

EXECUTIVE SUMMARY:

REVIEW OF CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH AND WELLBEING SERVICES AND SUPPORTS PHASE I

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MAY 2021



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West
Dunbartonshire
COUNCIL

NHS
Greater Glasgow
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West Dunbartonshire
Health & Social Care Partnership

This report, funded via additional Programme for Government resources by West Dunbartonshire's Health and Social Care Partnership (HSCP) documents findings from research undertaken to understand the support and services available to support children and young people's mental health and wellbeing in West Dunbartonshire.

Community planning partners are committed to strengthening the role of community mental health and wellbeing supports, a priority that is echoed nationally through the National Children and Young People's Mental Health and Wellbeing Programme Board, and Scottish Government. Linked to this has been the call to shift from siloed ways of working and towards collaboration, to enable a system that is more responsive, local, and has a common agenda to promote positive mental health and wellbeing. Findings from this report will support the development of new services or strengthen existing services to support mental health and wellbeing of children and young people between five and 24/26 years if care experienced.

Fieldwork was conducted from January to April 2021. While this piece of work was written during COVID-19, it is not the sole focus of the research, but where appropriate, reference is made to the impact of COVID-19 on young people, their families, and service provision.

AIMS OF THE STUDY

The research focused on the prevalence of collaboration within West Dunbartonshire, and explores how different sectors work together in supporting children and young people's mental health and emotional wellbeing. The research has three aims. First, to discuss the perceptions of different organisations and agencies to collaboration, and what opportunities and challenges are associated with collaboration. Second, to understand how community-based organisations are supporting mental health and wellbeing for young people who may

not require clinical intervention. Third, to examine how COVID-19 has impacted practice and support for children and young people and families.

RESEARCH METHODS & APPROACH

The research involved collection of quantitative and qualitative data. Quantitative data were collected via online survey, and qualitative data were collected using a combination of telephone interviews, as well as interviews and discussion groups using a range of online video conferencing software. The research focused on organisations that had particular remits in supporting children and young people, either in a specialist or community setting. In total 37 participants completed the survey, and 25 completed an interview. A range of organisational sectors were represented, including health, social work, education and third sector.

SUMMARY OF RESULTS

COLLABORATIVE ENVIRONMENT

There were high levels of agreement regarding the awareness of collaborative practices, both within participants' organisations and across West Dunbartonshire. Collaboration was described by participants in different ways, including attending cross-sector meetings, sharing resources, and offering advice or training. Members of these meetings were also likely to participate in reciprocal interactions where they may offer and receive support or advice to another team member.

There was positive work ongoing in West Dunbartonshire regarding collaborating with children and young people. There were many opportunities for young people to have their say in issues that impact them, including pupil voice in schools, and also organisations such as the Champions Board for care-experienced young people. Some third sector organisations described including young people in the planning and delivery of services. For organisations who were relatively 'new' in the system, they described barriers to gaining access to some

of these key partners. Some suggested they were invited along to meetings to pitch their service and to make connections, but without the existing relationships in place, the impact was limited.

Social work and CAMHS identified a rise in high-risk or high-tariff cases, and the need to reduce waiting times, caused difficulties in participating in early intervention work, but also in finding time to participate in collaborative activities.

HOW ARE COMMUNITY LOCATED SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH?

Within West Dunbartonshire, health and wellbeing support was not only seen as the remit for clinical staff, but was seen in the practice of all services, from schools, to police, to housing charities. There was an appreciation of the importance of prioritising health and wellbeing, acknowledging that this was an essential building block before any other activity or intervention could be successful. There has also been a recent shift to building capacity of schools to address low-level mental health issues, by training staff in growth mindset and wellbeing, and utilising the support of school nurses, educational psychology, and education officers to meet this goal.

Youth workers and mentors within West Dunbartonshire described the importance of offering person-centred approaches to supporting young people, with some organisations offering an advocacy role where necessary. Some of the participants from this sector suggested their relationship with young people differs from that of statutory services, which may lead to a different appreciation of the issues facing these young people.

IMPACT OF COVID-19

Services from all sectors described a great deal of creativity, flexibility and resilience in responding to the challenge of supporting children and young people during national lockdown. Specialist clinical services described a rapid response to ensure

ongoing support for those most at risk. There were also examples of collaborative work- for examples in the creation of Hub Schools and the identification of vulnerable young people who would qualify for in-person education support.

While many services moved online (using a range of platforms), there were discussions of the need to address the challenges of inequity of access (e.g. no access to digital devices, lack of private space).

Working from home offered participants new possibilities regarding online meetings, telephone consultations, and distance support for families. While some described the benefit of this approach in terms of having input at more multi-agency meetings, others described the burden of meeting intensive days with little time for professional reflection.

SUMMARY OF RESULTS

Participants suggested creating a roadmap to identify and boost visibility of services within West Dunbartonshire that support children and young people's mental health. Application of the roadmap may boost visibility of new services, and allow practitioners to create proactive, rather than reactive, responses to Children and young people's mental health needs. Other suggestions for future work included strengthening the role of pivotal staff who act as a bridge between families and services. Their role in developing relationships and providing information and opportunities for families is key. The need to consider how best to provide tailored support for families of children and young people and ensure specific resources for parents of children and young people awaiting CAMHS referral was also identified. Lastly, the opportunities for developing a 'one stop shop' where young people are at the centre of the design, planning and delivery was identified for future work.