

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	29 November 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Mental Health Support for Children and Young People: Inquiry Day
Executive Summary	<p>In November 2017 Dorset Health Scrutiny Committee agreed that, as part of its annual work programme, it would undertake a review of Child and Adolescent Mental Health Services (CAMHS). However, following discussion with colleagues in Children's Services, the Clinical Commissioning Group and Healthwatch Dorset, it was agreed that the focus should be widened, to incorporate lower level support and services and mental wellbeing. The purpose of the review, which would take the initial form of an Inquiry Day, would be:</p> <ul style="list-style-type: none">• To look at the provision of and access to support and services for children and young people with mental health needs in Dorset, across the spectrum of need;• To review the progress and impact of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health (presented to Dorset Health Scrutiny Committee in June 2016, refreshed in October 2017 and again in October 2018). <p>The Inquiry Day was held on 13 July 2018. Invitations were sent to more than 80 organisations and individuals with an interest in the mental health of children and young people, and around 40 people attended on the day. Those who attended represented a range of statutory, community and voluntary bodies, including health services commissioners and providers, Children's Services, Adult Social Care, Public Health, schools and colleges, mental health charities and support organisations and youth services.</p>

Mental Health Support for Children & Young People: Inquiry Day

	<p>The event began with an account from a young person regarding her experience of becoming mentally unwell and needing the support of services to recover. This provided an honest and helpful context to the day, which was then structured around the four elements of the 'Thrive Model' of mental health: getting advice; getting help; getting more help; getting risk support. Attendees heard about the work currently going on and the services available in relation to each element, and heard about the challenges and the areas for development. After each section the floor was opened for questions and discussion. At the conclusion of the event a draft set of recommendations was collated, to be reviewed and agreed by Dorset Health Scrutiny Committee.</p>
Impact Assessment:	<p>Equalities Impact Assessment: The proposed Inquiry Day aimed to address issues of inequality with regard to access to services and support.</p> <p>Use of Evidence: Previous report to Health Scrutiny Committee, 7 June 2016 (see Background Papers); evidence presented and notes taken at Inquiry Day, 13 July 2018</p> <p>Review of children and young people's mental health services: Phase one report, Care Quality Commission, October 2017: http://www.cqc.org.uk/news/releases/cqc-completes-initial-review-mental-health-services-children-young-people</p> <p>Budget: Not applicable.</p> <p>Risk Assessment: Current Risk: LOW Residual Risk: LOW</p> <p>Other Implications: None.</p>
Recommendations	<ol style="list-style-type: none"> 1 That members consider and comment on the report of the Inquiry Day regarding support and services for children and young people with mental health needs in Dorset; 2 That members review the recommendations arising from the Inquiry Day and agree to a final set, to be circulated to key Dorset organisations, as appropriate.
Reason for Recommendation	<p>The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.</p>
Appendices	<ol style="list-style-type: none"> 1 Notes outlining presentations and discussions at Children and Young People's Mental Health Inquiry Day, 13 July 2018

Mental Health Support for Children & Young People: Inquiry Day

Background Papers	<p>Committee papers – Dorset Health Scrutiny Committee, 7 June 2016 (see agenda item 21): Report to DHSC re CAMHS - 7 June 2016</p> <p>Committee papers – Dorset Health Scrutiny Committee, 8 March 2018 (see agenda item 9): Report to DHSC re Scoping for Inquiry Day - 8 March 2018</p> <p>Dorset Local Transformation Plan for Children and Young People’s Emotional Wellbeing and Mental Health, refreshed October 2018: https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/draft-dorset-cyp-ltp.pdf</p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

**Children and Young People's Mental Health
Inquiry Day hosted by Dorset Health Scrutiny Committee,
13 July 2018**

1 Introduction

An introduction to the Inquiry Day was given by Cllr David Walsh, Chairman of the People and Communities Overview and Scrutiny Committee (Dorset County Council) and (as of October 2018) a Member of Dorset Health Scrutiny Committee. Cllr Walsh outlined the purpose of the Day:

- To look across the levels of support provided to children and young people with mental health needs, and their families;
- To look at what works well, gaps in provision and ways of making things better in the future;
- To hear from a young person about their experience of mental health services and support;
- To consider the four elements of the Thrive Model of mental health support (getting advice, getting help, getting more help and getting risk support);
- To consider questions and comments from a panel of Councillors and from the invited audience;
- To agree some recommendations for the Dorset Health Scrutiny Committee to review at their meeting on 13 September 2018.

2 Nikita Adams, Peer Specialist

Nikita had been invited to speak at the Inquiry Day about her personal experiences of mental health services and her journey to recovery, leading to her current role as a Peer Specialist supporting other young people going through similar issues. Nikita explained that she had at first 'normalised' her mental health problems before realising that what she was feeling was not normal. Following an escalation of her condition, she had been sectioned under the Mental Health Act and admitted to in-patient care at Pebble Lodge, where she struggled to accept help initially. However, after a further admission to Pebble Lodge, access to the peer support programme was the catalyst for recovery. Nikita expressed her gratitude to the Child and Adolescent Mental Health Service (CAMHS) and emphasised that, despite the difficulties she had with services and the set-backs, she would not be alive today without the support that the Team provided.

3 Louise Bate, Healthwatch Dorset

Louise introduced three short films which had been produced in collaboration with young people and local organisations with an interest in mental health and explained that Healthwatch Dorset had run a campaign entitled 'Be Yourself, Everybody Else is Taken', which resulted in numerous creative projects. In addition, a project entitled #Lifeunfiltered had been supported by Bournemouth University, alongside voluntary and statutory organisations, and this had resulted in a video produced by young people to tie in with national Mental Health Day in October 2017.

Mental Health Support for Children & Young People: Inquiry Day

The three short films provided powerful messages about young people's emotions and experiences and can be accessed via these links:

LifeUnfiltered introduction:

<https://www.youtube.com/watch?v=KRCizkYX7KM&t=7s>

LifeUnfiltered film:

<https://www.youtube.com/watch?v=AMBopOoGOr0&t=1s>

Be Yourself film:

<https://www.healthwatchdorset.co.uk/resources/be-yourself-whats-your-mind>

Discussion points following the videos included:

- The importance of developing trust and the value of lived experience;
- The need for openness in households and not sugar-coating issues;
- The role of schools, from primary level, in promoting mindfulness and nurturing pupils, in the hope of averting the need for higher level support which can be difficult to access;
- Recognition that some young people are happy to ask for help in schools but others need to be able to access it elsewhere, such as via youth services;
- The need for continued support, beyond disclosure and identification;
- The need to provide advice and support at places where young people are most comfortable, with the option for anonymity if necessary;
- Examples of innovative initiatives, such as an 'anxiety dog' in Weymouth College, out of hours and summer break projects in schools, play therapists and chickens in school settings;
- The dangers of the Internet and social media with regard to learned behaviour and bullying, but also the value of on-line support and the opportunity for young people to share experiences or vent their frustrations;
- Parents and carers not always having the skills to support young people and/or having their own mental health problems.

4 The context around mental health services and support for children and young people in Dorset – Elaine Hurl, Senior Commissioning Manager for Mental Health, NHS Dorset Clinical Commissioning Group

Elaine outlined the background to the current provision of mental health services and support for children and young people in Dorset, including the adoption of a Local Transformation Plan in 2015, which was refreshed in October 2017¹. This year a total of £2.7 million will be allocated to transformation funds, with a climate of interest in mental health supporting developments and investment. A number of improvements have already been implemented, including: revised CAMHS referral guidance; the appointment of seven Psychological Wellbeing Practitioners (supporting children and young people with anxiety and depression); the procurement of an on-line counselling service; and planned peer support and recovery education.

Elaine set out some of the targets for services and noted that Dorset is performing well. With regard to the national target that, by 2020/21, at least 35% of young people with a

¹ Pan Dorset Local Transformation Plan: Children and Young People's Mental Health and Wellbeing: <https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/draft-dorset-cyp-ltp.pdf>

diagnosable mental health condition receive treatment from NHS funded services, it was recognised that this is unambitious, but Dorset CCG is committed to supporting the other 65% of young people too. Local waiting times for referral to assessment and treatment have shown a steady improvement over the last two years.

With regarding to further developments, transformation funding will be supporting psychiatric liaison services and Psychological Wellbeing Practitioners, and funding will continue within the CCG's baseline budget. An additional two in-patient beds are to be provided at Pebble Lodge and a new PICU (Psychiatric Intensive Care Unit) is to be commissioned by NHS England. This is a particularly important development which would provide eight beds, preventing local children and young people from having to be placed outside the area at times of crisis. It was confirmed that the PICU beds may be used by patients from other areas of the country, but other units are also being built in the South West so it is hoped that in future there will be sufficient capacity.

5 The Thrive Model

The Thrive model for mental health support was originally developed by the Tavistock Centre, putting children and young people at the centre and allowing them to 'thrive'. The model helps to change the focus of services so that they are not just concentrated on core-CAMHS but (in line with the Government's Green Paper²) they encompass schools, early help and other support too.

6 Thrive: Getting Advice – Claire Shiels, Assistant Director for Children's Services, Dorset County Council

Claire introduced the first stage of the Thrive model: getting advice. This includes recognising the importance of: supporting families, physical activity, social networks, community involvement and participation and mental health awareness – being able to have a conversation. The difficulty of community involvement in rural areas was noted, in view of the likelihood of reduced opportunities and options.

This stage of the model involves supporting children and young people with mild or temporary difficulties (and identifying those who may go on to develop more serious problems) and supporting people who want to self-manage. There is a lot of information available in Dorset and on-line, but it needs to be of good quality. Claire highlighted some of the sources of advice locally including:

- Mental health 'wheels';
- Mental health champions
- Pastoral support;
- CHAT health (a text-based service via the School Nursing Service);
- Targeted group work in schools;
- The voluntary and community sector;
- General Practitioners;
- An evidence-based programme of resilience building, especially in early years;
- Educational Psychologists;
- Emotional literacy support assistants in schools;
- Mental Health 'first aid' training.

² <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision>

Challenges to getting advice and areas for development cited included:

- Consistency across Dorset;
- Keeping up to date with changes to service delivery;
- Workforce skill and confidence to deal with mental health issues;
- Capacity in other services;
- A lack of understanding as to the role of core-CAMHS;
- The Recovery Education Model;
- Whole school approaches to mental health (including an academic resilience programme).

Discussion points and questions included:

- A query as to how we engage effectively with young people and whether we are missing a large group who won't ask for help;
- The need to protect remaining youth services, following the substantial loss of funding in recent years, and the need for street services and open access;
- The particular difficulties for young people in rural areas to access remaining youth services, due to poor transport links;
- The need for more innovative use of resources such as community transport;
- The impact of social isolation on young people and the fact that it is an inter-generational problem: do we do enough to join up groups?;
- The need for a system with good communication and hubs to co-ordinate services;
- The role of the seven Family Partnership zones, which are developing at different rates but provide a forum to bring people together;
- The value of core-CAMHS having a presence in schools;
- The work that Public Health are undertaking with schools (for example around mindfulness and relaxation) and the money that will be available to them through the Prevention at Scale programme;
- The differences in approach (and effort) made by schools, with some providing little or no visible support but others providing good information about help available in a prominent position;
- The recognition that teachers cannot 'do it all' and need to be able to sign-post confidently;
- The need for age-appropriate advice throughout childhood and teenage years.

7 Thrive: Getting Help – Stuart Lynch, CAMHS Manager, Dorset HealthCare University NHS Foundation Trust

Stuart explained that this Thrive stage was about young people who need higher levels of intervention, generally, but not purely, from CAMHS. Those interventions should be brief and evidence-based. Young people who are referred to CAMHS at this stage are put onto one of 21 different 'pathways'. The key features and range of 'help' available includes:

- A multi-disciplinary workforce (CAMHS, Social Workers, Psychologists, Nurses, Psychiatrists etc);
- Seven Wellbeing Practitioners currently, with more to be trained;
- Different types of therapies;
- One-to-one and/or group therapies, with work currently underway to look at booking systems (on-line) and locations;
- Training for schools and hospitals;
- Support for parents and carers;
- Local clinics.

Mental Health Support for Children & Young People: Inquiry Day

The current challenges and areas for development include:

- The need for wider workforce development to understand the service offer – the range and levels;
- The need for clarity around referral guidance (with visits to GPs and schools being undertaken by CAMHS staff);
- The need for effective sign-posting and full knowledge re what is available;
- The further development of the 'offer' around emotional health and wellbeing in schools (as per the Green Paper proposals);
- The requirement for more early help to prevent the need for CAMHS intervention, including the Recovery Education Model such as peer support and sessions with youth groups and schools;
- The challenge of supporting children and young people who feel they cannot leave home to access services and need confidence building just to cross this initial hurdle.

Discussion points and questions included:

- Queries regarding the time between referral to treatment: Stuart noted that there is an eight week target, but more complex cases have a four week target, which varies according to risk. Dorset is currently ranked 2nd out of 80 CAMHS teams with regard to their response to urgent referrals;
- A query as to whether CAMHS treat children aged under 5 years. Although this would not be ruled out, Stuart would be concerned if a child of this age needed CAMHS, and felt that they would probably be better supported through other services. Where referrals do come in for such young children, they mostly relate to behavioural difficulties, so work with the parents is often the solution. Other problems at this age include neuro-development issues (such as autism, which requires specialist input) and attachment disorders. In some parts of Dorset groups have been set up to help parents with attachment problems, but this is not a universal service;
- Similarly there is a perinatal service across Dorset, but this is patchy and needs to be more consistent;
- There is an increased focus on whole family approaches now and the need for this and help in the early years was emphasised;
- The Educational Psychology Service also provides training and support to providers and early years settings re how they in turn can provide support and sign-posting;
- A query as to how many appointments are cancelled at short notice by the CAMHS team and what steps are being made to give at least 24 hours notice. Stuart noted that the service would try not to cancel at short notice, but staff illness or clients in crisis in need of urgent care could mean that this is unavoidable at times. The rates of cancellation (by the service or clients) are reviewed, as are 'do not attends'. It was suggested that clarity and openness about the reasons behind any late cancellations would help young people and their families to understand;
- With regard to early years support and child protection, it was noted that there are numerous cases where parents with Asperger's or autism have their children taken into care because they didn't get the support they needed. There are Units to help parents such as these, but there was a lack of clarity as to locations, which Stuart offered to address outside the Inquiry Day;
- Transgender young people have particular difficulties in accessing the support they need, which is not necessarily CAMHS. However, a particular issue is that schools will not allow pupils to change their names and gender details unless a formal letter has been provided by CAMHS. In addition, there is a need for CAMHS staff to be trained to support transgender young people, but a lack of funds to facilitate this. It

was noted that the Tavistock Centre is a specialist centre for transgender issues and they are keen for CAMHS teams to enhance their involvement, in recognition of the higher rate of mental health problems amongst this group of individuals. Stuart confirmed that in Dorset training sessions had already been held and that the Tavistock Centre are looking at whether they could send a worker to support further initiatives. The matter of the need for a letter of confirmation (about being transgender) was acknowledged as being a problem, which Stuart hoped is improving. The need for CAMHS and the Tavistock Centre to be more closely involved with schools was also acknowledged;

- With regard to the 21 pathways, the degree to which a pathway is prescriptive was queried, as was the undertaking of reassessment. Stuart explained that reviews would be carried out and that there was a flexible approach to changes. Progress is reviewed at key points and young people are encouraged to have a say about their priorities and choices;
- With regard to the peer specialists who work with CAMHS, a training programme has been developed and the next group are now working through it. Currently the peer specialists are based in in-patient wards and can talk one-to-one with individuals and work on particular projects and participate in groups in community team settings. There is a need for a succession of peers, as they progress and move on. Feedback about their role is very good and Stuart is keen to develop this further. It was noted that it is also important for them to be able to go into schools, as the personal stories are powerful;
- With regard to when young people first access help, can CAMHS support them while they are waiting for their first formal appointment? It was acknowledged that more needs to be done in this area: some mapping of support was undertaken in Poole, but there is a need for better links with the third sector (notwithstanding the problems the third sector faces with funding). Consideration is also being given to the best model to collate information and keep it up to date, which is vital;
- There has also been discussion around the development of a peer navigator role with CAMHS, which could have a big impact. The value of peer support was recognised, but the process of creating them is long and their own wellbeing needs must be protected. Not all those who start the process are able to continue, but where they are successful they can also help to change staff culture.

8 Thrive: Getting More Help – Stuart Lynch, CAMHS Manager, Dorset HealthCare University NHS Foundation Trust

The third stage of the Thrive model relates to the need for more intensive and longer-term support, in the community or as an in-patient. Services at this stage include:

- CAMHS and multi-disciplinary teams;
- The eating disorder service;
- Pebble Lodge (in-patient unit);
- Places of Safety, for those who need to be sectioned;
- Crisis support, which is provided within each of the CAMHS teams and includes Psychiatric Liaison Nurses working in hospitals and Out of Hours services.

Mental Health Support for Children & Young People: Inquiry Day

The current challenges and areas for development around getting more intensive help include:

- Young people needing to be placed outside Dorset – sometimes at considerable distance;
- A lack of suitable care on discharge from in-patient care;
- A lack of suitable places of safety at times of crisis;
- A lack of Tier 4 beds (PICU) and the challenges of building a new unit at Westbourne, next to Pebble Lodge;
- The need to develop evidence-based training pathways to include parent training;
- The out of hours services needs further development and there is a move towards a 24 hour service, with CAMHS in conjunction with the Psychiatric Liaison Service (it makes sense to do this as soon as possible);
- The need for more supported housing placements and appropriate care for young people on discharge.

Discussion points and questions included:

- A query as to the barriers to the proposed PICU: Stuart explained that proposals had gone through the first planning stage, and engagement had been undertaken with the local community. Some of the community were not happy about the plans, but the Trust (Dorset HealthCare) are keen to explain the current difficulties with accessing local placements and the level of need. The role of the County Council in helping the proposals to progress was questioned and Stuart noted that he would be happy to share the plans and that support from Councillors would be very helpful;
- A query as to why the Linden Unit in Weymouth could not be used for children and young people's in-patient care was raised. Elaine responded that the building would not be fit for the purpose and that most demand for the service is in the east of the County. In addition, co-location (with Pebble Lodge) is the best option, as it allows crisis staffing support;
- With regard to bed shortages, it was noted that young people may have to wait three months for in-patient care, and there is a need for flex in the system. In such situations consideration is given as to whether it is better to try to support the individual locally in the community or send them to an out of area placement. However, there may be barriers to local support and legal reasons why this may not be possible if the young person has been Sectioned;
- With regard to any language difficulties when young people from ethnic minorities are referred to services, Stuart advised that a translation service was available to staff;
- The 'Retreat' service, for those who self-identify as being in mental health crisis, is having a beneficial impact on adults who might have been subject to Section 136 admissions (although this service is not accessible 24 hours per day). It was suggested that it would be useful to see whether a similar service would be helpful for children and young people. It was agreed that open access models work well – and there might be existing networks such as youth centres that could act as hosts (rather than setting up something new). Dorset's conversion rate from Police contact to Section 136 admission is already low, so a Retreat system for young people (and their parents or carers) would be really beneficial;
- It was suggested that the 'Community Front Rooms' model recently implemented for adults could also be useful (informal drop-in facilities in non-medical settings);
- Boys and young men are known to be less willing to come forward to talk about problems. Stuart noted that there are no particular plans to tackle this separately, but that mental health workers are linked to schools generally. There is a need to shift the focus to places where it would be easier to talk to them. A project with AFC Bournemouth has been successfully engaging with young people and if it works well

then consideration will be given to further development. Other innovative opportunities will also be explored;

- Young people say that they don't always want talking therapies, so this can be a challenge: services may have to take a leap of faith and go against, for example, NICE Guidelines;
- Working with parents can also be challenging: sometimes they feel that they don't know what is going on, but confidentiality can be a barrier. Dorset HealthCare and the CCG have talked about parents' support groups, and at Pebble Lodge parents are invited in every six weeks. Once the young person is discharged parents often still want to attend for on-going support, and they could have a role as peer specialists too;
- One of the schools highlighted a parents' support group they have, which has its own What's App group. The school has also produced a directory of services;
- With regard to peer specialists and their individual futures, Nikita noted that she wouldn't want to be continually defined by her mental health experiences: we don't want to create 'professionally unwell' people, but this is a powerful role and helps people to work out what matters to them;
- A query was raised regarding young carers (of parents with mental health problems) and where services sit. Dorset Advocacy noted that they do not receive referrals for young carers. Claire noted that Children's Services do have a service for young carers, but this does not support everyone and some young people do not want support from the Council. Stuart advised that CAMHS are now part of Dorset HealthCare's 'Triangle of Care' programme, which aims to include all carers in discussions and decisions about the cared-for person (where appropriate);
- It was noted that a transitions team has recently been put together by Dorset County Council, including commissioners and practitioners, with a view to identifying gaps in services for young people. This will include step-down housing.

8 Thrive: Getting Risk Support – Claire Shiels, Assistant Director for Children's Services, Dorset County Council

Claire outlined the final Thrive stage, which incorporates the children and young people who can be the most challenging to support: those who do not wish to engage with services or, where they do engage, are not responding to the help and/or treatment being provided. This is a collective area of work for all agencies.

Circumstances which contribute to children and young people falling into this category include:

- They may not be in the right place or time to engage, for example due to inappropriate housing situations. (It was noted that this can be a particular issue for children in care);
- They may be in a period of acute illness and/or self-harming;
- They may have an emerging personality disorder, which can be difficult to diagnose;
- They may simply not be able to engage, despite trying.

Services include:

- An on-going assessment process and outcomes monitoring of treatment;
- Multi-agency working;
- Crisis management;

Mental Health Support for Children & Young People: Inquiry Day

The current challenges and areas for development around getting risk support include:

- The need for more workforce training to instil confidence in managing young people in this group;
- The need for shared responsibility and multi-agency risk plans;
- The need to better understand children and young people at risk from child sexual exploitation and criminal exposure.

Discussion points and questions included:

- A query about prison in-reach: Claire confirmed that the Youth Offending Team work with CAMHS. It was noted that there are high levels of suicides in prisons, particularly amongst young people, but that Children's Services, the CCG and Dorset HealthCare are talking jointly about this issue;
- With regard to severe mental illness and emerging personality disorder, a query was raised as to how services cope with this. Elaine responded that, historically, there had been a poor service and that the condition can attract stigma and blame. However, there are lots of different pieces of work going on and agencies now have a plan to take forward to ensure a better, more consistent service. Diagnosis of personality disorder can be difficult with younger people, and is rarely done before the age of 20 as it can be fluid and changeable. It may be better described as complex trauma. The management of this in childhood has improved, but there is scope for further improvement and, although formal diagnosis may not take place until the age of 20, treatment which is beneficial would be offered at an earlier stage. The Educational Psychology Service are currently working with a virtual schools network around complex trauma and have committed time to providing training;
- The role of schools was raised, in the context that they feel they are often asked to be the lead professionals in cases, but hold monthly multi-agency professionals' meetings to which other professionals fail to attend. The challenge to commissioners and providers is, if schools are asked to step in, how will the other agencies support them?
- Given that children grow up at different rates, how do services decide when to work with them? It was explained that mental health services are needs-based and individuals don't have to have a formal diagnosis. However, it was noted that some services, such as Welfare Benefits, do require a formal diagnosis, so this can be a problem;
- A query was raised as to why working with these children and young people and their families can be particularly challenging. It was noted that there can be difficulties in identifying the core and/or contributory factors, such as: social care, mental health, behavioural problems, schooling. The focus is on managing risk. A lot of work is going into transition planning at the moment, as this can be particularly complex. Transition planning should start at least 6 months prior to a move into Adult Services, although some young people stay with CAMHS for a longer period of time where appropriate;
- With regard to young people with a learning disability and mental health problems, a number of them would fall into the 'risk' category of Thrive. This can result in uncertainty as to which agency is best able to support the young person. One example of care where agencies frequently meet and reflect on the case is working well, but it is not clear whether this could be fully rolled out. The Safeguarding Children Board have discussed this issue and there is funding to invest in it.

9 Recommendations

Following the discussions around the four stages of the Thrive model, the attendees at the Inquiry Day reviewed the key concerns and what recommendations they might wish the Dorset Health Scrutiny Committee to consider within the report to be presented on 29 November 2018. Those recommendations will be circulated to key Dorset organisations with a role to play in supporting children and young people with mental health problems and their families, and are as follows:

- 1 Age should not be a barrier or hindrance to services and support:
 - Services must not forget children aged under 5 (or their parents and carers);
 - Young people must not be allowed to 'fall through the net' at the age of 18. Statutory organisations should consider whether we are asking young people with mental health problems to transition to Adult Services too soon, when they have particular vulnerabilities? (Children with learning disabilities already have the option not to transition until the age of 25, demonstrating that this is possible)
- 2 Members should challenge and lobby on behalf of children and young people to improve:
 - Access to welfare benefits and the removal of unreasonable restrictions;
 - The transport offer, particularly in rural areas, to enable young people to participate in activities and to access advice, help and support whenever they need it;
 - Joint working between commissioners and providers, to ensure shared priorities and best use of funds;
 - Support for planning applications where those applications relate to the development of new or enhanced facilities for mental health services.
- 3 The Health Scrutiny Committee should engage with young people on an on-going basis to ensure that their voice is heard.
- 4 Whole system resourcing should be developed to support a broader range of mental health support for children and young people, to include:
 - Youth services;
 - Preventative services and early intervention;
 - Models of support such as the Retreats and Community Front Rooms, which are being developed for adults and should also be considered for children, young people and their carers;
 - Educational support – for teachers, pupils and schools;
 - Specialist schooling, where necessary;
 - Access to training, including costs and materials;
 - Joint commissioning for complex cases.
- 5 Support for transgender children and young people should be improved, with particular reference to the need for further training of professionals and better communications between services.
- 6 Good communication must be maintained between agencies and service users, including:
 - A co-production approach to service development (learning from experience in adult mental health engagement);
 - Speaking to hard to reach groups and individuals;
 - Ensuring that professionals engage in multi-agency meetings.

Mental Health Support for Children & Young People: Inquiry Day

- 7 Mapping of community and voluntary sector resources that support children and young people's mental health and wellbeing should be undertaken, and the most effective way of doing this should be explored.
- 8 Councils and Councillors should be mindful of the consequences of their decisions on the mental health and wellbeing of children and young people. In particular, access to services needs to be facilitated at all times, by whatever means.
- 9 The use of technology should be developed where this would enable and encourage young people to engage with advice, help and services. This could include access to on-line resources for information and advice and Skype for appointments, where appropriate.
- 10 Parents and carers should have access to information about the care and support being provided to their child and be fully involved in decision-making, as appropriate. In addition, support for parents and carers themselves should be further developed.

Ann Harris, Health Partnerships Officer, Dorset County Council