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Report of the Strategic Lead Commissioner, Children and Maternity, NHS Leeds CCG

Report to the Children and Families Scrutiny Board

Date: Wednesday 25th November 2020

Subject: Future in Mind: Leeds Strategy Refresh

Summary of main issues

There is real strength in our partnership in the city in the development and delivery of our Future in Mind: Leeds strategy and plan (2016-20). Partners have come together over the past 5 years to support and improve the mental health and wellbeing of infants, children and young people.

This is a strategy with a wide reach, it connects to our Best Start priority, to give every baby the best start in life, in our development and expansion of the national award winning infant mental health service; it has a strong preventative and early support focus with programmes and resources to support young people, parents and professionals, as well as school settings (MindMate resources, programmes and services) and we have created the MindMate Single Point of Access to help join up expanding service offer in the city.

Over the last 5 years we have created some excellent resources and developed new and essential services. These have all been developed and delivered in co-production with children, families and professionals. They have been achieved through the strength of the partnership across health, education, social care and the third sector and our commitment to work together.

The Leeds All Age Mental Health Strategy (2020-25) has recently been signed off. This provides the opportunity to make further progress collaboratively taking a life course approach.

Despite these really positive developments there is much more to do. There is a known national historical backdrop of poor investment into children's mental health services and Leeds is no different in this. Coupled with a national and local picture of increasing demand and the impact of Covid-19 on our children and young people's mental health and wellbeing, this programme needs to be a priority for the city.

As we move forward to refresh our strategy we need to build on the strong foundation we have created; we need to build more capacity and more effectively join up the service offer across the system. There are 3 key areas requiring a specific focus over the next 5 years:

1. To strengthen young people's experience of transition into adulthood, ensuring they have the support they need.

This aligns to priority 4 in the All Age Mental Health Strategy (2020-25). The first focus will be getting the offer right for those young people in crisis. This will respond to the Young Women's Mental Health Outcome Based Accountability Report (2020) that provides evidence that young women's mental health has deteriorated over recent years. Parents, carers and siblings do not feel effectively supported at many points and waiting times and disconnect between services impacts on outcomes for young people. There is a need to ensure that transition between children's to adult's mental health services is effective and seamless

2. To strengthen and develop the city's response to children and young people who have experienced trauma.

Again this has a direct connection with the All Age Mental Health Strategy, where priority 5 applies across all ages recognising the intergenerational aspect of trauma and the importance of 'Think Family, Work family'.

There is increasing recognition of how Adverse Childhood Experiences impact significantly on later outcomes (throughout the life course); this is a message that is emphasised in models such as trauma informed practice and is being developed further by the growing field of neuroscience. This helps move the conversation on from 'what is wrong with this child' to 'what has happened to this child'. In our city there is a collective commitment across the partnership to develop a trauma informed approach and to improve our service response to trauma.

3. A real commitment to focus efforts on reducing health inequalities.

Children and young people who are within a protected group and/ or are living in poverty are more likely to have mental health needs but more often than not are less likely to access the support they need. The recent JSA data indicates greater numbers of children are living in the deprived areas of our city. An initial focus of this priority will be to improve support to children and young people from diverse communities. The recent Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (Hanson, 2020) starkly sets out the inequalities of access and outcomes experienced by these children and young people and starts to provide some insight as to why.

Addressing these issues must be at the forefront of our minds as we refresh the strategy. We must develop a strategy that recognises the diversity in the city and the focus on how we work together to improve experience, access and outcomes for children and young people and critically to address health inequalities.

Recommendations

Scrutiny Board members are asked to:

1. Note and recognise the achievements over the last 4 years
2. Recognise how the draft priorities are drawn from various sources of health needs analysis and from the valuable insight of the extensive engagement with children, young people and families in the city
3. Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment
4. Note that these priorities require effective integration broader than that within children's services; to deliver a life course approach, to recognise how interdependent children's and parent's mental health and wellbeing is, our paradigm needs to shift to 'Think family – Work family'
5. Recognise that there is more to do (in conjunction with the All Age Mental Health Strategy):
 - a. To embed a 'Think Family' Approach in the city
 - b. To develop a system wide response within the city to children and young people who have experienced trauma
 - c. To address the lack of parity of investment in children and young people's mental health
 - d. To transform services to those in adolescence and approaching young adulthood (14-25)
 - e. To work together to improve experience, access and outcomes for children and young people and critically to address health inequalities.

1 Purpose of this report

- 1.1 To engage and involve Children and Families Scrutiny Board in ensuring the refresh of the Future in Mind: Leeds strategy drives improvement in infant, children and young people's outcomes and a reduction in health inequalities.
- 1.2 For the Children and Families Scrutiny Board to input into the draft priorities proposed for the refreshed strategy, as developed from local data and the insight of children, young people and families.
- 1.3 To set the developments within the local, regional and national context.

2 Background information

- 2.1 The current Future in Mind: Leeds strategy (2016-20) is in need of a refresh to continue the drive to improve children and young people's social, emotional and mental health (SEMH) outcomes with a particular focus on reducing health inequalities.
- 2.2 Future in Mind: Leeds is an integrated strategy and the delivery of it takes place within a whole system approach and as such there are strong links and overlaps with other strategies in Leeds (see green tiles in Figure 1: below).

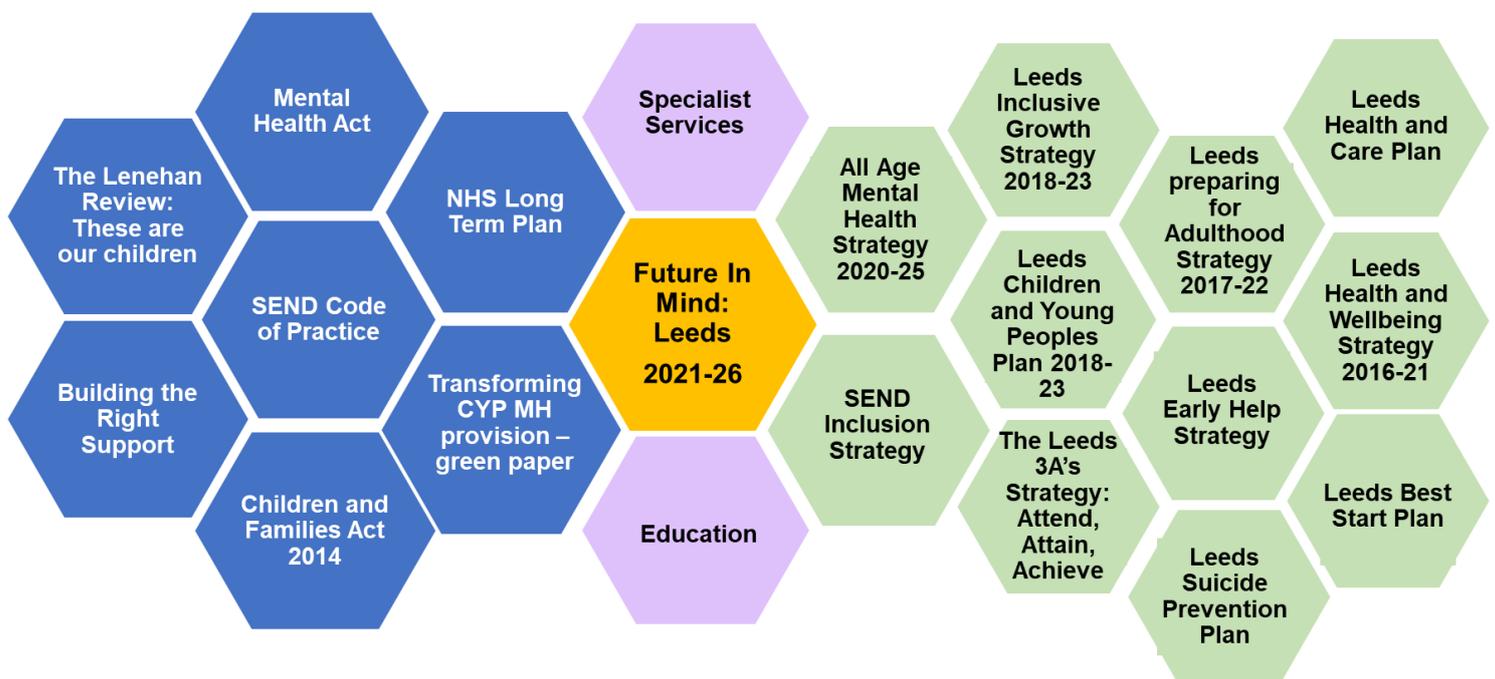


Figure 1: Links to National and Local Policy and Strategy

2.3 The All Age Mental Health Strategy (AAMHS) takes a life course approach that creates the opportunity to effectively join the mental health and wellbeing of the whole population. Future in Mind: Leeds is the key strategic plan to **deliver** the 2nd passion of the AAMHS (2020-25):

- Reduce Mental Health Inequalities
- **Improve Children and Young People's Mental Health**
- Improve the flexibility, integration and compassionate response of services

In addition two of the 8 priorities that sit underneath the 3 passions are directly related to the Future in Mind: Leeds strategy draft priorities. These are the ones that require dual leadership and commitment (Transition and Trauma). This is set out later in the document.

2.4 Leeds CCG is engaged in a programme of 'Left Shift Work'. By left shift we mean progress in 4 key ways:

- That the population's health overall will move from being more sick and dependent on services, to more well
- That for the population's health to improve equitably, we will need to ensure services are focused better on the needs of poorer people and more vulnerable groups
- That in order to achieve this we will invest more resources in prevention and proactive care – often resulting in more activity and care taking place in community settings including people's homes
- And to ensure that the services work well for people, we will have clear measures to ensure high quality, person centred services are delivered

This has long been the approach of the Children's partnership in developing and delivering the Future in Mind: Leeds strategy. In addition, investing in getting it right for infants and children is an effective left shift method that benefits across the life course.

2.5 National Policy

2.5.1 The NHS Long Term Plan, published on 7th January 2019, sets out the ambitions for the next 5 and 10 years. The subsequent Mental Health Implementation Plan 2019/20-2023/24 was published in July 2019 and sets out the key areas of improvement with a particular emphasis on increased access to services (timeliness and numbers).

2.5.2 There is a significant national focus on the improvement of children and young people's mental health services. The NHS Mental Health Implementation Plan states that by 2023/24:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school - or college-based Mental Health Support Teams (in addition to the Five Year Forward View Mental Health commitment to have 70,000 additional CYP accessing NHS services by 2020/21).

- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice.

2.6 We Statements

2.6.1 In the development of the previous Future in Mind: Leeds Strategy, Children and Young People set out what's important to them when they access mental health support. These are called 'We Statements' and each time we have checked with children and young people they confirm that these stand the test of time and apply now:

- I may be facing more than just a mental health challenge (e.g. substances including alcohol or a physical condition). Respond to these creatively and without judgement
- I will know the name of the person responsible for my support. Show me that you are a human being too
- I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself
- Those of us who are most vulnerable and have the most complex needs should get extra help and support early enough to make a difference
- We want to be able to get help quickly and easily when we ask for it, especially when we are in crisis
- When get older and if we need to move into adult support services, we want to feel supported and not abandoned

3 **Data and Insight**

3.1 A range of health needs assessments and engagement activities have been carried out in recent years and inform the proposed priorities for the refresh of Future in Mind: Leeds.

Engagement for the **All Age Mental Health Strategy (2020-25)** found that:

- People working with children in Leeds report that 'Think Family' does not always translate into 'Work Family' and that adult and children's services could be better integrated
- Supporting the mental health of parents and carers and taking a 'whole family' approach to mental health, is seen by practitioners as a vital area to focus on.
- For those young people needing ongoing mental health treatment, practitioners continue to find that the transition between children and young people's mental health services and adult mental health services remains a significant challenge

- Young people reported that mental health support across Leeds schools is not consistent
- 3.2 The **Future in Mind Health Needs Assessment 2016** found that although children and young people had a fairly good understanding of mental health, it was still a taboo in many circles and addressing stigma is therefore a priority. Knowledge of local services was low, and this was even more marked in 'hard to reach' groups. Although face to face support was preferred, young people recognised the importance of accessible, round the clock support and help. Making services more visible on social media was seen as key to this. Young people described their ideal service as 24/7, accepting self-referrals and operating in an inviting and informal setting with non-judgemental and empathic professionals. Visibility in the community was also important.
 - 3.3 The **Leeds in Mind Rapid Health Needs Assessment 16-24 year olds 2018** states national research suggests that rates of many mental health problems may be higher in young people than in other age groups. The mental health of young people appears to be worsening and this is driven by the deteriorating mental health of young women (Adult Psychiatric Morbidity Survey, 2014, shows the rate of common mental health problems for women was three times greater than that of young men. 26% for women and 9.1% for men). Local practitioners report that national trends appear to be reflected in Leeds. The findings noted that current service configuration in Leeds means that young people's needs are not being met or they are 'falling through the gaps'.
 - 3.4 The **Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds 2019** found that children and young people from diverse communities are under-represented in the majority of services to support SEMH in Leeds, when compared to the proportions in the population. This echoes the pattern with adults accessing services at crisis point. It's also worth noting that young black boys are seen more in specialist school provision for children and young people with social emotional health needs and in the youth justice system.
 - 3.5 A review of **key presenting issues in SEMH Services** carried out by the HOPE (Harnessing Outcomes Participation and Engagement) group in 2019 asked key services providing SEMH support to children and young people in Leeds to feed back about the key presenting issues at referral and the top five issues that present themselves following assessment.
 - 3.6 Across all services there was some variation dependant on the focus of the service; however, anxiety, relationship issues and low mood stood out across the majority of services.
 - 3.7 Throughout the implementation of **Future in Mind: Leeds (2016-20)** many children, young people and families have been consulted with and engaged in the work. In addition, there has been a wealth of engagement activity carried out within the city which provides valuable insight for the development of the refreshed priorities and subsequent service improvements.

3.8 Public Health colleagues carried out a systematic review of all the engagement activity relating to SEMH that has taken place between 2016 and 2020, in order to help shape the strategy refresh. The key areas raised as needing improvement are listed below; a table of all engagement considered is in Appendix 1.

- Prevention
- SEMH Support
- Crisis support
- Inpatient provision and systems
- Transition to adult services
- Parent Carer Support
- Inclusion
- Workforce

3.9 National prevalence survey findings and local modelling.

3.9.1 NHS Digital carried out a large scale rigorous survey 'Mental Health of Children and Young People in England (2017)' to identify rates and trends in mental health nationally amongst children and young people. *The terminology 'mental disorder' has been used despite negative connotations as the survey applied diagnostic criteria according to International Classification of Disease (ICD-10) (WHO, 1992).*

The main findings for the 5 to 17 years age group are:

- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder like anxiety or depression. This was more common in girls (10.0%) than boys (6.2%), and rates increased with age.
- About one in twenty (4.6%) 5 to 19 year olds had a behavioural (or 'conduct') disorder. This was more common in boys (5.8%) than girls (3.4%).
- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder. This was more common in boys (2.6%) than girls (0.6%).
- About one in fifty (2.1%) 5 to 19 year olds was identified with another type of disorder, such as an eating disorder or autism.

3.9.2 The prevalence rates from the national survey have been modelled onto the Leeds population, to give an indication of the number of children and young people in each age category estimated to experience each disorder. This is particularly relevant when considering our commitment to address health inequalities and recognise the impact of poverty and family dynamics on children's mental health and wellbeing. Key characteristics include:

- Children and young people living in households with the lowest levels of equivalised household income were about twice as likely as those living in the highest income quintile to have a disorder.
- Clear association between how children's general health was rated and whether they had a mental disorder. 35.7% of children whose general health

was rated as fair, bad or very bad had a mental disorder, compared with 7.3% of children whose general health was rated as very good.

- Children with recognised special educational needs were more likely to have a mental disorder (47.1%) than those without special educational needs (9.0%).
- Increases in symptoms of mental disorder in parents were linked with higher rates of mental disorder in children
- Over a third (38.2%) of those living in households identified with the least healthy family functioning had a mental disorder, compared with less than one in ten (8.3%) of those living in households with the healthiest family functioning.

3.10 **Self-reported data from Leeds Pupil Perception Survey**

3.10.1 Analysis of the My Health My School 2018/19 survey results by different groups echo findings from the national survey.

3.10.2 'Self-reported SEMH' was identified by comparing the responses of different groups to how often they report feeling sad/upset, lonely, stressed/anxious and bad tempered/angry. Self-reported rates of self-harm (termed 'hurting yourself on purpose') and the regularity of this behaviour was also analysed. Findings show:

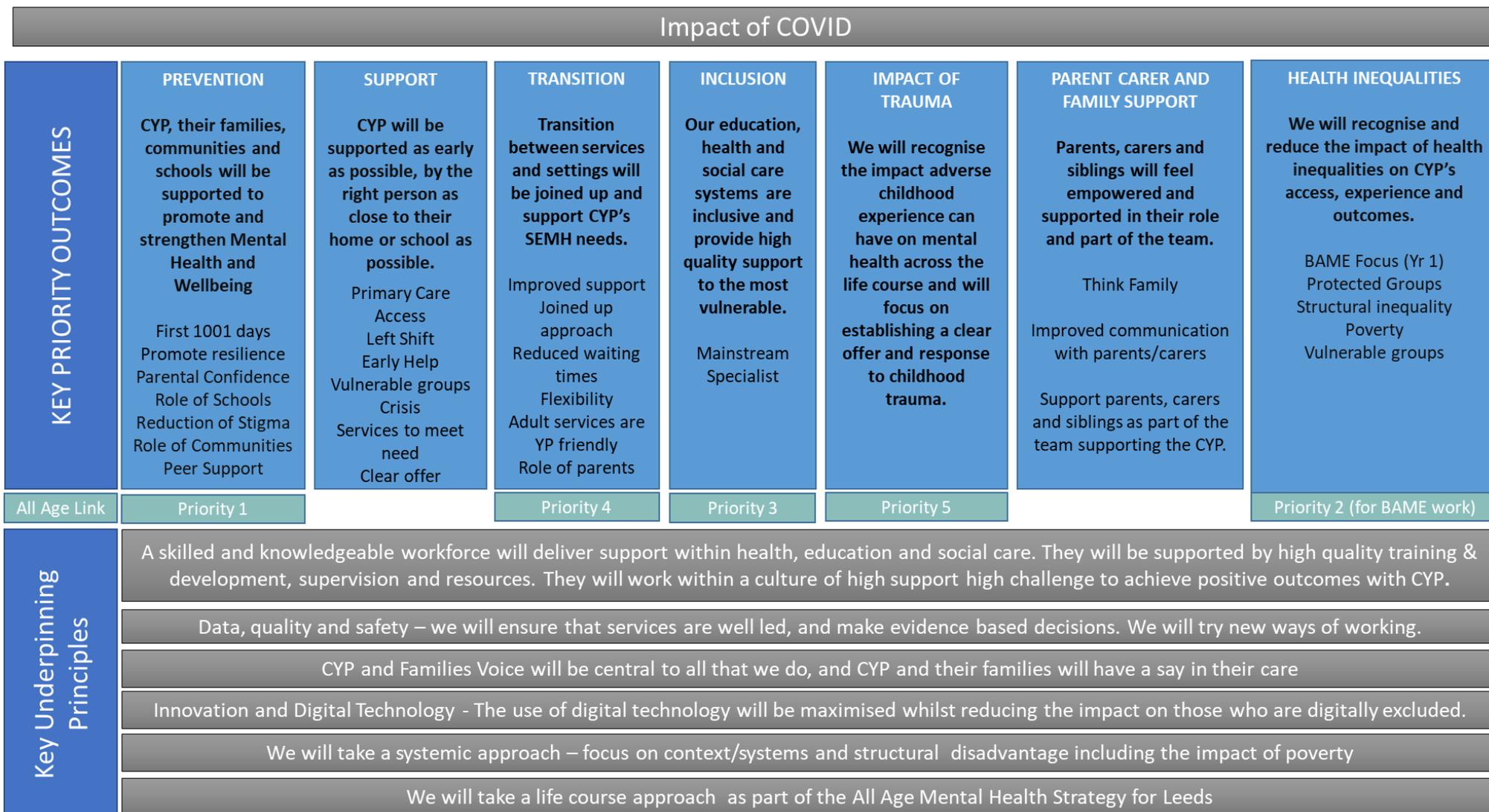
- Self-reported rates of SEMH worsen with age, with girls reporting worse rates than boys. The difference between genders becomes more pronounced amongst secondary pupils.
- Trans and 'other' gender young people report worse SEMH than Male or Female young people. For example, 18.1% of secondary aged boys, 22.4% of girls, 46.4% of Trans young people and 58.2% young people who selected other gender, reported having hurt themselves on purpose.
- Lesbian/Gay/Bisexual young people report poorer SEMH than Heterosexual young people. For example, 15.3% of Gay/Lesbian young people report 'never' feeling happy compared to 2.29% of Heterosexual young people.
- Children and young people that do not live with their parents report poorer SEMH than those who do.
- Children and young people who are eligible for Free School Meals report poorer mental wellbeing than those who are not.

3.10.3 To note – statistical significance has not been tested yet. Overall the sample sizes for the survey are large (14304 Primary aged pupils, 6960 Secondary aged pupils and 640 Year 12/13 pupils) and the trends are very clear, however some sub groups have small sample sizes such as those not living at home and Trans young people.

3.11 Refresh of the Future in Mind: Leeds Strategy

3.11.1 The Future in Mind programme board has worked to identify key priorities for the strategy refresh, which have been informed by the data as well as various consultation and feedback mechanisms within the local and national policy context.

Seven priorities have been identified as set out the diagram below. In addition to the 7 priority areas, there are 6 key underlying principles on which the work carried out must be founded.



Prevention

- 3.11.2 Led by public health, this priority incorporates the local response to requirements for prevention and public health. It includes the work carried out within the Best Start Plan. The focus is on nurturing resilient infants, children and young people, promoting positive mental health and reducing stigma, using the power of social media for positive messages, peer support and reducing self-harm. Doing all of this with a focus on contexts and impact of structural disadvantage e.g. poverty.

Support

- 3.11.3 This priority will deliver increased access to services so that more children and young people are able to receive the right support at the right time, in the right place and by the right person. Within this we will continue to drive down waiting times to access services, and ensure that services are respectful of the diverse communities and cultures that children and young people live in. Children and young people in crisis will have swift access to support 24/7 and we will focus on care out of a hospital setting, wherever it is safe to do so.

Transition

- 3.11.4 Also recognised within the All Age Mental Health Strategy, this priority focuses on ensuring seamless and joined up transition for young people from children's to adult's services. Transitions will be flexible, well-supported and we will ensure that young people and their families receive personalised continuity of care. We will work with adult mental health services to make them young person friendly and recognise the role of parents and carers to ensure they are involved appropriately. Effective handover and communication will mean that young people don't feel they are 'filling gaps' or re-telling their stories.

Inclusion

- 3.11.5 Led by the inclusion service, this priority focusses on the continued development of integrated pathways, effective SEMH provision in mainstream schools and the role of the cluster targeted support offer.

Impact of trauma

- 3.11.6 There is increasing recognition of how Adverse Childhood Experiences impact significantly on their later outcomes (throughout the life course); this is a message that is emphasised in models such as trauma informed practice and is being developed further by the growing field of neuroscience. This helps move the conversation on from 'what is wrong with this child' to 'what has happened to this child'. This is a key priority within this strategy. Again this has a direct connection with the All Age Mental Health Strategy, where priority 5 applies across all ages recognising the intergenerational aspect of trauma and the importance of 'Think Family, Work family'.

Parent, carer and family support

- 3.11.7 This priority includes the embedding of the 'Think Family' approach across all services. It focusses on improving communication with parents and carers,

ensuring that they feel 'part of the team'. We will improve our promotion to parents and carers so they know where they can access support and will increase the availability of this support to families, including siblings.

Health Inequalities

- 3.11.8 There are significant health inequalities for children and young people with mental health problems in terms of access, experience and outcomes. These inequalities strongly relate to deprivation and specific communities, particularly those from diverse community groups. The Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (2019) gives us a good understanding of the particular needs of diverse groups of children and young people and provides the starting point for this priority area in year 1 of the strategy. Again, this connects and provides a left shift contribution to priority 2 within the All Age Mental Health Strategy.

Governance

- 3.11.9 The established Future in Mind Programme Board will oversee the refresh and implementation of the strategy. Membership includes Leeds City Council, Public Health, Leeds Teaching Hospital Trust, Leeds Community Healthcare, Leeds CCGs, Leeds City College, the Voluntary Sector and service user representation.

A working group is currently focusing on the refresh of Future in Mind: Leeds, and this reports into the Future in Mind Programme Board.

Impact

- 3.11.10 In order to know that we are making a difference and to ensure we are improving children and young people's experience, we will review our Future in Mind: Leeds dashboard to ensure that we are tracking appropriate outcome and experience measures for each priority area. These will be used to establish the baseline and to track and report progress.

4 Governance

- 4.1 The key delivery and governance structure for this work is the Future in Mind: Leeds Programme Board made up of officers and leads from across the programme of work and chaired by the Executive Lead Councillor for Children and Families. This board reports to the Children and Family Trust Board and the Health and Wellbeing Board.

5 Consultation, engagement and hearing citizen voice

- 5.1 As detailed within the paper there is continuous engagement of children, young people, families, and key clinicians and partners in the city, in planning and developing children and young people's mental health strategy, resources and services. MindMate Ambassadors are members of the strategy refresh working group and Common Room carries out a wide range of engagement activities (often working with YouthWatch) to inform our work.

5.2 There are several parent, carer and young people focus groups planned for November – December 2020 to help shape the strategy and related communications.

5.3 The Future in Mind Programme Board will continue to ensure this co-production continues throughout the delivery of the strategy.

6. Equality and diversity / cohesion and integration

6.1 Several key groups of children and young people have been identified as being at risk of experiencing poorer outcomes than the rest of the population. Whilst all of the priorities will ensure that these issues are addressed within the system developments, the identification of reducing health inequalities as a distinct priority area within the strategy will drive the particular focus on this.

7 Resources and value for money

7.1 In 2019/20, the total Children and Young People's Mental Health Spend by the CCG was £10.7M. Circa £3.5 million is spent on developments linked to the current Future in mind Strategy, and an additional £425k non-recurrent funding was provided by NHSE for trialling developments such as expansion of the Teen Connect Helpline.

7.2 National funding has been made available to support the development of mental health support teams. In Leeds we have invested this to fund the teams within further education settings, and are part of a 'Trailblazer' site. In 2019/20 we received £141k from NHSE for this initiative, and this is set to increase to £502k for 2020/21. From 2021/22 onwards the CCG is expected to continue to fund the £800k per annum.

8. Risk management

8.1 The Future in Mind Programme Board are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

9. Conclusions

9.1 The refresh of the Future in Mind: Leeds strategy is a great opportunity to consolidate ambitions to ensure we maximise our contribution to the Leeds Health and Wellbeing Strategy, particularly around Priority 1 – A Child Friendly City and the Best Start in Life, Priority 8 – A stronger focus on prevention, and Priority 10 – Promote mental and physical health equally.

9.2 The draft priorities are informed by local data and what children, young people and their families are telling us is important to them and recognises the need for a particular focus on reducing health inequalities.

10. Recommendations

Scrutiny Board members are asked to:

- a. Note and recognise the achievements over the last 4 years
- b. Recognise how the draft priorities are drawn from various sources of health needs analysis and from the valuable insight of the extensive engagement with children, young people and families in the city
- c. Note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment
- d. Note that these priorities require effective integration broader than that within children's services; to deliver a life course approach, to recognise how interdependent children's and parent's mental health and wellbeing is, our paradigm needs to shift to 'Think family – Work family'
- e. Recognise that there is more to do (in conjunction with the All Age Mental Health Strategy):
 - i. To embed a 'Think Family' Approach in the city
 - ii. To develop a system wide response within the city to children and young people who have experienced trauma
 - iii. To address the lack of parity of investment in children and young people's mental health
 - iv. To transform services to those in adolescence and approaching young adulthood (14-25)
 - v. To work together to improve experience, access and outcomes for children and young people and critically to address health inequalities.

11. Background documents

- 11.1 Leeds All Age Mental Health Strategy (2020-25)
- 11.2 Future in Mind Health Needs Assessment 2016
- 11.3 Leeds in Mind Rapid Health Needs Assessment 16-24 year olds 2018.
- 11.4 Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds 2019
- 11.5 Future in Mind: Leeds 2016-2020
- 11.6 Young Women's Mental Health Outcome Based Accountability Report (2020)

Appendix 1: Documents considered in systematic review of engagement activity.

Report	Author/ date	Engagement method
CAMHS New Care Model West Yorkshire: Key themes and messages from parents and siblings	Liz Neill, Megan Alikhanizadeh, Common Room, April 2020	Common Room carried out a series of 1:1 discussion with family members of children and young people who had recently received CAMHS inpatient and intensive community treatment in the region. The discussions were about the family members' perspectives on the New Care Model plan for West Yorkshire. This report outlines key messages from 9 mothers, 6 fathers, 1 stepfather and 3 siblings aged 11-14.
SEMH Needs Assessment CYP BAME Communities	Charlotte Hanson, Leeds City Council March, 2020	Focus groups with African Caribbean/ Mixed White African Caribbean boys; Pakistani girls; Bangladeshi girls and Chinese young people were carried out. Questionnaire with parents/carers of BAME young people.
Young Women's Mental Health Outcome Based Accountability Report	Michelle Kane, Leeds City Council with Youth Watch support March, 2020	The young women's mental health OBA was attended by 120 individuals, made up of 51 young people, 10 parents and 59 professionals.
Is Leeds a Child Friendly City? Scrutiny Inquiry	Leeds City Council, July 2019	A series of fact-finding visits to youth groups around the city and a central event where young people could come together to give their views to the Scrutiny Board. The event was attended by 134 children and young people aged 8 to 25.
Mental Health Crisis in Leeds - People's stories and experiences of mental health crisis in Leeds and access to services and support	Healthwatch Leeds Jan – March 2019	A small focus group (8 people) at the Market Place was held to get the views of young people about their experiences of mental health crisis.
Parent & Carer Ballot for SEND partnership board, Summary Report.	Leeds City Council, July 2019	229 ballots of parents of children with SEND were returned and analysed.

<p>An exploration into the experiences of young people who have both physical health and mental health support needs.</p>	<p>Caroline Holroyd, Helen Murray and Kirsty Wilson Common Room Advisors, Feb 2019</p>	<p>Discussions were conducted with four young people aged 18 to 25 years with experience not only mental health problems but also physical health problems or disability alongside this.</p>
<p>Parenting Support: Mental Health & Autism Additional Insight Report</p>	<p>Voluntary Action Leeds, May 2018</p>	<p>Voluntary Action Leeds (VAL) reviewed existing data and conducted further analysis of data, where appropriate, in order to identify tangible examples of support suggested by parents and carers. This report provides a summary of findings emerging from this work.</p>
<p>Conversations with young people and families about the West Yorkshire CAMHS New Care Model</p>	<p>Megan Alikhanizadeh, Liz Neill , Common Room, Spring 2018</p>	<p>Common Room carried out a series of 1:1 discussions and one group discussion, about service users' perspectives on the proposed New Care Model for CAMHS in West Yorkshire. The majority were conducted in CAMHS Inpatient Units. We spoke to 10 females and 2 males between 15 and 19 years; 9 of these had recently stayed or were currently staying in a CAMHS inpatient unit. We also spoke to 4 parents whose children had had at least one inpatient admission in the last year.</p>
<p>Support Needs of Parents/Carers of Children and Young People Dealing With Mental Health Issues,</p>	<p>Voluntary Action Leeds, 2018</p>	<p>277 parents, carers and members of the public responded to the survey. 154 respondents had previously accessed support in relation to the mental health of a child or young person in their care.</p>
<p>MindMate Single Point of Access – Young People's and Parents' views about present experiences and future options</p>	<p>Healthwatch (supported by Common Room), July 2017</p>	<p>14 young people and 7 parents were consulted who'd had some input from mental health services for young people in Leeds or had something to say about the referral pathways to these services.</p>

<p>Mental health crisis: Hearing from young people about their experiences</p>	<p>Common Room (Consulting) Ltd., July 2017</p>	<p>6 young people between 15 and 23 were interviewed individually. The interviewees were asked to focus on one or two examples of a time in the past year when they were in a crisis or at 'breaking point'.</p>
<p>The role of parents and carers in supporting young people with mental health problems: Perspectives from young people</p>	<p>Common Room (Consulting) Ltd., October 2016</p>	<p>5 young people between 17 and 22 years attended a focus group in Leeds. All participants identify as having had some kind of mental health issue and who have all engaged with at least one professional support service pre 18 years.</p>
<p>Mental health online and peer support for 16-25 years olds; an investigation for Leeds. Young people's feedback section.</p>	<p>Liz Neill, Common Room, July 2016</p>	<p>Feedback taken from discussions with 16+ MindMate panel.</p>