

Open Space Event Report

Children and Young People's Mental Health and Wellbeing 2010

Facilitated by Augment (Scotland) Ltd on behalf of Angus Council
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Introduction

Angus Council, Children and Young People's Mental Health and Wellbeing commissioned Augment (Scotland) Ltd to facilitate an Open Space Event and compile a report from its findings.

Augment are extremely grateful to all of you for giving up your time to attend and discuss the topic:

“Children and Young People's Mental Health and Wellbeing”

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This report was compiled by staff and volunteers at Augment (Scotland) Ltd, a mental health service user led organisation.

What is an Open Space Event?

In an Open Space meeting the participants create their own programme of self managed sessions (such as discussion groups, experiential workshops, ideas sessions and planning meetings) related to a central theme of strategic importance, in this case.

Open Space meetings allow diverse and often very large groups of people to get together, discuss issues of heartfelt concern, share ideas, pool their knowledge and develop plans for collaborative action.

Open Space meetings are particularly effective when complex or conflict ridden issues must be resolved very quickly, and when people need to work together as equals to decide how they will bring something new into being or bring about a mutually-desired change. A prerequisite is that the focal issue or theme must be of genuine concern to all those involved, as participation is normally voluntary.

“Open Space works best when the work to be done is complex, the people and ideas involved are diverse, the passion for resolution (and potential for conflict) are high, and the time to get it done was yesterday. It's been called passion bounded by responsibility, the energy of a good coffee break, intentional self-organization, spirit at work, chaos and creativity, evolution in organisation, and a simple, powerful way to get people and organisations moving -- when and where it's needed most.

And, while Open Space is known for its apparent lack of structure and welcoming of surprises, it turns out that the Open Space meeting or organisation is actually very structured -- but that structure is so perfectly fit to the people and the work at hand, that it goes unnoticed in its proper role of supporting (not blocking) best work. In fact, the stories and work plans woven in Open Space are generally more complex, more robust, more durable -- and can move a great deal faster than expert- or management-driven designs.” (www.openspaceworld.org)

Background

‘Our early years play a large role in determining our mental health for life. A mentally healthy child is one with a clear sense of identity and self worth, the ability to recognise and manage emotions, to learn, play, enjoy friendships, and relationships, and deal with difficulties. A wide range of interrelated factors play a role, such as individual, family, wider society and environmental issues.’ (Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009 -2011 – Priority 1: Mentally Healthy Infants, Children and Young People).

Good mental health is an essential part of our vision for children and young people here within Angus. Mental wellbeing affects children and young people’s behaviour, their ability to learn and achieve, and their physical health. It can impact on their ability to enjoy their childhood and teenage years to the full.

By developing a strategic framework for children and young people’s mental health and wellbeing across Angus the aim is to identify how best we can all address this. How best to promote mental health, how to prevent mental health problems and build resilience and how to provide appropriate help for those children and young people who are experiencing mental health problems.

Mental health promotion for children and young people should be underpinning principle for all who come into contact with children and young people (for e.g. Education, Health Services, Voluntary Sector, Social Work), improving the mental health of children and young people requires a co-ordinated and coherent combination of health promotion, prevention work and intervention and care services.

Following on from the publication in September 2008 of a ‘Service Mapping and Needs Assessment of Mental Health and Wellbeing in Children and Young People Aged 5-18 years in Angus’ there is a shared partner commitment to the development and implementation of a Strategic Framework for the Wellbeing and Mental Health of Angus Children and Young People. (An Integrated Plan for Children and Young People’s Services 2009- 2012 – H4).

Through development of this framework we aim to improve outcomes for children and young people and have an increased appreciation of the need for all services to address the mental health needs of children and young people. Our aim fits in well with the implementation of Getting It Right For Every Child (GIRFEC) and Curriculum for Excellence – Responsibilities for All (Health & Wellbeing).

List of Delegates

Name	Designation	Organisation
Jane Allen	Student	The Web Project
Tracey Allen	Primary Mental Health Worker	NHS Tayside
John Anton	ESP Co-ordinator	Angus Council Education
Linda Bailey	Manager	Angus Independent Advocacy
Rikki Beattie	CLD Worker	Angus Council Education
Moira Bisset	Head of Service	Parent to Parent
Mhairi Blyth	Depute Manager	Angus Carers Centre
Pamela Brown		Volunteer Centre Angus
Moira Cathro	PT Pupil Care & Support, Carnoustie High School	Angus Council Education
Ruth Connolly	School Health Nurse	NHS Tayside
Mairi Cuthbert	Public Health Nurse	NHS Tayside
Elizabeth Darcy	Senior Practitioner	Tayside Council on Alcohol
Susan Duff	Senior Education Manager	Angus Council Education
Lisa Gilfillan	16+ Learning Choices Co-ordinator	Angus Council, Education
Jenny Gillespie	Child Health Weight Practitioner	NHS Tayside
Pauline King	Childminding Support Officer	Angus Council Education
Liz Kirkman	Development Officer, Pre-school	Angus Council Education
Samantha Lowe	Depute Head Teacher, Brechin High School	Angus Council, Education
Alison McDiarmid	Recovery Practitioner	Penumbra Angus Nova Project
Caroline MacDiarmid	Principal Teacher/Acting Depute Head, Birkhill Primary School	Angus Council Education
Mary McGregor	PT PCS, Websters High School	Angus Council Education
Maria McMillan	Project Manager	Insight Counselling
Sarah Mackay	Student Services Manager	Angus College
Murdo Mathers	Children Services Manager	Barnardos
Bill Muir	Manager	Family Mediation

Paula Mulford	Fostering Team Manager	Angus Council, Social Work & Health
Lesley Murray	Young People's Health Worker	No 1 For Youth
Elizabeth Nurthen	Depute Head Teacher Warddykes Primary School	Angus Council Education
Gail Penman	Principal Mental Health Worker	Child & Adolescent Mental Health
Doreen Phillips	Equalities Officer	Angus Council Chief Executive's
Julie Redman	Senior Health Promotion Officer	NHS Tayside
Lesley Reid	School & Family Support Worker	Angus Council Education
Melanie Rice	Acting Depute Principal Psychologist	Angus Council Education
Fiona Robertson	Education Strategic Support Officer	Angus Council Education
Mary Rodgers	Service Manager	Insight Counselling
Donna Ross	Resource Worker	Angus Council Social Work & Health
Ian Scott	Mental Health Advocacy Worker	Angus Independent Advocacy
Teresa Skelding	Head Teacher, Inverbrothock Primary School	Angus Council Education
Karen Smart	Support Worker	Angus College
Ruth Swanston	Interim Service Manager	Angus CHP
Jamie Taylor		Penumbra
Kay Webster	Chief Executive Officer	Angus Carers Centre
Jackie Wilson	Staff Tutor	Angus Council Education
Susan Wilson	General Manager	Angus CHP
Douglas Wood	Head Teacher, Lochside Primary School	Angus Council Education
Erica Wood	Acting Team Manager	Angus Council Social Work & Health

Market Place Topics raised



Individual Topics

The next section of this report will detail the actual discussions and debate from the event. The recommendations made are those of the participants from each market place topic group.

Access to Services

Main Points - What was discussed?

- Difficult to know the resources out there.
- Dogged by years by a project culture. Neglect of core services eg. School health.
- Cut off age for access to services.
- Problems with access
- Need to look at roles.
- Concern over cuts.
- Bureaucratic referral process.
- There is so little information available on counseling services.

Recommendations:

- Directory – even out of date would be better than none. Use IT.
- A school nurse to be based in schools.
- Someone at strategic level to produce a directory of services with criteria for referral etc.
- A counsellor for every cluster.
- Access to services should be simple and easy for referrers and clients. Eg self referral POST childhood overweight service Tayside accept referrals from anyone, including parents.

Main Points - What was discussed?

- **Difficulties surrounding negative behavior.**
- **Positive management means increased self esteem.**
- **Carers wish schools would be more aware of home issues.**
- **Less able families get into trouble more often.**
- **Parenting at home leads to learning rules.**
- **Messages are given to children by parents.**
- **Supportive family.**
- **Children's needs are forgotten and parents need to prioritise.**

Recommendations

- **Educate children into the importance of rules and boundaries.**
- **Services have to work together.**
- **Services need to have more powers.**



Bereavement



Main Points - What was discussed?

- What services are available for young people?
- A lot to do with gut instinct.
- Supporting people supporting kids.
- About understanding the process of loss, change and bereavement and being able to 'normalise'.
- How well can the supporter cope with helping others – sometimes it's too close to home.
- Effect on LAC can be huge.
- How long is long enough before moving on.
- Resilience.
- Managing the support of other people but supporting and taking time to allow yourself to grieve / process.
- There are logistics that need to be dealt with – that's the easy bit. It is the human bit that is difficult.
- It is so full of positives – see things in people that you didn't see before.
- Times have changed – Grief is less acceptable now – You must talk.
- Is there a difference between male and female?
- Guilt, anger, lack of resilience if there have been relationship / attachment issues.
- Can change the whole dynamic of a family / establishment.
- What makes a child more resilient.

Recommendations

- Training for staff – the process of grief.
- Policy guidelines to support logistics – help in initial stages.
- Establishing people's roles.
- Knowledge of resources available – websites, books etc.
- Giving people the knowledge about how children cope and children's understanding of death / grief.
- Early years attachment so essential – can recur in early teens – capture that again (nurture).
- Relationships – knowing the people – recognizing if they are different.
- CRUSE Bereavement Care
- Should everyone have a 'buddy' we all need support even the supporters.



Building Resilience

Main Points - What was discussed?

Important for young people to develop ways to 'take knocks' and 'bounce back'. Young people need to feel valued / Valuable / important.

Recommendations

Early identification - checklist / framework

Partnership working with parents.

Target those who exhibit low self esteem / low self worth and gear groups to keep / build ability to cope.

If there is a framework – all agencies to use same form / format.

How do we better equip children and young people to deal well with challenging situations. What services can support with this other than school.



Bullying

Main Points - What was discussed?

- Bullying highlighted through a right blether
- Feel school support is not enough.
- Culture in that young people are saying that when it's not – is it as bad as people say it is?
- How do you combat it.
- Young people say what they see.
- Parental involvement – telling them to respond / parents view.
- Running away from the issue.
- Is it a rite of passage.
- Does school bullying policies include info on school teachers
- Weight problems – high number are bullied.
- Shared concern . Circle of friends.
- Copy what is going on at home.
- Pressure from outside world affects young people (redundancies, no money etc) through family.
- Are we making it worse due to our practices – classes, buddies, talks etc.
- Parents seen to be big part in influence this.
- Children have support. Is anything done with parents?
- Lochside tried parenting skills.
- Glasgow tried PPP – not sure how this worked.
- Leaflet was put out to parents inviting them to parents group (Hazelhead) – poor response.
- Bullying mostly short term – long term can cause a major problem.
- How you deal with the cues coming forward and those who do not.
- Communication is important.
- The length of time it takes to see anyone (professionals) for help.
- Is mainstream schooling for everyone a factor in bullying.

Recommendations

- Pupil Council part of any consultation / review of policies in schools.
- Bullying policies to be reviewed every year.
- Outside agency (SFS) can help resolve situations.
- Network of peer pupils – peer mediation tried. – limited impact as low numbers are interested.
- Family mediation.
- Ownership of actions.
- Respect me training.
- Peer mediation.

Communication

Main Points - What was discussed?

- Sharing information
- Lack of good linkup in Montrose.
- Service users are aware of problems / concerns.
- If strategy is about young people do they have opportunity to have input into it.
- Communication and partnership have got better.
- What other projects are out there? (eg like linkup).
- Time constraints – to be able to share.

Recommendations

- Need to know who you can go to and who does what?
- Sharing information to help parents / children.

Counselling

Main Points - What was discussed?

- Teachers would benefit from having counseling skills because every day they should spend some time doing this, listening and helping children staff and parents to come to decisions. Use own skills.
- Important for managers to have counseling skills
- Need to know where we can turn to when we need further help.
- 'Problem Solving Group' – as advised by Ed, Psy – worked well for anger management.

Recommendations

- Have CPD available.
- Build counseling skills into teacher training.
- Through offering CPD could maybe have 'problem solving' groups in more schools.
- Counselors to come into schools to raise awareness for children who needed support and make all children aware that some children need help.

How do we get it right?

Main Points - what was discussed?

- **Funding** : needs to be spent / distributed better
- **Placement** : Does not fit into any brackets / services available for young people.
- **We can't get it right for every child due to restrictions.** (financial, physical, Resources.)
- **There is a lack of variety in teaching resources and in teaching languages in particular.**
- **Waiting lists for suitable activities.**
- **Do we give children too much choice? Or are they overloaded with options.**
- **Why is this strategy taking place? Is it compulsory or genuine for children?**

Recommendations

- **There is need for a purpose built (inter agency) centre in Angus.**
- **More consultation with young people not just professionals developing strategies.**
- **Making children aware that they have rights along with their responsibilities.**
- **Services to have more power.**

How to help children with anger management

Main Points - what was discussed?

- **Some angry children appear to be isolated.**
- **What is the best strategy? One to one, they need to trust an adult.**
- **Teenagers turning to alcohol and drugs.**
- **Huge impact from parents and how they deal with their children – do they have anger issues?**

Recommendations

- **Try to concentrate on positive issues and build up a relationship.**
- **Contact school health – can they help?**
- **Help with transition.**
- **Work with the parents if possible – school / family support.**
- **Moodjuice website – ideas for anger management. Jean Forsythe – family support at Forfar Academy.**



Impact of having caring responsibilities

Main Points – what was discussed?	Recommendations
<ul style="list-style-type: none"> • How to identify young carers at an earlier stage – rather than waiting for negative behaviors to be a problem i.e. poor attendance, behaviour etc. • Low level of referrals from GP as they are focused only on ‘patient’ – culture change required. • Teaching staff are not aware of young carers or the services available. • In service training for teaching staff to raise awareness. • Young carers are afraid to admit that they are not coping. • Young carers are often isolated and not able to take advantage of social opportunities / peer support. • Young carers are often bullied due to being ‘different’. • There is a stigma surrounding asking social work for help. • Young carers are legally entitled to a carers assessment however this is not happening. Young carers are therefore missing opportunities for short breaks / respite. Additional pressures on young carers as a result. 	<ul style="list-style-type: none"> ➤ Put supports into place to prevent negative behaviours. ➤ Working with children at a young age to encourage them to talk about families etc to aid earlier recognition of young carers. ➤ In-service training for staff in schools raising awareness of young carers. ➤ Start promoting health and well being at a very early age. ➤ Early identification of young carers – raising awareness throughout health and education. ➤ Awareness raising in colleges – particularly care students. ➤ Offering CPD for relevant professionals.

Impact of Parental Mental Ill Health

Main Points - what was discussed?

- Awareness that child / young persons parent has a mental health issue.
- Communication – who to share information with to provide support early on.
- Counselling service in schools.
- When dealing with an incident is it learned behavior or a mental health issue.

Recommendations

- Building in programmes into primaries re dealing with parental mental health.
- Early intervention is priority – eg transition into P1 – Health visitor to share relevant information so that support can be put in place where required.
- Picking up on a child's change in behavior.
- Communicate / meet with parent.
- Mental health and wellbeing of children and young people begins in the anti-natal period. Important combination of midwives and public health nurses.

Support for families under financial pressures

Main Points - what was discussed?

- Working together in partnership to address issues.
- Good communication skills to make all aware of problems.
- Distribution of time to display understanding of problem.
- Number of families to be affected over financial issues in near future.

Recommendations

- Good relationships are important.
- Sharing information in order to access appropriate support.
- Time constraints.

Interagency Co-operation

Main Points – what was discussed?

- Links with adult services (Parent Links) and a family approach to services.
- Confidentiality – barriers and frustrations, in keeping the child at the centre.
- Communication with parents about the relevance of communication.
- Duplication of work? Inter-agency co-operation.
- Use of 5 stage process is under used.
- Scattered approach based on staff fears.
- Shared responsibility.
- Not passing a child on. The child remains ‘our’ responsibility. Lots of good will / good work.
- Time and resources can be a barrier. Specific agency difficulties. Some good relationships at senior manager / strategic levels.
- Organisation size prohibits good communication to front line staff.
- Needs permission to stop and review understand etc.
- Relationships can make or break some situations.
- Language used should be understood across services.
- Knowledge brings power and control.



Recommendations

Communication from strategic groupings and back from front line staff.

In-service – interagency event involving wider range of agencies in joint events.

Need for strategic framework to represent inter-agency co-operation as a central tenant.

Learning about feelings and emotions

Main Points - What was discussed?



- Learning about feelings and emotions is so important.
- More is happening than previously in schools eg mood diaries, identifying how different emotions affect your body and mind.
- There is nothing wrong with any emotion eg anger, but we need to learn how to deal with them.
- What programme are used in Angus schools?
- Are good programmes shared?

Recommendations



- Would be good to know how schools are taking forward emotion well being, 'responsibility for all'

Parental Supervision

Main Points - what was discussed?

- The discussion focused on the emotional effects on children who's parents have separated and the links between childrens primary mental health, education, Social Work and relationships, Scotland Family Mediation for Children and young person's counseling services.
- Other issues discussed – confidentiality, child self referral, age, parental knowledge, waiting lists, referral procedures, peer group knowledge. Home visits, CALMS.

Recommendations

- Persuading the Scottish Government and Local Authorities that their long term funding for counseling is important to early intervention and has a long term benefit for children.
- Parents separating can become emotional deserts for their children. Who observes the child is in emotional difficulties, triggering off services. ie Home School Support Criteria.
- When schools get information that parents have separated guidance / someone will pick it up and will follow up on the situation.
- Links made with the office staff.
- Ongoing family structures and enabling children to cope with their situation.

Training

Main Points - what was discussed?

- Need for co-ordinated training across services eg self harm, anxiety, depression etc.
- Working group established to address this.

Recommendations

- Working group to develop training strategy.
- Gauge need for training in different subject areas. (eg audit to schools, social workers, mental health staff etc)
- Joint training wherever possible / appropriate.

Self Harm



Main Points - what was discussed?

- Lack of awareness of self harm.

Recommendations

- More training on self harm for staff.
- More info about self harm in schools, workshops, health promotion.
- More campaigns on self harm in the media i.e. See Me, Annual day per year.
- More self harm leaflets or contact cards in young people friendly places.

Support for pupils/young people



Main Points – what was discussed?

- Co-ordination of support available
- Education / Social Work timescale referral to Dunhope.
- EPS Assessment then what recommendation? Then support?
- Consent for assessments / support.
- Early intervention, primary and secondary and transition.
- Future staffing issues will affect all above.
- DLA support which puts pressure on families and youngsters who are influenced and pressurized by adult requiring benefit, stigmatized and learned behavior.

Recommendations

- **Peer mentoring in place earlier whilst waiting on referral.**
- **What agencies are available?**
- **Clear guidelines on parent consent required for assessments / referrals.**
- **Joint visits EPS / SFSS. Is this possible?**
- **Up to date flowchart of what is available ie services and funding.**

Transition into Adulthood

Main Points - what was discussed?

- Sometimes services / supports are not continued into adulthood.
- Loss of their security / comfort zone which generates anxiety
- Plan ahead to support transitions.
- Where mental health is concerned – not same confidence that supports will remain.
- Concerns around referral process – often time taken for initial assessment means that a child is 'lost'.
- Young people may end up homeless – seen often at college / post school – where do you refer? – supports through housing.
- Where do we refer? How long for wait time? What do you do in the interim?
- Use of school nurse, EPS, SFSS where appropriate.
- If not picked up early a child can be in a very different place over time.
- Effect on self esteem / family as a whole / anxiety – What's happening?
- Services local? – not always easy for young people to access.
- Changes in benefits system means more parents putting YP out at 16.
- Concerns over presence or lack of at transition meetings of adult mental health, always a bit missing in supporting in supporting next steps / transitions.
- School nurse can help push / drive gathering information.
- Not all parties attend meetings and it can take many meetings to make progress.
- Confidentiality – school not always told what's happening – How do we support this?
- Young people sometimes assume that we know everything about them

Recommendations

- Planning for post school – prevent people from slipping through the net.
- Families that move – information needs to be shared.
- Perhaps a central desk to help support staff.
- Someone who can help with next steps.
- Someone who knows which services are available.
- Someone who knows who is in which job / has which role – when
- Early intervention essential.
- School nurse input missing in some primaries – valuable resource.
- Can be difficult in schools to deal with the pupil that needs you there and then when there is a class standing waiting for you.
- Families can move areas and become 'lost' in the system.
- Identify key adults that link with pupil – essential!! Not finished until someone else takes them on.
- Need to ensure links between adult and childrens services.
- Ensure children / young peoples services and adult services link up.

Common Recommendations

In this section of the report we look at the themes that cropped up continuously throughout the groups. These themes should be noted as important when looking to moving forward and developing services.

The common themes throughout the event were:

- ❖ Young People to have input into strategy planning.
- ❖ Improved information sharing and knowing who to share with.
- ❖ A widening of skills and training. A working group to achieve this.
- ❖ Co-ordination across services and a strategic framework. A central support desk.
- ❖ Increased knowledge of services available. A directory or flowchart to achieve this.
- ❖ Increased use of peer mentoring and mediation.
- ❖ Awareness raising campaigns in individual areas i.e. self harm.
- ❖ Early intervention framework.

If you would like to hold your own Open Space Event, you can contact Augment (Scotland) Ltd:

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