Could you tell me what you’re hoping to get from today?

I’m here because when I know there’s a patient on the ward due to their mental health I turn and walk the other way.

Do you want the honest answer? Or the one I’m expected to give?

I’m here because when I know there’s a patient on the ward due to their mental health I turn and walk the other way.

We Can Talk

Children and Young People’s Mental Health (CYP MH)

Co-produced CYP MH training for hospital staff project report

Published July 2017
We Can Talk
Supporting the health and wellbeing of more than half a million children and young people living in east London is important to Barts Health NHS Trust and to me.

As director of nursing for children, young people and babies, I heard from staff across the trust that they lack confidence and understanding to care for young people’s mental health needs, especially when they present in crisis. The idea for this work came from those conversations.

We started by surveying our staff on their confidence level in caring for a child or young person who is in mental health crisis or has a mental health condition; the results showed a low level of confidence but a real willingness to learn more. We created a framework of children and young people’s mental health core competences and produced a training package, delivered by professionals and young advisors. To date this training has been delivered to over 100 children’s nurses, health care assistants, doctors, ward clerks and other professionals. All this work has been done in collaboration between professionals and young people.

This project was a success for me personally the moment one nurse felt more confidence to ask a young person “how are you feeling today?”. I know it has done so much more.

I would like to thank Health Education England’s local team in North Central and East London for funding and supporting this work. I would also like to thank Common Room, Healthy Teen Minds and CORC for making a good idea into a great reality.

Final thanks must go to the Barts Health staff who have enthusiastically embraced this work and I hope learnt loads. After taking part in the training myself I know that now We Can Talk about mental health more confidently and recognise our vital role in supporting the mental and emotional health of every child and young person in our care.

I hope you find this report as inspiring as this project has been for our organisation.

Michelle Johnson
Director of Nursing for Children, Young People and Babies
Barts Health NHS Trust
Executive summary

The ‘We Can Talk’ Children and Young People’s Mental Health (CYP MH) project produced in collaboration with hospital staff, young people and mental health experts, a competency framework for hospital staff. This was piloted and evaluated at a training day to improve the skills and confidence of acute hospital staff.

- More than 300 acute hospital staff working in Barts Health NHS Trust were engaged in developing the competencies and identifying the areas of greatest educational need based on their clinical experiences and confidence.
- Young people were engaged in local participation groups to identify the areas they felt hospital staff needed to know in regards to their mental health needs and helped create a readable version of the educational competencies.
- More than one hundred staff including ward clerks, healthcare assistants, nurses and paediatricians attended six one day training dates across three hospital sites co-delivered by mental health experts, hospital staff and young advisors.
- The evaluation and impact assessment data was overwhelming positive with 100% of attendees recommending the training and 96% reporting it would make a difference to the way they did their job.

‘We Can Talk’ will continue beyond the funding of this pilot to establish a sustainable training route to embed children and young people’s mental health training across all acute hospital settings.

Background

Healthcare professionals working in hospital settings report a lack of confidence and competency in caring for children with mental health needs.1 Young people report overwhelmingly negative experiences of staff attitudes when presenting to hospital due to their mental health2 with as many as 43% of young people reporting they wouldn’t go back to hospital for mental health support because of a bad previous experience.3 A lack of education and ability to identify, support and respond compassionately to mental health needs leaves vulnerable young people feeling unable to access emergency support.4

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These factors create missed opportunities where intervention as part of acute physical care could alter the potential negative outcome for a patient dealing with a mental health crisis and lead to a more positive health outcome.5

Negative experiences in hospital settings also compound young people's distress making them less able to cope when they leave hospital and less likely to engage in follow-up with Child and Adolescent Mental Health Services (CAMHS).6

The ‘We Can Talk’ Children and Young People’s Mental Health (CYP MH) project sought to tackle these issues by giving staff the tools and confidence to improve their approach and communication skills around mental health to ultimately enable all patients to have improved experiences and better outcomes. It was led by Barts Health NHS Trust, the largest acute hospital trust in England, in collaboration with Healthy Teen Minds, Common Room and the Child Outcomes Research Consortium (CORC) and was funded by Health Education England’s local team in North Central and East London. The project ran for 13 weeks between January and March 2017.

**Method**

Co-production is based on the idea that “people’s needs are better met when they are involved in an equal and reciprocal relationship with professionals and others.”7 Hospital based children’s mental health education, where it does occur, is generally led either by hospital need (“please can we have training on X”) or mental health expert direction (“we think you need training on Y”) and rarely if at all by children and young people’s views (“it would be helpful if hospital staff had training on Z”). The We Can Talk approach was to combine the expertise of hospital staff, mental health professionals and children and young people to create something better than could be done individually. To oversee this project and ensure all views were literally at the table, a CYP MH steering group was established at Barts Health and included representatives of Child and Adolescent Mental Health Services (CAMHS), three acute hospital sites and a young advisor employed in the project team to ensure young people’s voices were heard at both a strategic and consultation level. In order to ensure the research and impact evaluation data was of the highest quality a team from CORC was recruited to oversee this part of the project.

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Staff involvement

In order to gain the views of as many hospital staff who encounter young people (up to the age of 18) in their job role, a trust-wide electronic survey was conducted over a two week period with over 300 respondents across three hospital sites. The project team visited every paediatric emergency department and paediatric ward (general to specialist) and all adult (16+) emergency departments along with various other settings including neonates, maternity, safeguarding and security. A range of views was sought from nurses to healthcare assistants to paediatricians to porters. The survey focused on staff’s confidence and educational needs in relation to CYP MH and served to help not only develop but also promote the training and raise awareness within the trust.

The survey sparked lively discussions with the ‘We Can Talk’ team who held several engagement sessions on wards to support the survey as well as meeting with senior leaders; after completing the survey countless conversations started between members of the multi-disciplinary team talking about their experiences and often lack of knowledge in supporting young people.

The survey reporting showed that most staff encountering CYP with mental health difficulties occasionally and one in five staff encountering them almost all the time with self harm / overdose, depression and anxiety their top three concerns. Most staff were not confident or only slightly confident in caring for children and young people with mental health concerns; “I personally feel we let our CYP down. Not through being terrible people but by our lack of knowledge and understanding”.8 93% of those who completed the survey were interested in further CYP MH training. The project team also met with senior leaders and practice development nurses across the trust to establish the best route to deliver training. What came through from interviews with senior staff and hospital managers was that a modular approach (shorter sessions occurring for staff at different times throughout a shift) would be hard to facilitate due to the changing work demands on the ward and that it was easier to plan to release someone for a study day rather than plan clinical tasks around staff being off the ward for an hour or two.

8 Barts Health NHS Trust CYP MH Staff Survey, February 2017

We Can Talk
Young people’s involvement

It was an essential part of this project to have young people represented at every stage. From day one a young advisor was employed with experience of CAMHS and of presenting to hospital due to their mental health. They led on a literature review of past surveys and research on young people’s experience in hospital and conducted focus groups with young people on their views of what hospital staff need to know about their mental health. The overwhelming theme was that hospital is not the first choice for young people experiencing mental health difficulties and that often when they are forced to seek medical care they do so with feelings of shame and unworthiness; “They wouldn’t touch me... they looked at me as if to say ‘I’m not touching you in case you flip on me’... they didn’t actually say it, it was their attitude...”. Contrasting, the most positive encounters were when young people were given a chance to talk about their problems and receive non-discriminatory care; “All they have to say is, we’re here if you need us, don’t think you’re on your own...”⁹. What young people didn’t say was that they only want to be seen by a CAMHS expert or that they expected hospital staff to know everything about everything; “[they] asked me why I self-harm because she said she didn’t really understand it, and it was really nice … to be able to actually help someone learn about it.”¹⁰ Young people perceive a lack of staff knowledge but report that staff attitudes and behaviours have more impact on their experience; young people want hospital staff to acknowledge and address their mental health needs regardless of title or profession.

Competency development

Alongside gathering the views of staff and of young people, a review was conducted of existing mental health competency frameworks, professional standards and care guidelines including those aimed at health and non-health professionals (teachers, social workers, etc.). Combined with stakeholder views, there was a broad overlap across the existing publications covering five main categories – mental health, communication, identification, support and ethical/legal - which was simplified further to ‘understanding’ and ‘support’ to develop the ‘We Can Talk’ core competencies (Appendix). It was agreed that in order to cover these core competencies a one-day training would be necessary and that it should be accessible across a broad base of health professions from porter to paediatrician. Following approval of the competencies by the steering group, the next task was to find a way to share them in a language that was accessible to children and young people, their parents/carers and hospital staff (who have completed the training or might be considering attending in future). The project team worked to reframe the competencies in accessible language and shared them with different groups of young people to ensure the language was clear and accessible. The ‘We Can Talk’ principles (Appendix) are ten statements that summarise the core competencies and outline the support staff can offer.

Training development and delivery

Alongside the competencies the educational approach was developed to create a highly interactive training day taught by hospital and mental health staff alongside a young advisor. A key ethos of the training was for hospital staff to recognise the important role they are already playing in supporting the emotional and mental health of young people. It was important to have someone with an understanding of the hospital environment to draw out that experience. Over the pilot dates the trainers included those with experience of mental health liaison in hospitals and a dual trained paediatric and emergency department nurse. Feedback from attendees showed they valued having all voices represented in the room including acute hospital and mental health staff as well as young people. The morning sessions focused on establishing the link with existing practice and introducing additional mental health knowledge around common mental health difficulties and self harm. It explored scenarios where staff might support CYP who may be experiencing mental health difficulties. During this time a lot of work was also done to establish a rapport between the training team and attendees to create a safe space in which difficult questions and views could be explored. Humour and honest acknowledgement of how difficult and challenging these situations can be (even for “experts”) were useful engagement tools.

The afternoon session focused on understanding young people’s experience of attending hospital when experiencing a mental health issue. Research and young people feedback was integrated into the session, which was extremely challenging but important for staff to hear and consider how this might impact on young people’s experience of attending hospital. The training then moved on to developing skills to communicate effectively with CYP about their mental health. A group role play scenario was utilised with the young advisor playing the role of a young person with concerns about their mental health. This allowed staff to try out some of the ‘elephant in the room’ questions that had been generated throughout the day and allowed trainers to guide them through different approaches to supporting CYP with mental health difficulties. There was a final wrap up that also linked in with a brief understanding of the role of CAMHS services, which was tailored to the hospital where the training was delivered. The training day ran from 9am to 5pm with a 45 minute lunch break.
Training evaluation

In total 109 people attended across all three Barts Health hospital sites over six days, which was particularly strong considering the training dates were agreed after staff rotas were already in place. The considerable interest generated by the staff survey, an internal communications strategy to promote the dates and the support of key senior staff across the hospitals were all contributing factors. The children’s ward and the children’s emergency department were the most common work setting of attendees. Anecdotally, the days when staff were from a broad range of settings generated more open and interesting discussions.

The final impact data utilising pre and post impact assessment forms was overwhelmingly positive.

- 100% of attendees would recommend the training to a colleague
- 96% of attendees reported the training would make a difference to the way they do their job
- 93% agreed it was valuable to have a young advisor co-delivering training
- 93% thought the topics were presented in an accessible way
- 97-100% reported they had a good understanding on all knowledge items after training
- 96-100% agreeing they were confident in all areas after training

The data also showed the strength of agreement on knowledge and confidence items increased from pre- to post- training demonstrating that even in areas where staff already felt confident the training had an impact and left them even more confident than before. The free text responses from the trainees emphasized the importance of the training delivery team and the inclusion of our young advisor; “The speakers were very well-spoken - adding own experiences and humour which kept the session interesting. Having a young person was especially great.” The increase and confidence was also reflecting in free text as many trainees gave similar feedback that the day “made an extremely difficult topic easy to discuss and empowered me to realise that we ALREADY do a lot to assist CYP with mental health issues”. The team and the stakeholder group were extremely pleased with impact of the training and the learning gained by those staff that attended; “What I will take from this is to talk and listen to young people, ‘better to say something rather than nothing’.”
Future

At an early stage there was considerable interest from other hospital trusts in sharing the learning from this project including utilising the staff survey to demonstrate training need, accessing the ‘We Can Talk’ CYP MH training day and using the ‘We Can Talk’ principles in other organisations. The project team are keen to encourage and support sharing this learning as widely as possible, which is why not only this report is being publishing but also the ‘We Can Talk’ statements and the linked educational competencies that underpin them (Appendix). Hospital providers are encouraged to adopt the principles and consider how to embed them across their organisation utilising the principles of co-production. All of these resources will be freely available on the wecantalk.online website under Creative Commons license. The ‘We Can Talk’ CYP MH co-produced training day piloted during this project will continue under the management of Healthy Teen Minds and Common Room, who plan to seek further funding to continue to deliver this training in hospital settings and to create a more sustainable ‘train the trainer’ model to enable local training trios made up of hospital staff, local CAMHS and young advisors to deliver training under the ‘We Can Talk’ banner.

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Appendix

‘We Can Talk’ Principles

We Can Talk and listen about your emotional and mental health needs in a clear and non-judgmental way
We Can Talk about how we will look after your physical and emotional needs while in hospital
We Can Talk about how to help manage the challenges of being in hospital by using distraction and relaxation techniques
We Can Talk about your problems and we can find the right person to help
We Can Talk about how to keep you safe while you are staying with us in hospital
We Can Talk or we can communicate in another ways that might work better for you, by writing, drawing, using signs and pictures etc. We’re flexible.
We Can Talk about self harm and other big issues that might be worrying you
We Can Talk in private and will always talk with you about information that needs to be shared
We Can Talk about difficult or awkward subjects in a way that is not as difficult or awkward as either of us thought it would be
We Can Talk to you and your parents / carers about helpful places to access additional support or information around your mental health

‘We Can Talk’ CYP MH Core Competencies

Understanding:

• Understand what is meant by the terms ‘mental well-being’, ‘mental health’ and ‘mental ill-health’ [6] (1.1.a)
• Know common types of mental health problems in CYP [6] (1.2.a)
• Be aware of the prevalence of individuals who may experience mental health problems in the UK [6] (1.1.b)
• Understand stigma and discrimination people with mental health problems face [1]
• Understand the importance of the emotional wellbeing of CYP alongside their physical health [6] (9.1.a)
• Be aware of barriers that may exist for different cultural groups accessing services [6] (1.1.w)
• Have knowledge of normal development in CYP and awareness of behaviours, emotions and mental health problems outside the normal range for age, gender and culture [2] (1.1.1)
• Understand and recognise risk and protective factors for mental health in CYP ([6] 9.1.c&d, [4]) Understand suicidal behaviour [6] (5.2.c & d) versus self-harm
• Have knowledge of mental health promotion activities appropriate to CYP within current role [2]
• Understand importance of supporting parents and carers when supporting CYP who experience mental health problems [6] (9.2.e)
• Be able to describe and record the early signs and symptoms of a mental health problem in a child or young person and know how to report or refer this to the appropriate service [2,3]
• Be able to identify immediate symptoms of possible mental health crisis [1]
• Be aware of signs and symptoms that may indicate the individual with a mental health problem may also be misusing drugs and or alcohol [6]
• Be able to communicate clearly, sensitively and effectively both verbally and in writing [1]
• Understand the importance of effective communication when supporting individuals who experience a mental health problem including communication with family and carers [6]
• Be aware that an individual’s behaviour may be a form of non-verbal communication [6]
• Understand how an individual’s feelings and perception may affect their behaviour [6]
• Be self-aware of impact of one’s own behaviour, language and body language on others, including people with mental health problems [1]
• Develop and maintain communication with CYP and others about difficult matters and/or in difficult situations [5]
• Communicate at a developmentally appropriate level and considering culture, learning or communication difficulties [3]
• Understand ways in which acute illness and the emotions caused by it can affect communication with an individual [6] (2.2.e)
• Understand and not reduce all behaviours only to mental health
• Be able to build respectful, trusting, non-judgemental relationship by actively listening and avoiding assumptions [6] (2.2.a)
• Communicates effectively with other practitioners and professionals in multi-disciplinary and multi-agency collaborative environments [2]
• Understand the importance of the CYP, and the child’s parents, participating as fully as possible in decisions, and being provided with information and support necessary to enable participation in those decisions [6] (9.2.f)

Support:
• Be aware of support available for CYP who experience mental health problems and their parents/carers [6] (9.2.o) and be able to appropriately refer to specialist services and support networks [6] (11.2.j)
• Have knowledge and ability to signpost people experiencing a mental health crisis to appropriate sources of help and support [1]
• Understand and be able to demonstrate empathy, respect, a non-judgemental attitude and a holistic approach working with others [1]
• Be able to use basic coaching techniques in supporting an individual who may be in mental distress [6] (1.1.l)
• Be aware of models of care and support for individuals in need of mental health emergency care or experiencing crisis including: techniques of distraction, reducing stress, problem solving [6] (1.2.e)
• Be able to support the individual experiencing a mental health problem to develop some simple coping strategies [6] (2.2.d)
• Be able to support a person to identify their own short term and longer term recovery goals [6] (2.2.i)
• Be able to take appropriate actions to maintain calmness and safety and enable individuals to find alternative ways of expressing their feelings such as: de-escalation and diversion [6] (3.3.j)
• Understand concepts of risk, risk assessment, and risk management [1]
• Be aware of the concept of mental health crisis, and potential impact on people’s behaviour, feelings and perceptions when experiencing a crisis [1]
• Be able to apply own mental health awareness and knowledge in real-life situations, and to identify whether this knowledge was adequate [1]
• Be able to recognise distressed behaviour and provide range of responses to reassure the individual experiencing a mental health problem [6] (2.2.c)
• Recognise that good quality care is vital to reduce risk
• Be aware of the rights of people experiencing mental health problems [6] (1.1.u)
• Be willing to take responsibility for positively addressing a situation where somebody with mental health problems needs support [1]
• Exhibit non-discriminatory behaviour towards people with mental health problems [1]
• Understand legal and organisational requirements which protect CYP who experience mental health problems including parental rights, responsibility and consent [6] (9.2.h)
• Be aware of legislation relevant to mental health [6] (16.2.a)
• Know what to do if neglect, abusive or exploitative practice is suspected, including how to raise and escalate concerns within local safeguarding or whistle blowing procedures [6] (16.2.j)
• Show respect for ethical principles and professional accountability and responsibility, with regard to safe and effective care of CYP [2]
• Have knowledge of relevant professional and organisational policies and how these should inform and guide the assessment and management of risk [2]

Frameworks referenced:


We Can Talk

ENGAGING
COLLABORATIVE
WELCOMING
RESPECTFUL
EQUITABLE
ACCOUNTABLE

Our values

WeCare