



MH:2K Oldham

A youth-led approach to exploring mental health

July 2017

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Foreword

No health without mental health is one of the more enduring national policy headings of recent years. It succinctly captures the centrality of good mental health to an individual's and community's overall sense of wellbeing. It is therefore of some concern to hear of increasing need for mental health services among young people.

It is also a time when more is being done to talk about mental illness and mental wellbeing across the country. Oldham Council is a signatory to the 'Time to Change' project to support a conversation about what mental wellbeing means to us, about how to support someone who is ill and about stigma and mental illness.

In Oldham we wanted to build on work that the Youth Council and services have been developing and to hear the views of young people in particular on mental health. We also wanted to find out how to engage rapidly with a large number of young people in a way that would generate more insight than a survey and in a way that had young people themselves as the key part of gathering that insight.

In partnership with Involve and Leaders Unlocked and with funding from Oldham Council, NHS Oldham CCG and the Wellcome Trust the application of the MH:2K approach in Oldham has done everything that we wanted and more. This report carries the findings and recommendations from engagement with over 600 young people in Oldham. As commissioners and providers of services and as leaders in Oldham we will act on those recommendations.

The work has also led to a core group of young people who have been empowered by what they have done in speaking to their peers and in engaging with services and leaders. That, in addition to the findings and recommendations, is the main legacy of this work and we commit to continuing to engage with young people and to welcome and be inspired by their enthusiasm.

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Part One: Introducing MH:2K

Section 1: Introduction

Mental health conditions affect about 1 in 10 children and young people, with 75% of mental health problems in adult life, excluding dementia, starting before age eighteen. Given this, it is perhaps unsurprising that young people consistently identify mental health as a priority issue.

MH:2K seeks to give young people a role in solving this most important of challenges. Focussing on those with mental health issues and from at-risk groups, it empowers young people to shape decision-makers' understanding of both the mental health challenges they face and what solutions could look like.

About MH:2K

MH:2K is a powerful new model for engaging young people in conversations about mental health in their local area. It empowers 14-25 year olds to:

- Identify the mental health issues that they see as most important;
- Engage their peers in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for change.

Its design builds on good engagement practice from within and beyond the youth mental health field. Specifically MH:2K features:

- **End-to-end youth leadership:** MH:2K's youth-led approach means it is grounded in the reality of young people's lives. Young people decide its focus, co-lead its events, and determine its findings and recommendations.
- **Peer-to-peer engagement:** By empowering young people to reach out to their peers, MH:2K creates a safe and engaging space for participants.
- **Close collaboration with key decision-makers and researchers:** By involving key figures in the project from its start, MH:2K builds trust, enthusiasm and commitment for MH:2K, and the implementation of its recommendations.

MH:2K's six-part design is intended to be transferable. It could work in any UK local area.

The National Partners

MH:2K is delivered by a partnership of charity Involve and social enterprise Leaders Unlocked.

Involve's vision is of a democracy that works for everyone – one that gives people real power to affect change, and is capable of solving complex social, political and economic challenges. Its extensive practical expertise lies in public and stakeholder engagement in decision-making.

Leaders Unlocked exists to allow young people to have a stronger voice on the issues that affect them. It drives greater accountability and fairness by helping organisations to adopt new ways of working with the young communities they serve.

¹NHS England and the Department for Health, 2015. Future in Mind. [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [Accessed 5 July 2017].

About MH:2K Oldham

From September 2016 to July 2017, Involve and Leaders Unlocked piloted MH:2K in Oldham, supported by a Wellcome Trust People Award, Oldham Council and Oldham Clinical Commissioning Group.

MH:2K Oldham engaged over 600 local young people with diverse backgrounds and life experiences. Its participants chose to focus on five areas of challenge for young people around mental health:

- Families and relationships
- The environment and culture of schools
- Stigma
- Professional practice
- Self-harm

Over 90 local and regional decision-makers and researchers, from 27 different organisations, took part in the project's Expert Panel or one of its events.

This report presents MH:2K Oldham's design, findings and recommendations, and initial impacts.

Youth mental health in Oldham

Oldham is a metropolitan borough of Greater Manchester, England. Part of Oldham is rural and semi-rural, with a quarter of the borough lying within the Peak District National Park. It also has high-density urban areas and suburbs and is a 'Gateway to the Pennines', located between the cities of Manchester and Leeds. Oldham's population currently stands at 230,823, making it the seventh largest borough in Greater Manchester.

Oldham has a higher proportion (22.5%) of black and minority ethnic residents than in the North West and England. Oldham has a high proportion (22.5%) of residents aged under 16 and proportionally fewer (15.7%) aged 65 and over. The health of people in Oldham is generally worse than the England average. Life expectancy is 11.1 years lower for men and 9.8 years lower for women in the most deprived areas of Oldham than in the least deprived areas.

The Youth Council in Oldham is highly engaged in the civic life of the borough. For several years the Youth Council has taken an interest in mental health among young people. In this work we wanted to build on that interest to engage with even more young people and to support a wider conversation about mental illness and mental well-being.

Section 2: What we did

MH:2K Oldham piloted a six-part engagement model grounded in the principles of youth leadership and on-going decision-maker and researcher engagement. This section describes how it worked in Oldham, taking each of the six elements in turn.

Recruitment (September - October 2016)

MH:2K Oldham began with the recruitment of twenty diverse young people as the project's 'Citizen Researchers'. Reaching out through local statutory and community organisations (please see 'Roadshow' below), we were able to encourage a wide range of young people to apply. Of the Citizen Researchers we recruited:

- 50% identified as being from black and minority ethnic communities;
- 40% had personal experience of mental illness;
- 40% were not currently in education, employment or training;
- 30% identified as Muslim;
- 20% identified as having learning difficulties or disabilities;
- 10% identified as lesbian, gay, bisexual, trans, queer/questioning or other (LGBTQ+).

The application process comprised of a simple application form and informal telephone interview. We looked for young people's passion for the issue and genuine commitment to see the project through.



Our Citizen Researchers: Jack, Jade, John, Khadija, Lauren, Louisa, Madison, Marina, Rupesh, Samah, Stephen, Syed, Vanisha, Zainab, Zara

Design Days (November - December 2016)

We held three one-day events with the Citizen Researchers. During these 'Design Days' the Citizen Researchers explored information about youth mental health in Oldham. They used this and their own experiences and views to identify the **top five mental health challenges facing young people** in the borough – **families and relationships, the environment and culture of schools, stigma, professional practice** and **self-harm**.

They also decided where to focus under each of these topics. This included information they wanted to tell their peers, and questions which they wanted to explore. The diagram on the next page shows where the Citizen Researchers chose to focus.

With these decisions made, the Citizen Researchers worked with us to co-design a workshop template for each topic. They received training in areas such as presentation skills, active listening and questioning techniques, and public speaking to enable them to play a leadership role in the Roadshow.

Roadshow (January - April 2017)

Over four months, the Citizen Researchers co-leading 42 workshops for their peers, engaging 598 other young people in Oldham. This well exceeded the project's original target of reaching 500 young people. Statutory, community and voluntary organisations kindly volunteered to host the Roadshow events. Participating organisations, many of which had also supported the recruitment phase of the project, were:

Schools: Westwood High (Islamic Girls), Radclyffe School, Saddleworth School, Royton & Crompton

Colleges: Oldham 6th Form, The Oldham College

Universities: University Campus Oldham

Community groups: Indian Association, Fatima Women's Group, The Proud Trust

Youth organisations / centres: Honeywell Youth Club, Mahdlo, Groundworks

Council / NHS groups: Healthy Young Minds, Youth Council, Detached Youth Provision, Young Carers Project, Children in Care Council

Through the Roadshow, the Citizen Researchers collected a wealth of information covering diverse young people's views on the mental health challenges they face and their ideas for solutions.

Results Day (April 2017)



At the Results Day, the Citizen Researchers considered the information collected during the Roadshow. They used it firstly to determine MH:2K Oldham's findings about the challenges facing young people on mental health. They then worked with the local decision-makers and researchers to write the project's recommendations. These **findings and recommendations** are covered in detail in the next section of this report.

Big Showcase (May 2017)

The Citizen Researchers presented the project's findings and recommendations to a much wider range of stakeholders from Oldham and Greater Manchester. One Citizen Researcher also chose to share her personal journey of being involved in the project, and all Citizen Researchers took part in a panel-style question and answer session.

Eight-five decision-makers and researchers, from twenty-seven different organisations, attended on the day. As well as hearing about the project, they were asked to offer their reflections on the recommendations and their thoughts about how they and their organisations might want to be involved in their implementation.

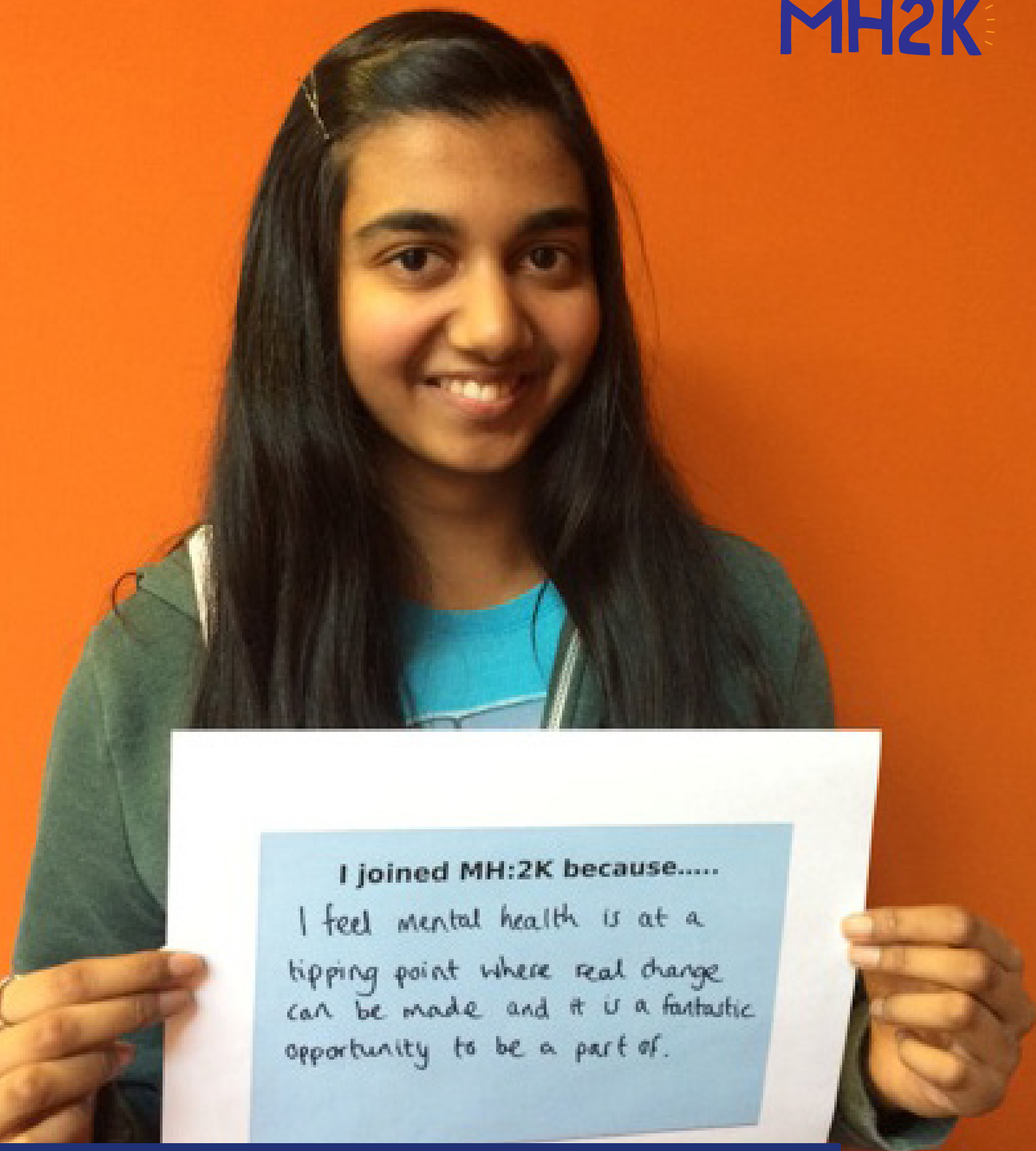
Expert Panel (Ongoing)

From its very beginning, **MH:2K Oldham was supported by an Expert Panel** of key local decision-makers and researchers. Expert Panel members were (in alphabetical order):

Cara Afzal	Programme Development Lead for Health and Implementation, Greater Manchester Academic Health Science Network
Jodie Barber	Service Manager - Youth Service, Oldham Council
Nicola Harrison	Youth in Mind Director, Tameside Oldham and Glossop Mind
Emma Hart	Associate Director (Inclusion), Oldham Sixth Form College
Alan Higgins	Director of Public Health, Oldham Council (Chair)
Dr Keith Jeffery	Clinical Director for Mental Health, Oldham Clinical Commissioning Group
Joanne Needham	Operational Manager (Acting), Healthy Young Minds Oldham
Dr Angela Parker	Research Delivery Manager, National Institute for Health Research Clinical Research Network Greater Manchester
Bella Starling	Wellcome Engagement Fellow and Director of Public Programmes at Central Manchester University Hospitals NHS Foundation Trust
Julia Taylor	Commissioning Manager, Oldham Clinical Commissioning Group

The Panel played a key role in the project. Among its many contributions, it helped identify the information on mental health given to Citizen Researchers at the first Design Day, provided the Citizen Researchers with feedback on their choice of focus areas, and identified and invited potential attendees to the Big Showcase. It also helped the project to build on, rather than duplicate, Oldham's existing work on mental health, and to make connections with local organisations working with young people. Five Expert Panel members attended the Results Day.

Since the Big Showcase, the Expert Panel has been proactive in driving forward implementation of MH:2K Oldham's recommendations. Further information on the steps taken and the impacts of MH:2K Oldham to-date can be found in the conclusion to this report.



I joined MH:2K because.....
I feel mental health is at a
tipping point where real change
can be made and it is a fantastic
opportunity to be a part of.

Part Two: Findings and recommendations

This section presents MH:2K Oldham's findings and recommendations. It takes each of the Citizen Researchers' five priority topics in turn:

- **Families and relationships**
- **The environment and culture of schools**
- **Stigma**
- **Professional practice**
- **Self-harm**

MH:2K Oldham's findings focus on the key pressures facing young people in Oldham around their mental health.

The Citizen Researchers decided these findings, based on information collected at 42 Roadshow events, attended by 598 of their peers. For information on Roadshow attendees, please see Section 2 'What we did'.

MH:2K Oldham's recommendations focus on solutions for improving the mental health and emotional wellbeing of young people in Oldham. The Citizen Researchers worked with the project's Expert Panel to co-create these recommendations, which are based on ideas collected during the Roadshow.

It is important to note that not all of the pressures identified in the findings are addressed in the recommendations. The Citizen Researchers focussed the recommendations on the ideas for change that they felt were most likely to work and have the greatest impact.

Section 3: Families and relationships

MH:2K Oldham's Citizen Researchers identified five findings on family and relationships. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Expert Panel, make five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Expectations around religion and culture

Some young people report facing pressure – and even rejection - **due to expectations around religion or culture**. They said that they can feel 'stuck' between two worlds and two generations, and like they have to be two different people, at home and elsewhere.

"Religion and culture clashing; feel like we have to be two different people 1) at home 2) out and about; clothes with different religions"

This can leave some young people feeling isolated and lacking in freedom.

"Family life; acceptance (of gender and sexuality) from family; religion; hate from your own community"

"Being part of a community that is religious based, but not having the same ideology; i.e. someone who doesn't share the same beliefs but still wants to engage - can be shirked and turned away"

"In Asian community a lot of pressure in marriages/ force"

Finding Two: Domestic violence and neglect

Some young people face or see **domestic violence**. Some are scared to go home. Other young people face **neglect** by parents or step-parents. These experiences can be traumatic and hard to talk about.

"Scared to go home because you will be shout [sic] at"

"Neglect - step father/ mother not loving you equally"

Finding Three: Lack of awareness and understanding

Some young people reported that their families and friends **lack awareness and understanding** about mental health. This can mean that they do not recognise the symptoms of various mental health issues and that young people can feel like they have no one to approach. Young people do not want to be labelled because of their mental health problems.

"Lack of awareness of mental health issues – no-one to speak to"

"Mental illness - don't want to be labelled; not getting the right support"

Some young people said that they **do not feel emotionally supported at home**; they are not, for example, asked how they are by their parents.

"Home isn't a place to speak about emotions"

"My family don't know by just looking at me. I would like to be asked how I am; difference between home and school - can't speak freely with parents; giving advice but not actually supporting you."

The Citizen Researchers suggested that all of the above can make young people feel emotionally neglected and encourage them to bottle up their emotions, rather than seeking support.

Finding Four: School grades and career choice

Some young people report facing significant pressure from their families around their **school grades and career choice**. Families can want their children to get only the very highest grades, or to pursue particular careers (e.g. as a doctor or dentist), even if this is not what the young person wants. Some young people feel that this is linked to aspirations around social status.

"Family pressure - grades and future plans/ decisions. Personal opinion not being accepted"

"Pressure from parents to get a job; show you off; be above everybody else"

The Citizen Researchers concluded that pressure around grades and career choices creates anxiety and stress for young people. They suggested that it can also lead to suicidal thoughts.

Finding Five: Romantic relationships

Some young people **seek social acceptance from being in a relationship** and may face additional pressures from their partners.

"Pressured into having sex during relationships"

"To get into relationship e.g. boyfriend and girlfriend"

"Relationships (control freaks)"

Recommendations on families and relationships:

1. Train 'Community Ambassadors' to have conversations about mental health in various religious and other communities.

The ambassadors could link messages about mental health to religious stories and scriptures. They could also bring different religious communities together to discuss the issue. An approach like this is important to lower the social stigma around mental health and create community acceptance.

2. Health professionals to visit religious buildings and give talks. This should be designed with the community.

These talks could increase knowledge around mental health and raise awareness of key issues.

3. An Oldham focused campaign, over 5 years, to raise awareness of safe spaces and improve signposting of information.

There are lots of services on offer in Oldham but many people are unaware of them.

4. Target information at the primary school age group, including information for children to take home to their parents.

This could help reach parents, who may be likely to read a leaflet brought home by their child. Working with primary school age children should help them build resilience from a young age.

5. Provide a free mediation service for extended families to enable young people to be heard within the family.

Such a service would help families recognise, and ultimately understand, the different perspectives held by family members. It should be free so that families facing social deprivation can still take part.

Want more information on this topic?

A full list of the pressures identified by Roadshow participants around families and relationships is available [here](#).

A full list of the solutions put forward by Roadshow participants around families and relationships is available [here](#).

Section 4: The environment and culture of schools

MH:2K Oldham's Citizen Researchers identified six findings on the environment and culture of schools. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Expert Panel, make seven recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Exams and grades

Young people can face **huge pressure from exams, assignments and grades**. The expectations placed on them by teachers, parents and others **can feel unattainable**.

"Too high expectations 'unattainable'"

"Too much work and you can't handle it; teachers may not understand"

"Parents and teachers having high expectations and want us to do better all the time; finding it hard to talk to (them)"

Some young people said that exams are getting harder because the Government thinks too many young people are doing too well. They said that, despite these changes, there is still massive pressure to achieve the highest grades.

Finding Two: Teacher training

Some young people report that teachers can communicate **panic rather than reassurance**. Young people identified Ofsted inspections and exam grades as two particular cases in point.

"Ofsted is seen as the most important thing - fake show for Ofsted, pressure filters down to students"

"Teachers are very exam driven; not sure where to go"

Some young people said that they thought teachers **lacked confidence and skills around mental health**. They felt that this resulted in teachers not always giving the correct advice, or referring young people to the right person or place. Some young people said that teachers can lack empathy or ignore problems because they do not know how to tackle them.

"Teachers don't know what to do; school teachers are untrained and giving different advice to professionals; teachers panic and are too stressed in extreme situations – don't have the confidence"

"Seeing problems but not choosing to engage 'go and see pastoral care'"

Finding Three: Punishment

Several young people noted that **punishments are often given without consideration of underlying issues**. They felt that teachers should do more to understand the pressures facing young people – for example, young carers – outside of school. Punishment may not be an appropriate or helpful response.

"Too strict; Being just one minute late means you have extra detention, punishment doesn't fit the crime - reason isn't taken into account"

"We get detention but we don't think it helps (to ease the stress)"

Finding Four: Bullying, discrimination and labelling

Young people reported that **bullying and discrimination** is common in schools. Some young people also feel that they are labelled by their peers and then expected to conform to those labels or stereotypes.

"People are sectioned and labelled - then expected to conform to the social expectations"

"Popularity (causes all pressures) - teachers don't know what it means and wouldn't view it as a proper pressure to address"

Young people can face all of the various 'isms'.

"Homophobia - not being able to be with what sex you want or who you want because it doesn't satisfy anyone else"

"Harassment; scarfing; people being racist"

"People who are disabled more likely to get picked on because they can't do what others can"

"Poorer ... might not have the most expensive clothes and get picked on for that"

The Citizen Researchers said that bullying makes young people "feel isolated" and that being "too scared to speak out" can lead to them "bottle[ing] up emotions", making matters "worse later".

Finding Five: Zero tolerance policies

Young people were clear that **simply having a zero tolerance policy on bullying written down does not solve the problem**. Many young people reported that in reality schools often take little or no action. They feel that schools should address one-off incidents of bullying, as well as repeated bullying behaviour.

"They don't do anything, there are no consequences."

"Teachers – don't understand mental health - don't stop bullying"

Finding Six: Cyber-bullying

Young people said that **cyber-bullying means bullying does not stop when they get home**. They feel there is "no safe space" free from bullying. Some young people reported being scared to open text messages from unrecognised numbers. Some also noted particular problems with Snapchat where, because no evidence remains of the messages sent, young people can be particularly nasty.

"Online bullying ; Instagram; Twitter; Snapchat - disappears so no evidence!"

Many young people reported that **schools do not understand the challenges they face online**.

"Social media 'they don't know what they are talking about' - teachers are really cringy when talking about social media"

"School tries to educate but in a problematic way"

The Citizen Researchers noted that those who do not use social media are considered "weird", meaning young people feel like they have to participate.

Finding Seven: Social media

Young people reported that social media content can make them feel like they need to **live up to perfect standards**.

"Society and social media set higher standards for people's looks"

"Internet - pressure to look fun and exciting"

"Not getting enough 'likes'"

A few young people reported feeling 'always watched' and 'always judged' for what they do, like they are constantly 'under a microscope'.

Recommendations on the environment and culture of schools:

1. **More designated areas in schools for relaxation / stress relief.**

Schools need to be a supportive environment. Young people suggested common rooms for each year groups, or peaceful places with calming music and sensory stimulation. The creation of such spaces would physically evidence schools' commitment to well-being.

2. **Schools should do more work with parents to build their understanding about grades and career pathways.**

This could include meetings, parents' evenings, and day-in-the-life swaps where parents and carers sit in on lessons. It would be helpful for parents to recognise a greater range of grades and careers as positive achievements.

3. **Teachers should be trained and supported to create a positive culture towards progression rather than panic and pressure.**

It is not realistic or fair for teachers to provide the support that young people need around mental health and emotional wellbeing if they are not trained in this area, or if their own wellbeing needs are not being met.

4. **Use a peer education approach to address bullying in an interactive way and have open dialogue between staff and students.**

Schools should work with bullies and the bullied to co-create their approach to tackling bullying. They should listen to young people's views about whether anti-bullying efforts are working. Peer education is effective because young people respond well, and listen, to their peers.

5. **Hold drop-in sessions with a mental health specialist coming into school, supporting any referrals that are needed.**

Young people need professional support. They find seeing a specialist reassuring, and they want access to impartial and accurate advice, and signposting to the right information.

6. **Establish peer mentor programmes, where mentors are trained and accredited to lead group discussions on mental health and wellbeing.**

Some schools already use this approach, which can include delivering both awareness raising and activities designed to promote wellbeing. As noted above, young people respond well to sessions led or co-led by their peers.

7. **Schools should be better informed about digital technologies.**

Cyber-bullying is a huge issue for young people. If schools were better informed about how young people are using social media, it would enable them to provide better support.

Want more information on this topic?

A full list of the pressures identified by Roadshow participants around the environment and culture of schools is available [here](#).

A full list of the solutions put forward by Roadshow participants around the environment and culture of schools is available [here](#).

Section 5: Stigma

MH:2K Oldham's Citizen Researchers identified six findings on stigma. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Expert Panel, make five recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Perceptions of support

Some young people **believe that there is little support** available to them. A few young people mentioned NHS cuts and long waiting lists.

"Lack of support; lack of services - NHS cuts, unaware"

"Places to access help are very limited and a very long waiting list"

The Citizen Researchers suggested that these issues can make young people feel like they have to deal with their mental health problems by themselves.

Finding Two: Masculinity and mental health

Some **young men feel that they should not express their emotions** because they "have to be strong – relied upon, macho man".

"Loss of masculinity if diagnosed with mental health illness"

"Men find it harder to open up as they feel they need to be seen as 'hard' and 'tough' not socially acceptable to be vulnerable"

The Citizen Researchers noted that young men make up around half of the youth population. It is important that they do not repress their emotions.

Finding Three: Negative language and labels

Some young people reported that they are less likely to talk about their mental health issues because of the **“negative language and dangerous labels”** given to people with mental illnesses (e.g. crazy, mad, nutty).

“Stereotypical views - how the media portrays mental health ‘dangerous’”

Some young people **fear being judged** for their mental health problems and a “fake representation” of them being formed in the minds of others.

“Fear: labelled as an attention-seeker; being judged; being rejected or being seen as weak; being a burden”

“Worry about being a burden; worry about people’s reactions and change of behaviour around them; treat you differently”

Finding Four: Social hierarchies

Some Roadshow participants talked about the **social hierarchy that exists amongst young people** based on popularity and reputation. Young people don’t want to do anything to negatively affect their status in this hierarchy. The Citizen Researchers noted that:

“It is important to address this fake hierarchy as it is of no importance. There are bigger and better things out there and this is only temporary.”

Finding Five: Lack of understanding

Many young people **do not feel equipped to understand or speak out about mental health**.

“Not understanding it; not knowing that you have (a condition)”

“Young people not being aware that mental health exists and therefore thinking it is ‘normal’ and not getting any help”

“Some people won’t speak out because they are not confident”

“Not being able to explain your situation”

The Citizen Researchers noted that these feelings make it hard for young people to deal with mental health issues properly and effectively.

Finding Six: Family involvement

Young people feel that there could sometimes be a **more intelligent and personalised approach to involving the families** of young people with mental illnesses. Parental involvement can be difficult due to generational or cultural gaps, and can make things worse. Sometimes parents need a lot of information to enable them to deal with a situation effectively and appropriately.

“Don’t want parents involved”

“Certain family [sic] think mental health issues aren’t real; parents treating you differently”

“Culture; generational difference - the older generation don’t have the knowledge about mental illnesses”

“Religion - punishment - seen as a curse in extreme cases”

Recommendations on stigma:

- 1. Work with young people to ensure information on available services is as accessible as possible.**
Oldham has many services available to young people, but information about these services is not getting through. Young people themselves are best placed to advise on how to reach their peers.
- 2. Train teachers in PSHE and mental health. Ensure lessons address unhelpful expectations such as those around masculinity.**
Most mental health problems start during people's school years, so teachers should receive the training and support they need to play a key role in tackling the problem.
- 3. Hold a 'Mental Health Awareness Day' (non-uniform) charging pupils a small fee to give to local mental health charities.**
This would help raise awareness of mental health issues amongst young people.
- 4. Undertake more work like MH:2K using peer-to-peer engagement to increase awareness of mental health issues, decrease stigma, and gather evidence.**
Oldham should keep up the momentum created by MH:2K and build on the positive changes it has created. Peer-to-peer techniques should be used to keep gathering information about what is and is not working, and to help communicate important information to young people about mental health and emotional wellbeing.
- 5. Mental health support and information should target different cultures and religions.**
Parents have busy schedules; awareness raising should take place at locations such as mosques and churches, which are easy for parents to access. Language barriers need to be taken into account and overcome.

Want more information on this topic?

A full list of the pressures identified by Roadshow participants around stigma is available [here](#).

A full list of the solutions put forward by Roadshow participants around stigma is available [here](#).

Section 6: Professional practice

MH:2K Oldham's Citizen Researchers identified seven findings on professional practice. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

The Citizen Researchers, together with the Expert Panel, make seven recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Changes in practitioner

Young people reported finding **changes in their mental health practitioner disruptive**. Young people feel they have to 'start again' with each professional. What they want is stability and changes can set them back.

"Confusing: stop swapping practitioners - old man, young man, woman"

"Been here 6 years and had 6 different counsellors"

"Started seeing someone for proper treatment that should have lasted for at least 10 sessions. After 2 sessions my counsellor told me that she was leaving for another job and that I needed to get in contact with the service myself to arrange another appointment - waited for 2 months for them to arrange something and ended up having a mental breakdown - got seen today"

"Seeing too many professionals and keep having to start again. They are presuming things about my past."

Finding Two: Transition

Transition from Healthy Young Minds to adult mental health services is a difficult time for young people. Some young people **feel uncomfortable trusting new people and places**. This can lead to “less conversation and more shyness” and “the fear of not being able to connect with new counsellors”. Waiting times around transition can lead users to feel neglected and become lost in the system.

“Discomfort due to change in environment, make condition worse”

“Different way to book appoints - don’t know how to book”

“Trusting new people; Meeting too many new faces; for some it’s almost a new start”

“Nerves meaning you can’t take on new things; Mental illness getting worse; anxiety surrounding a change”

Young people noted that there are **“so few workers in transition services** that some provision has to be dealt with in the adult services,” which they find “daunting”.

“Being discharged feels like a huge step and unnatural - lost, no back up; imagining scary 30 year old with severe mental issues, worried about where to go; don’t want to be around people who are older”

Finding Three: Passing on information

Some **young people said they had to ‘re-live things’** to explain their situation because information was not passed between services on transition.

“Not enough information is passed over and I keep having to repeat - causes pain”

“Explaining everything again; bringing bad stuff up”

Finding Four: Talking to young people

Young people **want professionals to show they care**. They want them to listen and understand how they feel.

“Professionals need to be trained to talk to teens better as I feel the way they talk is patronising”

“I want them to listen to me and help and understand how I feel”

“I want to feel like they actually care, not doing it for money”

Finding Five: Feedback

When it comes to feedback, young people want to **feel they are being taken seriously**. Feedback opportunities should work for all ages. They are important for ensuring that services work well for young people.

“Feel like you are not being taken seriously because you are unwell”

“Can’t ever get hold of doctors to get appointments; no idea who to call to give feedback”

“App can only be downloaded by certain ages”

Finding Six: Treatment choices

Some young people said that they would prefer **not to rely on medication** to treat their mental health conditions and would like more choice. They said that young people should know how to recognise symptoms so that problems are caught early.

"Teaching people how to recognise symptoms can stop a lot of problems early on"

"not relying on tablets [medication]"

"Not a quick diagnosis without proper testing - not assuming anything"

Young people would like to see **greater support for young people with learning disabilities**.

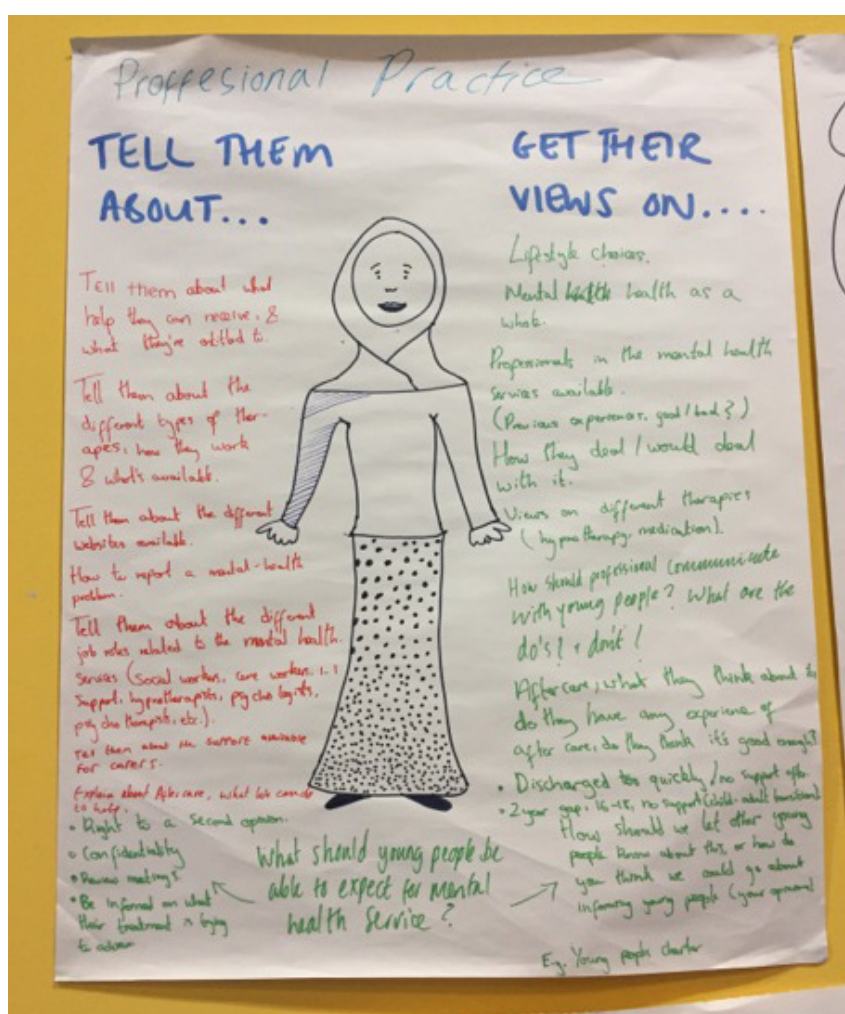
"They should help you more with autism; limited services for Autism"

Finding Seven: Choice of professional

Some young people are not comfortable speaking with male professionals (and vice versa). They say they **want a choice**. Some young people miss appointments because of their anxiety.

"Not comfortable speaking to male professionals about female issues - want the choice"

"Missed appointments due to mental health issues (anxiety)"



Recommendations on professional practice:

- 1. Link-up young people in transition with young people who have already transitioned (buddying). Use regular meetings and fun activities.**

This would make transition less frightening for young people, enabling them to find out about the new service and feel more supported. Fun activities could include leisure and sports days linked to the facts.

- 2. Pass more information between professionals to help avoid patients having to re-live experiences.**
It should not be necessary for young people to re-live painful experiences simply because of poor communication.

- 3. Send young people regular updates about the progress of their referrals. Create an app which young people waiting for referrals can use to access support.**

Regular updates would help reassure young people that action is being taken. If young people are comfortable with the idea, their school could also be informed and provide check-ins – five minute chats with someone of the young person's choice. The app could allow young people to facetime doctors, get on-the-day appointments, and link to the buddying system.

- 4. Professionals should listen to young people, not be rude or patronising, and not use language that's too formal.**

Formal language makes people nervous. A welcoming and chilled out environment and atmosphere can also help young people to feel comfortable.

- 5. Teach young people about coping methods and how to recognise symptoms. Offer group therapy before medication.**

This would make young people more resilient and help them catch problems in their early stages, before they get worse.

- 6. Provide more community activities, such as arts and sports activities.**

Young people have a wide range of ideas for what this could include - from art, painting, dance and singing classes, to cooking courses and football, boxing, chess and table tennis. These could be age appropriate support groups with tailored environments, or programmes that help young people re-join society by mixing young people who do not have mental health issues.

- 7. Ask young people what sex of professional they would like to see. Offer home visits.**

Care and activities should be more tailored to individual patients. Whenever possible, young people should be asked what sex of professional they would like to see. Home visits should be offered to young people with conditions such as anxiety, to reduce missed appointments and the anxiety these young people experience.

Want more information on this topic?

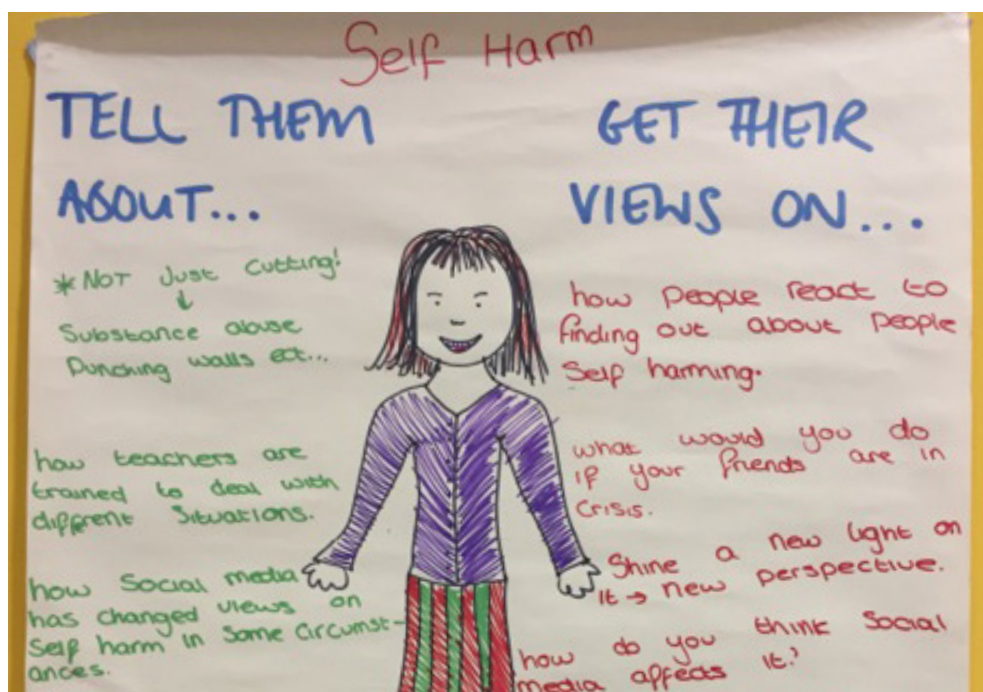
A full list of the pressures identified by Roadshow participants around professional practice is available [here](#).

A full list of the solutions put forward by Roadshow participants around professional practice is available [here](#).

Section 7: Self-harm

MH:2K Oldham's Citizen Researchers identified five findings on self-harm. These are presented below, illustrated by relevant quotations from Roadshow participants. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important. The statutory, community and voluntary organisations hosting Roadshow events frequently requested self-harm as their first choice topic. This underlines how many people see self-harm as a key challenge facing local young people.

The Citizen Researchers, together with the Expert Panel, make six recommendations for change on this topic. Again, these are covered below. Each one is presented with a brief comment from the Citizen Researchers.



Finding One: Family pressures

Many young people identified **family as a key source of pressure** for young people. This can include pressure to follow a particular religion, not being accepted because of your sexuality, stress arising from divorce or parents fighting, and money, drug or alcohol problems.

"Forced marriage"

"Forced to be in a religion you don't want to be in"

"Ethnic and character background - previous generations [sic] ideals that are thrown upon us causing overall pressure and stress as others/ new generation does not accept"

"Coming out to family members; asking for help - faith, BME community"

"Drinking and parents that do drugs could result in abuse; a step parent or a parents' boyfriend and girlfriend"

"Family issues - home life, arguing"

Young people identified issues to do with family more frequently than any other pressure contributing to self-harm. The Citizen Researchers noted that:

"Family is something that most [young] people have to face on a day-to-day basis. Everyone's social, physical and mental development starts at home."

Finding Two: Bullying

Many young identified **cyber, verbal, emotional, or physical bullying** as a contributing factor to self-harm. Young people noted that they can be bullied for "being different", "appearance", "labelling: taste in music", "accent", "disability", "LGBT".

Bullying can also include peer pressure:

"Losing control over fitting in to group of friends' standards"

"Not wanting to do something but your mates peer pressured you to; seeing other people do it"

The Citizen Researchers noted that:

"Bullying makes people feel alone, neglected and they start to believe what the bullies say which then affects how they look at themselves and what they do to themselves."

Finding Three: Abuse

Young people who **have been abused** in the past may not understand it until they are older. They may find it difficult to talk about and feel confused. Abuse can take many forms, including domestic, sexual, emotional and physical abuse.

"Raped - physically and emotionally affects you"

"Sexual abuse - by touching any parts of their body and following them to wherever they are going"

"Neglect - parents don't seem to be doing enough"

"Domestic violence; feeling like it's your fault"

The Citizen Researchers concluded that abuse can make young people feel alone and "like they deserve what they are getting".

Finding Four: Other emotional issues

Self-harm can be **closely linked to other emotional issues** such as eating disorders, anxiety, depression, anger problems, difficulty communicating and low self-esteem. Some young people reported that they can find it difficult to communicate about these issues.

The Citizen Researchers noted that:

"... the lower your emotional wellbeing is the less likely you are to feel okay and the more likely you are to develop more illnesses."

Finding Five: Social media

Social media pushes unrealistic images for both men and women.

"Social media - creates an unrealistic image for what men and women should be"

"Social media - seeing the perfect person and wanting to be like them"

Acronyms (e.g. kys - 'kill yourself') and self-harm pictures are romanticised and joked about.

"Social media – 'seen picture of someone self harm, it's ok'. Social norms - what is accepted; how to act"

"Social media: KYS - kill yourself acronym used as a joke on Snapchat; makes fun of self harm; how is self-harm spoken about on social media? - trending, romanticised, self harm is posted about as a thing that happened in the past; semi-colon tattoo - could have ended their life and didn't; Project Butterfly - the name of someone you care about on their wrist; used as a joke; back to school video - you need pack of knives, bottle of bleach."

"'friends' cut for zayn/ bieber; social media can fuel the culture"

"Carly Jenner challenge with jar = self harm; cut for Zayn Malik"



Recommendations on self-harm:

- 1. Offer activities to help young people cope, such as stress packages (e.g. mindfulness toys and information), and non-sporty extra-curricular activities.**

Young people felt more could be done to offer them alternative coping mechanisms, which are safer and healthier than self-harm. Non-sporty activities could include the expressive arts.

- 2. Run campaigns such as 'Self-harm awareness day'. Young people need more information (e.g. about coping mechanisms, real life stories, and what help is available).**

Self-harm awareness day already exists, but much more could be done to promote it. It could become a focal point for ensuring that all young people have the information they need for prevention and support.

- 3. Provide more support, such as specialist services, drop-in sessions and family workshops. Promote them and make sure interpreters are available.**

Young people are not all the same. They should have options for how they seek help and how to engage their families in their treatment. Decision-makers should ask young people about how best to increase awareness of available services. Services could use online tools and advertising to reach young people looking at unhealthy content and signpost them to information and support. Services need to overcome language barriers so that they are accessible to everyone.

- 4. Focus on self-harm around educational transitions (e.g. in PSHE, raise awareness amongst teachers and families).**

Young people can face spikes in pressure around educational transitions, such as the move from primary to secondary school, or from secondary school to college. This is a key time to sign-post young people to support and work with them on alternative coping mechanisms.

- 5. Provide a 'drop box' (e.g. in school) to ensure the problem is identified early.**

Providing an easy way for young people to tell staff about their self-harm would encourage more young people to come forward.

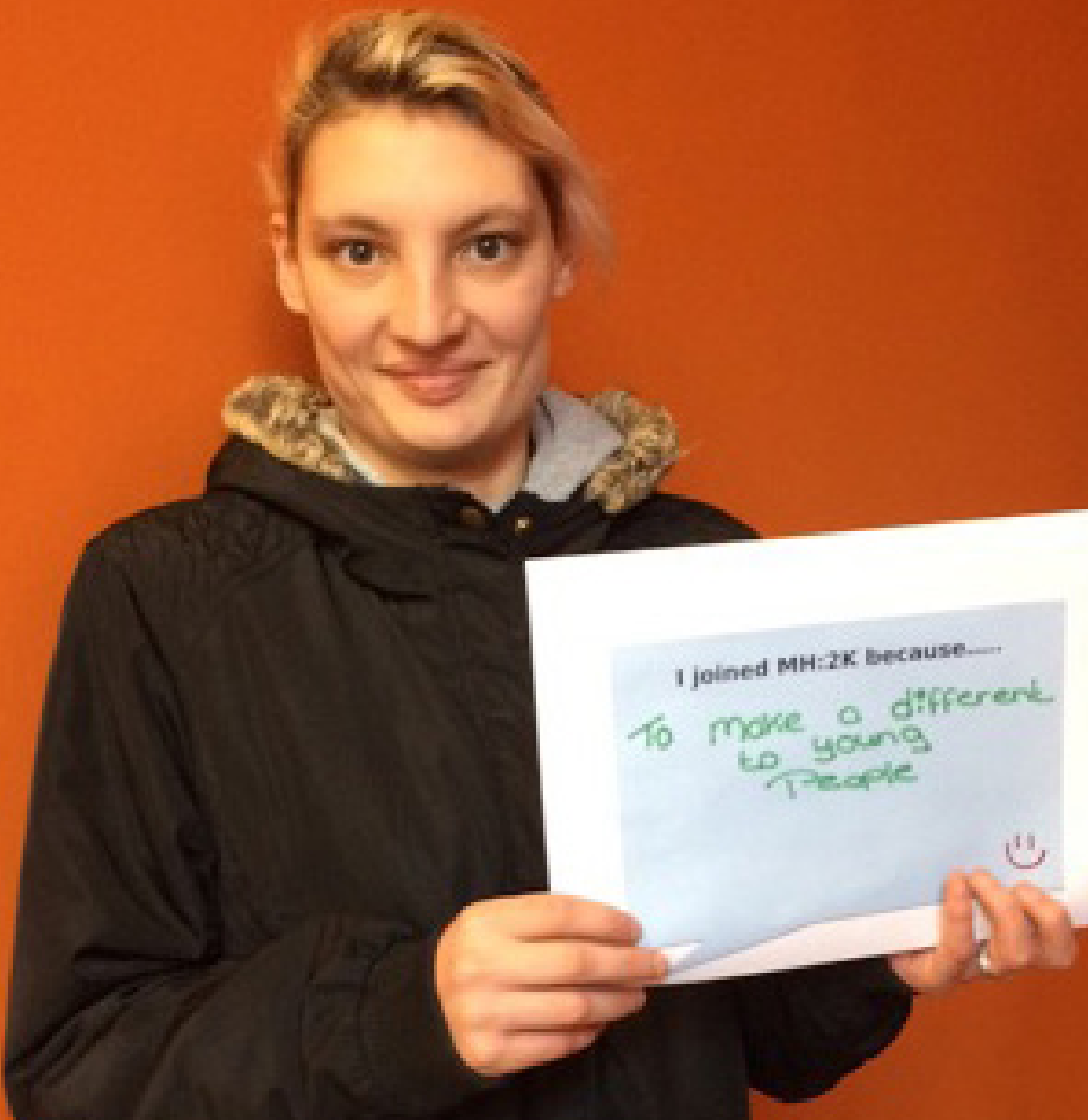
- 6. Improve the NHS booklet on self-harm (e.g. more colour, bullet points, positive quotes, survivors' stories).**

The NHS booklet on self-harm is not accessible for young people. As well as the suggestions above, it could be made available in different languages and its infographics, such as the drawings of hands, could better reflect the diversity of Oldham's population.

Want more information on this topic?

A full list of the pressures identified by Roadshow participants around self-harm is available [here](#).

A full list of the solutions put forward by Roadshow participants around self-harm is available [here](#).



Part Three: Conclusion

Conclusion: Impacts and next steps

The publication of MH:2K Oldham's findings and recommendations marks the finish of its six part methodology. A fitting end for this report is therefore to look both backwards and forwards – to consider what impact MH:2K Oldham has had to date, and what is likely to happen next. All of the findings and quotations below are taken from MH:2K Oldham's [independent evaluation](#).

Impact on mental health decision-making, research and engagement practice

Decision-makers and researchers engaged with MH:2K Oldham have identified "multiple potential impacts on research, decision-making and engagement practice" in Oldham and Greater Manchester, with "potential for significant improvements in health outcomes".

A task and finish group – including many of the project's Expert Panel – has been set up under Oldham's Children's and Young People's Emotional Wellbeing and Mental Health Partnership. Ultimately responsible to Oldham's Health and Wellbeing Board, this group is creating an action plan for the implementation of MH:2K Oldham's recommendations. It then intends to drive forward the plan's delivery. The group has invited MH:2K Oldham's Citizen Researchers to be a reference group for its work.

Other impacts look set to include:

- A role for MH:2K's recommendations, and its Citizen Researchers, in both an upcoming review of transition services in the borough, and the implementation of Oldham's new Whole School and College Approach to emotional health and mental wellbeing;
- Changes in engagement practice at both Healthy Young Minds and Tameside Oldham and Glossop Mind to incorporate more peer-to-peer and youth-led work. Oldham Council is also considering the implications of MH:2K for its engagement practice;
- Closer collaboration between researchers and decision-makers, with the former keen to support Oldham to trial and evaluate the project's recommendations.

The MH:2K Expert Panel and Citizen Researchers are continuing to build support for their work, presenting the project's results at key boards across Oldham, including its Mental Health Strategic Partnership.

Impact on participating young people

MH:2K Oldham's Citizen Researchers say that their knowledge of both mental health in general, and youth mental health in Oldham specifically has increased. During the project, their self-reported ratings in these areas rose from 3-7 out of 10, to an average of 9 out of 10 (mental health in general), and from 3-5 out of 10, to an average of 8 out of 10 (youth mental health in Oldham). The Citizen Researchers also say they have gained or improved skills including "presentation, listening or questioning skills", team working, and how to design an event. Several Citizen Researchers have reported big increases in their confidence.

For some Citizen Researchers the project has had further impacts. For example, one Citizen Researcher now wishes to pursue a career in mental health. Another has talked about the importance of the project in helping her rehabilitate into wider society after serious mental illness.

Oldham Youth Council, Healthy Young Minds, and Tameside Oldham and Glossop Mind have all offered the Citizen Researchers continued opportunities for participation and development, in addition to those already outlined above.

Amongst MH:2K Oldham's Roadshow participants, 76% reported gaining more knowledge about mental health or a mental health issue, 68% said they gained a greater awareness of where to go to seek help, and 48% said they would now be more confident to seek help for their mental health, if they ever needed to. As not all Roadshow events covered all of these areas, these results are particularly encouraging.

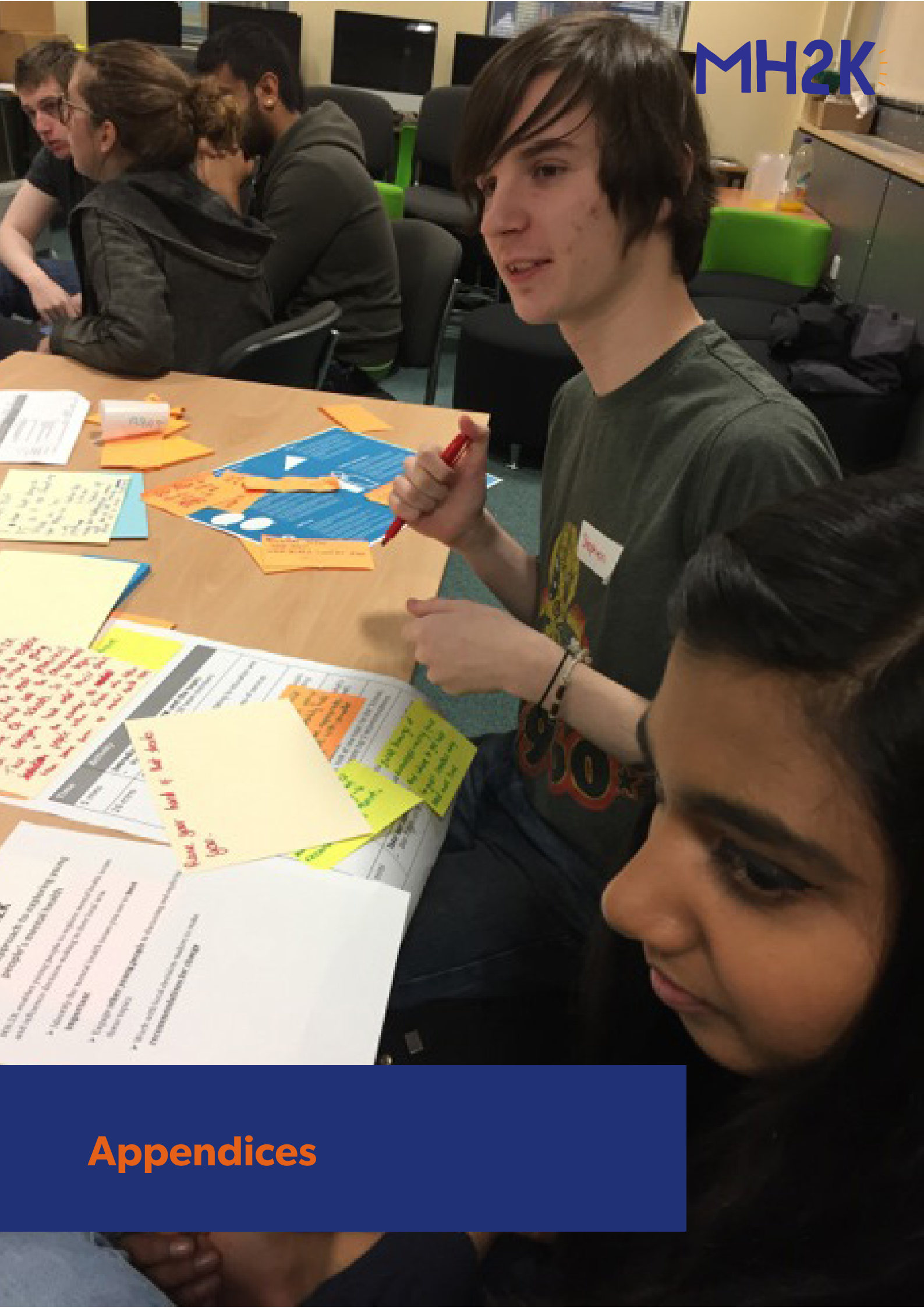
Conclusion

MH:2K has achieved the aims it set out to deliver. It has empowered 14-25 year olds to:

- Identify the mental health issues that they see as most important;
- Engage their peers in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for change.

In addition the project has had, and looks set to have, a significant impact. This is true of its effect on both participating young people, and on mental health decision-making, research and engagement practice.

The MH:2K partners, Involve and Leaders Unlocked, will return to Oldham in Autumn 2017 to see what further progress has been made. By then we also hope to be running MH:2K in four more local areas across England. Wherever we take MH:2K, we hope to continue to demonstrate both the importance of youth leadership, and the value to be gained from engaging young people in the decisions that affect their lives.



Appendices

Appendix A: Additional information about MH:2K

All resources relating to MH:2K can be found here:

www.involve.org.uk/mh2k-resources

These include:

- A link to this report;
- The project's evaluation reports;
- A list of Big Showcase attendees;
- Full lists of pressures and solutions put forward by Roadshow participants in each of MH:2K Oldham's five topics;
- A short teaser film about the project.

Appendix B: Where to seek help with mental health problems

If you have been affected by any of the issues in this report, or wish to seek help with your mental health for any other reason, useful services, websites and helplines include the following.

Healthy Young Minds Oldham

- Child & Adolescent Mental Health Services
- You can self-refer or your GP can refer you
- E: child.mash@oldham.gov.uk
- T: 0161 770 7777

Tameside Oldham and Glossop Mind

- Has a wide choice of services available. These range from counselling through to anger management courses and short-term monitoring activities.
- T: 0161 330 9223
- office@togmind.org

Kooth.com

- A free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line.
- They cater for young people aged 11-25 years in Oldham
- www.kooth.com
- E: info@xenzone.com

Websites and helplines:

- www.childline.org.uk and 24 hour helpline 0800 1111 (up to 19 years of age)
- www.samaritans.org.uk and 24 hour helpline 08457 90 90 90 (all ages)
- www.youngminds.org.uk
- www.selfharm.co.uk
- www.harmless.org.uk

For more information about MH:2K, please contact:

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