

PRIORITY THEMES



KEEP TALKING
- about mental health



FAMILIARISE & INFORM
- providing the right service at the right time



ENGAGE
- communicate, collaborate, co-create



FLEXIBILITY
- driving appropriate engagement with MHSS



EMBRACING CHANGE
- developing whole system capacity



THE SMYLE PROJECT

The Supporting Mental health services for Young peopLE study (SMYLE) was conducted in 2020 and 2021 by researchers from the Department of Psychology at Glasgow Caledonian University, in partnership with NHS Greater Glasgow and Clyde (NHSGGC) Specialist Children's Services (SCS).

The scope of the study was to explore the barriers and facilitators to engagement with mental health services (including Specialist Children's Services and CAMHS) for young people in Scotland and in the context of the Covid-19 pandemic. The purpose of the project was to engage young people and other key stakeholders in both the development of the main study and generation of data to inform on-going improvement of the whole system of mental health support. Young people's and their caregivers' stories about their experiences of mental health services have informed the priority themes presented here.

The SMYLE study was managed by a Steering Group that met bi-monthly and was organised into three phases:

- **Phase 1** - a review of existing literature
- **Phase 2** - stakeholder engagement and involvement, gaining insights to shape the design of the main empirical study
- **Phase 3** - the main empirical study, collecting qualitative data via 42 online interviews with 21 young people, 9 parents and 12 professionals.

The study was originally intended to focus only on young people based in NHS Greater Glasgow and Clyde. Due to the constraints imposed by the Covid-19 pandemic, the scope was broadened to include people from across Scotland with all interviews conducted online.

Results from the study have built on much of the existing research in the field, with participants, in the main, focusing on their negative experiences of mental health support. Communication and relationships have been identified by the SMYLE study as critical during participants' engagement journey with mental health support services (MHSS). Five priority themes have emerged from the recorded experiences of the young people and other stakeholders involved with SMYLE. These five themes are presented in this Project Briefing, with more detailed information, references and examples available in the final report www.gcu.ac.uk/smyle.



POLICY CONTEXT

Available data regarding prevalence and incidence of mental health issues among young people (i) across Scotland, combined with data on referrals and uptake of mental health support, point to a large proportion of young people experiencing negative mental health. In 2010 26% of children ~15 years of age reported emotional and behavioural problems and in 2011 14% of 16-19 year olds reported symptomology indicative of a mental health issue (ii).

The available data for Scotland is mirrored globally with between 10 and 20% of adolescents (10-19 year olds) recorded by the WHO (iii) as having a mental health problem with such conditions accounting for 16% of the burden of ill-health. WHO data for 2020 (iv) indicate that suicide is the leading cause of death for 15-19 year olds, with over half of mental health problems experienced in adulthood having origins in early symptomology by the age of 14. Data also indicate an increased risk of recurrence of mental health issues across an individual's life if first experienced at a young age (v).

The Covid-19 pandemic and its consequences have driven an upward trend in the data on mental health services and young people across Scotland. Referrals to Child and Adolescent Mental Health Services (CAMHS) in Scotland reached a peak of 10,193 in the quarter ending June 2021. 4,000 children and adolescents began treatment with CAMHS every quarter in 2021 contributing to a total of just under 29,000 for the year. The quarterly waiting list for CAMHS exceeded 11,000 (vi).

These data point to a critical need to address this growing need among young people in Scotland to prevent and treat mental health problems and promote mental well-being.



ACKNOWLEDGEMENTS

Our thanks go to all those involved in the study, including the SMYLE Steering Group, the project funder NHS Greater Glasgow and Clyde (NHSGGC) and all young people, parents, and professionals who generously gave their time to participate in our study.

Project Team

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FIVE INTERCONNECTING THEMES



Turn to pages 2 - 6 for theme information

INTERCONNECTIONS

SMYLE Steering Group

Julie Metcalfe (Chair), NHS Greater Glasgow and Clyde
 James Egan, replaced by Lynn Naven, Glasgow Centre for Population Health
 Barry Syme, Glasgow City Council
 Alex Cumming, Scottish Association for Mental Health
 Crisantos Ike, Young people representative
 Caitlin Tawse, Young people representative
 Rachel Harris, NHS Greater Glasgow and Clyde
 Kerri McPherson, Glasgow Caledonian University (Principal Investigator)
 Kareena McAloney-Kocaman, Glasgow Caledonian University
 Pia Faeth, Glasgow Caledonian University

See the SMYLE report (www.gcu.ac.uk/smyle) for full references

(i) In the SMYLE report, young people refers to the 12 - 25 age group
 (ii) NHS Health Scotland, 2013
 (iii) WHO, 2020

(iv) WHO, 2020
 (v) Kessler et al 2012
 (vi) Public Health Scotland 2021



KEEP TALKING ABOUT MENTAL HEALTH

Why?

Statistics on mental health issues experienced by young people in Scotland, and globally, indicate there is a critical and ongoing need to ensure the provision and nature of services remain top of the agenda with all stakeholders, leading to improved conversations and the prevention and treatment of mental health problems (i).

"If my parents knew, I was always terrified of them just not supporting me or disowning me because I had mental health issues. So, I never reached out to my GP until I turned 18."

Young person, female 22y, autism

This problem has been accentuated by the global pandemic caused by Covid-19 resulting in lockdowns, and the accompanying restriction on social opportunities impacting on behaviour.

Young people involved in the SMYLE study highlighted stigma as a barrier to initiating or joining in conversations concerning mental health issues.

"Fear, accepting your child has mental health issues is very hard."

Parent, no experience of MHSS

"I think just the fear of talking to someone about how you feel, in case someone else judges you or you get called, like, attention seeking ..."

Young person, female, 15y, multiple MH problems

"In school and stuff I would usually have appointments during the school day, I was always scared or embarrassed that my friends would find out. I didn't want them to know in case they thought differently or anything like that."

Young person, female 16y, multiple MH problems

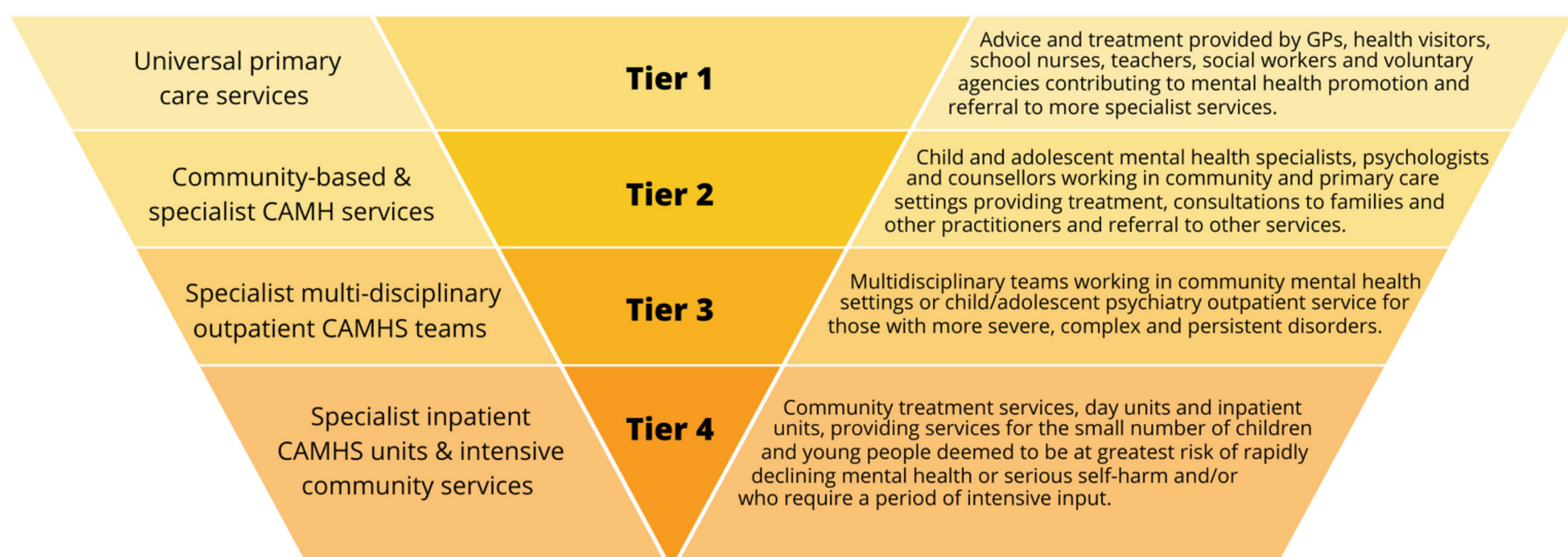
How?

- Use the current 'climate' of more open discussion concerning mental health to identify and reduce the stigma currently associated with it in order to proactively address it and reduce its impact through improved engagement with MHSS.
- Focus on improving the dialogue on mental health for younger people by utilising social media campaigns, and working on schools and community outreach, to build a better future, as well as helping to fix the present.
- Support the whole system, all agencies and professionals no matter where they are based, to change the communication narrative from negative to positive. Sharing good practices and materials, thus facilitating discussion and engagement.
- In all communications, signpost the whole system available to support mental health dialogue and access to services thus illustrating to young people the multiple routes available to them.

"I think part of the problem is [...] there isn't a clear join up between Tier 1 and 2 and Tier 3 and 4. That we need a more explicit a pathway through, from those community services, into CAMHS and back down again. And because a lot of those community organisations are third sector, and rely [...] on funding arrangements which very often run from year to year. We see them coming and going quite a lot so it's a constant changing landscape... But there also are a lot of organisations that do some good work and then they disappear."

Professional, MH service provider & support/treatment provider, Manager

NHS Scotland Multi-layered MHSS Provision



https://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/_docs/CAMHS-Tier-Model.pdf

See the SMYLE report (www.gcu.ac.uk/smyle) for full references

(i) NHS Health Scotland, 2013



FAMILIARISE & INFORM – PROVIDING THE RIGHT SERVICE AT THE RIGHT TIME

Why?

Understanding by communities, and by young people particularly, of the range of services available to suit different needs is currently low or even absent.

Referrals predominantly point to CAMHS with little focus on or understanding of other services available that may be more appropriate to address the mental health need.

"I didn't think there was services out there apart from CAMHS who could help us..."

Parent, son has autism

Therefore, there is a need to make a concerted and co-created effort to familiarise all involved with the entire 'ecosystem' of support for young people's mental health. Including all providers of the system.

"I told them as much as I could because I felt like CAMHS was a last resort for me to get help basically. So I had told them everything I could, but they never gave me a diagnosis or anything ... they said that would come afterwards but they said they knew how important it was to get me to see someone."

Young person, female, 17y, multiple MH problems

"Sometimes recognising that the interventions that they're receiving via universal and third sector services are actually enough and good enough they might not get a better service by coming to CAMHS."

Professional, MH service provider, Manager

How?

- Support young people, families and caregivers to identify whether they need help, and what type of help suits their symptoms and situation. This could be via an interactive information-tree or algorithm with video and visual elements. Including the voices or testimonials of existing service users would help to affirm its positive use in decision-making and in delivering appropriate outcomes.
- Support all professionals with access to a whole system decision-making tool to secure appropriate referrals with video or visual elements of professionals or volunteers speaking about their experience of the tool and delivery of service or support.
- Manage initial and ongoing expectations of those referred to an appropriate service, by continual communication throughout the referral process regarding the nature, location, duration and anticipated steps and outcomes.
- Personalise the service by providing in-advance familiarisation for the young person with the team/ professional with whom they will be working. For example, via a short video and biography presenting their expertise/experience. Ensuring any change in personnel is communicated in a timely and appropriate way.

"So, it was about having that discussion as a community, you know CAMHS doesn't have the magic wand or the fairy dust that's going to fix everything, it's about...a whole system ..."

Professional, MH service provider, Manager





ENGAGE – COMMUNICATE, COLLABORATE & CO-CREATE

Why?

Too often those seeking help and those helping them in that mission, do not know where to seek support, and even when contact is made engagement, may not be fully achieved.

"But I'm actually a bit at a loss because [son] won't engage and I think I don't really know what they can offer."

Parent, son with Asperger's

Timely and appropriate communication, combined with a collaborative approach and co-creation of plans and actions where possible, raise the potential to maximise engagement with all involved parties.

'Nothing about us without us' should be the mantra applied to maximise engagement helping to drive anticipated outcomes.

"When I went, there were other people there but they were all, even though they all had difficulties with their eating, the people seemed quite confident and I just wasn't. I was just really scared to talk to anyone. It just made me feel worse."

Young person, 16 y, multiple MH problems

"I wasn't really aware of the set-up. I am lucky that [child's name] talks to me a lot. I am sure at the time she did tell me...I just don't remember being part of it."

Parent, daughter with multiple MH problems

"I think partnership is definitely the key for us and our experiences anyway and the things that we have come across when we hear about young people engaging in services. We have got some young people that are engaging with services that we didn't even know that's what they were doing until they eventually told us 'Oh yeah I go and see my CAMHS worker like once a week', and we are like 'Oh right I didn't realise that was happening'

Professional, Signposter, Youth worker

How?

- Appropriate referrals based on clearly defined and agreed needs of the young person are the aim. The tiered system is not geared to provide a 'one size fits all' approach.
- Ask the opinion of, and feedback from, the young person and actively listen to those responses to understand and respond appropriately to the needs and opinions expressed. Build this into the service's protocols co-creating for example evidence-based engagement plans.
- Provide opportunities to involve young people and families in service design and improvement on an ongoing basis. For example, through a young person's consultation panel that might comment on the language used (to drive mutual understanding), and the type of session plus its timing and length (taking lifestyle/leisure options and associated costs for the young person and their family into account).
- Pay attention to the environment provided for sessions. Welcoming and comfortable settings with attention paid to confidentiality and privacy are primary aims.
- Ongoing review and reflection of engagement support packages and discharge plans is essential throughout the process with all clients but particularly young people and their families.

"A wee bit of partnership works ...I'm not re-inventing the wheel here. A lot of it is partnership work and linking in with services that are working with young people, and promoting that whole person approach..."

Professional, Signposter, Youth worker

Engagement Checklist - A Partnership Approach to Enhancing Services





FLEXIBILITY - DRIVING APPROPRIATE ENGAGEMENT WITH MHSS

Why?

Low visibility of the whole tiered system, with its flexible range of MHSS provision, creates a barrier to young people's engagement with services most appropriate for them.

"When I was in school struggling, there was just nothing at all, there was just nothing."

Young person, male, 19y, anxiety

"I've looked for support groups, things like that, and there's nothing. Like, you can't find anything."

Young person, female, 18y, OCD

"...it was basically an online, an online version, which, honestly, for me was useless. Just personally I find it a lot more helpful to actually talk to somebody, and an online kind of computer programme is just kind of completely...took the, took the life out of it. I don't know just, yeah, it wasn't, wasn't the same."

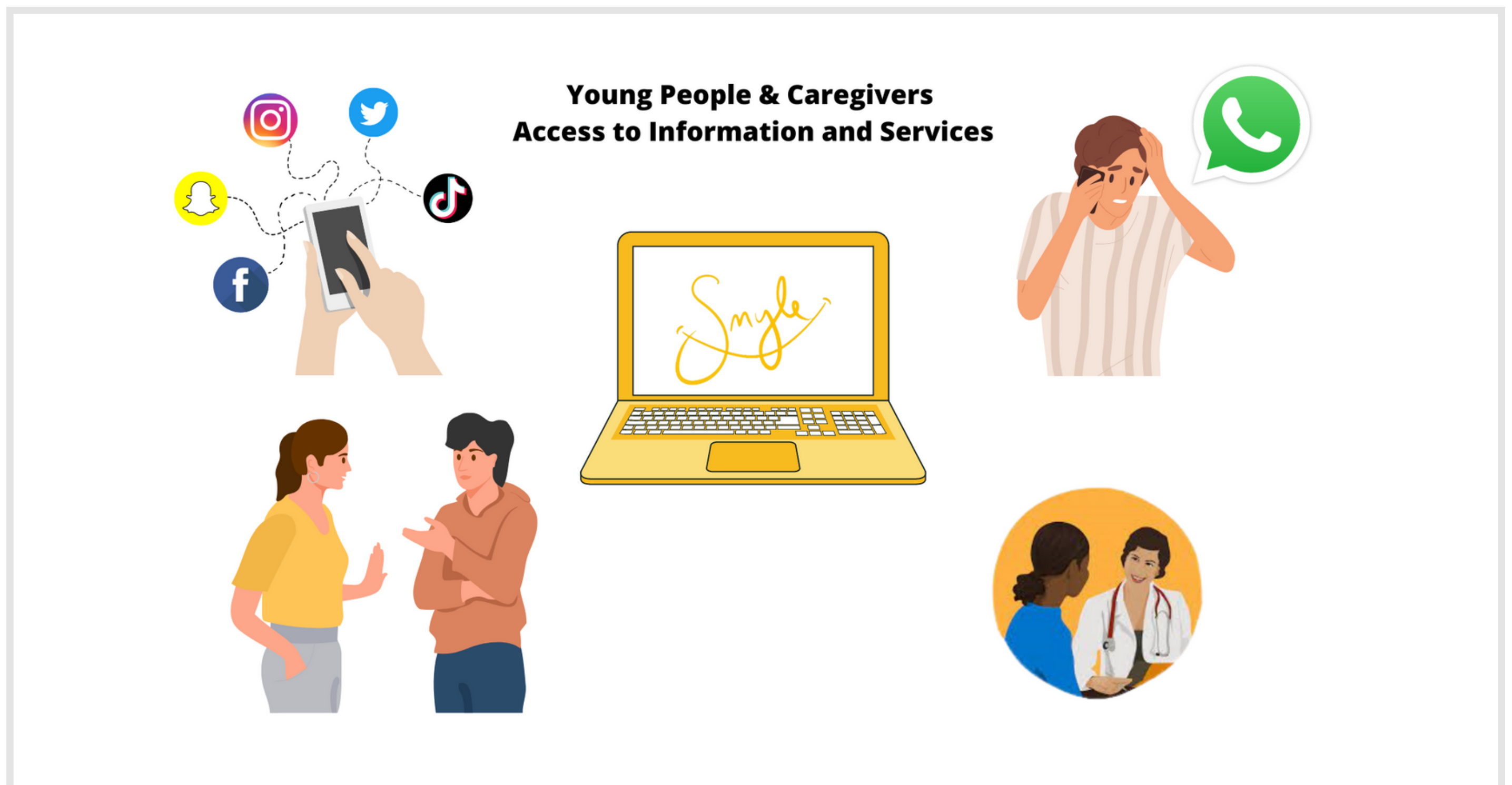
Young person, female, 25y, multiple MH problems

"...If you're trying to take a whole child approach and think systemically, you have to not just do the one-to-one work, you have to think about who's around them and the people who are most likely to be around young people, most of the time, are their parents."

Professional, MH support/treatment provider, Psychologist

How?

- Take a whole system approach to promote the visibility of the full range of services available, and their suitability to address a range of circumstances and symptoms. Young people and their families cannot access such services if they don't know they exist and are appropriate to provide the help needed.
- Continue to break down silos that may exist between different providers, removing the service hierarchy and replacing it with a matrix of mutually supportive services.
- Capture and build on changes to service provision driven out of necessity by Covid-19, securing timely feedback from clients who experienced this new provision (to build the evidence base).
- Embed virtual support as part of business, as usual, to provide an opportunity for appropriate optionality that supports the needs and preferences of young people.
- Use digital or online methods and materials to facilitate first-line contact and ongoing engagement by creating online information, decision-making tools, and leaflets that are easy to share and download, to facilitate and encourage access to a range of pathways to relevant support.





EMBRACING CHANGE - DEVELOPING WHOLE SYSTEM CAPACITY

Why?

The wider environment and mental health need has changed. A whole system shift is required to build on experiences of young people, their caregivers and professionals, including the changes accelerated and accentuated by the pandemic.

All providers of mental health support (volunteers, gatekeepers and professionals) need to be supported together to embrace change in order to meet the ongoing and widening needs of young people, their families and caregivers, building on existing whilst also developing new evidence-based skills.

"I did do a video call with her [...] I think when you can see people's face as well, it's more helpful because you can read their expressions. So that was obviously better than the telephone calls but definitely seeing someone in person is much better."

Young person, female, 18y, OCD

"And basically the worker said 'If you don't, I can't see you. You're not allowed to come in face to face. So if you won't engage online, then I am going to discharge you. That's what we've been told to do'. So I said 'No way. Absolutely no way'."

Parent, child with anxiety

"...it's about changing parents and carers views on the services that they access. And sometimes recognising that the interventions that they're receiving via universal and third sector services are actually enough and good enough, that they don't always need to come along to, they might not get a better service by coming to CAMHS..."

Professional, MH service provider, Manager

How?

- Monitor engagement outcomes coupled with a collection of robust data embedded into these actions and across all services involved in the system.
- Set as a priority and make it easy for all involved in MHSS to share good practices, supported by mechanisms to ensure implementation and application across all sectors and environments.
- Develop and strengthen interaction amongst and across whole system provision, including health (NHS), education (schools/colleges/universities), and third sector (charities). Involving volunteers as well as mainstream/professional teams to promote better inter-agency working and public understanding/perception of the whole system approach.
- Review the provision of initial and ongoing training for mental health professionals in virtual environments and in the use of digital technology so these methods can be utilised appropriately to the greatest effect.
- Review specific provision of initial and ongoing training for mental health professionals, and staff and volunteers in different sectors, on engagement strategies together with regular opportunities to share usage and experiences of clients as well as providers. Utilising 'story-telling' to share experiences will increase memorability and impact.

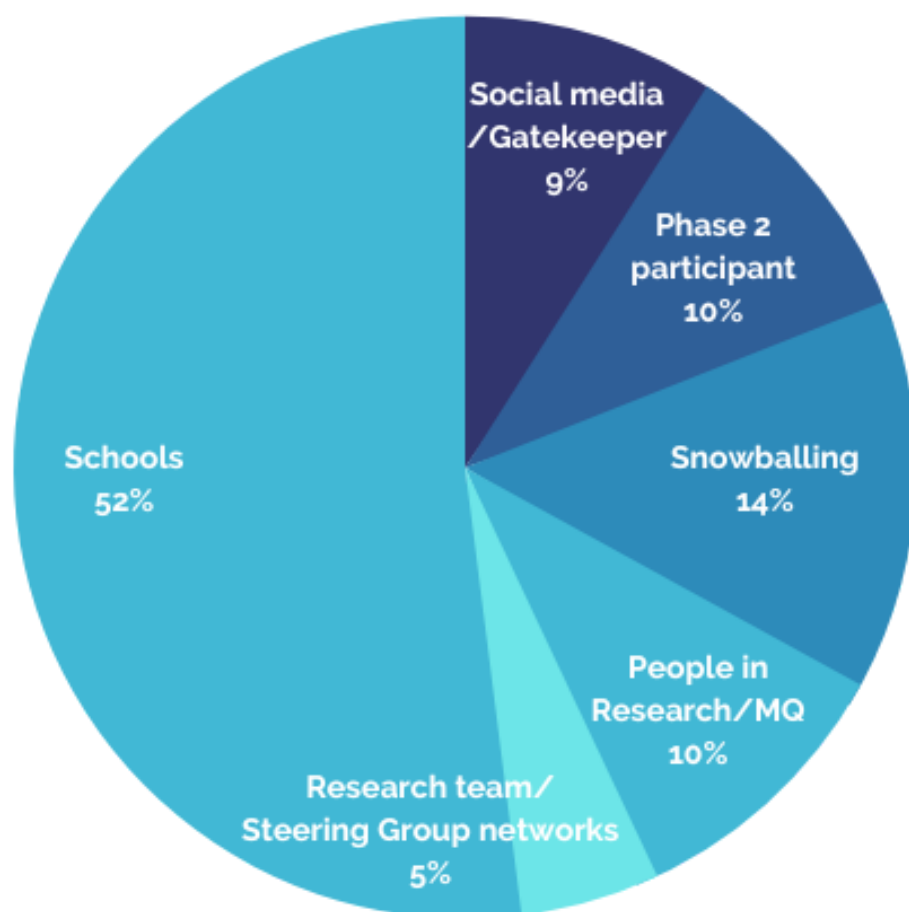


SUPPORTING MENTAL HEALTH SERVICES FOR YOUNG PEOPLE STUDY

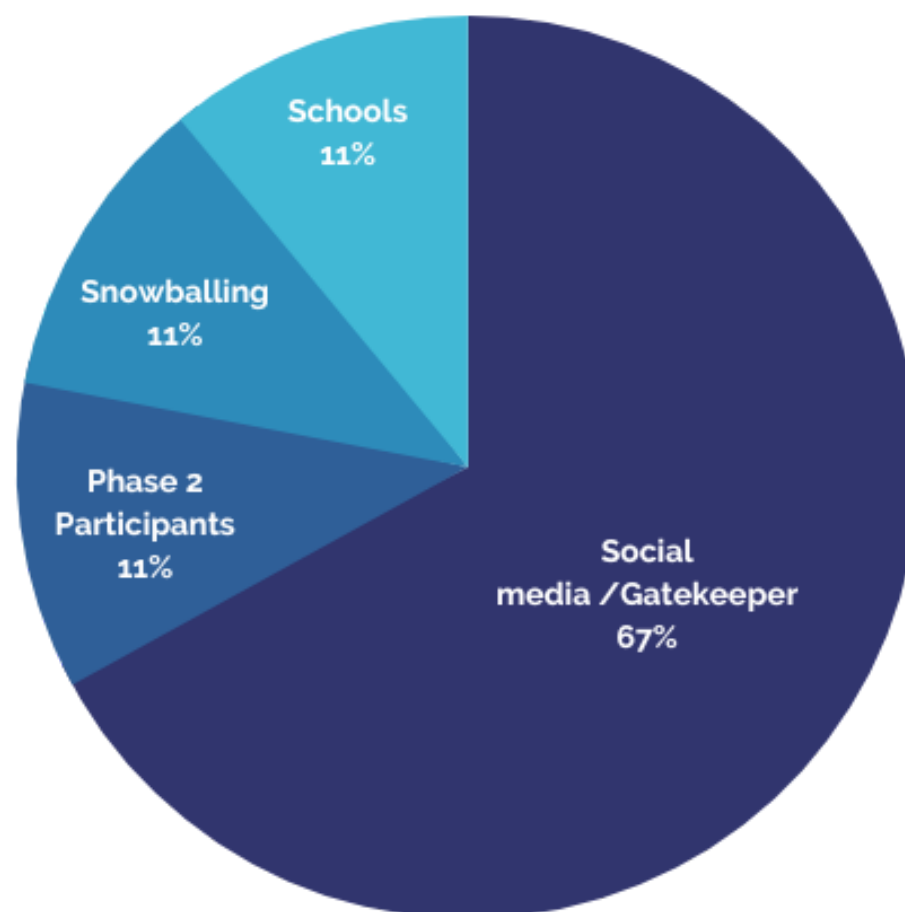
Phase 3 – Empirical study collecting qualitative data via 42 online interviews with 21 young people, 9 parents and 12 professionals – summary information on recruitment strategies below. *Access the full Study Report at www.gcu.ac.uk/smyle.*

Phase 3: Effectiveness of Strategies to Recruit Key Participant Groups

Young People (12 –25 years old)



Parents/Caregivers



Professionals

