**Appendix 6**

**Access to mental health services: Exploring the barriers and facilitators to helping distressed young people in Hull and the East Riding**

Taken together our findings suggest a number of important factors for services to embody in improving access to mental health services for young people in Hull and East Riding. Firstly, lack of knowledge and understanding of mental health (including language) can be intimidating for young people. Young people often struggle with the shame and stigma associated with mental health and with emotional literacy. It can leave them scared.

Furthermore, when they speak to adults and make sense of this, there can be mixed results, most notably when adults in schools lack awareness of mental health issues and how to deal with them. This can be a barrier to accessing services. Young people need to feel that there are people they can trust, and be empowered to take steps to access services. This requires the adults in their world to more fully recognise them as service users.

A major reason for many parents/carers not seeking help for their child was that their child did not wish to seek help. So there needs to be: realistic information about the nature of mental health and the nature and purpose of local services that minimises the continuing stigma of having a mental health problem; recognition that it can be the parent who serves as the person coordinating care to the best of their ability so parents/carers need to become informed about their children’s specific issues; recognition that young people who lack support from parents/carers, family and peers are a particularly vulnerable group. It is imperative that this group have equal access to services.

To make help seeking easier there needs to be: up to date and widely available information about the options for help that can be used by everyone; recognition that most mental health issues need not go to CAMHS. Our findings indicate that online resources may be a valuable source of information if perceived to be trustworthy and point to the need for: a “one stop” webpage that gives contact details for all local mental health and relevant services and practical ways young people and parents/carers can seek help directly. This information should be in a format that gives young people, parents/carers, school staff and primary care staff more confidence that they can help the young person to find help, despite not having a full understanding of mental health issues. Our findings caution against the use of online resources and applications that offer emotional and mental health support for and young people as a substitute for face-to-face support.

Our findings suggest an important role for schools in Hull and East Riding in supporting young people’s mental health. Firstly, there is an urgent need to raise awareness of young people’s mental health and developmental disorders amongst staff in schools in Hull and East Riding. Teachers are well placed to identify those who might be vulnerable and in need of support from specialist services. However, there is a limit to what teachers should be expected to provide. Our findings suggest schools working in collaboration with other services, professionals and parents/carers offer best approaches.

For example, young people want education on mental health in schools but our findings suggest best practice would be for this to be delivered by specialist providers (not teachers). Similarly, there is a need for: a dedicated pastoral role in schools (this should be separate from education role, not undertaken by teachers); immediate access to independent counselling services for young people; access to peer support for young people.

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This research suggests that negotiating appropriate access to support for young people with mental health issues is complex, sensitive, and often a lengthy process. It takes a lot of courage for young people to engage in the first contact with mental health services. Young people tended to need support from an adult or peer even to begin to seek help, and needed someone that they could trust to serve that role. Trust in this sense was synonymous with confidentiality. It also appeared to involve being able to strike a balance between recognising the severity of the young person’s distress, and neither minimising nor catastrophising the underlying problems.

The gap between assessment and treatment is an issue in urgent need of attention: quick access to intervention is essential. Best practice according to our respondents would be: initial assessment that is face to face where possible, making sure the first point of contact is friendly, understanding, supportive and confidential; care that is joined up and planned with one professional taking the lead, even when multiple services need be involved; care that fosters open dialogue and trusting working relationships between all parties involved (young people, their parents and carers, and the professionals who work with them). The importance of good relationships in promoting best practice is emphasised across and between all data sets in our study. Relationships are key to improving mental health: good relationships foster trust, confidence, and self-efficacy. Services need to be relationship focused: not just between practitioner and service user, but also between service providers more broadly, to enable ongoing trust and confidence from the population.

**Recommendations**

1. A Young People’s Mental Health Forum needs to be set up for professionals who work with young people to: share practice experiences, knowledge of local services and the most up to date evidence based methods; improve the right skill-mix and promote collaborative working. The professionals’ focus groups in our study were a good example of this in action. This forum would require resourcing by the CCG but could be hosted by HEY Mind on Beverley Road, Hull. Quarterly meetings might run at a total cost of around £1500.00 per annum.
2. An online directory of locally accessible services should be established and maintained by the CCG. This would not be expensive but a dedicated member of staff needs to be responsible for updating and maintaining it. It should be a well disseminated, central portal of young people’s local mental health services information, including NHS, voluntary and third sector organisations. It will be important that the aforementioned YPMH forum and the directory maintenance team develop a close working relationship so that the directory stays up to date.
3. The CCG should encourage all schools in the area to devote some of their web space to young people’s mental health, and this should include a link to the online directory.
4. Young people have difficulty accessing services and require help from trusted adults or peers. Access to services needs to be reviewed, with an emphasis on access being quick, easy and open. Where possible this should reduce red tape and repeated tick box assessments. We recommend that the CCG carry out periodic audits of their mental health services to ascertain whether the thresholds to obtain services are low enough.
5. Awareness raising and training / education for school staff and GPs is required as there is limited understanding of mental health problems and how to approach them in the local context. These groups are often the first to be in contact with young people experiencing difficulties so it is vital they have the knowledge and confidence in their helping responses. We therefore recommend further research to identify gaps in knowledge, understanding and skill-sets amongst these groups followed by targeted intervention.