Stockton-on-Tees
BOROUGH COUNCIL

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People Select Committee

Scrutiny Review of Mental Health and Wellbeing including Suicide and Self-Harm

Final Report

July 2018

People Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
Church Road
Stockton-on-Tees
TS18 1LD

Contents

Select Committee - Membership

Councillor Mrs Jean O'Donnell (Chair)
Councillor Louise Baldock (Vice-Chair)
Councillor Sonia Bailey
Councillor Gillian Corr
Councillor Elsi Hampton
Councillor Stefan Houghton
Councillor Barbara Inman
Councillor Eileen Johnson
Councillor Mick Moore

Acknowledgements

The Committee would like to thank the following people for contributing to its work:

- Cllr Di Hewitt (Elected Member and former Committee Member) - SBC
- Cllr Mrs Sylvia Walmsley (Elected Member and former Committee Member) - SBC
- Cllr Jim Beall (Elected Member and Health and Wellbeing Board Chair) - SBC
- Cllr Ann McCoy (Elected Member, Health and Wellbeing Board Vice-Chair and TEWV Governor) - SBC
- Ann Workman (Director of Adults and Health) - SBC
- Martin Gray (Director of Children's Services) - SBC
- Sarah Bowman-Abouna (Director of Public Health) - SBC
- Jane Smith (Early Intervention Manager, Public Health) - SBC
- Aishah Waithe (Projects & Partnerships Officer, Public Health) - SBC
- Diane McConnell (Assistant Director, Schools and SEN) - SBC
- Rhona Bollands (Assistant Director, Safeguarding and Looked After Children) - SBC
- Melanie Douglas (Service Manager, Fieldwork and Assessment) - SBC
- Tanya Evans (Youth Offending Team & Targeted Support Team Manager) - SBC
- Jill Anderson (Service Manager, Early Help) - SBC
- Mandie Morris (Team Manager, Early Help) - SBC
- Rob White (Future in Mind (FiM) Transformation Lead) - SBC
- Gemma Quinn (Deputy Manager, STEPs) - SBC
- Andy Whitehouse (Deputy Manager, STEPs) - SBC
- Jo Heaney (Head of Commissioning and Strategy) - HaST CCG
- Nicola Childs (Commissioning Lead - Children) - HaST CCG
- Kayode Adeboye (Consultant in Emergency Medicine) - NTHFT
- John Barnard (Service Lead, Crisis, Liaison and Home Treatment) - TEWV
- Mita Saha (Team Manager, CAMHS Crisis and IHT Team) - TEWV
- Jane King (Acting Head of Service) - TEWV (Adult Mental Health Service)
- Clare Mahoney (Deputy Headteacher and Designated Safeguarding Lead) - St Michael's Catholic Academy
- Paul Plows (Assistant Headteacher and Director of Care, Support & Guidance) - Conyers School
- Sarah Ross (Service Manager) - Middlesbrough & Stockton Mind
- Neil Craig (Teesside Director) - Samaritans
- Tracey Hamilton (Trust Manager) - Eastern Ravens Trust
- Gary Pollard (Chief Executive) - Men Tell Health
- Katie Bannister (Tees Suicide Prevention Co-ordinator) - Tees Suicide Prevention Taskforce
- Pauline Beall (Business Manager) - SLSCB
- Ann Baxter (Independent Chair) - TSAB

Contact Officer

Gary Woods (Scrutiny Officer)
Tel: 01642 526187
E-mail: gary.woods@stockton.gov.uk

Foreword

On behalf of the People Select Committee, we are pleased to present the final report and recommendations following our review of Mental Health and Wellbeing including Suicide and Self-Harm.

Mental health is such a vast area to look at, and this review is but a small piece of work in the context of the current local, regional, national and even international focus that the issue of mental health is receiving. The Committee's work in relation to this topic has been very challenging, not least because this is something which touches each and every one of us to varying degrees. We have received evidence which has been, at times, very difficult to hear due to the subject matter, but encouragingly, we have also gained an insight into the huge efforts being made to improve mental health and wellbeing for the Borough's young people.

We are extremely grateful for the vital contributions of all of those who provided evidence as part of this review, and would like to take this opportunity to applaud the endeavours of organisations and individuals across all sectors who have made, and continue to make, a positive difference in the lives of children and young adults across the Borough. We hope that this report can also go some way to helping our young people in the world today.

Cllr Mrs Jean O'Donnell
Chair
People Select Committee

Cllr Louise Baldock
Vice-Chair
People Select Committee

Original Brief

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2016-19 Themes and Objectives:

Children and Young People
- Ensure children and young people are safe and feel safe

Health and Wellbeing
- Address ill health prevention

What are the main issues and overall aim of this review?

Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. Evidence from the last few years states that the foundations for good mental health are laid down from an early age and indeed during pregnancy.

Mental ill-health is common with a significant impact on individuals, their families and the whole population. One in four people will experience mental health problems at some point during their life. 22.8% of burden of disease in UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (*WHO 2008)*.

The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (*Joint Strategic Needs Assessment – Stockton, January 2016)*.

The rates of suicide and self-harm in Stockton-On-Tees, and child admissions for mental health related conditions is also statistically higher than the national average. Services have described more incidents of poor mental health in children and young people and also described the increased complexity of the child's lifestyles (CYP Mental Health Needs Assessment 2015).

In 2015, the total suicide rate for Stockton-on-Tees (all ages) was 13.6 persons per 100,000 people. This placed the area at 136 out of 147 Local Authorities, with the 147th area (Middlesbrough) having the highest rate (PHE).

Deaths under the age of 15 are never officially designated as suicide due to possibility of accident, and the numbers in young females are too low to provide estimates/comparisons. In relation to males aged 15-34 for the period 2010-2014, Stockton was 10th out of 12 North East areas, with 12th being the lowest.

The causes of mental illness are extremely complex – physical, social, environmental and psychological causes all play their part. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established *(JSNA)*.

Bereavement has been identified by Children's Services as driving behaviour and potential issues within families. The impact of an incidence of suicide on other young people has also been identified as an issue.

There are a range of key risk factors which are correlated with a higher incidence of self-harm and / or suicide in young people and young adults e.g. parental separation,

bereavement, self-harm by someone close to them, low self-esteem. These factors also impact on broader outcomes such as educational attainment.

This review will focus on the age group 14-25 and check how good mental health is being promoted and ill-health prevented, with a particular focus on preventing and mitigating the key risk factors for suicide and self-harm which may manifest themselves in this age group and in later life.

The Committee will undertake the following key lines of enquiry:

In relation to promoting good mental health and preventing mental ill-health through a focus on reducing and mitigating the impact of the key risk factors for self-harm and suicide:

- What are the key issues in Stockton-on-Tees? What is the identified need?
- What is the wider policy context and what is the potential impact of the Government announcements in January 2017?
- What local plans are already in place (e.g. Tees Suicide Prevention Strategy)?
- What are the roles and responsibilities of the Council and NHS partners?
- What work is undertaken across this age group to a) promote good mental health and b) prevent ill-health?
- What work do local, universal service providers (e.g. schools and colleges) undertake to promote good mental and emotional health in young people/young adults?
- What support is in place for young people affected by issues such as suicide and bereavement?

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

The review will consider the scope and effectiveness of current services, and make recommendations for improvement.

1.0 Executive Summary

1.1 This report outlines the findings and recommendations following the People Select Committee's scrutiny review of Mental Health and Wellbeing including Suicide and Self-Harm.

1.2 Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. A growing evidence base reinforces that the foundations for good mental health are laid during pregnancy and the first years of a child's life, the impact of which can last across the life-course.

1.3 Mental ill-health is common, with a significant impact on individuals, their families and the whole population. One in four people will experience mental health problems at some point during their life, and one in ten children aged 1 to 15 years have a mental health problem. 22.8% of the burden of disease in the UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (*WHO, 2008*).

1.4 The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (*Joint Strategic Needs Assessment (JSNA) – Stockton, January 2016*).

1.5 Self-harm is increasing nationally, and suicide is the leading cause of death among young people aged 20-34 years in the UK, with nearly four times as many men dying as a result of suicide compared to women. The rates of suicide and self-harm in Stockton-on-Tees are statistically higher than the national average. Services have described more incidents of poor mental health in children and young people, and also described the increased complexity of children and family lifestyles (*CYP Mental Health Needs Assessment, 2015*).

1.6 The causes of mental illness are extremely complex – physical, social, environmental and psychological causes all play their part. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established (*JSNA*).

1.7 The main focus for this review was to establish how well mental health is being promoted and ill-health prevented in relation to the age group 14-25, with a particular focus on preventing and mitigating the key risk factors for suicide and self-harm (e.g. parental separation, bereavement, self-harm by someone close to them, low self-esteem) which may manifest themselves in this age group and in later life.

1.8 The Committee found that, whilst a large number of organisations within the Borough are involved in promoting good mental health and preventing mental ill-health, frequent concerns were expressed around the current levels of resources available to provide services. Although the willingness to engage with people who are exhibiting mental health issues is clearly evident, NHS mental health spend as a proportion of the overall health budget does not address this demand. In order to ensure true 'parity of esteem' with physical health, funding needs to better reflect the increasing prevalence of people with a mental health issue, with a greater proportion directed at universal services and lower-level support.

1.9 Although this review focused on the 14-25 year-old age-range, it soon became apparent that this was a difficult group to isolate. The Committee noted that half of all mental health problems manifest by the age of 14 (with over 75% emerging by the age of 20), and those contributing to the review from an adults' perspective were often involved with a slightly older cohort (30+).

1.10 Consistently strong messages around prevention and early intervention were heard, and the Committee were assured that this was a vital consideration in the work of key local stakeholders. Both the Clinical Commissioning Group (CCG) and Public Health should continue to build on this prevention focus, working with partners to increase the ability for issues around mental health and wellbeing to be addressed as early as possible.

1.11 There are a large number of organisations providing mental health services locally, and it is important that the range of services that each provides, and the referral pathways into them, are clear to children, young people and their families, and to the workforce which supports them. The Committee heard that, too often, people report that they do not know where to go – mapping of services (level / type) across the Borough and pathways to accessing help (including when is the best time to approach them) should be regularly undertaken and made easily available in a variety of ways.

1.12 Some excellent examples of school mental health provision were provided, and the importance of pastoral support cannot be underestimated in light of the findings of the local Safeguarding Pupil Survey undertaken in 2016 and the ever-present academic pressures that students have to deal with. The government wants every school and college to have a designated lead in mental health by 2025, but this should be in place much sooner due to the significant mental health issues being identified. Crucially, students need to have (and be aware of) options around who to talk to if they have concerns about their own mental health and wellbeing so that any problems can be addressed early, and schools need to ensure that appropriate space is available so their students can talk confidentially when required.

1.13 Providing variety around how support is offered was frequently discussed, particularly the balance between face-to-face and online services. The differences between what support males and females may prefer was also outlined, and the fact that men continue to be deemed a harder to reach group, and are perceived to be less likely to seek out help, suggests that more thought is required around how to engage them with support services, and how to provide the right space for them to talk.

1.14 The Committee recognised the importance of building capacity and capability within the wider workforce (not just specific health-related organisations) to increase early identification of mental health issues, appropriate signposting and onward referral where appropriate. Reducing the stigma associated with mental health is central to this, and the Committee acknowledged the social marketing campaign planned for the forthcoming year as part of the all-age mental health strategy implementation.

Recommendations

The Committee recommend that:

The Council will:

1) **Lobby government for increased mental health funding as a percentage of the total NHS budget, with more targeted towards universal services and lower-level support.**

2) **Adopt the Prevention Concordat for Better Mental Health, and encourage other local stakeholder organisations to also commit to this.**

3) **Ensure that existing service directories contain up-to-date and accurate information on local and national sources of support and the promotion of good mental health.**

4) **Arrange for the recommendations from this scrutiny review report to be shared with the Adult Social Care and Health Select Committee.**

Health and Wellbeing

5) **HaST CCG, Public Health and Catalyst (the strategic infrastructure organisation for the Borough committed to providing an effective voice, representation and support for the voluntary, community and social enterprise sector) work together to facilitate co-operation between Voluntary Sector providers of mental health services.**

6) **HaST CCG and Public Health use existing communication channels (e.g. Time Out sessions) to increase GP practice staff awareness of local mental health services in addition to those offered by TEWV CAMHS.**

7) **HaST CCG provide an update to the People Select Committee on the progress, and any subsequent outcomes, of the CAMHS service review to enable the impact on wider children and young people's services to be understood.**

8) **The development of a panel to plan for the transition of children and young people from CAMHS to Adult Mental Health Services be endorsed, and the People Select Committee receive an update from TEWV following initial roll-out.**

Education

9) **Every local school and college be strongly encouraged to have a designated lead in mental health in advance of the government target of 2025.**

10) **Further work be undertaken to understand the level of spend by schools on counselling and therapeutic services, as part of the Future in Mind transformation programme.**

Recommendations (continued)

The Committee recommend that:

11) **Good practice on mental health promotion and support be shared across and between educational establishments, including the learning from the recent secondary school emotional health and wellbeing pilot programme.**

12) **Results of the ongoing Safeguarding Pupil Survey 2018 be fed back to the People Select Committee, including comparisons to the 2016 survey results.**

2.0 Introduction

2.1 This report outlines the findings and recommendations following the People Select Committee's scrutiny review of Mental Health and Wellbeing including Suicide and Self-Harm.

2.2 The main focus for this review was to establish how well mental health is being promoted and ill-health prevented in relation to the age group 14-25, with a particular focus on preventing and mitigating the key risk factors for suicide and self-harm (e.g. parental separation, bereavement, self-harm by someone close to them, low self-esteem) which may manifest themselves in this age group and in later life.

2.3 The Committee took evidence from a wide range of key local stakeholders including:

- Health and Wellbeing Board
- Local Authority
  - Public Health
  - Children's Services
  - Adult Social Care
- Health
  - Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG)
  - North Tees and Hartlepool NHS Foundation Trust (NTHFT)
  - Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)
- Secondary Schools
- Voluntary Sector
  - Middlesbrough and Stockton Mind
  - Samaritans
  - Eastern Ravens Trust
  - Men Tell Health
- Tees Suicide Prevention Taskforce
- Safeguarding Boards
  - Stockton-on-Tees Local Safeguarding Children Board (SLSCB)
  - Teeswide Safeguarding Adults Board (TSAB)

2.4 The Committee reviewed existing feedback from a number of sources including the Children and Young People and Adults Mental Health Needs Assessments, CCG-trained Peer Researchers findings on the use of Digital Technology for the Emotional Wellbeing and Mental Health of Young People, and the Safeguarding Pupil Survey 2016.

2.5 Usually a topic of this nature would have been considered by the Adult Social Care and Health Select Committee, however, scrutiny work programme pressures meant that this review was undertaken by the People Select Committee. As such, there will be a requirement for future cross-Committee work to ensure that the recommendations included in this report are progressed.

2.6 It should also be noted that a number of variations in relation to the term 'mental health' have been used throughout this report (e.g. mental health issues / concerns / problems), reflecting the terminology used by contributors to this review.

3.0 Background

> *'Mental Health is now recognised as being profoundly important to growth, development, learning and resilience. It protects from the impact of life's stresses and traumatic events, and enables the adoption of healthy lifestyles and management of long-term illness. It is associated with better physical health, positive relationships and socially healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.'*
>
> (Better Mental Health for All, 2015)

3.1 Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. A growing evidence base reinforces that the foundations for good mental health are laid during pregnancy and the first years of a child's life, the impact of which can last across the life-course.

3.2 Mental ill-health is common, with a significant impact on individuals, their families and the whole population. One in four people will experience mental health problems at some point during their life, and one in ten children aged 1 to 15 years have a mental health problem. 22.8% of the burden of disease in the UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (*WHO, 2008*).

3.3 The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (*Joint Strategic Needs Assessment (JSNA) – Stockton, January 2016*).

3.4 Self-harm is increasing nationally, and suicide is the leading cause of death among young people aged 20-34 years in the UK, with nearly four times as many men dying as a result of suicide compared to women. The rates of suicide and self-harm in Stockton-on-Tees are statistically higher than the national average. Services have described more incidents of poor mental health in children and young people, and also described the increased complexity of children and family lifestyles (*CYP Mental Health Needs Assessment, 2015*).

3.5 In 2015, the total suicide rate for Stockton-on-Tees (all ages) was 13.6 persons per 100,000 people. This placed the area at 136 out of 147 Local Authorities, with the 147th area (Middlesbrough) having the highest rate (*PHE*). Deaths under the age of 15 are never officially designated as suicide due to possibility of accident, and the numbers in young females are too low to provide estimates / comparisons. In relation to males aged 15-34 for the period 2010-2014, Stockton was 10th out of 12 North East areas, with 12th being the lowest.

3.6 The causes of mental illness are extremely complex – physical, social, environmental and psychological causes all play their part. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established (*JSNA*).

3.7 Bereavement and loss has been identified by Children's Services as driving behaviour and potential issues within families. The impact of an incidence of suicide on other young people has also been identified as an issue.

3.8 Over 75% of all mental health problems have emerged by the age of 20, and 72% of people who commit suicide were unknown to mental health services.

3.9 A number of national policy drivers have attempted to shape these complex issues, including:

- Healthy Lives, Healthy People (2010)
  - Life-course approach to improving mental health and wellbeing
  - Need to address inequalities across the life-course
  - Focus on best start in life
  - Highlights the potential cost saving of improving mental health
- No Health Without Mental Health (2011)
  - More people with good mental health
  - More people with mental health conditions recover
  - More people with mental health problems have good physical health
  - More people with a positive experience of care and support
  - Fewer people will suffer avoidable harm and stigma
- National Suicide Prevention Strategy (2012)
  - Reduce the risk of suicide in high-risk groups
  - Tailor approaches to improve mental health in key groups
  - Reduce the means of suicide
  - Provide better support to those bereaved or affected by suicide
  - Support the media in approaches to dealing with suicide and suicidal behaviour
- Future in mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing (2015)
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support – a system without tiers
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce
  - Requirement for development of local Transformation Plans

- Five Year Forward View for Mental Health (2016)
  - 7-day support at the right place and right time
  - Integrated mental health and physical health approach
  - Preventing poor mental health and promoting good mental health

3.10 In January 2017, the Prime Minister, Theresa May, announced a package of measures to improve mental health support at every stage of a person's life, with an emphasis on early intervention for children and young people – this would include teachers in every school being offered mental health first-aid training, and better support to be made available within the workplace. (https://www.gov.uk/government/news/prime-minister-unveils-plans-to-transform-mental-health-support).

Ways for schools and colleges to support pupils' mental health were set out in a green paper, Transforming children and young people's mental health provision (December 2017), as well as plans for new mental health support teams (https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper).

Online Suicide Prevention: A Pro-active Strategy for Government and the Internet Industry was published in January 2018.

3.11 A recent Young Minds (#FightingFor) report (2018) highlighted the following mental health statistics:

- 1 in 10 children have a diagnosable mental health disorder – that's roughly 3 children in every classroom.
- 1 in 5 young adults have a diagnosable mental health disorder.
- Half of all mental health problems manifest by the age of 14, with 75% by age 24.
- Almost 1 in 4 children and young people show some evidence of mental ill health (including anxiety and depression).
- Suicide is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age.
- 1 in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys.
- Only 9% of young people and 6% of parents reported that they had found it easy to get the support they needed. 66% of young people and 84% of parents reported they had found it difficult.
- Only 6% of young people and 3% of parents agreed that there is enough support for children and young people with mental health problems. 81% of young people and 94% of parents disagreed.

3.12 It is widely reported that mental health conditions account for around 23% of the burden of ill-health in the UK, but just approximately 13% of NHS spending.

4.0 Findings

Health and Wellbeing Board

4.1 Health and Wellbeing Boards (HWB) bring together Local Authorities and health and care system leaders to improve the health and wellbeing of their local populations. Boards are tasked with identifying key health needs in their area through a joint strategic needs assessment (JSNA), and with setting priorities for addressing these through a joint health and wellbeing strategy (JHWS) (*Centre for Mental Health: A place for parity – Health and wellbeing boards and mental health, 2013*).

4.2 To understand local HWB developments regarding these fundamental requirements, The Committee were presented with a summary of recommendations from both the mental health needs assessments for children and young people (completed May 2015 – see Appendix 1) and adults (completed May 2017 – see Appendix 2). These were central pillars in the significant amount of work undertaken in relation to mental health and wellbeing, and strengthened the need for increased strategic direction which the HWB is well placed to do. A common strategic approach, culminating in a 'Strategy on a page', was subsequently devised (see Appendix 3), which individual organisations' mental health and wellbeing plans should fall out of.

4.3 An Integrated Strategic Mental Health Action Plan 2018-2019, developed and recently agreed by the HWB, involves three priorities:

1) Promote mental health and wellbeing across the life-course for the whole population, supporting mental healthy communities and places, to prevent ill health by addressing the wider determinants of health.
2) Take a targeted approach for groups at risk of poor mental health and wellbeing, including those during the transition period, older people and new mums. To improve early identification, access and intervention to prevent the progression of poor mental health.
3) Support those with mental health problems, promote recovery and wellbeing including their physical health. To prevent recurrence or reduce risk of recurrence for those with established conditions, ensuring the right care at the right place at the right time.

4.4 HWB representatives highlighted the view from the national Five Year Forward View for Mental Health (2016) document that suicide prevention needs to be strengthened in local strategies, as well as the need to address the inconsistent messages regarding what support services there are and how to access them. Other factors requiring consideration and / or development included:

- Concerns around the impact of the forthcoming changes to housing benefits – Universal Credit working group to be established to identify who may be most affected (those with mental health issues will be on the highest risk list).
- Holistic approach is needed – drug / alcohol issues often related to mental health problems.

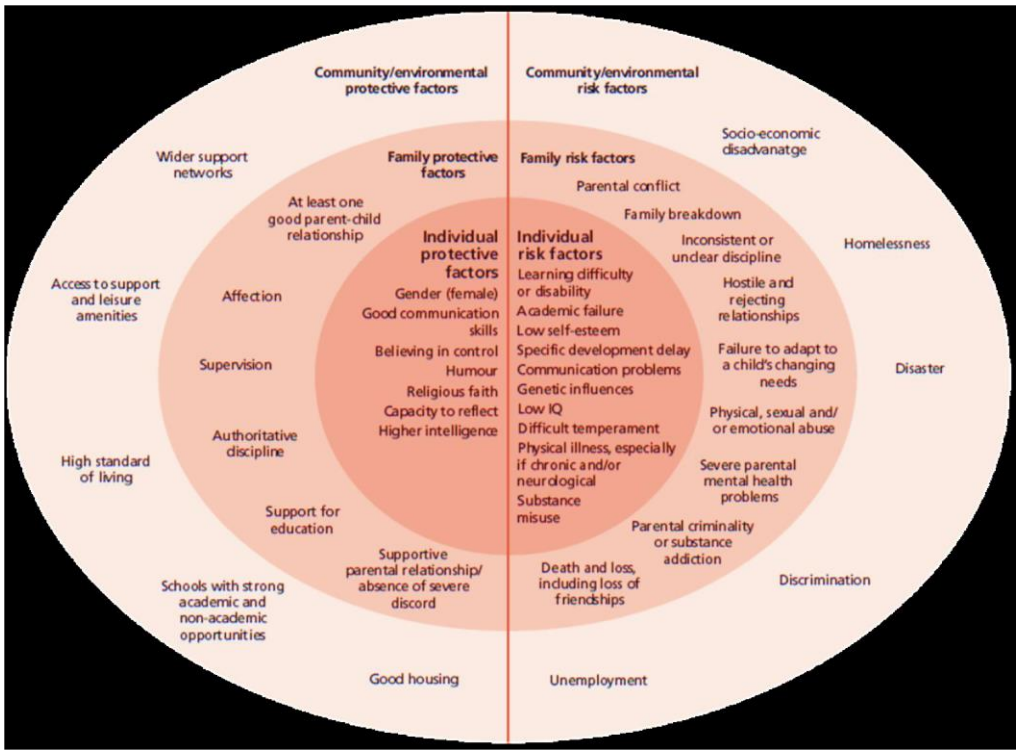
- Concerns regarding GPs not receiving mental health information on patients.
- Crucial to engage with young people after transition to ascertain any issues that may need addressing – noted that transitional Social Workers are employed in Stockton.
- Important to listen to the voice of 'lived experience' (those with experience of mental health issues).
- Currently looking at work around social isolation / loneliness which can have a significant impact upon an individual's mental health.
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are working hard to ensure sufficient and appropriate places for young people.
- Tackling stigma is still vital – need to highlight that people can still live an active, healthy life if they have a mental health issue.

Local Authority

Stockton-on-Tees BOROUGH COUNCIL

Public Health

4.5 Mental health is a hugely complex issue which balances an array of individual, family and community / environmental protective factors with a variety of risk factors.



The Public Health approach is about improving the health of the population through preventing illness, promoting health and wellbeing, and prolonging life. It provides intelligence about the level of need/disorder/risk/protective factors, and focuses on prevention and promotion.

4.6 In recognition of the social, cultural, physiological and environmental factors, partnership, collaboration and influencing is fundamental to the Public Health approach. Providing Public Health leadership through collaboration occurs

with a vast range of partners from the public, private and voluntary sectors. Current approaches include the following:

- In the process of re-commissioning 0-19 Healthy Child Programme (currently 0-5 is Health Visitor remit, and 5-19 School Nurse remit – looking at 0-19 'professionals' (Public Health Nurses) who can be more flexible across a wider age range if they have a good relationship with a family). Also looking at re-focusing School Nurse role as this is a stretched resource at the moment.
- Providing advice to Clinical Commissioning Groups (CCGs) to give NHS commissioning a population focus, as well as to other partners involved in the *Future in Mind* Steering Group and Health and Wellbeing Board (HWB) Integrated Strategic Mental Health Steering Group.
- Funding the development of an anti-stigma campaign, joint funding the Tees Suicide Prevention Co-ordinator, and providing additional investment to *Future in Mind*.

4.7 Some barriers exist as mental health is often seen as a disease and thus the responsibility for health and traditional health services to treat. Also, young people are often not seen within the context of a family or community – opportunities for prevention and promotion can therefore be missed.

4.8 Areas for development include tacking stigma and discrimination – those affected by mental health problems often fear seeking help or support due to the fear of others attitudes towards their mental health, and the fear of the actions of others can be just as damaging if not more than the problem itself. An ultimate ambition is a system without tiers – there are currently four tiers of support, and there can be a period of delay between tiers which needs to be eradicated. Also, skills and knowledge around mental health for the wider workforce needs building, not just specific health-related organisations – some people may never come into contact with mental health services, but will have contact with others (e.g. DWP). 72% who commit suicide were unknown to mental health services, demonstrating the importance of raising mental health awareness to workers across all types of services.

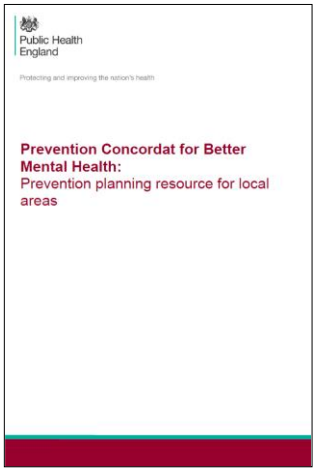
4.9 Key messages reinforced to the Committee were that mental health is everyone's responsibility, prevention / early intervention-focus is crucial, and parenting has a huge impact (affects across the life-course; people's capacity to parent (not all about parenting groups / courses) and looking at what prevents them parenting effectively). There is an ongoing need to address real challenges in people's lives.

4.10 In 2014, a Stockton-on-Tees suicide audit was undertaken. Of 36 deaths between 2010 and 2012 (33 male, 3 female), 60% had seen a GP in the three months prior to their death (GPs have a key part to play here – signposting / referring on), and 69% had not been in contact with a mental health service in the three months prior to their death (though 56% were known to mental health services).

4.11 The Committee noted the Public Health England *Prevention Concordat for Better Mental Health* programme (one of the recommendations from the *Five Year Forward View for Mental Health* (2016)), which aims to facilitate local and national action around preventing mental health problems and promoting good mental health, and is designed to help local areas to put in place

effective prevention planning arrangements (directed at Health and Wellbeing Boards, Local Authorities, CCGs and their partners.

A *Prevention Concordat for Better Mental Health: Prevention planning resource for local areas* includes a five section framework for local action, as well as suggested actions for better mental health.



The Concordat has been endorsed by a large number of organisations and bodies (statutory and wider). Of the first wave of Local Authority area (geographical) signatories announced in March 2018, three of the five are in the North East of England (County Durham, Middlesbrough and Redcar & Cleveland).

Children's Services

4.12 The importance of emotional health and wellbeing has been highlighted in the Council's *Children's Services Strategy 2017-2020*:

> *'this is a major issue for our young people and we know we have problems around their ability to access support. Self-harm rates are too high and our schools report increasing levels of anxiety, low mood and depression, as well as more complex mental health issues. We also know that the emotional health and wellbeing of children is a major concern for our parents and schools.'*

4.13 Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. One group of particularly vulnerable children are those generally aged between 13-17 years who have experienced bereavement or loss, have low self-esteem or self-confidence, are a young carer, or lack a strong positive peer group and who may have experienced abuse/neglect (Child Exploitation and Online Protection Centre (CEOP), 2011). A number of these issues are often identified in those children who go missing or who are at risk of, or are, being sexually exploited.

4.14 Acknowledging concerns around the increasing prevalence of social media use and its potentially negative affect on mental health and wellbeing, it was noted that Social Workers, Senior Family Workers and Family Workers undertake direct work with children and their families around online safety using a variety of resources. However, it was also the case that whilst a lot of young people seek support online, they can also suffer online.

4.15 Stockton's newly formed 'problem solving' panel to support early help and prevention is made up of various partners, including a representative from CAMHS. The purpose is to identify problems at an early stage and to offer interventions as soon as possible in order to prevent an escalation of risks.

4.16 The Signs of Safety (SoS) model has been launched in Stockton – this supports increased focus on the family themselves identifying problems through restorative practice techniques, building on relationships to encourage open and frank discussions. It is hoped that by including the

family in this way, early identification of any problems, including self-harm / suicide, will be explored and responded to before the risk escalates.

4.17 Moving forward, Stockton is looking at a number of options to support Social Workers in achieving better outcomes:

- A specific post or resource from CAMHS to act as a consultant to support decision-making.
- Recruitment of Social Workers who could access intensive training on psychological techniques (this may involve a secondment to TEWV).
- Pairing up a number of Social Workers with TEWV staff so that they can learn about therapeutic assessments and interventions to build up specialist expertise within the current Social Care teams.
- Develop a tool for Social Workers which will assist in the understanding of presenting mental health problems and result in a more effective and appropriate response.

Early Help Service

4.18 Early Help Assessments (previously CAF) are a nationally standardised approach to conducting an assessment of the needs of a child or young person and deciding how those needs should be met, and should encourage effective, earlier identification of children's additional needs. Data was received regarding completed assessments, with a breakdown of those demonstrating emotional health and wellbeing (EHWB) concerns (including behavioural difficulties, anger management, young carer, bereavement, self-esteem and confidence issues, child ill health):

	2015/16		2016/17		2017/18	
Total Registrations	1504		1311		830	
Reg with EHWB concerns	617		569		328	
% OF TOTAL	41%		43%		40%	
	Male	Female	Male	Female	Male	Female
0 – 4 years	89	44	74	35	38	24
5 – 8 years	74	44	105	44	51	35
9 – 11 years	69	40	61	40	42	18
12 – 15 years	115	84	87	74	64	40
16 – 18 years	31	27	26	23	5	11
TOTALS	378	239	353	216	200	128

4.19 Some of the work undertaken by the service during 2017-2018 was outlined:

- Capacity-building across the Children's Services workforce with early help approaches and interventions such as Signs of Wellbeing and restorative practice techniques.
- Capacity-building in schools – 'Future in Mind' pilot to increase mental health awareness and knowledge across 10 participating secondary schools to support early identification of need and enable access to appropriate support (see Appendix 4).
- Family Therapies pilot to help increase parent / carer knowledge of solution-focused strategies in responding to children's behaviour, supporting the improvement of family relationships and dynamics.
- Stockton Information Directory – toolkit for practitioners. The development of a practitioner site with access to information around emotional wellbeing and mental health, and improving access to effective support.

- Partnership working – development of link workers in the service to enable streamlined pathways, including CAMHS and Alliance workers physically becoming part of the team.
- Worked with SBC Business Improvement Service on developing the Capita system to improve data collections, specifically around mental health and wellbeing, to inform better outcomes at the earliest opportunity.

4.20 The imbalance of NHS children's mental health spend was highlighted through a recent Children's Commissioner report (*Briefing: Children's Mental Healthcare in England, 2017*), 38% of which goes on providing in-patient mental health care (accessed by 0.001% of children aged 5-17), 46% on providing CAMHS community services (accessed by 2.6% of children aged 5-17), and only 16% on providing a universal service (this needs to support the 1 in 10 children who are thought to have a clinically significant mental health condition but are not accessing NHS CAMHS services. It also has to support a currently unknown number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support). As such, a change of investment to focus on early intervention was needed.

4.21 The value of earlier intervention was also emphasised as part of this Children's Commissioner report - £5.08 per student to deliver an emotional resilience programme in schools, £2,338 being the average cost of a referral to a community CAMHS service, and £61,000 the average cost of an admission to an in-patient CAMHS unit.

4.22 Findings and recommendations from the 'Future in Mind' school pilot were shared, which included:

- Learning programme for School Champions (person responsible for developing, in conjunction with Senior Leadership Teams, improved standards and quality of emotional wellbeing and mental health provision for children and young people) has increased their confidence in dealing with the mental health and wellbeing issues faced by students.
- Evidence that implementation of changes to policies, curricula and learning across the schools is having a positive impact on pupil and staff resilience and wellbeing.
- Early and anecdotal evidence that the learning is starting to have an impact on reducing CAMHS referrals and / or is making referrals more appropriate.
- Whole-school approach model to learning was well received and is something that should now be rolled out to all schools. 40 primary schools have expressed an interest with this approach (note: the primary schools project is now live and will be completed this year).
- Schools need to ensure they have a voice in the commissioning process, particularly in relation to low intensity / early intervention programmes for their pupils.
- Every school and college should have a designated lead in mental health, and this should be implemented quicker than then the Government target set in the Green Paper (by 2025).

4.23 Committee discussions prompted further expressions of concern around a number of topics including current challenges around obesity (often the focus is on those underweight (anorexia) in terms of mental health), and the

labelling of children as having a 'mental health problem', despite the fact that they can still be developing physically and cognitively.

4.24 Regarding those schools who have a different approach to inclusion, Members queried if they are taking into account students with existing mental health issues, and questioned whether such approaches to inclusion could affect the future mental health of their students. It was noted that Ofsted are increasingly looking at student mental health when inspecting, and that Early Help Support Officers (EHSOs) are allocated a cluster of schools and develop relationships with these.

4.25 The availability of counsellors in secondary schools was considered a crucial aspect of mental health provision, however, it was felt that there is often a lack of appropriate rooms to have confidential conversations in. Also, parent / carer support when children go home from school is key (who do children go to when outside school?).

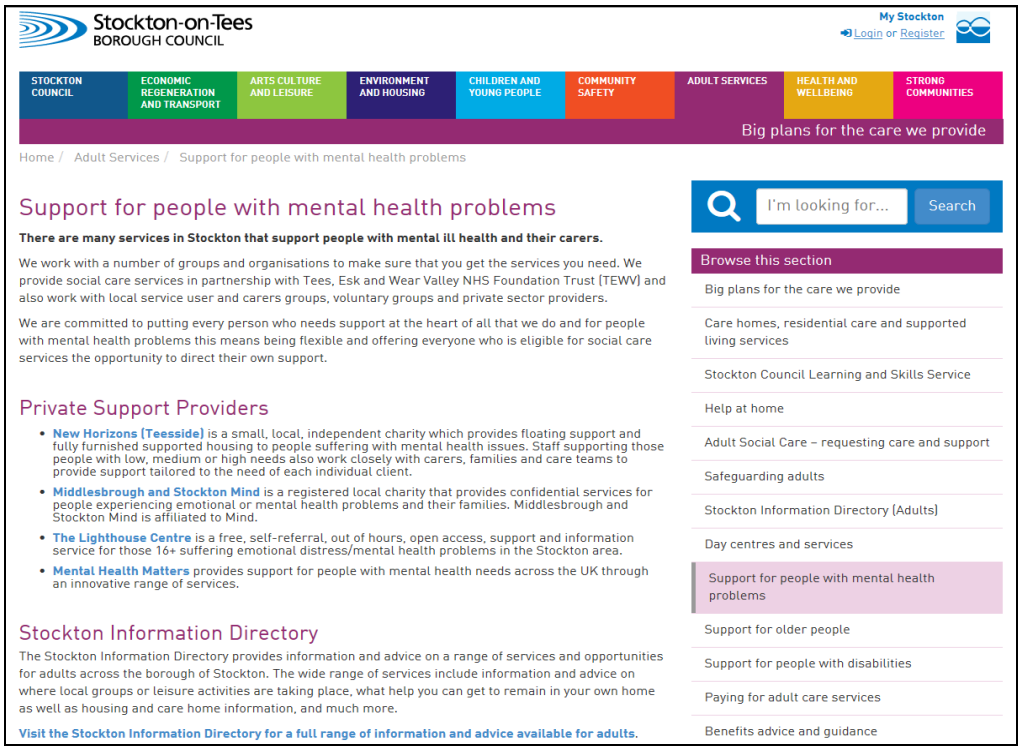
Youth Offending Team (YOT) & Targeted Support Teams

4.26 All young people referred to YOT undertake an Online Safety Initial Assessment with their parents/carers to identify what they use the internet for, what sites are accessed, and to identify potential risks including cyberbullying, grooming, inappropriate websites, overuse, control over pictures and videos, online reputation when using the internet for social media, online gaming, instant messaging, chatrooms, webcams and use of mobile phones.

4.27 Targeted Support teams were a new concept and are part of a comprehensive offer for young people who are struggling – three out of the four case workers are male (reflecting that boys are often harder to reach).

<u>Adult Social Care</u>

4.28



The Committee were provided with a SBC Adult Social Care internet screenshot ('Support for people with mental health problems') which listed private sector providers along with a reference to the Stockton Information Directory. Members were concerned that no contact details were evident, and questioned how likely it is that an individual would sift through the Directory to find help.

STEPs

4.29 Information was received from the Council's STEPs service (established in 2001 and managed within Adults and Health). A pan-disability 18+ service, it promotes inclusion by assisting and enabling individuals excluded from mainstream community networks to discover, explore and interact with facilities and organisations in their own neighbourhood. Referrals received from Social Care, around 40% involve individuals with a mental health issue. A small percentage of service-users are under 25 (mostly 30+), and staff are trained in basic mental health (and have NVQs in self-harm, mental health, safeguarding, autism) and signpost to Mind, Alliance and different talking therapies.

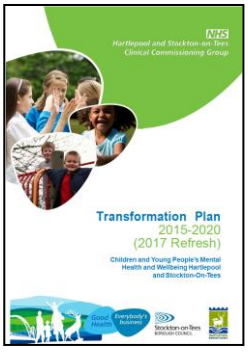
Health

Hartlepool and Stockton-on-Tees CCG

4.30 Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG) has a statutory responsibility for children's mental health to provide 'Treatment Services', and to ensure early diagnosis and treatment is available within appropriate timescales. It also has a statutory responsibility for the commissioning of adult mental health services, which is of relevance to this review as there is a requirement that young people (18 years-old) have an effectively managed transition into those services where there is a need for ongoing interventions. To this end, the CCG commission:

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to provide a community Child & Adolescent Mental Health Service (CAMHS) – this service is open access and can support children up to the age of 18.
- TEWV to provide an Eating Disorder Service, Crisis Service, Intensive Home Treatment Service, and Early Intervention into Psychosis Service.
- a specialist perinatal service, which although is not targeted at 14-25 year-olds, aims to improve attachment in those primary years – this acts as a preventative / protective factor for children and young people as they grow.

4.31 In response to the Department of Health's *Future in mind* strategy (2015), each locality had to collectively produce a Local Transformation Plan (to be refreshed annually). The focus in Stockton, to date, has been on upskilling schools to identify needs and support children rather than to refer everyone to TEWV. The role of schools is of paramount importance in the transformation of children's mental health services – as children and young people spend the majority of their time at school, they are best placed to identify needs and support early intervention and prevention. The HaST CCG Transformation Plan 2015-2020 (2017 refresh) was provided to the Committee.



4.32 HaST CCG representatives also highlighted the following developments around mental health:

- The CCG are undertaking a review of the core CAMHS service to ensure it is meeting the needs of young people.
- Local Authorities are to review their mental health and wellbeing offer for children and young people under their universal and targeted services – this, together with the core CAMHS review, would give a strategic picture as to the provision available and what the gaps are.
- Improving Access to Psychological Therapies (IAPT) aims to ensure that young people (16+) get access to evidenced-based interventions at the earliest possible opportunity (no referral needed). IAPT for children and young people is about ensuring the workforce can provide these interventions; for adults, the CCG currently has contracts with five organisations to deliver interventions, though a procurement process will commence in May 2018 regarding the delivery of this service.
- All-age integrated mental health strategy developed (ensuing Action Plan to be implemented), with a prevention, promotion and early intervention principle throughout, and key actions from the Tees Suicide Prevention Action Plan included.

4.33 As part of the Future in Mind programme across Stockton and Hartlepool, HaST CCG commissioned peer researchers (aged between 12-17, 9 were from Stockton and 16 from Hartlepool (21 females and 4 males)) to consult with young people on emotional wellbeing and mental health and the use of digital technology. Recommendations from this consultation were that:

- Young people should help design and promote mental health apps.
- Young people to develop news and blogs for mental health apps.
- Schools to offer more support and information on mental health issues.
- Teachers and support staff to be given more training on how to notice the signs of mental health issues.
- Parents / carers offered more information and support on mental health issues.
- Make sure any mental health apps for young people are safe and secure.

The young people who responded felt that to have positive emotional wellbeing they need to feel loved, trusted, understood, valued and safe. Many felt that it was important to accept who they are and to have some control over their own life; they also needed to have a sense of belonging within their family and their school to make them feel happy.

4.34 In order to provide a more accurate view of the prevalence of suicide, the Committee questioned if the CCG had better insight from the Coroner around cases which were suspected suicides, but which had not been classified as such. The CCG stated they were not provided with any special insight from the Coroner in these instances, but did note that professionals around the young person would have discussions / review / reflection (e.g. via the Tees Child Death Overview Panel (CDOP) and Stockton-on-Tees Local Safeguarding Children Board (SLSCB) Learning and Improving Practice Sub-Group (LIPSG)). These discussions can take place well in advance of Coroner's inquiry.

4.35 The Committee asked if academy schools were more or less likely to access services, and were informed that guidance is issued to all schools regarding their responsibilities around mental health – the service/s they buy in depends on the money they have available.

4.36 In terms of those individuals who are over 18, but not at college or in employment, Members expressed concern around how these young people were being supported, and how / if they are finding out about services.

4.37 With reference to the HaST CCG Transformation Plan and the statement that a high proportion of Looked After Children (LAC) in England who have emotional and mental health problems (about 60%) experience poor health, educational and social outcomes after leaving care, the Committee hoped that LAC in Stockton do not experience these issues.

North Tees and Hartlepool NHS Foundation Trust (A&E)

4.38 It was reported that Stockton-on-Tees is a negative outlier nationally for alcohol and drug abuse, suicides, deliberate self-harm and self-poisoning. Data was provided to the Committee on the number of 14 to 25 year-olds attending A&E in relation to some of these elements between the 1st January and 31st December 2017:

Diagnosis description	Female	Male	Grand Total
POI - APPARENTLY DRUNK	108	105	213
POI - POISONING (INCLUDING OVERDOSE)	737	455	1192
PSYC - DELIBERATE SELF HARM	189	106	295
Grand Total	**1034**	**666**	**1700**

4.39 Some of the positive achievements and developments involving local mental health provision which had impacted on A&E were outlined:

- CAMHS has transformed services in this area as it used to be a 9-5 service (now 24/7) – it is now rare to admit young people with a mental health issue in hospital, and the hospital will only keep in those who require medical treatment (once treated they can then be discharged).
- Crisis Suite (Roseberry Park, Middlesbrough) takes direct referrals from all (public, schools, Health Visitors, acute trusts, GPs, Police), a huge improvement compared to individuals being seen in hospitals and then transferred.
- Data-gathering has improved over time – used to see the physical presentation rather than the mental, but try to do dual diagnosis now.

4.40 Challenges were highlighted around long delays in the 'section process' (when required), limited availability of beds in secure units (particularly young people – one individual had to go to Hull), conveyance – from hospital to Crisis Suite (lack of mental health ambulances), and early identification of 'at-risk behaviours' (alcohol and drug issues, early intervention, etc.). It was acknowledged that whilst there are now less direct mental health referrals to A&E as a result of the introduction of the Crisis Suite, those who do present may be the tip of the iceberg.

Tees, Esk and Wear Valleys NHS Foundation Trust

4.41 Recognising the review's focus on the 14-25 year-old age range, the Committee received evidence from both the Child & Adolescent Mental Health Service (CAMHS) and Adult Mental Health Service of Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV).

Child & Adolescent Mental Health Service (CAMHS)

4.42 Historical issues were outlined regarding a lack of out-of-hours specialist mental health support for young people, significantly higher admissions to acute hospital beds for self-harming behaviours, and young people spending extensive periods of time in busy, overstimulating environments with no privacy at a time of acute distress – backdrop of referrals into CAMHS going up 20% a year too.

This led to the establishment of a 24/7 Tees Crisis and Home Treatment service (from June 2015) which has demonstrated hugely positive impacts and has been recognised by service-users and professionals. New Intensive Home Treatment concept being developed aimed at those young people in crisis and at risk of hospitalisation, demonstrating risk-taking behaviours, and resistant to traditional CAMHS work. Nationally-recognised model – NHS England have a real interest (managing young people away from hospital).

4.43 The service is open to ideas to further promote its work, and there remains issues around catching people for the first time – nobody should get told there is nothing we can do. The Trust is providing more funding to help young people earlier, and waiting times for assessments are the best in the country (2 weeks). It was reported that schools are now confident in their engagement with CAMHS, though referrals are still going up year-on-year.

Adult Mental Health Service

4.44 Service provision in Stockton was highlighted, including 24/7 crisis assessment and home treatment, street triage, 24/7 Crisis Suite (Roseberry Park, Middlesbrough), and a number of community teams. Tees Liaison Psychiatry operates 24 hours a day, 365 days a year.

4.45 Collaborative approach to self-harm (18+) outlined which focused on the significant issue for A&E departments of 'frequent attenders' who have self-harmed. Frequent attenders have a higher incidence of a 'no fixed abode' residence (A&E open 24 hours a day and provides a warm, safe place), unemployment and alcohol use, with a large majority having a significant mental health problem.

4.46 Psychosocial assessment is central to the management of self-harm in people both with and without a history of psychiatric care, and collaborative best practice guidelines (NICE, 2004) recommend that following an episode of self-harm, the first 48 hours is both crucial and essential in the effectiveness of planning follow-up care. Implementation of structured plans aim to prevent escalation, reduce or stop self-harm, and reduce or stop other risk-taking behaviour.

4.47 Committee comments and questions highlighted the following additional information:

- Ex-service personnel are referred to the British Legion (have funding available to assist).
- Services for young mothers (potentially at high-risk of post-natal depression) – commissioned for perinatal services in July 2015; provide service post-pregnancy (for 12 months) and during pregnancy; Midwife and Health Visitor involvement should enable earlier identification of mental health issues.
- 230 referrals into Crisis Team per month + 200 others who have to be seen within 28 days = around 450 per month. Stockton is the highest referrer.
- Need acknowledged for more work to get information out to other stakeholders and public clarifying the pathways from crisis to service, particularly when setting up new initiatives (to allow appropriate signposting).
- The Council's First Contact service, the Children's Hub and Emergency Duty Team all work with the Crisis Team.
- Have to work with housing providers if referral received for someone who is homeless – putting them on their own may cause difficulties if they have a mental health problem.
- In terms of suicide, learning from near-misses is important too.

Transition between CAMHS and Adult Mental Health Service

4.48 Details were provided around what transition plans (from CAMHS to Adult Mental Health Service) cover and how they are managed between the two services, when transition planning occurs, whether there was flexibility to offer CAMHS beyond the age of 18, and differences between the two services and how this may impact upon transition (see Appendix 5).

4.49 Of specific note was the recent pilot of a transition panel in Hartlepool where all 17½ year-olds+ (in CAMHS) are discussed. This has produced positive outcomes, and is now in the process of being rolled out in Stockton. Recognising the importance of transition between services, the Committee welcomed this development.

Education

Secondary Schools

4.50 To provide some context around the thoughts and feelings of young people across the Borough, details and results of the Safeguarding Pupil Survey 2016 were presented to the Committee. The survey touched on a range of issues including e-safety, bullying, emotional health and wellbeing, and relationships, and was completed by 2,621 Year 8 and Year 10 students from 13 secondary schools in Stockton-on-Tees.

4.51 A number of outcomes that emerged were alarming, particularly around how young people felt about the care their school gave them. This led to a lot of soul-searching, and after each school received a lengthy report, it stimulated reflection on current pastoral provision which then helped to inform the Future in Mind project and enabled more support to be sought from Public Health. Appropriate training for school staff is to be devised to respond in school earlier to tackle issues and better support pupils, and the survey is in the

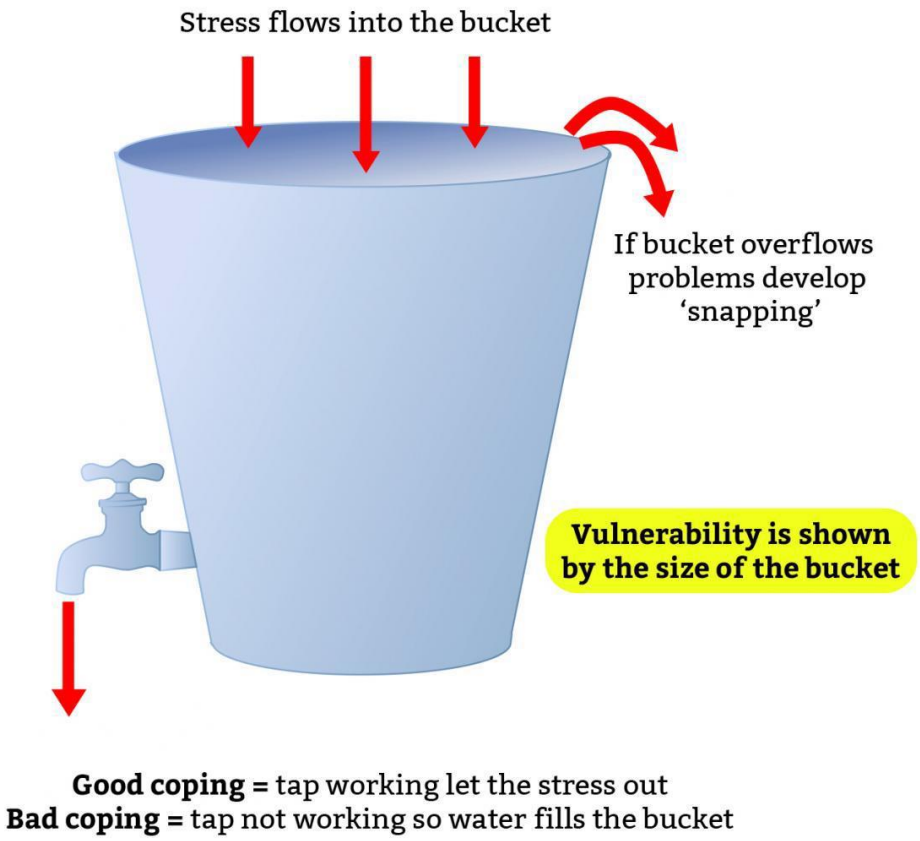
process of being repeated to benchmark progress (results will be available later in 2018).

St Michael's Catholic Academy, Billingham

4.52 The Committee received detailed evidence from St Michael's, whose last Ofsted report praised the high levels of care for students' emotional health and wellbeing. It was reported that things have changed rapidly over the last five years, with a number of difficulties being seen in schools now in relation to student mental health – however, young people are talking more about this issue now.

4.53 St Michael's discuss with students the 'Stress Vulnerability Bucket' (good / bad coping (pre-mental health issues)) and what factors people who are mentally healthy have.

Stress Vulnerability Bucket



A powerful video demonstrating how it actually feels for a student with a mental health issue (https://www.youtube.com/watch?v=SE5Ip60_HJk) was shown to Committee, as was a short film ('Black Dog') about dealing with depression (https://www.youtube.com/watch?v=XiCrniLQGYc). Students' biggest complaint is that no-one asks about mental health, but people would ask about a physical injury they had.

4.54 The importance of building the 7 'C's' (competence, confidence, connection, character, contribution, coping and control) of resilience was highlighted, along with foods that can boost/adversely affect mood, support mechanisms used by the school, and awareness raising approaches (the more images / clips you show students (as opposed to long text) the better). St Michael's have developed different ways students can come to staff, though sometimes staff have to try alternative methods to help students cope. Teaching is not the job many staff came into.

4.55 Other issues identified through Committee discussions included:

- Financial constraints.
- Schools being under pressure regarding exam results.
- Negative impact on students of social media (no escape now).
- Years ago many students exhibiting mental ill-health would be excluded, but schools are generally more understanding now; Stockton Pupil Inclusion panel considers support services now rather than exclusion (trying to be more lenient).
- Emphasise importance of looking after friends, and do speak to peers of a student with a mental health issue.
- Easier access to mental health workers in school would help.

Conyers School, Yarm

4.56 Members heard a comprehensive account from Conyers which focused on their approach to mental health and emotional wellbeing. Tiered support is in place involving peer mentors, learning mentors, key workers, Mind counselling and internal counselling programme (negating the need to purchase external services), and non-teaching pastoral leaders (Mental Health First Aid trained) are in place for all year groups – extremely important posts that have been campaigned hard for. Crucially, students are asked who they would talk to if they have an issue, and should have options in case one of these people is not in school. Normalising emotions is also key (every response legitimate).

4.57 Conyers' involvement in the Future in Mind (FiM) school pilot to upskill staff was detailed, including the role of the FiM 'School Champion' (giving confidence to staff about where to go if a child discloses a mental health issue) and some examples of impact (e.g. Mental Health and Anti Bullying Champions group – student voice group which meets half termly; all students know who these students are and they can approach them).

4.58 The school's experience of coping with loss was reflected upon – it is hard and is difficult to know what language / words you can / cannot use and what you can / cannot do. It is essential that you know your staff body, and that staff and student support options are in place, and it is also important that all schools in the locality send out a consistent message following a school's loss. Agencies used for guidance (Alliance, Samaritans, PAPYRUS (*Building Suicide-Safer Schools and Colleges - A guide for teachers and staff* circulated to the Committee as supporting evidence)) was noted.

4.59 Further points were raised in relation to schools and mental health:

- Exam results are important, but these are pointless if pupils do not have the ability to talk, are not resilient, cannot help others, etc.
- Social media exposure – these platforms report 'good' days when people are their most 'amazing'; making these things real and everyday when in fact they are false worlds; instant celebrity status for doing things we may want to discourage. Conyers talk to parents about why their children use various social media; users can leave a legacy on social media, sometimes unwanted (screenshots).
- Conyers has a pastoral structure so it can deal with individuals quickly, provide support, inform home where necessary, and work with parents.
- Future challenges around increasing resources to do all these things and do them well, how to create appropriate time to engage without impacting on their education, and speed of referrals and capacity to use services (thresholds going up all the time).

Other

4.60 Ten Stockton secondary schools have signed up to be part of an emotional health and wellbeing (Future in Mind) pilot – a whole-school approach with a focus on targeted work for those young people displaying signs of mental health issues. The pilot is about to be evaluated (see Children's Services section (4.22)).

4.61 Concerns were raised about young people bringing paracetamol into schools and selling them onto other students. It was noted that there are now limits on the amount of paracetamol that can be purchased from a single premise (maximum of two packs), but it was also acknowledged that this does not stop young people going into several different shops to purchase the maximum amount allowed in each.

Primary Schools

4.62 Though outside the age-range in focus for this review, the importance of promoting positive mental health from an early age was frequently raised. In addition to the interest shown by many of the Borough's primary schools to the whole-school approach model of learning (increasing mental health awareness and knowledge), the recent work and recognition of Billingham South Primary School was shared with the Committee which put 'happiness' at the heart of school life (see Appendix 6). Members commended this work as an excellent example of the positive impact schools can have on their pupils' mental health and wellbeing.

Higher Education

4.63 A recent (April 2018) BBC article was brought to the attention of the Committee, with researchers claiming that, following analysis of figures for student suicides between 2007 and 2016, the suicide rate among UK students is higher than among the general population of their age group, with rising trends for UK female students. More support in transitions, better tutoring and early warning, more peer-to-peer support, and an enhanced sense of belonging could counter suicide rates and emotional distress levels. Preventative rather than reactive policies were again stressed.

4.64 Across all educational establishments, it was felt that the importance of peer support should not be underestimated – this is something young people can and should discuss (how would they support someone).

Voluntary Sector

Middlesbrough and Stockton Mind

4.65 Affiliated to national Mind, the local service has 120 employees and 95 volunteers, and its main base is in Middlesbrough, with the Stockton office at Marlborough House, Yarm Road. In the period 1st April 2017 – 31st March 2018, 235 clients aged between 16 and 25 (inclusive) in North Tees were referred to the Psychological Therapies Service, and 166 of these attended assessments (155 attended assessments in 2016-2017, 66 attended assessments in 2015-2016).

4.66 The Committee's attention was drawn to two specific projects:

- Open Minds Therapies: range of brief therapies aimed at people with common mental health problems, including anxiety and depression (low to medium support). Open to people aged 16+, the aim is to get them assessed within 24 hours (telephone conversation) – the outcome of this determines treatment. Some will have needs beyond the remit of this project – they will be referred to secondary services. 'SilverCloud' (web-based and requiring an email address) will offer secure, immediate access to flexible online programmes designed to help people learn techniques to overcome symptoms of low mood, anxiety and stress (based on cognitive behavioural therapy (CBT)), will involve regular contact with a Mind worker, and will be publicised via GPs and social media.

- Schools in MIND: modelled on the successful HeadStart programme which has run in all schools in Middlesbrough since November 2015, Schools in MIND provides emotional wellbeing sessions to students using a range of interventions based on an individual's needs. Contact made with all primary and secondary schools in Stockton, but not great uptake yet (possibly due to cost) – one secondary school has signed a contract for a year, with a free pilot agreed with two primary schools.

4.67 The Committee were concerned about people approaching services later than they should, and queried whether this was a result of them trying to manage their issue or part of the stigma around mental health. It was felt that the message that needs to be reinforced is that it is normal to sometimes feel unwell or experience anxiety or low mood.

4.68 In terms of those approaching Mind, young people in school tended to be more receptive and are happy to self-refer or be referred by a teacher – 18-24 year-olds were more difficult to reach. There is generally more contact from females (males are not good at presenting early on), and feedback from young people shows that, whilst they value online support, they prefer to talk face-to-face.

4.69 Whilst there are ample opportunities to access the service, there are still low referral rates from GPs. The reasons for this were debated – are people

getting by on medication (is this what they prefer?), are they being referred elsewhere? It was noted that getting information on new services past receptionists / practice managers can be an issue.

4.70 The Committee questioned the fairness of the different Mind offer for schools in Middlesbrough (Public Health-funded emotional support service) compared to Stockton (who have to self-fund).

4.71 Challenges around separating behavioural and mental health difficulties were highlighted – these are not the same and can be very complex. It was also stated that all services in Mind are oversubscribed, and that more resources are needed.

Samaritans

4.72 Samaritans are there for everyone (not just for people who are suicidal), providing the opportunity for people to talk to someone and become stronger to deal with their problems. Their overarching vision is that fewer people die by suicide, and they work to achieve this by being always available, reaching out to high-risk groups and communities, working in partnerships (signposting where necessary), and influencing public policy. A key value involves the notion that if a person comes up with a decision themselves, they are more likely to act on this than if someone else makes that decision for them.

4.73 Samaritans are 'non-establishment', which could be why many people choose to call them. There is no typical person who contacts Samaritans, and no typical problem that people want to talk about – what matters is what is making that person feel the way they feel, and that they are supported to make their own decisions. 50 volunteers are involved with Teesside Samaritans, and it takes a year of intensive training before a volunteer can answer phones themselves. The organisation depends on public and business donations – it is not run on government funding.

4.74 Samaritans make a difference through working in schools (talks, workshops, support if suicide in the community), offering workplace training, partnership work with Network Rail to reduce suicide on the railways, and the provision of a listening service in Holme House and Kirklevington prisons. Samaritans training is well recognised.

4.75 Financial hardships and relationship problems are common themes, but more striking is the number of people who contact Samaritans with historical issues that have stayed with them – the earlier you can get to that person, the easier it will be to prevent subsequent problems. Concerns were specifically expressed around people in the workplace dealing with members of the public who are distressed and in despair without the correct training to do so.

4.76 The procedure around contact from 13-17 year-olds is to provide confidential support to children, but refer to an appropriate partner (Childline) with caller consent when callers are experiencing specific situations such as those that can cause them serious harm to themselves or others. This would be as well as support from Samaritans, not instead of.

4.77 It was stressed that there is a place for all types of mental health organisation – people need to know when the best time to talk to someone is, and know how to approach them.

Eastern Ravens Trust

4.78 A key feature of the Trust is its Borough-wide Young Carers Support Service, aimed at under 18s who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. Young carers provide care that is often inappropriate and excessive for their age, which can have an impact on their mental health and wellbeing.

4.79 The service offers young carers a menu of support including a dedicated counselling service (funded through Catalyst and offering face-to-face and online support), support groups, crisis management, respite, school holiday programmes, and a 'young carers card' (form of ID that is supported by the CCG, it is featured in a Local Government Association / Bright Futures *Meeting the health and wellbeing needs of young carers* case studies document as a form of good practice). A number of partner agencies are involved with the service including CAMHS, School Nursing, Alliance and SWITCH (Youth Direction). Access to counselling has seen very positive outcomes for both the young person and their parents.

4.80 Members were encouraged to continue highlighting the service as it is felt there are a lot of hidden carers across the Borough, something which a new funding bid will shortly attempt to address. Raising awareness of the service with schools and GPs was considered key – few referrals are received from the latter.

Men Tell Health

4.81 A national award-winning mental health community interest company (CIC) focusing on men's (18+) mental ill-health and suicide reduction, Men Tell Health provides local help and support with a difference, using humour as a conscious gateway to engaging men. A huge online resource is available (400+ pages of content), along with a network of men-only 'SpeakEasy' groups (since March 2017) – training and consultancy is also offered to make services more 'man-friendly'. Ethos is to treat people with honesty, empathy and understanding, and respect their masculinity and place in the world.

4.82 Men and women want different things when it comes to support, but they too often get grouped together by traditional services. Men want clear, direct information, and often think they are the only ones going through what they are experiencing.

> *"It is no understatement to say that I am only alive today because of the SpeakEasy groups. It gave me hope to keep going and it gave me the understanding that I'm not the only one who feels this way. Don't ever stop!"* (Craig)

4.83 Key features of Men Tell Health were highlighted:

- Six principles – user-led, honesty (no service will 'fix' you 100%), humour, recovery, positivity, and collaboration not competition. Want to help all, not just those who come to Men Tell Health – share information with other groups.
- 'SpeakEasy' groups take place in Middlesbrough, Redcar, Yarm, Stockton and Grimsby, with more locations planned locally and nationwide over the next year. Groups involve no cost, no form-filling (men worried that forms would be sent to their partner / employer), and take place in the evening – these three key features reflect feedback from 2,662 men who provided responses to '*what stops you accessing mental health services*' (filling in forms 53%; cost 23%; time of day 19%). 'SpeakEasy Live' pilot planned – anonymous live chat via website. Try to avoid the term 'support groups' – some have a preconceived idea of what these are, and it turns them away.
- The Sweat Shop (online worldwide community for runners and cyclists of all abilities) and weekly football group taking place in South Bank (in partnership with Middlesbrough Football Club Foundation) – physically fitter, mentally fitter.
- Mental health needs to be an everyday topic of conversation, vast spectrum of thoughts and feelings normalised, and men in particular need the right space to be able to talk – different is what is needed, not just the usual organisations doing the same thing and being surprised when things are not changing. Men can often do better once engaged with a service – the challenge is getting them there in the first place.

"The stereotypical group session of sitting in a circle in a Community Centre was never conducive with helping me talk, I still felt judged and anxious. What I discovered with Men Tell Health's SpeakEasy was a place that helped me have a natural conversation with people about how I feel. The group helps me to feel empowered and not alone and I find opening up about my feelings comes naturally." (Dan)

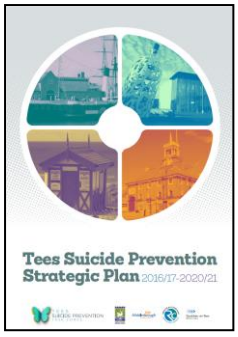
4.84 The Committee considered the issue of masculinity and men not wanting to look weak. Males are equally in need of support and there still appears a requirement to tackle the stigma of them accessing support services. It was felt that the language used between young men can reinforce old stereotypes.

Tees Suicide Prevention Taskforce

4.85 Suicides are not inevitable, and in most cases can be prevented – this however requires multi-agency action as well as efforts at an individual, family, community and Local Authority level.

4.86 The Tees Suicide Prevention Taskforce (Public Health-led but brings in a number of other organisations) was set up in 2010/11 and is now held up as the gold standard (what other areas should be trying to do). Positive developments since it began include the creation of a Mental Health Training Hub (commissioned by the four Tees Local Authorities), Specialist Bereavement Service (Suicide), and 0-5 Bereavement Service.

4.87 The Taskforce's Strategic Plan and ensuing Action Plan for 2016/17-2020/21 was presented – these act as the local response to the national suicide prevention strategy (*Preventing suicide in England, A cross-government outcomes strategy to save lives* (2012)) and aim to sustain current funding for the Taskforce group and activities, as well as addressing the national strategy objectives:



1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

4.88 Partner buy-in is key in delivering implementation of these plans. Future intentions include working with the Police Coroner service to develop a real-

time surveillance system (emerging trends, hotspots, age groups) so action can be taken quickly, regular audits with the Tees Coroner, the appointment of a Preventing Drug-Related Death Co-ordinator (now in post and employed through Middlesbrough Council on behalf of Middlesbrough, Redcar and Cleveland and Stockton-on-Tees Borough Councils), and work with media regarding suicide reporting.

4.89 Other important developments identified included smarter use of social media (e.g. Samaritans pop-ups), the need to use surveillance well, continue to monitor high-risk groups and utilise local data (it was noted that there is a lag in local information which the recently appointed Taskforce Co-ordinator would be addressing).

Safeguarding Boards

Stockton-on-Tees Local Safeguarding Children Board

4.90 The role of Stockton-on-Tees Local Safeguarding Children Board (SLSCB) is not to be operational and do things, but rather obtain assurance that things are being done to support and improve the lives, safety and wellbeing of children and young people.

4.91 The effects of Child Sexual Exploitation (CSE) on a child's mental health were noted – it is a SLSCB priority to create an environment where CSE is identified, prevented and challenged. Together at both a strategic and operational level the four Tees LSCBs and their partner agencies work together to reduce the level of and harm from CSE through the coordination of an agreed strategy. Stockton's VEMT (Vulnerable, Missing, Exploited and Trafficked) Practitioners Group (VPG) is a multi-agency forum that provides the opportunity for discussion about individuals at risk of or who have experienced sexual exploitation.

4.92 Learning is an important and crucial factor in shaping the future of services. Following the sad and unexpected deaths of several Stockton school children during 2016-2017 a consultant in Public Health Medicine was invited to SLSCB Learning and Improving Practice Sub-Group (LIPSG) to provide a Public Health perspective on whether these deaths constituted a potential suicide cluster. Following advice and further consideration it was deemed that, though tragic, there was no evidence to suggest a link between the young people. A multi-agency learning review was undertaken by the LIPSG in relation to one of these young people involving the Police, Social Care, Health (CCG, and NTHFT) and a school representative, and a summary of the findings was presented to the Committee, with key messages as follows:

- Information recording, reviewing and sharing mechanism needs to be robust and fit for purpose to make proper and full assessments.
- Whole family approach needs to be considered by all agencies.
- Voice of the child needs to be heard and used to inform decisions (and recorded).

4.93 The Committee were concerned over the usual problems regarding information-sharing and the cautious nature of professionals being reluctant to share too much information to the detriment of a child's situation. In relation

to children not being brought for appointments, Members queried whether services were being flexible enough around home visits / alternative venues.

Teeswide Safeguarding Adults Board

4.94 Teeswide Safeguarding Adults Board (TSAB) is a strong local partnership which focuses on how member agencies work together. In terms of mental health and wellbeing, the Board have not previously initiated a structured / specific look at young adults, but it was noted that those 18-25 year-olds who have a range of issues probably developed these during adolescence.

4.95 There are 10 different types of abuse in safeguarding adults (wider than in children's safeguarding), including three new categories (domestic abuse, modern slavery and self-neglect).

4.96 The issue of 'capacity' was highlighted – people having the right to make decisions themselves, even if they choose a 'risky' lifestyle, and people can move between having capacity and not having capacity when under the influence of alcohol / drugs. However, agencies can only intervene if they are deemed a danger to themselves or others.

4.97 A previous high-profile Safeguarding Adults Review raised the issue of 'adolescent neglect' – parents asking for help, but problems were made out to be the fault of the young people (services put in were to help parents, not the children). Agencies need to keep the focus on the child – a child needs help, not for their behaviours to be managed.

4.98 Resources are key, and there should be a greater focus on investing to save. Mental health issues are a growing, not shrinking, need, and political pressure should continue to be applied as problems can spread across other services (e.g. Police, Council LAC numbers).

5.0 Conclusion & Recommendations

5.1 Mental health is an incredibly complex issue which impacts upon everyone to varying degrees. A vast range of factors can positively enhance or negatively affect an individual's mental health, and these thoughts, feelings and behaviours can change on a daily basis. It is encouraging therefore that, in recent times, the issue of mental health has increasingly become part of the health and wellbeing agenda, and this review has given Members an insight into the enormous level and variety of work that is taking place both nationally and locally within this field.

5.2 Whilst a large number of organisations within the Borough are involved in promoting good mental health and preventing mental ill-health, frequent concerns were expressed around the current levels of resources available to provide services. Although the willingness to engage with people who are exhibiting mental health issues is clearly evident, NHS mental health spend as a proportion of the overall health budget does not address this demand. In order to ensure true 'parity of esteem' with physical health, funding needs to better reflect the increasing prevalence of people with a mental health issue, with a greater proportion directed at universal services and lower-level support.

5.3 Although this review focused on the 14-25 year-old age-range, it soon became apparent that this was a difficult group to isolate. The Committee noted that half of all mental health problems manifest by the age of 14 (with over 75% emerging by the age of 20), and those contributing to the review from an adults' perspective were often involved with a slightly older cohort (30+).

5.4 Consistently strong messages around prevention and early intervention were heard, and the Committee were assured that this was a vital consideration in the work of key local stakeholders. Both the Clinical Commissioning Group (CCG) and Public Health should continue to build on this prevention focus, working with partners to increase the ability for issues around mental health and wellbeing to be addressed as early as possible.

5.5 There are a large number of organisations providing mental health services locally, and it is important that the range of services that each provides, and the referral pathways into them, are clear to children, young people and their families, and to the workforce which supports them. The Committee heard that, too often, people report that they do not know where to go – mapping of services (level / type) across the Borough and pathways to accessing help (including when is the best time to approach them) should be regularly undertaken and made easily available in a variety of ways.

5.6 Partnership-working was evident between the Local Authority and Health system, though this could be stronger with the voluntary sector – regular mapping of these, signposting, awareness of/referrals from statutory services. VCSE organisations indicated a willingness to co-operate more closely with each other and recognised that there may be duplication within their offer. On many occasions, organisations are competing for the same funding and acknowledged that they could achieve more by pooling their expertise.

5.7 The importance of transition between CAMHS and Adult Mental Health Services was recognised, and the Committee were reassured that TEWV had made further development of this a priority.

5.8 Some excellent examples of school mental health provision were provided, and the importance of pastoral support cannot be underestimated in light of the findings of the local Safeguarding Pupil Survey undertaken in 2016 and the ever-present academic pressures that students have to deal with. The government wants every school and college to have a designated lead in mental health by 2025, but this should be in place much sooner due to the significant mental health issues being identified. Crucially, students need to have (and be aware of) options around who to talk to if they have concerns about their own mental health and wellbeing so that any problems can be addressed early, and schools need to ensure that appropriate space is available so their students can talk confidentially when required.

5.9 Providing variety around how support is offered was frequently discussed, particularly the balance between face-to-face and online services. The differences between what support males and females may prefer was also outlined, and the fact that men continue to be deemed a harder to reach group, and are perceived to be less likely to seek out help, suggests that more thought is required around how to engage them with support services, and how to provide the right space for them to talk.

5.10 Recognising the fact that a high percentage of those who commit suicide are unknown to mental health services, the need to build skills and knowledge around mental health for the wider workforce is clear as it is they, not traditional health services, who maybe better placed to initially identify if a person needs support. Housing services (Universal Credit implications) and Job Centre (vulnerabilities around unemployment) staff were specifically identified as key target areas.

The Committee recognised the importance of building capacity and capability within the wider workforce (not just specific health-related organisations) to increase early identification of mental health issues, appropriate signposting and onward referral where appropriate. Reducing the stigma associated with mental health is central to this, and the Committee acknowledged the social marketing campaign planned for the forthcoming year as part of the all-age mental health strategy implementation.

5.11 The Committee recognised the significance of prevention and the vital role that parents, carers and trusted adults play in supporting the development of good mental health. The Committee is supportive of local stakeholder organisations working in partnership with the shared principle of building resilience within families and increasing healthy parent/carer-child bonds.

Recommendations

The Committee recommend that:

The Council will:

1) **Lobby government for increased mental health funding as a percentage of the total NHS budget, with more targeted towards universal services and lower-level support.**

2) **Adopt the Prevention Concordat for Better Mental Health, and encourage other local stakeholder organisations to also commit to this.**

3) **Ensure that existing service directories contain up-to-date and accurate information on local and national sources of support and the promotion of good mental health.**

4) **Arrange for the recommendations from this scrutiny review report to be shared with the Adult Social Care and Health Select Committee.**

Health and Wellbeing

5) **HaST CCG, Public Health and Catalyst (the strategic infrastructure organisation for the Borough committed to providing an effective voice, representation and support for the voluntary, community and social enterprise sector) work together to facilitate co-operation between Voluntary Sector providers of mental health services.**

6) **HaST CCG and Public Health use existing communication channels (e.g. Time Out sessions) to increase GP practice staff awareness of local mental health services in addition to those offered by TEWV CAMHS.**

7) **HaST CCG provide an update to the People Select Committee on the progress, and any subsequent outcomes, of the CAMHS service review to enable the impact on wider children and young people's services to be understood.**

8) **The development of a panel to plan for the transition of children and young people from CAMHS to Adult Mental Health Services be endorsed, and the People Select Committee receive an update from TEWV following initial roll-out.**

Education

9) **Every local school and college be strongly encouraged to have a designated lead in mental health in advance of the government target of 2025.**

10) **Further work be undertaken to understand the level of spend by schools on counselling and therapeutic services, as part of the Future in Mind transformation programme.**

Recommendations (continued)

The Committee recommend that:

11) Good practice on mental health promotion and support be shared across and between educational establishments, including the learning from the recent secondary school emotional health and wellbeing pilot programme.

12) Results of the ongoing Safeguarding Pupil Survey 2018 be fed back to the People Select Committee, including comparisons to the 2016 survey results.

APPENDIX 1: Mental Health Needs Assessment for Children and Young People – Summary of Recommendations

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Mental Health Needs Assessment for Children and Young People – completed May 2015

Summary of Recommendations

Data

1. Recognise that levels of need have the potential to be high in view of local levels of deprivation and the increasing numbers of children and young people who experience risk factors associated with poor mental health; in particular those who have chaotic home environments.

2. A standard approach to collation of activity data should be agreed for all services who refer into, or utilise CAMHS services. Any future needs assessment should not be limited by a fundamental lack of data relating to need, demand or service utilisation.

3. Where service data and prevalence data do not match, review if this is due to classification, detection or referral etc.

Mental Health Promotion & Prevention

4. Increase awareness of children and young people's mental health through promotional campaigns to promote good mental health and tackle stigma and discrimination.

5. Establish a prevention and early intervention approach to mental health in schools with a particular emphasis on the early years; consider the 8 principles as set out in the Public Health England document 'Promoting Children and Young People's Emotional Health and Wellbeing'.

Early Identification & Early Diagnosis

6. Provide targeted early intervention support to children and young people who are at increased risk of developing mental health problems such as; LAC, SEN, youth offenders, LGBT, and young carers. Ensuring effective support is given to those who are also affected by risk factors, particular those with parents who have mental health problems or whom have suffered a bereavement or family breakdown.

7. Improve communications about services available for service users, carers, and all professionals who work with children and young people.

8. Workforce development for schools and local authority services to support with the early identification of children with mental health and emotional wellbeing problems and how to support and refer effectively.

9. Review how CAF is used in early identification of mental and emotional health needs and how the CAF is used in identifying risk factors that could be linked to poorer mental and emotional health outcomes e.g. Parental substance misuse, domestic abuse.

Pathways to services

10. Develop pathways for children and young people that provide opportunities outside of TAMHS and CAMHS to support low level mental health and emotional wellbeing.

11. Rates of self-harm are higher than similar rates both regionally and nationally. In conjunction with work to promote early intervention and reduce the impact of risk factors, the referral and treatment pathway for self-harm should be reviewed against NICE guidance to ensure that services to address these issues are as comprehensive as possible and that secondary prevention measures are in place to reduce rates of reoccurrence.

12. Ensure pathways support the transition of children and young people to adult services. Young people should be offered a planned, well communicated and informed process. Transition pathways should consider recommendations set out in the Closing the Gap publication and should consider the new NICE guidelines due for release February 2016.

13. Ensure parents have access to the appropriate support, including support for parenting and parent mental health.

Joint working

14. Improve joint working across health, local authority and voluntary sector services to ensure that the combined capacity of both statutory and VCS services is appropriate to provide services that comprehensively offer resilience, promote good mental health.

Aligning local services with national recommendations

15. The development and delivery of a children and young people's emotional wellbeing plan that incorporates and addresses the gaps and recommendations highlighted in this report. This plan should have shared ownership from Local Authority, Health, Education and other partners overseen by the Children's Partnership Board, of the Health & Wellbeing Board.

Aishah Waithe

SBC Public Health

APPENDIX 2: Adult Mental Health and Emotional Wellbeing Needs Assessment – Summary of Recommendations

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Adult Mental Health and Emotional Wellbeing Needs Assessment – completed March 2017

Summary of Recommendations

1. Conditions in which people live and grow has an impact on their health and wellbeing. The feasibility of a 'Health in all Policies' approach should be considered in order to address social problems inextricably linked with mental health problems. Incorporating health considerations into decision-making and policy areas will support address inequalities linked with the social determinants of health. A 'Health in all Policies' approach will require effective coordinated action with support across the Local Authority, Clinical Commissioning Groups, Foundation Trust, Fire, Police and Voluntary Sector amongst others.

2. Further information and intelligence is required to determine the level of need in at risk groups within the population, particularly veterans, young people transitioning to adult mental health services, asylum seekers and those who identify as LGBT.

3. A systematic approach to increasing access to psychological therapies and raising awareness of the service both at a population level and targeted at deprived communities and at risk groups including men should be considered.

4. A systematic approach to increasing awareness of mental health and early identification of mental health problems within primary care and other health services particularly targeted at high risk groups should be implemented.

5. A systematic approach to delivering workforce training in relation to early identification, mental health literacy and suicide prevention should be considered. Training should not be limited to mental health services, General Practice and A&E and should include services that are not traditionally considered to have a direct involvement in mental health e.g. Housing, Police, DWP, the Local Authority Benefits Service and local business' etc.

6. Health and Wellbeing Board partners to ensure appropriate support for the effective implementation of the Tees Suicide Prevention plan locally.

7. There was limited information on service thresholds and criteria, additional service mapping should be undertaken to identify potential gaps in support where service users do not meet thresholds. A particular focus should consider perinatal mental health and dual diagnosis.

8. Service users and the workforce being assets that have first-hand experience of mental health services the feasibility of co-production should be considered in relation to service planning and service development.

9. Service users are experts by experience; shared-decision making should be implemented as a part of practice across general practice and mental health services, NICE guidance should be considered to support this recommendation.

10. Due to timescales and availability of information there are some gaps in intelligence and service activity. Future reviews of the mental health needs assessment will require additional input from services to provide sufficient data to establish need and demand.

11. Ensure that recommendations within national policy and guidance documents (e.g. Five Year Forward View, No Health without Mental Health) are considered in local strategies and plans.

Aishah Waithe

SBC Public Health

APPENDIX 3: 'Strategy on a page' – Health and Wellbeing Board

Overall aim and vision

This strategy outlines the plans for improving the mental health and emotional wellbeing of the residents in the Borough. It highlights an ambition to work collaboratively and in partnerships across a range of communities, settings and services to ensure better outcomes for all.

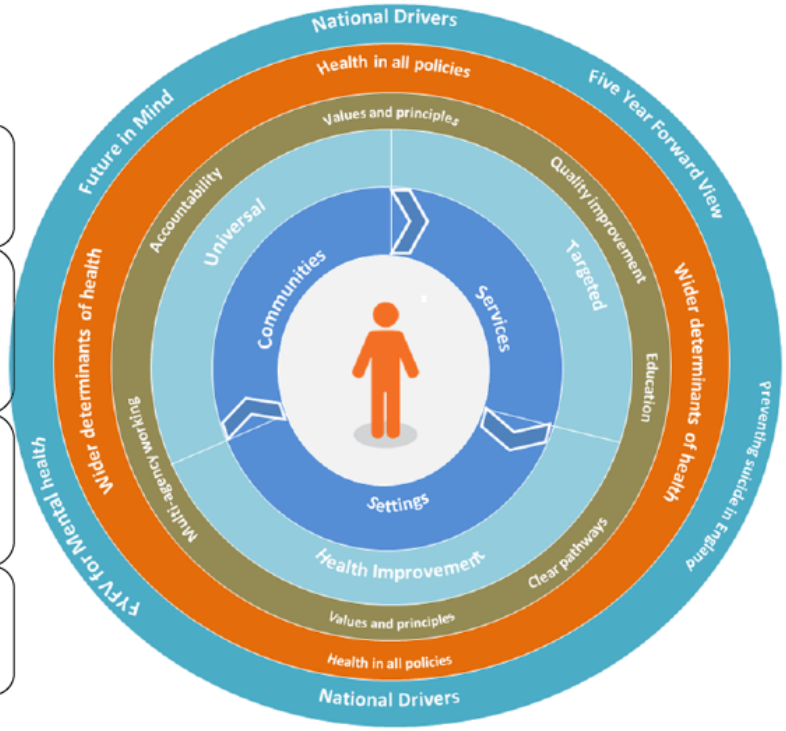
Strategic Priorities

Universal: To promote mental health & wellbeing across the lifecourse for the whole population, supporting mentally healthy communities and places, to prevent ill health by addressing the wider determinants of health.

Targeted: To take a targeted approach for groups at risk of poor mental health and wellbeing, including those during the transition period, older people and new mums. To improve early identification, access and intervention to prevent the progression of poor mental health

Health Improvement: To support those with mental health problems to promote recovery and wellbeing including their physical health. To prevent recurrence or reduce risk of recurrence for those with established conditions, ensuring the right care at the right place at the right time.

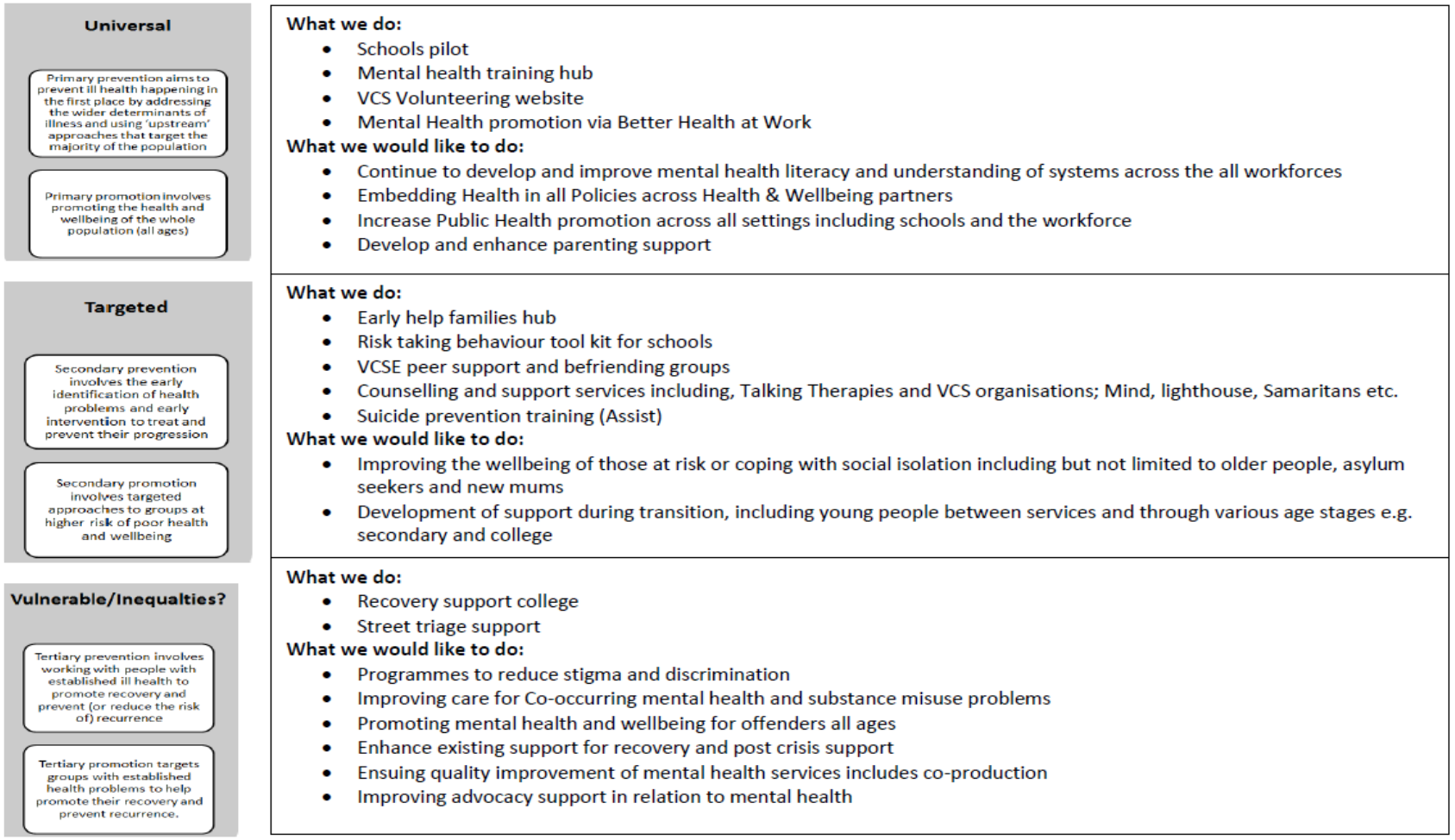
Values & Principles: Underpinning the effective delivery and implementation of the integrated strategic action plan are a set of core values and principles agreed by partners which should be implemented to form the basis for all future work to be built on.



Strategic Alignments

The strategy also considers existing local works, including the CCG mental health work plan, the Tees-wide Suicide Prevention Plan and the Future in Mind priorities. Opportunities to align commissioning and procurement processes will also be considered alongside utilisation of contract levers to enhance service provision not limited to mental health services *E.G; improving pathways between substance use and mental health services or embedding workforce training in commissioned services.*

APPENDIX 3: ‘Strategy on a page’ – Health and Wellbeing Board



APPENDIX 4: Future in Mind – Building capacity across secondary education (pilot overview).

Future in Mind – Building capacity across secondary education

Introduction

In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.

Some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

Background

A project plan was agreed to take forward a pilot to look at capacity building across schools in both Hartlepool & Stockton on Tees. A cohort of 10 schools across Stockton on Tees has taken part in the pilot. The schools participating are as follows:

1. Horizons Academies Trust Abbey Hill
2. Horizon Academies Trust - Westlands Academy)
3. Conyers School
4. Egglescliffe Academy
5. Ian Ramsey CoE Academy
6. Grangefield Academy
7. Out wood Academy (Bishopsgarth)
8. Our Lady & St Bede's Academy
9. Northfield School & Sports College
10. Yarm Independent School

The pilot supports an educational development model that sees the understanding of and building of resilience as one of the core cultural change required. A report from the Department of Education, "Mental health and behaviour in schools; Departmental

advice for school staff" (March 2016), emphasised the important role schools and their staff can play in supporting children's mental health and well-being.

There is currently a great deal of variation in both the availability and quality of school-based early intervention provision. The aim of the pilot is to:

- Develop a whole school approach to fostering a culture that builds resilience and enhances the emotional wellbeing of children and young people
- Increase the knowledge and skills of the school community, in order to support early identification of need and access to appropriate intervention
- Create 'school champions' within schools and learning support networks across clusters, with close effective working with CAMHS (TEWV) - see competences in Appendix A
- Develop a training program which could be built upon over time, embedded into the PDP process and be supported through network action learning sets.

Anticipated Benefits

There are a number of benefits that would hope to be realised through the pilot. This would include:

- Schools would have at their disposal a suite of targeted evidenced based interventions.
- Targeted training would help with the early identification of conduct disorders and through this a decrease in behavioural difficulties in the classroom.
- Targeted training would help with the identification of attachment issues; mood disorders (anxiety and depression) & pervasive development disorders for children and young people such as autism, ADHD.
- A whole school approach to early help intervention and support would have a positive impact on supporting improvements in school attendance.
- A positive impact on school attendance would have a direct impact on improving academic attainment which would improve OFSTED outcomes.
- OFSTED outcomes in relation to welfare; health & well-being and safety would also be improved.
- Early help and intervention would support the safeguarding agenda for vulnerable children and young people.
- Stronger links with external agencies through the school champions and learning around mental health and well-being would be formed and sustained.
- Champions would help reduce the level of inappropriate demand for specialist services and increase access through close working with CAMHS for the most vulnerable children and young people.
- Spend on external organisations for specific support on mental health well-being would be targeted more appropriately and is likely to be significantly reduced once internal capacity and capability is realised. Internal sustainability would be an achievable and realistic outcome.
- Increased knowledge and awareness and the positive benefits noted above are likely to also impact on the staff themselves helping to improved their own self-awareness of mental health & well wellbeing; improve attendance and

impact on agency spend for schools. This would also have a positive benefit in overall school performance.

- Increased knowledge would improve staff confidence in dealing early and appropriately with mental health & well-being issues

The training programme.

The training programme commenced in March 2017 and covers the fundamentals of supporting young people's emotional wellbeing, resilience and behaviour within an inclusion triangle framework, and will focus on:

- Skills and knowledge - developing different and new understandings of emotional wellbeing as well as a reflection on existing theories.
- Understanding what well-being means in daily life/work (knowledge) and knowing some ways to promote and develop it (skills).
- Resources and environment - developing practical approaches to supporting emotional wellbeing from day to day.
- Using what's available positively and purposefully.
- Hearts and minds - adopting and nurturing a whole school ethos to wellbeing.
- Developing a positive attitude & a desire to nurture the wellbeing of every person within a school community. Having a genuine belief that this is worthwhile.

In addition learning sets will be supported through the duration of the pilot to enhance the learning and help further build on the skills sets of those individuals taking part.

APPENDIX 4: Future in Mind – Building capacity across secondary education (pilot overview).

Module	Length
Self-harm & risky behaviour	21 March (0930 - 1630)
Resilience/staff well being	05 April (0900 - 1230)
Learning Set 1 – Consolidation & skills development	25 April (1500 - 1700)
Anxiety & Depression	27 April (0930 - 1630)
Coping with Loss	18 May (0900 - 1230)
Learning Set 2	25 May (1500 - 1700)
Managing strong emotions/re-thinking challenging behaviour	27 September (0930 - 1630)
Learning Set 3	04 October (1500 - 1700)
Attachment	17 October (0900 - 1230)
Eating Disorders and Body Image & ASD	31 October (0900 - 1630)
Learning Set 4 & review	08 November (1400 - 1700)

The pilot and the learning within the pilot are being formally evaluated and will be reported on by the end of March 2018. The formal evaluation proposal is available on request.

On- going developments within the programme are reported through a bi- monthly newsletter an example of which can be seen at Appendix B

RW/08 September 2017

APPENDIX 5: TEWV – Transition from CAMHS to Adult Mental Health Service

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Response from TEWV to Committee questions regarding transition from CAMHS to Adult Mental Health Service

- What does the transition plan cover, and how is it managed between the two services (CAMHS and AMH)?

  The transition plan covers information such as:
  - Relevant & Significant family, life events etc
  - Relevant & Significant MH Issues
  - History of trauma (ie domestic violence, abuse etc)
  - Any forensic history (ie involvement with police, past/pending convictions, risk to others etc)
  - Previous assessments (ie IQ, ASD, ADHD, in-patient etc)
  - Other agencies involved
  - Current mental health state, needs and diagnosis
  - Historic & current risk
  - Resilience (ie coping strategies etc)
  - Current medication
  - Historic and current work/input client receiving from CAMHS (model used, how long, impact on well-being etc)
  - Engagement in services
  - Individual goals (ie from client, parents/carers etc)
  - Expectations from AMH Service and role of CC/LP (client & CAMHS)
  - Liaise with relevant services/client
  - Male/Female preferential worker

  There has been a pilot of a transition panel in Hartlepool locality (which is joint been CAMHS and Adult services) – this produced positive outcomes and is in the process of being rolled out in Stockton. All 17 ½ year old + (in CAMHS) are discussed.

- Does transition planning always occur at 17½ with transition at 18, or is there some flexibility in this?

  - If a young person is already in CAMHS service then they will have to have a transition plan in place by 17 ½ years old. If they are referred after this age then they will have a plan co-produced once we meet with them.
  - In relation to whether all 18year old transition to adult – then the majority is yes, however there are exceptions according to clinical need.
  - If a young person is referred just before there 18th birthday (and depending on presenting problem) then there is negotiation as to whether it is appropriate for adults to communicate with them straight away (to avoid unnecessary services becoming involved)

- For those who do not meet the threshold for AMH services, is there flexibility to offer CAMHS services beyond the age of 18?

  - CAMHS are commissioned up to 18th birthday and we do not offer services beyond young people's 18th birthday (although there are exceptions to this depending upon if young person is already in service and depending on need, if a piece of work is time limited, young people in LAC are seen beyond their 18th birthday)
  - If a young person doesn't require transition to AMH then the team will consider what other services are available if required through the local offers.

- Please could you explain the differences between how the two services (CAMHS and AMH) are delivered, and how this may impact on transition?

  - Clinical presentation and thresholds between the services are different - hence what CAMHS will accept and work with are not always accepted into Adult services
  - The model and service paradigm of the two services do not always complement each other – ie – the difference between dealing with young people (under 18/children) and adults (once 18)
    - Ie - parents often feel involved in CAMHS they report this is different once in Adult
    - Young people report that they experience the two services different – ie – ie in CAMHS they may have had a formulation around their mental health/behaviour presentation then when they go to Adult they get a diagnosis of PD.

APPENDIX 6: Optimus Education – Putting happiness on the curriculum.

Special Children
Meeting children's additional educational needs

Mental health

OPTIMUS EDUCATION

The world's first 'outstandingly happy school'

Putting happiness on the curriculum

As concern about young people's mental health continues to grow, **Andy Cope** offers a solution that spreads happiness throughout the school and beyond

It's a crisp March morning in 2017 and I have come to the headteacher's office of Billingham South Community Primary School, Stockton-on-Tees, to make a podcast with four pupils who were introduced to Brilliant Schools by my two colleagues six months ago. So what can they remember?

'The happiness pig!' declares eight-year-old Belle instantly. 'Tell me more,' I respond, and she's off.

'The happiness pig was just an ordinary pig,' she says, 'who became even more ordinary by being happy, because happiness should just be an ordinary thing inside of you. Then he had so much happiness, he couldn't keep it all inside of him, so he decided to share his happiness so he could see more happy faces.'

'And what happened next?' I enquire.

'First it came to all of the pigs,' she rattles on. 'Then it came to the sheep. Then it came to the chickens. And then it came to the entire world!'

Six months may have passed, but Belle and her classmates can remember it all vividly, from the 2%ers – the tiny proportion of people who are really positive almost all of the time – to mood-hoovers whose constant whingeing rubs off on others, and the sausage machine whose end product is only as good as the ingredients you put into it.

Better still, their 10-point action plan to spread happiness throughout their school and out into the community has borne fruit and they are our first 'outstandingly happy school.'

Brilliant Schools

Brilliant Schools is the latest programme from Art of Brilliance, which provides training for businesses and schools based on research I conducted into the habits and mindset of 2%ers for my PhD in positive psychology. Tailored to the needs of the group, who range in age from Key Stage 2 through to sixth form, it creates and embeds a culture of wellbeing by putting the children firmly in charge.

It starts with three half-days of training, where the children are introduced to six key principles through fun, interactive activities.

- Choosing to be positive.
- Understanding your impact on those around you.
- Taking personal responsibility.
- Resilience – what we call bounce-back-ability.
- HUGGs – huge unbelievably great goals.
- Strengths – finding your strengths and playing to them.

On day three, we challenge the children to take what they have learned and design a 10-point action plan to make their school the most brilliant in the country, mapped against three areas.

- What can you do to improve your own learning?
- What can you do to improve the happiness of everyone else in your school?
- What can you do to improve the wellbeing of your family and the wider community?

APPENDIX 6: Optimus Education – Putting happiness on the curriculum.

A teacher is appointed to oversee the project and we leave them to it, keeping in touch through email and Skype, returning five or six months later for the inspection, when the children present evidence of the progress they have made and explain where they might go from here. Finally, we compile a full report in child-friendly language and present them with a huge banner to display to the world: 'We are officially an outstandingly happy school.'

Spreading happiness and wellbeing

Because the project is driven by the children themselves, no two plans are the same. However, here is a selection of activities from a cross-section of schools.

- Random acts of kindness (more of them, or devoting a special day to them).
- Singing to residents in a retirement home.
- Packing bags for customers in the local supermarket.
- Children design and deliver a mini 'happiness curriculum'.
- Children run happiness assemblies.
- 'Kindness police' issue a ticket to anyone caught exhibiting a positive behaviour, which the recipient must take to the headteacher, whose cupboard is well stocked with prizes.
- Children wash their teachers' cars (without telling them first).
- Children design 'golden tickets' for a special parents' evening, where they explain 'being brilliant' to their mums and dads.

Impact

It requires buy-in from staff, which is why we run twilight training sessions or a half-day Inset if the school can manage it. Where schools have put their hearts into it, the impact has been profound. But they can explain that better than I can. Time to hand over to two pioneers, starting with the headteacher of the world's first outstandingly happy school.

FIND OUT MORE:

- **Art of Brilliance training for schools:** http://bit.ly/sc241-18
- **Billingham South Primary School pupils' podcast:** http://bit.ly/sc241-17

Andy Cope is a happiness expert, author of the best-selling children's Spy Dog *series and of* The Little Book of Emotional Intelligence: How to Flourish in a Crazy World. *www.artofbrilliance.co.uk*

Pupils prepare to inspect the quality of the school's happiness and growth mindset displays

A joined-up approach

Headteacher **Edwin Squire** explains how becoming an 'outstandingly happy school' has been part of a wider initiative to embed a positive mindset across the school

My deputy headteacher Kathryn Hendy and I first came across Andy Cope at a headteachers' conference in 2015 soon after we were promoted to lead the school.

What he was saying resonated with our own views on education and, indeed, on life as a whole. We put him temporarily out of our minds, however, while we focused on our first priority: resilience.

Resilience and growth mindset

Billingham South Community Primary School serves an area of significant economic and social disadvantage and a lot of our children found it difficult to try hard. This was confirmed by our first pupil voice session. We had gathered 12 pupils in my office, and when we asked them: 'What do you do if you find a task difficult in class?' nine out of the 12 said they gave up or opted out in some way. Yet they weren't lacking in initiative. One boy's strategy for keeping out of trouble was to 'make sure somebody notices that the person next to me is doing worse than I am!'

In contrast, the pupils in our support base for children with cognition and learning difficulties were amongst the most resilient in the school; you could see from their happy smiling faces that they positively relished coming to school. Staff in the base were working hard to encourage a 'can do' mentality – it resembled growth mindset in some respects, although we didn't give it that name. How could we harness that elsewhere?

We discussed this at length, attended a conference led by Carol Dweck, read up about it and were thoroughly convinced. So growth mindset has been one of the drivers transforming the culture of the school.

Vision and values

Another major influence has been our values. The school has always provided a values-based education, but in the past these changed year on year through a democratic vote. We already knew what kind of school we wanted to be, so the first thing we did was to draw up four sentences to capture our school vision.

- Everybody prepared and inspired to be the best they can be.
- Excellent classrooms.
- Excellent relationships.
- Hearts in Billingham and eyes on the world.

In consultation with staff, we then decided on five core values that we felt would support our children to be successful in life: quality, trust, happiness, resilience and courage.

APPENDIX 6: Optimus Education – Putting happiness on the curriculum.

Calling in the inspectors

Now that we knew the direction we were taking, in the autumn of 2016 we turned to Brilliant Schools as the third plank of our approach.

In the interests of sustainability, we chose years 3 to 5 as they would still be with us the following year. Two Art of Brilliance trainers worked with each year group in turn – 180 pupils in all, accompanied by their classroom staff.

We have amazingly positive staff. They had already willingly stayed behind on a bleak, snowy evening for a training session and were eager to get started. It's all too easy for projects like this to be viewed with an element of cynicism, so it's vital to have your staff fully on board.

The children spent the next three days working on their huge unbelievably great goals, the idea being that they would conceive of small steps to get where they wanted to be. As part of that, they were introduced to the idea of resilience and happiness – turning up at school ready to embrace it, have fun, enjoy their learning and have a go at things.

On day three, they started developing their plans. One of their ideas for the classroom was to rename all the classes with positive, dynamic names. Their ideas for around school included having playground buddies and approaching anyone who looked unhappy to see if they could cheer them up. They also came up with ways of incorporating our values and helping out and about in the community – something we were already doing, since we have our 'hearts in Billingham and eyes on the world'.

Which brings me back to our vision and values.

A pupil stands by a values display proudly wearing her rainbow badge

Rainbows and badges

At the start of that same autumn term, we had called a staff meeting to discuss how we could embed our values into the daily life of the school. Out of this came the idea of having a rainbow display in every classroom and giving the children a coloured sticker every time they displayed a value. They would get a sticker for showing happiness, and another if they proved trustworthy in carrying out a job. They would get a sticker for trying hard at something difficult or embarking on a project they didn't really want to do. When they had collected all five, they would be awarded a rainbow badge.

18 months down the line, these badges are massively prized. To keep the children going, every time they demonstrate the five values again, they get a certificate, which is also their licence to keep the badge (to give the system added worth, we had decided that lost badges would have to be re-earned). Eventually, if a child retains the badge five times, they get a sew-on badge for their uniform. That is a considerable feat and nobody has made it yet, although one child is very, very close.

Pulling it all together

Meanwhile, Mrs Hendy and I were so enthused by growth mindset that over the year we put on five staff training sessions. Today, you will see growth mindset being promoted in every classroom, not just on the walls, but by the language and the approach of the teachers. At the same time, you will see our values displayed everywhere, with the children's rewards beneath. And you will see children wearing badges.

Even the glass roofs above our two quads have been refitted to feature rainbow motifs, so that when the children walk round school there are reminders of the values wherever they go.

Moving forwards, this year we introduced mindfulness sessions in years 3 and 4. We also invested in having Mrs Hendy trained in attachment disorder. We know you can't wave a magic wand and expect children who have experienced huge trauma to suddenly become happy, and we already provide counselling. However, if we can change some classroom practice, we hope they will gradually become better able to embrace some of the values of school and have a more positive outlook.

In addition, we have been working closely with a local counselling service to provide a transition club for children who might find the move to secondary exceptionally difficult and help them carry our values with them. So it is very much a joined-up approach.

And finally

Returning to the theme of resilience, when we did a repeat pupil voice session at the end of last year, the transformation was fantastic, not just inside school but outside too. One child told us: 'I am the captain of my cricket team and I make sure that we all try hard and encourage each other.' Other children made similar comments about their house or their football team. Out of the 12, not a single person suggested giving up as an option when presented with something difficult. They all talked in some way about trying harder, working harder, going away to think about it and coming back to try again.

Meanwhile, our PSHE coordinator,

Pupils, staff and parents dance together at a 'Glastonbilly' summer community event

APPENDIX 6: Optimus Education – Putting happiness on the curriculum.

who steers our Brilliant Schools project, has introduced some lovely things for staff, including a shout-out notice board in the staffroom where people can anonymously write positive things about each other. Like our rainbow displays, that board is full to brimming.

It is no coincidence that Brilliant Schools fitted so well with our values and vision. When we took over, we already had a certain positivity about how we wanted to approach our work. Meeting Andy Cope at that conference encouraged us to believe in that approach and want to further it. Then when one of the values we came up with as a staff was happiness, we went back to him to help us drive it forwards.

The Art of Brilliance group prepare resources for the feeder school conference

Students take the lead

Martin Burder describes the impact of Art of Brilliance in a secondary school where it has been embedded for several years

Like most schools, King Edward VII Science and Sport College in Coalville, Leicestershire, puts on induction days to welcome next year's new students – in our case Year 10, as we are a 14-19 school.

But that's not the only thing that sets us apart. At King Edward VII, the Art of Brilliance Year 11 group is in charge, supervised by the Year 13 group who ran their own programme two years previously.

Hitting the ground running

The purpose of the day is to introduce the new intake to the ethos of our school before they come to us, so they can hit the ground running. Over the course of five hours, over 300 Year 9 students from different feeder schools come together to be instructed in the six Art of Brilliance principles (see page 16) by our Year 11 experts. Tutors and pastoral staff also attend, giving them a valuable opportunity to build relationships with their new tutees and enjoy some refresher training themselves.

It is a major undertaking, and the Art of Brilliance group spends the whole year gearing up for it. This is their conference, so how they allocate the themes and strike a balance between theory and practice is entirely up to them. My role, along with the pastoral and progress leader, is to organise the logistics, such as venues and catering, and ensure that it all goes smoothly, but the rest is their responsibility. They will come to us for advice, checking the availability of staff or resources or asking if we think one of their planned activities is likely to work. We often encourage them to run little pilots to find out, so they feel confident on the day.

Last year one of the tasks they designed for bounce-back-ability required Year 9 to work in teams to build a tower out of paper and straws, only to have it knocked down again just as it was reaching completion. 'You've ruined it!' the students would exclaim, to which their 'teachers' would respond: 'Yes. Life's like that sometimes. What are you going to do now?' Having already been introduced to the principle of bounce-back-ability at the start of the session, Year 9 took it in their stride and set to work again, working more efficiently this time by collaborating better in their teams.

The day concludes with a celebration assembly with certificates and prizes for the people who have exhibited positive behaviours most consistently throughout the day. It is also a great chance to recruit new members to the Art of Brilliance group. 'Did you enjoy today? Would you like to take our place in two years' time? Come to our lunchtime meetings next year and you can become a happiness expert too!'

Reciprocal learning with business leaders

The other big project we have involves Year 10 and, like the conference, is supervised by students who have done it before, this time Year 12.

Working at six-monthly intervals, two groups go into CEVA Logistics, one

APPENDIX 6: Optimus Education – Putting happiness on the curriculum.

of the largest logistics companies in the world, to run a little programme for its leadership group. These are aspiring leaders following a five-day management training course who have no idea what lies in store on their final day, as previous participants have been sworn to secrecy. When the day comes, they are met by our 'positive psychology consultants', who explain our philosophy and then set them challenging tasks. Later, the business leaders return the favour by coming into school to deliver a lesson on work-related topics, such as interview technique and dealing with difficult workplace situations.

Both parties find the prospect terrifying. Our students look at these people who are at the top of their game in a massive international company and wonder how they will cope, but when the logistics people discover they will have to lead a lesson with 14-year-olds, they are equally phased. It takes everyone completely out of their comfort zone. When they follow some of the behaviour patterns of 2%ers, it all works out in the end and rich learning takes place.

2%ers

Andy Cope's research analysed the behaviour, mindset and habits of the top 2% of the population who are really positive most of the time and lead successful lives as a result. Does that mean it can impact on grades? To find out, we are currently doing our own research through a competition we run at the end of each term.

We remind the students of how 2%ers behave, how they come into class prepared to grasp opportunities, what they do when the going gets tough and how they support those around them by being upbeat and encouraging. Then for two weeks staff make a note of the most consistent 2%ers and log the top two in each class in our data system. We also do a termly grade sweep, and I put the two figures together to see if there is a correlation.

Year 10 devise and deliver training for aspiring leaders at CEVA Logistics

Two students deliver a workshop on 2%ers and mood-hoovers

The evidence to date shows that the students who like being at school are performing the best. It sounds obvious, but it raises the question: what are we teaching our students? Are we just focusing relentlessly on grades, which is fine because grades will go up? But would a simpler and more fulfilling way of achieving the same objective be to make sure they are enjoying school?

Persuading the reluctant few

There will always be some students who resist – 'I've just spent a day learning about positive psychology. What is the point of that?', a classic mood-hoover response – but they are few and far between. Meanwhile the impact on the self-confidence and self-belief of the others is phenomenal.

A shining example is a girl from a very poor background in the Art of Brilliance group. She is extremely bright and very conscientious, but she's not the coolest kid – she can't afford to be – and she used to keep her head down. When she talks to people now, her confidence has just blossomed; it has transformed what she thinks she is capable of. Other students see that and think: 'If she can do it, why can't we do it?' Once they have bought into the idea that they can be as positive as anyone else, then it really works.

The important thing is putting it on the agenda and making clear to the reluctant few that relationships go two ways. 'If half of why you are fed up with school and not progressing is your fault, can you do anything with that half? You have a choice of how you enter a lesson. You have a choice of how well you do your homework. You have a choice to say nice things to people and celebrate their achievements. Making it as hard-hitting as that sows a seed: 'What if I just try this for one day, for an hour, for just the first part of the lesson as I walk through the door?'

Additional support

Some students are still going to find life hard, and this year eight members of staff have been relieved of normal tutor group duties to become wellbeing tutors instead. We all have different specialities and mine is mindfulness. In half-termly blocks, I spend an hour a week with students who have self-selected or been encouraged to try it, showing them how mindfulness and meditation can help them control stress and banish negative thoughts.

I also spend 10 minutes a week mentoring two vulnerable students; a boy who is falling well below his target grades and a girl who has issues outside school that are causing her distress. It's like a brief counselling session, a chance for them to offload their concerns and feel they are being supported. In the girl's case, I give her little Art of Brilliance homeworks, such as writing down for a week the best thing that has happened each day, which really helps to boost her morale. When you look for positive things in the world, your brain gets better at seeing them, and the more you see, the more positive you become. When she tells me all about it the following week, that doubles the impact because she is reliving these moments.

Initiatives like these cost money and time, and I feel privileged to work with a headteacher who really appreciates the importance of a focus on wellbeing and mental health. Should we be diverting these resources to extra English or maths? Given the pressures young people are under today, I think we are on the right path. If we can get students feeling they are in a good place, especially the most vulnerable, success will come in time.

Martin Burder is head of psychology at King Edward Science and Sport College and part-time positive psychology speaker