



MH:2K Nottingham & Nottinghamshire

A youth-led approach to exploring mental health

August 2018



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Foreword

Prior to our involvement with the MH:2K project, participation and engagement with young people had been somewhat patchy across Nottinghamshire County and Nottingham City. Whilst there had been some excellent work undertaken from numerous stakeholders across the system, including Nottinghamshire Healthcare Foundation Trust and respective Local Authorities, Commissioners struggled to pull this all together into something meaningful that could be used as a case for change and transformation.

Engagement and participation is a key focus within our Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health, which is our local driver behind the national Future in Mind Report. When the opportunity presented itself to work with Involve and Leaders Unlocked on the MH:2K programme, we knew it was an opportunity not to be missed and would potentially provide rich and powerful information, not only for our Local Transformation Plan but also wider transformation and development work across the system.

Our experience of working with Involve, Leaders Unlocked and the 30 Citizen Researchers has been truly inspirational. The Citizen Researchers engaged in enlightening discussions with colleagues from across the system during the development days. They then went on to deliver dynamic and engaging roadshows for other young people which provided a wide range of opinions, perspectives and ideas for action, a lot of which provided real 'light bulb' moments for colleagues when presented at the final showcase.

The following report outlines the findings and recommendations from this work and our Local Advisory Panel for this programme has already started to develop a system-wide action plan. We are passionate about and committed to continued work with young people to ensure that emotional wellbeing and mental health support is right for them in order to achieve the best outcomes.

Finally, we would like to thank all of our local MH:2K Citizen Researchers for their dedication, time and hard work on this programme. Their focus, energy and passion was infectious and inspiring!

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Part One: Introducing MH:2K

Section 1: Introduction

Mental health conditions affect about 1 in 10 children and young people, with 75% of mental health problems in adult life, excluding dementia, starting before age eighteen¹. Given this, it is perhaps unsurprising that young people consistently identify mental health as a priority issue.

MH:2K seeks to give young people a role in solving this most important of challenges. Focussing on those with mental health issues and from at-risk groups, it empowers young people to shape decision-makers' understanding of both the mental health challenges they face and what solutions could look like.

About MH:2K

MH:2K is a powerful new model for engaging young people in conversations about mental health and emotional wellbeing in their local area. It empowers 14-25 year olds to:

- Identify the mental health issues that they see as most important;
- Engage their peers in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for change.

Its design builds on good engagement practice from within and beyond the youth mental health field. Specifically MH:2K features:

- **End-to-end youth leadership:** MH:2K's youth-led approach means it is grounded in the reality of young people's lives. Young people decide its focus, co-lead its events, and determine its findings and recommendations.
- **Peer-to-peer engagement:** By empowering young people to reach out to their peers, MH:2K creates a safe and engaging space for participants.
- **Close collaboration with key decision-makers and researchers:** By involving key figures in the project from its start, MH:2K builds trust, enthusiasm and commitment for MH:2K, and the implementation of its recommendations.

In 2016-17 Oldham became the first local area to run MH:2K, supported by Oldham Council, Oldham Clinical Commissioning Group, and a Wellcome Trust People Award. In 2017-18, the success of the project led it to expand to four more areas: Birmingham, Central Lancashire, Nottingham and Nottinghamshire, and North Tyneside. It also recruited a National Advisory Panel.

MH:2K in 2017-18 was supported by the local areas involved and the Wellcome Trust.

The National Partners

MH:2K is delivered by a partnership of charity Involve and social enterprise Leaders Unlocked.

Involve's is the UK's leading public participation charity, on a mission to put people at the heart of decision-making. It supports people and decision-makers to work together to solve our biggest challenges.

Leaders Unlocked exists to allow young people to have a stronger voice on the issues that affect them. It drives greater accountability and fairness by helping organisations to adopt new ways of working with the young communities they serve.

¹NHS England and the Department for Health, 2015. Future in Mind. [pdf] Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [Accessed 5 July 2017].

About MH:2K Nottingham & Nottinghamshire

From September 2017 to July 2018, Involve ran MH:2K in Nottingham and Nottinghamshire, supported by Nottingham City Council, Nottinghamshire County Council, the Clinical Commissioning Groups, and the Wellcome Trust.

MH:2K Nottingham and Nottinghamshire engaged over 670 local young people with diverse life experiences. Its participants chose to focus on five areas of challenge for young people around mental health:

- Stigma and public awareness;
- Treatment and therapies;
- Education and prevention;
- Cultures, genders and minorities;
- Family, friends and carers.

Over 60 local and regional decision-makers and researchers took part in the project's Local Advisory Panel or one of its events.

This report presents MH:2K Nottingham and Nottinghamshire's design, findings and recommendations, and initial impacts.



Section 2: What we did

MH:2K Nottingham and Nottinghamshire used a six-part engagement model grounded in the principles of youth leadership and on-going decision-maker and researcher engagement. This section describes how it worked, taking each of the six elements in turn.

Recruitment (September - October 2017)

MH:2K Nottingham and Nottinghamshire began with the recruitment of 31 diverse young people as the project's 'Citizen Researchers'. Reaching out through local statutory and community organisations (please see 'Roadshow' below), we were able to encourage a wide range of young people to apply. Of the Citizen Researchers we recruited:

- At least 77% said they had a history of mental health problems themselves, or had close friends or family with mental health problems;
- At least 10% mentioned having had another relevant lived experience (e.g. they are a young carer, care leaver or have experienced homelessness);
- 42% were from BAME communities;
- 13% identified as LGBTQ+;
- 6% identified as having a disability.

Design Days (November 2017 - January 2018)

We held three one-day events with the Citizen Researchers. During these 'Design Days' the Citizen Researchers explored information about youth mental health in Nottingham and Nottinghamshire and nationally. They used this and their own experiences and views to identify the **top five mental health challenges facing young people** in the area – **stigma and public awareness; treatment and therapies; education and prevention; cultures, minorities and genders; and family, friends and carers.**

They also decided where to focus under each of these topics. This included information they wanted to tell their peers, and questions which they wanted to explore.

With these decisions made, the Citizen Researchers worked with us to co-design a workshop template for each topic. They received training in areas such as presentation skills and questioning techniques to enable them to play a leadership role in the Roadshow.

Roadshow (February - April 2018)

Over three months, the Citizen Researchers co-led **30 workshops** for their peers, engaging **647 other young people** in Nottingham and Nottinghamshire. Statutory, community and voluntary organisations kindly volunteered to host the Roadshow events. Participating organisations, many of which had also supported the recruitment phase of the project, were:

Schools and colleges: Bilborough College, Holgate Academy, Hucknall Sixth Form Centre, Nottingham College, Toot Hill School, Vision West Notts College.

Community groups: Broxtowe Youth Homelessness, Carlton Youth Centre, Karima Institute, Outburst LGBT group, REAL Education.

Council groups: Healthcare Trust (CAMHS service); Inpatient Adolescent Unit.

Through the Roadshow, the Citizen Researchers collected a wealth of information covering diverse young people's views on the mental health challenges they face and their ideas for solutions.

Results Day (April 2018)



At the Results Day, the Citizen Researchers considered the information collected during the Roadshow. They used it firstly to determine MH:2K Nottingham and Nottinghamshire's findings about the challenges facing young people on their mental health and emotional wellbeing. They then worked with the local decision-makers to write the project's recommendations. These **findings and recommendations** are covered in detail in the next section of this report.

Big Showcase (May 2018)

The Citizen Researchers presented the project's findings and recommendations to a much wider range of stakeholders from Nottingham and Nottinghamshire, and took part in a panel-style question and answer session.

At least 45 decision-makers and researchers attended on the day. As well as hearing about the project, they were asked to offer their reflections on the recommendations and their thoughts about how they and their organisations might want to be involved in their implementation.

Local Advisory Panel (Ongoing)

From its very beginning, MH:2K Nottingham and Nottinghamshire was closely linked to the local *Future in Mind* transformation plan for children and young people's emotional and mental health. Through the transformation plan, MH:2K was seen as an integral part of driving the ongoing work to improve children's emotional and mental health outcomes.

MH:2K's Local Advisory Panel reflected the high level of commitment to the project locally, bringing together representatives of the Clinical Commissioning Groups, Local Authorities, Providers, Service Users and Partners. Panel members are listed below:

- **Elizabeth Allcock**, Service Improvement Facilitator for Quality, Governance and Patient Experience, Nottinghamshire Healthcare NHS Foundation Trust
- **Kate Allen, Consultant in Public Health**, Children's Integrated Commissioning Hub and Public Health Nottinghamshire
- **Pav Ayoub**, Senior Practitioner, Countywide Team, Nottinghamshire Youth Service
- **Pom Bhogal**, Youth Service Manager, Children, Families and Cultural Services, Nottinghamshire County Council
- **Hayley Bipin**, Commissioning Officer (Children), Nottingham City CCG
- **Jane Caro**, Citywide Targeted CAMHS Manager, Early Help Services
- **Brodie Colton**, Young person representative
- **Helene Denness**, Consultant in Public Health, Nottingham City Council
- **Lucy Hawkin**, Schools Health Hub Coordinator & Young Minds Local Delivery Lead
- **Lucy Peel**, Programme Lead, Children and Young People's Mental Health and Wellbeing (Nottinghamshire and Nottingham City)
- **Nichola Reed**, Public Health and Commissioning Manager

The Advisory Panel played a key role in the project at every stage. Panel members helped identify the information on mental health given to Citizen Researchers at the first Design Day, provided the Citizen Researchers with feedback on their choice of focus areas, and identified and invited potential attendees to the Big Showcase. The Panel also helped the project to build on existing work on mental health, and to make connections with local organisations. In the final stages of the project, eight Panel members attended the Results Day and/or the Big Showcase.

Since the Big Showcase, the Panel has been proactive in driving forward MH:2K's recommendations. Further information on the steps taken and the impacts of MH:2K to-date can be found in the conclusion to this report.



**Part Two: Findings
and recommendations**

This section presents MH:2K Nottingham and Nottinghamshire's findings and recommendations. It takes each of the Citizen Researchers' five priority topics in turn:

- **Stigma and public awareness;**
- **Treatment and therapies;**
- **Education and prevention;**
- **Cultures, genders and minorities;**
- **Family, friends and carers.**

MH:2K Nottingham and Nottinghamshire's findings focus on the key pressures facing young people in Nottingham and Nottinghamshire around their mental health.

The Citizen Researchers decided these findings, based on information collected at 30 Roadshow events, attended by 647 of their peers. For information on Roadshow attendees, please see Section 2 'What we did'.

MH:2K Nottingham and Nottinghamshire's recommendations focus on solutions for improving the mental health and emotional wellbeing of young people in Nottingham and Nottinghamshire. The Citizen Researchers worked with members of the project's Local Advisory Panel to co-create these recommendations, which are based on ideas collected during the Roadshow.

It is important to note that not all of the pressures identified in the findings are addressed in the recommendations. The Citizen Researchers focussed the recommendations on the ideas for change that they felt were most likely to work and have the greatest impact.

Section 3: Stigma and public awareness

MH:2K Nottingham and Nottinghamshire's Citizen Researchers identified five findings on stigma and public awareness. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Local Advisory Panel, made five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Education and awareness

Young people commented that there is a **lack of education and awareness around mental health** among their peers, parents, and the wider community. Citizen Researchers noted that there is a lack of understanding that mental health can affect anyone. This means that young people and the people around them do not always recognise the signs of mental health issues.

"Might not realize that something is wrong – other people with similar issues may normalize."

"Parents often see it as serious rather than understanding that it happens more often."

"Lack of knowledge."

"Not enough education around the subject."

Finding Two: Use of language and terminology

Young people feel that the **use of language and terminology around mental health** is a barrier. It is common for young people to use negative words for mental health, such as 'nutter' and 'psycho'. Furthermore, mental health terminology is often misused (e.g. 'that's so OCD'), which prevent understanding and acceptance. Citizen Researchers felt there should be more emphasis on correct and positive use of language and around mental health.

"Language too negative – no normalization."

"Spastics"; "Crazy"; "Psycho"; "Nutter"; "Idiot."

"Can't express themselves, don't know how to explain it."

"Don't know how to speak about the situation."

Finding Three: Fear of judgement

Many **young people are afraid of being judged and worried about the consequences** of coming forward to talk about mental health. For this reason, many young people suffer in silence and are left unsupported. Citizen Researchers concluded that this leads to problems escalating, and an inaccurate picture of how mental health is affecting young people.

"They may be scared to receive help or may dislike receiving help."

"No one to ask for help – feeling that no one can relate, living in care, no friends."

"Some don't feel comfortable talking and find another way to deal with it."

Finding Four: Visibility of services

Young people highlighted a **lack of visibility** of support services as a major barrier. There is no easy way for young people to see what support is on offer to them in Nottingham and Nottinghamshire. Many young people within schools are unaware of support within the school environment.

Citizen Researchers concluded that there is an urgent need for greater promotion of the services available to young people and how to access them.

"Not being aware of help available."

"If people can easily see help, it would be more likely that they would seek it."

"Organisations need to promote themselves via social media/ ads in schools and colleges."

Finding Five: Cultures, religions and masculinity

Young people suggested that **cultural and religious viewpoints, as well as notions of masculinity**, affect the stigma around mental health. For young males, there are specific assumptions about what it means to be a man that make it harder to open up about mental health issues.

Citizen Researchers highlighted the need to tailor solutions to tackle the perceptions of mental health among particular groups.

“Culture - may be seen as strange or weak in some cultures.”

“Don’t want to appear weak – men ‘boys don’t cry’.”

“They’re afraid no one will understand or laugh and tell them to “man up.”

“Breadwinner mentality.”



Recommendations on stigma and public awareness

1. Mental health education should be provided to children and young people from an early age, ideally on a compulsory basis.

This education should equip young people to spot the signs, develop coping mechanisms, and seek help when needed. Young people need to be told that 'it's ok not to be ok.' Education should help young people to use language and terminology in a more positive way, to reduce stigma and normalise conversations. Teachers and parents will also need to receive training in order to support children and young people effectively.

2. Harness social media as a positive tool to challenge stigma and raise awareness among young people.

Professionals and services should use the social media channels that are used by young people (e.g. Instagram, Snapchat) to promote accurate information about mental health and raise awareness of the available services. We know that some services like Kooth are piloting the use of Instagram, and we would like to see more services using these relevant social media platforms to get the message across to young people.

3. Provide information in discreet ways, to direct young people to the support available, without fear of exposure in public.

Young people want to see an increase in the use of discreet methods, like posters on the back of toilet doors and anonymous helplines, to signpost them to the best place for help. These promotional materials should be developed in collaboration with young people themselves, to ensure that they meet the needs of the target audience and get the message across effectively.

4. Target information specifically for religious and cultural groups.

Professionals and services need to be more proactive in targeting religious groups and cultural spaces with awareness raising material highlighting mental health and the support available. This is important because there is a particular stigma around mental health and a gap in knowledge and awareness within these groups, which is reinforcing health inequalities for young people from minority groups.

5. Use peer-to-peer approaches to combat stigma among young people.

There is an opportunity to increase the use of youth-led campaigns and projects like MH:2K to build positive momentum in the fight against mental health stigma. This is important because young people are more likely to relate to messages given by other young people. Professionals and services should consider how they can use peer mentors, peer-led support groups, youth-led workshops and assemblies.

Section 4: Treatment and therapies

MH:2K Nottingham and Nottinghamshire's Citizen Researchers identified five findings on treatment and therapies. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Local Advisory Panel, made five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Waiting times and length of treatment

Young people identified **long waiting times** as a key challenge when trying to access services. They also talked about the **insufficient duration of treatment**, and the lack of support for moving on after treatment.

Citizen Researchers noted that young people's problems might escalate during the time that they are waiting for an appointment, and the treatment might not be long enough for them to achieve the outcomes they need.

"Waiting list – for services like CAMHS."

"Referral takes too long."

"There shouldn't be a certain amount of time of having counselling as it's not fair on the individual."

"No mid-point between outpatient and inpatient."

Finding Two: Communication with professionals

Young people highlighted **communication with professionals as a key area for improvement** in relation to treatment and services. Young people they do not always feel they are understood, believed or listened to by professionals. This matters, because it can lead to young people feeling disengaged from the treatment process.

Citizen Researchers suggested that there is a need for professionals to develop their ability to communicate with and support young people effectively.

“Having to go through a GP – don’t understand – trained to look for physical ailments – have to self-refer, have to prove yourself.”

“Don’t believe what has been said – having to prove what you say.”

“Professionals to do more to understand what we are saying. Help to understand and ask for support more and show that you are giving the individual respect.”

Finding Three: Opening hours and locations

Young people commented that **access to services is limited by opening times that don’t fit in well with young people’s lives**, e.g. the timing of the school day. This is made worse when services are located far away from the young person’s home, which may be too far to travel to if unaccompanied.

Citizen Researchers suggested that the practical difficulties associated with accessing support may put young people off getting the help they need.

“Too far away/ long distance.”

“Transport.”

“Crisis hours leave times that you can’t call.”

Finding Four: Treatment not meeting individual needs

During the Roadshows, some young people expressed the view that the **treatment they received was ‘too generalised’ and not suited to their individual needs**. Some felt they needed different forms of treatment to the one they were offered (e.g. being offered CBT for non-behavioural issues). Others said the practitioner they were allocated was not someone they felt comfortable with.

Citizen Researchers concluded that young people are not always getting what they need from their treatment, which may be wasting resources and causing problems to persist or escalate.

“Cbt and Dbt for non-behavioural issues.”

“Over generalised treatment.”

“Force-fed mindfulness (too little too late).”

“No non-hospital support.”

“Group based treatments – distractions, other people’s problems, not comfortable with strangers.”

Finding Five: Transition from child to adult services

During the Roadshows, some young people commented that the transition from child services to post-18 services is not smooth enough and can be a disruptive experience. They felt there was a lack of continuity of care through this process.

Citizen Researchers suggested that this could cause some young people to 'fall through the cracks' when they reach the age of 18.

"Poor transition of services."

"CAMHS –switch to adult services not effective."

Recommendations on treatment and therapies

1. **Young people should be able to access support on a '24/7' basis.**

This is important because young people can go through mental health issues at any time of the day or night, and they also need to be able to access help outside of school and college hours. Services should offer helpline support and drop-in sessions that can be accessed outside of traditional business hours, and will fit into young people's lives more effectively.

2. **Increase the coverage of staff across mental health services, so that young people are able to access help when they need it.**

Use staff members from teams across mental health services to ensure better coverage when some areas are facing high demand. Ensure that flexible staffing is being used effectively.

3. **Provide treatment based on a continuous assessment of the individual's needs, and stop limiting treatment to a specified number of weeks.**

This is important because it will reduce the pressure and stress on the young person to 'feel better' within a limited number of weeks.

4. **Provide training for professionals to equip them to communicate more effectively with young people.**

This training should cover empathy, listening, rapport building, use of language, and service user involvement. It should be aimed at teachers, counselors, CAMHS practitioners, GPs, and others involved in supporting young people with their mental health. Young people should be actively involved in the training of professionals wherever possible, as this will increase the impact of the training.

5. **Provide treatment in spaces where children and young people feel comfortable.**

Treatment should be available within familiar spaces such as community centres and youth centres, where young people feel comfortable, rather than requiring the young person to visit clinical spaces which can be daunting and off-putting. This is important because it will encourage young people to seek help and engage positively with the treatment process.

Section 5: Education and prevention

MH:2K Nottingham and Nottinghamshire's Citizen Researchers identified four findings on education and prevention. They are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Local Advisory Panel, made five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Barriers to seeking help in schools

Young people highlighted a **variety of barriers when it comes to seeking help in schools**. Many said they were not aware of the help available within the school environment, such as the school nurse or counsellor. Young people commented that schools don't explain how the support system works, and tend to put the onus on the young person to find out the information themselves. Some said support is not always available when needed, due to limited opening hours or appointments.

"Not many people know about the school nurse so she can't help."

"Not always open – need immediate help – decreases confidence."

"Have to find out help yourself – don't get told about some things."

"Hard to get in the system of help."

Finding Two: Privacy

Young people feel **there is not enough privacy when seeking help in schools**. For example, announcements about seeing the school counsellor might be made in front of other students. Many students are worried about their information being divulged to parents or staff at school.

Citizen Researchers suggested that this lack of privacy and anonymity causes students to shy away from seeking help.

"Not anonymous support."

"It doesn't feel private/confidential/hard to trust."

"You have to tell people your personal information"

"Too many people are too scared or ashamed to speak up – not anonymous in schools."

Finding Three: Teachers not equipped

Many young people feel their teachers lack the knowledge and skills to support them with mental health. They commented that teachers **do not know how to spot the signs, or how to react**.

Citizen Researchers suggested that only pastoral staff seems to know how to handle mental health issues, while teachers need more training in this area.

"Not being trained properly to deal with students with severe depression or anxiety."

"Teachers need to know the signs."

"Teachers – the way they react."

"Teachers don't realize the signs of students."

Finding Four: Academic pressure

Young people feel **there is too much focus on exams and academic achievement within the school environment**. These pressures increase stress and anxiety among young people, and there is little opportunity for breaks or relaxation.

Citizen Researchers highlighted the need for greater support to alleviate stress and build individual resilience to cope with academic pressures.

"Stress from homework and exams could lead to anxiety."

"Many students – everyone gets stressed, need practical help."

"Workload consideration for time to distress."

"Frowned upon if you don't understand something or if you've forgotten."

Recommendations on education and prevention

1. Increase the privacy and confidentiality of support.

Schools and colleges should make it possible for students to access support in a way that protects their privacy. This is important because young people are put off from seeking help due to the fear of their peer groups finding out. One way to achieve this would be to create an online booking system for school counselors, to make the first step easier and less daunting for students. School counsellors to be accessible to all students during school hours, through online services and drop-ins. There should be safe spaces that students feel comfortable in, and counselling must be private and confidential.

2. Provide a training day for all members of staff on mental health.

This training should provide all members of staff – including teachers, pastoral staff, and school nurses – with an understanding of how to spot the signs of mental health in their students and how to communicate in a way that makes students feel comfortable. This is important because so many young people do not currently feel comfortable approaching many teachers and staff members about their mental health.

3. Make sure all students are aware of the support available, both inside and outside the institution.

This is important because so many students are not even aware of what's on offer in their own institutions, e.g. school nurse and counselor. Schools and colleges should distribute information about support services to all students in a clear and simple way. They should use discrete means of communicating this information, such as email bulletins and posters on the back of toilet doors, as well as more public means such as assemblies and public noticeboards.

4. Offer informal peer support for mental health and well being.

Schools and colleges should look at setting up peer support groups and/or peer mentoring schemes to support mental health and well being. This is important because many young people may not feel comfortable talking to a teacher or authority figure, especially straight away, but they would prefer to talk to an older peer. These schemes should not replace more formal or professional forms of support, but they should be used in addition.

5. Schools should do more to alleviate stress and help students to cope with exam pressure.

This is important because many students feel they have been set unachievable goals that can be overwhelming, and they do not have any outlets for their stress. Schools and colleges can help by developing individually-tailored, person-specific revision plans, and educating parents about how much pressure is appropriate. Schools and colleges should offer more stress-busting activities like yoga and mindfulness, and give students opportunities to learn about self-care in times of stress.

Section 6: Cultures, genders and minorities

MH:2K Nottingham and Nottinghamshire's Citizen Researchers identified five findings on cultures, genders and minorities. They are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Local Advisory Panel, made five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Religious and minority groups

Young people pointed to a lack of **mental health education reaching religious and ethnic minority groups**. Some of the gaps identified were in places of worship, faith schools and community centres. Some young people from minority backgrounds reported facing conflicts or tensions between their family backgrounds and western viewpoints.

"Being told that the only way of solving is religion."

"May be seen as strange or weak in some cultures."

"Lead to conflicts with other people and yourself."

Finding Two: Access to services

Young people from underrepresented groups can face particular barriers when accessing services. For example, services may not be able to provide diverse enough professionals to build trust and rapport with these groups.

Citizen Researchers concluded that support systems should be designed with full consideration of how young people from diverse groups feel about accessing the services.

“Depends on who is providing service e.g. male/ female.”

“No help available in certain communities.”

“Having to go through a GP – don’t understand – have to self-refer, have to prove yourself.”

Finding Three: Homophobia and Transphobia

LGBTQ+ young people face real pressures with **homophobic and transphobic bullying, both within education and on social media**. Young people commented that teachers lack the knowledge to deal with homophobic bullying and discrimination, and are not equipped to support students who are affected.

Citizen Researchers noted that LGBTQ+ students are in a particularly vulnerable situation and need more support.

“Social media – taunting/ death threats.”

“Abuse and bullying due to being gay – potential death threats.”

“Hiding their identity – repression – mental health issues.”

“Lack of understanding (of LGBT issues) in education.”

Finding Four: Pressures facing young males

Young people told us that **young males face particular pressure with the stigma surrounding their mental health**. Ideas of masculinity mean that young males are constantly told to ‘man up’ and ‘real men don’t cry.’

Citizen Researchers noted that young men often find it harder to express their feelings or seek help, causing their problems to persist and potentially escalate.

“Boys don’t cry” “man up” – makes them think they shouldn’t talk.”

“Anxiety – protecting masculinity.”

“Don’t want to be a burden.”

“Don’t want to look weak.”

“Toxic masculinity.”

Finding Five: Addiction

In addition to the pressures around masculinity and mental health, young males can be particularly affected by addictions. Citizen Researchers highlighted various addiction issues as a concern, including drugs, alcohol, gambling, social media, gaming, and pornography. These addictions are often an indication of under-lying mental health issues that need addressing.

Recommendations on cultures, genders and minorities

1. Services need to work more closely with the voluntary sector to reach minority groups with knowledge and awareness around mental health.

This is important because there is currently a significant gap in knowledge and understanding among many minority groups. Mental health services and campaigns need to be actively promoted within voluntary sector settings, religious centres, community centres and faith schools. Councils and services need to use their existing voluntary sector links more effectively.

2. Where possible, young people should be given a choice of professionals to speak to, with consideration of their gender, age, or cultural preferences.

This is important because some young people are more likely to open up to people who they feel will understand their situation or experience. For instance, young men may feel more comfortable talking to a male professional about their mental health.

3. Campaigns and programmes should prioritize young men to tackle 'toxic masculinity'.

This is important because notions of masculinity make it very different for males to express any vulnerability or seek help when they need it. Young males should be targeted with campaigns and information from an early age, to defeat damaging ideas of masculinity and raise awareness of mental health. This should be done using informal and accessible means of engaging young males such as street stalls, sports events, and festivals. Services should form partnerships with football clubs/sports clubs/air cadets/drama clubs to get the message out to young men.

4. Schools and teachers must take firmer action on homophobia and transphobia, to create an environment where LGBTQ+ students feel safe.

Homophobic and transphobic bullying should be taken more seriously, and negative language should be challenged firmly and consistently. Teachers need specific LGBTQ+ training in order to understand their students and provide a safe environment for students to talk about issues and seek help.

5. Deliver PSHE or Citizenship lessons to ensure that all students have a good understanding of mental health.

These lessons should cover how to spot the signs, build resilience and develop coping strategies. They should also highlight the related issues of addiction and drugs. This is important because it reinforces the message that all young people can be equally affected by mental health, regardless of their gender, culture or background.

Section 7: Families, parents and carers

MH:2K Nottingham and Nottinghamshire's Citizen Researchers identified five findings on family, friends and carers. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Local Advisory Panel, made five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Isolation

Young people can experience **feelings of isolation due to bullying, discrimination or the pressure of figuring out identity**. As a result, some feel there is no one they can turn to.

Citizen Researchers suggested that isolation could result in young people looking for other ways to cope.

"Being isolated is one of the worst things."

"No one to ask for help – feeling that no one can relate, living in care, no friends."

"Communications issues with friends and family."

Finding Two: Fear of being different

Within their social groups, **young people are afraid of being seen as different**. They face high levels of peer pressure – including pressure to fit in, and pressure to do things they don't want to do. This is partly driven by social media, which presents an unrealistic or distorted image of what is normal.

Citizen Researchers suggested that this might stop young people from talking about their mental health, as they don't want to be seen as abnormal or 'weird'.

"Peer pressure to do things they don't want to do – drugs, smoking, relationships."

"Thinking everyone around you is ok and you are abnormal."

"Don't want to be seen as different."

"Appearance standards."

"Pressures from social media."

Finding Three: Parental knowledge

Young people see **a generational gap between them and their parents when it comes to mental health**. They feel that parents generally lack knowledge in this area, as they did not have as much exposure to mental health when they were growing up.

Citizen Researchers suggested that parents need a better understanding of mental health, so that young people can talk to their parents about how they are feeling.

"Parents often see [MH] as serious, rather than understanding that it happens more often,"

"Majority of parents doesn't have good enough knowledge."

"Parents – struggle with relationship so struggle to speak openly."

Finding Four: Communicating with friends and family

Young people can **find it hard to communicate with friends and family about their mental health**. Many young people worry about how their friends and family might react. Some said they would be afraid of losing their friends, while others said they didn't want people to worry about them.

Citizen Researchers noted that young people might be bottling things up, instead of getting emotional support from those that are closest to them.

"Worried about friends and families reactions."

"Scared of what friends may think or even family."

"Fear of losing friends."

"Don't want family to worry."

Recommendations on family, friends and carers

1. Run PHSE lessons in schools to talk to friendship groups about self-esteem and mental health.

These lessons should address issues around peer pressure, self-esteem and body image, as well as providing the facts about mental health and the services available.

2. Ensure that students can seek support without their friends and peers finding out.

Within schools, a key way of doing this would be to create an online booking system for school counsellors, as mentioned earlier in this report. Solutions like this would reduce the fear, anxiety and pressure of coming forward by giving the young person the security of knowing that their friends and other students will not know that they are going to see the school nurse or counselor.

3. Invite parents to compulsory talks about mental health and stress throughout the school years.

These sessions should focus on providing parents with information about how to reduce family pressures and make the whole family more at ease with talking about mental health.

4. Consider innovative ways to target parents and engage them in conversations about mental health.

One way of doing this could be to develop a youth-led 'MH:2K-style' engagement project as a pilot initiative to engage and educate parents and carers directly. This is important because many young people feel their parents and carers are unable to support them with their mental health due to their lack of understanding and knowledge.



Part Three: Conclusion

Conclusion: Impacts and next steps

The publication of MH:2K Nottingham and Nottinghamshire’s findings and recommendations marks the finish of its six part methodology.

A fitting end for this report is therefore to look both backwards and forwards – to consider what impact MH:2K has had to date, and what is likely to happen next.

All of the findings below are taken from MH:2K’s independent evaluation. Unless otherwise specified, they show the findings from across the four local areas who ran MH:2K in 2017-18, rather than for Nottingham and Nottinghamshire specifically. There is no indication at this stage that the results for Nottingham and Nottinghamshire as an individual area deviate in any significant way from this overall picture.

Impact on decision-makers and researchers

MH:2K aims to produce recommendations that are useful to decision-makers and researchers. The initial evaluation results suggest that decision-makers and researchers see MH:2K as having achieved this aim:

- 92.8% of decision-makers and researchers who attended a Big Showcase event said that the recommendations are very useful;
- 98.5% agreed or strongly agreed that MH:2K would make a positive difference to mental health services in the local area;
- 98.5% agreed or strongly agreed that they would do something new or differently as a result of the project.

Usefulness of findings and recommendations (138 respondents)	Not at all useful	Not very useful	Fairly useful	Very useful	Fairly / very useful
	0%	0.7%	6.5%	92.8%	99.3%

“I think MH:2K will make a positive difference to young people’s mental health services in Nottingham.” (134 respondents)	Strongly disagree	Disagree	Agree	Strongly agree	Agree / strongly agree
	1.5%	0%	40.7%	57.8%	98.5%

“I will do something new or differently as a result of the findings and recommendations from MH:2K.” (130 respondents)	Strongly disagree	Disagree	Agree	Strongly agree	Agree / strongly agree
	0%	1.5%	43.1%	55.4%	98.5%

Decision-makers and researchers attending the Nottingham and Nottinghamshire Big Showcase identified a wide range of specific actions to take forward or changes to their thinking. Examples include:

"Involve young people more in research and impact activities."

"I will always try to ensure the young person voice is included within commissioning decisions."

"Give younger individuals chance to speak. Listen better. Consider videos to share with other GPs – for sensitivity training and LGBTQ."

"Discuss with colleagues the findings and find solutions to action the recommendations."

"Hopefully to remember the enthusiasm and creation of tools and use it to help me influence in my professional roles including planning of children and YP services."

"Changed thinking about which priorities need to go into strategy."

"I plan on implementing sessions for parents and carers around safeguarding and mental health."

"Rethink how to include the needs of 18-24 in the adult mental health services."

"Take recommendations back to the team at Base 51 – 'drop in / café' for groups – also happy to give the group a space at NGY to continue to meet."

"To send findings and recommendations to schools with contact information on how they can access support."

"Reflect on our emotional health charter and ensure it includes MH:2K findings."

"Continue to work on reducing waiting times for service."

"Use the recommendations to shape this year's service plans."

"Consider changes to how we create face to face service, but how to promote Kooth to wider audience."

Impact on Citizen Researchers

MH:2K is not just about influencing mental health decision-making and research. It also aims to provide a developing and empowering experience for the Citizen Researchers involved.

The initial evaluation results show significant self-reported impacts for the Citizen Researchers. 91% said that their knowledge of mental health issues had increased. 89% identified improvements to their presentation skills, 86% to their confidence and 82% to their feelings of wellbeing. 86% said that they now felt more optimistic about their future.

Self-Reported Impacts (based on 44 responses)*	Status now, compared to before MH:2K...					Overall better
	Much worse	A little worse	About the same	A little better	Much better	
Knowledge of mental health issues in general	0%	0%	9%	39%	52%	91%
Knowledge of young people's mental health in my local area	0%	0%	9%	23%	68%	91%
Presentation skills	0%	0%	11%	32%	57%	89%
Listening skills	0%	0%	20%	25%	55%	80%
Confidence	0%	0%	14%	34%	52%	86%
Overall feeling of wellbeing**	0%	0%	16%	32%	50%	82%
Optimism about my future	0%	0%	14%	36%	50%	86%

*One additional response was excluded due to uncertainty over its accuracy
 **One Citizen Researcher didn't answer this question

Evaluation interviews with individual Citizen Researchers suggested additional impacts. For example, some Citizen Researchers reported that MH:2K had made them want to work in the mental health sector or had reinforced their wish to do so. Others suggested it had helped them find employment.

Impact on Roadshow participants

Roadshow participants only spent an hour (one Roadshow workshop) participating in MH:2K. The content of the Roadshow workshops also varied, with some having a much more explicit focus on where to go for help than others.

Despite the above, young people who participated in the Roadshow did report some impacts from their involvement in the project. These included increased awareness of where to go for help (60%) and more confidence to seek help (47%).

Impacts (based on 872 responses)	Knowledge about mental health	Greater awareness of where to go	More confidence to seek help	New or improved skills	Other
	59%	60%	47%	47%	11%

84% of Roadshow participants said that they had enjoyed taking part in the project.

Next steps in Nottingham and Nottinghamshire

The MH:2K Nottingham and Nottinghamshire Big Showcase was held on Thursday 10 May 2018. In the few months since then, the Local Advisory Panel has begun discussions about how to take forward MH:2K's recommendations.

The early signs are extremely positive. The Panel has made a commitment to take forward the recommendations, including through the Local Transformation Plan. They have also confirmed their intention to continue to involve young people as they do so.

The partnership remains committed to the importance of prevention and early intervention, supporting young people to build resilience from an early age.

Conclusion

MH:2K Nottingham and Nottinghamshire has achieved the aims it set out to deliver. It has empowered 14-25 year olds to:

- Identify the mental health issues that they see as most important;
- Engage their peers in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for change.

In addition the project has had, and looks set to have, significant impacts. This is true of its effect on both participating young people, and on decision-makers and researchers.

MH:2K's independent evaluator will return to Nottingham and Nottinghamshire within a year to see what has changed as a result of MH:2K's recommendations. We look forward to seeing the progress that has been made.



Appendix

Appendix: Where to seek help with mental health problems

Helplines and services

For children, young people and their parents/carers living in/ professionals working in the Nottingham City area:

Support Available	How to Access
<p>Behavioural and Emotional Health Service: Supports children, young people and their parents/ carers when they are referred for challenging behaviour.</p>	<p>Contact www.bemhnottingham.co.uk or phone the Single Point of Access on 0115 8764000</p>
<p>Targeted CAMHS: Child and adolescent mental health service providing a range of evidence based interventions to support children and young people with mild to moderate mental health needs.</p>	<p>Contact www.bemhnottingham.co.uk or phone the Single Point of Access on 0115 8764000</p>
<p>SHARP (Self Awareness and Resource Project): Raises awareness, builds confidence and skills and provides support to front line service providers and professionals to intervene and manage children and young people who present with self-harm and suicidal behaviours.</p>	<p>Contact camhs.sharp@nottinghamcity.gov.uk or phone the Single Point of Access on 0115 8764000</p>
<p>Specialist CAMHS: Child and adolescent mental health service to improve mental health of children and young people with issues/symptoms of a severe or complex nature and require a multi-disciplinary approach that offers a mix of professional skills</p>	<p>Contact www.bemhnottingham.co.uk or phone the Single Point of Access on 0115 8764000</p>
<p>CAMHS Crisis Resolution and Home Treatment and Liaison (CRHT): For children and young people aged up to 18 who are in psychiatric or psychological crisis who, without CRHT, a hospital admission would be required</p>	<p>Children and young people can be referred by a health, social care or education professional or self-referral via: www.nottinghamshirehealthcare.nhs.uk/camhs</p> <p>Alternatively the professional, young person or parent/carer can contact: Tel: 0115 8440650 Email: CAMHSCrisisTeam@nottshc.nhs.uk Access hours: 8am to 10pm weekdays and 10am to 6pm weekends and bank holidays</p>
<p>CAMHS Eating Disorder Service: For children and young people up to 18 years with a significant eating disorder. The service provides support with physical, behavioural thinking, emotional, family relationships and social recovery.</p>	<p>Referral from GP/professional or self-referral via www.nottinghamshirehealthcare.nhs.uk/camhs or Single Point of Access on 0115 8542299</p>
<p>Eating Disorders in Students Services (EDISS): Available for students of The University of Nottingham and Nottingham Trent University who struggle with mild to moderate eating difficulties. EDISS offers peer support, counselling, self-help recovery groups and weekly drop in support.</p>	<p>To book an appointment contact info@firststepnotts.co.uk or contact 07949 579 661</p>
<p>Base 51 Counselling Service: Offers short and longer term counselling and psychotherapy to young people aged 12-25. Counsellors are trained in a number of approaches and have past experience of working with young people to work towards their aims.</p>	<p>Drop in: NGT, 29-31 Castle Gate, Nottingham NG1 7AR Email: counselling@base51.org.uk Tel: 0115 9525040 Website: www.base51.org.uk</p>
<p>Kooth Counselling: Online and face to face counselling for children and young people aged 10-24. Online service is anonymous for young people.</p>	<p>Email: info@xenzone.com Tel: 07715906131 Website: www.kooth.com Referrals can also be via: www.bemhnottingham.co.uk or 0115 8764000</p>

For children, young people and their parents/carers living in/ professionals working in the Nottinghamshire County area (Mansfield, Ashfield, Newark and Sherwood, Gedling, Broxtowe, Rushcliffe and Bassetlaw):

Support Available	How to Access
<p>Community One CAMHS: For children and young people aged 0-18 who have a range of emotional wellbeing and mental health needs from mild to complex. The services offers a mix of consultation, assessment and therapy. Within this service are voluntary sector organisations, CASY and Mustard Seed who offer a range of counselling and group work interventions.</p>	<p>CAMHS Single Point of Access (SPA): Referral from GP or other Professional or Self-Referral (young person aged 12+ or via parent/carer) Email: not-tr.CAMHSreferrals@nhs.net Tel: 0115 8542299 Website: www.nottinghamshirehealthcare.nhs.uk/camhs</p>
<p>CAMHS Crisis Resolution and Home Treatment and Liaison (CRHT): For children and young people aged up to 18 who are in psychiatric or psychological crisis who, without CRHT, a hospital admission would be required.</p>	<p>CAMHS CRHT: Children and young people can be referred by a health, social care or education professional or self-referral via the links above. Alternatively, the professional, young person or parent/carer can contact: Tel: 0115 8440560 Email: CAMHSCrisisTeam@nottshc.nhs.uk Access hours: 8am to 10pm weekdays and 10am to 6pm weekends and bank holidays</p>
<p>CAMHS Eating Disorder Service: For children and young people up to 18 years with a significant eating disorder. The service provides support with physical, behavioural thinking, emotional, family relationships and social recovery.</p>	<p>CAMHS Eating Disorder Service: Referral from GP/professional or self-referral as per CAMHS SPA above.</p>
<p>Kooth Online Counselling: Kooth is a safe, confidential and non-stigmatised way for young people, aged 11-25, to receive free counselling, advice and support online.</p>	<p>Kooth: Young people can register directly on the website: www.kooth.com The site is available 24/7 with counselling sessions available 12pm to 10pm weekdays and 6pm to 10pm weekends.</p>
<p>Freed Beeches: For young people aged 14 and above with a mild to moderate eating disorder. The service provides counselling, therapies and dietetic advice.</p>	<p>Freed Beeches: Young people aged 14-18 must have parental or GP consent prior to referral. Referral can be made: Tel: 01909 479922 Email: info@freedbeeches.org.uk Website: www.freedbeeches.org.uk/service-access</p>
<p>Safe Time (The Children's Society): Therapeutic support for young people aged 17 and under who are victims/survivors of sexual exploitation or sexual abuse and to their parent(s) or carer(s) in order to minimise the impact of the abuse on their mental health/ emotional wellbeing.</p>	<p>Safe Time: Parents/carers or professional can refer young people via: Tel: 0115 9606975 Email: safetimeadmin@childrenssociety.org.uk</p>
<p>Base 51: Offers emotional health and wellbeing services, including counselling, to young people aged 12 to 18 years.</p>	<p>Base 51: Available for young people living in Broxtowe, Gedling and Rushcliffe. No referral required, young people can drop in telephone or email. Drop in: NGY, 29-31 Castle Gate, Nottingham NG1 7AR Tel: 0115 9525040 Email: info@base51.org.uk</p>
<p>Healthforteens Website: Bite sized information about health and wellbeing directing young people to the most appropriate local services and support.</p>	<p>Healthforteens: No referral required, direct access available via www.healthforteens.co.uk</p>

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