. In addition, and at times as a result of this, many Up-2-Us service users do not seek out help due to a lack of care or insight into their mental health. Of a sample, 50 percent of young people indicated that their only support was their Up-2-Us worker. 100 percent used Up-2-Us for advice and to talk about their issues. Two young people made use of their GP's, two their family members and one CAMHS. Novel organisations, such as Mac-UK in London, are making strides to rectify poor engagement, they understand young people's lifestyles and work on a clinical outreach basis. Therefore, instead of expecting young people to attend an office in a part of town they don't know or cannot afford to get to, they make the effort to provide more informal services on the street.

Furthermore Up-2-U's service users have at times been on waiting lists for services for years and subsequently told they do not meet diagnosable or treatment 'standards' when they are assessed and so do not 'qualify' for specific mental health services, regardless that they are struggling with issues. On average staff consider that 47 percent of Up-2-U's service users have an undiagnosed issue. On the other hand, many service users do have diagnosed mental health disorders, on average this reflects 23 percent of Up-2-U's service users. Although labels might give an individual a root cause which they can take comfort in, it can also trap them in a negative cycle of risk taking and label blaming. When service users do 'qualify' many are told they cannot be offered help until chaotic and traumatic lifestyles are controlled for. There is often no alternative provided and project workers are left to take the weight of responsibility for young people's mental health needs which, depending on the severity, they might not have experience of. What is suggested is that services are obliged to provide information about alternative support and ensure that young people are referred.

That is not to say that young people should always be referred to specialist services, Up-2-U's have a trained staff core who are experienced in working with vulnerable young people – including those with mental health difficulties. However, if a mental health concern is a leading issue for a young person and they have no access to a separate service then the majority of a project workers time will focus on supporting mental health needs. This is sometimes all that is required, but at other times this can distract from other support needs which could be equally as important to wellbeing and engagement in positive life plans. This is especially relevant to the projects paid per session. What is proposed is a more pulled together partnership approach to service delivery, and equality of respect and understanding between organisations of the services provided for a young person.

Inter-related factors

Research indicates that in a majority of cases having a mental health problem is co-morbid with a physical health concern (e.g. cancer, diabetes, cardiovascular disease; Funk, Drew & Knapp, 2012; GPs at the Deep End, 2014). The average age of Up-2-U's service users is such that co-morbidity with a physical health problem is less of a concern. However, based on the prophesied burden of co-morbid health problems young people are likely to develop this is an important finding to note. Mental ill health might affect a person's capacity or commitment to self-care, to take medication, to live a healthy lifestyle, to seek help (Freeman & Thom in Funk, Drew & Knapp, 2012). Therefore broadening the scope of services and access to them is incredibly important to national policy because of the sheer cost saving effect it could have for the NHS.

The more age and stage appropriate co-morbidity problems facing young people are emotional, behavioural, attentional and conduct disorders, with alcohol and substance misuse and risk taking behaviours (Dyer & Gregory, 2014; Champion, 2013). Research has found associations between alcohol reliance and poor mental health

(WHO cited in Funk, Drew & Knapp, 2012). Up-2-Us found 81 percent of young women involved with Time for Change in 2013 used alcohol and or drugs to a detrimental point who also displayed mental health problems.

Mental health, substance misuse and risky behaviours are all interlinked with social inequality (World Health Organisation & Calouste Gulbenkian Foundation, 2014; Lund et al., 2011). In Britain, four in ten individuals with a severe mental health problem are living on incomes below the low-income line (OECD, 2012) and with one million people now considered to be living in poverty in Scotland, including 220,000 children (Armour, 2014) the long term consequences of destitution leaves many questions about the welfare and personal resources the next generation will have for self-care.

Mental health agency within Up-2-Us

Up-2-Us are concerned about the prevalence of mental health issues in young people who are at risk of offending or are vulnerable as a result of where they live, who they hang about with and how they have been brought up. Up-2-Us are dedicated to understanding the prevalence of mental health issues in our service users and ensuring staff are trained and able to support individuals who face problems with a confident and knowledgeable ability.

Up-2-Us provides four services, the Parent and Child Change Project (PCCP), the Resource Team – Outreach (RT-O), the Resource Team - Respite (RT-R), and Time for Change (TfC). The service users of each of the projects are largely from poor socio-economic areas and have experienced loss, trauma and difficult upbringings with carers – be they biological or the corporate parent. These systemic disadvantages effect both the environment and the psyche of young people.

In order to gain a holistic and representative view of how Up-2-Us works within the remit of mental health and supports young people questionnaires were sent out to the managers, project workers and young people within each project. Information was collected about the type of mental health issues that young people face, the type of support they need and want, their views about how mental health is documented in the media and spoken about in society, and insight was gained into the opinions and knowledge of the Up-2-Us staff on the ground. The staff who responded are named.

PCCP

Project workers Jennifer McGroggan and George Davis presented their views and experiences. They noted 25 percent of service users of PCCP are diagnosed and, on average they infer 40 percent undiagnosed. Low mood was the most common issue highlighted with anxiety and self-harming also often presented. The transition into secondary school appears to be the age at which girls and boys are referred to services. Family history of mental health issues and domestic violence were both noted to be common to the histories of children presenting with issues. Alcohol and substance misuse was also mentioned. It was commented that young people with mental health issues tend to be 'on the outskirts of popular society' although without

more detailed enquiries it is difficult to know how much of this represents their socialising preferences or a reaction to stigma in society.

The workers agree that there is good access to services when service users engage, such as with the Acorn Centre. They question some diagnoses as young people who have less acute difficulties are often considered not in need of further services. George identified that further resources for supporting young people with mental health problems were needed, with a nod to a greater allocation of funding from the Scottish Government to support national growth and development of approaches to mental health. Jennifer noted she would like specific training in supporting young people with self-harming behaviours.

Anne-Marie Parks got responses to the mental health questionnaire from four young people. They all refer to 'talking' with their worker as what helps them work through their issues. Only one would talk to friends or family about issues, one respondent said they would not talk to anyone apart from his worker because 'it's a bit messed up'.

RT-O

Neil Jack senior practitioner of the Resource Team - Outreach commented that his main concern about mental health issues faced by young people is the way in which families self-assess which is often influenced by the media, talk shows, and the internet. Although information gathering can be useful, it can also be seriously damaging when parents are desperate to justify their children's behaviours with labels. Neil makes the point that there is a missing holistic attitude towards mental health support. This has overarching consequences for the continuation of societal stigma for mental health as it remains a separate and consequently abnormal agenda from general wellbeing and health.

Neil inferred that 40 percent of young people had an undiagnosed mental health problem, with 15 percent diagnosed and that rates of diagnoses are increasing. ADHD was considered to be the most common issue for the outreach team. Self-harm and developmental delay were also noted. CAMHS is their first point of contact when concerns presented. However, as Neil and Dyer & Gregor (2014) note CAMHS can be very exclusive and too often abide to a medical model of treatment care. This often restricts the referrals accepted to those with acute disturbances which result in medication. Issues were also raised as to their lack of reciprocity to information sharing and learning from other projects. As a senior practitioner Neil considered that with experience and training staff will become more confident and equipped to support young people.

RT-R

Sylvia Rennie noted that it is 'with care and practicality, whilst ensuring safety' that the Resource Team - Respite project manages young people who present concerns. In 2013, eight (22 percent) children referred to the respite houses were considered to have a diagnosed mental health issue, such as BPD, paranoia, depression. Each had prescribed medication. All six girls accounted for in this percentage displayed self-harming behaviours. One young woman was detained under the Mental Health Act due to such self-harming behaviours.

Sylvia's insight described how services could better learn from each other and co-operate to the benefit of the care of young people. For instance she noted that there are often delays in children accessing A+E due to staff reassessing diagnosed issues. She also raised the issue that external workers at times lack contextual and historical awareness of young people and as a result can up tariff their behaviours out of fear. For the projects that Up-2-Us runs this is a common thread of negativity and can result in children being transferred from supportive and relational services to secure accommodation until threats of harmful behaviour have passed. What is apparent from academia and the realisms of practice is that the stress of such transitions is likely to add to their difficulties (Dyer & Gregory, 2014). It is apparent that a missing link remains in knowledge exchange and mutual understanding between services. Sylvia considered that 'better planning and an improved strategy to deal with those young people might help their trajectory through services as young adults'.

Arlene Stewart gave questionnaires to two girls. They demonstrated good insight into their problems and knew that they needed help at very young ages – one was 7 and another was 11 when they spoke to family members for help. One girl had the support of her mother 'through tough times' and the other said that she would speak to her doctor. CAHMS was cited as the specialist service one girl used, however she 'didn't think it helped me'. In relation to the support they have from Up-2-Us both girls mentioned a worker by name – Vicky for one and Dione (Sharon in the past) for the other that they could talk to about moods and feelings. They both identified that they get all the support they need from Up-2-Us. One girl noted that she would not talk to family or friends because it would cause conflict. They summarised the state of mental health awareness in society, 'they don't understand what mental health is'. Their views tell us about the harsh realities these young people face.

TfC

It is acknowledged worldwide that women experience higher rates of mental health issues (World Health Organisation & Calouste Gulbenkian Foundation, 2014) yet there appears to be a lack of gender specific mental health awareness raising. What is characteristic of the young women using TfC is the prevalence of confidence and self-esteem issues, anxiety, depression and forms of PTSD. In 2013 94 percent in the community were considered by their project worker to lack confidence and self-worth. Related to this, 60 percent had self-harmed and 26 percent had attempted suicide. TfC would estimate that 60 percent of girls who were supported in 2013 had mental health issues, regardless that only 31 percent had a diagnosed problem. Young women that TfC spoke to in the prison highlighted concerns about getting support, 40 percent openly identified as having a mental health issue yet only a quarter of these girls had ongoing input or contact with a relevant professional. Of those who had offended, 23 percent relate their offence to a mental health issue – either directly such as carrying a knife to self-harm or indirectly for example as a result of a lack of management or coping with residual experiences.

Project worker Sandie Forbes gave the questionnaire to a service user who commented that mental health is 'talked about negatively and it's not normal. Weakness. Not nice. Horrible.' TfC supports girls to accept difficulties they have and create systems to help them to cope with their feelings, for example one girl uses a

chart to write down her mood every day which appears to give her a sense of control. Project worker Emma Wilcox gave the questionnaire to another girl who commented that when she hears people on TV or on social media talk about mental health it makes her sad because she thinks of her own issues. The girls noted that they did not talk to their family about how they feel 'incase they ignore me' or they 'get upset' and because family members can make the girls upset by bringing up the past. What is clear is that without sensitivity and understanding mental health remains the elephant in the room. This only emphasises to young people that it is a bad and abnormal struggle to have.

How Up-2-U's trains its staff

Project workers demonstrate a desire to learn, to be informed and understand the issues that service users face. Up-2-U's workers undergo awareness training and specific training to support them to help individuals with mental health difficulties. Training that Up-2-U's workers have undergone since its establishment in 2008 are listed in the table below.

Course	Trainer
ASIST	Choose Life WD
Suicide prevention course	STORM
Mental health & behaviour disorders	Dr Norman Clark, Forensic Psychiatrist Consultant
Scottish mental health first aid: Young people training	Choose Life WD
Introduction to cognitive behavioural therapy	Mind's Well
Mental health awareness	Positive Action Housing
Mindset	North Lanarkshire Council and NHS
Suicide risk management course and induction	HMP YOI Cornton Vale
CALM 4 day course: Theory & practical	CALM Training Services
Mental health first aid	Choose Life WD
Young people, bipolar disorder and self-harm workshop	HarmLESS Psychotherapy
Safe talk – Suicide, self-harm	Choose Life WD
CALM reaccreditation	CALM Training Services
Resilience training	Befriending Network Scotland
Trauma in Local Authority Children	CELCIS
Working with sexually harmful behaviours	CJSW
Child Protection	Child Protection Training Services
Moving on, attached, achieving, attaining multiagency conference	North Lanarkshire Council
Self-harm awareness training	Greater Glasgow & Clyde Council and NHS
STORM	Choose Life WD

Starting the conversation	Shared Strengths
Engagement on suicide and self-harm	Scottish Government
Mental health conference	MEDICACPD
Scottish Attachment in Action Annual Conference	SIRCC
Becoming Trauma Informed: A Core Value in Services for Women	Dr Stephanie Covington with Families Outside
NCFE level 2 Mental Health Awareness	The Skills Network and Research Institute of Grimsby
Self-harm Awareness Training	Lanarkshire Lifelines

Participating in training enable staff to feel confident about interacting and providing specific interventions to a population group who characteristically demonstrate mental health difficulties.

Up-2-Us responded to an assessed by Mindswell in early 2014 as to their needs in delivering support to individuals with mental health issues. What is apparent from their summary is that workers wanted more specific training to support their understanding of self-harming and extreme behaviours and how to react appropriately to these. Staff also indicated that they could find it a struggle to be included in mental health care plans with other professionals, this reiterates a general feeling from workers that they are often viewed as 'second class' support by social care spheres. Mindswell have since developed a training plan for the staff which commences 25th July 2014. This will involve personal development and specific information drives at a relevant level for the workers attending.

Thinking about our future

Feedback from managers, project workers and young people tells us across the board that there is a lack of human compassion surrounding mental health and a tendency to pass young people from service to service until someone can solve 'the problem'. There is talk between government and third sectors about partnerships, but this has yet to find its feet at ground level. The Mental Health (Scotland) Bill (2014) has no references to children or young people in the legislative changes it recommends to the 2003 Mental Health (Scotland) Act. Therefore the third sector is pulling together to 'ask' for changes to be made to reflect the needs of young people to ensure their equal and fair treatment and prevent their continued slipping through gaps in service provision.

Young people who have specialist mental health input to their care plan are often prescribed with a medical approach which can be inflexible and involve medicating and labels rather than long term care. To lessen the impact of stigma, mental health initiatives should be integrated within the broader health service much more succinctly. In Scotland the first of three reports being published about the integration of social care and health policy summarized that this initiative would impact upon

children provided their needs are considered separate to those in adult services (Welch, McCormack, Stephen & Lerpiniere, 2014).

To target vulnerable young people education should incorporate more self-care resources in schools to influence children to develop their own mental wellbeing when they might not have someone looking out for it at home. Link workers at school could be a prime resource for this in early secondary, an age at which many young people are thought to become aware that they need support. This idea is of 'proportionate universalism' and policy which supports all rather than only providing for those who opt in (World Health Organisation & Calouste Gulbenkian Foundation, 2014).

Finally, greater emphasis is needed to highlight the wider sociological framework to mental health. In regards to the expectations people have of their lives and the opportunities or discrimination around them. Research into stigma would be insightful – for instance is it mental health issues in themselves, the likelihood of the individual coming from a lifestyle of substance use and risk taking behaviour or their status on the poverty line? The wider community and panels of experts could also facilitate societal interest groups to support individuals with mental health difficulties to be included in shaping policy on a much more influential level than they are currently. Young women from Time for Change agree with this sentiment. Olive Arens contributed that there is continued stigma and a lack of sensitive practitioners who understand that picking yourself out of your darkest place can often be hardest when you are at the bottom of the welfare pit. Sensitivity and protection of those with mental health problems is necessary to enable young people to feel that they are not being pacified with labels and medication. As Neil Jack noted, 'the defining factor...is the relationship around the patient. Survival is attainable, suffering is optional.'

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