



Mental Health Audit - North East Youth Providers 2018

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BACKGROUND

“Mental health and wellbeing is a significant public health challenge for Scotland which needs to be addressed if we are to ensure everyone in Scotland can thrive. Good mental health is profoundly important for growth, development, learning and resilience. It is associated with better physical health, positive interpersonal relationships and well-functioning, more equitable and productive societies”.¹

Mental health includes emotional, psychological and social well-being. It affects how we think, feel, act and how we handle stress, interact with others and deal with everyday life, from childhood through to the end of life.² Good mental health is vital in supporting positive outcomes for individuals, families, communities and society³ and mental health improvement is a national priority. Every year 1 in 10 young people experience a mental health problem and over three quarters of mental health problems have their onset by the age of twenty.⁴ Young people from low income families are more likely to experience mental health problems than those from higher income families.⁴

This audit firmly fits in with both national and local strategy. The *Scottish Government’s Approach to Mental Health from 2017-2027 – a 10 Year Vision*⁵, is a national overarching strategy driving the work on mental health. Point 8 focuses on the importance of ‘*work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children’s mental health and wellbeing*’.

There is ‘*A 5 Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde (2018-23)*’ which is a key driver for mental health. The Mental Health Improvement and Early Intervention Framework (2012) addresses Children and Young People’s mental health. The 6 key components of the Framework are used to guide work across these areas and they must work together to ensure the best outcome for children and young people.

¹ <https://www.gov.scot/publications/scotlands-public-health-priorities/pages/6/>

² <https://www.nhsinform.scot/healthy-living/mental-wellbeing>; 2019

³ NHS Health Scotland (2016), *Good Mental Health For All*. Edinburgh: NHS Health Scotland

⁴ <https://www.nhsinform.scot/healthy-living/mental-wellbeing>; 2019

⁵ Scottish Government (2017), *Mental Health Strategy 2017 – 2027. The Scottish Government’s Approach to mental Health from 2017-2027 – a 10 Year Vision*. Edinburgh: Scottish Government

The Mental Health Improvement and Early Intervention Framework⁷

<p>One Good Adult</p> <p>A dependable adult to support and protect mental health.</p> <ul style="list-style-type: none"> • Attachment (parenting) • Mentoring (mentoring, guidance, befriending) 	<p>Resilience in Schools</p> <p>Whole school approach to mental health and well-being – a nurturing environment that builds emotional literacy</p>	<p>Resilience in Communities</p> <p>Strong network of youth services building achievement and skilled to support and intervene</p>
<p>Guiding Thru the Service Maze</p> <p>Children, families and young people have a range of support options for early intervention and can be helped to find their way to appropriate help quickly</p>	<p>Distress, Self Harm and Suicide Prevention</p> <p>Frontline staff are confident to intervene and help young people in situations of distress</p>	<p>Peer Help and Social Media</p> <p>Build opportunities for peer help and positive use of social media – given that young people often turn to peers and the internet for help</p>

The audit also fits in with;

Youth Worker Outcomes⁸

'Young people are confident, resilient and optimistic for the future. Young people manage personal, social and formal relationships. Young people broaden their perspectives through new experiences and thinking'

National Health and Wellbeing Outcomes⁹

'People are able to look after and improve their own health and wellbeing and live in good health for longer. Resources are used effectively and efficiently in the provision of health and social care services'

Public Health Competences¹⁰

B2.1 Influence and co-ordinate other organisations and agencies to increase their engagement with health and well-being, ill-health prevention and health inequalities

⁷ NHS Greater Glasgow and Clyde (2012). *Mental Health Improvement and Early Intervention Framework*. Glasgow: Scotland

⁸ <https://www.youthlinkscotland.org/policy/youth-worker-outcomes/>

⁹ <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

¹⁰ NHS Scotland (2017). *Public Health Skills and Knowledge Framework*. Edinburgh: Scotland

B2.5 Connect communities, groups and individuals to local resources and services that support their health and wellbeing

C1.1 Act with integrity, consistency and purpose and continue my own personal development

PURPOSE OF AUDIT

This report discusses the mental health audit of youth providers in North East Glasgow. It was undertaken by Jennifer Johnstone (Health Improvement Senior, North East Health Improvement Team, Glasgow City Health and Social Care Partnership) between September and November 2018.

The aim of the audit was for Health Improvement to gather information from youth provider staff relating to the;

- Youth provision and what it provides for young people
- Mental health tier(s) under which young people are supported and youth providers' awareness of the mental health tiered system
- Services that young people are referred to (including those specific to mental health)
- Mental health issues which affect the young people accessing their service
- Resources and activities used to promote positive mental health and resilience
- Mental health training accessed by staff in the last 2 years

And whether;

- There is a written mental health policy for young people/staff and in relation to mental health
- Young people are involved in service development in relation to mental health
- Any health improvement support is required in relation to mental health

METHODOLOGY

Research was undertaken in August 2018 by Jennifer Johnstone. It included; an analysis of previous mental health audits undertaken by the North East Health Improvement Team (2015,

2017), as well as the annual '*Towards Schools Mental Health Audit*' (2017)¹¹, which was undertaken across all educational establishments in Glasgow City, by the Principal Psychologist from Glasgow City Council.

A 12-question face-to-face questionnaire (*appendix 1*) was then created, using a combination of quantitative and qualitative questions taken from previous Schools Audits and North East Youth Provider Audits. A few additional questions were asked and where quantitative, respondents were presented with a selection of pre-written responses and were encouraged to provide further information. The face-to-face nature of interviewing aimed to provide an opportunity for further, more detailed discussion.

The distribution list for the Glasgow North East Strategic Youth Alliance (GNESYA), an alliance of 75 youth providers in North East Glasgow, who collaborate to support the development of services for young people, invited participants to undertake the audit. It included a wide variety of services (list not exhaustive) of respite, uniformed services (e.g. Girl Guides), counselling services, schools, carers organisations, churches, community councils as well as youth providers that provide youth drop-ins, clubs etc. Four organisations providing youth provision from the Barmulloch and Balornock Initiative (BBI) were also invited to participate. A total of 79 youth providers were approached by email, telephone or at GNESYA hub cap meetings. Of those who did not respond, no reason was provided.

In early September, the first of three emails was sent to youth providers to participate, along with follow-up phone calls. A second email was sent in mid September with follow-up phone calls and a final email reminder was sent at the end of October. It was also verbally promoted through hub cap meetings. The aims of the audit were explained and that it fitted in with both local and national policy. They were requested to identify the most appropriate staff member(s) to undertake the audit, someone who had a good understanding of all aspects of the service. A 45 minute face-to-face meeting was then arranged, during which, 12 questions were asked. The interviews were conducted between mid October and mid November. The responses were noted and once typed up; the information was emailed to the respondent to check for accuracy and they were asked to share the questionnaire with any other relevant staff. It was then returned to the North East Health Improvement Team, where the information was collated for

¹¹ Glasgow City Council (2017). *Towards a Nurturing City Schools Audit*. Glasgow: Scotland

the purpose of this report.

The audit also provided a valuable opportunity to promote health improvement information to youth providers, relating to mental health and the wider health improvement agenda. This included; Weigh 2 Go, Bite Sized Mental Health Event, mental health information, the Mental Health Referral Pathway, tobacco cessation and the Sandyford service. Some youth providers were aware of this information, however, others were not. They were encouraged to share with their staff and to display information within their youth services.

DISCUSSION

22 youth providers participated in the audit, a response rate of 30%. This was a significant increase from previous years, where it was under 12%. It was conducted over a 2 month period, where earlier audits were undertaken over a longer timescale. This was due to Health Improvement staff availability, time restrictions and competing workstreams.

Of the youth providers who participated, the majority had participated in previous audits, while others had participated in the audit for the first time.

12 questions were asked, more than in previous audits. This was due to some questions being taken from the Schools Audit and some new questions were added. The majority of those interviewed were the Manager/Coordinator of the service (80%), while 5% was a different member of staff and 15% included both the Manager and another member of staff. There was a positive response from respondents, they had a good understanding of their service, except in some cases where they came from very large organisations and did not have all the information. They viewed the audit very positively and were very supportive in terms of what youth services could do to improve children and young people's mental health. In terms of geography, most services covered the North East, however, some also worked across the North West, some were Glasgow-wide and others were Scotland-wide. The majority of services provided youth club provision, while many used arts/drama, provided sports based activities, holiday clubs, homework clubs and outdoor activities.

QUESTIONS

WHICH MENTAL HEALTH TIER(S) BEST DESCRIBES YOUR SERVICE?

Respondents were asked if they were aware of the tiered approach towards mental health. The majority stated that they were aware that there were different tiers of intervention, but overall, when prompted to explain the tiers, they had very limited knowledge of what each tier described. They were then shown the tiered framework which provided a description of each tier and asked to state which tier best described their service.

Tier 1

Universal services consisting of all primary care agencies including general medical practice, school, nursing, health visiting and schools

Tier 2

A combination of some specialist Child and Mental Health (CAMH) services and some community-based services including primary mental health workers

Tier 3

Specialist multidisciplinary outpatient CAMH teams

Tier 4

Highly specialist inpatient CAMH units and intensive community treatment service

95% stated *Tier 1* and responses included;

- Having personal development programmes (including those based on emotional literacy principles)
- Support for volunteers
- Work with support partners
- Training staff in Scotland's Mental Health First Aid (SMHFA) and SMHFA Youth

41% stated *Tier 2* and mentioned the use of arts therapies, work with other organisations e.g. GEEZABREAK, one-to-one counselling support and supporting young people with emotional and mental wellbeing. No organisations stated *Tier 3* or *4*. This was expected as only specialist services operate at this level.

WHAT SERVICES/AGENCIES WOULD YOUR SERVICE REFER CHILDREN AND YOUNG PEOPLE TO?

Respondents were provided with a list of 39 agencies and asked to state whether their service referred their young people (never/occasionally/regularly). Some of these were agencies providing various services while others provided specific mental health support. By combining 'occasionally' and 'regularly' to highlight *any* use of the service, the most popular referrals were to:

Social Work Services	86%
Jobs and Business Glasgow	72%
Women's Aid	72%
Housing Associations	67%
Possibilities for Each and Every Kid (PEEK)	62%
GEEZABREAK	62%
Young People's Counselling	62%
Lifelink	61%

In terms on **non-referral** to agencies, the highest were Penumbra (91%), where the majority of respondents did not know about the service. Move on Mentoring (86%), Hospice Counselling (86%), Saheliya (86), homeless charities (82%), Notre Dame Centre (82%), React Relationships Scotland (82%) and Marie Curie Hospice (82%) were also agencies which youth providers did not refer to. The specialist/specific nature of these services may have been the reason for this.

WHAT MENTAL HEALTH ISSUES AFFECT THE YOUNG PEOPLE WITHIN YOUR SERVICE?

Respondents were provided with a list and asked to select as many choices as they wished. These included; *depression, body image, loss and bereavement, anxiety, domestic abuse eating disorder, suicide, relationship issues, gender identity, sexuality, exam stress* and *other*. All responses were selected and each had a response rate of between 70 and 95%. The most frequent responses included;

Bullying	95%
Stress	91%
Anxiety	95%
Stress	91%
Body Image	91%
Self Harm	86%
Depression	86%
Trauma	86%
Exam Stress	86%
Domestic Abuse	82%

Lifelink, which is a charity and social enterprise offering one-to-one counselling, stress management and group work across Glasgow and Scotland, provides annual reports which provide data on children and young people's presentation of a mental health issue. Lifelink's North East Glasgow results were very similar to those of this audit. Children and young people most frequently presented with anxiety/stress (15%). Anger (11%), depression/low mood (10%), family (9%) and self esteem (9%). This data was similar across the city.

WHAT ACTIVITIES/MEDIA DO YOUR SERVICE USE TO PROMOTE RESILIENCE AND SUPPORT THE POSITIVE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE?

Respondents were asked to state what activities/media their service used to promote young people's mental health included;

Groupwork	95%
Work with parent/carers	73%
Work with families	73%
Drama	73%
National Awards	73%
Peer Education	68%
Training	68%
Mentoring Support	55%

45% and below stated; homework clubs and that they currently provide or would provide a space within their premises for counsellors/services to meet young people. One quarter of respondents stated that their service provided a counselling service (some formal and informal and opinions on what constituted a counselling service varied greatly). Initiatives e.g. the Holiday Hunger Programme were mentioned along with specific training required around anti-bullying and alcohol awareness.

DOES YOUR SERVICE USE ANY OF THE FOLLOWING RESOURCES TO SUPPORT THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE?

When asked to state which resources their youth services accessed and utilised, the most popular was the Training Calendar (75%) managed by North East Health Improvement Team. This provides free of charge training to anyone living, educated, working or volunteering in North East Glasgow. It provides various training courses relating to mental health and other topics. Respondents were asked if they were aware of it, knew how to access it and if they were not on the mailing list and wished to, their name was added.

59% stated that they were aware of the Resource Library (a range of interactive health resources) managed by Fuse, a youth provider in the North East. This was previously managed by the North East Health Improvement Team; however it was passed to Fuse several years ago. While the majority had some awareness of the resource and/or had used it, 41% were unsure how to access it and had not seen it promoted.

For mental health-specific resources, the most popular was the use of *'Aye Mind'*, an online mental health tool (32%). 27% stated using the Positive Mental Attitudes Pack, however it was unclear what they were referring to; a pack or alternatively the concept of promoting *'positive mental attitudes'*.

DOES YOUR SERVICE HAVE A WRITTEN MENTAL HEALTH POLICY OR GUIDANCE ON HOW YOU SUPPORT THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE?

Respondents were then asked to state whether their youth service had a written mental health policy or guideline. An overwhelming 90% did not have one, while one did and would be willing to share with partners. One was unsure. While *'mental health'* was mentioned in their service handbooks, 81% stated that their service would be interested in having a written policy or guideline and that they believed in the importance of having one. All respondents were aware that their service had a Child Protection Policy, while some mentioned Equal Opportunities Policies, Stress Policies and Safe Guarding documents. While this was positive, it is unsure whether youth providers fully understood the purpose and importance of having a policy specific to mental health.

DO YOU INVOLVE CHILDREN AND YOUNG PEOPLE IN DEVELOPING YOUR SERVICE IN RELATION TO MENTAL HEALTH?

95% of youth services involved children and young people in the overall service development, which included mental health. Some examples included; youth consultation, youth led sessions, young people leading on pieces of funded work, involvement in the *'Investors in Young People'* Award and services responding to young people's needs.

WHAT MENTAL HEALTH TRAINING HAS YOUR STAFF RECEIVED IN THE LAST TWO YEARS?

Respondents were asked to highlight any mental health specific training which they or their staff had attended within the last 2 years. The most popular was Scotland's Mental Health First Aid Youth (SMHFA Youth) (77%), followed by Scotland's Mental Health First Aid (SMHFA) (64%). Comparing this audit to the Schools Audit, a significantly lower percentage (11%) of teachers accessed SMHFA Youth than youth workers. 1 in 2 of the respondents stated that they or their staff had attended Emotional Literacy (55%), compared with 39% of teachers. The NEHIT offers 6 SMHFA and 10 SMHFA Youth courses annually with one of these youth courses being offered through Continued Professional Development (CPD) Manager.

While the training calendar is available to teachers, there are few on the mailing list. It may be that there are fewer spaces than required on CPD Manager for teachers to access. There are

no equivalent mental health courses available.

Other training which youth workers access the most is Mindfulness (55%) and SafeTALK (50%). Respondents were unsure who provided these courses and whether it was a session or a training course. Between 9% and 41% of responses included; Making Young People Equally Safe, Applied Suicide Intervention Skills Training (ASIST), Loss and Bereavement, Seasons for Growth, Stress Management and Child Sexual Exploitation. As only one respondent per service commented on training, they were answering on behalf of themselves as well as their colleagues. For this reason, the results may be inaccurate. To increase representativeness, however, respondents were asked to share their responses with their colleagues and add additional information. This being done varied between youth services.

DOES YOUR SERVICE HAVE ANY GAPS WHICH HEALTH IMPROVEMENT COULD HELP WITH?

82% felt that their service already benefitted and/or would benefit from support from the North East Health Improvement Team. While 18% did not, they stated that they knew how to access the NEHIT if required. The majority of comments in favour of the NEHIT support included having positive partnership working and valuable links for training, via the North East Training Calendar. Some stated the need for training around self harm and body image specifically. Training on self harm is offered in the North East, with four community places offered.

SUMMARY

This report has highlighted the key findings from the Mental Health Audit undertaken in North East of Glasgow with 22 youth providers and it provides a snapshot. It had a higher response rate than previous audits and while one member of staff completed the audit, there was the opportunity to gain further information from colleagues. While some took advantage of this, others did not. It highlighted some useful information including; service provision, their understanding of the mental health tiered system, the tier(s) at which their services operate, the services they refer to, the mental health issues that affect the young people they work with and

the activities and resources they use to promote positive mental health with young people. It also provided information on whether services used a written mental health policy and gauged their interest in having one. It also asked about the involvement of young people in service development and staff training undertaken/needs. Furthermore, it links the findings of this audit to other sources, e.g. Lifelink, Schools Audit. It is clear that youth providers are interested in, understand the importance of, and support the need for, children and young people's mental health improvement.

RECOMMENDATIONS

1. Identify an appropriate platform for the information from this audit to be disseminated
2. Improve youth providers' understanding of mental health through promotion of Healthy Minds (a free awareness raising resource to support implementation of the NHSGGC mental health frameworks).
3. Provide support on how to develop a mental health policy/guidance
4. Present audit findings at appropriate local forums, e.g. GNESYA hub caps, Child and Youth Mental Health Improvement Group and the Mental Health Task Group (short term working group established from the Glasgow City Youth health Review)
5. Provide FUSE (who manage the Resource Library) with information from the audit which relates to its access and promotion
6. Continue to promote the North East Training Calendar and increase the distribution list
7. Source further self harm training and offer via the Training Calendar
8. Continue partnership working between North East Health Improvement Team and youth providers
9. Undertake a mental health audit within 12-24 months

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