Penumbra

Penumbra was established in 1985 and is a leading Scottish provider of services to adults and young people in the mental health field.

Now in 2008, Penumbra is one of Scotland’s most significant mental health organisations, supporting over 2000 people each year, employing over 350 people and with a turnover of £8 million. Penumbra provides a range of person centred services focusing on recovery in 15 local authority areas, contributes to policy discussions at a European, UK and Scottish level, and is a partner in a number of important national campaigning and practice projects (e.g. ‘see me’ and Scottish Recovery Network)

Over the last few years we have developed a range of services for adults and young people particularly in relation to promoting mental health and well-being and preventing mental health problems. A three-year strategy (2006-2009) has been approved by the Board of Penumbra, which will ensure transformational changes in how we support people. In particular we will be developing peer support services, social enterprises, developing ‘toolkits’ for staff and service users that will support recovery and well-being along with re-designing aspects of how we currently support people.

Penumbra services specifically for young people with mental health problems include:

- **Innovative projects for young people in Fife and the Scottish Borders.** Both projects providing support, advice and guidance in relation to mental health issues, lifestyle choices and life skills training.

- **Pioneering projects for young people and adults who self harm have been developed in Edinburgh, Aberdeen, West Lothian, Fife, Scottish Borders and North Ayrshire.** Recently we have appointed a Self-harm services co-ordinator to develop our work nationally and to offer guidance and consultancy to our projects.

- **Young people’s mental health development worker in and West Lothian (working with young people who are homeless or at risk of being homeless).**

- **Training and consultancy services that promote the mental health and well-being of young people are provided to various agencies**

- **We also support two young people as Penumbra members of the Scottish Youth Parliament.**

**How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented**

It’s known that there are certain risk factors that can make children and young people more vulnerable to developing a mental health problem. Some children are identified as being at increased risk, including

- Children with learning disabilities
- Children who experience communication difficulties
- Children living in poverty
- Children whose attachments with their primary carers are poor
- Looked after children
- Children who experience abuse
Children and young people also may find themselves in temporary or longer term situations that have an impact on their mental health and well being, for example, being bullied, experiencing exam stress, experiencing bereavement. Different factors will impact on the child/young person’s ability to cope in these situations, including their own personality, their resilience, coping strategies, and the presence of a trusted confidante.

There has been recent work on developing indicators to assist in giving an overview of adult mental health and well being, but at present there are no indictors for children and young people. A set of indicators for this group is currently being developed, and could potentially be used to target early intervention work, as well as measuring perception of well being.

Work should focus more on promoting mental health and well being rather than focussing on preventing mental illness, for example work to develop life skills, social competence, emotional intelligence, problem solving skills and coping strategies.

Preventative work with parents and carers as well as children and young people is key, to have greater impact on mental health.

There is evidence of the negative impact of alcohol, drugs and poor nutrition during pregnancy on a child’s later mental health, so interventions to support parents through their child’s development stages, should start pre birth. Parenting skills training should be made available to parents of pre-school children, and further training or support made available to parents whose children are being bullied for example, or experiencing eating problems.

Other prevention methods could include taking a holistic approach to awareness raising around lifestyle choices that impact positively on mental well being. Children and young people should be given opportunities to develop social interest and integration, to make a contribution to their environment/community, to participate in safe play and outdoor activity, to exercise control over their environment, etc. Children and young people should be supported to develop an acceptance of themselves and others, to recognise purpose in their activities, and to participate meaningfully in discussions and decisions that have an effect on them.

**What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?**

Barriers would include professionals and front line workers not recognising or focussing on early symptoms, lack of awareness in children and young people themselves, and stigma.

Front line workers, should have training in mental health awareness, and how to spot early signs, either through identifying patterns or changes in the child/young person, or by
identifying that the young person is at greater risk because of their environment or circumstances of developing a mental health problem.

Training should focus on building knowledge, awareness and confidence in workers, and would include information on local supports and how to access them.

I would see any professionals who have contact with children as front line workers, and accordingly, workers who are able to respond to and support mental health and well being, in however small a way. For example, someone working in a job centre with adequate training, knowledge and confidence, as well as positive people skills, would be able to identify that a young person may be in need of additional support. The trained worker would have knowledge of support services in the area, and how to access or make a referral. This information would be passed on to the young person, in a way that did not make them feel stigmatised.

Training is available in Fife for frontline workers to help support children and young people’s mental health, and is provided by Playfield Institute and Health Promotion Fife, among others.

Children and young people themselves sometimes are not able to spot early signs that could later lead to mental health problems. Interventions mentioned above, to support the development of emotional intelligence, coping strategies, problem solving skills, etc would assist with this, as would a greater input on positive mental health and wellbeing, as well as mental illness awareness, in education from primary age and upwards.

Even when children and young people are able to identify that they need support, the threat of being stigmatised can prevent them from coming forward to seek help. A recent (2008) report, Understanding Stigma: Young People’s experiences of Mental Health Stigma, by Richard Woolfson, Sandra Menary, Marianne Paul and Lindsay Mooney of Renfrewshire Educational Psychology Service found that the young people aged 9 – 17 years involved in the research thought:

- the quality of information that they had received about mental health issues was poor.
- the media does not present an accurate perception of mental health difficulties and encourages stigma.
- they were reluctant to disclose information about mental health difficulties to others.
- once information about mental health difficulties was disclosed, their peers began to avoid them.
- if they had a mental health difficulty, they were frequently subjected to severe verbal and physical abuse.
- sympathy from friends and family – although stemming from concern – was a further source of stigma.
- factual television programmes, discussing real mental health difficulties, could reduce stigma.
- they sought advice from a trusted adult or friends to help them to deal with the stigma experienced.
- they also used more direct strategies such as physically fighting back or truanting from school.
- despite using a range of coping strategies, the stigma persisted in most instances.
- many of the young carers found attending a support group to be extremely helpful for them.
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- major changes to the current mental health education curriculum are required.
- mental health education should be introduced in schools as early as possible to help reduce stigma.
- ignorance of the prevalence and implications of mental health difficulties, creates stigma.
- school staff should be aware of a carer’s responsibilities and how this might impact on them in school.
- they did not want teachers informed about their mental health difficulty, to avoid being viewed differently.
- they wanted to be listened to, and to be involved in discussions and decisions about the issues they faced.

In the light of the findings of this study, the researchers offered the following suggestions for future developments in reducing the impact of and eliminating stigma

- the media and mental health sectors should work together to provide more accurate and balanced information about mental health issues
- the media which specifically targets young audiences should address mental health issues in a positive and supportive manner.
- mental health education should begin earlier with information being age appropriate and becoming more detailed and complex as pupils get older
- the mental health education curriculum should be broadened to include a wider range of topics related to mental health difficulties.
- professionals should listen carefully to young people and provide support to help them deal with the stigma associated with mental health difficulties
- conditions of confidentiality should be made clear to young people with mental health difficulties when they receive support from professionals.
- young people who help care for a family member with a mental health difficulty should continue to have access to support groups
- setting up support groups for young people who have experienced a mental health difficulty should be considered.
- planners of campaigns to promote better understanding of mental health difficulties amongst young people should endeavour, where possible, to take into account the potential sensitivities and needs of those who already have direct experience of mental health difficulties.

What action is being taken to facilitate early intervention and what else can be done?

Since 2003, a series of reports and policy recommendations have been developed, including:

- The Scottish Needs Assessment Programme (SNAP) report on Child and Adolescent Mental Health
- The Mental health of Children and Young People: A Framework for Promotion, Prevention and Care
- Getting the Workforce Right, Getting the right Workforce. A Strategic Review of the CAMHS Workforce
- Getting It Right For Every Child
- Delivering For Mental Health
- Better Health Better Care
• Early Years Framework
• Curriculum for Excellence (which includes a health and well being component that will cover mental, emotional, social and physical health)

• Locally, in Fife the Joint Health Improvement Plan, Fife Health and Social Care Partnership Service Delivery Plan, Community Learning and Development Plan and the Children’s Services Plan all contribute to the planning and implementation of early intervention work.

Fife also has a Child and Adolescent Mental Health and Well Being Strategy Group. The business of this group has been led by the recommendations made in the above mentioned Framework document. The Fife group has now produced it's own local strategy for improving children and young people’s mental health, titled “Investing In Our Mental Wealth” available to read online at [http://www.playfieldinstitute.co.uk/news/news_docs/MultiAgencyStrategyDocument.pdf](http://www.playfieldinstitute.co.uk/news/news_docs/MultiAgencyStrategyDocument.pdf)

Penumbra Youth Project (Fife) was set up in 2003 by Penumbra and representatives from CAMHS, Social Work, Education and the voluntary sector, to provides support, advice and early/crisis intervention to vulnerable young people aged 12 -21 in the community. It is a Fife-wide Project, which is community based and voluntary sector led, but which links to mainstream mental health services. The aims of the Project are:

• To provide recovery focused mental health and well-being services that support young people in transition, who may be experiencing complex difficulties

• To provide advice and support on a range of issues including mental illness, stress, isolation, suicidal and self-harming feelings or actions, family breakdown, homelessness, anxiety, abuse and other issues

• To improve resilience and coping skills amongst vulnerable young people to enable them to maintain mental well-being, prevent further mental illness and achieve successful independent living

• To reduce referral to specialist services by encouraging young people to develop the skills and confidence to deal with the difficulties they experience in their lives, thereby reducing stigma and easing the pressure on other services

• To continue to work with young people themselves to identify problems they are experiencing first hand, their views on services and what they feel would better meet their needs

• To support young people’s mental health and well-being indirectly through continued awareness raising and promotion of mental health, and through offering informal support/advice to carers and professionals

In the period March 2007- March 2008, the Project received 212 referrals, and in the period from April 2008 has received 159 referrals to date.

An external evaluation of the Project was carried out by the Scottish development Centre for Mental Health in 2008. Respondents were asked what their referral choices would be if the Project did not exist. Seventeen individuals responded to this question, twelve of
whom indicated that their referral options would be “very limited”. Of these, eight did not feel able to suggest any alternatives at all. It was also suggested that alternatives were particularly scarce for younger age groups.

I would suggest that funds are allocated to provide more community based support services, based on the Penumbra model.

I would suggest that there is continued support for local partnership work that would include social work, education, CAMHS and the voluntary sector. A commitment to longer term funding for the voluntary sector, eg Projects being funded for at least a 3 year timescale would facilitate greater participation in the planning and strategic process for voluntary sector managers.

As mentioned above, training and awareness raising for staff is crucial, as is appropriate support, to enable professional development and manage stress. A commitment to exploring and funding other sources of lower intensity support, such as peer support and befriending initiatives would also be of benefit.

How access to services and ongoing support can be improved

It would be important to investigate if/why access to services and ongoing support is not satisfactory to children and young people. This would necessarily create the need for consultation with the children and young people themselves.

In my experience, access to services and support may be hindered because: the service is not young people friendly; the access route is unclear or difficult, eg access through referral by a social worker only; waiting times are long; young people are not able to form satisfactory relationships with professionals; the support does not operate at a time or place that suits the young person; the young person is mistrustful or unsure of confidentiality practice; the young person is afraid of the stigma attached to accessing the service or support; the service only meets some of the young person’s needs.

To improve access to services and ongoing support all of the above should be addressed, in consultation with young people. There are many reviews and reports available that give information about young people’s views, for example “Two Steps Forward One Step Back” (Young Minds) and “Teenage Mental Health: Girls Shout Out” (Girl Guides UK). It’s important that these views are considered carefully when planning and developing future work.

Young people friendly services will improve access, for example, services that are based in the community, are informal and not medicalised, and services that are open and available to young people when they need them - including in the evening, overnight and at weekends. This could be achieved through longer opening times, or by including phone, web-based or outreach support where needed, or by working in partnership with other agencies. Referral routes should be simple, well advertised and use language that young people are not put off by, enabling young people to self refer if that’s their preferred option.

A social marketing approach could be used to promote services to children and young people, to help combat stigma, and focus on aspirations rather than deficits. The language and imagery used to promote services would also be crucial.
Services should be person centred and recovery focused. Confidentiality procedure should be made clear at the outset and throughout the support, and services should consider more ways of making the support fit the young person rather than the other way around. For example, many children and young people’s preferred route for information gathering is the internet. Services should not underestimate the value of a well thought out, accessible (including accessible for those with reading/writing problems or sight and hearing problems i.e. sound and vision alternatives to text) good-looking website, with links, live support and email options.

Young people are sometimes put off using new services because of the need to re-tell their story, which may be very painful, over again. Services with a wider remit, such as Penumbra Youth Project, would be more likely to support a young person with a range of complex issues than refer on to other services, therefore reducing the need for multiple assessment and possible further upset caused by this. Where such wide remits are not possible in services, shared assessment practices would also help reduce this need and perhaps reduce barriers to access.

What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved

Submitted 29 January 2009 by:

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