
Overview and Scrutiny

Young People's Mental Health Rapid Review

Children & Young People Select Committee Select Committee

February 2015

Membership of the Children & Young People Select Committee in 2014/15:

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Chair's Introduction

It was very clear to members of the Select Committee that mental health is an important issue for many young people in Lewisham. When some of us were able to listen to young people who not only have individual experience of these problems, but have come forward to help shape future services for others too, it was also clear how passionately they felt and cared about this.



What became apparent when we heard from professionals involved in providing current services, and those devising and delivering the HeadStart programme in Lewisham, was that services perform well - but that they focus provision and resources mainly on those with acute needs for the most urgent help. Whilst waiting times for services are comparatively good, any wait can feel like “too long” for a young person who is going through a period of mental ill health.

The past focus on acute need means that universal and targeted services in Lewisham have not yet been developed to meet all needs. HeadStart offers us an opportunity to develop these universal services and to build the mental resilience of young people. The early stages of HeadStart have shown excellent results and promise, and the select committee wholeheartedly supports the young advisors, staff, partner organisations and CAMHS professionals involved in bidding for substantial further resources to expand this work.

One common cause of stress, and sometimes of resulting mental health problems for young people, is the stigmatisation of just identifying with “having a mental health problem”. Another stress recognised by many was the pressure exerted by schools and colleges to perform academically - for the benefit of collective as well as individual achievement. Whilst the committee and the young people reporting this all saw the point of achieving the best that each individual can, our recommendations have attempted to reflect these and other issues in urging institutions to balance pressure with care for the well-being of each young person. Information and signposts to sources of help must continue to be available to young people not just from schools but also from a range of other places such as youth clubs and advice centres, and we must bear that in mind when making decisions about the future affordability of such ‘non-statutory’ services and venues.

Our thanks are due to all of the Lewisham Council officers, staff and volunteers from partner organisations, and young people involved in the HeadStart steering group who have met with us, presented us with evidence, and made suggestions. I hope we have adequately reflected your concerns in this report and our recommendations, and that your time and effort will have had some influence on decisions made for the future.

Finally I would like to express the thanks of myself and the select committee for the tireless work of our small but dedicated team of scrutiny support officers, and in particular Andrew Hagger who has done most of the hard work of keeping the process of this review, as with so many others before it, in order and the outcome so well presented.

Councillor John Paschoud

Chair of the Children & Young People Select Committee

1. Recommendations

- 1.1 The Committee supports the work being carried out by Lewisham Council and partners on the HeadStart Programme and supports efforts to bid for the next stage of funding.

The Committee recommends that:

- R1. While waiting times for CAMHS services in Lewisham are well within set targets and are performing well in comparison to neighbouring boroughs, any wait can feel like a long time when a young person is experiencing mental health difficulties. Therefore the Committee recommends that the ability of CAMHS to respond appropriately to mental health issues should be maintained and, if possible, improved.
- R2. Further integration of mental health support and intervention across levels of need should be explored with the aim of ensuring that young people and agencies know how and where to access appropriate support early, reducing the time between identifying a need for support and/or intervention and the provision of this support and/or intervention.
- R3. As identified throughout the report, it is important that awareness and education about mental health are improved. This will enable young people affected by mental health issues to identify and seek appropriate help and advice, and assist those who work with and care for them to provide access to it. Accordingly, the Committee recommends that further work is carried out to raise awareness of mental health issues amongst young people and the population in general.
- R4. As part of this, awareness raising and increased acceptance of mental health issues as a normal part of life should be included in the local outcomes for the HeadStart programme.
- R5. In addition, schools should continue to build upon the work that has already been carried out in the borough to improve education, awareness and support around young people's mental health.
- R6. The strong governance systems and good stakeholder engagement that is in place in the HeadStart Programme in Lewisham should continue.
- R7. The Children & Young People Select Committee should carry out further work looking at the incidence of self-harm amongst young people in the borough and why this has increased.
- R8. The Children & Young People Select Committee should carry out further scrutiny of the HeadStart Programme as it progresses.

2. Purpose and structure of review

- 2.1. On 1 July 2014, the Committee decided as part of its work programme to undertake a rapid review of children and young people's emotional well-being and mental health provision in Lewisham.
- 2.2. Lewisham's Sustainable Communities Strategy¹ sets out six key priorities for the borough as a whole. The review falls under the 'Safer' priority, which aims to keep our children and young people safe from harm, abuse and criminal activity as well as the 'Healthy, Active and Enjoyable' priority which aims to improve health outcomes and tackle the specific conditions that affect our citizens.
- 2.3. Lewisham's Children and Young People's Plan² for 2012-2015, entitled 'It's Everybody's Business' sets out key areas for impact and priorities surrounding children and young people. This review will fall under the 'Be Healthy' (BH6) priority, which aims to 'Promote Mental and Emotional Well-being'. Furthermore, mental health has been identified as one of nine Health and Well-Being Board priorities.
- 2.4. The Committee considered a scoping report at its meeting on 2 October and agreed the following key lines of inquiry for Young People's Mental Health rapid review:
 - In order to understand mental health service provision for children and young people, the Committee should address the following key questions:
 - What are the emotional wellbeing and mental health needs of the children and young people of Lewisham
 - What services are in place to meet these needs
 - How can examples of current good practice and research be used to meet the gaps in service provision.
- 2.5. The Big Lottery Fund (BLF) HeadStart project takes a universal and strategic approach to mental health in the borough and could have a significant impact on the mental health of young people in Lewisham. Therefore the Committee is recommended to focus on the work being carried out in this area. The Committee should consider the following key lines of inquiry:
 - How is the Big Lottery HeadStart project developing new ideas for providing services or providing new services
 - How are these new ideas and approaches being embedded into local provision
 - How are young people involved in developing and shaping their own services, do young people feel they are actively involved
 - Whether young people are being targeted outside of a school setting

¹ Lewisham's Sustainable Community Strategy 2008-2020
<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Sustainable%20Community%20Strategy%202008-2020.pdf>

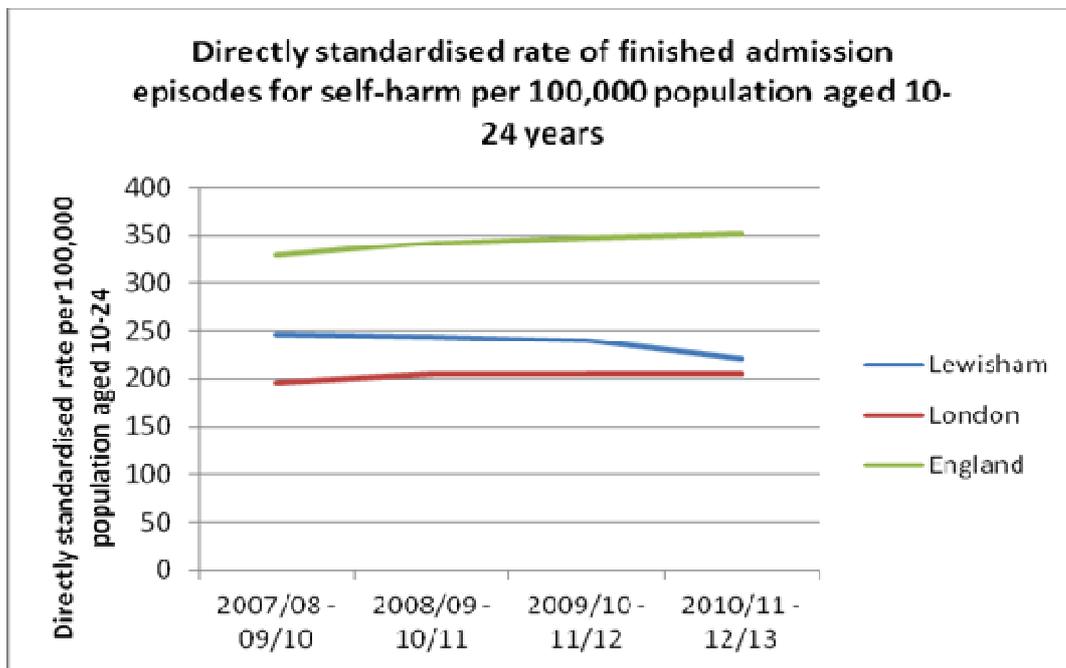
² Lewisham Children and Young People's Plan 2012-2015
<http://www.lewisham.gov.uk/mysservices/socialcare/children/Documents/CYPP2012-15.pdf>

- How digital technology is being used both to reach young people and deliver mental health services to them
- How will the effectiveness of the universal approach be monitored
- What is the evidence that this will lead to a reduction in need for tiers3 and 4 services and how can this be monitored

- 2.6. The Committee carried out evidence gathering at its meeting on 12 November 2014, where the Committee received a report from officers, notes of a meeting held on 23 October 2014 with young people involved in the HeadStart Steering Group and evidence from Frankie Sulke (Executive Director for Children & Young People), Warwick Tomsett (Head of Targeted Services and Joint Commissioning), Caroline Hirst (Commissioner, Children & Young People), Mick Atkinson (Head of Commissioning, Place2Be), Wendy Geraghty (Lead Clinician, Lewisham Children and Adolescent Mental Health Service) and Ruth Hutt (Public Health Consultant). Further written evidence on CAMHS waiting times and performance benchmarking, timescales for stages two and three of the HeadStart programme and plans if Lewisham is unsuccessful in the final stage of the bidding process was provided at the 15 December 2014 meeting.
- 2.7. The Committee discussed recommendations at its 15 December 2014 meeting and concluded its review and agreed its recommendations on 4 February 2015.

3. The need for Mental Health Services within Lewisham

- 3.1. It has been shown that 1 in 10 children and young people aged 5-16 years suffer from a diagnosable mental health disorder³, which equates to around three children in every school class. The most common problems are conduct disorders and emotional disorders (anxiety and depression). The Committee were keen to emphasise that while attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders can increase the vulnerability of people to mental health issues, they are not in themselves mental health disorders.
- 3.2. In Lewisham, 8.4% of young people aged 5-16 have a diagnosed conduct disorder and 5.6% of young people of the same age have a diagnosed emotional disorder⁴. These levels are comparable with other London boroughs with similar Index of Multiple Deprivation scores.
- 3.3. In 2012/13 106 people aged 10-24 were admitted to hospital for self-harm. This data is pooled with information from 2010/11 because of the small numbers to produce a rate which can be compared to that of London and England. The graph below shows that Lewisham in 2010/11-2012/13 has a lower rate of admissions than England (which is statistically significantly different) but similar to London. The rates in Lewisham were largely stable but saw a slight decrease in 2010/11-2012/13. However, this drop is not statistically significantly different to earlier years.



- 3.4. This measure only captures the most serious episodes of self-harm which would require an admission to hospital. The rates for admissions may not reflect the level of less serious self-harm. Anecdotally secondary schools are

³ Green, H., McGinnity, A., Meltzer, H., et al. (2005). [Mental health of children and young people in Great Britain 2004](#). London: Palgrave.

⁴ Campion & Fitch, 2012

reporting increased self-harm amongst adolescents, although data is not available to support this.

- 3.5. Evidence heard at the meeting on 12 November highlighted that suicide amongst young people is rare in Lewisham and that no children have committed suicide in Lewisham since 2001.
- 3.6. According to a public mental health overview conducted by UCL Partners in 2013⁵ the impacts of mental disorder are far reaching and can include:
 - Increasing the risk of suicide and self-harm
 - Engaging in health risk behaviour (such as smoking, alcohol abuse, drug taking)
 - Physical ill health
 - Poor educational outcomes
 - Unemployment
 - Antisocial behaviour and offending
 - Poor social skills.
- 3.7. Research has shown that mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age of 24⁶.
- 3.8. There are recognised risk factors for developing mental health problems, many of which are more prevalent in Lewisham's population than in other areas. This means that in Lewisham there will be greater numbers of children and young people with diagnosable mental health problems and with low levels of wellbeing/resilience putting them at risk of developing problems in the future. These factors include:
 - Living in poverty - 30.5% of under 16s live in poverty compared to 20.6% nationally and 26.5% in London. Similar levels are found in our neighbouring boroughs, 31.6% and 30.7% in Lambeth and Southwark respectively.
 - Being a child looked after by a local authority - 77 children in every 10,000 are looked after; compared to 60 nationally and 55 in London.
 - Living in non-secure accommodation - 4.7 in every 1,000 households are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally.
 - Being exposed to trauma - 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence. The rates in London are known to be higher than other parts of the country.
 - Having parents who experience mental health and/or substance misuse issues. These levels are likely to be higher in Lewisham compared to the

⁵ UCL Partners: Public mental health overview. October 2013

⁶ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE: Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005; 62:593-602

average in London and England. For example, 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.

- Being involved in crime – 811.8 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 458 in London and 511 in England as a whole.

3.9. Other young people at risk include:

- Young carers
- Those from a family affected by learning disability
- Families known to the criminal justice system
- Those with a physical illness/disability or learning disability
- Lesbian, Gay, Bisexual and Trans-sexual young people

3.10. The wide reaching implications of mental health problems and the costs involved highlight the importance of work to improve mental health across the population. Working with young people is an opportunity to focus on the prevention of mental ill health where possible and to develop targeted interventions to limit the negative impacts of mental health disorder.

3.11. During the meeting with young people involved in the HeadStart Steering Group, the young people highlighted that there is a general lack of education about mental health, both amongst young people specifically and people generally. Due to the lack of awareness of mental health, people are unable to properly understand and therefore address issues, as they arise. Previously, members of the group were not as aware of mental health issues as they are now, so did not understand its seriousness. The group acknowledged that they may not have been as compassionate with people due to this lack of understanding, which emphasised the need for more information and knowledge. The young people also highlighted that parents and/or carers may not understand their child's situation and have less knowledge about mental health issues.

3.12. The group talked in detail about school stress, including the pressure on young people about exams, grades and the pressure to do well. This is an area identified by the Young Minds charity as part of their "YoungMinds Vs" campaign, which also identifies sexual pressures, bullying, unemployment and lack of access to counselling as top issues affecting young people around mental health. The group observed that sometimes it can feel as if school is all that matters and that grades are the most important thing. However the association with failure if people don't get good grades can have a longer term impact. The group's experiences, such as being involved in HeadStart and being running for Young Mayor, showed that achievement is not limited to school. When young people move on to further education the emphasis changes, and the stress is more about broadening horizons and young people are then told that exam results alone won't get you into a university, you need a good personal statement.

Recommendation:

R1: The Children & Young People Select Committee should carry out further work looking at the incidence of self-harm amongst young people in the borough and why this has increased.

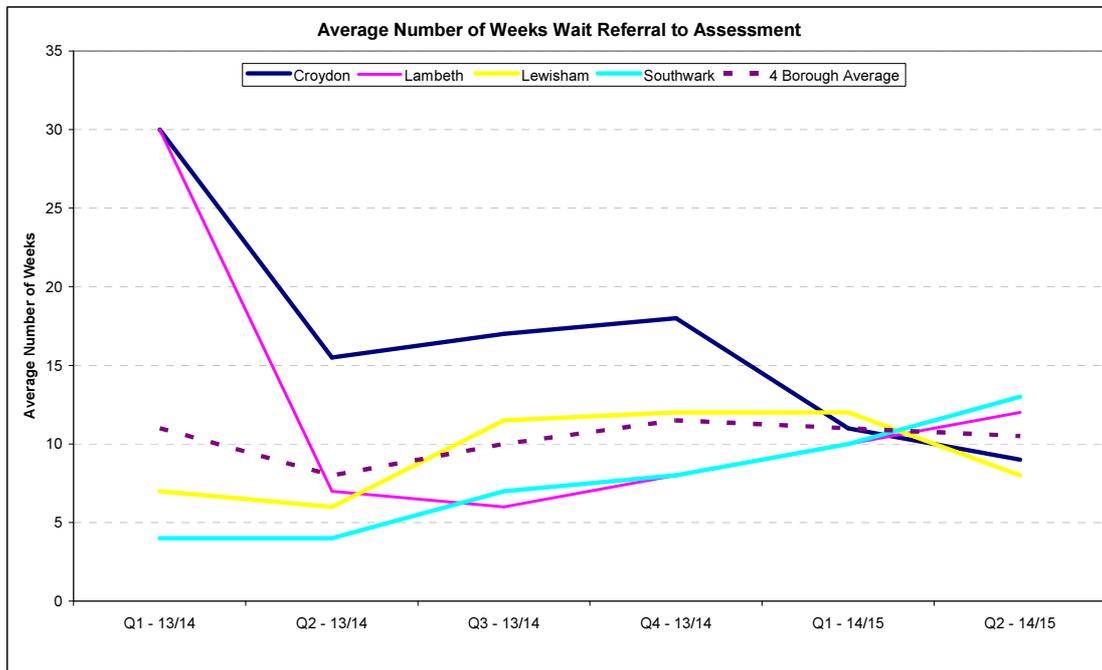
4. Provision of Children and Adolescent Mental Health Services (CAMHS) (Tier 3 and 4)

- 4.1. Mental health services in Lewisham are divided into four tiers, reflecting the different levels of need of those receiving services. Historically, most service provision in Lewisham has been focused on highly specialised mental health services with less universal mental health promotion provision (although pockets of good practice do exist across the borough). This has been a deliberate decision based on allocating more resources towards those most in need. Children and Adolescent Mental Health Services (CAMHS) services are limited and young people access services if they go past certain thresholds for risk and need. Young people will be directed to other services if they don't cross the threshold for CAMHS.
- 4.2. CAMHS are commissioned within the context of National CAMHS policy, which include the Children and Young People's Health Outcomes Forum Report (2012); No Health Without Mental Health; An All Age Strategy (2011); Achieving Equity and Excellence for Children (2010); and The National Service Framework for Children, Young People and Maternity: The Mental Health and Psychological Well-being of Children and Young People (2004).
- 4.3. Commissioned services operate in compliance with the legislative frameworks of the Children Act 2004 and the Mental Health Act 1983, as amended by the Mental Health Act 2007. Care should be informed by evidence based practice including National Institute for Health and Care Excellence (NICE) and other best practice guidelines.
- 4.4. Lewisham Community Children's and Adolescent's Mental Health Services are commissioned by both NHS Lewisham Clinical Commissioning Group (CCG) and the London Borough of Lewisham (LBL). Services are provided by South London and Maudsley NHS Foundation Trust (SLaM) who provide support to Lewisham children/young people requiring assessment and treatment/support for emotional needs and mental health conditions, primarily at tiers 3 and 4. The Children and Young People's Joint Commissioning Team is responsible for contract monitoring and service planning arrangements on behalf of the CCG and the Local Authority, for the commissioned CAMHS service and for the non-statutory tier 2 provision outlined in this section.
- 4.5. Tier 4 provision includes highly specialised outpatient and inpatient units. South London and Maudsley (SLaM) NHS Foundation Trust are commissioned through a cost and volume contract to provide Lewisham patients with tier 4 outpatient and inpatient services through the SLaM national and specialist services. A small number of tier 4 outpatient services, all intensive day and inpatient care services are commissioned via NHS England. Non-contracted providers of Psychiatric Intensive Care Units (PICU) can be used where patients require more specialist provision.
- 4.6. In 2013/14 the average number of young people in a SLaM inpatient ward at any one time was 5.5, which resulted in total to 557 occupied bed days over the same timeframe. The most recent data available refers to Quarter 2

2014/15 and reveals that there were 8 CAMHS patients admitted to a SLaM inpatient unit during this three month period.

- 4.7. Performance data indicates that during 2011/12 and 2012/13, 1.01% of all young people from Lewisham were referred for inpatient care. Across other SLaM boroughs i.e. Lambeth, Southwark, Lewisham, Croydon, Bexley, Bromley, Greenwich, Kent and Medway the range over the same period was 1.01% to 3.06%. This indicates that Lewisham CAMHS are ably managing mentally unwell young people in the community and are making relatively low numbers of referrals for inpatient care, especially when compared to other local areas.
- 4.8. Tier 3 provision refers to specialised multi-disciplinary services, set up to respond to more severe, complex or persistent disorders. SLaM provides a range of tier 3 provision through a number of community teams including: SYMBOL (for Looked after Children); Lewisham Young People's Service (for young people with emerging psychosis); Neuro-Development (for learning difficulties); ARTS (for young people with a mental health disorder and a history of criminal offending); and East/West Generic teams. Commissioners have also given agreement for SLaM to expand the OASIS service, an outreach service for people (14-35 yrs old) at risk of developing psychosis, to cover Lewisham.
- 4.9. In total 1,396 children and young people were referred to the Lewisham CAMHS service in the financial year 2013/14, with 1,052 of these referrals being accepted. This equated to a 75.4% acceptance rate of all referrals, with almost one in four referrals to the service not meeting the referral threshold. The average number of patients seen across the four quarters of 2013/14 was 862. The actual number of children and young people accessing services from some of these teams can be relatively small; hence there can be fluctuations between quarters regarding waiting times for these groups.
- 4.10. Functional Family Therapy (FFT) is an evidence-based family therapy intervention which is targeted at families who have a young person engaging in persistent anti-social behaviour, youth offending and/or substance misuse. The Lewisham Mayor and Cabinet have given agreement for this provision to be implemented. The FFT programme will be positioned at the 'specialist' level and will work with approximately 40-60 families per annum. The service is due to commence in March 2015.
- 4.11. During the meeting with young people involved in the HeadStart Steering Group, it was highlighted that the priority basis for services can sometimes be unhelpful. Due to current thresholds, help is limited to those with serious conditions and when the situation has reached crisis point, such as suicide attempt or serious illness. This can mean that prevention work to stop mental health issues becoming more serious could be missed. Young people present at the focus group had mixed experiences with existing services, some good and some bad. They felt that there is a need for lower level support through the school transition period while waiting to access CAMHS services. This could be access to a mentor or an equivalent to help in the meantime.

- 4.12. Evidence from the young people on the HeadStart Steering Group emphasised that mental health issues can flare up and then go away. Long wait times for services can mean that by the time they are seen by CAMHS young people may not still have an acute problem, which can result in removal from the waiting list so do not then access CAMHS. Work will be undertaken by commissioners with CAMHS to review re-referral rates.
- 4.13. Waiting times for CAMHS may vary from quarter to quarter. Lewisham experienced low average referral to assessment waits in the first half of 13/14, similar to that of Southwark. This peaked for Lewisham between December 2013 and March 2014, however waits have remained consistently under 12 weeks and are currently down to an average 8 week wait in September 2014, lower than any of the other SE sector boroughs.



2a) Graph detailing CAMHS referral to assessment waiting times across the four SE sector boroughs

- 4.14. The four South East sector boroughs meet with SLaM quarterly to discuss good practice, areas of concern and development. Performance review processes are in place under the quarterly contract monitoring cycle, commissioners review performance monitoring reports and raise any queries via exception reports.
- 4.15. Lewisham CAMHS have recently implemented a telephone triage system for new referrals, which serves multiple purposes, such as identification of gaps in case history and prioritisation / allocation of cases. Furthermore, formal and informal processes are in place, to support partnership discussions between CAMHS, Children's Social Care and commissioners, to ensure that issues are addressed in a timely and responsive manner.

Recommendations:

R2: While waiting times for CAMHS services in Lewisham are well within set targets and are performing well in comparison to neighbouring boroughs, any wait can feel like a long time when a young person is experiencing mental health difficulties. Therefore the Committee recommends that the ability of CAMHS to respond appropriately to mental health issues should be maintained and, if possible, improved.

R3: Further integration of mental health support and intervention across levels of need should be explored with the aim of ensuring that young people and agencies know how and where to access appropriate support early, reducing the time between identifying a need for support and/or intervention and the provision of this support and/or intervention.

5. Existing Universal and Targeted provision (Tier 1 and 2)

- 5.1. Tier 2 provision is non-statutory provision that can be provided by professional groups which relate to each other through a network rather than a team. This can take place in schools or other community settings such as GP surgeries or youth centres. In Lewisham the majority of mental health provision is commissioned at a specialist or statutory level, but the evidence supplied highlighted examples of good practice operating at a universal or targeted level within the borough.
- 5.2. One example was that of Place2Be (P2B), a national charity who provide a school based counselling service, offering 1:1 appointments, group sessions and open access drop in sessions. This is supported by a comprehensive training and consultative support programme for school staff. This service is currently available in ten schools (2 secondary and 8 primary) across the borough and is commissioned through a tapered funding approach, between the Local Authority and Schools.
- 5.3. Since April 2013, P2B have supported in excess of 800 pupils, with 90 children and young people having accessed 1:1 counselling sessions. Over 300 1:1 counselling sessions and approximately 500 group sessions have been delivered. In addition to this, over 500 Lewisham based professionals have benefited from P2B well-being training. Sessions have included: solution focused techniques; supporting children's emotional well-being; and understanding attachment. P2B has a robust evidence base, as part of their national evaluation, consistent improvements in the children accessing their services have been reported by teachers, parents/carers and children. As part of the evidence session on 12 November, Mick Atkinson of P2B highlighted that they help lots of young people that would never meet the threshold to access CAMHS. The benefit of their approach is that they can build resilience for young people to carry into young adulthood. Issues can be identified early, so young people can get through times of difficulty such as: primary to secondary transition; exam stress; and family crises.
- 5.4. P2B have estimated that for every £1 spent on their counselling support services £6 is saved on other provision included those associated with social care services, welfare benefits and the criminal justice system. Information provided by Mick Atkinson from P2B at the evidence session indicated that the cost/benefit analysis is done on a national basis and is a conservative estimate, so it would be very difficult to work out a cost/benefit figure solely for Lewisham.
- 5.5. Another new approach is that of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), a Department of Health service transformation programme. Lewisham partners include CAMHS, Pre-School Learning Alliance (PSLA) and P2B. As part of this programme, three key principles are being adopted: collaborative working and participation; routine outcome monitoring; and evidence based practice. CYP IAPT includes delivery of psychological therapies and training for people working with children and young people outside of health settings. It focuses on

extending training to staff and service managers in CAMHS, embedding evidence based practice across services. To date over 50 additional young people have received cognitive behaviour therapy for anxiety and depression with parent/carers benefiting from parenting support, where their child has a behaviour/conduct disorder. Early findings have shown that families have welcomed support in these areas.

- 5.6. Tier 1 provision is primary or universal care, offered by professionals working in universal settings, such as teachers, school nurses and GPs. For example, schools may as part of their personal, social and health education curriculum run sessions about emotional health and self-esteem. There is currently no clear overview of this provision across the borough.
- 5.7. Young people on the HeadStart Steering Group emphasised that they felt there were not enough services available for young people and that it was important to offer a range of mental health services, especially as they may not be aware of what is available. There was a concern that even though work is being done to build awareness and to tell people to ask for help, the support and services aren't in place to then provide help when people look for it. The group raised concerns that if services are not available and accessible when people do seek them out it could exacerbate existing problems or discourage people from seeking help again in the future. Development of the 'online resource kit' for HeadStart Lewisham will assist when raising awareness of mental health and services available to support it.

Recommendation:

R4: As identified throughout the report, it is important that awareness and education about mental health are improved. This will enable young people affected by mental health issues to identify and seek appropriate help and advice, and assist those who work with and care for them to provide access to it. Accordingly, the Committee recommends that further work is carried out to raise awareness of mental health issues amongst young people and the population in general.

6. HeadStart Lewisham

Background to the HeadStart Programme

- 6.1. In 2013 Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience and wellbeing in young people aged 10 – 14 years through the ‘Fulfilling Lives: HeadStart Programme’. In July 2014, Lewisham was informed of its success when securing £500,000 which would be used to develop universal and targeted mental and emotional well-being provision. Lewisham has the opportunity in 2015 to bid for a further £10 million from the Big Lottery Fund, to further develop this work and create ‘whole-system change’.
- 6.2. The HeadStart programme aims to equip young people to cope better with difficult circumstances in their lives, so as to prevent them experiencing common mental health problems before they become serious issues. This is called emotional resilience, and is an opportunity for young people to negotiate for and navigate their own way to resources that sustain their mental health. Evidence suggests that accessing those with low level symptoms and diagnosable problems through universal or whole group activity delivers better outcomes for the most vulnerable.⁷ The HeadStart programme is aimed at a universal, targeted (those at risk of low levels of resilience) and intensive (those at risk of developing mental health problems) levels. The overall stated aim of HeadStart is:

‘to better equip young people to prevent the initial occurrence of mental health problems, and to build the evidence for service redesign and investment in prevention’
- 6.3. The programme is led by the London Borough of Lewisham on behalf of a wider partnership which includes NHS services, schools, young people, the Metropolitan Police and the voluntary and community sector.
- 6.4. HeadStart provides an opportunity to expand and develop the universal and targeted offer, whilst working with existing provision and aligning with the wider partnership strategy to ensure that services intervene at the earliest point. Work is being undertaken throughout the period of the programme to engage those statutory and voluntary sector providers who are not directly funded by HeadStart to become part of a wider HeadStart community aiming to achieve the same outcomes. This will also ensure that HeadStart provision becomes embedded as part of the local delivery offer.
- 6.5. Extensive consultation has been undertaken with a wide cross section of stakeholders including young people, parents/carers and professionals to develop the HeadStart Lewisham programme. A major area of focus was consultation with young people. This included establishment of a Young People’s Steering Group which worked with the Partnership Steering Group to develop the programme. As part of the evidence gathering for the review,

⁷ <http://www.biglotteryfund.org.uk/headstart>

members of the Committee met with some of the young people involved in the HeadStart Steering Group in order to find out what they thought of the project and to find out about what they thought about mental health issues. Evidence from this meeting is included within the review report.

6.6. The key issues identified include:

- the transition between primary and secondary school as a time of emotional difficulty
- peer support for parents/carers
- training/supporting frontline workers rather than bringing in external agencies
- the varying provision of counselling support
- bullying (including cyber)
- school and peer pressures
- a lack of a good source of local information and resources

6.7. Four local outcomes for HeadStart Lewisham have been developed as a response to these findings:

- improved resilience
- increased school attainment and integration with the community
- improved emotional literacy
- preventing needs escalating for those most at risk

What the HeadStart programme will deliver

6.8. The HeadStart Lewisham programme will deliver provision at universal, targeted and intensive levels in schools, the community, in the home and online, which directly responds to the findings of the consultation. In addition, the Big Lottery Fund have asked that the selected areas take a 'test and learn' approach.

6.9. Over the last three months the HeadStart partnership have been specifying and procuring a range of projects. Contract award and implementation will continue through to the end of the year and will be followed by a robust evaluation process. Services being delivered in Lewisham include some that have been tried in other parts of the country, but will also trial new ideas. HeadStart is aiming to complement existing specialist service provision by providing skills in the community to recognise and refer young people when appropriate and also prevent escalation of needs which would require specialist support.

6.10. The programme over the next twelve months will include the following projects:

- Implementing the 'Transition Curriculum'. This has been developed by local schools across two Lewisham school collaboratives and will focus on improving young people's resilience, well-being and achievement. The schools will receive consultancy support from Young Minds, the UK's

leading charity for children and young people's mental health, who will undertake a needs assessment at each school and develop a bespoke programme of work. This could include training of staff; implementation of support packages to families; delivery of well-being programmes to young people; and wider system change.

- Improving access to counselling support for young people and their families. This includes extending the Place2Be face-to-face counselling provision for young people and parents/carers to an additional five secondary schools. The programme also includes online counselling for four secondary schools and to those out of school, supported by a peer mentoring programme and is the first time that such an online resource will be available in Lewisham.
- developing an online resource kit which will bring together national and local resources to support young people who are facing difficulties regarding their wellbeing or who are concerned about a peer and for parents/carers and professionals who are concerned about a young person.
- developing a varied creative arts programme, which includes youth-led film development. It is anticipated that targeted groups such as looked after children, children with disabilities and young carers will benefit from this provision via a range of community settings.
- administering an innovation fund to fund local organisations to pilot new ideas to achieve the HeadStart outcomes.
- the established 'Young Person' steering group has been provided with a budget to deliver a number of 'youth led events' and have been allocated additional funds to design and commission community projects to build resilience, in partnership with local young people.

6.11. The funding allocation from Big Lottery is £500,000, but through the procurement phase Lewisham has managed to secure in excess of £200,000 in matchfunding, through schools, public health and the voluntary and community sector.

6.12. Over the next six months Lewisham will develop a number of other approaches, when embedding learning from the phase two stage, this will include: development of a timebank of knowledge and expertise across schools; written documentation of clear delivery models across the voluntary sector; formation of learning resource kits and development of future commissioning strategies.

6.13. There are two cross-cutting themes spanning across the stage two delivery phase. The first is the use of digital technology as a means of raising awareness about emotional well-being and resilience and of new and existing services. The 10-14 age group are "digital natives" and using technology is key to meeting the partnership's outcomes. The online resource kit is currently under development and will be tendered in the New Year. Lewisham Council's Corporate Communications team have developed a HeadStart page for the Lewisham website and are providing support ongoing support when raising awareness of this work. Evidence from the Young People's Steering Group highlighted that while online access is useful, it is

important to not rely solely on new technology and the internet to access and deliver services. Face to face interaction is still extremely valuable, especially during initial contact and if an individual is discussing or reopening up about a very sensitive problem. The young people also recognised that there can be extremes in online interaction and that there are good and bad sides to online participation. Education about using online services and accessing information should emphasise selectiveness and being able to recognise the differences in information.

- 6.14. The second crosscutting theme is the engagement of young people in both developing the strategic direction of the programme and the stage 3 bid and in shaping and evaluating the delivery of HeadStart projects. The Young Person's Steering Group will continue to be part of the strategic decision making process and part of the service specification for each of the HeadStart projects is a mandated need for co-production and the involvement of young people in the monitoring and evaluation of the project, at a minimum including satisfaction surveys and focus groups. The 'youth-led' events and the commissioning fund also enable young people to directly commission and shape services. Members of the Young People's Steering Group were positive about the project, highlighting that the make-up of the steering group is reflective of young people in Lewisham and that people are passionate about mental health in the borough. Members of the steering group felt they had been very involved, including talking to other young people about the project at events and at schools as well as formulating ideas on how to spend some of the funding available via the HeadStart programme.
- 6.15. As part of the evidence session officers highlighted that strength of Lewisham's HeadStart bid is the high level of CAMHS integration, which is not present in other places

The role of schools

- 6.16. One of the key concerns for the Young People's Steering Group was the role of schools within the mental health of young people. As mentioned earlier in the report, the group highlighted school stress, such as the pressure on young people about exams, grades and the pressure to do well. The Committee recognised that while schools may not directly or consciously contribute to this pressure, young people are aware of the environment they are in and the pressures that surround them around good performance and academic achievement. The group observed that pupils with the most obvious problems, for example those that are disruptive, get the most attention at school. However those that are struggling, but just about getting by, are then missed. The group felt that if a young person needed to see a teacher they may be ignored in favour of the ones who are causing trouble. The group felt that improved mental health awareness and training for staff within schools is useful, especially as young people may not always be comfortable going to a parent about some of their problems. However, schools should not be the sole focus for improving mental health as some young people will not be comfortable going to teachers or school staff.

- 6.17. Members of the Young People's Steering Group raised concerns over a perceived lack of confidentiality in school. For example, a young person could tell a teacher about a mental health issue they have been facing, but then it can be quite obvious that knowledge of their issue has been passed to a number of staff and this has now changed their relationships. The group felt that separating out classroom and personal problems could be useful for teachers. The Committee acknowledged that young people have expectations around confidentiality, but that a balance between privacy and proper safeguarding reporting and sharing of relevant information does need to be struck.

Monitoring of the HeadStart Programme

- 6.18. Evidence from officers indicates that HeadStart Lewisham will be subject to a robust monitoring and evaluation framework. This is to ensure that the impact of interventions can be measured and understood. There will be a local and national HeadStart evaluation with the phase two HeadStart programme nationally evaluated through the Anna Freud Centre, in partnership with UCL. This will include measuring outcomes in schools where interventions have taken place and working with providers to carry out a process evaluation. Learning taken from this phase can then be embedded in phase three.
- 6.19. Locally, Lewisham will be undertaking a validated well-being survey across the 8 – 16 year old population, to be conducted in the autumn 2014 and again the following year, with the aim of identifying any improved outcomes for this age group. Funded providers will be expected to provide monitoring and evaluation information on a monthly basis, including information about the number and demographics of people accessing the services and changes in wellbeing/resilience for those accessing the services using a validated tool.
- 6.20. This information will support the overarching HeadStart Lewisham outcomes., which will be supported by a set of indicators, measuring impact on Lewisham wide objectives. These include increasing educational attainment, attendance at school and engagement with out of school activities. It is expected that intervention at the younger end of the HeadStart age group could prevent the development of mental health disorders in childhood, however, this will be tempered by the impacts of increasing awareness both in young people, parents/carers and professionals of the signs of mental health disorders, which is likely to result in an increase in referrals to CAMHs. The overarching aim of the programme is to prevent the development of mental health problems throughout the life course, and therefore impacts are likely to be seen over the very long term in reductions in the use of adult mental health services.
- 6.21. Both the local and national monitoring and evaluation findings will be used to inform the application for further funding from the Big Lottery, which is due in autumn 2015. Providers will also be expected to engage with service users with regards to access and support.

Next steps for the HeadStart Programme

- 6.22. In January 2015 Big Lottery will be consulting the twelve HeadStart areas with regards to the Stage Three submission. Both the local and national monitoring and evaluation findings will be used to inform the application for further funding from the Big Lottery, which is due in autumn 2015.
- 6.23. As part of the stage two 'test and learn' phase of the HeadStart programme, resource has been allocated within a number of HeadStart related projects to ensure that services and approaches are embedded in the long-term. These include:
- Expansion of the 'school-based' counselling offer through Place2Be. Over the next twelve months Lewisham will be working with P2B to further evaluate the service and evidence long-term impact, stating the case for further investment from schools. In partnership with P2B and schools, the local authority has adopted a tapered funding approach. Wherever possible, schools will mainstream provision beyond HeadStart funding.
 - Pilot an 'on-line' counselling service for young people. As part of this service, young people in schools will be trained to be peer mentor / ambassadors, another source of advice/support for younger children facing challenges.
 - Implement the 'transition curriculum' which will operate with a 'communities of practice' model to test what works and why. Areas of good practice, including knowledge and expertise, will be shared across the borough, as part of a 'timebank' approach.
 - Develop an online resource kit, which will offer a sustainable resource for all stakeholders in Lewisham promoting positive information and practical tools and resources on building resilience and emotional literacy for parents/carers, children, schools and professionals.

Recommendations:

R5: Awareness raising and increased acceptance of mental health issues as a normal part of life should be included in the local outcomes for the HeadStart programme.

R6: Schools should continue to build upon the work that has already been carried out in the borough to improve education, awareness and support around young people's mental health.

R7: The strong governance systems and good stakeholder engagement that is in place in the HeadStart Programme in Lewisham should continue.

R8: The Children & Young People Select Committee should carry out further scrutiny of the HeadStart Programme as it progresses.