

REPORT TO: CHILDREN, FAMILIES AND COMMUNITIES – 4 DECEMBER 2023

REPORT ON: MENTAL HEALTH AND WELLBEING SUPPORT SERVICES

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES

REPORT NO: 359-2023

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Children, Families and Communities Committee with an update on the progress, with the implementation of the Tayside Emotional Health and Wellbeing Strategy

2 RECOMMENDATION

- 2.1 It is recommended that the Committee:
- a Note how measures for monitoring and improvement should be considered along with other current measures related to Getting It Right for Every Child (GIRFEC); Trauma Informed Practice; Our Promise and school attendance.
 - b Instructs the Executive Director to keep the implementation and outcomes of approaches under review and provide an updated report in 12 months.

3 FINANCIAL IMPLICATIONS

- 3.1 Financial implications arising from this report are covered by funding from the Scottish Government which has provided funding for Counselling and Community Mental Health and Wellbeing. Dundee City Council is currently allocated £396,000 for counselling services annually. This funding is allocated across school clusters. In addition, a grant related to Community Mental Health and Wellbeing (CMHWB) of Children and Young people were issued yearly since 2020/21 totalling £427,000 annually. Universally funded provision for Health and Wellbeing is delivered within Curriculum for Excellence in the Broad General Education.

4 BACKGROUND

- 4.1 This paper provides a yearly update on the previous report for Mental Health and Wellbeing Support Services. Article V of the Minute of Meeting of the Children, Families & Communities Committee of 31st October 2022, Report No 278-2022 refers.
- 4.1.1 The National Children and Young people's Mental Health and Wellbeing Joint Delivery Board was formed to continue to progress the aims of the Mental Health and Wellbeing Programme Board. The ongoing priorities for Dundee city council are being taken forward through Connected Tayside Emotional and Wellbeing Strategy. Connected Tayside Strategy and Support Materials <https://padlet.com/traceystewart3/contay>
- 4.1.2 Locally, the implementation and progress of the Emotional and Wellbeing strategy are delivered within the following workstreams. These workstreams are overseen by the Children and Families Executive Boards and are aligned to the Children and Families Service Plan including GIRFEC; Our Promise: UNCRC; Child Protection and Safeguarding; A trauma informed workforce and supporting learners.

4.2 Community Mental Health and Wellbeing Support and Services

- 4.2.1 This fund is distributed to eleven, third sector organisations who provide services and supports for two core needs as identified by the Community Mental Health and Wellbeing Framework. They are Positive mental health and wellbeing and Emotional distress services. Positive mental health and wellbeing services are generally prevention services which are self-completed or form part of general wellbeing education. For example, digital Cognitive Behavioural Therapy or presentations and training. Emotional distress services are generally support services which are led by staff in either a one-to-one or group setting. For example, counselling, art therapy or practitioner-facilitated support groups.
- 4.2.2 All organisations respond to children, young people and families based on the above core needs. Coordination enables meaningful links to Dundee City priorities for local children, young people and their families including those who have care-experience, additional support needs and may be engaged with other statutory services. These services were accessed by 329 people across primary, secondary and post-school provisions during the last reporting period of January to June 2023. Additionally, 109 family members and carers accessed the services during this time. 278 referrals were related to emotional distress and 160 for Mental Health and Wellbeing.
- 4.2.3 Anxiety and family relationships were the greatest volume of reasons for presenting. Low mood, self-harm, school issues, relationships and sexuality/gender identity were also prevalent presenting issues. Overall, services report good outcomes for young people and families. A flavour of the impact is reflected in Appendix 1 quotes and case study.

4.3 Counselling in Schools

- 4.3.1 This update on counselling in schools' reports on the period from July 2022 to June 2023. During this time counsellors provided an average of 180 hours support per week. 786 young people accessed counselling with the majority (93%) doing so in person. The majority of referrals (89%) were received directly from schools with 6% for self and 5% for parental referrals. Children from P7 & S3 made up the highest proportion of those attending counselling with 18% and 19% respectively.
- 4.3.2 Presenting reasons for referral included Anxiety, emotional/behavioural difficulties, bereavement, depression, self-harm, exam stress, body image, gender identity and substance use. 88% of CYP, who completed evaluations, report being more able to identify and address things that worry or concern them following counselling. 70% of parent/carers evaluations, reported their child's wellbeing had improved following counselling and 73% reported their child was more able to identify issues that concerned or worried them. To gain the voice of young people a sample of 16 (who had received counselling) were interviewed in relation to the impact for them (see Appendix 2). Feedback included examples of YP being able to better understand their behaviour and needs, being able to transfer skills in problem solving, increased confidence with friends and school and feeling more empowered. Overall, a greater sense of agency.
- 4.3.3 The Togetherall online community peer support service for age 16-24 is being promoted in Dundee and has supported 39 young people this year. Main issues reported include anxiety, depression, and stress with over half of those who registered stating that they considered suicide prior to engagement.

.4 Partnership with Child and Adolescent Mental Health Services (CAMHS)

- 4.4.1 CAMHS continues to see increasing demands and long referral times for their services. In response to this they have facilitated the co-creation of a new Neurodevelopmental (ND) Portal to support children and families on waiting lists across Tayside. This has been funded through the community mental health and wellbeing programme. The function of this is to provide a one stop point of information and guidance for families. It is informed by CAMHS data pertaining to the challenges faced by those on waiting lists as well as fundamental areas of concern identified by families. The Portal aims to offer earlier intervention support whilst waiting for clinical assessments and support. Evaluation of the portal will follow.

4.5 Together to Thrive

- 4.5.1 Together to thrive is partnership between health, children & families and third sector partners. The overarching goal is to improve the mental health and wellbeing of children (age 5-11) with neurodevelopmental needs. This aim is to achieve this by redirecting support from specialist mental health services to community-based services. This project has gone through a few preparatory phases and this year the focus has been on training staff across 9 community partners in sleep management, sensory management, family relationships and trauma informed practice.
- 4.5.2 Referral and triage of families has been conducted since June 23 and evaluative feedback from service so far includes a strong sense that the training has supported staff to utilise new skills and develop their existing expertise with increased confidence. Challenges include the freeing of capacity by third-sector partners and school staff involved in the project. The final research findings from the pilot phase are due to be published by March 2024.
- 4.5.3 Funding has been secured through the Whole Family Wellbeing Fund for 2 further years (April 2024 to April 2026) to support sustainability. This will include ongoing training, increased school engagement, implementation support for families and school staff, measures of impact on family wellbeing.

4.6 Vulnerable Adolescent Partnership Group

- 4.6.1 The multiagency group is developing a strategy to overcome the findings of the Joint Inspection and identification of young people in crisis. The group are currently accessing funding to support a co-located space that will identify and support young people (12–26-year-olds) with a wraparound area for support services.
- 4.6.2 The purpose of this developmental work is to co-create a shared team learning culture, investing in relationship building to enable better working relationships moving forward, mapping of skills, expertise and overall improved holistic, trauma informed and responsive service for children and young people at risk of significant harm in the city.
- 4.6.3 Collaborative sessions have evolved using a group supervision approach, shared opportunities for training, learning and development around risk, assessment and thresholds to support the workforce alongside ongoing service design, consultation and engagement. An evaluative framework to track outcomes and impact on young people families and services will be developed as part of this process.

4.7 Childs Healthy Weight Strategy

- 4.7.1 In Dundee, nearly 1 in 4 children are at risk of overweight or obesity in Primary 1. There is a stark inequality in obesity risk and CYP growing up in areas of deprivation are twice as likely to have obesity as peers in affluent areas. Dundee's Whole Systems Approach (WSA) to Diet and Healthy Weight has been guiding the implementation of the 5 key ambitions of the Tayside Child Healthy Weight Strategy, alongside our network of stakeholders.
- 4.7.2 The methodology applied (2020-2023) has helped us create a shared understanding of obesity, highlighting the inter-relationship and alignment with other issues, including poverty and mental health and emotional wellbeing, enabling prioritisation of actions through collective effort. Developments include increased quality of physical education in schools, improved uptake of free school meals, community cooking initiatives and a focus on safer and greener streets.

4.8 Trauma Informed Workforce and Trauma Risk Incident Management (TRiM)

- 4.8.1 Trauma training provides a critical awareness of the social determinants which can affect children, young people and adults' mental health and development. It also facilitates practice that reflects managed risks whilst supporting growth and positive change for people. Most Children and Families (C&F) staff have now been trained in NES level 1 (informed) and 2 (skilled) trauma practice (appropriate to their role). There is currently a focus on training for Early Years staff in education. Training opportunities will continue to be provided to ensure all C&F staff have received trauma training specific to their role by the end of 2024. Level 3 training will incorporate multi-agency risk assessment which will link to the vulnerable adolescent partnership work referred to in section 4.6 of this report.
- 4.8.2 Trauma Risk Management, or TRiM, is a trauma-focused peer support system designed to help staff who have experienced a traumatic, or potentially traumatic, event, through the course of their work. The TRiM Model replaced the multi-agency critical incident debrief process in 2022. There are 12 accredited TRiM Practitioners, 4 TRiM Managers, and a TRiM Co-ordinator. Feedback from 10 staff who have accessed the service this year states that they have benefited from TRiM support and found the process supportive and beneficial. The next step is to link the TRiM process to the Traumatic Incidents and Sudden Bereavement Guidance for Schools and Nurseries. This is expected to be completed by the end of December 2023.

4.9 Evaluation and Monitoring including Health and Wellbeing Census

- 4.9.1 Ongoing work with the data team to provide examples of how the Health and Wellbeing Census data may be used at school level. This includes city level data linked to bullying incidents used as part of the Youth Summit for Anti-Bullying and census questions which may be used to help provide evidence of work to support the Connected Tayside charter statements.

4.10 Planet Youth

- 4.10.1 Planet Youth is a substance use prevention model of change. The model seeks to identify risk factors and build protective factors through action in four domains: school, leisure time, peer and family. The model gathers the voice of the young person initially via a survey delivered in school. This data is then used to build an action plan with the community - [Planet Youth Dundee \(padlet.com\)](#) The actions are shared by key stakeholders and as a result a strong coalition of support is developing. There has been significant work aligning Planet Youth to existing structures and processes in Dundee. Recruitment is underway for two development workers which will help to co-ordinate and deliver work on the ground and embed the data driven processes of change. The work so far has identified the need for greater communication at local level, clear key messages about vaping and developing stronger relationships in the school environment.

4.11 Self- Harm Support Services

- 4.11.1 A new government funded support service (Penumbra) is being piloted within Dundee City Council schools, new service agreements have been established with one cluster group, with work started on the remaining cluster schools.

4.12 Young people Tayside Suicide Prevention Support Services

- 4.12.1 There is an interim suicide prevention lead / co-ordinator appointed for Dundee and to support this work a full-time co-ordinator will be appointed very soon. Suicide prevention work will be located within the Protecting People Framework. Suicide prevention / awareness courses will continue to be delivered to staff and the public regularly. Currently being piloted is the NES Skilled Level suicide prevention courses. There is close working between colleagues across Dundee Health and Social Care Partnership and Dundee City Council, NHS Tayside and third sector to help achieve an increase in training and enhance learning opportunities. Planning is underway for a Suicide Prevention Stakeholder Engagement event in January 2024.

4.13 Conclusions

- 4.13.1 Children and young people's mental health and wellbeing will continue to be a key priority for all services in the Dundee Partnership, with universal through to specialist services continuously engaging with children and families to know what matters to them and what works; and what could make things right for them.
- 4.13.2 Supports and services to address mental health and wellbeing in Dundee and Tayside must continue to operate under the principles that people who know children and young people best are fully supported in their work; and in doing so counselling and other therapeutic interventions can be provided within a continuum of a resilience-based approach which promotes least intrusive, most effective solutions.

5 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

6 CONSULTATIONS

- 6.1 The Council Leadership Team has been consulted in the preparation of this report.

7 BACKGROUND

- 7.1 None

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9 November 2023

APPENDIX 1

Community Mental Health and Wellbeing Support and Services – Quotes and case study examples

Dundee Carers Centre (Young Carers) – Quotes and Feedback

'Thank you for all your support to (yc), we have really noticed a difference since he has been part of the carers centre. He has come to speak to us about things like wanting to spend more time together which he just wouldn't have done before. He would usually bottle things up and not speak to us but he has started to open up more which is great so thank you.' (Parent of a young carer)

"I just wanted to send you all a huge thanks for presenting to ... staff on Friday. I have never seen such engagement on an in-service day since I have worked here. The outcome that I wanted to get out of the day was to have staff talking about the pupils needs, which was very evident during and after the morning. The longest serving staff member, who has been here for over 20 years had advised that she wished she had had this training at the start of her teaching years. I think this has allowed staff the learning which will allow them to effectively support each pupil in their class on a daily basis. One of the main outcomes from the day was sharing of information and how we do this as a school." Feedback on in-service training on young carers delivered by the Carers Centre

"When I was first referred to you I thought it would be rubbish and a waste of time but school group has really helped me realise I am not the only YC. I have always been embarrassed of friends meeting my *cared for person* and would avoid having friends at my house as they have perfect lives and perfect houses and I don't! Now I have group and you, I know that I am not alone and it is good that you understand what it's like." (Young Carer)

Dundee Rep Dramatherapy Service - Case Study – Evidence of Impact

Case Study - YP-A Therapist: KL Attended - Sixteen 1:1 sessions, 10 group sessions.

Background to referral

A is a 13-year-old female who was referred by Parent to Parent. A was referred to therapy due to her experiencing emotional difficulties, particularly in relation to her Autism diagnosis.

A has a diagnosis of Autism and was diagnosed with ADHD during the therapeutic process.

Aims:

To reduce anxiety/ To build confidence and self-esteem/ To build skills in self-expression and communication

Challenges:

A's lack of self-confidence and self-belief posed some initial barriers to A progressing in their therapeutic process.

Process:

During the 1:1 work, A found it particularly useful to engage with projective tools such as creating stories through drawing and creating scenes using fabric to understand her inner world and experiences. A often used comedy and humour as a means to express herself. This was nurtured throughout the therapeutic process, leading to increased self-esteem.

A engaged well in a 10-week dramatherapy group with other young people of a similar age. A particularly benefitted from playing group games and engaging in role-play where she was able to explore different characters. A responded well to receiving empathy from other group members, showing an increase in confidence throughout the sessions.

Therapist also provided signposting to support services for mum.

Where we are now:

A will be invited to join a theatre and wellbeing group at the Rep, beginning in Autumn 2023.

APPENDIX 2

Counselling Services – Pupil Voice from Interviews

Between September – December 2022, 16 young people from 5 Dundee secondary schools were interviewed to find out their experience of counselling. All of the young people interviewed had agreed, prior to beginning counselling, that they would happily share their experience of the service if requested. The young people were asked if they felt the following statements were Certainly True, Partly True, Not True or Don't Know. They were also invited to offer any further comment to their view.

Statements:

I feel that the counsellor who saw me listened to me.

It was easy to talk to the counsellor who saw me

I was treated well by the counsellor who saw me

My views and worries were taken seriously

I feel the counsellor knew how to help me

My appointments were usually at a convenient time - worked around my timetable

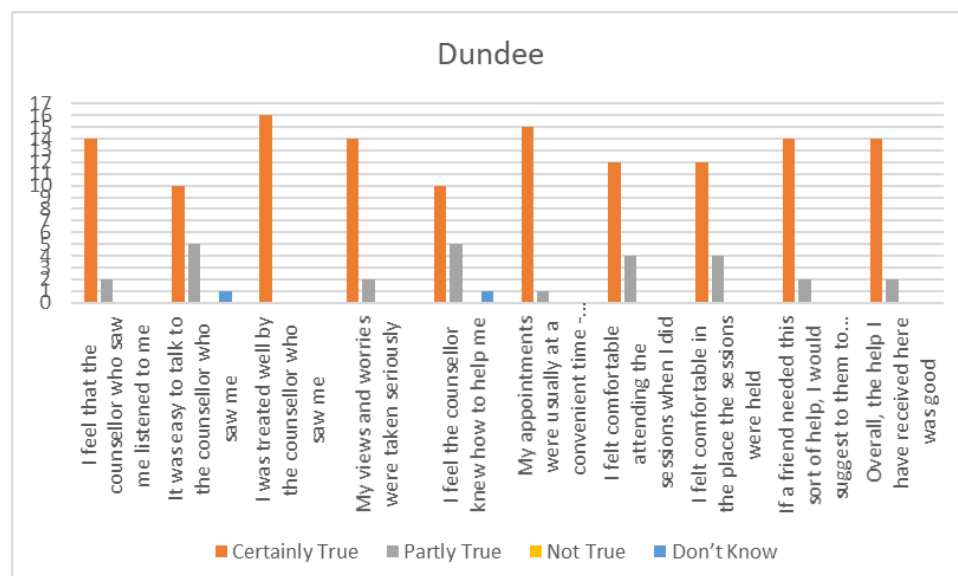
I felt comfortable attending the sessions when I did

I felt comfortable in the place the sessions were held

If a friend needed this sort of help, I would suggest to them to attend counselling in school

Overall, the help I have received here was good

Responses:



They were then asked the following open-ended questions

What was really good about your care?

Was there anything you didn't like or anything that needs improving?

Is there anything else you want to tell about the service you received?

Response Themes from open-ended questions:**CONFIDENTIALITY**

Having the signature on confidentiality.

Telling things to someone who doesn't know me or anyone I personally know. CONFIDENTIALITY

PROBLEM SOLVING & STRATEGIES

Talk about my problems and how to solve them, I found that really helpful.

I have used the strategies and they have really helped me.

The strategies to deal with things have made a difference.

He gave me strategies to help me in school so I wouldn't get so angry. I'm now not so easily distracted, and I get less agitated.

He gave me ways to explain my mental health to my parents.

CONFIDENCE

The counsellor has helped me to speak out, I feel much more confident.

It has given me the confidence to do the things I would be scared or worried to do. I am much happier at night and overthinking much less.

I am a lot better. I can go out with my friends and am able to come to school.

I really helped me moving from P7-S1.

Since counselling I can stay in school all day without crying. The counsellor helped me find ways to make me feel better

Difficulties

The area that 5 young people identified as difficult was meeting the counsellor for the first time, having to start talking with them and sharing their personal feelings. Two of the YP said that their counsellor did ask them questions that helped them to open up and talk more freely.