

# EXECUTIVE SUMMARY: TOWARDS A WHOLE SYSTEM APPROACH TO CHILD AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING IN WEST DUNBARTONSHIRE: EXPERIENCES FROM STAKEHOLDERS, PARENTS AND YOUNG PEOPLE

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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.

The research underpinning this report is mixed-method. Quantitative data were collected via online survey, and qualitative data were collected using a combination of telephone interviews, online interviews and focus groups using online video conferencing software, and in person focus groups. The fieldwork was conducted between 2020 and 2021, during the COVID-19 pandemic, where social distancing and school closures were in place. This had an impact on the recruitment of participants and the methodologies utilised.

Findings of this report are presented in three phases:

- Phase one: stakeholders and practitioners' attitudes and experiences of collaboration (n=37)
- Phase two: parents and guardians' attitudes and experiences of help-seeking on behalf of their children (n=139)
- Phase three: children and young people's experiences of information and support seeking in terms of mental health and wellbeing (n=27)

## KEY FINDINGS

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- COVID-19 impacted on all participant groups, from how stakeholders delivered support and services to young people, to how parents and children experienced

periods of school closure and social distancing and the restrictions for outdoor exercise. This was described as having a detrimental impact on wellbeing.

- Stakeholders described a commitment to collaborative working as a solution to supporting children and young people's mental health and wellbeing, both through information sharing, collaborative meetings, and shared workloads. The importance of visibility of the work of different parts of the system were described as key.
- Mental health and wellbeing were not only the remit of clinicians and medics, but also seen in the responsibilities of youth workers, teachers, and mentors. This was seen through discussions of child protection, getting it right for every child, and underpinning policies governing their practice
- Parents often engaged with multiple services in supporting their children's mental health and wellbeing, and were often sympathetic by how overworked these services were.
- Parents also described feeling unsure of the broader support available to parents in West Dunbartonshire, particularly around the parenting of teenagers, or how to support a child waiting for a clinical diagnosis at home.
- Young people were able to describe a range of services and trusted adults within the system who they felt respected them and could act on their behalf
- Young people described that looking at information online concerning mental health support often required critical reading skills regarding the source of the information, intended audiences, and the qualifications of the author.

## SUGGESTED DEVELOPMENT AREAS

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**SDA 1: Increase the visibility of services operating at community level**

This should take on different forms, but could include information stalls at local community days, the creation of a 'road map' that clearly displays how individuals can contact different organisations and any referral criteria there may be. Wherever possible, this information should be available to young people and their parents.

**SDA 2: Explore more effective communication strategies between statutory and newly introduced services.**

This should take account of the potential for new services to collaborate with statutory services in creating early intervention opportunities with young people and their family. Wherever possible, any achievement from these collaborations should be broadcast across West Dunbartonshire to promote the visibility of community level services.

**SDA 3: Create training opportunities for parents regarding supporting their young people, and their own, mental health.**

These training opportunities should take on different forms, including training regarding various diagnosis (to support in the parenting of those children who are either waiting for, or recently received, a diagnosis) as well as general support (e.g. sleep hygiene, setting routines, managing challenging behaviour). Wherever possible, these workshops should be flexible in terms of geographic location and time of day to

enable shift working parents to attend.

**SDA 4: Introduce social support groups for families, particularly for those who are facing similar issues with mental health conditions of children.**

This may involve a buddy or mentoring framework, where some parents may support others who are earlier in their journey. Wherever possible, this should be supported by a practitioner, with a focus on reducing feelings of social isolation and promote a sense of community within the group.

**SDA 5: Explore the potential of a community hub to support families in the local area.**

This was discussed as a way to locate support in the community rather than in clinical settings, and should involve a range of sectors in the design and delivery. Wherever possible, families and young people should also be consulted regarding the design of the model.

**SDA 6: Continue to consult with young people regularly regarding issues that affect them, and let them know what happened as a result of their responses.**

This may involve young people discussing issues of health outreach, town planning, service delivery rather than only "child only" questions (e.g. issues pertaining to schooling or play spaces).