PAC (People Achieving Change) was the Young People's Champions' Group in Glasgow from October 2018 to January 2022. In 2020, PAC made the decision to commission mental health research for care experienced young people aged between 12 and 26 years of age.

In January 2021, Social Marketing Gateway (SMG) was commissioned by Glasgow City Health and Social Care Partnership (GCHSCP), acting on behalf of PAC to conduct insight research to better understand the experiences and opinions of care experienced young people in Glasgow about mental health services. PAC really appreciate all the support they have received from the HSCP and the Steering Group members.

PAC want to thank SMG for their support and for the final and summary reports. The mental health research has now concluded, and PAC are delighted to be able to share this with you.

Young people's views are the core of this report: every recommendation for improving mental health support was suggested by 143 care experienced young people. It is important to PAC that all those voices and their experiences can make a difference.

What is important is that all 10 research recommendations can be progressed to make a difference to the mental health of all care experienced young people and we need your help to do that.

- What can you do individually to progress the recommendations?
- What can you do within your own organisation to progress the recommendations?
- What can you do in partnership with others to progress the recommendations?
- What commitment can you give to PAC to progress these recommendations?

After the past 2 years, the mental health research has never been more important. We really need to have hope that mental health services and care experienced young people's health can improve. Please help to make something happen soon as many young people's lives are on hold while they are trying to cope with trauma and wait for services to become available.

Please can we ask you to share the mental health research with your colleagues and networks, so it reaches a wide audience.

Please can we ask you to send an update on the progress you are making in relation to the calls for action to: thepromise@glasgow.gov.uk

Thank you in anticipation for your support.

Thomas, Matthew and Callum – 15/03/2022

social marketing gateway | The behaviour change people.

PEOPLE ACHIEVING CHANGE (PAC) MENTAL HEALTH RESEARCH

Final Report

February 2022

PAC

Glasgow City HSCP
Health and Social Care Partnership

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Executive Summary

Introduction

Social Marketing Gateway (SMG) was commissioned by Glasgow City Health and Social Care Partnership (HSCP), acting on behalf of PAC (People Achieving Change) to conduct insight research to better understand the experiences and opinions of care experienced young people in Glasgow about mental health services. Young people's views are the core of this report: every recommendation for improving mental health support was suggested by a young person between 12 and 26 years old with care experience.

People Achieving Change

PAC were the key voice behind this work, from planning through to delivery. They are a group of care experienced young people in Glasgow, working to create meaningful change through improving policy and practice for other care experienced young people. PAC helped to shape the research, supported by SMG and a steering group of corporate parents, including representatives from the HSCP, Children's Rights Service, and Who Cares? Scotland.

Methodology

This research used both a survey and discussions with young people to gather insight. The survey collected information from a wide range of care experienced young people about their experiences and opinions of mental health services. The discussions supported the survey findings with further detail, giving some young people an opportunity to 'tell their story' about their journey through care and experience with mental health services.

The survey ran from 1st July to 25th September 2021, and was mostly completed online, but with paper copies available too. The survey was promoted through members of the steering group, social media, schools, and colleges.

The discussions with young people took place between 11th October and 26th November 2021. Participants – recruited via the survey – took part in online video interviews. Members of PAC were invited onto the discussions to act as peer support for the young people taking part.

Reflections on the Methodology

Whilst the Covid-19 pandemic created some challenges in supporting young people to take part, 143 care experienced young people successfully participated in the research. Although no longer formally meeting as a group, 14 PAC members contributed to the research – through planning, consultation, participation, promotion, or as part of the steering group. Indeed, some members contributed to all these stages, showing the commitment of PAC's members and their enthusiasm for influencing positive change.

Sample

The 143 care experienced young people who took part in the research came from a broad mix of ages, genders, living circumstances, and ethnicities, amongst other characteristics. 71% of participants were looked after, with 29% in Aftercare. Nearly half (48%) of the sample had previously engaged with a mental health service, and over a quarter (28%) had a mental health diagnosis.

Findings

The survey responses and discussions were considered together as the findings from each research element complemented the other. Key findings from the research include:

- The COVID-19 pandemic had a huge impact on the mental health of care experienced young people. Whilst there were positive impacts from the pandemic for some, most experienced negative impacts. Being unable to see friends, a lack of a settled daily routine, and a lack of support from professionals were all sources of anxiety and stress.
- The group most likely to report negative impacts from the pandemic were 21-26 year olds, many of whom felt additional pressures due to living as an adult with little support. Financial and work-related pressures were particularly difficult. The impact of pandemic restrictions on the availability of support led to some feeling very isolated.
- More regular professional support (from social work, other areas of children's services, and mental health services) was identified as the most important thing that could have helped young people during the pandemic.
- Care experienced young people want independent support, distinct from that which they get around other aspects of their lives (e.g. where they live, finances, family relationships etc.). Support should come from mental health professionals specifically aware of, and trained in, the unique situations and experiences of care experienced young people.
- Whilst many rely on their social workers for support in a lot of other areas, they do not want them to be the providers of mental health support, as the ongoing relationship they have with their social workers can mean that some find it more difficult to be completely honest about their mental health in a way they would not with an independent, trained professional.
- The main type of support that most participants want is simply having someone to talk to – although the nature of this varies from wanting casual group meetups with peers and professionals to chat informally, to one-on-one behavioural therapy. Young people would like to see a range of accessible options offered to address their varying needs over time, as their mental health – and therefore, support requirements – could change.
- The biggest issues reported with current mental health services included: long waiting times and short appointments (which make it difficult to get comfortable enough with a professional to fully open up); staff that do not truly understand their care experience; their needs and worries not being taken seriously by staff; and support only being provided over the phone (when in-person support is much preferred).
- Young people who had transitioned from being looked after to Aftercare highlighted this period as a time when they require extra mental health support. Dealing with the pressures of moving on from previous homes, taking on more responsibility, and large changes to support networks – and their relationship with these networks – can create a turbulent environment. As such, there is a need for stronger and more consistent support during this transition period, both from social work and mental health services, to lead these young people gently into adulthood.

Recommendations

The key recommendations, provided by care experienced young people themselves that they feel will improve mental health support and could best support them, are:

- **Provide expert mental health support for all care experienced young people** that is distinct from support provided by their social worker (i.e. have another dedicated professional independent of social work/children's services that works with the young person).
- **Implement regular mental-health check-ups, provided as standard, to all looked after young people** – to ensure that no young people miss out on getting mental health support because they are assumed by their social workers to be 'doing well'.
- **Ensure that mental health support providers understand the unique situations and specific needs of care experienced young people**, and are trained in how to handle these, from the early stages of their education and throughout their professional lives.
- **Ensure support is quick and easy to access in a variety of different formats** (e.g. telephone, face-to-face, video).
- **Train all staff that work with young people to actively support them to engage with services**, by doing more than just signposting: leading them right to the services to reduce the likelihood of young people deciding not to engage due to emotional barriers or lack of confidence.
- **Ensure that mental health support comes at a variety of levels**, to account for all young people with different levels of perceived 'severity'. This would help to ensure early intervention, and help to address less severe mental health or wellbeing concerns before they potentially escalate into more serious ones.
- **Have demand-led, not supply-led, support.**
- **Facilitate a smoother transition for young people both moving from care to Aftercare**, and from children's to adults' mental health services.
- **A phased return to face-to-face contact**, wherever possible, which care experienced young people are more likely to engage with.
- **Listen to the needs of the young person**, and always seek more support for them should they ask for it, even if one service has discharged them/deemed that they do not require support.

1. Introduction

Social Marketing Gateway (SMG) was commissioned by Glasgow City Health and Social Care Partnership (HSCP), acting on behalf of PAC (People Achieving Change), to conduct insight research to better understand the experiences of care experienced young people in Glasgow with mental health services.

The aim of this work was to give a voice to care experienced young people – a group for whom mental health is a hugely important topic, but who also feel that their specific needs are often not met by the mental health services currently available to them. The research sought to better understand the unique challenges faced by young people that have grown up with care experience, and to take these into account when providing recommendations for services. Every recommendation provided in this report was suggested by a care experienced young person.

1.1 People Achieving Change

PAC is a group of care experienced young people in Glasgow. The group works in partnership with the HSCP and other corporate parents to both improve current policy and practice, whilst helping to establish new ones. PAC members draw from their collective lived experience, coupling this experience with further research and information. The group takes this insight to key decision makers with the purpose of influencing real and meaningful change.

PAC received some funding from the Life Changes Trust and were supported by Who Cares? Scotland, Children's Rights Service, the HSCP, and corporate parents in Glasgow, all of whom had representatives on the steering group of this research project.

2. Methodology

The approach to this work was co-designed by PAC, SMG and the steering group, the latter being set up to help facilitate the research, and comprising representatives from across the HSCP. All parties worked closely together to ensure that PAC's objectives could be met in the most efficient and effective way possible. This process allowed PAC to remain the key voice, whilst drawing from the expertise of others.

A mixed-method approach involving quantitative and qualitative research was used. Whilst the requirement was originally envisioned by PAC as being solely quantitative, after initial consultation with SMG, a qualitative element was added to give further depth to the insight gathered from the survey. This qualitative element aimed to provide young people with an opportunity to 'tell their story'. Combined, these research elements allow for a better understanding of how young people see changes being implemented in a beneficial way.

Research Tools

Several research tools were designed to carry out this work. The tools were co-designed with PAC members through a series of online meetings:

- A quantitative survey tool was used to gather data from a large number of young people. This survey was based on a draft created by PAC prior to the research being commissioned and was then refined by SMG. The survey tool was designed primarily for online use, with a series of routing questions used to ensure that young people both in care and in Aftercare

could complete the survey, but only be shown questions relevant to their experiences. Online completion was the primary method for gathering insight, although hard copy surveys were also available to allow participants with/without limited internet access to take part.

- The qualitative research tool was co-designed by SMG and PAC to gather further insight and support the survey findings. The tool was drafted by SMG with input from PAC members. The 'telling their story' element – where participants were encouraged to map both their journey through care and, where relevant, mental health services – further elevated the voice of the young people - a core element of this work.

Approach to research

Quantitative

The online survey ran from 1st July 2021 to 25th September 2021. Participants were incentivised by a prize draw, with 4 survey participants being randomly selected to win a £20 Love2Shop voucher. Promotion of the survey was largely through members of the steering group via social media (e.g. the HSCP twitter account), internal emailing within organisations, using known contacts at schools and colleges, and through each individual's own networks. In some cases, staff who worked with young people spent time supporting young people to complete the survey in person. Towards the end of the survey period, paid social media promotion on Instagram and TikTok was also used.

Qualitative

Participants for the qualitative research were recruited through the online survey, which included an option to opt-in to the next stage of research. In instances where young people under 16 opted-in, consent to participate was sought from a parent, guardian, or responsible adult prior to engagement.

The qualitative research took place between 11th October and 26th November 2021. Participants were invited to take part in small groups (up to 3 participants in each), paired interviews, or interviews, depending on participant preference, the age/experience of participants, and timing requirements. Video conferencing platforms ZOOM and Microsoft Teams were used to conduct the research. Members of PAC were invited to take part in some of the sessions, to act as peer support for the young people.

2.1 Reflections on the methodology

The methodology successfully engaged 143 young people across both the survey and the discussions. Whilst this is a good number of young people to have participated in the research, there were some challenges around supporting young people to participate in the work.

Firstly, the COVID-19 pandemic – especially the restrictions around face-to-face meetings - had a great impact on various elements of the research. Had in-person engagement been possible, face-to-face discussions – which many young people prefer – could have been facilitated. Instead, all work was carried out solely online, at a time when many young people suffered feelings of 'digital fatigue'. This made it more challenging to support the young people's – both PAC members, and research participants – engagement with the research project.

The pandemic also influenced the timings of the work. The adjustment to new ways of working across the HSCP meant that there was some delay in setting up and commissioning the research. This meant that although PAC designed the original survey in early 2020, the research was not started until January 2021. As such, many PAC members' circumstances had changed, meaning they were not able to be involved in the work as much as they had originally planned.

The research began after PAC had stopped formally meeting in person, and the paid member of staff responsible for coordinating and supporting the group had left their post. Having no single member of staff to support PAC members' participation, and no regular meetings, hindered engagement slightly.

Despite these challenges, however, more than half of the members of PAC contributed in some way to this research – through planning, consultation, participation, promotion, or as part of the steering group. Indeed, some PAC members contributed to all of these stages. This shows the commitment of PAC and enthusiasm for the work, given the many unforeseen circumstances surrounding the project timings and other obstacles.

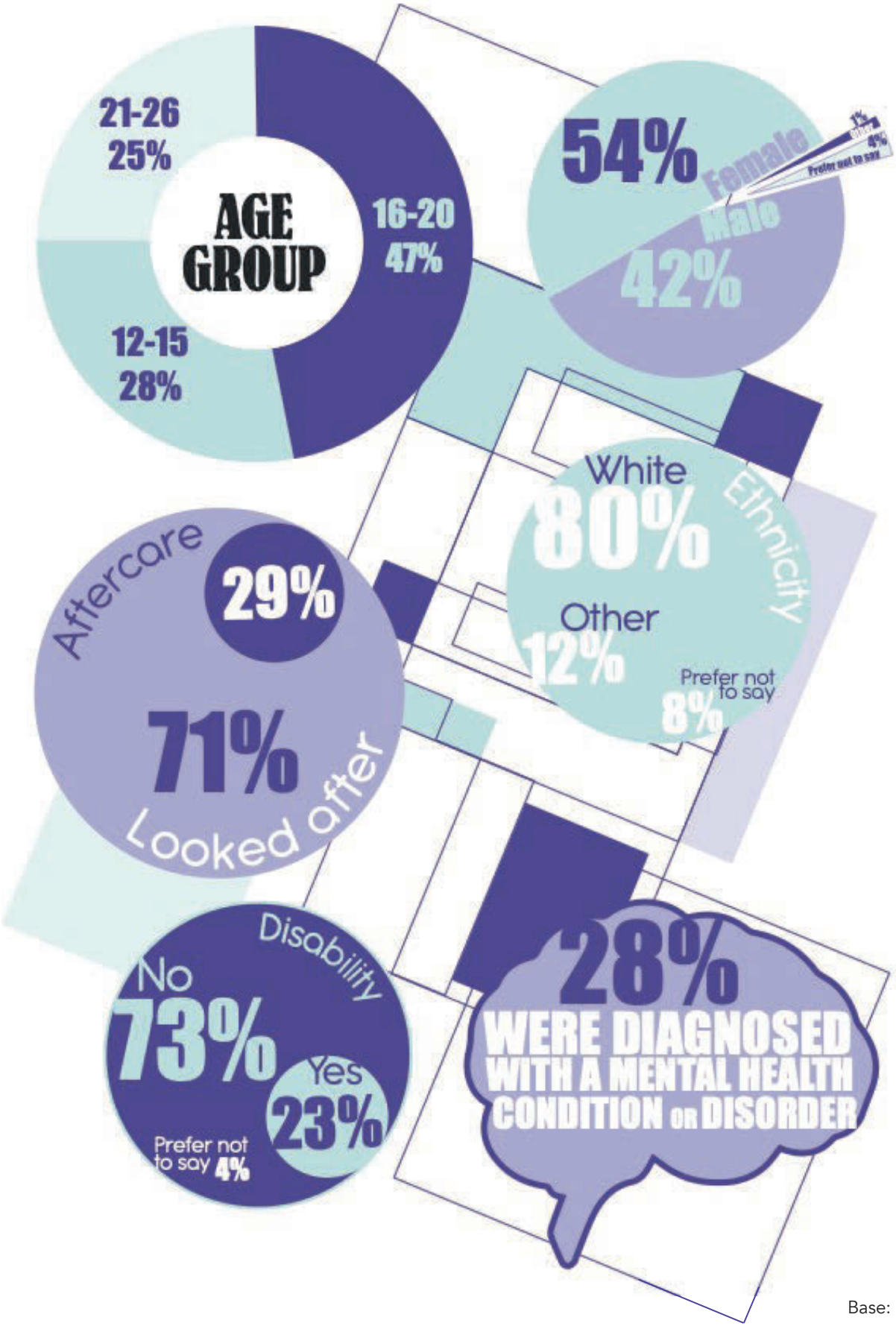
3. Sample

A total of 143 care experienced young people took part in the research – 5 of whom took part in both the quantitative and qualitative elements. This included a mix of ages, genders, living circumstances, and ethnicities, amongst other characteristics. Some demographic highlights include:

- Most of the young people (71%) were living in care, and 29% were in Aftercare
- A relatively even split of female (54%) and male (42%) participants was achieved
- Nearly half were aged 16-20 (47%). Around a quarter were 12-15 (28%) or 21-26 years old (25%)
- Most of the sample were white (80%), but there was also some representation from Asian, Black, people with a mixed ethnic background, and other ethnic minority communities
- Nearly half (48%) of the participants had previously used a mental health service
- Over a quarter (28%) reported that they have a mental health diagnosis
- Almost a quarter (23%) of respondents had additional support needs
- Half of the young people living in care (51%) lived in Foster Care, with others living with parents, in children's houses, in residential schools or in secure care
- Over half of those in Aftercare lived independently (55%), with other participants living at home with parents, in supported accommodation, with friends or relatives, with a supported carer, or were homeless

Figure 1 shows a summary of the sample demographics.

Figure 1: Sample demographics summary



Base: 143

4. Findings

Findings from the research are detailed below. As the quantitative and qualitative elements support each other, findings are considered together and presented as one. Where relevant, quotes from the young people are used to support the insight gathered.

Short vignettes to illustrate the particular challenges experienced by some young people are also included. These vignettes have been anonymised. They do not represent any one individual. Rather, they have been constructed based on insight provided by the young people in the qualitative discussions. They are included to provide context and better showcase the journeys of care experienced young people through care and mental health services.

4.1 Mental Health and Wellbeing Impacts

Mental health is a hugely important topic for all young people, but those with care experience often face additional, unique challenges that impact their mental health. Living situations, relationships with carers and professionals, school experience and social connectedness all have a bearing on how young people are feeling at any one point in time.

Over the last year, the state of mental health within the sample varied greatly. Whilst some felt they generally had had good mental health (28%), around the same proportion said they had had poor mental health (27%). A fifth (20%) had experienced both good and bad periods of mental wellbeing. (Fig. 2)

Figure 2: Ratings of mental health over the last year



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The state of young people's mental health impacts a variety of different aspects of their lives. The research found that:

- Over half of the young people (55%) would describe themselves as happy only sometimes, rarely, or never.

- Around a third (31%) often feel angry or frustrated.
- A quarter (24%) always or regularly have worries or concerns about their mental health (Fig. 3).
- A quarter (23%) always or regularly have problems sleeping.

Figure 3: Young people regularly or always worried about their mental health



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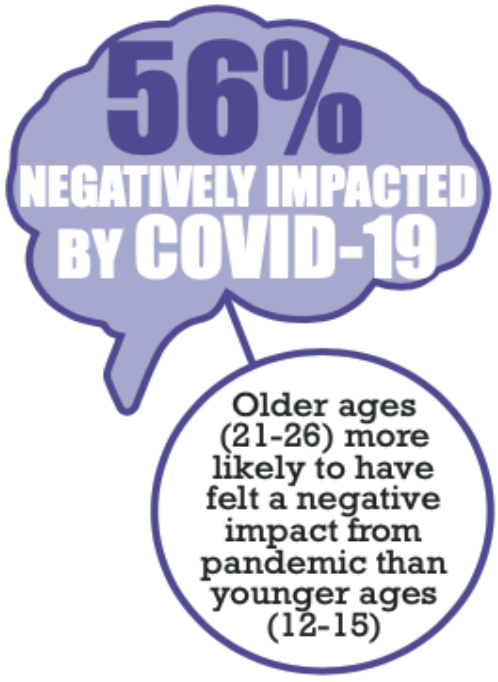
4.2 COVID-19 and Mental Health

It is impossible to ignore the impact of COVID-19 on care experienced young people's mental health – with young people reporting that the pandemic had had both positive and negative effects. Negative impacts due to COVID-19 were clearly more common – over half (56%) said this was the case (Fig. 4). However, a small proportion – 12% - had experienced positive impacts because of the pandemic.

Participants aged 12-15 years were more likely to report positive impacts from the pandemic, with many reporting positive aspects of home-schooling. These include young people being able to learn at their own pace, feeling less rushed and time-pressured in the morning, and spending extra time with their foster carers. For those who are easily agitated under pressure, the home-schooling environment was found to be calmer and more supportive than school, where they can find themselves acting out when stressed. However, these benefits only applied to those with a steady home life and good relationship with their carer. Young people with more turbulent home lives did not experience the same benefits and, conversely, found that the lack of interaction through school led to isolation, anger issues and reduced engagement in learning. Relationships with carers were extremely important in determining how the young people experienced the lockdowns.

Figure 4: Respondents whose mental health was negatively impacted by the COVID-19



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Joey

Joey is a 13-year-old high school student from Glasgow, and has been settled in the same foster home for seven years. Throughout the COVID-19 pandemic, he has enjoyed home schooling, and is now looking to continue being home schooled. This has been recommended by CAMHS; however, social work have told him this cannot happen.

The biggest calming influence in Joey's life is his long-term foster parent. However, this in itself is a source of anxiety: when he goes through phases of poor mental health and wellbeing, Joey admits that he can become difficult to live with, and difficult to look after. He is worried that if he doesn't receive support to feel and behave better, including support to be home schooled, he may be forced to move on from his settled home.

This younger age group (12-15 years) did still report negative impacts from the pandemic – largely: being unable to see friends; lack of routine because of no/online schooling; and lack of support from professionals. Lack of contact with teachers during this time also meant that some felt they had to rely on other adults and professionals for more support, but contact from professionals (e.g. social workers, mental health workers etc.) was not frequent enough to account for this gap.

Challenges around school and education were also a key impact for those aged 16-20, who felt that the removal of support systems they relied on in school had taken a toll on them.

"Not losing all 'in school' support systems as soon as the pandemic hit could have helped me."

Within the sample, the 21-26 year old age group was most likely to report negative mental health impacts from COVID-19 (Fig 4). Many of this group felt additional pandemic pressures due to living as an adult – either independently or with minimal support - and found financial and work-related pressures particularly difficult. The transition from children's to adults' services had already left some without adequate support from professionals, and this was exacerbated by pandemic restrictions. This resulted in some feeling very isolated over the lockdowns, causing mental health conditions and behaviours to worsen.

"My OCD behaviours got worse over the pandemic because I was on my own in a tiny flat."

The increased 'distance' between young people and professionals during the pandemic also resulted in communication challenges which meant that some young people 'slipped through the cracks'. One young person reported having no contact from social work whatsoever during the pandemic, and had to cope with challenges unsupported as they lived independently.

"Over the past 18 months I didn't hear a peep from social work – despite there being a legal requirement for me to have a social worker."

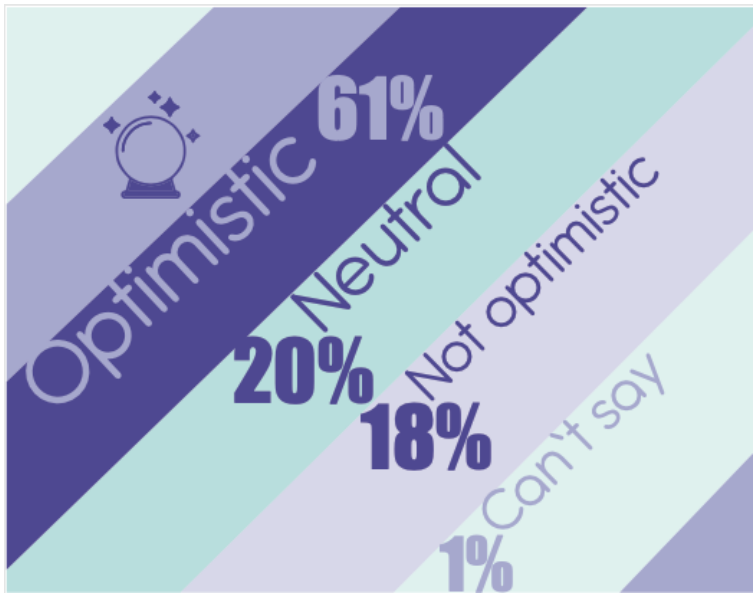
"I was really anxious about leaving care, and had to move during the pandemic."

Lockdown restrictions and lack of support and contact from care professionals also meant that young people who were shielding felt particularly isolated, leading to worsening mental health.

Despite these issues, however, young people are generally hopeful about the future. Nearly two thirds (61%) reported being optimistic about the future.

"I'm feeling quite good about the future because I'm about to go to college. I'm thankful that I've had a year to decide what I want to do – I took part in the Launch Pad scheme with inspired me to decide on my college course. I'm excited to get qualifications."

Figure 5: Feelings about the future



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What support could have helped during the pandemic?

More consistent and frequent engagement from professionals was identified as the thing that could have helped young people the most. Young people see this professional support as coming from the HSCP: social work, other areas of children's services, and mental health services were noted as the key people young people could have been better supported by.

A reduction in contact with social work led to young people feeling isolated during the pandemic. Some participants were left disheartened that no one checked in to see if they were coping, as there was an expectation from young people that social workers would provide more help to them during the pandemic. Going from regular face-to-face contact to sporadic telephone/online chats for many, was not seen as enough.

Some older participants were left to manage on their own, which made issues like finance, an area where some required specific advice or support, especially tough. Those in the older age categories were especially likely to say that they felt let down by social work over the pandemic.

"Throughout the full pandemic no one from social work checked in on me. It was a tough time being myself in a small flat."

"I was left to deal with everything myself."

The overall desired source of mental health support for care experienced young people is one that is seen as independent and distinct from the support they receive in other aspects of their lives (their living situation, family relationships, finances, etc). Whilst some rely on their social workers to signpost or refer them towards mental health support, they were empathic that their social workers should not be the providers of this support. This is for a number of reasons:

- They want support from trained mental health specialists.
- The ongoing relationship they have with their social workers means that they do not necessarily feel able to be as honest as they would like to be about their mental health, as they worry about the perceived potential implications of confiding in social workers (e.g. being moved).
- Separating mental health support from social work business ensures that mental health is the focus, and avoids the risk of it becoming a secondary concern under other issues.
- Young people who are 'on paper' seen to be 'success stories' of the care system feel they are overlooked for mental health support, as they are assumed to be doing well.

"It would be good if I had a person – besides my social worker – that I could speak to specifically about my mental health."

Christopher

Christopher is in his early twenties. He feels the main challenge he faces when trying to access mental health support is that he is 'too much of a success' of the care system. The result of his many achievements in life, such as doing well in education and getting a good job, is being ignored by social work and mental health services, who assume he is doing well and do not proactively check in with him or provide him with support.

Christopher, however, has struggled with feelings of inferiority throughout his life, and has been negatively impacted by the lack of long-term relationships he has had with carers while growing up in children's houses. His experience of the care system is that people like him (i.e. those who aren't seen to be at any extreme risk) are not talked to about mental health, and the onus is always on them to access support themselves – which he has never felt confident enough to do.

The mental health support that most young people wanted over the pandemic was simply having someone that they knew they could talk to. The nature of this varied from wanting casual group meetups with peers and professionals to chat informally, to one-on-one in-depth therapy. This sort of support was desired as it could have helped those with any level of issue – ensuring that those with more minor mental health problems were not missed, whilst those with more sever diagnoses were also helped (and not simply offered medication and sent away). Indeed, many of the young people report that their mental health was, and still is, changeable – and feel that this kind of support can adjust to the issues at hand.

Support of this type from mental health services is currently perceived to be scarce and, when actually provided, tokenistic. Many young people were not able to access it over the pandemic, or if they did, found it did not help them. The tokenistic nature is felt (by the young people) to derive from two things:

- Long waiting times and short appointments, which does not give young people enough time to fully discuss how they are feeling, or get comfortable before opening up.

- A lack of 'lived experience' by workers which means that they do not understand the specific needs and struggles of care experienced young people, which often leads to generic advice being given.

"They need to understand the changes that young people in care are going through – there's a lot of moving, and a lot of loss."

Charlotte

Charlotte is 12 years old and lives in foster care. She has no formal mental health diagnosis, but often finds herself angry or frustrated, and this anger is exacerbated by feelings of anxiety about her living situation. She has been frustrated by home schooling during the pandemic.

Charlotte feels she has been failed by CAMHS who, she believes, did not consider her experience of living in care when assessing her, before sending her away without help or support. She has subsequently slipped through the cracks of the mental health system.

"They told me that there's nothing wrong with me, and nothing they can do for me, because they checked with my teachers and I behave in school."

Despite her young age, and desire for help, Charlotte has been offered no further support since her initial interactions with these services. At the age of 12, she feels let down by services. She wants someone independent of social work to take responsibility for helping her through her challenges.

"It needs to be someone that understand my problems or is willing to research what they are."

Some young people also highlighted previous experiences of being offered medication as opposed to therapies. Whilst many recognise that medication is necessary for them, they point out that this does not help to solve all of their problems. As demonstrated in the below metaphor, they see this as a reactive, rather than preventative, treatment, leaving the root of a problem unresolved.

"The council is great at giving treatment, rather than preventing the illness."

Some young people also highlight that better medical support could have helped them during the pandemic – more effective treatments, shorter waiting times, and better communication between health professionals would have been of benefit. Other suggestions for support that could have helped young people to manage their mental health during the pandemic were physical activity groups, financial support, and food provision.

"Any kind of support to be honest, it was a really hard year for me and I would take any help."

"More support services for mental health."

"I was hoping someone could talk to me sometime."

4.3 Experience of Mental Health Support

Around half of the young people (48%) had used a mental health service.

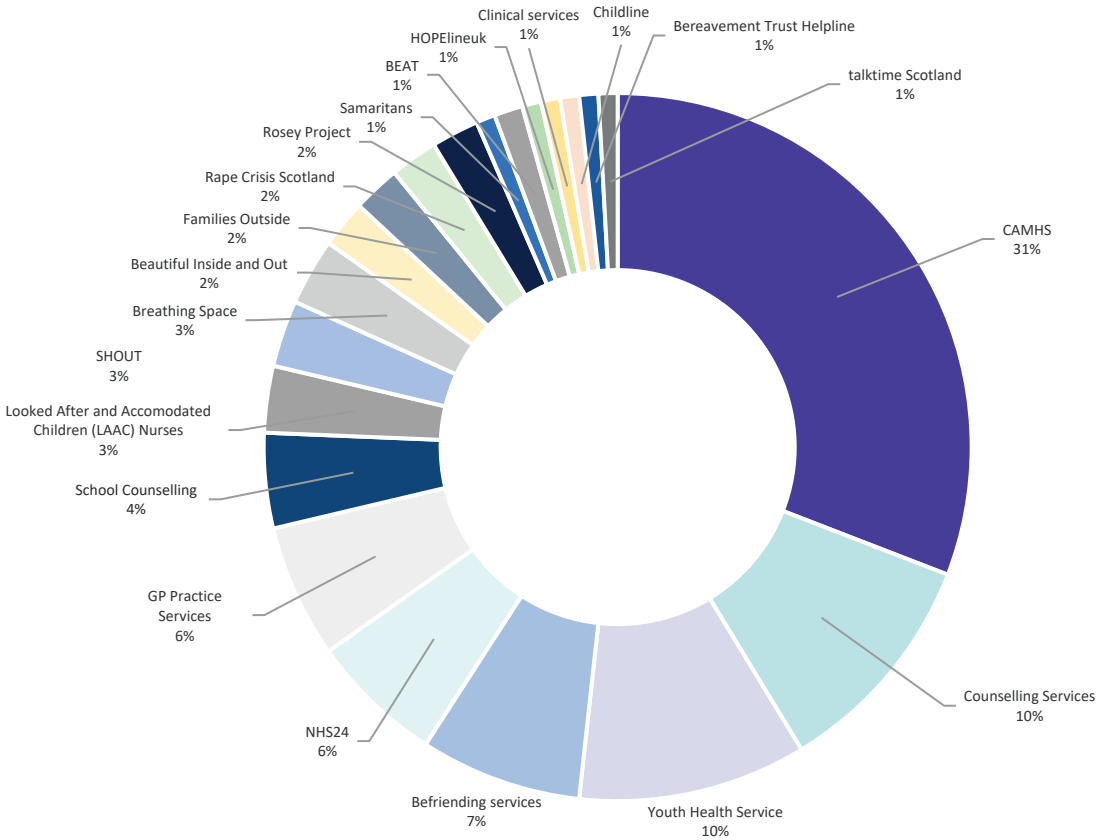
Whilst 70% of looked after young people knew that they have the right to get mental health support, only 64% reported anyone ever discussing their mental health with them, and even fewer (61%) felt that they would know where to go to receive mental health support.

Aftercare participants were asked the same questions, but relating only to their time since leaving care. Within this group, a larger proportion (79%) report that someone has spoken to them about their mental health, but fewer report knowing they have the right to mental health support (60%), and only half (50%) feel they would know where to go for this.

Looked After Young People – Services Engaged With

Over two fifths (43%) of young people in care had used a mental health service. CAMHS was the most common service used, with 71% of this group having experience with them. This was significantly more than the second most common services used - counselling services (24%) and youth health services (24%) (Fig. 6).

Figure 6: Mental health services used by young people in care



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Many young people reported being referred to CAMHS as a first port of call, which is one of the key issues experienced with the service. Due to the volume of need, many feel they are not given

sufficient attention from CAMHS, or experience long waiting times. Young people also have experience of being signed off by CAMHS before they feel they are ready, which they put down to the need for the service to move young people on so that they can take in more. This means that a number of young people have a poor experience of CAMHS and do not feel fully helped by them.

Ellie

Ellie is a teenager living in foster care. The complex issues affecting her include PTSD and problems with anger. She engaged with CAMHS for four years before CAMHS then made the decision to discharge her when she was 12, against her – and her foster carer's – wishes. Ellie was referred to CAMHS when she was 7 for treatment of her PTSD and had to wait a year and a half to be seen.

Although Ellie feels that CAMHS were a big help as they helped her to recognise and manage her anger, the abruptness of the discharge had a negative impact on her wellbeing, as she feels she still needs support. This has made it difficult for her to engage with services again, as she does not want to have another situation where support she is relying on is suddenly taken away.

"CAMHS decided I was better, but I didn't feel it – I wish the support I had lasted longer."

A number of issues around different mental health services were reported by young people in care:

- 36% of those who had used a service did not feel better after getting help from the service(s).
- 36% did not feel that they got help when they needed it (i.e. they had to wait for support).
- 33% did not find it easy to talk to people at the service(s).
- 29% felt it was not easy to get information about the services they used.
- 24% did not feel they got the right information or support from the service.
- 19% did not find the services helpful.

"Some of them still don't understand the problem very well and some of them are just very few."

"I am still waiting for an appointment with CAMHS."

"I felt worse after chatting to CAMHS."

Both practical and emotional barriers were reported by care experienced young people looking to get mental health support. Practically, the biggest difficulty experienced is long waiting times. Emotionally, several young people reported having difficulty communicating their problems and feeling comfortable sharing things with professionals. For some, this is due to issues such as social anxiety; others find that their reluctance to rely on others gets in the way. This is an issue that can be worsened by factors such as staff changes, which lead to a lack of consistency in support – as many young people struggle to share their experiences with someone they have not built a relationship with.

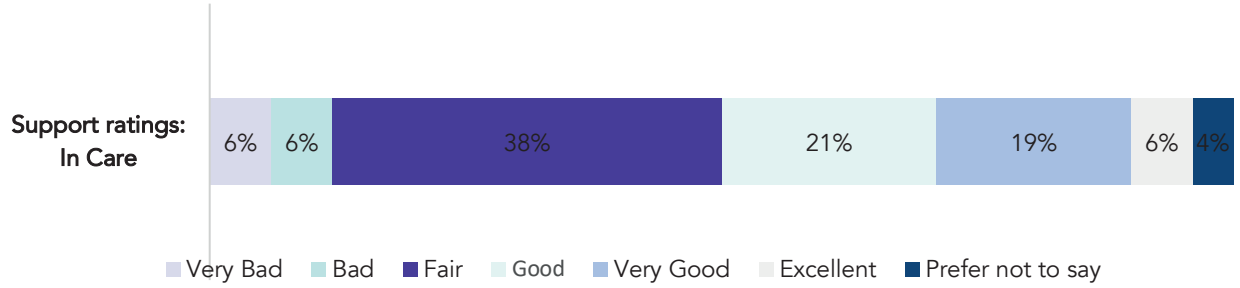
"At times I didn't feel engaged with services I was in. There weren't enough appointments and I wasn't seen regularly enough."

"It's hard to talk about and therefore I don't do anything about it. I don't want people to think I'm attention seeking as well."

Looked After Young People: Rating of Services

Around the same proportion of looked after young people rated support from mental health services as 'fair' (38%) as 'good' or 'excellent' (40%). This highlights that whilst there are improvements to be made, a good proportion of young people in care are receiving suitable support, and there may be lessons to be learned from this (Fig 7).

Figure 7: Rating of mental health support received by young people in care

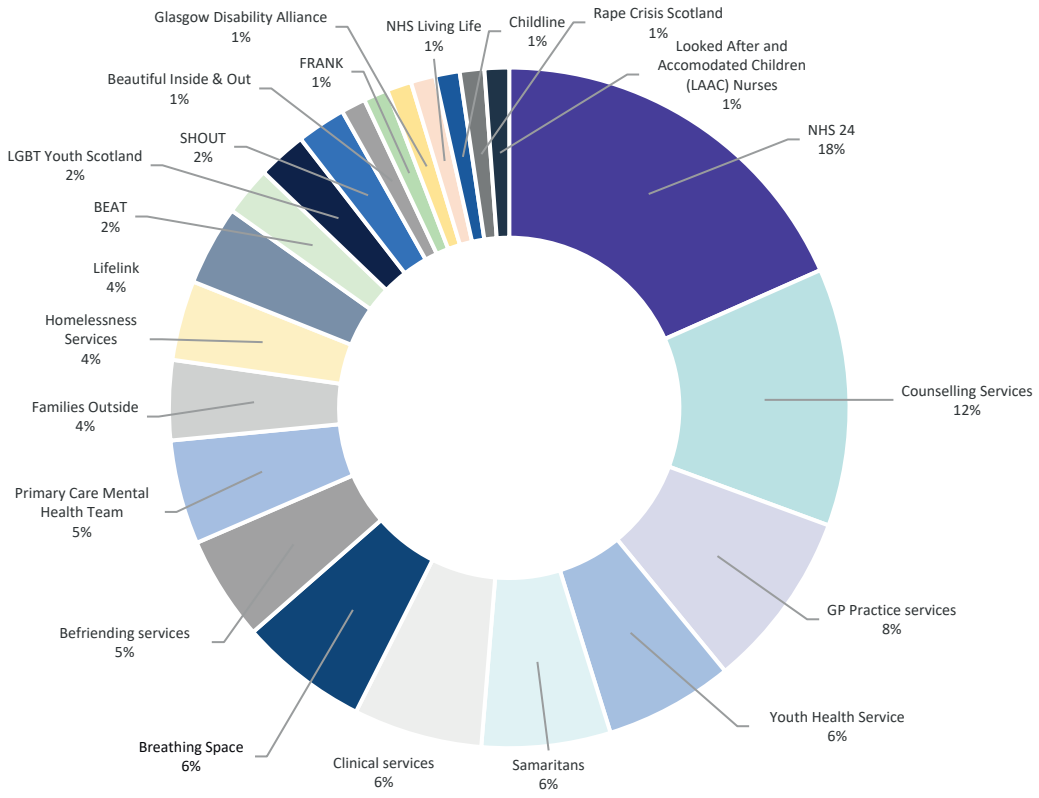


Base: 52

Aftercare Young People – Services Engaged With

Most Aftercare participants had used a mental health service (60%). It was most common amongst this group to have used NHS24 (63%) or counselling services (42%). Engaging with GPs about mental health was also common (29%) (Fig. 8).

Figure 8: Mental health services used by young people in Aftercare



Base: 24

Young people in Aftercare also reported problems with the services they used:

- 52% felt they did not get enough of the right information and/or support.

- 48% did not get help when they needed it.
- 44% did not find it easy to talk to the people at the services.
- 40% did not find the mental health service(s) helpful.
- 40% did not feel better after getting help from the service(s).
- 28% did not find it easy to get information about the service(s).

As with young people in care, both practical and emotional barriers stopped them getting help with their mental health. A key practical barrier amongst this group is knowing who to talk to and where to go. Many have less contact with their social workers and are therefore left to seek out services themselves.

"Knowing where to find the most appropriate service for my circumstances/situation - there is so many services and it is hard to navigate."

"I wasn't told about any services. That would have been good - some people go through really bad stages in life and might not even know who they could talk to about it."

Emotional barriers, however, were very prominent within this group. It was common for participants to worry about being judged or disbelieved by professionals. For some, this comes from past experiences of services dismissing them, and there is a feeling that professionals do not understand the issues a care experienced young person may be facing. This leads to a perception that professionals are not taking these issues into account when assessing them, resulting in generic or tokenistic advice being provided, or no treatment at all. As a result, many young people struggle to feel comfortable opening up to services.

Young people need to feel that they can trust the professional support, and that the professional is genuinely interested in understanding their specific needs and situation. For many, this lack of trust also makes them anxious about being fully honest about their situation in case it affects their living situation. This is another argument amongst this group to ensure that mental health support is kept separate from other areas of children's services.

"It's a personal situation and opening up and being vulnerable is tough. So the lack of relationship, consistency and EFFORT makes you think 'what's the point?'. You internalise this. Having genuine, effortful, continuous, and substantial relationships would solve this."

"Most doctors and mental health workers give awful advice and have no experience in actually handling most mental health issues."

Another key issue is that those seen as having less severe problems often feel overlooked by professionals. Those with the most urgent need for help are prioritised, meaning some young people frequently feel they are ignored. Rather than addressing the young person's needs early, professionals are felt to be letting the young person's mental health worsen over time before intervening. This 'need-led' approach to providing support is a key issue that young people want to see addressed, as it makes it more difficult for them to engage preventatively at an early stage.

Some young people suggested that a robust and consistent programme of mental health support and check-ups would solve this – ensuring that all care experienced young people are engaged with, and not only those who are known to be having challenges.

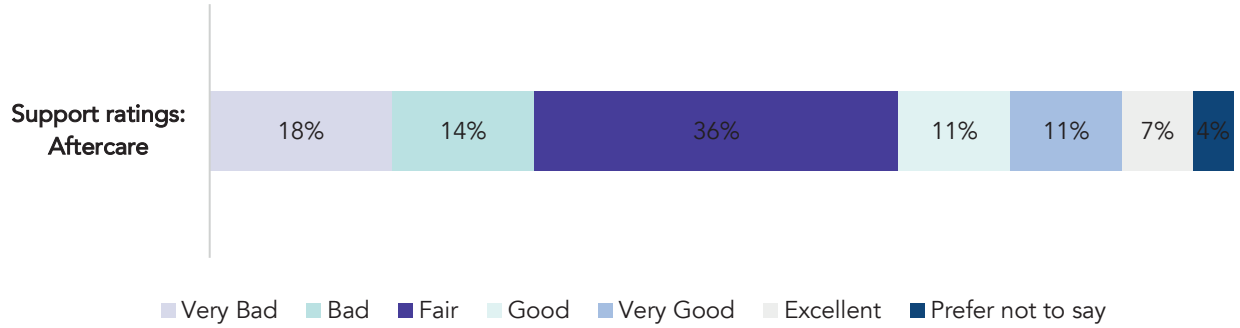
"Overall I feel these mental health services are only useful when things are already too late... not to prevent mental ill health like they should do."

"I feel because they prioritise [young people with] the highest need, it means they really miss those who might need different kinds of help. It's really a gap."

Aftercare Young People: Rating of Services

Ratings of mental health services used by Aftercare participants vary. They most commonly rated support from services as 'fair' – highlighting the need for improvement. Fewer participants in this group rated services as 'good' or 'excellent' (22%) compared with those in care (40%). Additionally, a notable proportion of young people felt that services were 'bad' or 'very bad' (32%) (Fig 9).

Figure 9: Rating of mental health support received by young people in Aftercare



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Specific services highlighted as 'good' or 'not so good'

Whilst feelings about any service used are primarily down to personal experience, young people did highlight a number of services which they felt were either particularly good, or not so good. Some services appear in both the 'Good' and 'Not So Good' lists, underlining that experience of mental health support is an extremely personal thing.

The Good

SHOUT, COPE, Includem, CAMHS, Social Work/Children's House Staff, Aberlour Bridges, The Welltree Foundation, Notre Dame, and Kibble were all identified as providing positive mental health support. They were felt to be attentive to the needs of the young people accessing them – focusing on them and offering personalised help.

The environment in which support or treatment is received is a key factor in the overall perspective of the service. The thing that sets good services apart from the others is the friendly and understanding approach taken by staff/workers, whilst remaining professional. Approachable and personable workers create a positive environment where young people feel comfortable sharing their experiences, whilst also feeling assured that they will receive professional and expert help.

"The Welltree foundation were great to me at Kibble – they really listened."

The Not So Good

Services that were picked out as being not so good included CAMHS, NHS 24, and some GP practice services. Factors contributing to services being seen as 'not so good' included that they were felt to be condescending, have long waiting times and short appointments, and that staff approach sessions in a way that does not account for the young person's situation. Many feel that because of their age they have not been taken seriously at these services. Over the last year, some have also felt the default to phone call support has been poor, when in person or even a video call would have suited them better.

"The way NHS24 operates has a negative impact on my mental health. It puts you off trying to get support."

"I went to court mandated therapy when I was younger and she just tried to play card games with me. In that one meeting, it put me off accessing services ever again."

Johnny

Johnny is in his mid-twenties. Having grown up in residential care, he is currently living in homeless accommodation. Johnny struggles with his mental health and with alcohol. He has received support from various mental health professionals and services throughout his life, but feels the mental health services that he engaged with as a looked-after young person supported him far better than those he has since engaged with in Aftercare. Upon leaving the residential care house he grew up in aged 18, Johnny received psychiatric and psychological help, however felt appointments and engagement were too irregular to be of real benefit to him.

"Because of my age, I got moved onto support for adults, even though I didn't want to – there should be more help for adults, and more support when moving into adults' mental health services."

Social work has helped Johnny with his transition from children's to adults' mental health services. This transition was aided by his ability to still access some young-person specific services he has engaged with for a long time, and feels comfortable with. These services, however, only support young people up to the age of 26, meaning Johnny is now at the age where he must move on from these services too. This is a source of anxiety, as he has been supported by these services and workers for a long time.

Johnny feels that the unique experiences of people who grew up in care need to be recognised more by services, specifically that growing up in care may itself be a factor contributing to their poor mental health.

4.4 Transition from Children's to Adults' services

Just over a third (36%) of respondents had transitioned from children's mental health support to adults' mental health support. For over half (55%) this transition was difficult.

Often, the transition from children's mental health services to adults' takes place at the same time a young person moves from being looked after to Aftercare. This period can be turbulent and often has a negative impact on mental health. The period of transition (usually between the ages of 16-18) is a point where young people feel vulnerable. It was highlighted as a key time where extra support is required. Conversely, support is often reduced or significantly changed.

Young people often feel pressured into leaving care too quickly. The structure of the system, which means that young people often have no contact with previous carers, means that there is no long-term relationship building. This can lead to feelings of isolation and abandonment during an already scary time for young people, who feel too young to be taking on so much responsibility, whilst simultaneously being cut off from the support they had as looked after young people. There is a need for more consistent and stronger support, both from social work and mental health services, to lead these young people through the transition more gently, and support them for longer as they move into adulthood.

"At 16-17, an abrupt moving on plan is pushed upon you. You feel the pressure of the home wanting you to leave."

"Foster children don't understand the responsibilities that come with moving into their own place – lots of them aren't ready."

"There was pressure for me to move on as soon as I was 18…the average age that kids [who are not in care] leave home in Scotland is 26."

"After CAMHS, I didn't get much support – there needs to be more of a transition from children's mental health services to adults'."

Conor

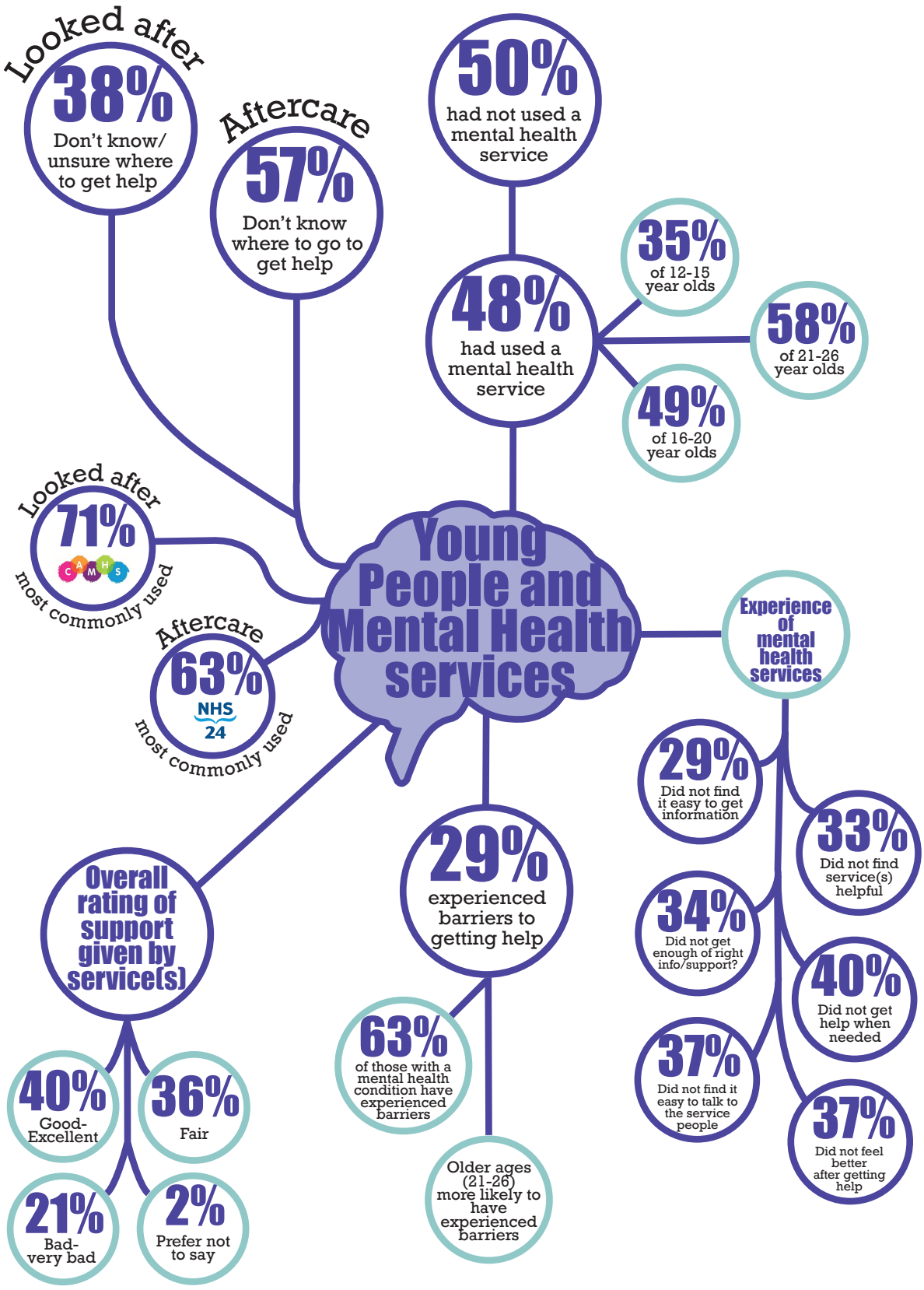
Conor is 26 years old. He felt particularly abandoned by services during the transition into adulthood as he was pressurised into moving into his own tenancy before he was ready and was not supported during this challenging time.

Despite being legally required to have a social worker until the age of 26, he has had little to no contact from social work for several years. As such, no one has ever spoken about his mental health with him, or signposted him to any services. His only experience with mental health services was during mandated session at the age of 11, which even at a young age, he found condescending and detrimental, putting him off accessing services again.

Young People Mental Health Experiences and Support Summary

A summary infographic of young people's feelings around mental health and experiences of support is provided in Figure 10:

Figure 10: Respondents' mental health experience and support summary infographic



Base: 143

4.5 Mental Health Support Requirements

Participants provided several recommendations on what they want and need to strengthen mental health support provision and personally help them to manage their mental health better:

Quick and easy to access to services

Mental health support is not readily accessible. Many services are seen to be overwhelmed, characterised by long waiting times; short and irregular appointments; quick discharging/signing off; and less comprehensive support being provided.

Many young people do not know the variety of services open to them, creating an immediate engagement barrier. The lack of awareness may also contribute to disassociation from mental health services altogether. That is, should they have a poor experience with a service, the young person may be dissuaded from engaging with any services ever again.

Young people want immediate information on where they can go to get help right away. Ideally, services should be able to provide a variety of engagement methods to suit all young people: for those that are digitally excluded, video conferencing or telephone appointments may not be appropriate, and therefore a face-to-face element is required. This is also something called for as not all young people engage well in all ways.

"I feel all mental health services have been too reliant on phone call support, whereas I do not like to use the phone and prefer webchat/messages instead."

Active support to engage with services

Young people would like to be made aware of all services on offer to them, and frequently reminded of them. Many recognise that they may have been spoken to about services by their social worker, or another professional, at some point. However, months or years down the line, they cannot remember this conversation.

Social work and other children's services staff (where relevant) actively reminding young people about mental health services would mean that the young person will always have an idea of where to look, should something occur in life that leaves them needing support. Proactive reminders will also help those who feel their mental health is generally good, but on occasion could benefit from support, as they report being left out of discussions around mental health as they are assumed to be doing okay.

Passive promotion, communications, and marketing have a part to play in raising awareness of services, but participants did not feel that this is enough. Given the various practical and emotional barriers in play, care experienced young people want to be supported to engage with services by their social workers, to give them the support, confidence, and drive to access these services. Whilst they want support that is wholly independent from the support they get from their social workers, young people see children's services staff and social workers that they regularly interact with as being the people responsible for helping them to make this step by effecting a quality referral.

To create an environment where mental health truly is given priority, some participants feel that there should be a legal requirement for social workers to be consistently checking-in with young people about their mental health and ensuring they are being supported to engage – something they don't perceive the be the case at present.

"The awareness stuff doesn't make that much difference – you wouldn't need to do this if someone was speaking to people about it. There needs to be a legal responsibility on children's services employees and social workers to have a policy duty to revisit mental health support with young people. Whether that's speaking to them or pointing them to somewhere – there should be a plan that holds social workers accountable."

Support for all levels of mental health

Young people are eager to see support being offered that accounts for all needs. Suggestions include having meetups with peers and hub drop-ins - where mental health is always up for discussion, but does not have to be the focal point - as well as one-on-one therapy being available. This is particularly called for by those participants who are largely managing their own mental health, but would appreciate light-touch or informal support every so often.

A barrier for many is being led to believe that they are not sick enough to engage with services – that support is only available to those with severe issues. This translates into young people not receiving the help they need at the time, and subsequently needing increased support – of far greater urgency – later. By offering softer mental health support, a more preventative environment can be created which helps young people before their support needs become more serious.

"People need to actually listen and stop thinking it's attention seeking because they know of one young person that did this or that."

Amanda

Amanda is in her late teens and has been in care since she was very young. She has never used any mental health services, despite experiencing feelings of anxiety. She relies on her friends, carer, and social worker to help her and teach her coping mechanisms, but feels this is not enough. She thinks she may have undiagnosed ADHD, but is put off accessing professional support because she believes her mental health isn't poor enough. She also doesn't know how or where to access support, as no one has ever spoken about this with her.

"I've always felt as if I had ADHD – I've always wanted to speak to someone about it. I spoke my social worker and foster carer, but have never been referred."

Amanda feels that to help people like her, who may be experiencing milder mental health issues, a yearly 'check-up' from a professional in mental health would help. She feels it's important that someone independent from social work carries this out, and it would help to give mental health the same importance as physical health.

Demand-led support

Another key desire is to see support being demand-led; not supply-led. This would involve putting more funding into services to provide longer opening hours, more staff, and different methods of engagement. Current provision is narrow, in that it only allows for a certain volume of young people to access it, at specific times, in specific ways. This does not support all levels of need.

"Provision should be adapted to the needs of the individual – it's not one size fits all."

There's also a desire for young people to have more autonomy over their mental health support. Rather than being referred to a service that HSCP staff believe they may need, young people want to have a say in this. This, they believe, will help to ensure the support is effective for their needs.

"You know yourself how you feel. Having the opportunity to say 'this is what I need, this is where I want to go' is important, rather than just being sent somewhere. Things need to be adapted to the individual – and no services do this currently."

Consistent and frequent mental health check-ups

One suggestion, that is hoped to overcome issues around stigma and those with lower-level requirements being missed, is having standard mental health check-ups. Given there is a legal requirement for every young person in care to have a physical check-up every year, participants feel a similar mandatory mental health and wellbeing check-up should be introduced.

This takes the onus off young people to reach out to services when they are already feeling vulnerable. It also helps young people who believe their struggles will be dismissed by services, or that they won't be believed, as it provides them with an opportunity to bring up their feelings without embarrassment. Additionally, this will allow for all young people to be engaged about mental health – not just those that services already know have poor mental health. This idea will contribute to the overall preventative treatment environment that is desired.

"If you're seen to be doing okay, and in control, you get pushed aside for higher priority cases. Everyone should be talked to about their mental health."

"Like we get a health check-up every year – height, weight etc. There should be a mental health check-up away from your social worker."

Specialist, independent mental health support

A clear finding from this work was that care experienced young people want their mental health support to come from a source outwith social work and children's services that look after other aspects of their lives. They believe the only way for them to truly be supported is through specialists who are not involved in these other aspects. Many of the young people in this research feel that they cannot fully open up to their social workers about their mental health, for a number of reasons:

- They worry about the potential impacts on the rest of their lives if they are honest about their feelings and experiences (e.g. being moved to another home)

"I've been here for six years and I don't want to be moved. I love my family to bits…but I need help."

- Their pre-existing relationship with the staff and social workers they interact with regularly makes them uncomfortable being open about their challenges, in a way that they would not be with someone independent
- This pre-existing relationship can also make social workers biased, meaning that young people who are believed to be coping well ('success stories of the care system') are not considered for mental health support, and it is not discussed with them

"You're seen to do well on paper and get forgotten about."

- Some feel let down or abandoned by the current level of support they receive from the social work – particularly over the course of the pandemic, and especially amongst older young people (aged 21-26) – and feel that 'the council'/social work cannot offer them frequent or comprehensive mental health support
- The current professionals across the HSCP who do engage with them about their mental health are often seen to provide a service of poor quality. Because they are seen as 'the council', or 'social work', they are not felt to be specialists in this area by many young people.

Within this, young people would most like to have a named mental health professional that they see consistently and can speak to about their feelings. Having one named person is important to maintain consistency and make relationship building possible – something that is vital in helping young people open up, as many struggle to engage with services when they see a different person every time. An additional issue for care experienced young people is that they often do not have a strong relationship with their carer(s) where they feel they can discuss mental health, and therefore want someone else to take on this role that they feel comfortable with.

"Having mental health officer that reaches out specifically to young people could be quite useful. When I stayed in a children's home, we had people that came out for sexual health, the LAAC nurse, and other professionals. A monthly drop in by your officer to check up on mental health would be beneficial…some people that are not care experienced talk about finding it difficult to speak to their parents about mental health; when you're care experienced, you don't even have someone like a parent to talk about mental health with."

"Young people are really good at putting on a brave face and presenting a version of themselves to someone the first time, but when you meet them more you realise that's not actually how they're feeling."

Professionals who are educated in the specific needs of care experienced young people

Care experienced young people find that support provided does not consider the specific needs they have due to being care experienced. Professionals who do not have lived experienced cannot fully understand their extra struggles. This creates a sense of detachment, and perceived lack of empathy and understanding from staff who provide them with generic advice they would give any young person.

In order to overcome this, professionals need to be specifically better trained in understanding the challenges that care experienced young people have. This is felt to be something so important it should be embedded early – e.g. when someone is doing their degree, they should have a module on marginalised groups to embed this in working practice from the beginning.

> *"I don't think people know, psychologically, what the implications on mental health for care experienced young people are. There's a lack of training and education."*

Whilst there is a need for care experienced young people to be involved in this discussion somewhere, co-production or co-design is not what is being called for. This is because this is often felt to be tokenistic: where some of the target audience are involved in the consultation process, but not in designing the strategy or goals, and the decisions have already been made prior to consultation based on budgeting and organisational objectives.

Involvement of care experienced young people in more research to better understand their needs, and embedding these findings into a long-term education strategy which carries professionals through from the beginning of their career is felt to be a better foundation for achieving effective mental health support for those who are care experienced.

5. Conclusions and Recommendations

Care experienced young people could be better supported with their mental health in a range of ways. The only way to truly understand their needs is through listening to and understanding their voices, experiences, and suggestions for how they would like to be supported in attaining positive mental health outcomes.

The participants involved in this research highlighted a variety of different experiences in managing, and being supported to manage, their mental health. Whilst some positive experiences were reported, and young people were keen to make us aware of services which had been particularly good, there is work to be done to elevate more services to this level and beyond.

A key finding was that young people feel mental health services and support do not take the needs of the individual into account. This is particularly important for care experienced young people, whose backgrounds, living situations and experiences differ significantly when compared both to those without care experience, and those that have grown up in different care environments. There is a need for mental health professionals to understand this and to adapt services to account for the unique experiences and challenges faced by each individual.

Another, and strongly held, desire is for a vital distinction to be made between support given by a young person's social worker and support from mental health services. Care experienced young people are strongly calling for independent and expert mental health professionals, who will work with them consistently and build a strong relationship – that is completely separate from the relationships they have with their social workers. This is seen as crucial in creating an environment where young people feel confident and comfortable discussing their mental health – particularly those who feel they are often overlooked for mental health support.

The key practical recommendations, provided by care experienced young people themselves that they feel will improve mental health services and could best support them, are as follows:

- **Provide expert mental health support for all care experienced young people** that is distinct from support provided by their social worker (i.e. have another dedicated professional independent of social work/children's services that works with the young person).
- **Implement regular mental-health check-ups**, provided as standard, to all looked after young people.
- **Ensure that mental health support providers understand the unique situations and specific needs of care experienced young people**, and are trained in how to handle these, from the early stages of their education and throughout their professional lives.
- **Ensure the provision of quick and easy to access support**, in a variety of different formats (e.g. telephone, face-to-face, video etc.).
- **Train all staff that work with young people to actively support them to engage with services, by doing more than signposting**: effecting a quality referral by leading them right to the services will reduce the likelihood of young people deciding not to engage due to emotional barriers.
- **Ensure mental health support comes at a variety of levels**, to account for all young people with different levels of perceived 'severity'. This would help to ensure early intervention and help to address less severe mental health or wellbeing concerns before these potentially escalate into more serious ones.
- **Have demand-led, not supply-led, support**
- **Facilitate a smoother transition for young people both moving from care to Aftercare, and from children's to adults' mental health services**
- **A phased return to face-to-face contact**, wherever possible, which care experienced young people are demonstrably more likely to engage with.
- **Listen to the needs of the young person**, and always seek more support for them should they ask for it, even if one service has discharged them/deemed that they do not require support.



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