

# 2/4

early  
lab

## Research Findings Document

**Post-Field Trip**  
**19 June 2015**

**Lab no.**  
**Subject**

**1**  
**Youth Mental Health**

**Partner**

**The Child, Family and  
Young People Service  
at Norfolk & Suffolk  
NHS Foundation Trust  
(NSFT)**

**ual:**

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# Research Findings Document

## Contents

Part 1	What we want
Part 2	How to get it
Part 3	What needs to happen first
Part 4A	Research methods
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2/4

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# How to get it

How do you get a flexible,  
needs based, user-centred  
and seamless integrated  
service?

We think it would need to be  
complemented by:

a coordinated system of  
strategies applied across all  
sectors that are

**preventative.**

For a preventative strategy  
to be successful we think it  
needs to be

**asset-based**

– one that is founded on  
liberating the individual and  
collective capacities of  
young people.

To deliver universally positive  
outcomes that are resilient  
and sustainable

young people should be  
encouraged to participate in  
the preventative process as

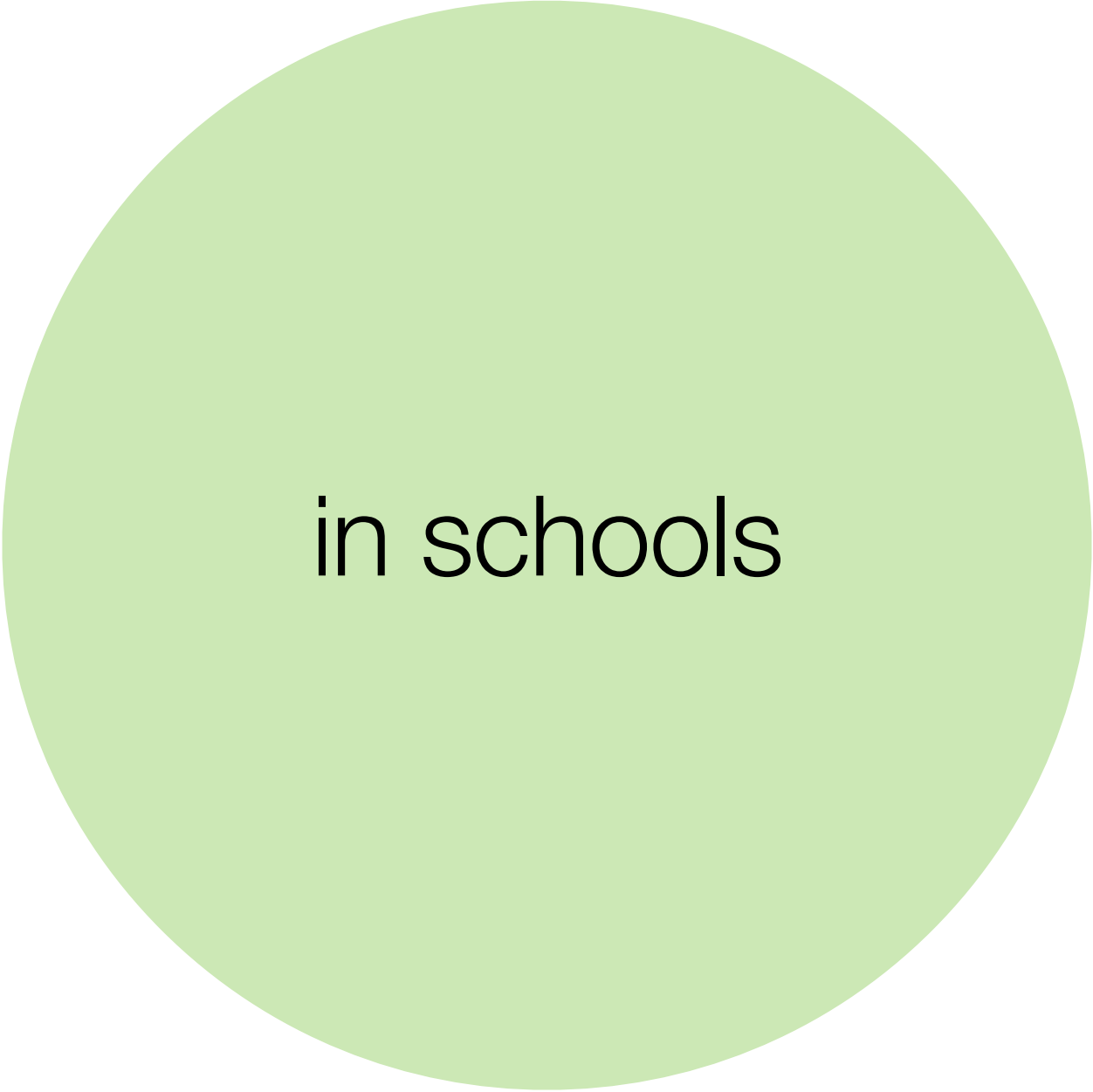
**co-creators.**

To make positive change  
happen, young people must  
be given

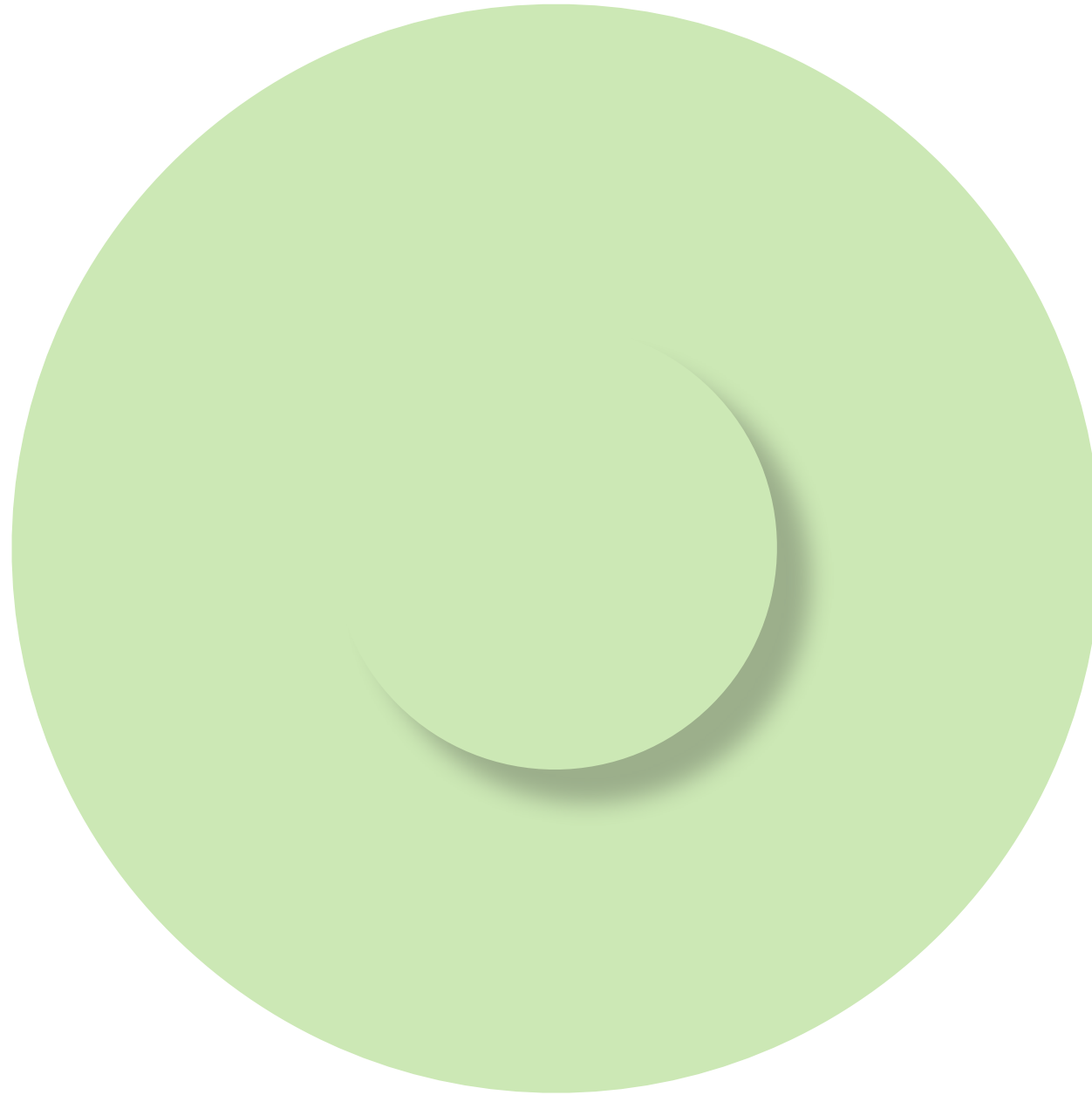
**the tools.**

# These are the tools and resources

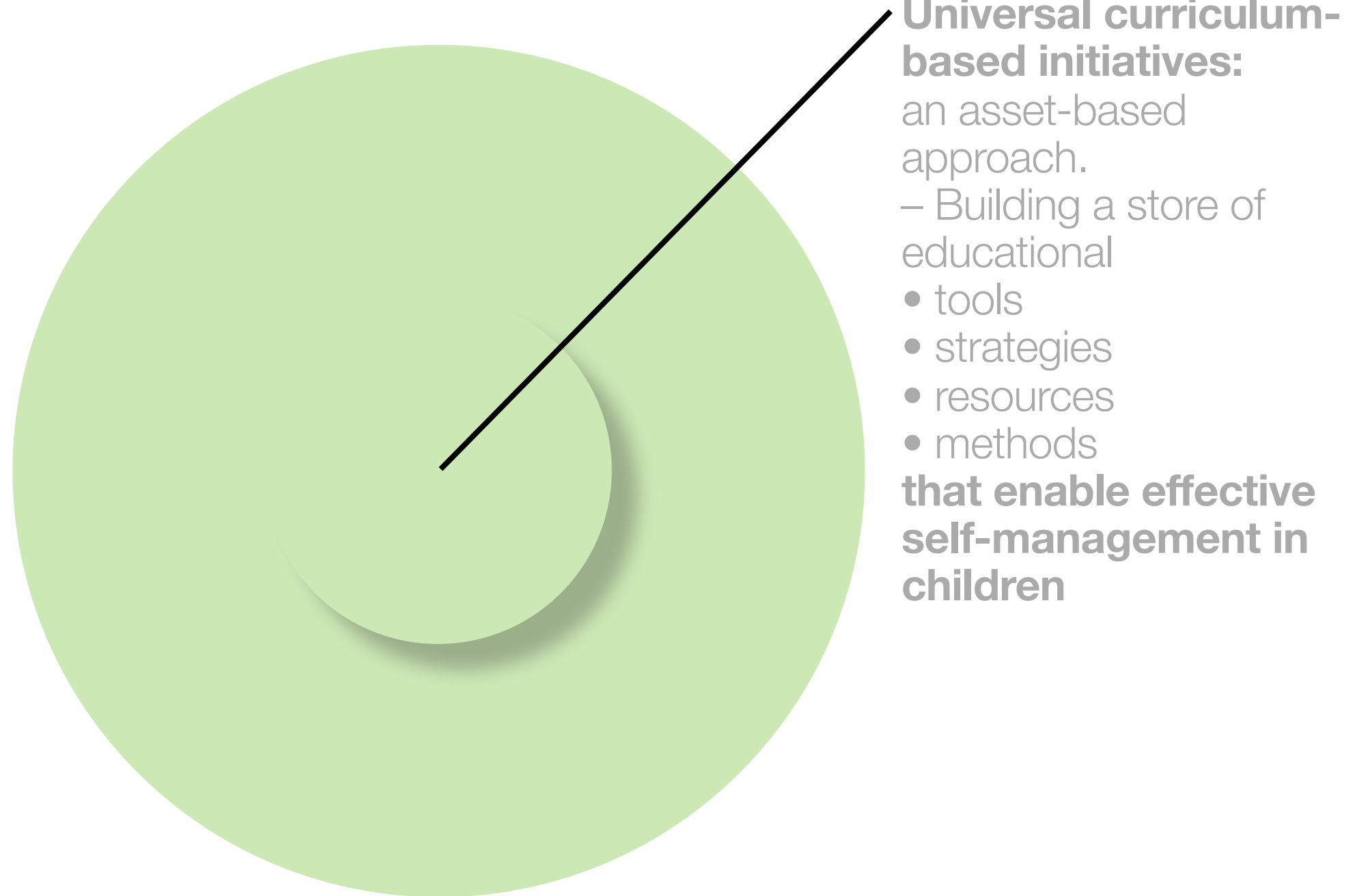
For example:



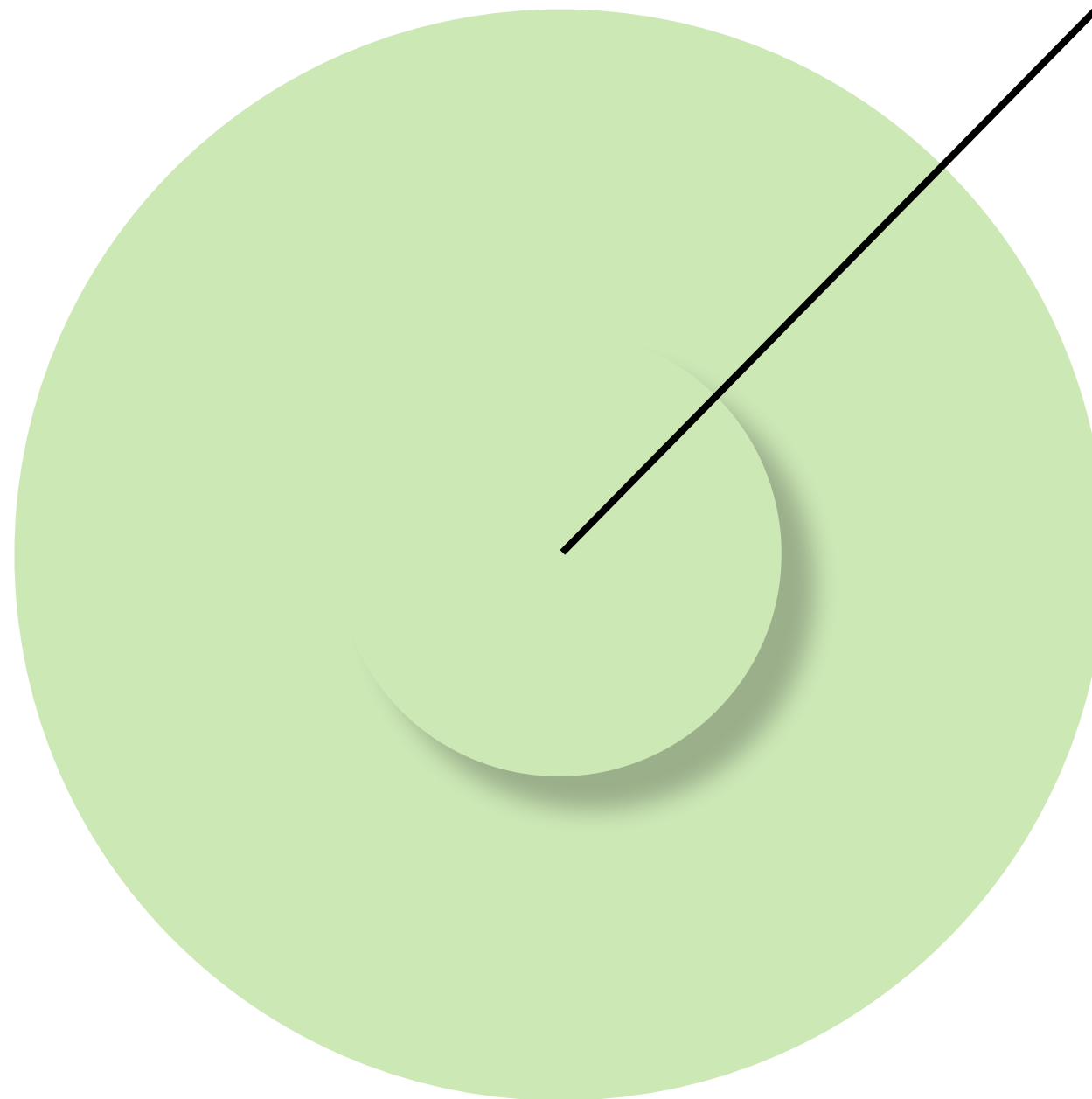
in schools







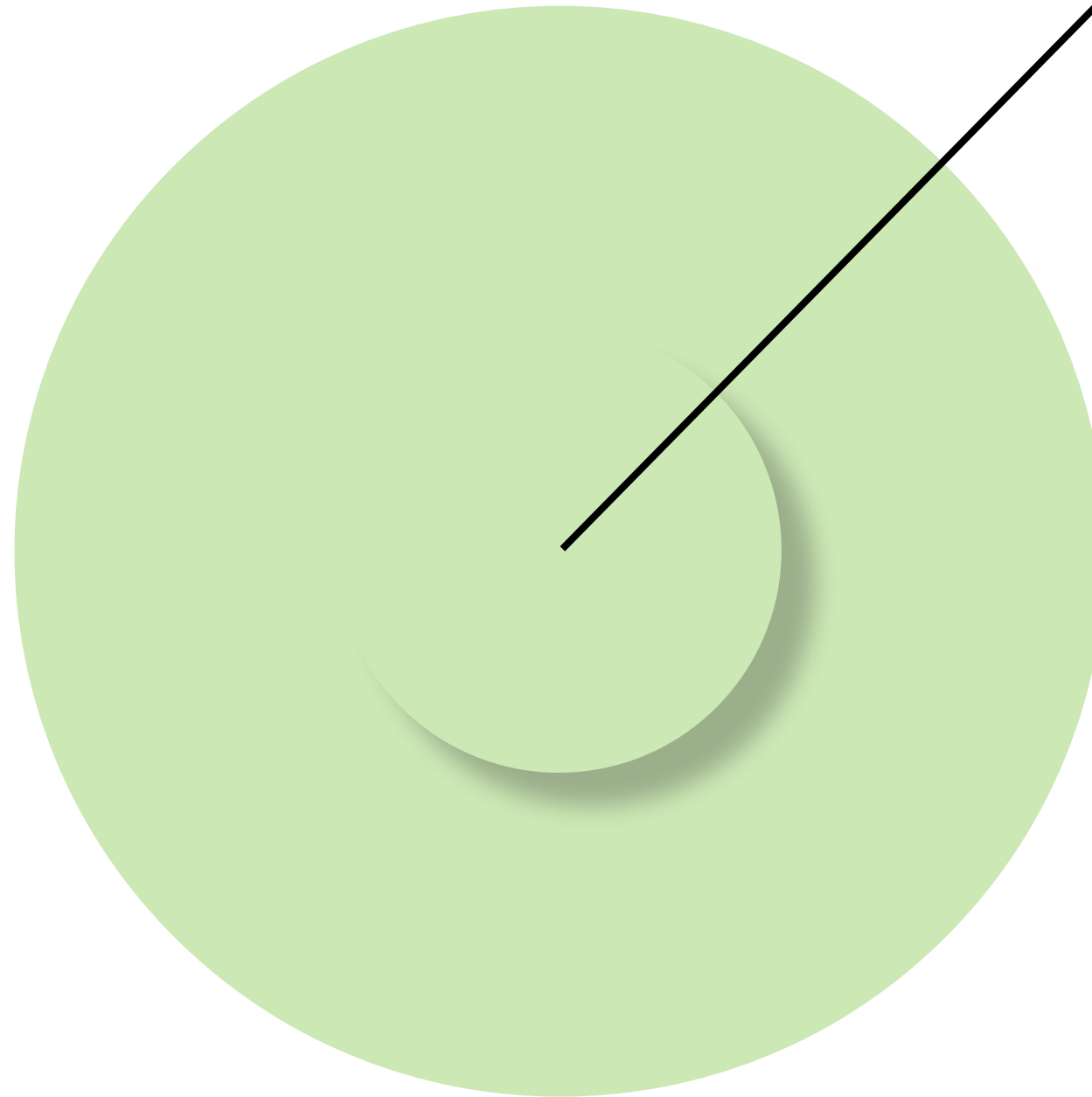
**Tools in schools:**  
**Universal curriculum-**  
**based initiatives**



**Call it 'Life Skills'**  
learnt through imagining,  
designing, making,  
playing and presenting:  
– **proxies for empathy**  
• films  
• plays  
• animations  
• dance  
• music  
performances.

Using creative practice  
(art, design) and drama.

### **Tools in schools:** Universal curriculum- based initiatives



### **Designing proxies for empathy**

Films, plays etc are proxy processes of empathy.

### **Through role play, identification with characters and events,**

pupils create a process in which their peers become sensitive to each other's perspective.

### **Externalising issues**

allows for a deeper analysis of relationships and events that can affect emotions and be triggers for mental states.

**Tools in schools:**  
Universal curriculum-  
based initiatives

# PREVENTATIVE

**Designing proxies for empathy**

Films, plays etc are proxy processes of empathy.

**Through role play, identification with characters and events,**

pupils create a process in which their peers become sensitive to each other's perspective.

**Externalising issues**

allows for a deeper analysis of relationships and events that can affect emotions and be triggers for mental states.



Tools in schools:  
Universal curriculum-  
based initiatives

— designing proxies for  
empathy example

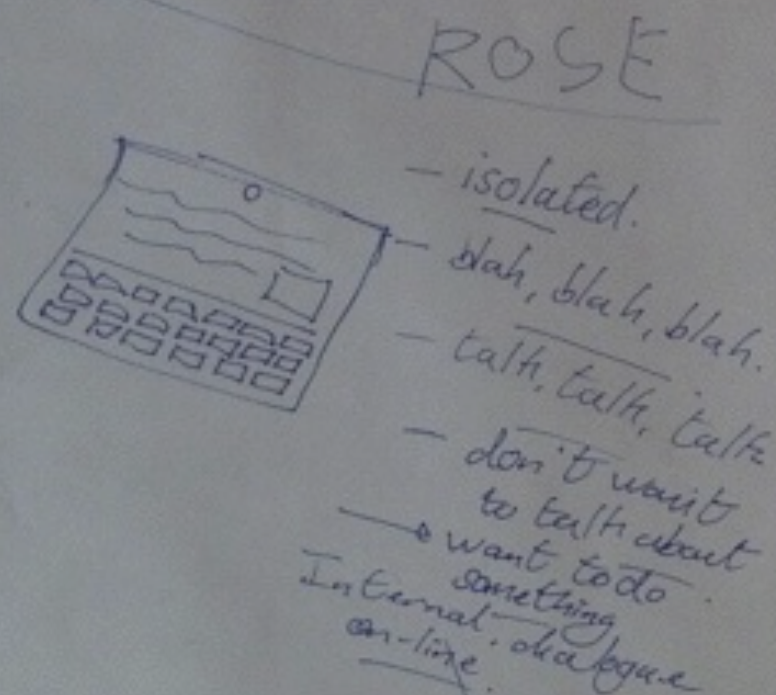
# Nagging doubt box story from Workshop B



## 2/4 How to get it: the tools

### Tools in schools: Universal curriculum- based initiatives

— designing proxies for  
empathy example



Scenario building is a good way to think through and make new service ideas quickly tangible.

As designing proxies for empathy, (making stories, films, animations), sensitises us to the feelings of others.

Coco.

"She's not doing as much as she used to"

"She's more quiet than usual"

Action: Ask her:

"How have you been?"

"I'm worried about you"

This story provides guidance to those who find themselves in the position of carer.

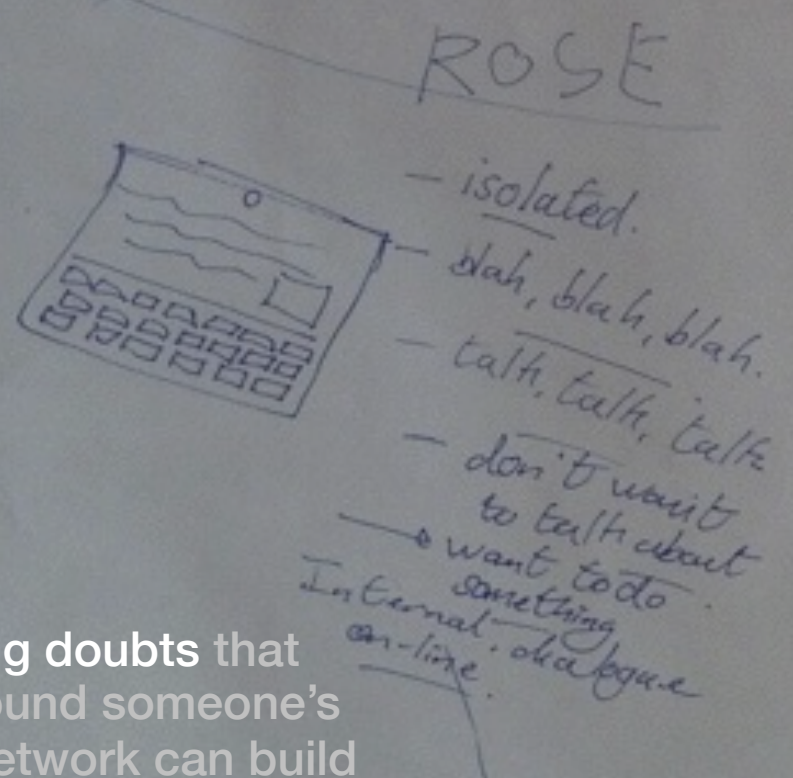
early  
lab



## 2/4 How to get it: the tools

### Tools in schools: Universal curriculum- based initiatives

— designing proxies for  
empathy example



The nagging doubts that circulate round someone's personal network can build up.

Individuals may also be hesitant to take responsibility for dealing with their concerns about someone.

Individual people, within the network, may lack knowledge on how to act upon their thoughts in appropriate ways.

Coco.

"She's not doing as much as she used to"

"She's more quiet than usual"

Action: Ask her:

"How have you been?"

"I'm worried about you"

This may result in long delays before the person is offered the help they need.

Professional

- not asking
- not making
- not turning
- not listening
- not sitting down
- not well off

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## 2/4 How to get it: the tools

This storyboard was developed in Workshop B by:

● Caroline Yan Zheng  
Early Lab, UAL

● Rob Mack  
Deputy Service Manager,  
NSFT

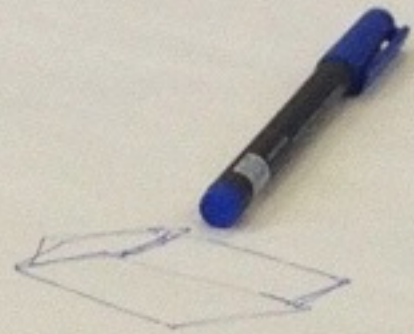
● Mike Purshouse  
Early Intervention Manager,  
Early Help Hub

● Chris Butwright  
Head of Joint Commissioning,  
Norfolk County Council  
Children's Services

● Constantina Markides  
Assistant Psychologist,  
NSFT







## Characters

# Rose

- a young person

## Rose's sister

- in a red top

## Rose's neighbour

- in brown trousers

## Rose's teacher

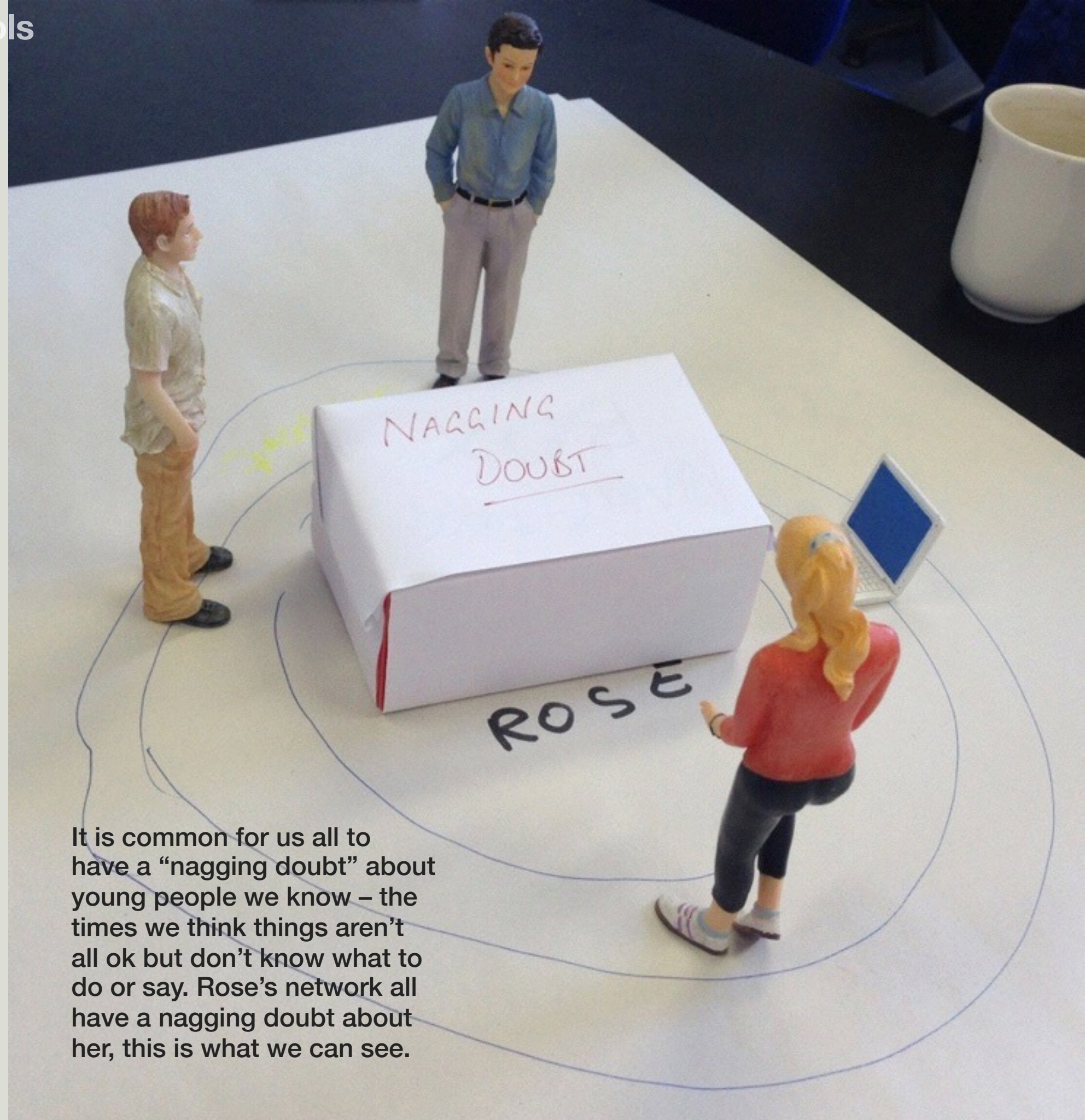
- in a blue shirt

## Rose's friends

- on the laptop

## Health

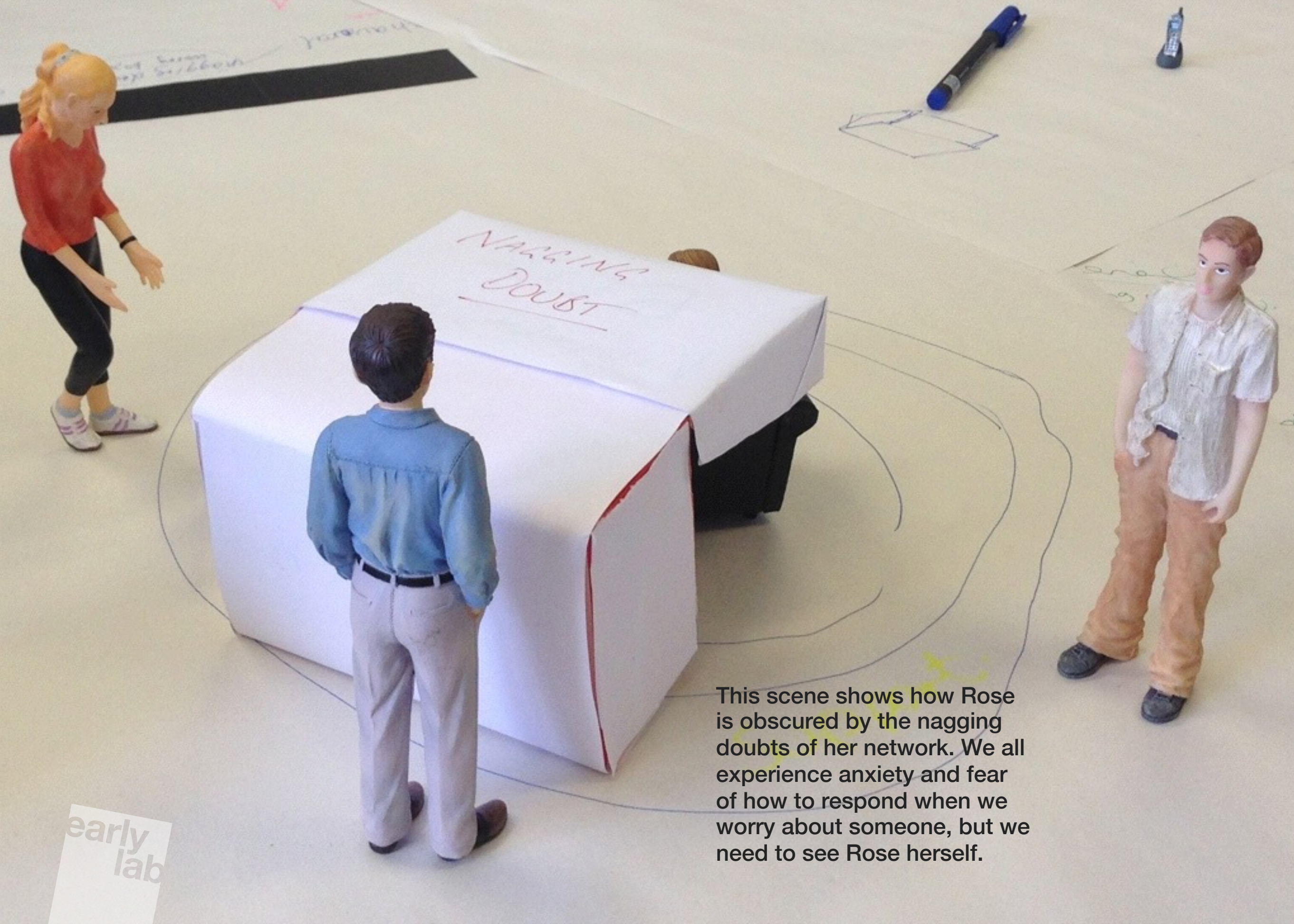
– in blue



It is common for us all to have a “nagging doubt” about young people we know – the times we think things aren’t all ok but don’t know what to do or say. Rose’s network all have a nagging doubt about her, this is what we can see.



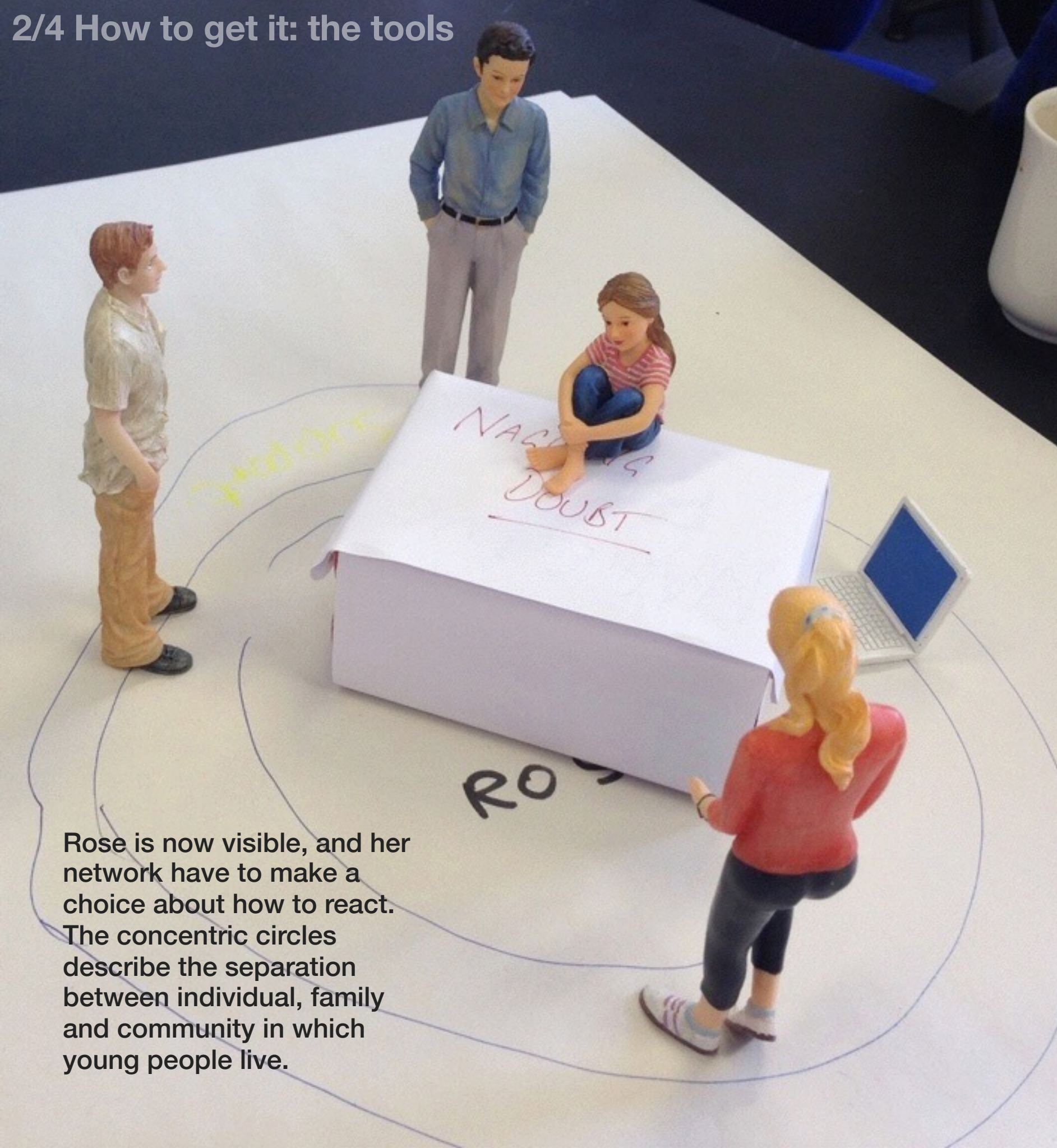
## 2/4 How to get it: the tools



This scene shows how Rose is obscured by the nagging doubts of her network. We all experience anxiety and fear of how to respond when we worry about someone, but we need to see Rose herself.



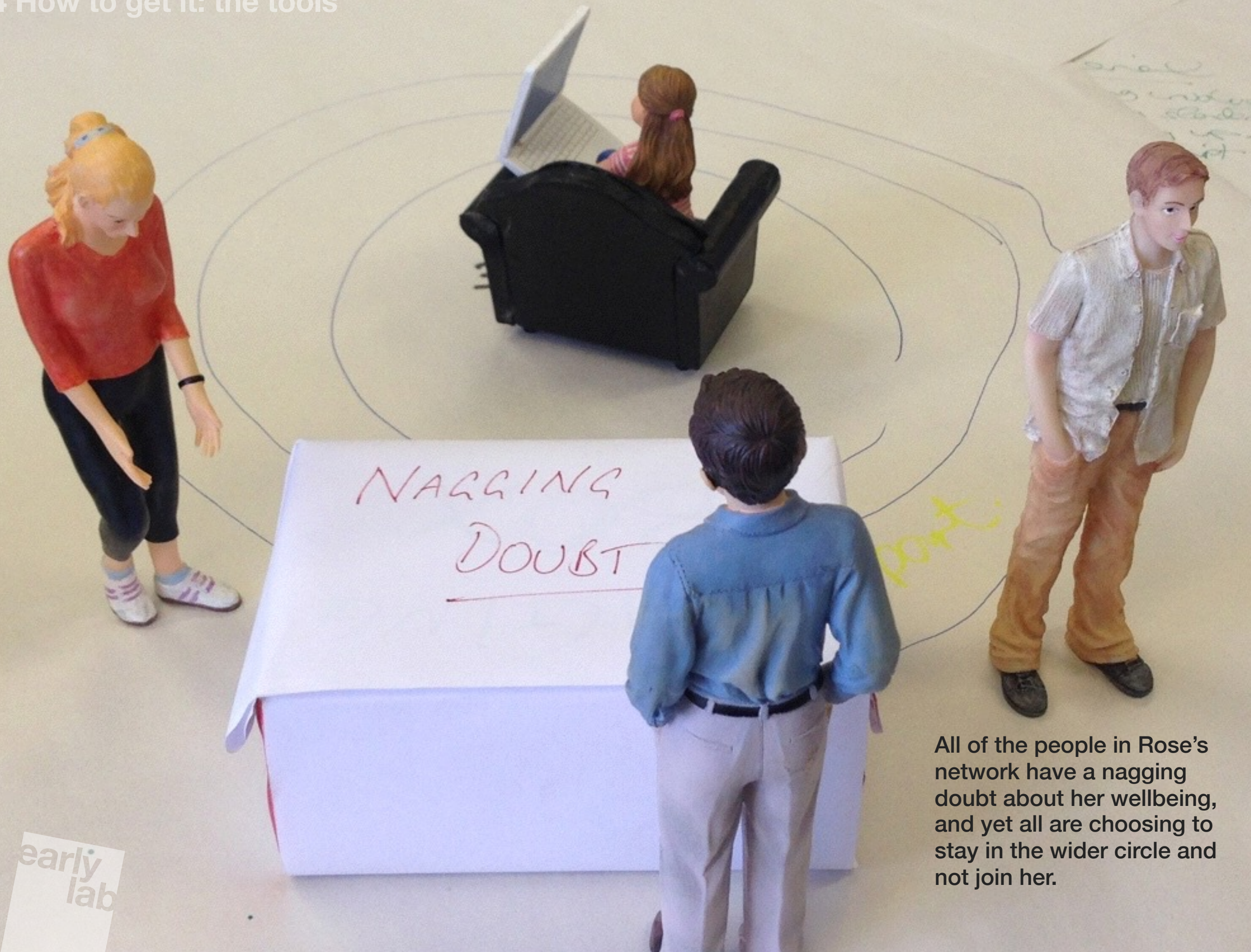
## 2/4 How to get it: the tools



Rose is now visible, and her network have to make a choice about how to react. The concentric circles describe the separation between individual, family and community in which young people live.







All of the people in Rose's network have a nagging doubt about her wellbeing, and yet all are choosing to stay in the wider circle and not join her.



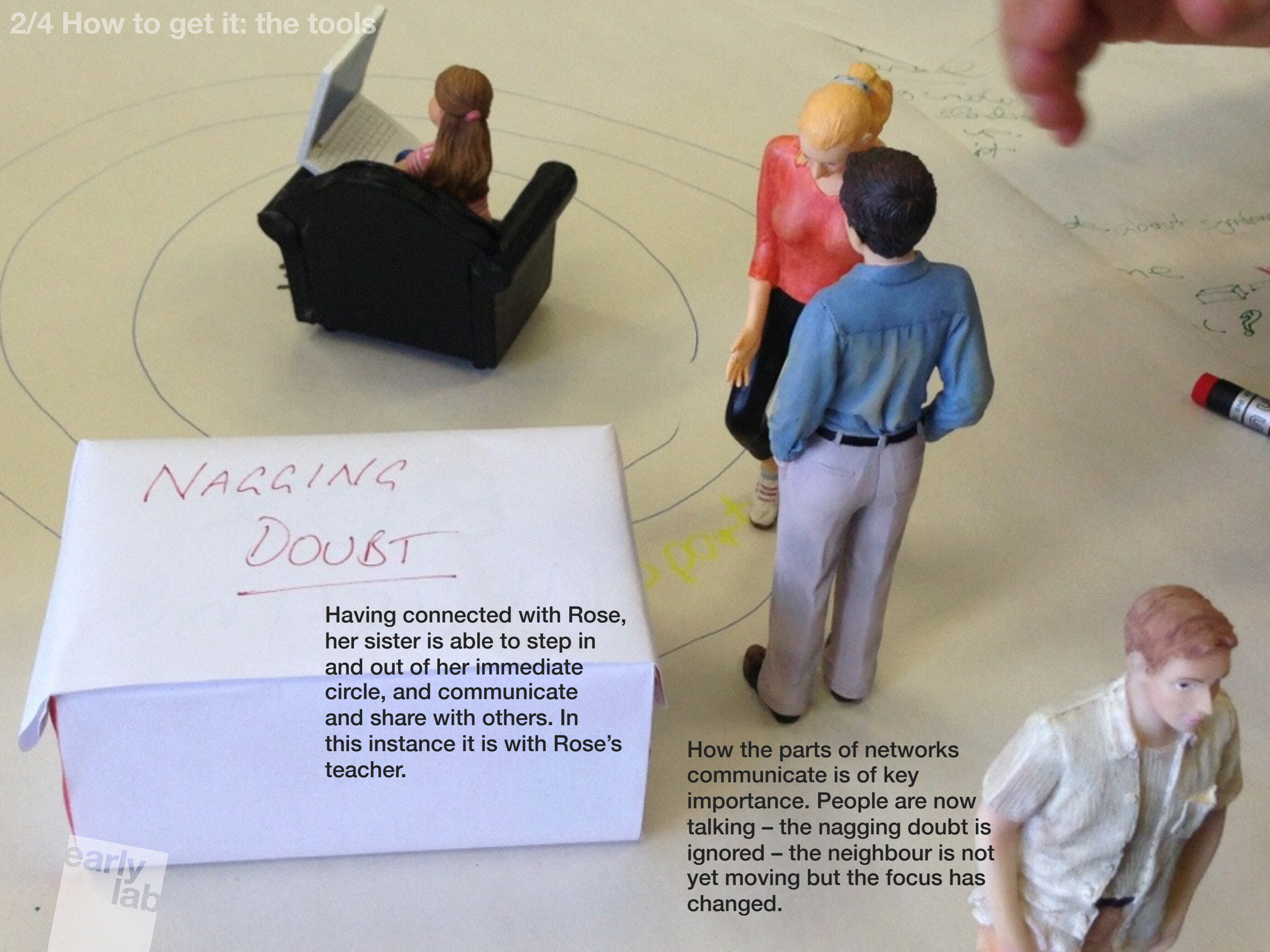
Rose's sister makes a crucial decision.

Rather than focus on the nagging doubt, she turns back to Rose and moves towards her.

Rose is able to be seen again – this is a difficult decision for immediate support networks – how to 'lean in'.

NAGGING  
DOUBT





NAGGING  
DOUBT

Having connected with Rose, her sister is able to step in and out of her immediate circle, and communicate and share with others. In this instance it is with Rose's teacher.

How the parts of networks communicate is of key importance. People are now talking – the nagging doubt is ignored – the neighbour is not yet moving but the focus has changed.



## 2/4 How to get it: the tools



The people in Rose's network are now communicating.

A blue figure appears – its health. Health is structured remote from the immediate network.

All the time Rose is engaged via social media – an untapped resource.







Rose and her sister use online support and work side by side.



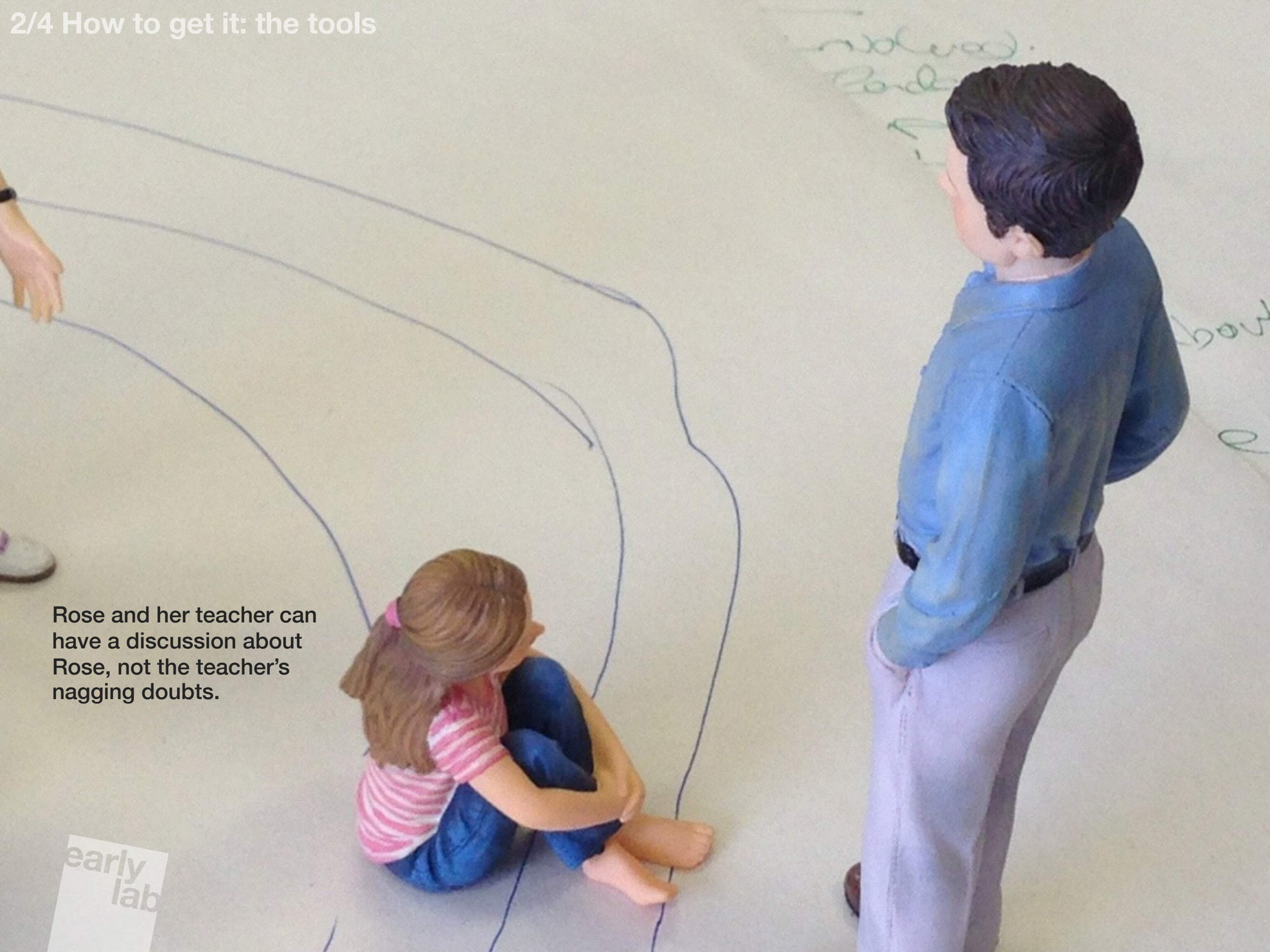




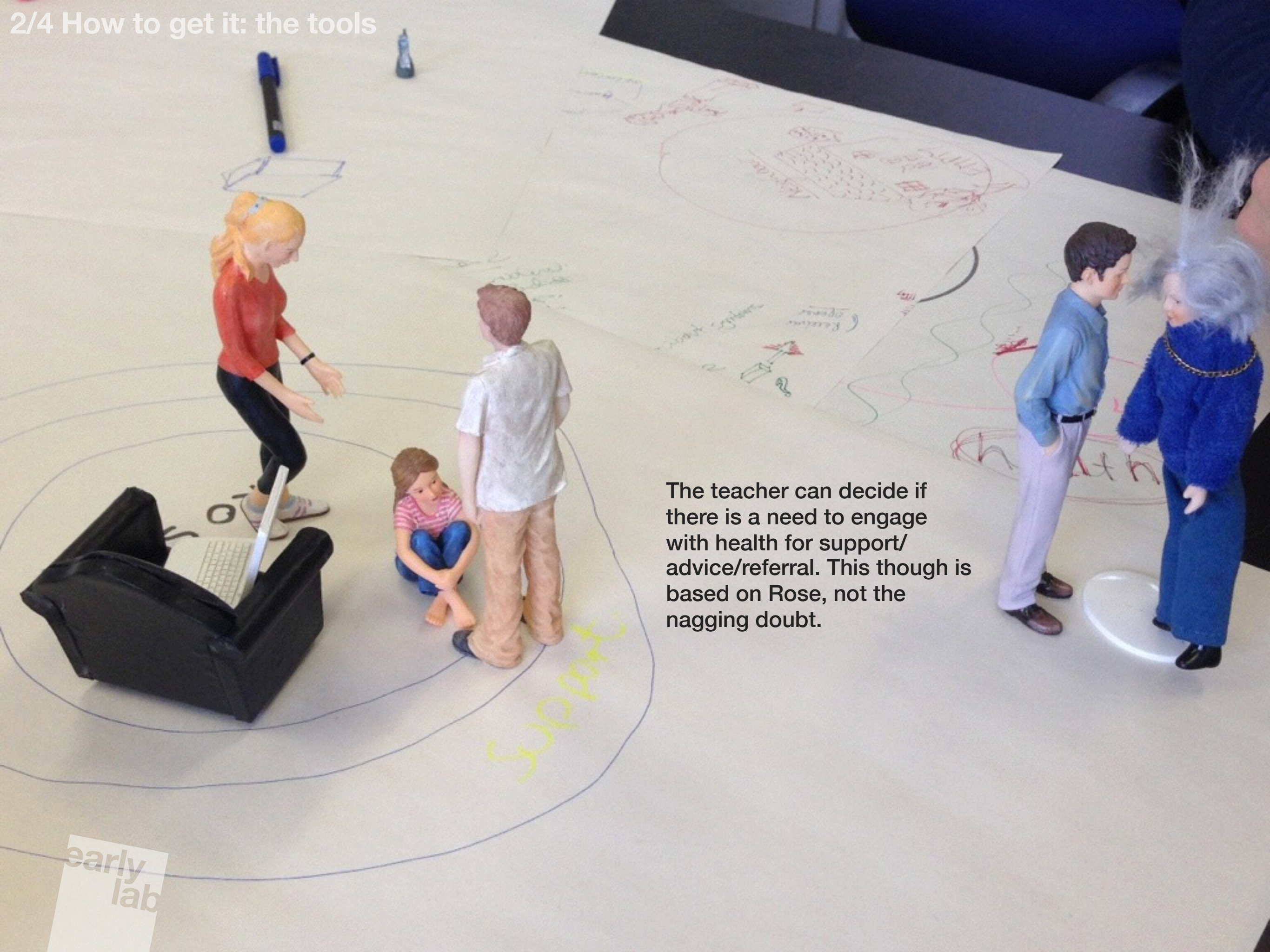
Rose can move from her circle to engage with her teacher in a connected conversation.



Rose and her teacher can have a discussion about Rose, not the teacher's nagging doubts.







The teacher can decide if there is a need to engage with health for support/advice/referral. This though is based on Rose, not the nagging doubt.



Instead of having to reach out for health support, health now is brought into Rose's circle, in a flexible way.

Here the mobile phone represents digital messaging – one channel of a young-people-friendly multi-channel, multi-media, multi-form support system.



The scaffolding of support structures is crucial in a system if it is to boost the resilience of individuals in moments when wellbeing drops.

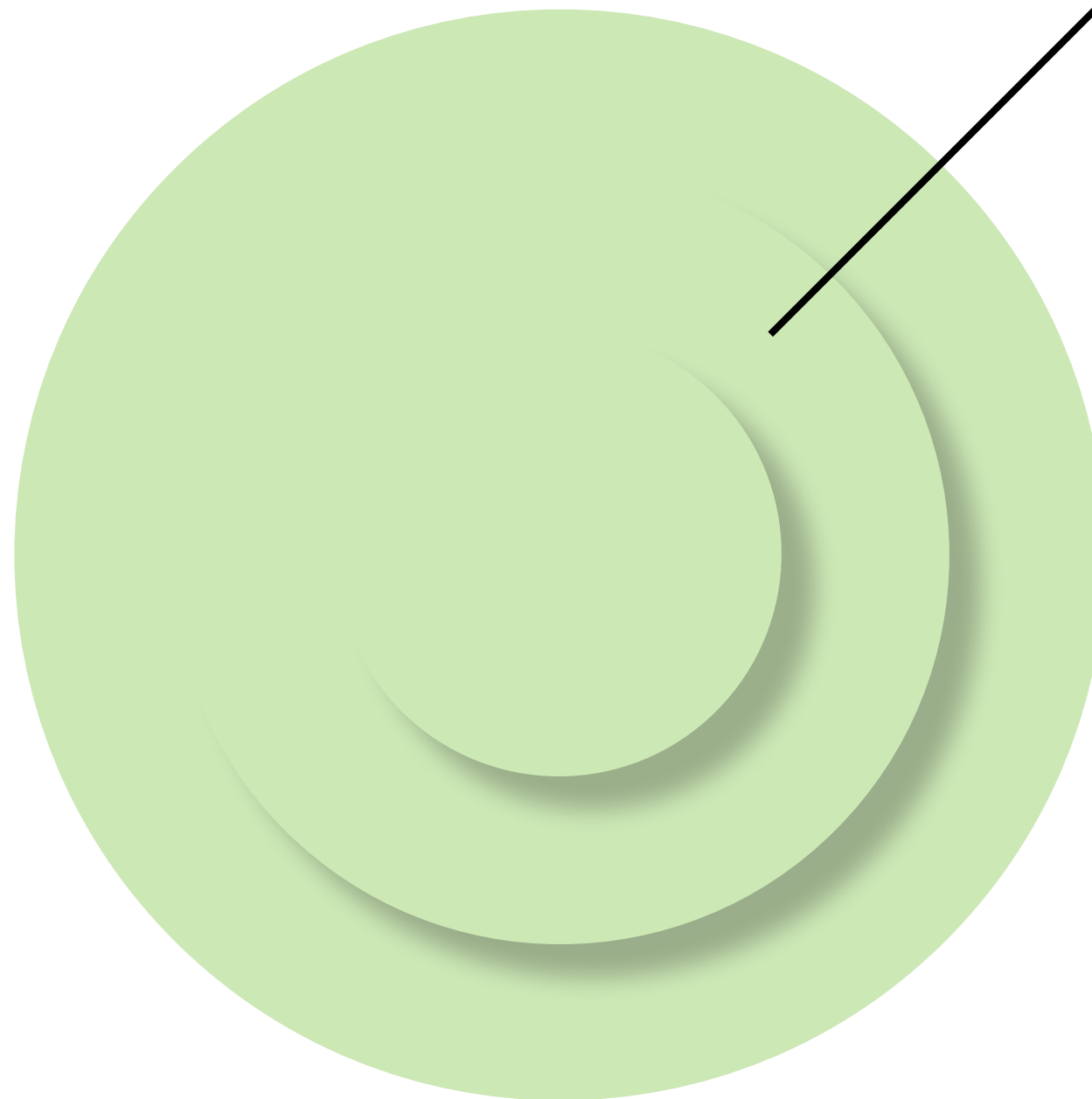








### Tools in schools: Universal curriculum- based initiatives



#### **PSHE 2.0**

The expansion of the PSHE curriculum to cover MH more effectively.

#### **The PSHE Assoc.**

helps schools to develop their PSHE curriculums.

**Play therapy for under 12s** because children under 12 are less likely to want to talk about difficult issues.

**Tools in schools:**  
**Universal curriculum-**  
**based initiatives**



# AWARENESS

### **PSHE 2.0**

The expansion of the PSHE curriculum to cover MH more effectively.

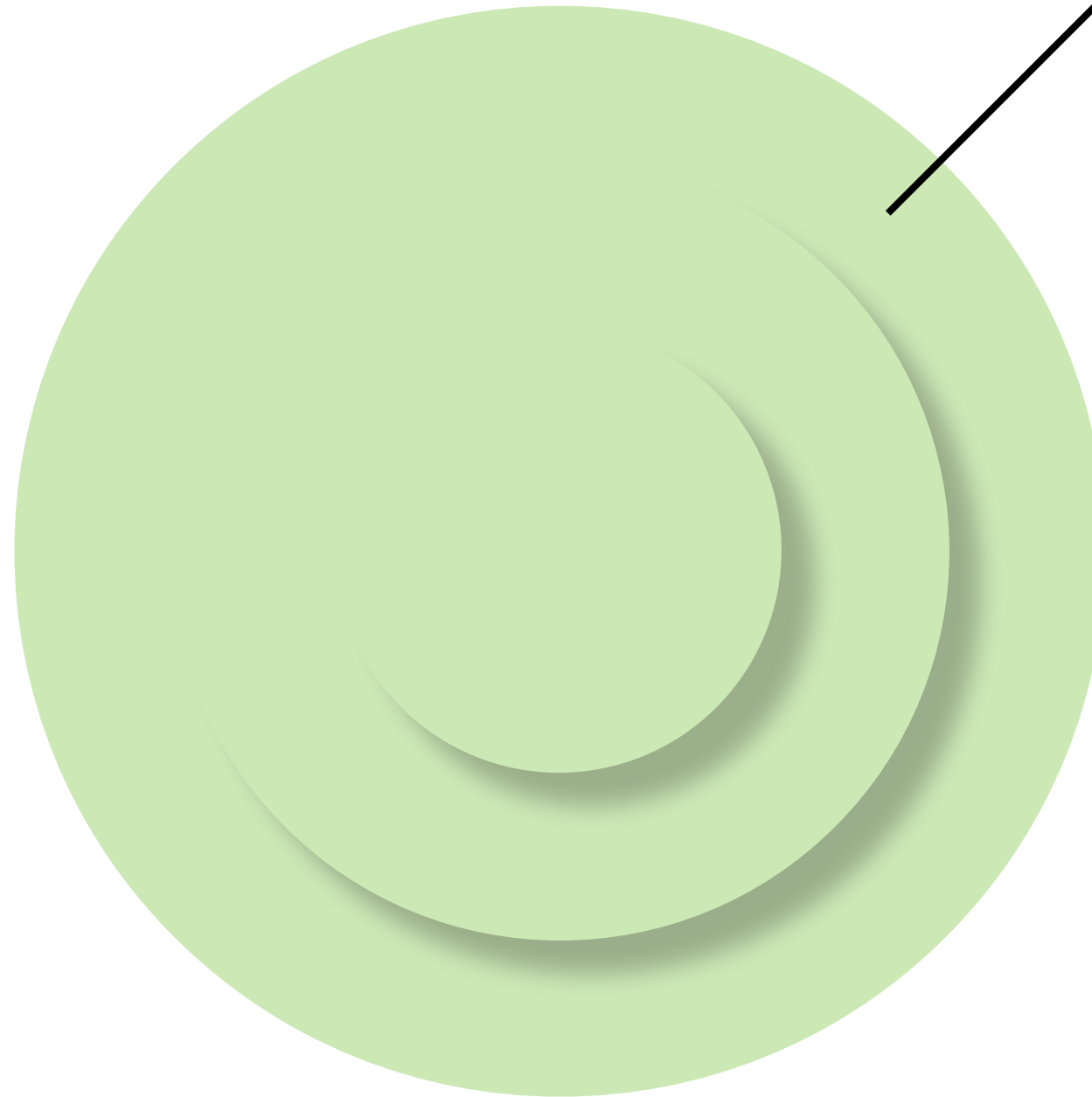
**The PSHE Assoc.** helps schools to develop their PSHE curriculums.

**Play therapy for under 12s** because children under 12 are less likely to want to talk about difficult issues.

### **Resources in schools:** A new cross-sector initiative



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#### **Health Champions**

- a new frontline of MH support
- shared by 3 or 4 schools in an area
- available within 1 hour
- spending a day at each school per week
- yet mobile
- link to CHFYPS and social care services
- 1 to 1 sessions with pupils in need
- managing transition from primary to secondary schools
- an active presence on school intranets
- pupils possess own digital records file
- fortify peer-to-peer support networks

**Resources in schools:**  
A new cross-sector  
initiative

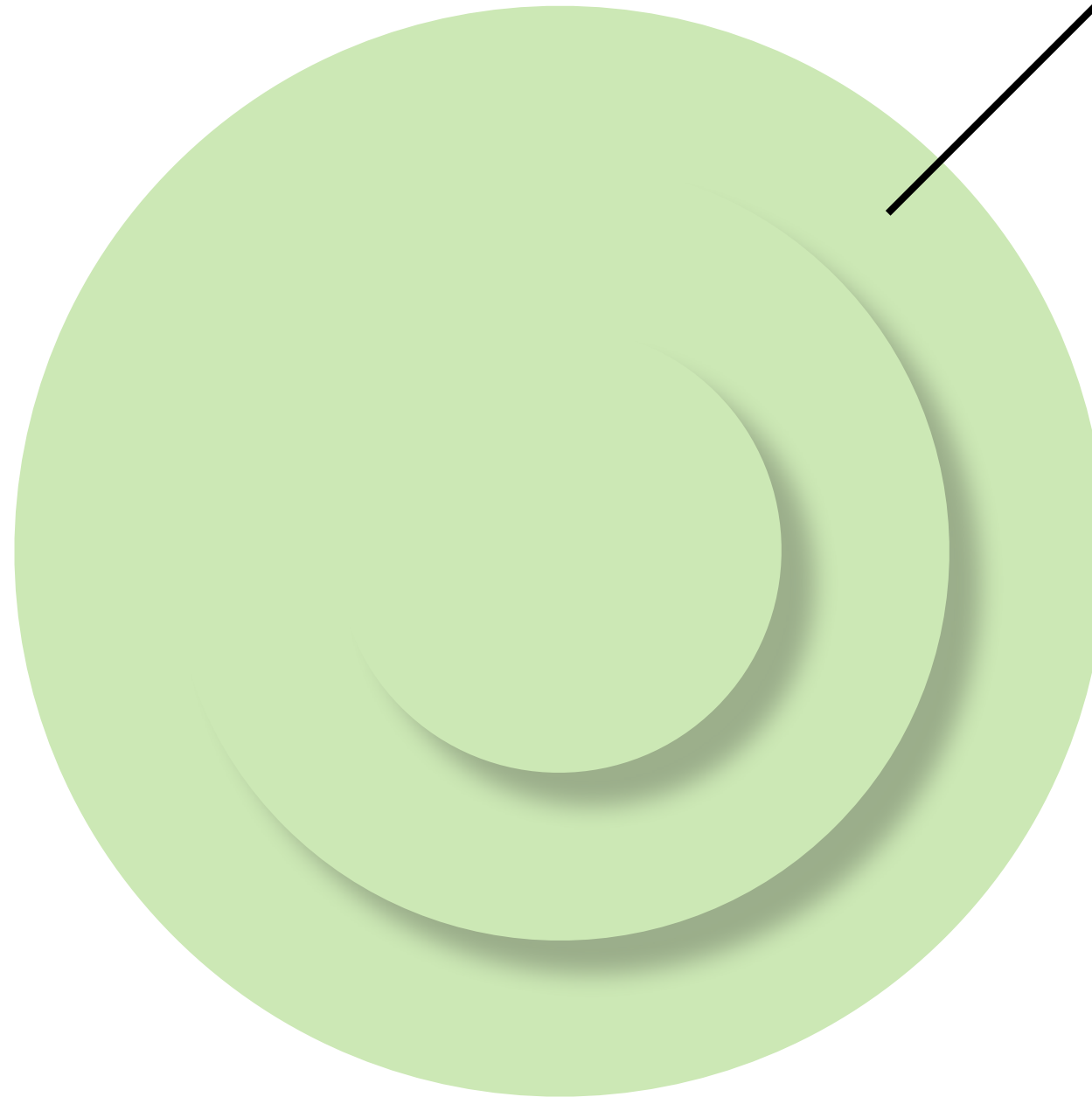
# EARLY INTERVENTION

FAST, EASY ACCESS

## Health Champions

- a new frontline of MH support
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### Resources in schools: A new cross-sector initiative

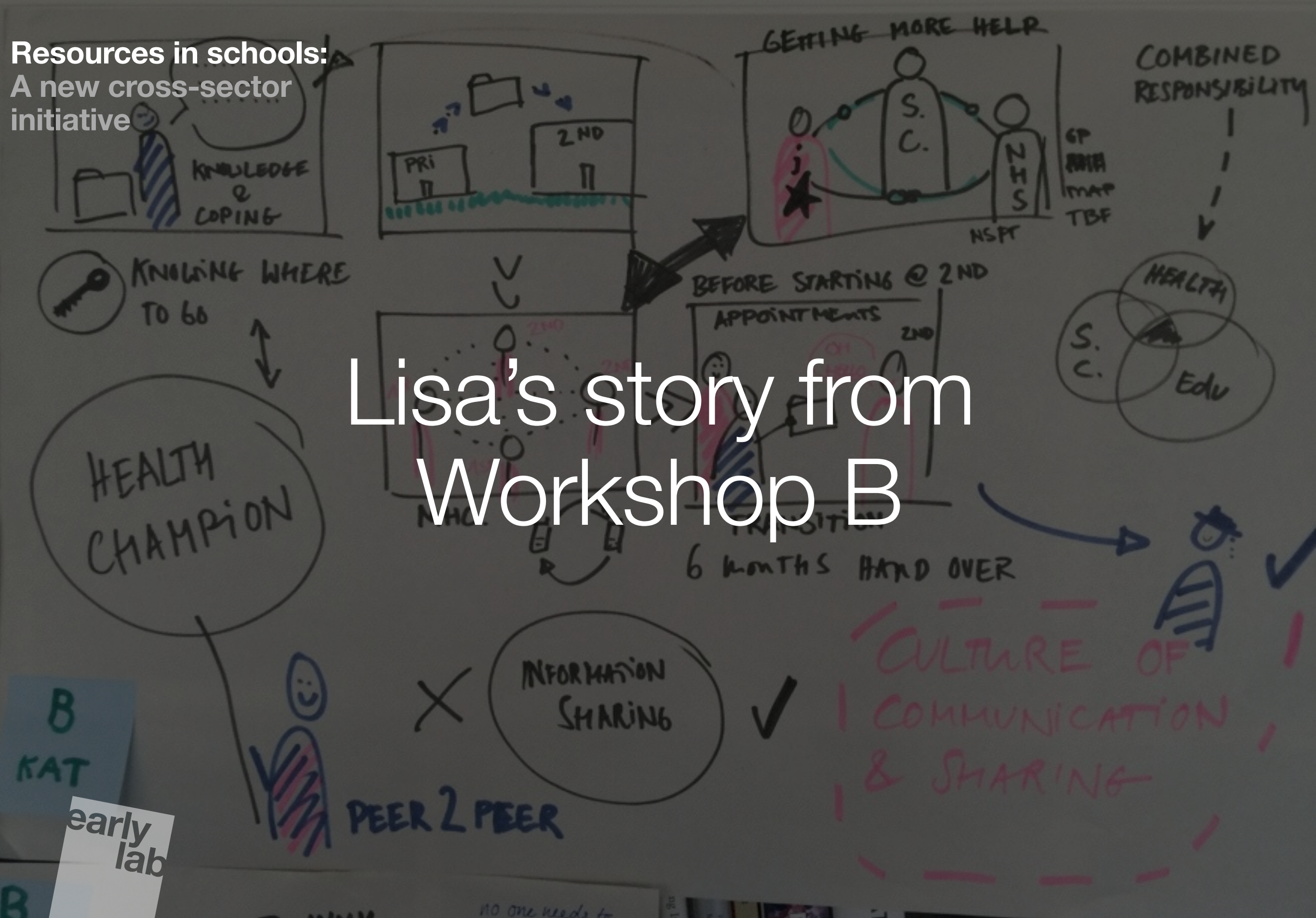


#### Health Champions

- HCs would work across sector borders.
- enabled by allowing HCs to hold non-specialist qualifications.
- study shows that people trained in basics of MH support achieve excellent results.
- HCs crucial at the coping/getting help stage before problems start manifesting.
- use HCs as another health service gatekeeper to relieve the GP bottleneck.
- study says will take 30 years to train all the GPs we need.
- basic HC training will be quicker, cheaper.



Resources in schools:  
A new cross-sector  
initiative





## 2/4 How to get it: the resources

This storyboard was developed in Workshop B by:

● Dr Sarah Flindall  
Retained Children's GP,  
Great Yarmouth & Waveney

● Kat Thiel  
Early Lab, UAL

● Kirsty Pitcher  
Parenting Services Manager,  
The Benjamin Foundation

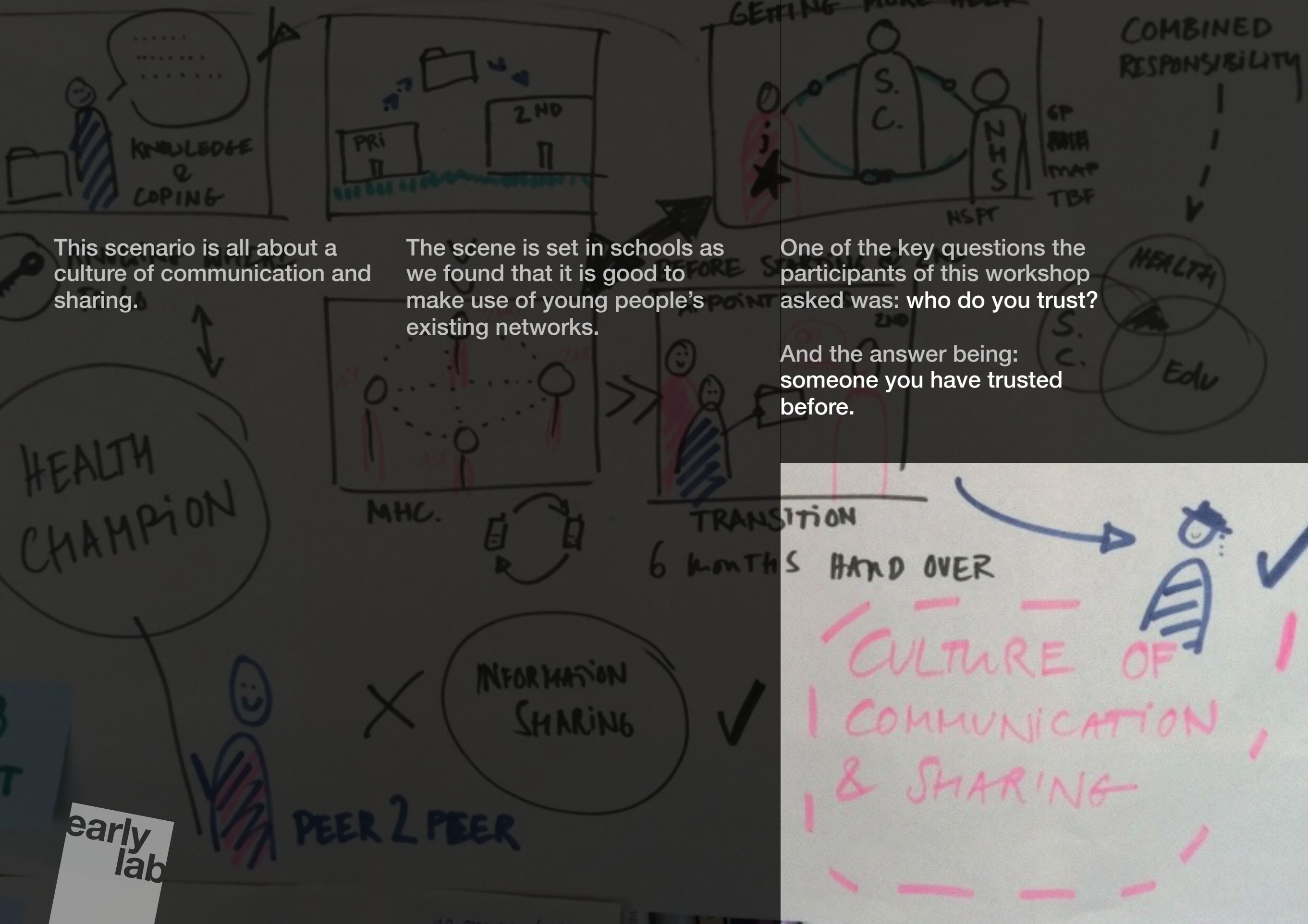
● Sarah Maxwell  
CAMHS Consultant Psychiatrist  
and Youth Clinical Lead

● Nick Bell  
Early Lab, UAL





## 2/4 How to get it: the resources



This scenario is all about a culture of communication and sharing.

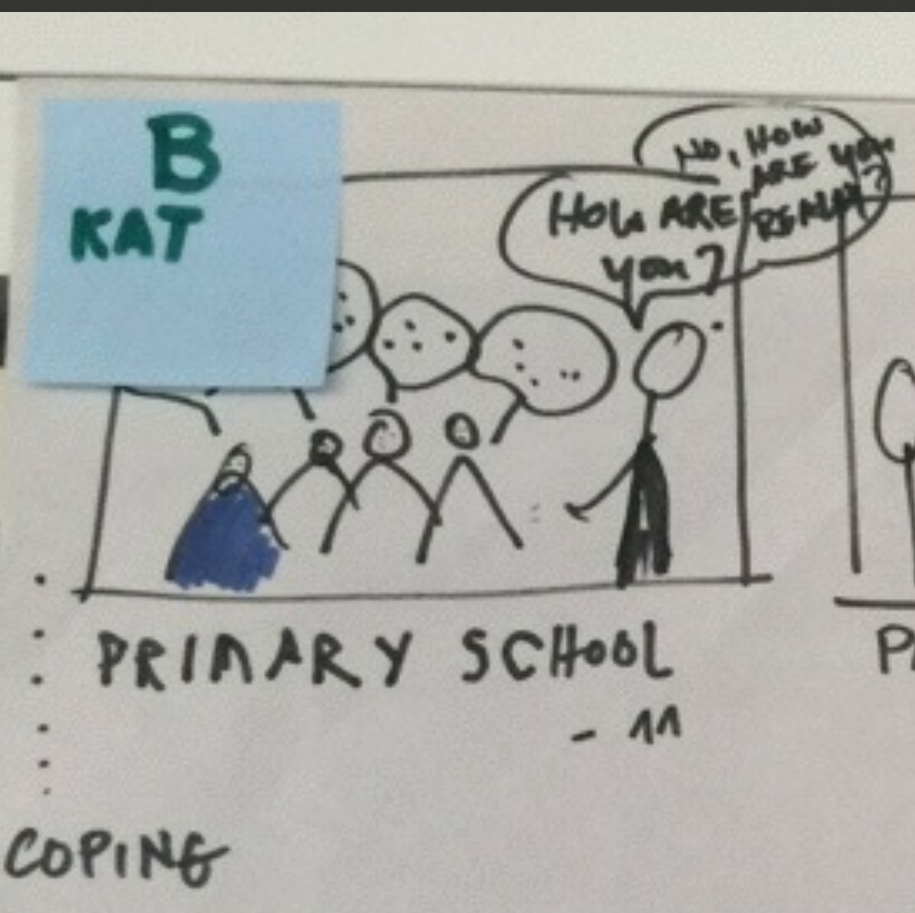
The scene is set in schools as we found that it is good to make use of young people's existing networks.

One of the key questions the participants of this workshop asked was: who do you trust?

And the answer being: someone you have trusted before.



## 2/4 How to get it: the resources



Mrs Fletcher is inviting her pupils to express their feelings freely.

This develops the children's sensitivity to each other's feelings.

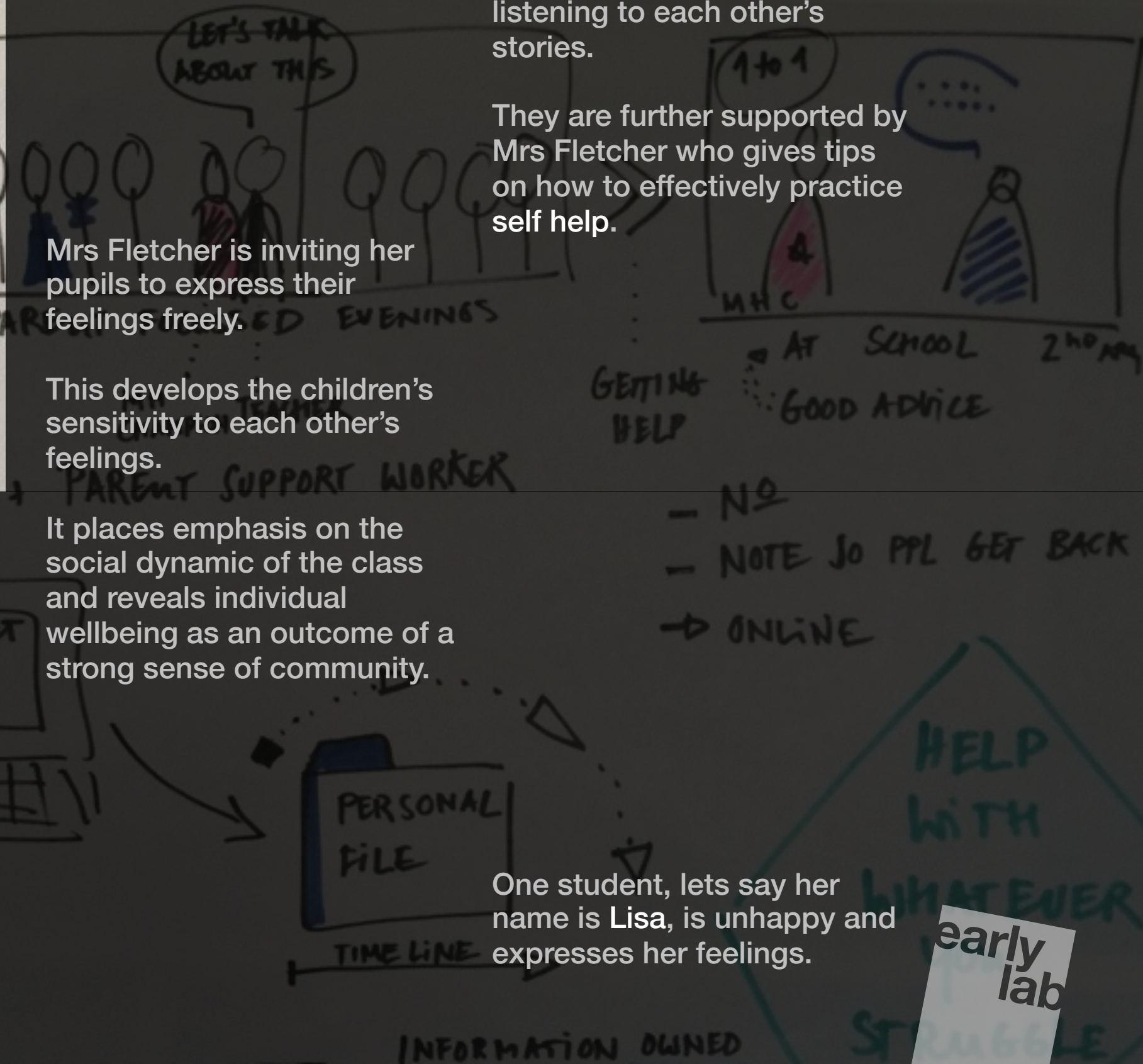
The scenario starts in a primary school class room, where a teacher signals a deep interest in how her pupils are.

The teacher, Mrs Fletcher, (of Johnny's story) improves on mere pleasantries such as "how are you?" by asking more pointedly "how are you really?"

It places emphasis on the social dynamic of the class and reveals individual wellbeing as an outcome of a strong sense of community.

The children learn to cope with problematic issues by listening to each other's stories.

They are further supported by Mrs Fletcher who gives tips on how to effectively practice self help.



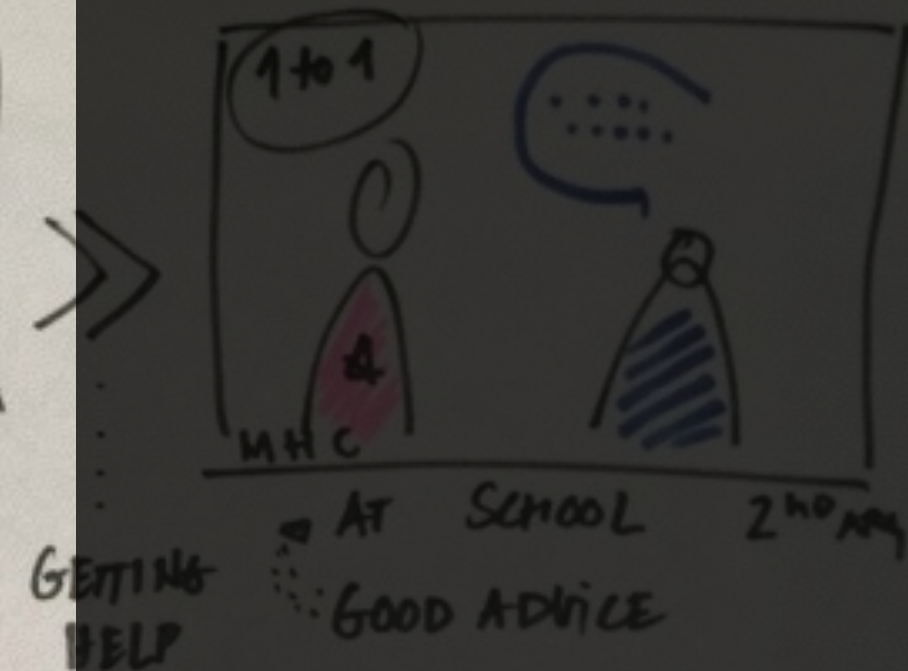
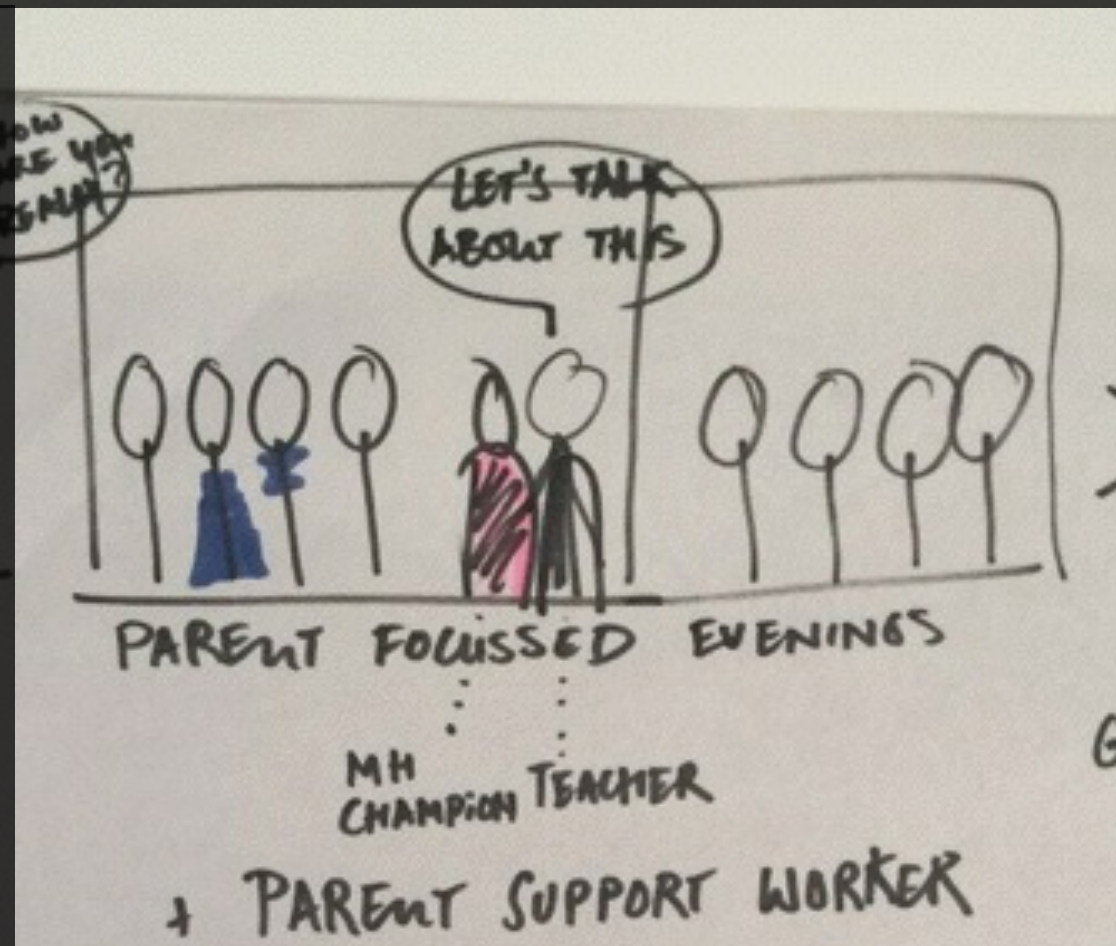
One student, let's say her name is Lisa, is unhappy and expresses her feelings.



## 2/4 How to get it: the resources

In parallel to the regularly happening class talks there are parent focussed evenings in which parents are invited to reflect on their kids behaviour.

Parents are given feedback by teachers and the school Health Champion who works as a parent support worker on these occasions.



- NO
- NOTE JO PPL GET BACK

→ ONLINE

Lisa's parents are made aware of their daughter's feelings and as they are going through a divorce they all agree it would be good for Lisa to see the Health Champion in a 1-to-1 session to give her that bit of extra support.

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INFORMATION OWNED

STRUGGLE



## 2/4 How to get it: the resources

The diagram is a hand-drawn sketch on a dark background. It illustrates the flow of information from a school to a personal file over time. At the top left, a group of stick figures represents 'PRIMARY SCHOOL - 11'. One figure is speaking, with a speech bubble saying 'No, How ARE YOU?'. To the right, a group of stick figures represents 'PARENT SUPPORT EVENINGS'. One figure is speaking, with a speech bubble saying 'LET'S TALK ABOUT YOUR PROBLEM'. Below these, a laptop is shown with 'INTRANET' on its screen. The screen lists: 'MH', 'HOPE LIAISON', 'SPORTS', and 'SCHOOL EPIL'. To the right of the laptop is a large folder labeled 'PERSONAL FILE'. A curved arrow points from the laptop to the folder. Below the folder is a horizontal arrow labeled 'TIME LINE'. At the bottom right, there is a small icon of a mobile phone and the text 'INFORMATION BY YOUNG'. In the bottom left corner, there is a white box with the text 'early lab'.

This is very much the getting help stage.

Lisa feels comfortable talking to her Health Champion (HC) because her problem isn't straightforwardly a mental one but covers a range of issues young people often have to deal with.

At the school's one-stop-shop that 'helps you with whatever you struggle with' she can talk freely about what is troubling her.

PRIMARY SCHOOL - 11

PARENT SUPPORT EVENINGS

INTRANET

- MH
- HOPE LIAISON
- SPORTS
- SCHOOL EPIL

PERSONAL FILE

TIME LINE

INFORMATION BY YOUNG

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PRIMARY SCHOOL

PARENT SUPPORT WORKER

INTRANET

- MH
- HO
- LIFE
- SPORTS
- SCHOOL

PERSONAL FILE

TIME LINE

early lab

INFORMATION BY YOUNG

## 2/4 How to get it: the resources

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PRIMARY SCHOOL

PARENT SUPPORT WORKER

LISA

LET'S TALK

I'm not sure if I can talk about this

INTRANET

• MH

• NOISE

• SPORTS

• SCHOOL

PERSONAL FILE

TIME LINE

INFORMATION BY YOUNG

early lab

## 2/4 How to get it: the resources

The diagram is a hand-drawn sketch on a dark background. It illustrates the process of getting help. At the top left, a group of stick figures is labeled 'PRIMARY SCHOOL'. One figure is speaking, with a speech bubble saying 'No, How ARE YOU?'. To the right, a stick figure is labeled 'PARENT SUPPORT WORKER'. Below this, a laptop is labeled 'INTRANET' with a list of topics: 'MH', 'HOUSING', 'SPORTS', and 'SCHOOL SICK'. An arrow points from the laptop to a folder labeled 'PERSONAL FILE'. Below the folder is a 'TIME LINE' with an arrow pointing right. In the bottom left corner, there is a logo for 'early lab'. In the bottom right corner, there is a small icon of a mobile phone and the text 'INFORMATION BY YOUNG'.

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PRIMARY SCHOOL

PARENT SUPPORT WORKER

INTRANET

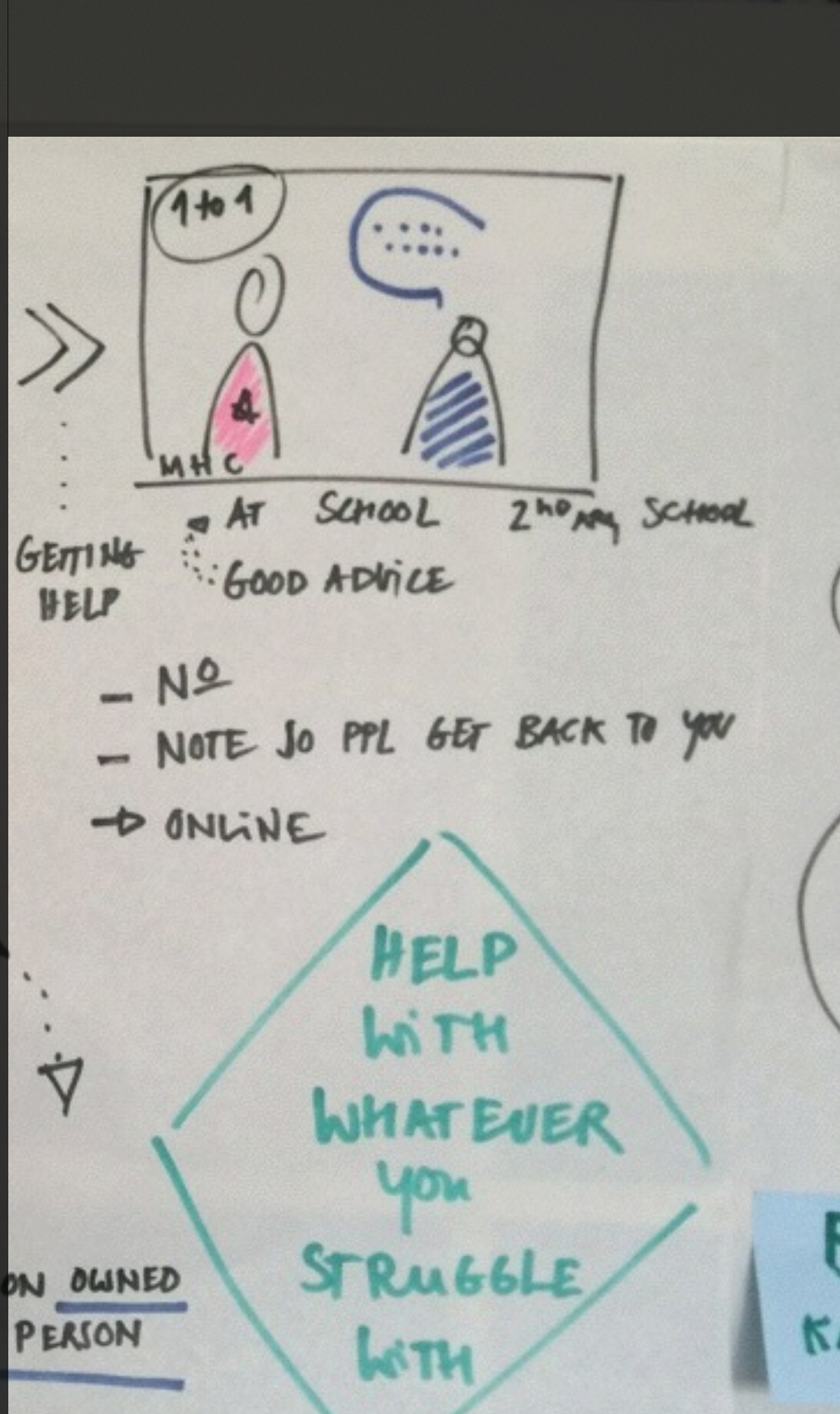
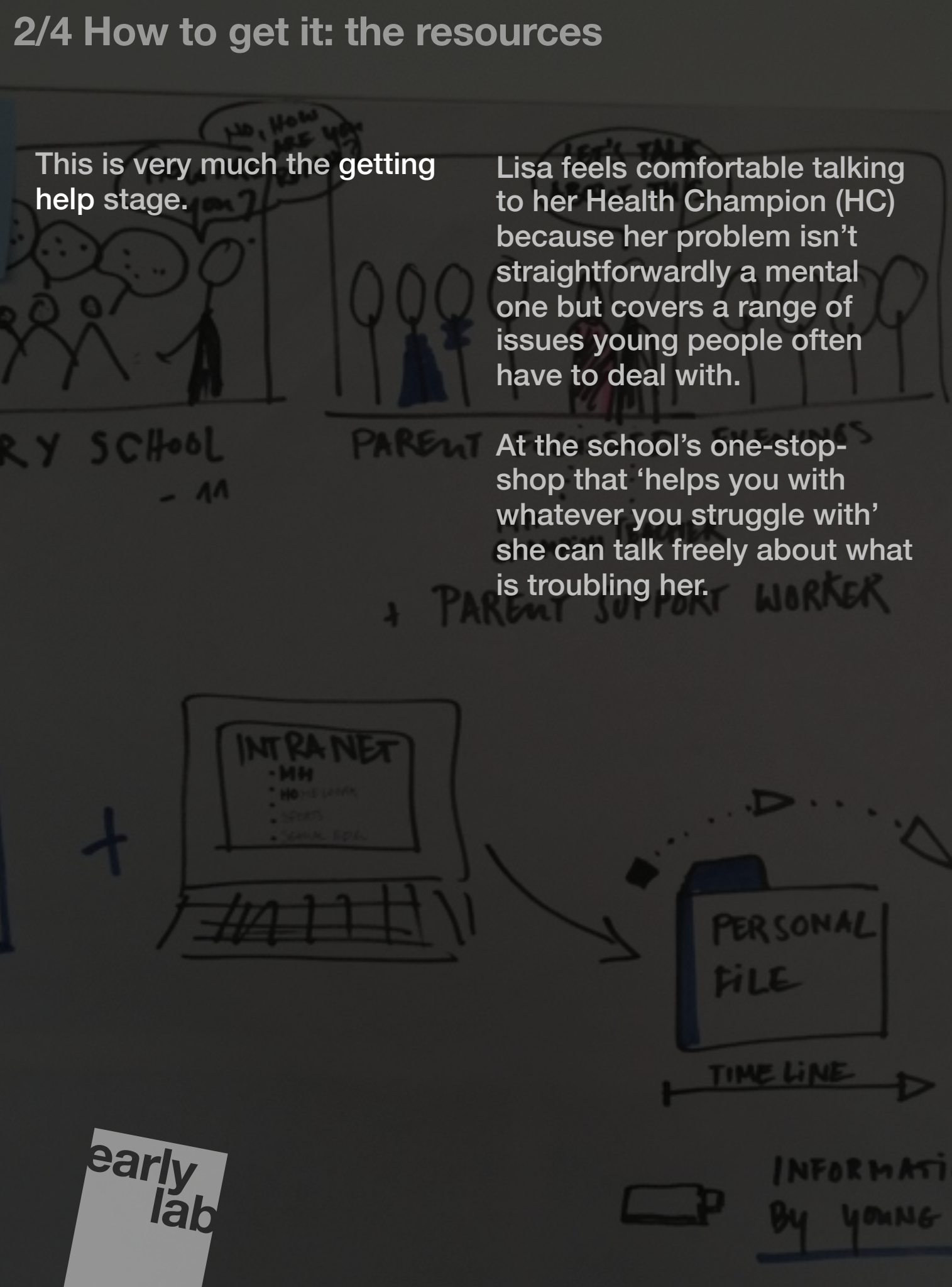
- MH
- HOUSING
- SPORTS
- SCHOOL SICK

PERSONAL FILE

TIME LINE

early lab

INFORMATION BY YOUNG



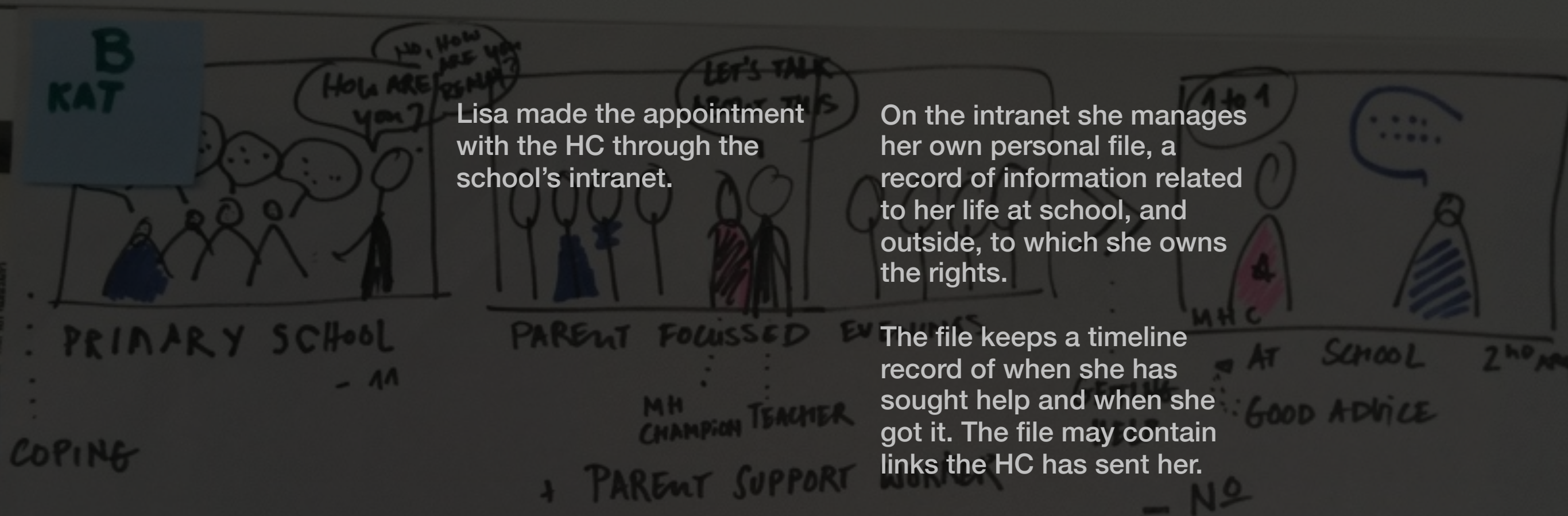
- 
- 1 to 1  
 MHC  
 AT SCHOOL  
 2ndARY SCHOOL  
 GETTING HELP  
 GOOD ADVICE  
 - NO  
 - NOTE SO PPL GET BACK TO YOU  
 -> ONLINE  
 HELP WITH WHATEVER YOU STRUGGLE WITH  
 ON OWNED PERSON

1 to 1  
 MHC  
 AT SCHOOL  
 2ndARY SCHOOL  
 GETTING HELP  
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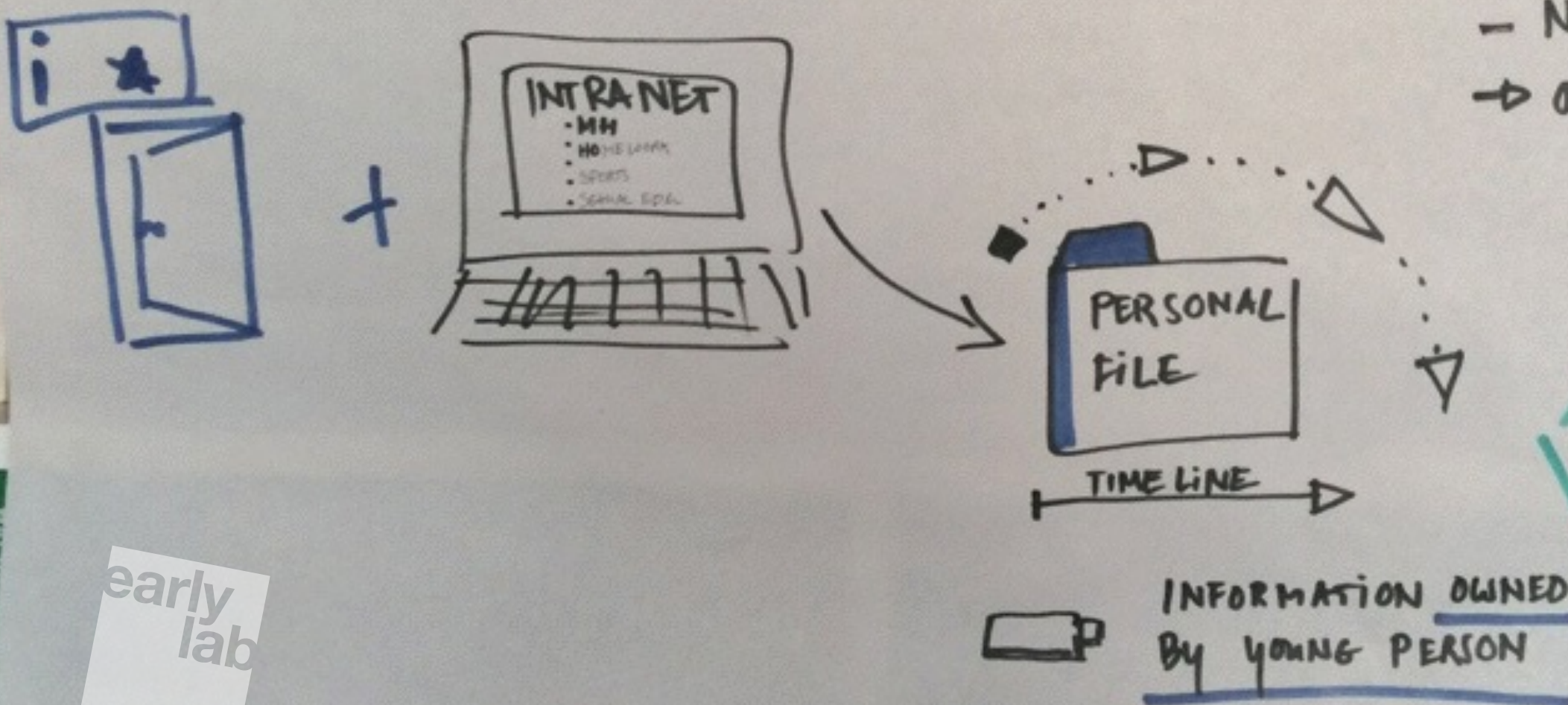
## 2/4 How to get it: the resources



Lisa made the appointment with the HC through the school's intranet.

On the intranet she manages her own personal file, a record of information related to her life at school, and outside, to which she owns the rights.

The file keeps a timeline record of when she has sought help and when she got it. The file may contain links the HC has sent her.

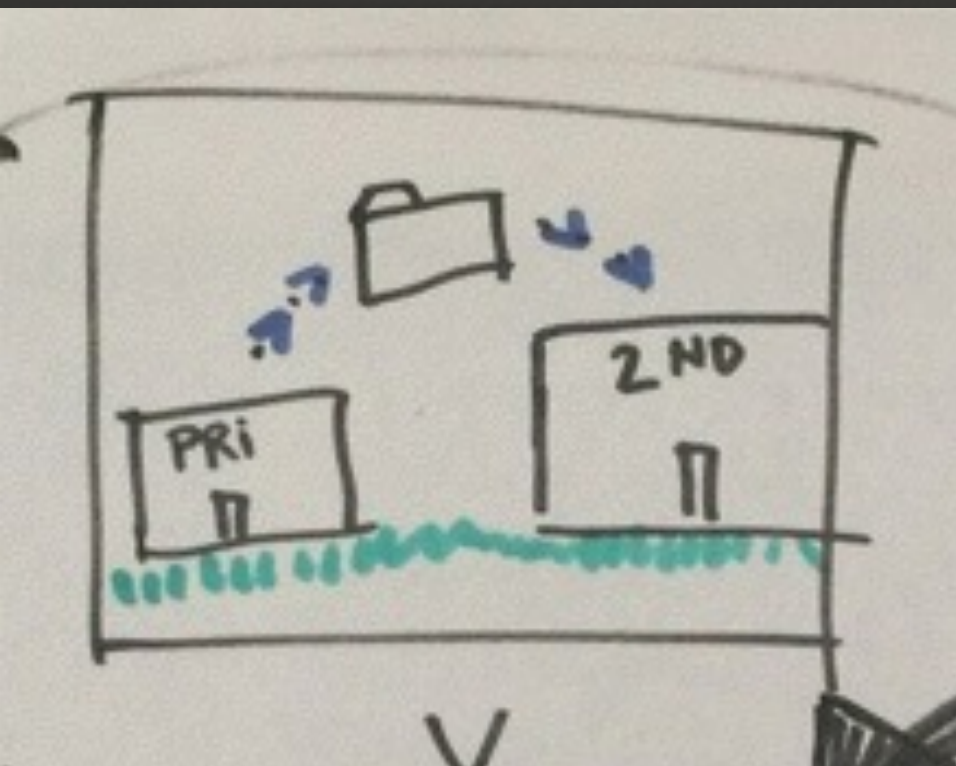


NOTE TO PPL GET BACK  
→ ONLINE

HELP  
WITH  
WHATEVER  
YOU  
STRUGGLE  
WITH

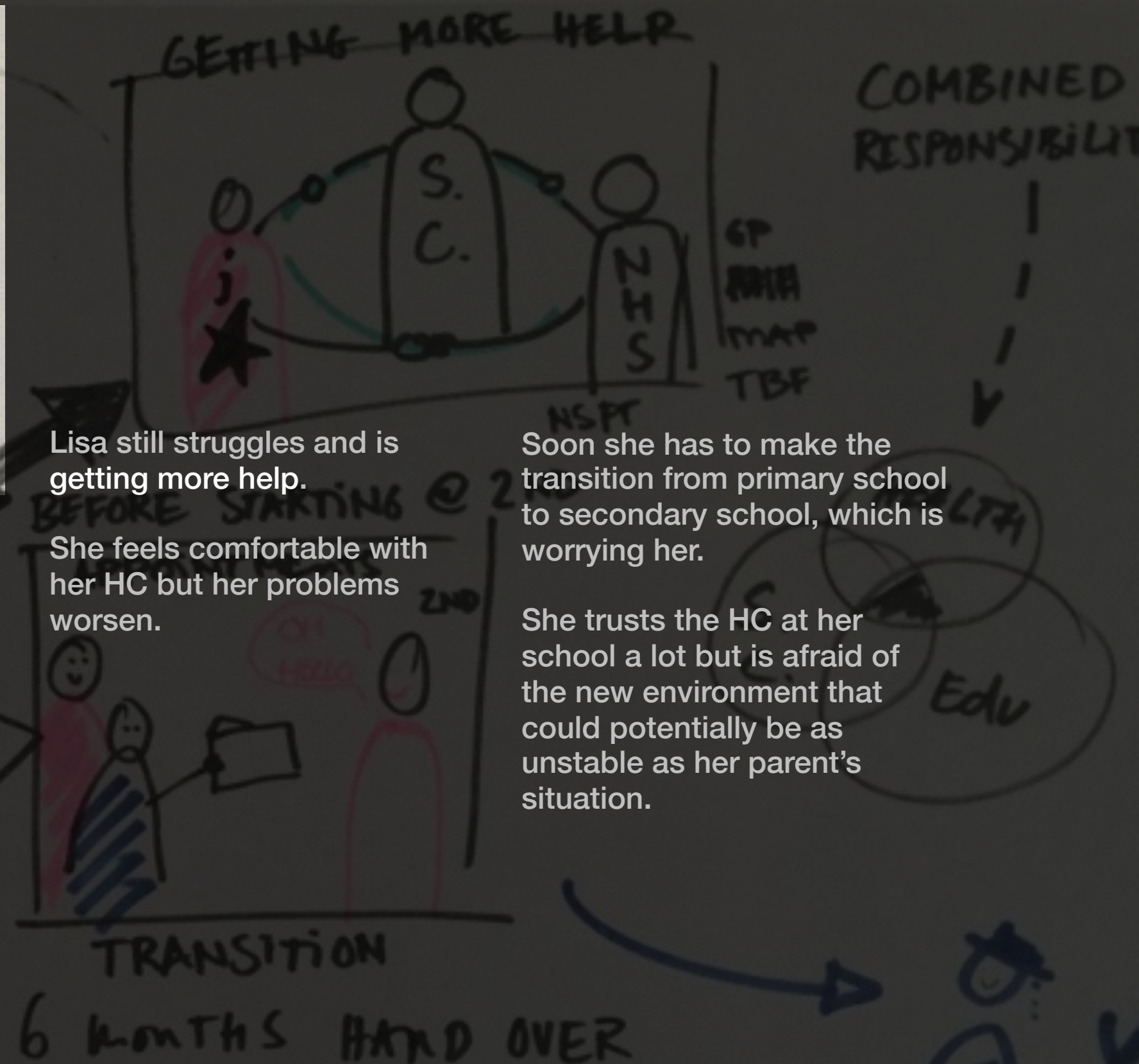


## 2/4 How to get it: the resources



Lisa still struggles and is getting more help.

She feels comfortable with her HC but her problems worsen.



Soon she has to make the transition from primary school to secondary school, which is worrying her.

She trusts the HC at her school a lot but is afraid of the new environment that could potentially be as unstable as her parent's situation.

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## 2/4 How to get it: the resources

In order to make the transition easier the HC arranges for Lisa to meet the secondary school's HC.

The 3 of them have a chat about what feels right and they get to know each other roughly six to three months before term starts.

Lisa feels more comfortable this way and feels she is well cared for and not let down.

The new HC gets access to her file and they work out the appropriate help.

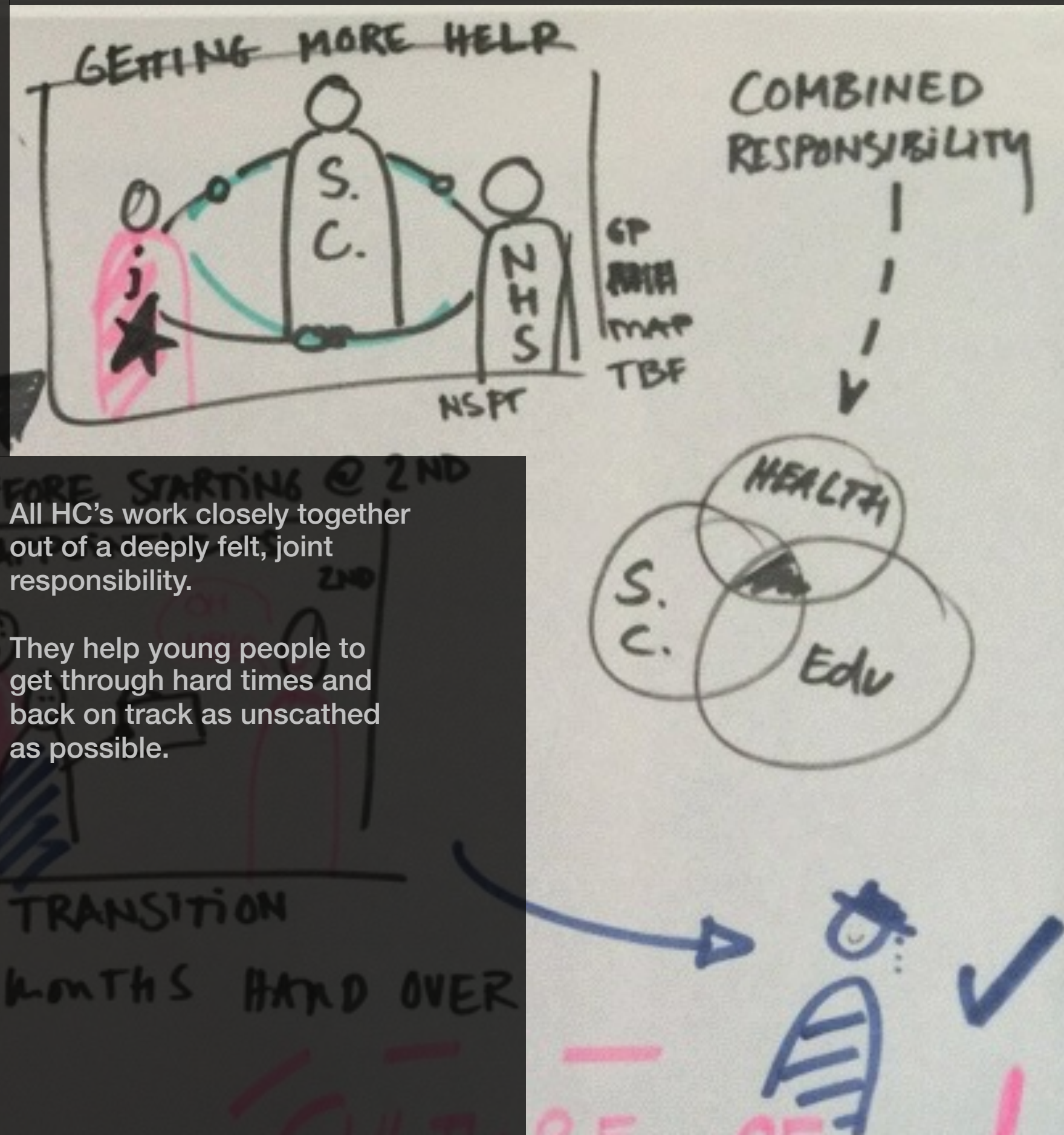
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lab



## 2/4 How to get it: the resources

HC's work in a well connected network between schools covering more than one school at a time.

They are also in contact with local social care workers and GP's to ensure that, in case of crisis, the child is in good hands and gets all the support they need.





## 2/4 How to get it: the resources



Lisa manages the transition very well in the end and succeeds in her studies.

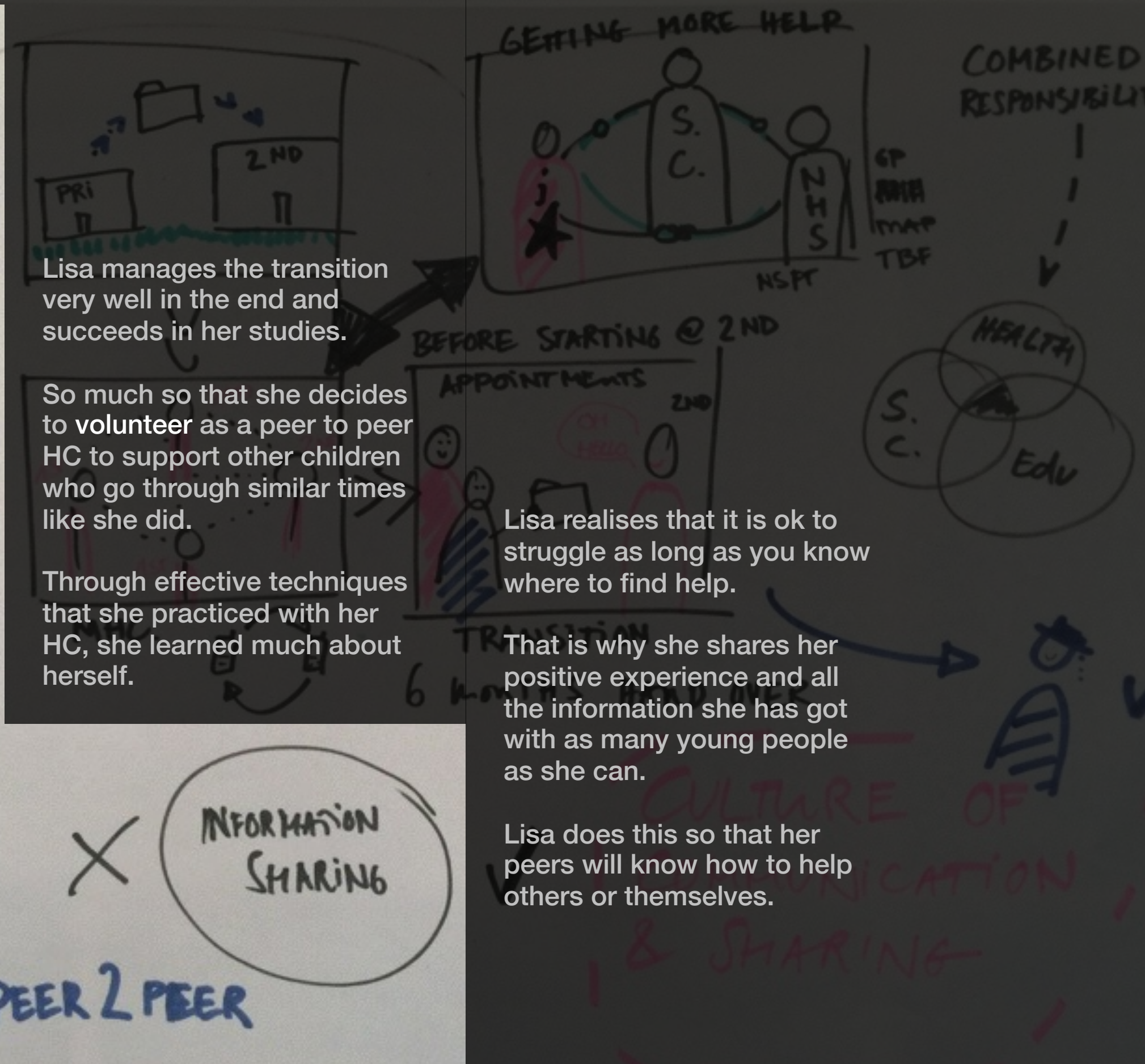
So much so that she decides to volunteer as a peer to peer HC to support other children who go through similar times like she did.

Through effective techniques that she practiced with her HC, she learned much about herself.

Lisa realises that it is ok to struggle as long as you know where to find help.

That is why she shares her positive experience and all the information she has got with as many young people as she can.

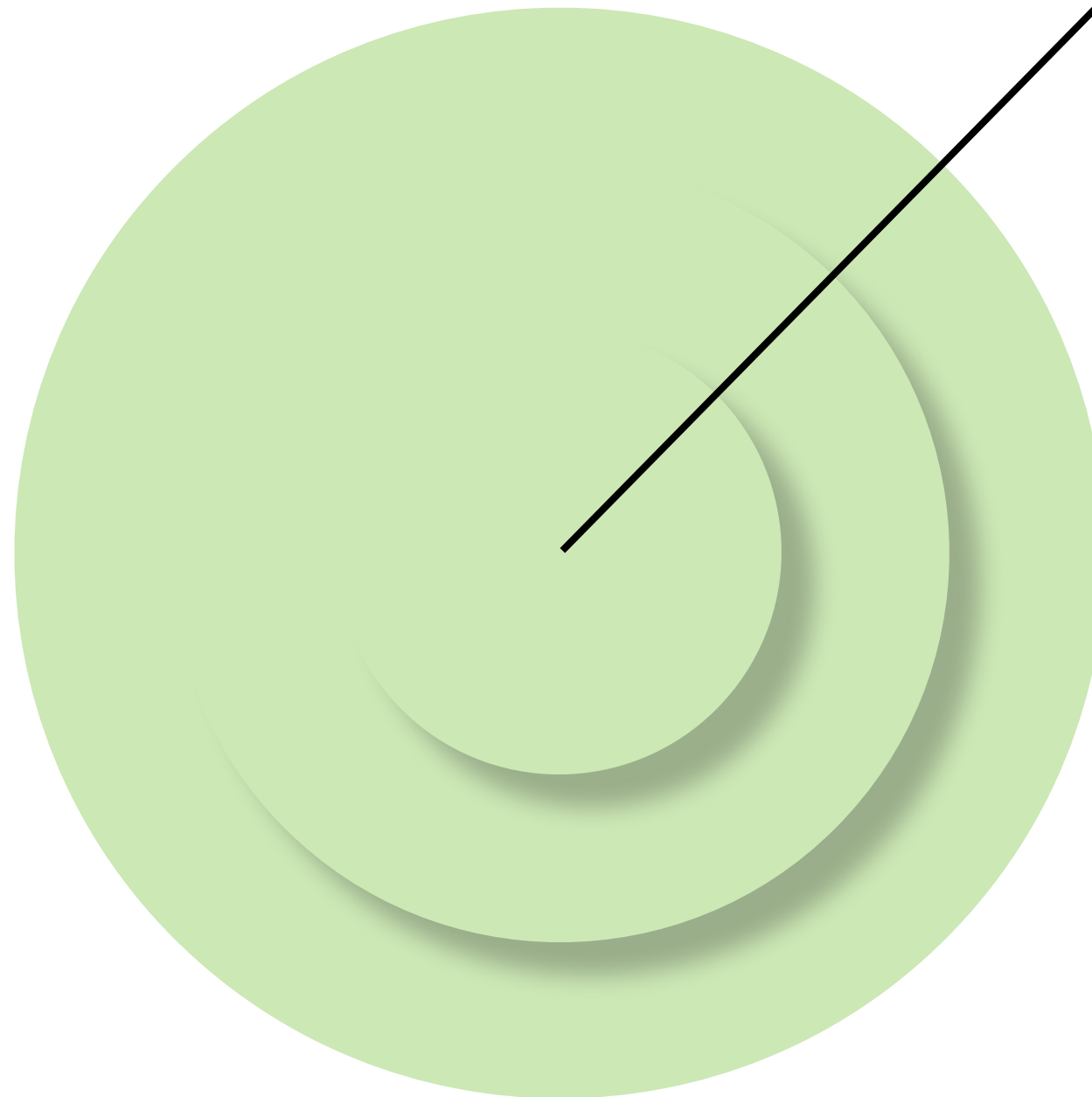
Lisa does this so that her peers will know how to help others or themselves.





### Resources in schools:

#### Peer-to-peer networks



#### Peer-to-peer

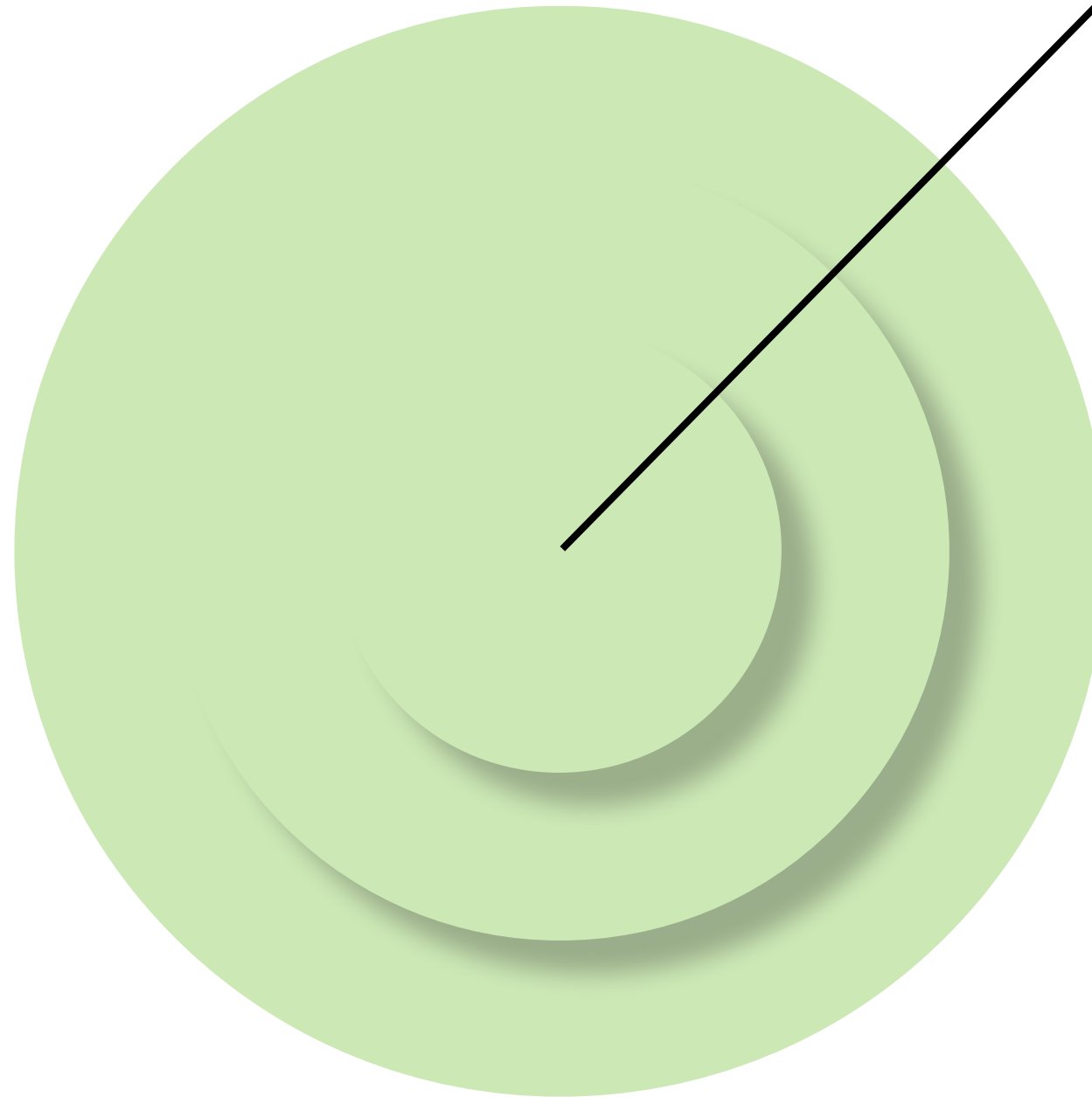
Not only is it good to receive support, its also good for those giving it.

- “It feels good to support others” says NSFT Youth Council member Jordan Morris.
- “It gives me a sense of self, of accomplishment”
- “I feel I’m not alone.”

How can peer support be at the core of an integrated service?



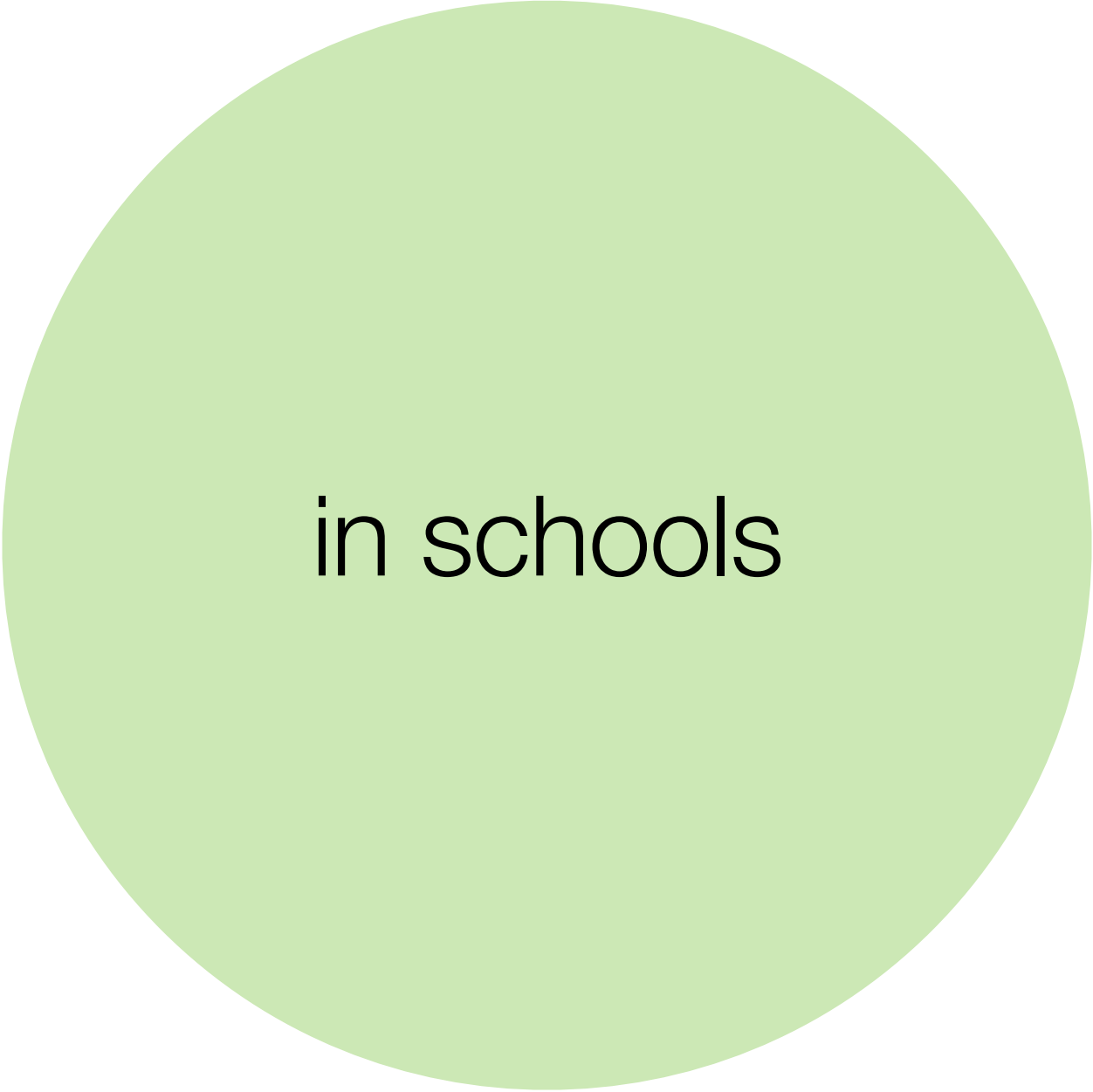
### Resources in schools: Mindfulness



#### **Mindfulness**

- Mindfulness needs to be made attractive to young people.
- It needs to be presented to young people in a visual voice they understand.
- “Combine it with something positive” says NSFT Youth Council member Katie Davis.
- “Integrate it in the life I have outside of being ill”
- How might mindfulness become a stigma-free approach to self-management for all children in schools?





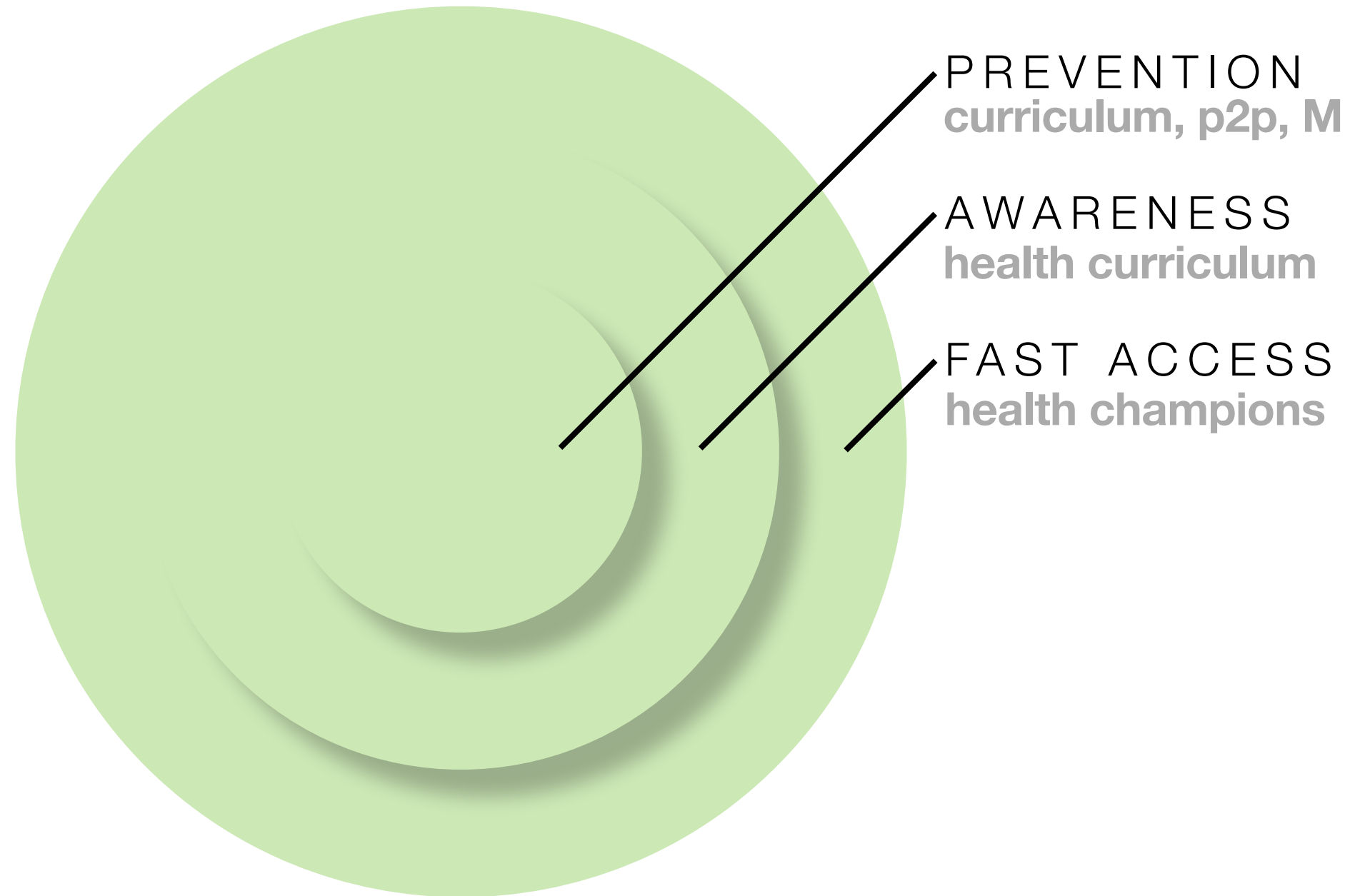
in schools







### Schools summary:





### Politics of education:



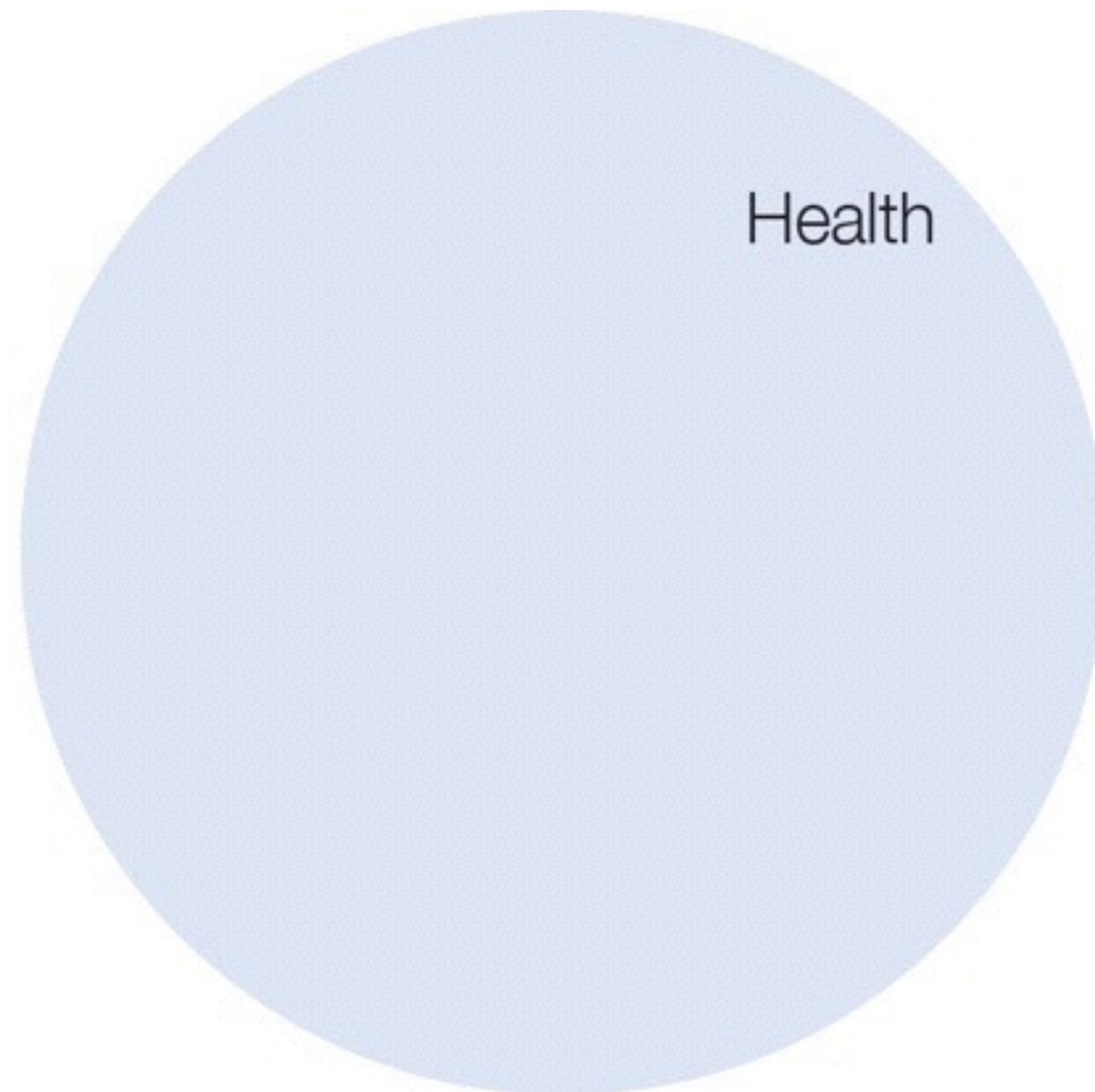
### Encouraging signs

Sam Gyimah, the new UK government Minister of Childcare and Education, acknowledges that an overemphasis in schools on education targets (league tables, testing), have allowed children's wellbeing to slip down the agenda – that preparation for life is about more than academic results.

**The change in culture** in schools (we dreamed of in workshop B on the Field Trip) is already happening!

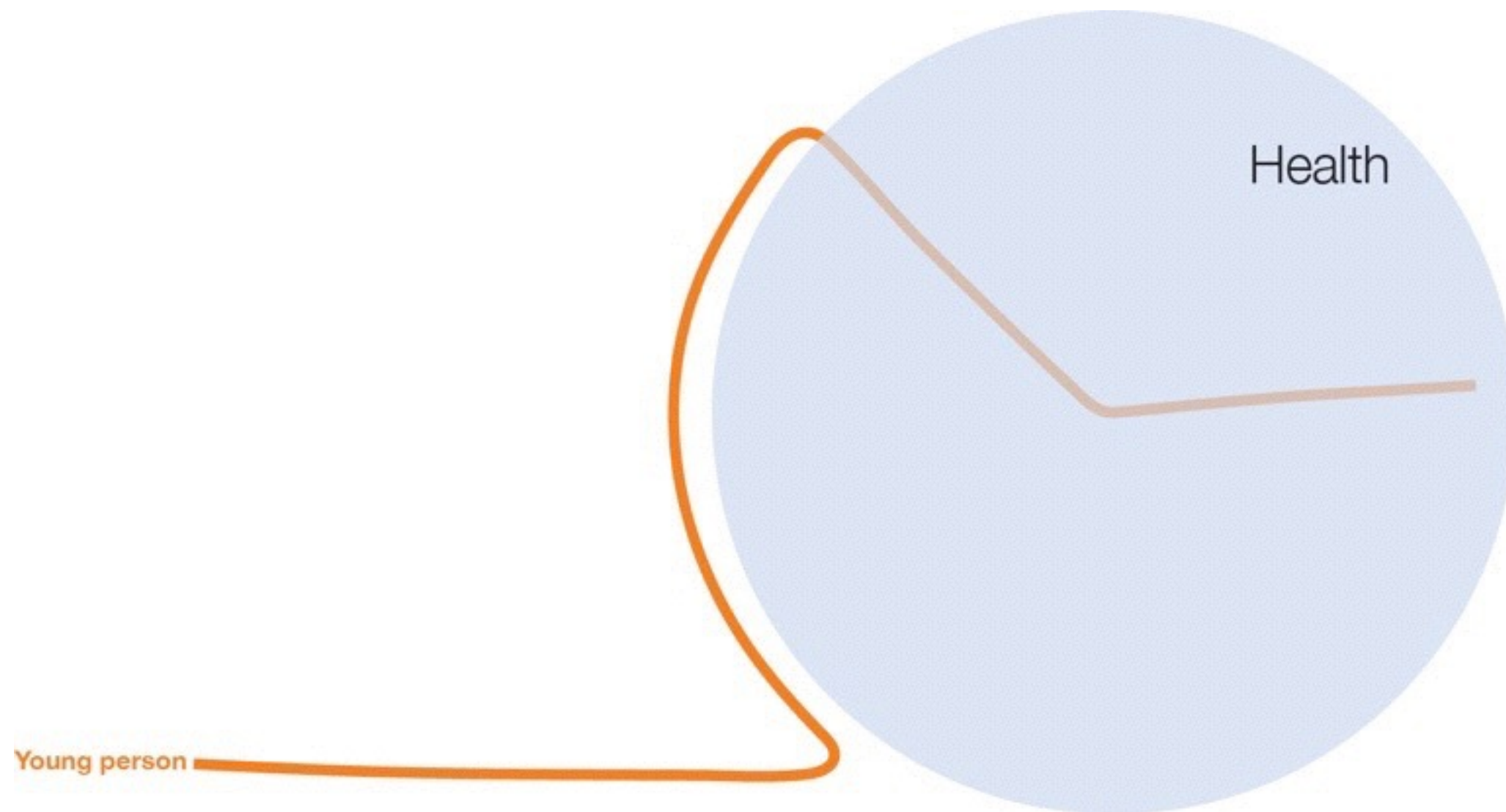


### **Current provision:** typical care pathway





### Current provision: typical care pathway

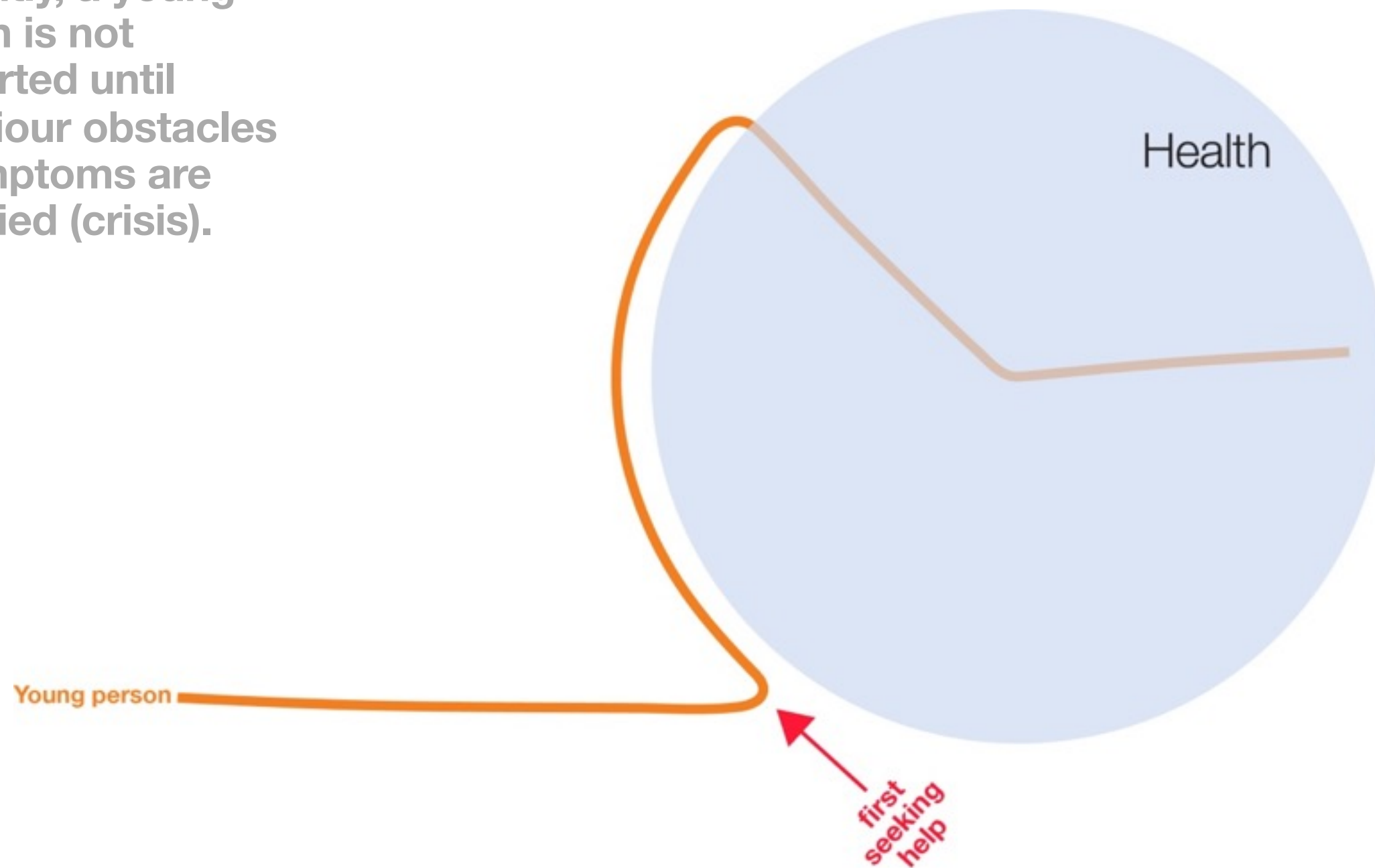




## 2/4 How to get it: the tools and resources

### Current provision: typical care pathway

Currently, a young person is not supported until behaviour obstacles or symptoms are identified (crisis).





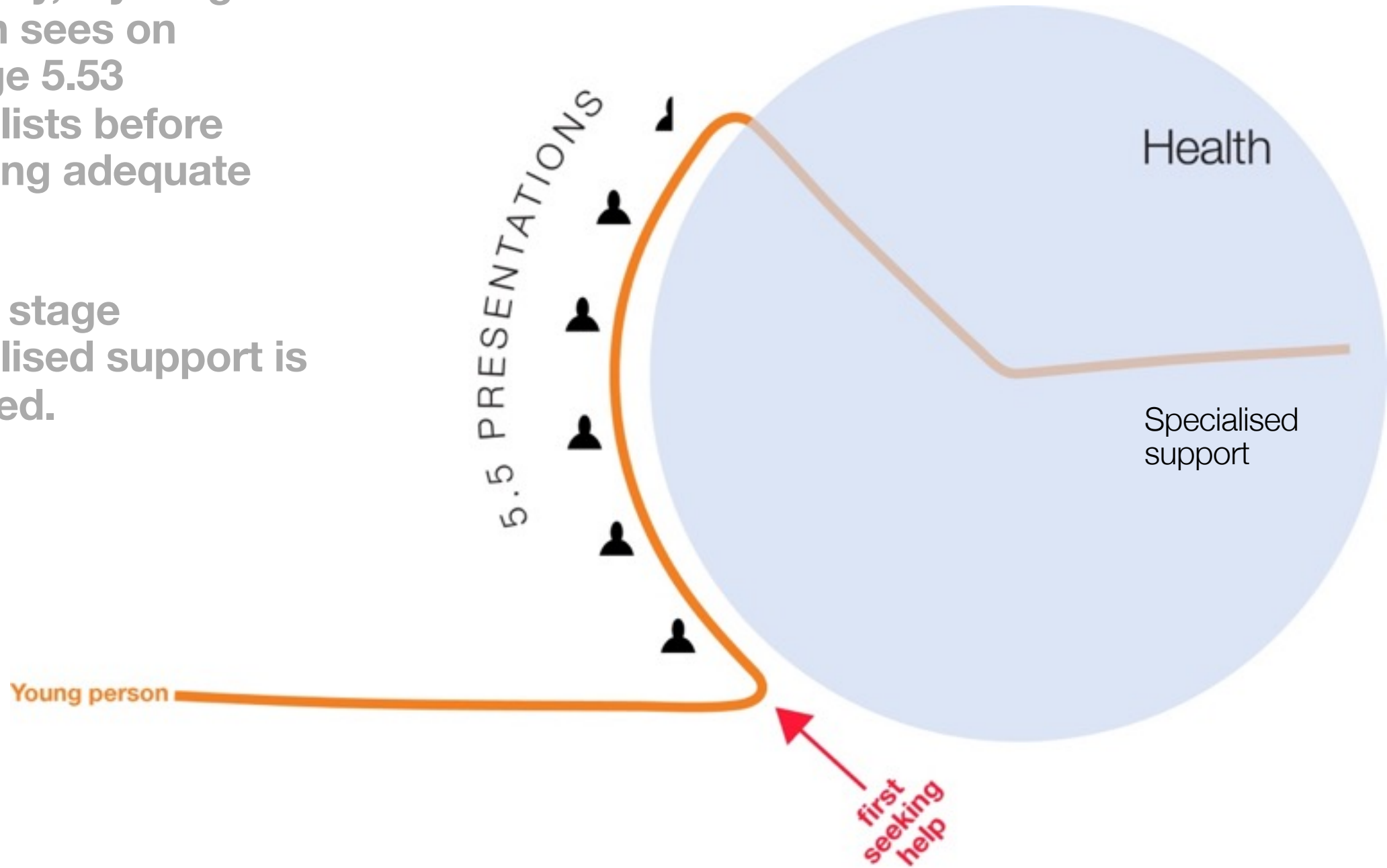
2/4 How to get it: the tools and resources

Current provision:  
typical care pathway

Currently, a young person sees on average 5.53 specialists before receiving adequate help.

At this stage specialised support is provided.

Please note: statistics based on a severe sample that came in to a pilot youth mental health team. Therefore this serves only as an example.

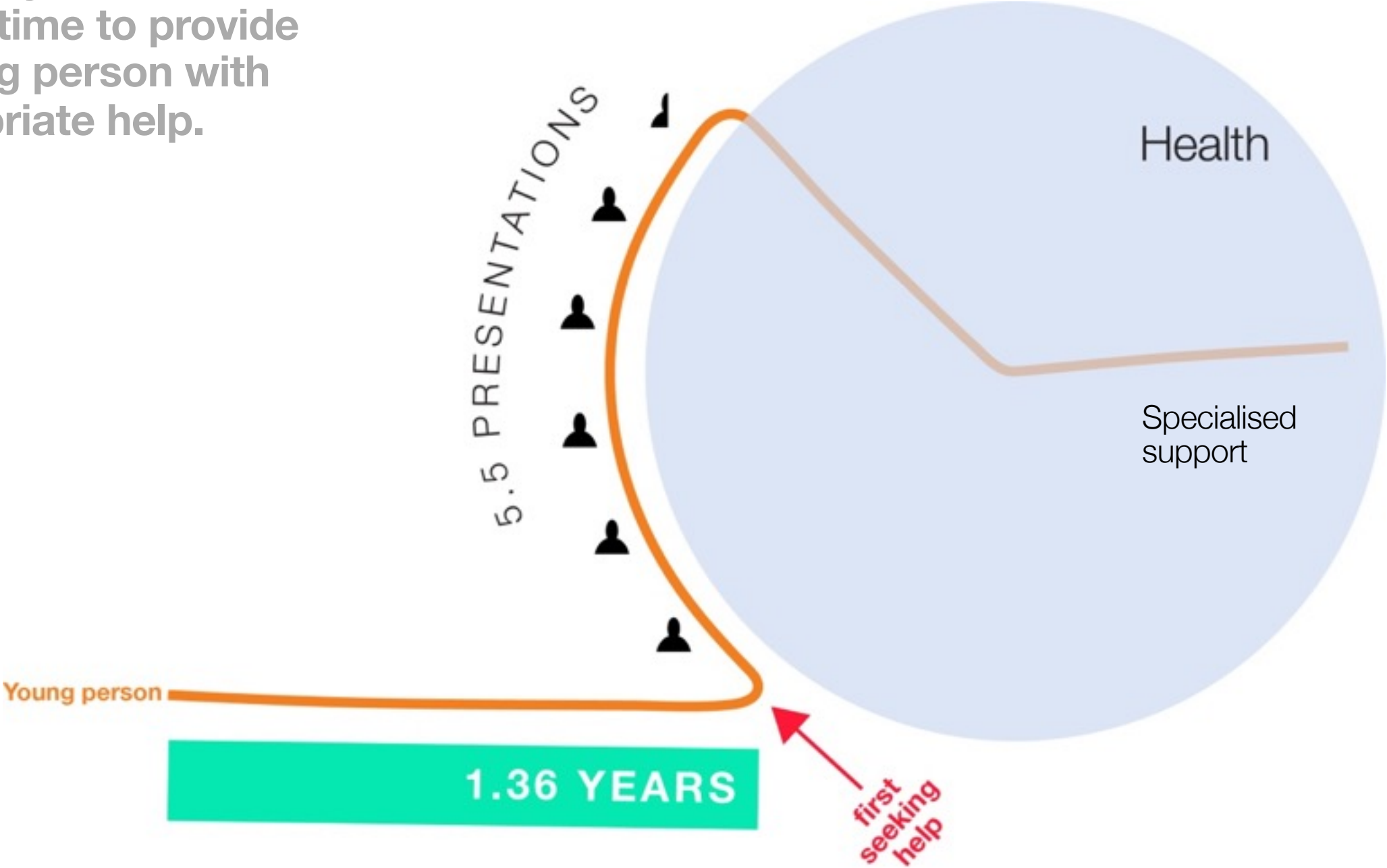




**Current provision:**  
typical care pathway

Currently, it can take  
a long time to provide  
a young person with  
appropriate help.

Please note: statistics based  
on a severe sample that came  
in to a pilot youth mental health  
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only as an example.





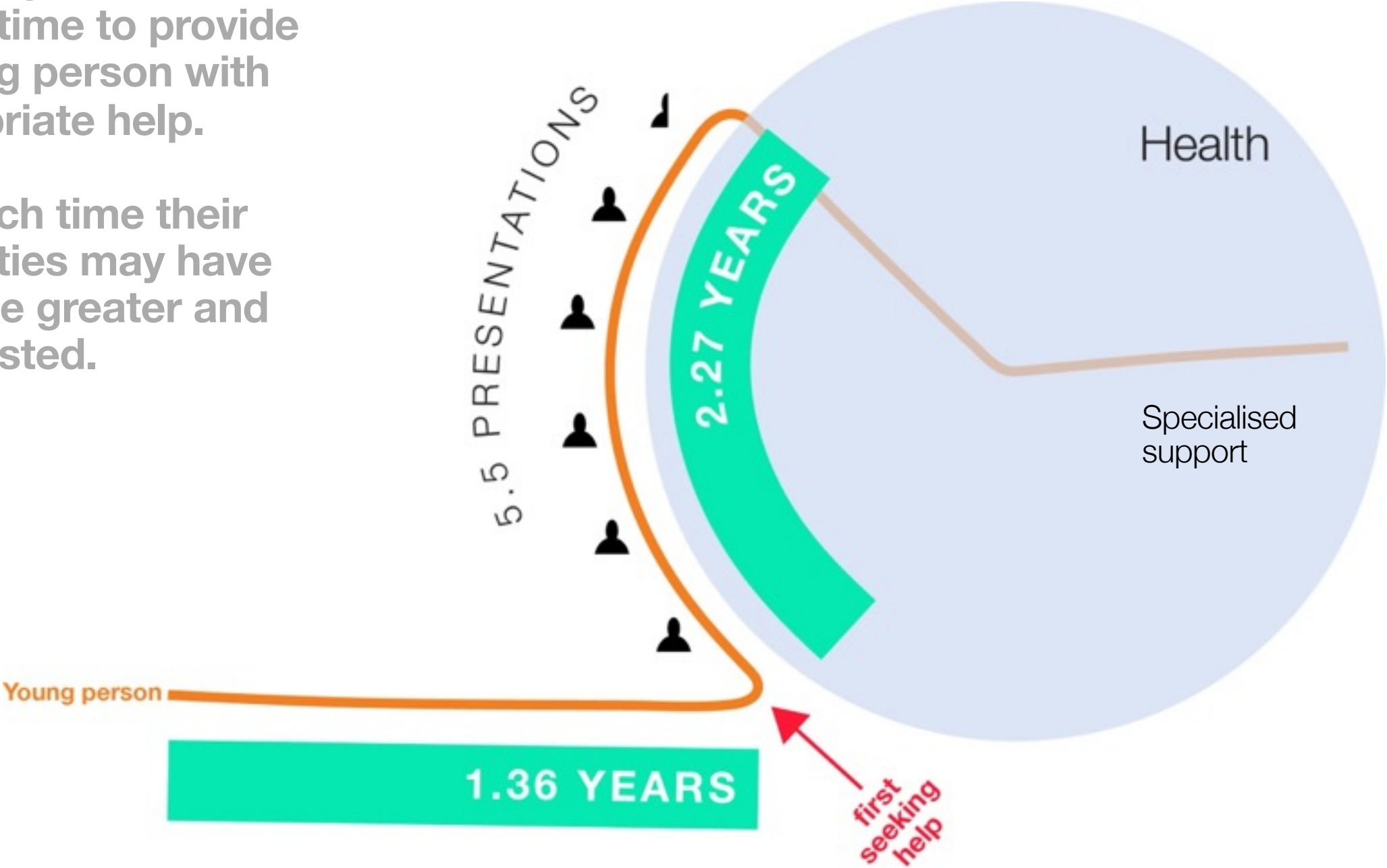
2/4 How to get it: the tools and resources

Current provision:  
typical care pathway

Currently, it can take  
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By which time their  
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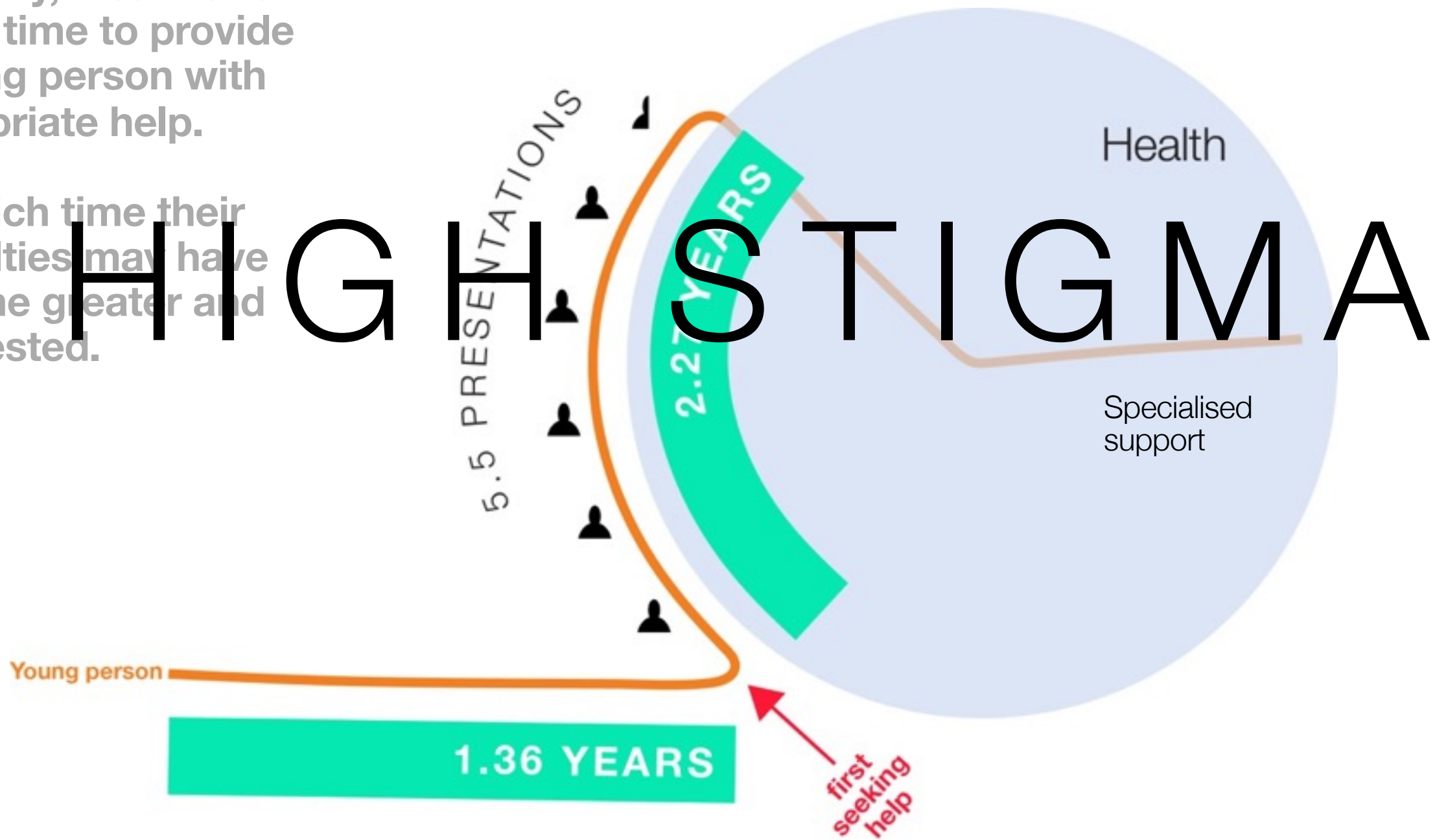


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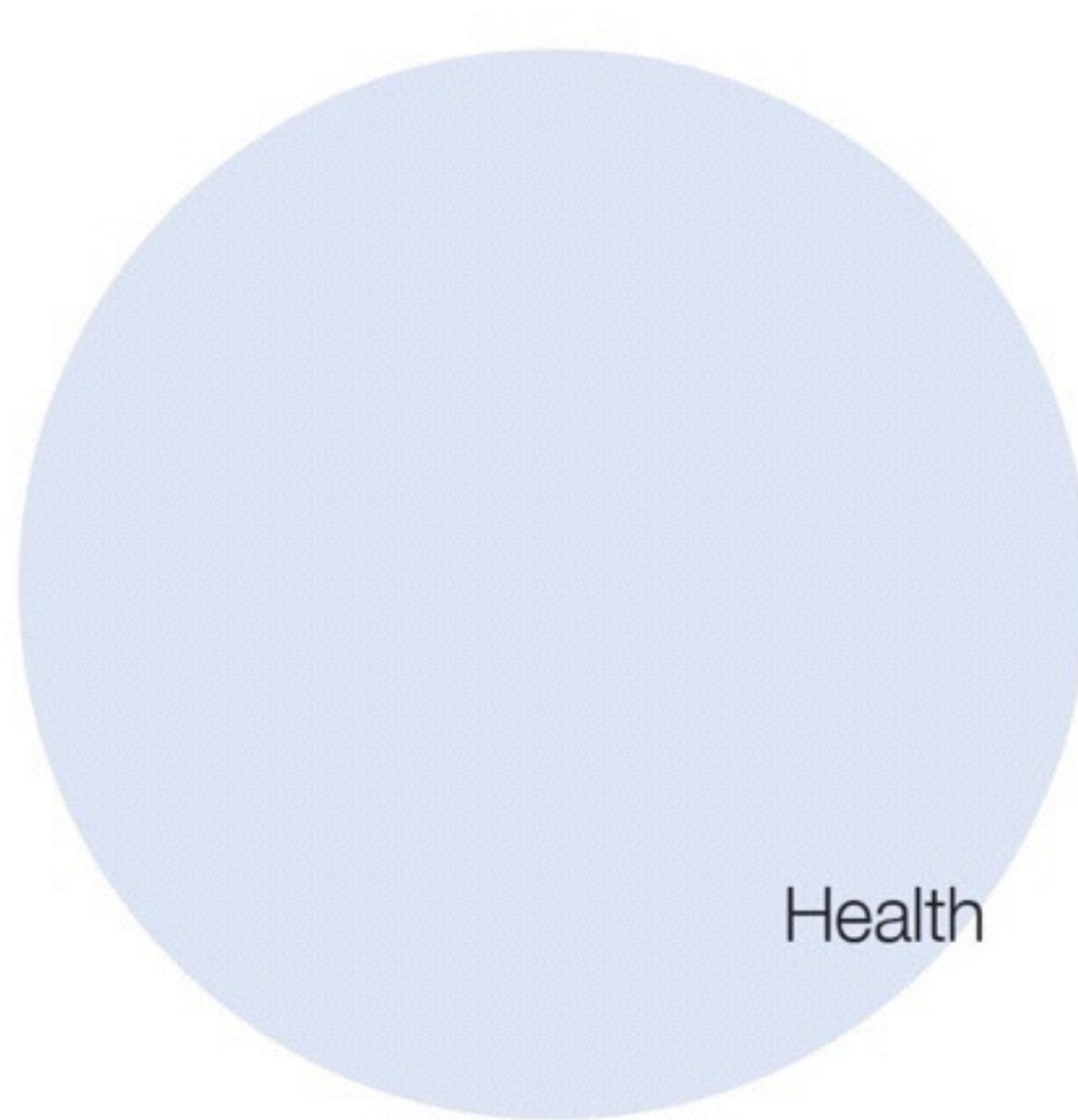




## 2/4 How to get it: the tools and resources

**Cross-sector care:**  
smoothing out the  
care pathway.

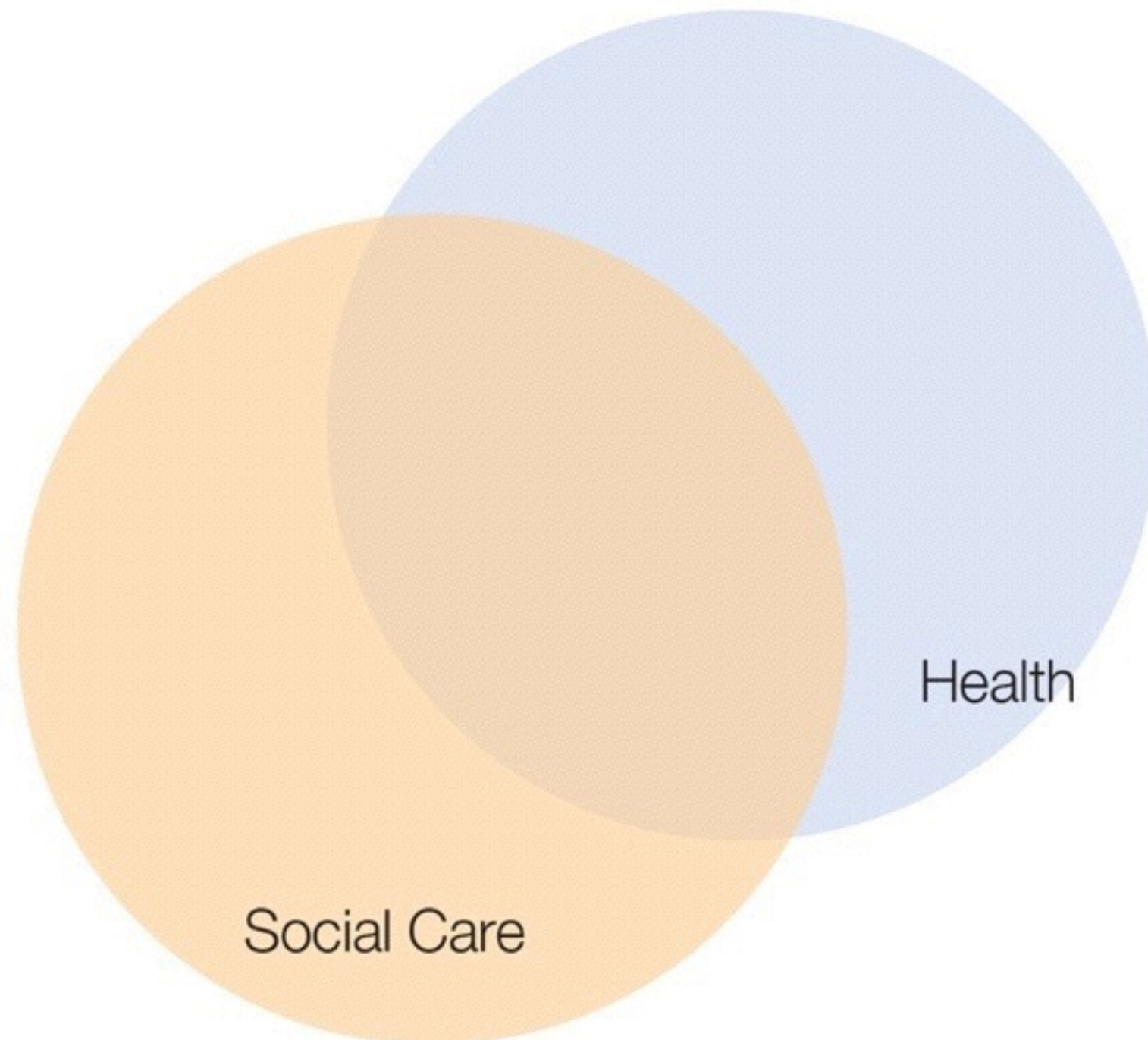
Schools in strategic  
care coordination  
with other sectors.



## 2/4 How to get it: the tools and resources

**Cross-sector care:**  
smoothing out the  
care pathway.

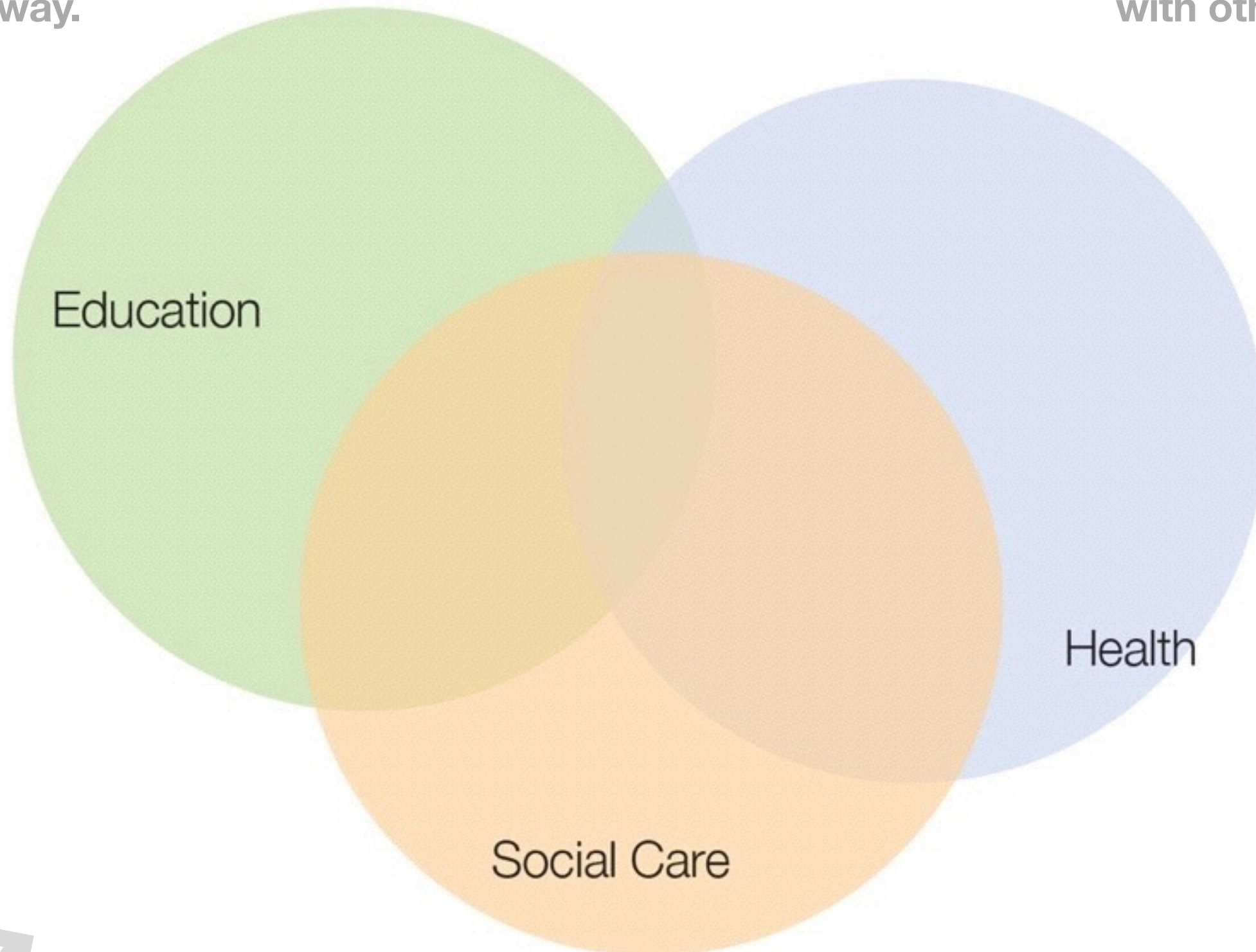
**Schools in strategic  
care coordination  
with other sectors.**





**Cross-sector care:**  
smoothing out the  
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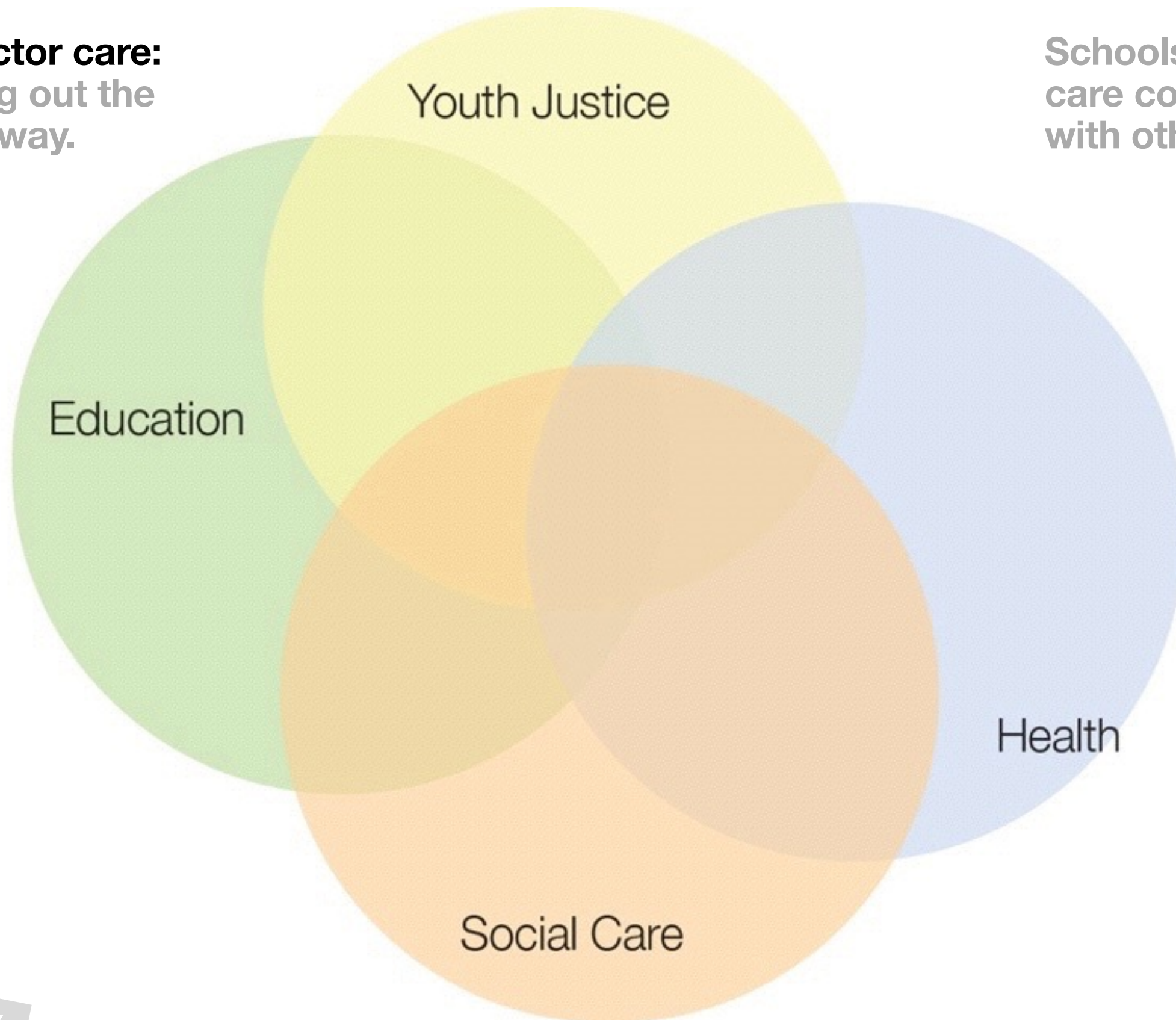
**Schools in strategic  
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## 2/4 How to get it: the tools and resources

**Cross-sector care:**  
smoothing out the  
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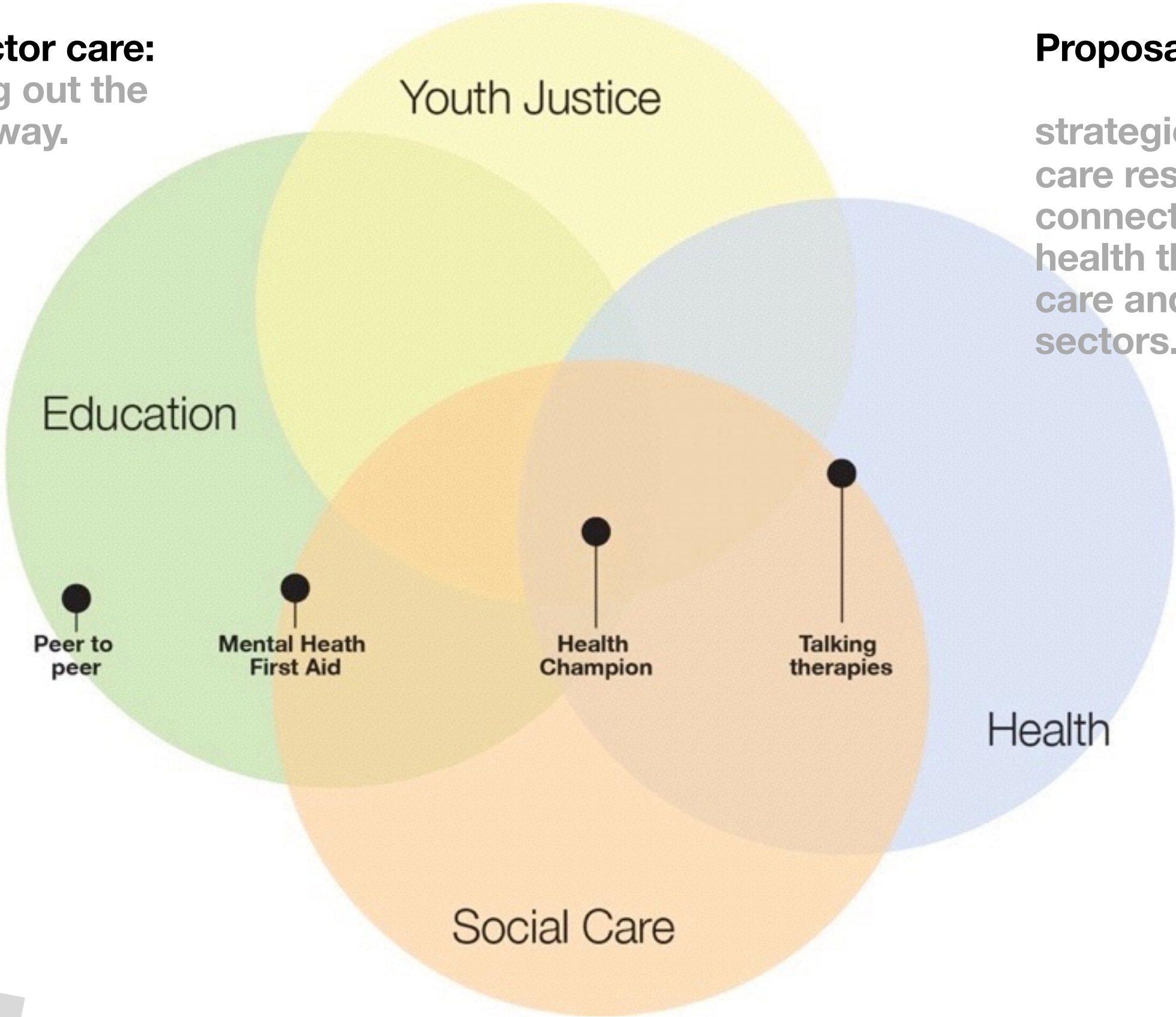
**Schools in strategic  
care coordination  
with other sectors.**





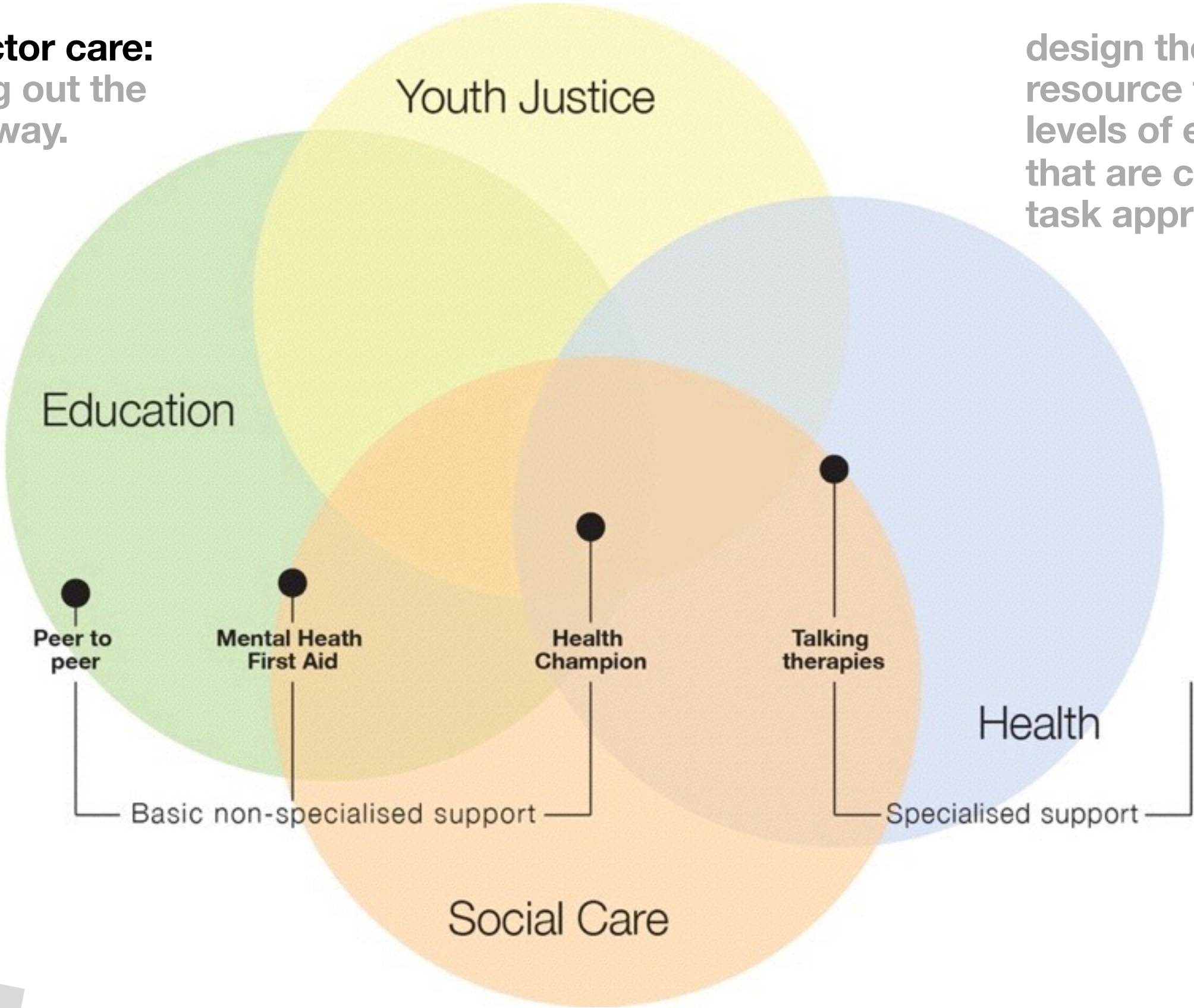
**Cross-sector care:**  
smoothing out the  
care pathway.

**Proposal:**  
  
strategically place a  
care resource to best  
connect education to  
health through social  
care and youth justice  
sectors.



**Cross-sector care:**  
smoothing out the  
care pathway.

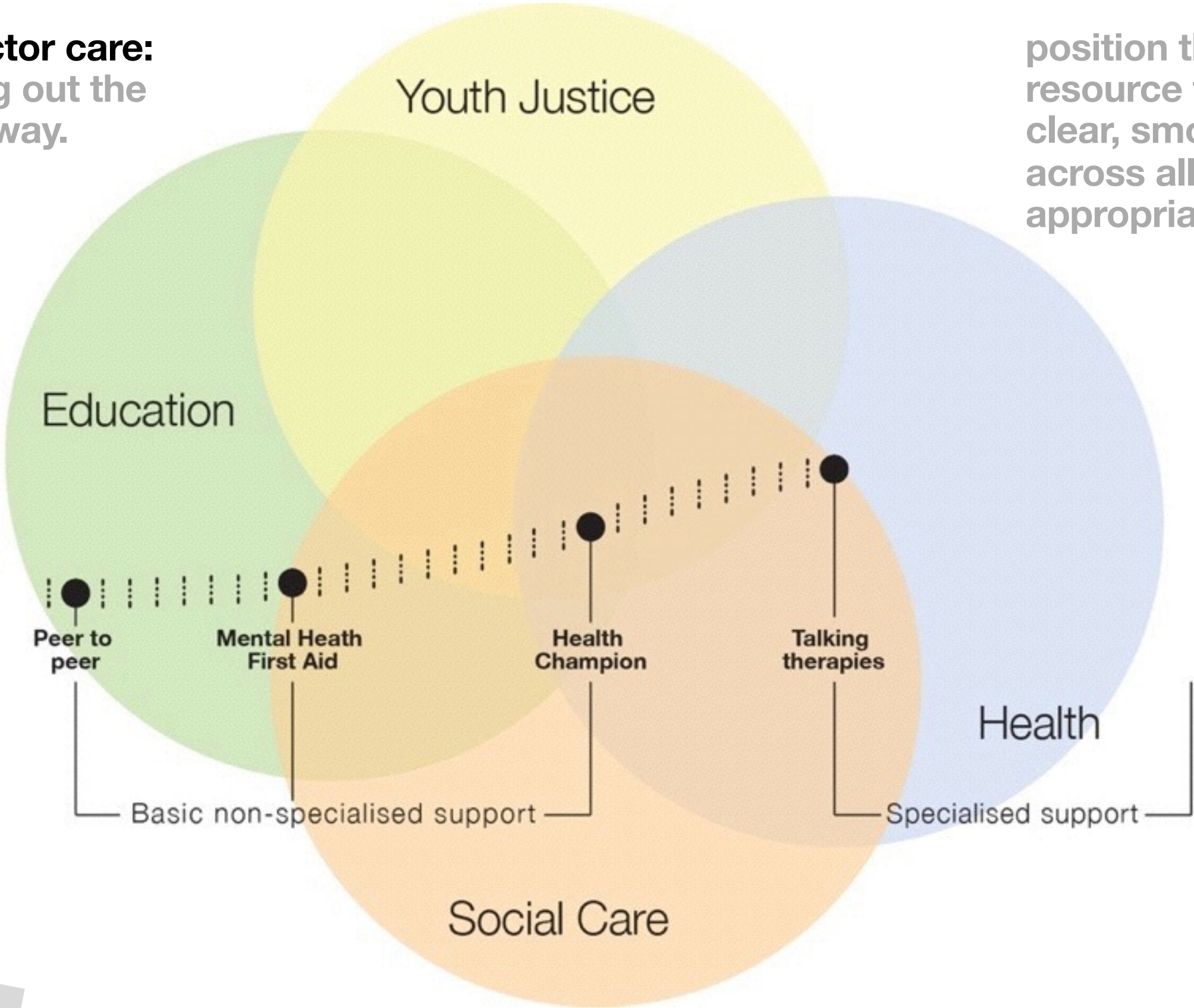
design the care  
resource to have  
levels of expertise  
that are context and  
task appropriate.





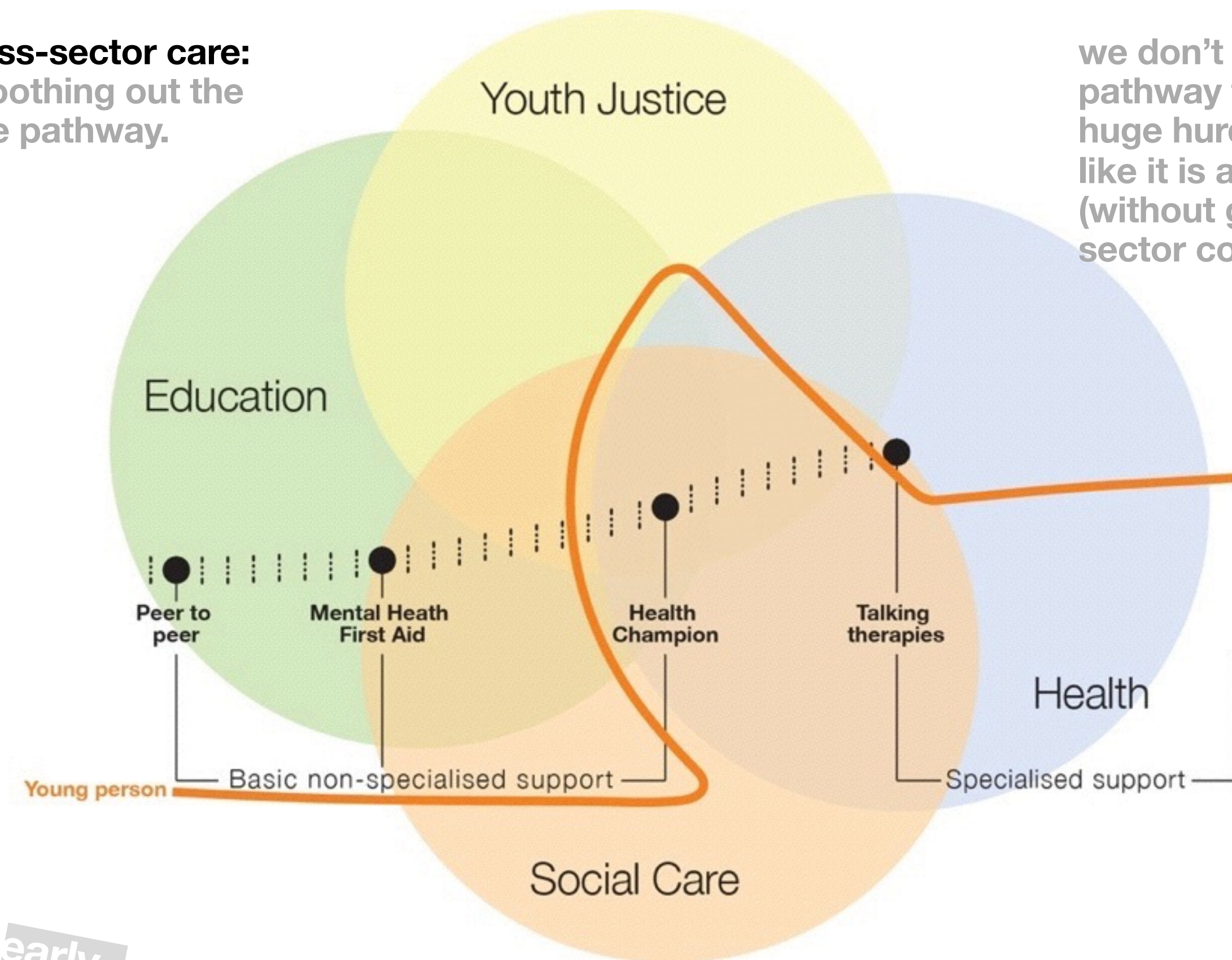
**Cross-sector care:**  
smoothing out the  
care pathway.

position the care  
resource to signal a  
clear, smooth path  
across all sectors to  
appropriate provision.



**Cross-sector care:**  
smoothing out the  
care pathway.

we don't want a care  
pathway that is a  
huge hurdle to climb  
like it is at present  
(without good cross-  
sector cooperation).

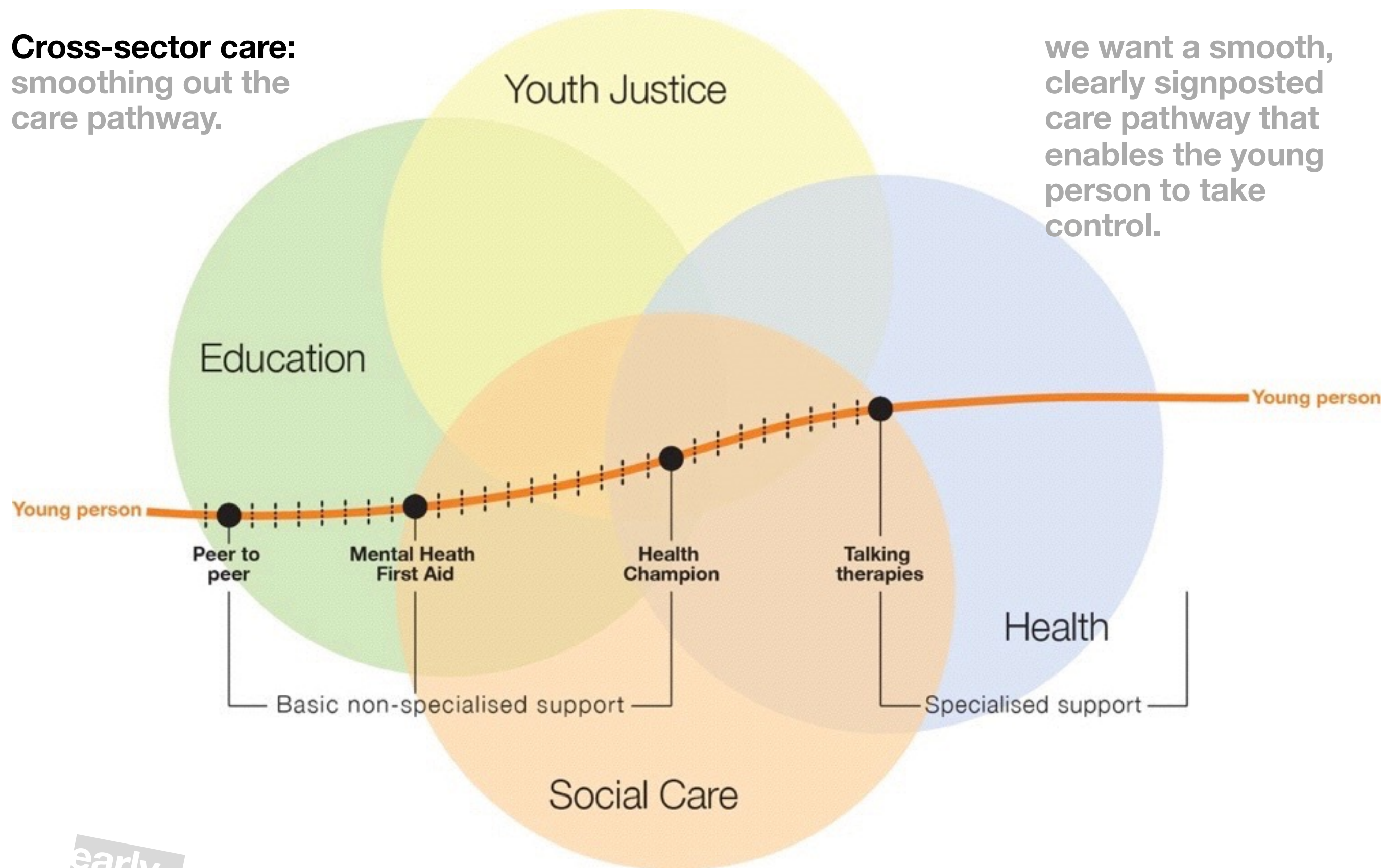




## 2/4 How to get it: the tools and resources

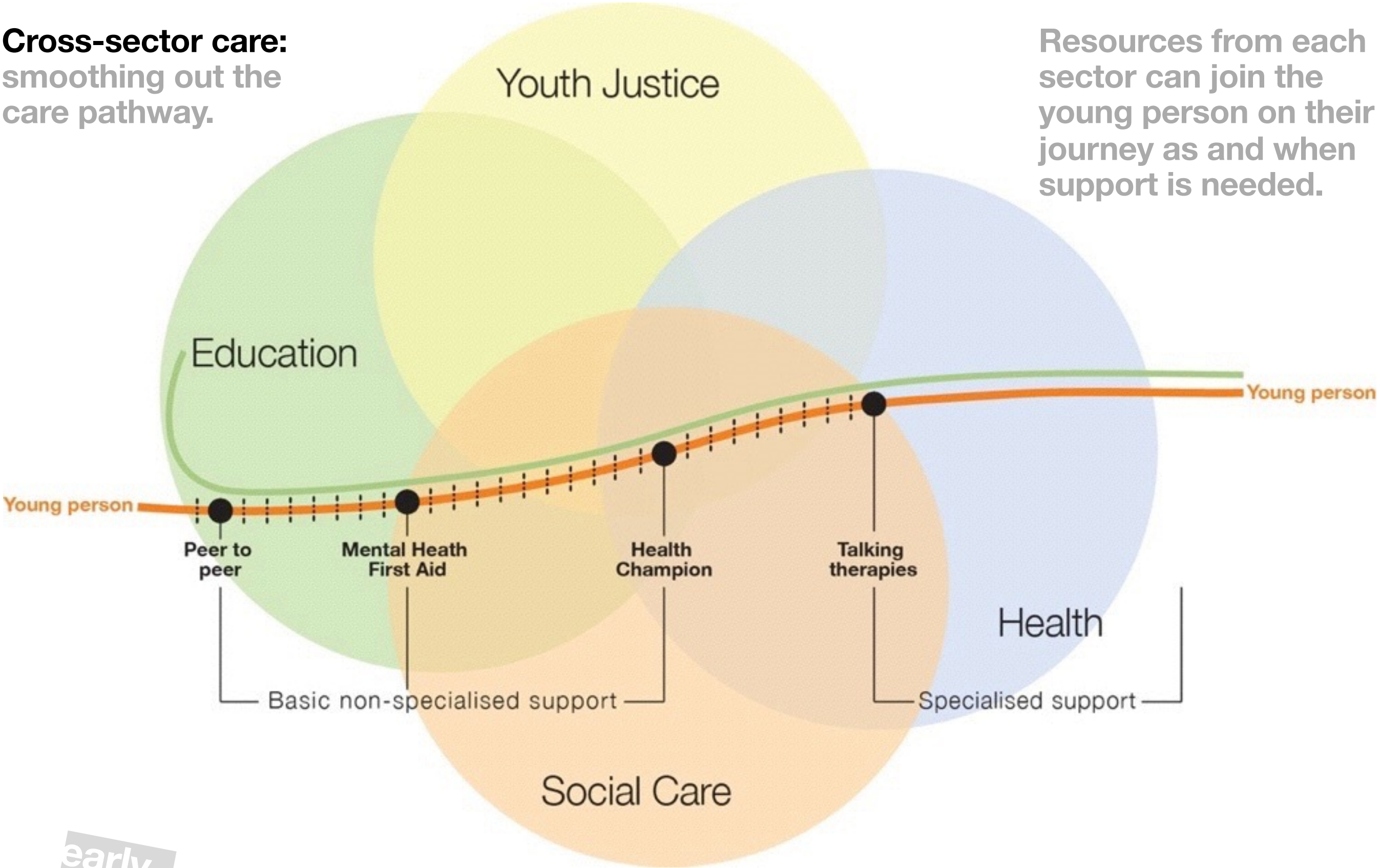
**Cross-sector care:**  
smoothing out the  
care pathway.

we want a smooth,  
clearly signposted  
care pathway that  
enables the young  
person to take  
control.



**Cross-sector care:**  
smoothing out the  
care pathway.

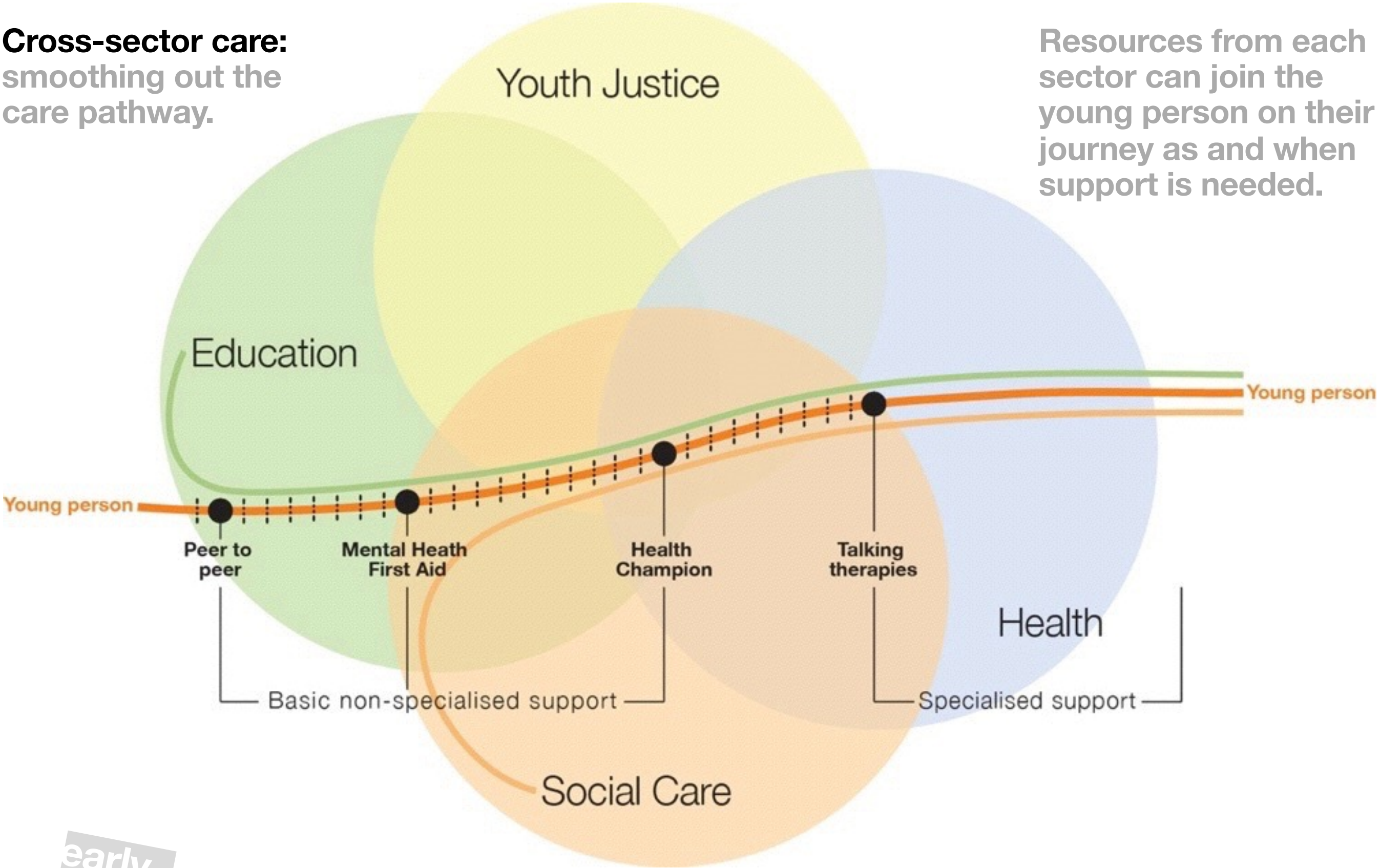
Resources from each  
sector can join the  
young person on their  
journey as and when  
support is needed.





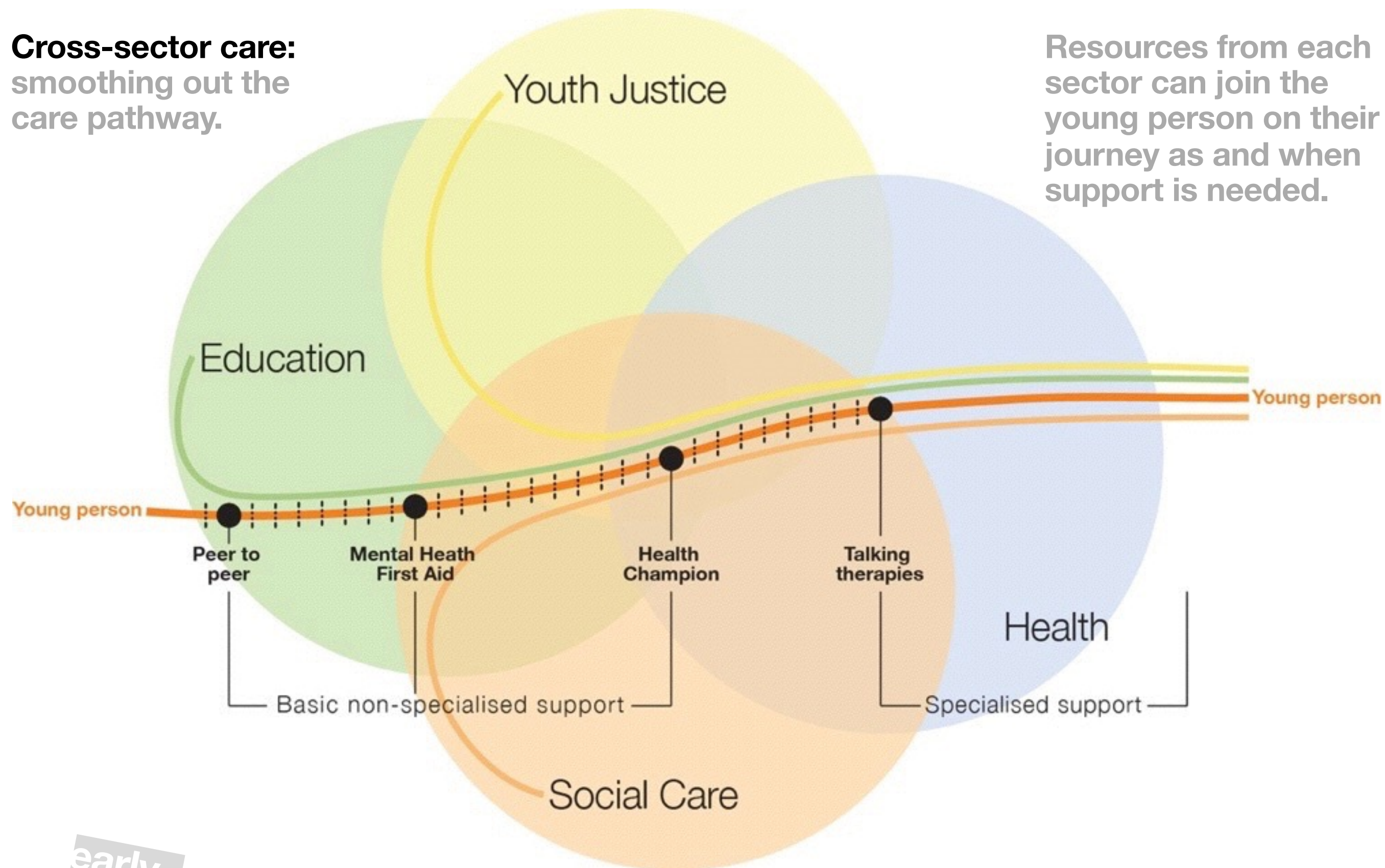
**Cross-sector care:**  
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**Cross-sector care:**  
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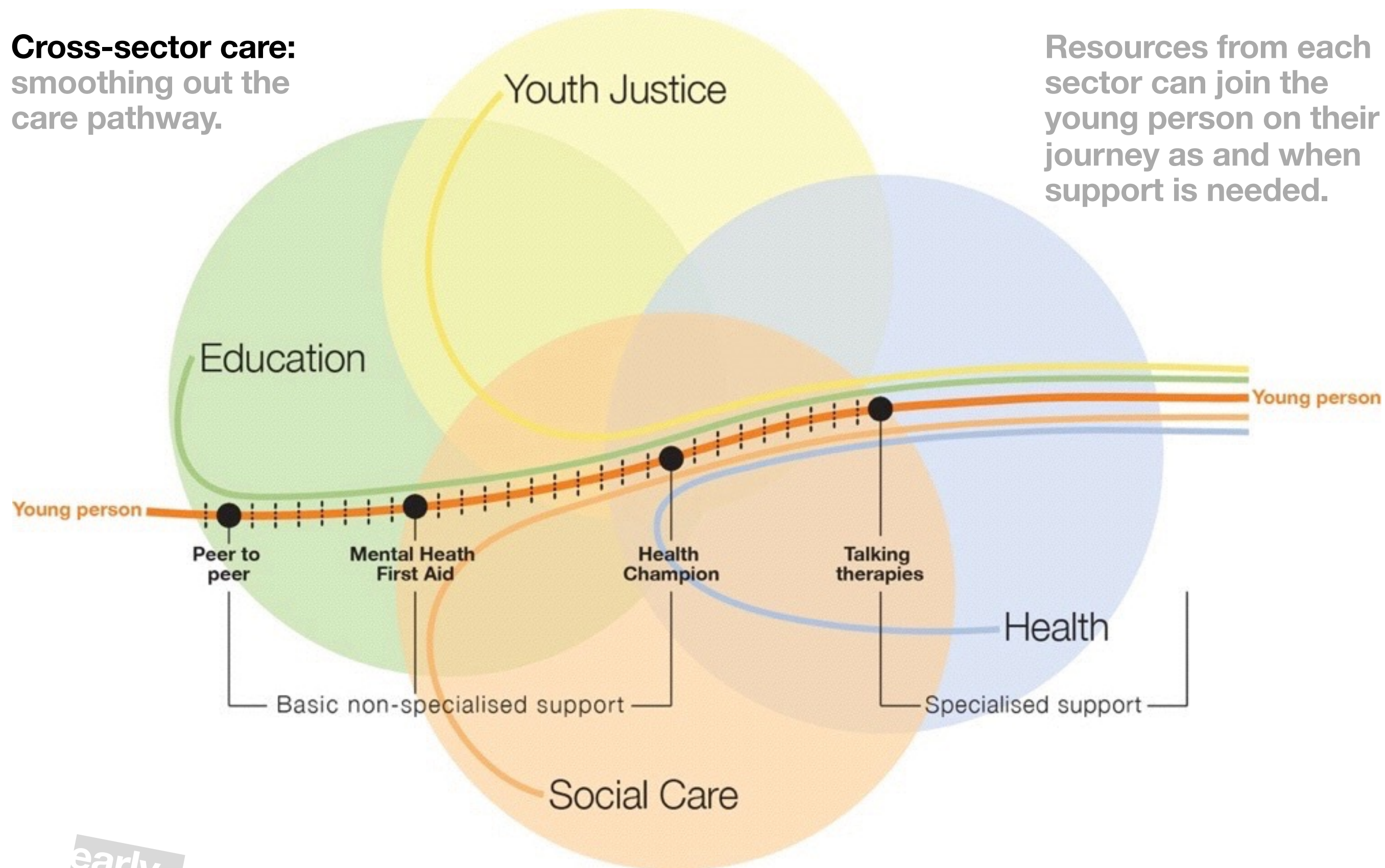
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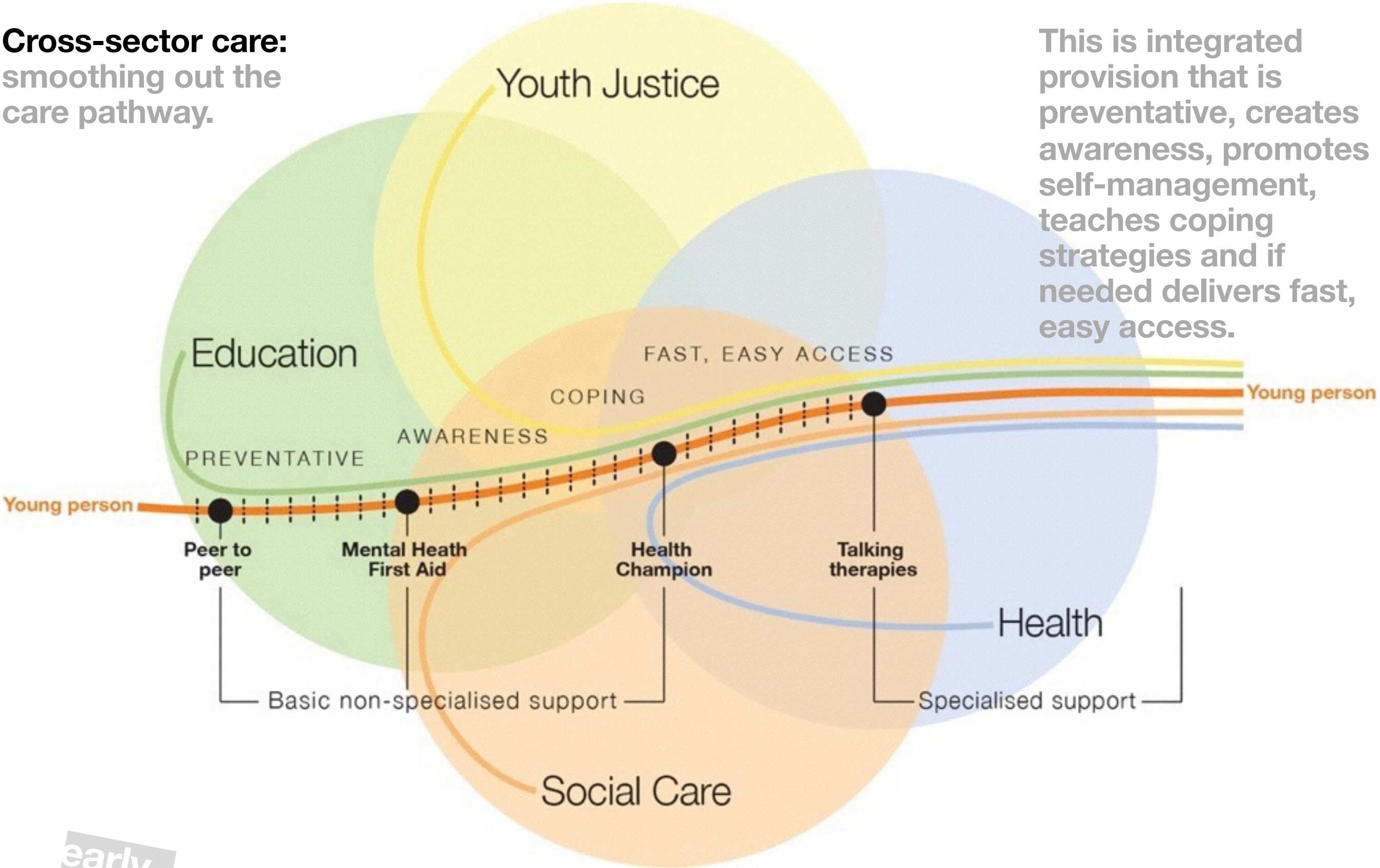
**Cross-sector care:**  
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**Cross-sector care:**  
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care pathway.



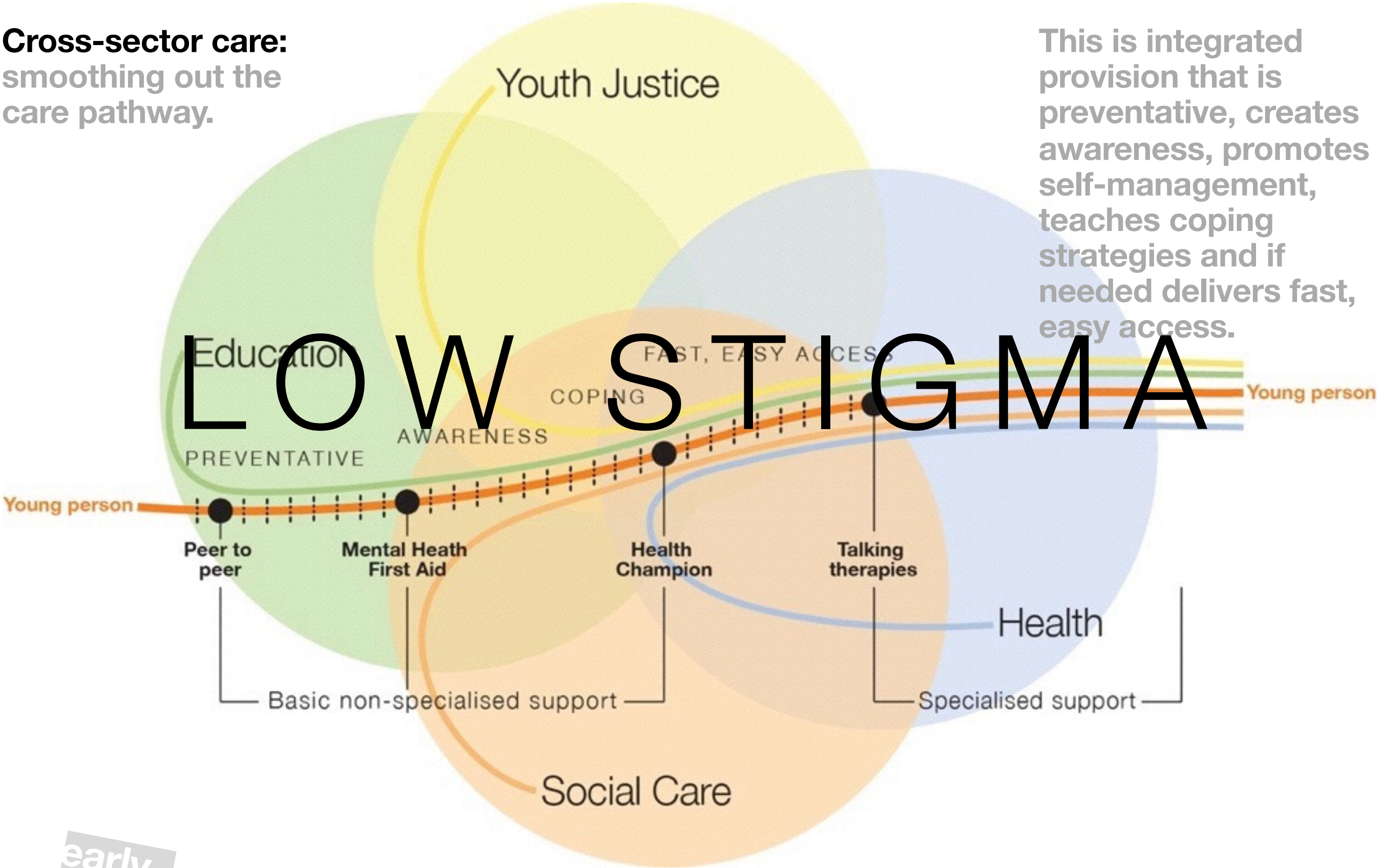
This is integrated provision that is preventative, creates awareness, promotes self-management, teaches coping strategies and if needed delivers fast, easy access.



Cross-sector care:  
smoothing out the  
care pathway.

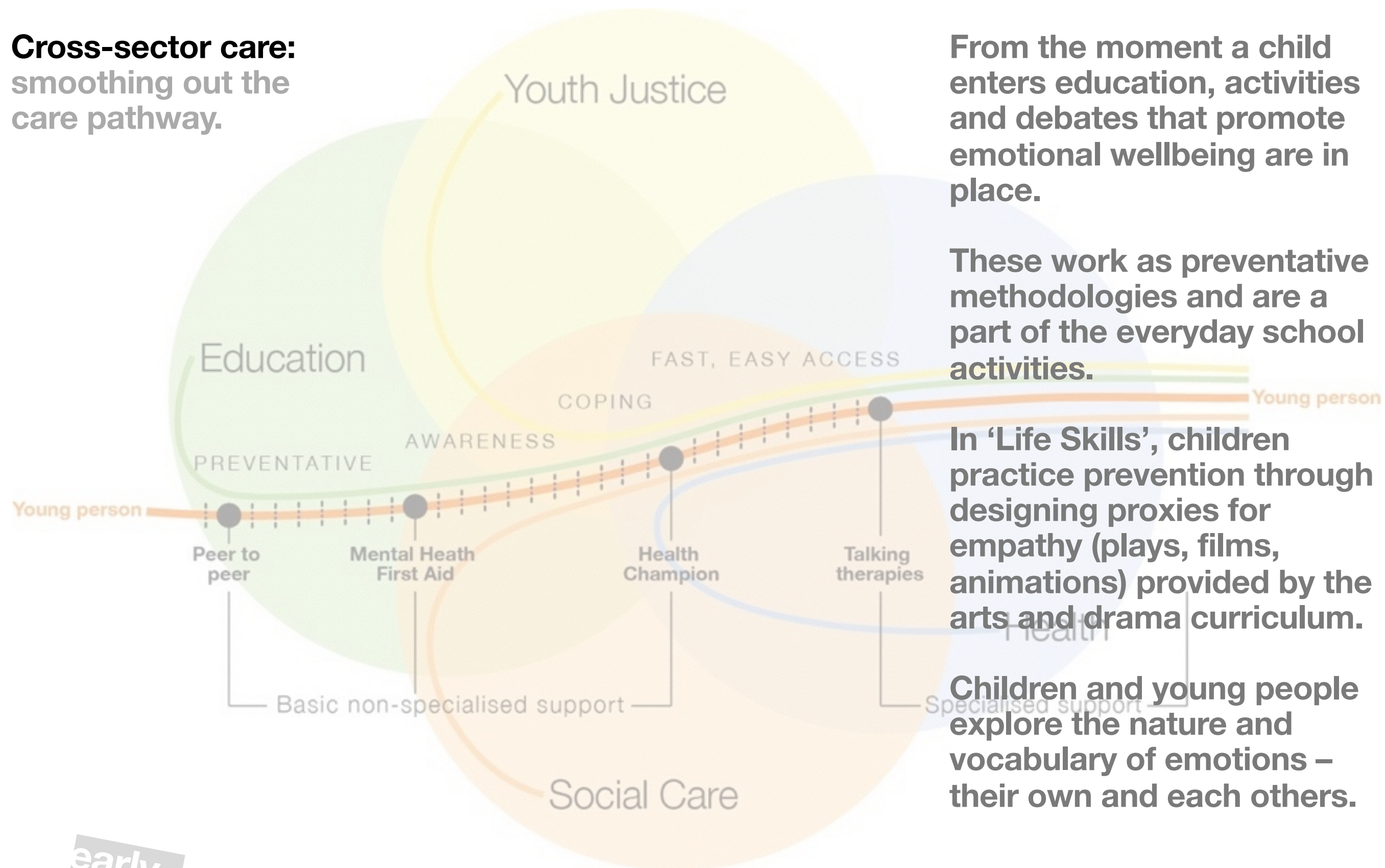
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easy access.

# LOW STIGMA



## 2/4 How to get it: the tools and resources

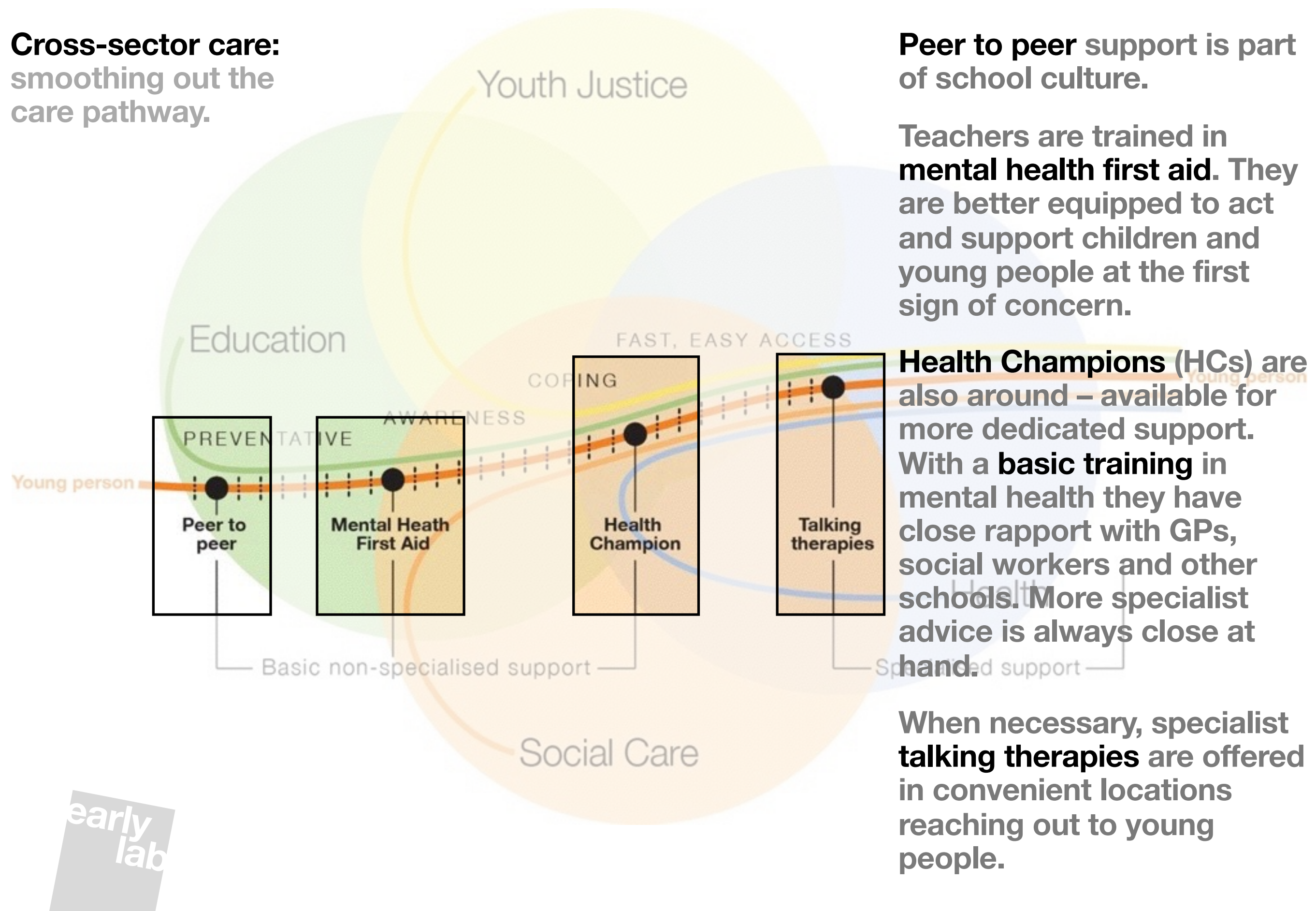
**Cross-sector care:**  
smoothing out the  
care pathway.





## 2/4 How to get it: the tools and resources

**Cross-sector care:**  
smoothing out the  
care pathway.



**Peer to peer support** is part of school culture.

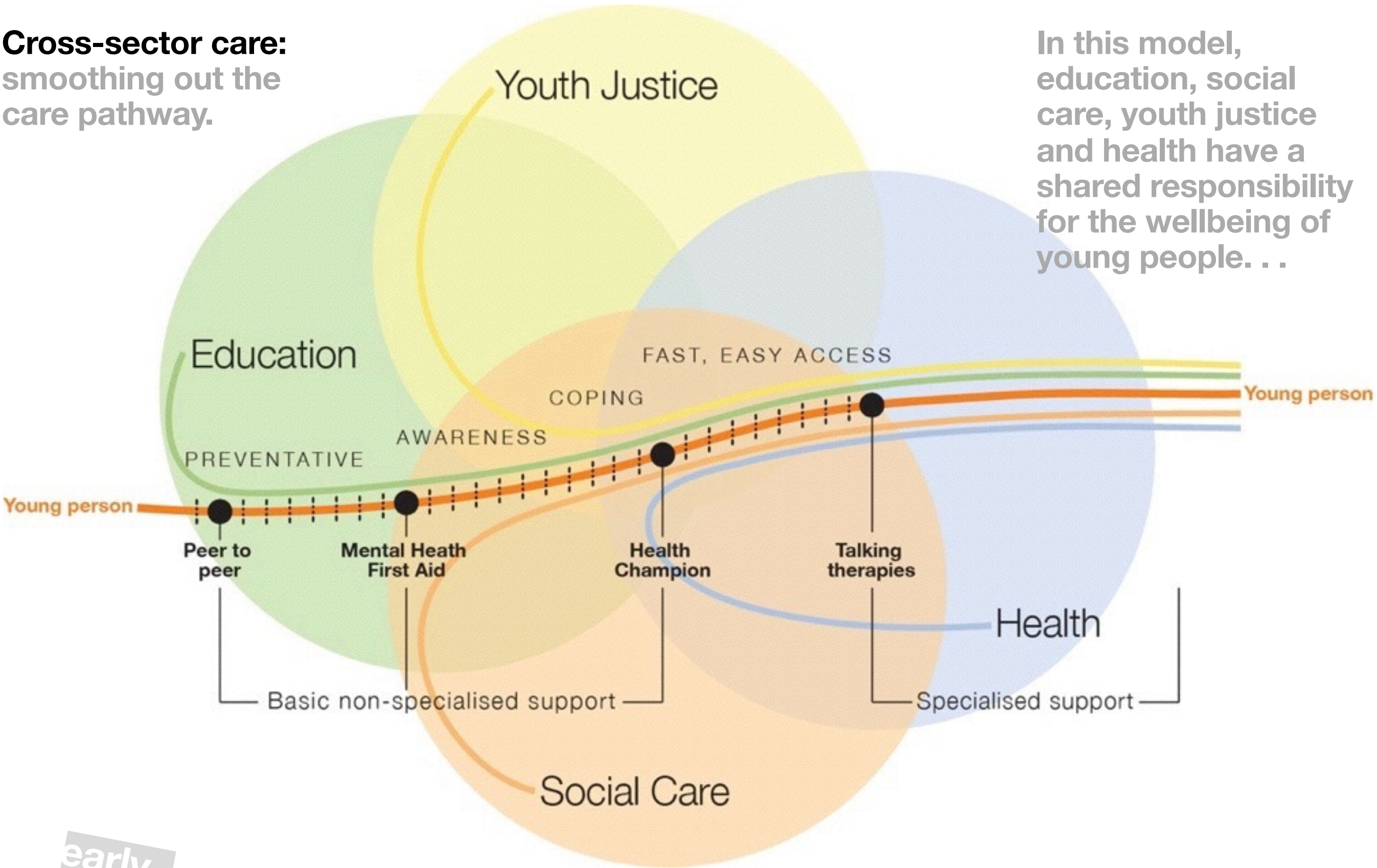
Teachers are trained in **mental health first aid**. They are better equipped to act and support children and young people at the first sign of concern.

**Health Champions (HCs)** are also around – available for more dedicated support. With a **basic training** in mental health they have close rapport with GPs, social workers and other schools. More specialist advice is always close at **hand**.

When necessary, specialist **talking therapies** are offered in convenient locations reaching out to young people.

**Cross-sector care:**  
smoothing out the  
care pathway.

In this model,  
education, social  
care, youth justice  
and health have a  
shared responsibility  
for the wellbeing of  
young people. . .

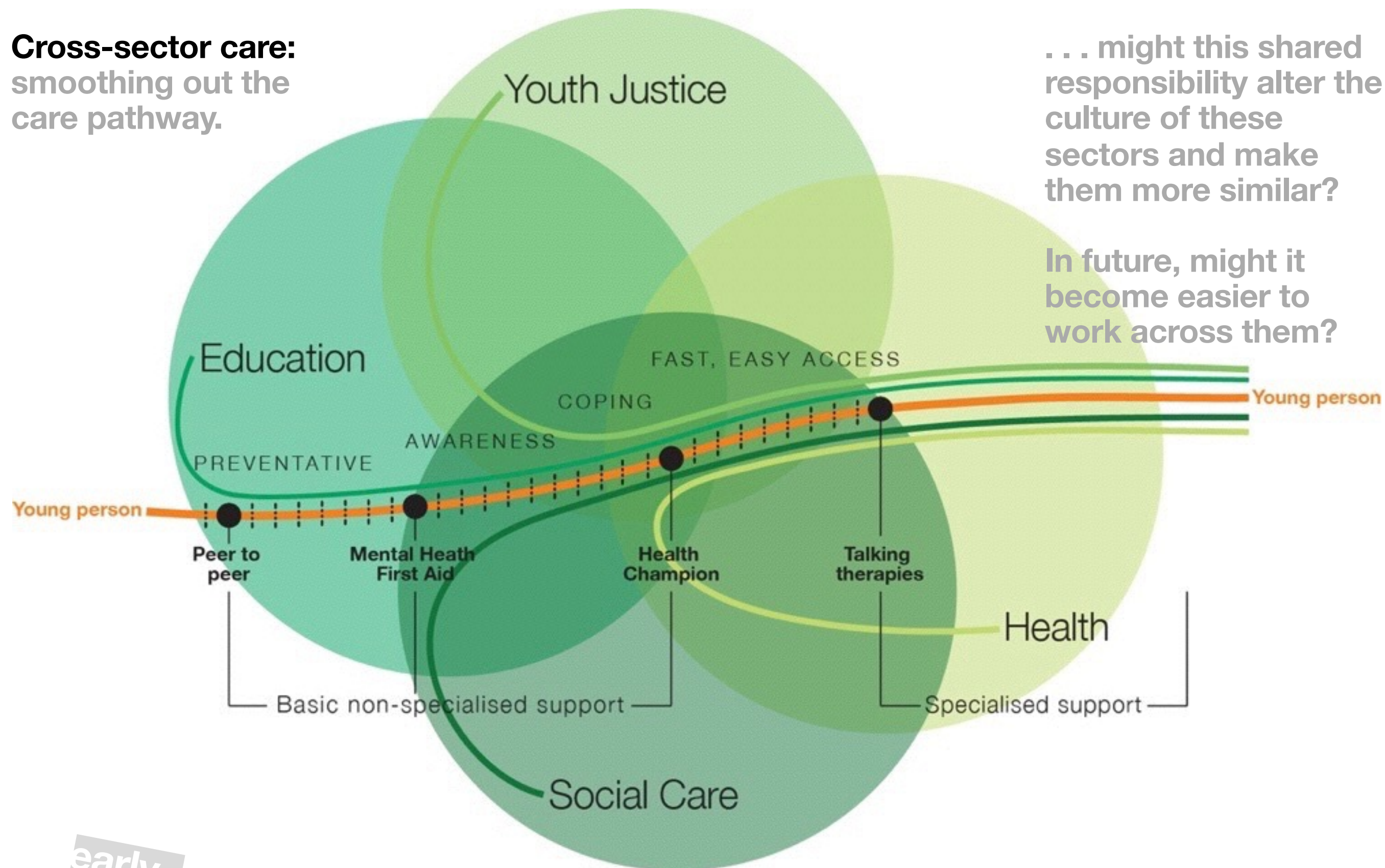




**Cross-sector care:**  
smoothing out the  
care pathway.

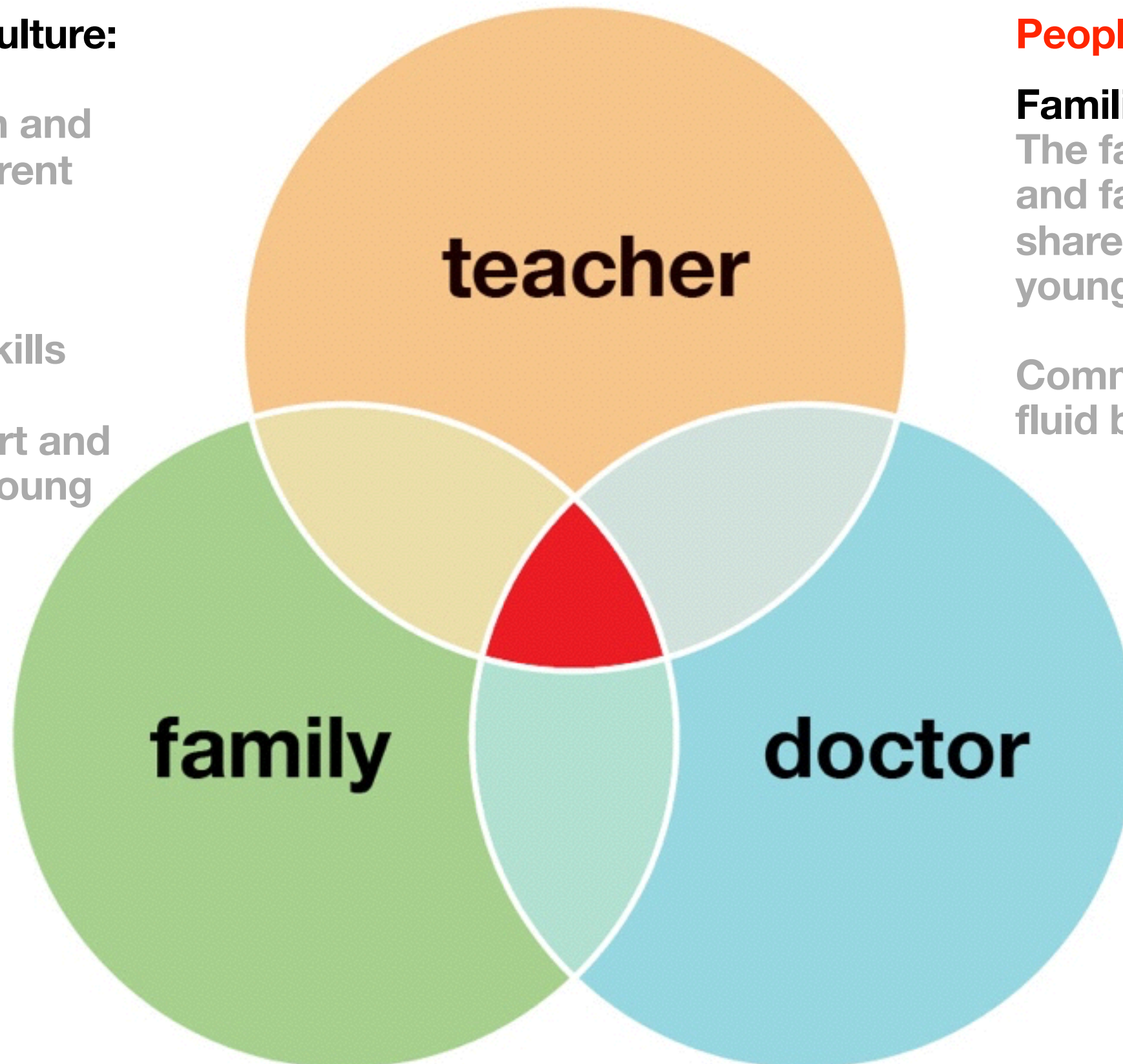
... might this shared  
responsibility alter the  
culture of these  
sectors and make  
them more similar?

In future, might it  
become easier to  
work across them?



**Cross-sector culture:**  
a culture of  
communication and  
sharing at different  
scales.

– preventative  
methods, life skills  
development,  
parental support and  
health from a young  
age.



**People sharing**

**Familiar**

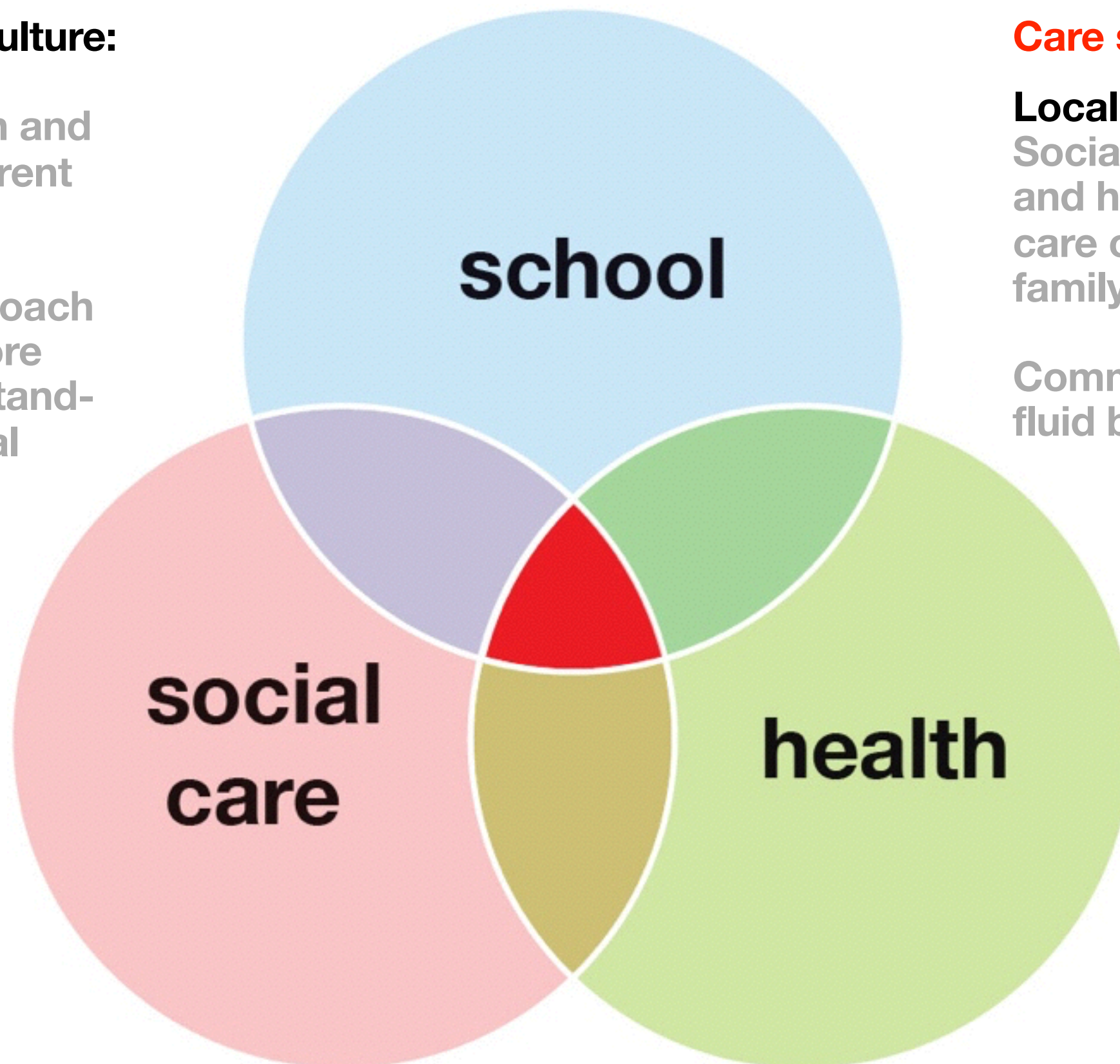
The family, teacher  
and family doctor  
share the care of a  
young person.

Communication is  
fluid between them.



**Cross-sector culture:**  
a culture of  
communication and  
sharing at different  
scales.

Might this approach  
lead us to a more  
holistic understand-  
ing of emotional  
wellbeing?



### Care sharing

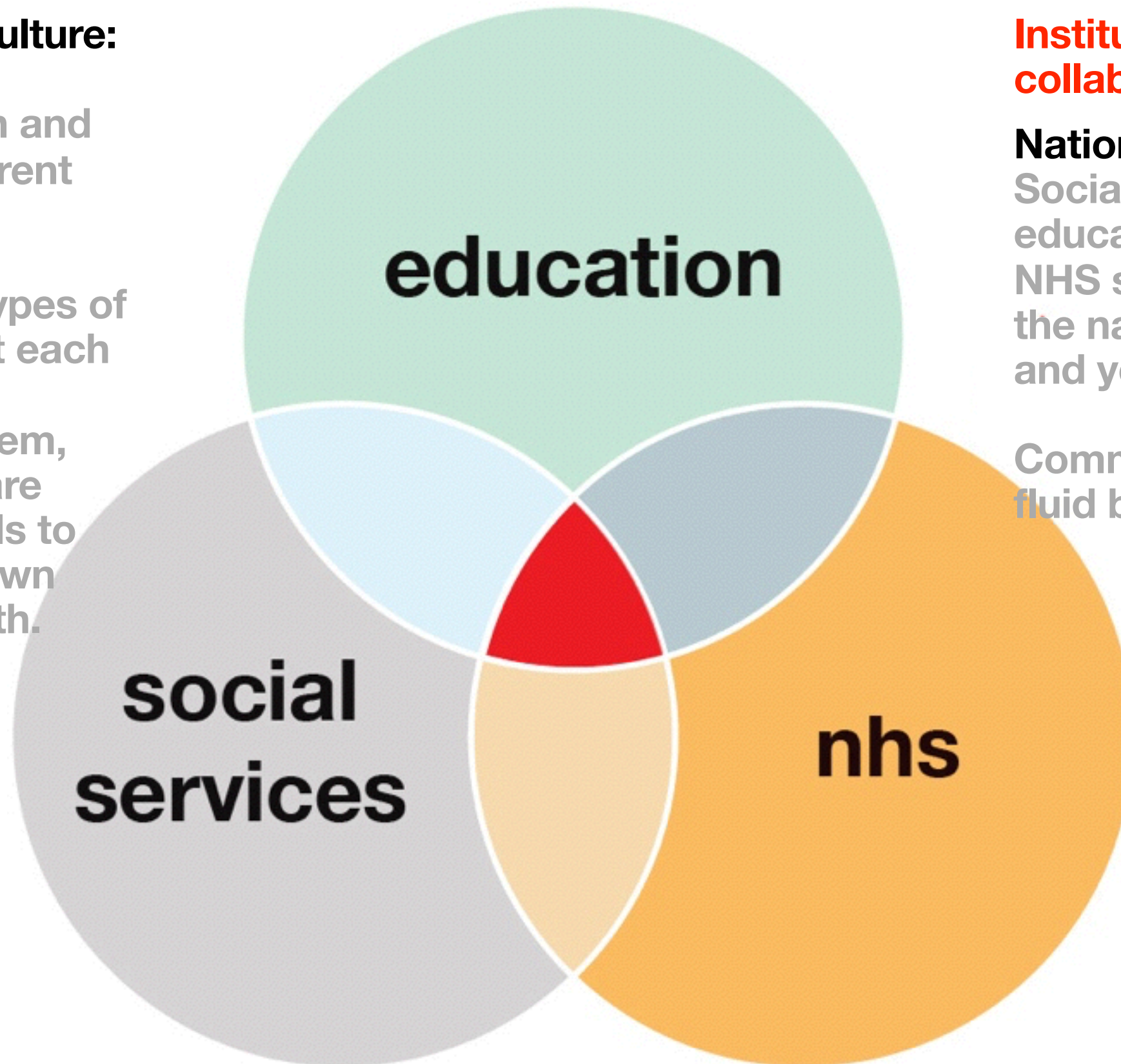
#### Local

Social care, school  
and health share the  
care of the whole  
family.

Communication is  
fluid between them.

**Cross-sector culture:**  
a culture of  
communication and  
sharing at different  
scales.

Through new types of  
dialogue to suit each  
scale of this  
integrated system,  
young people are  
developing tools to  
manage their own  
emotional health.



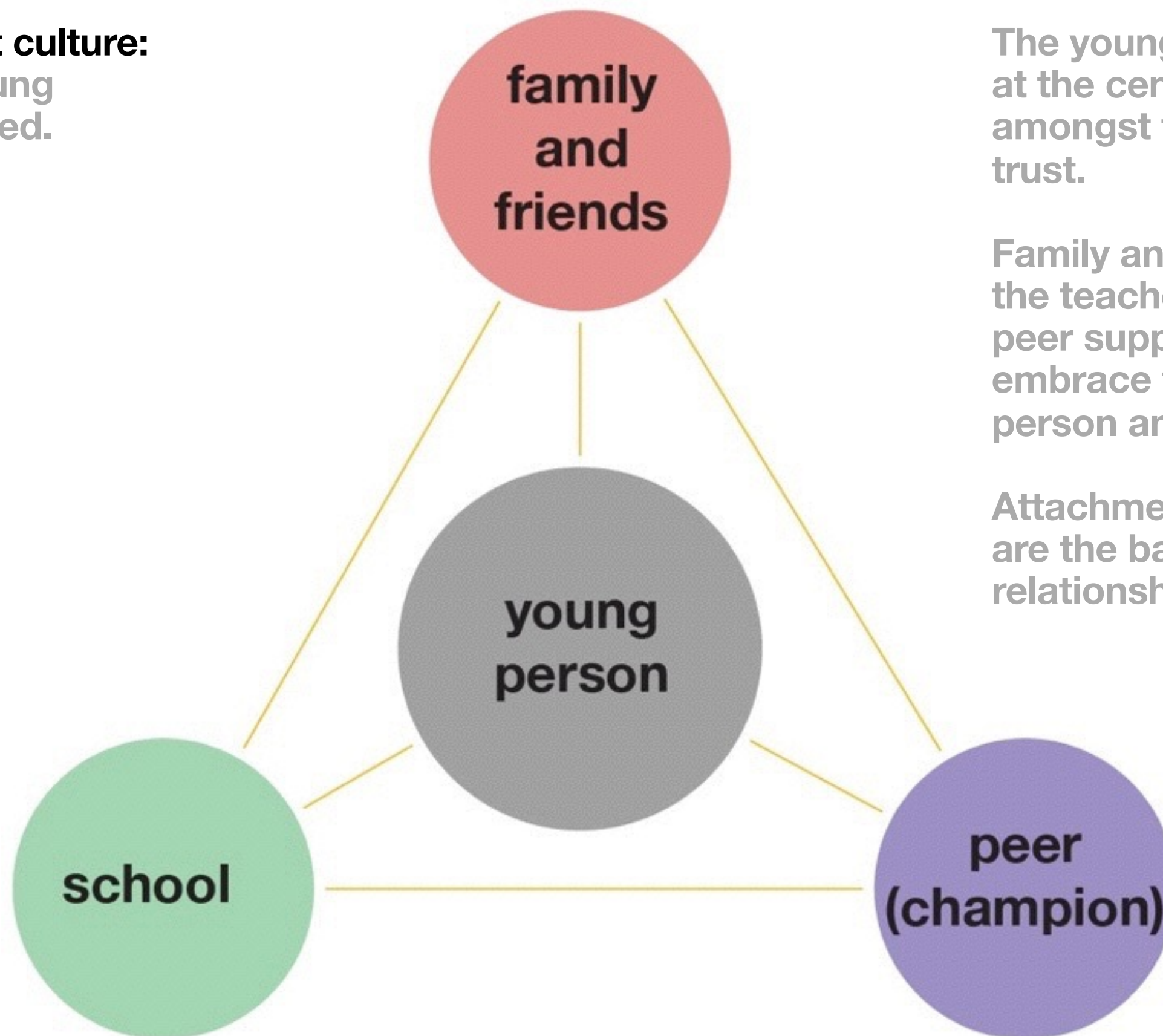
**Institutional  
collaboration**

**National**  
Social services,  
education and the  
NHS share the care of  
the nation's children  
and young people.

Communication is  
fluid between them.



**Peer support culture:**  
child and young  
person centred.

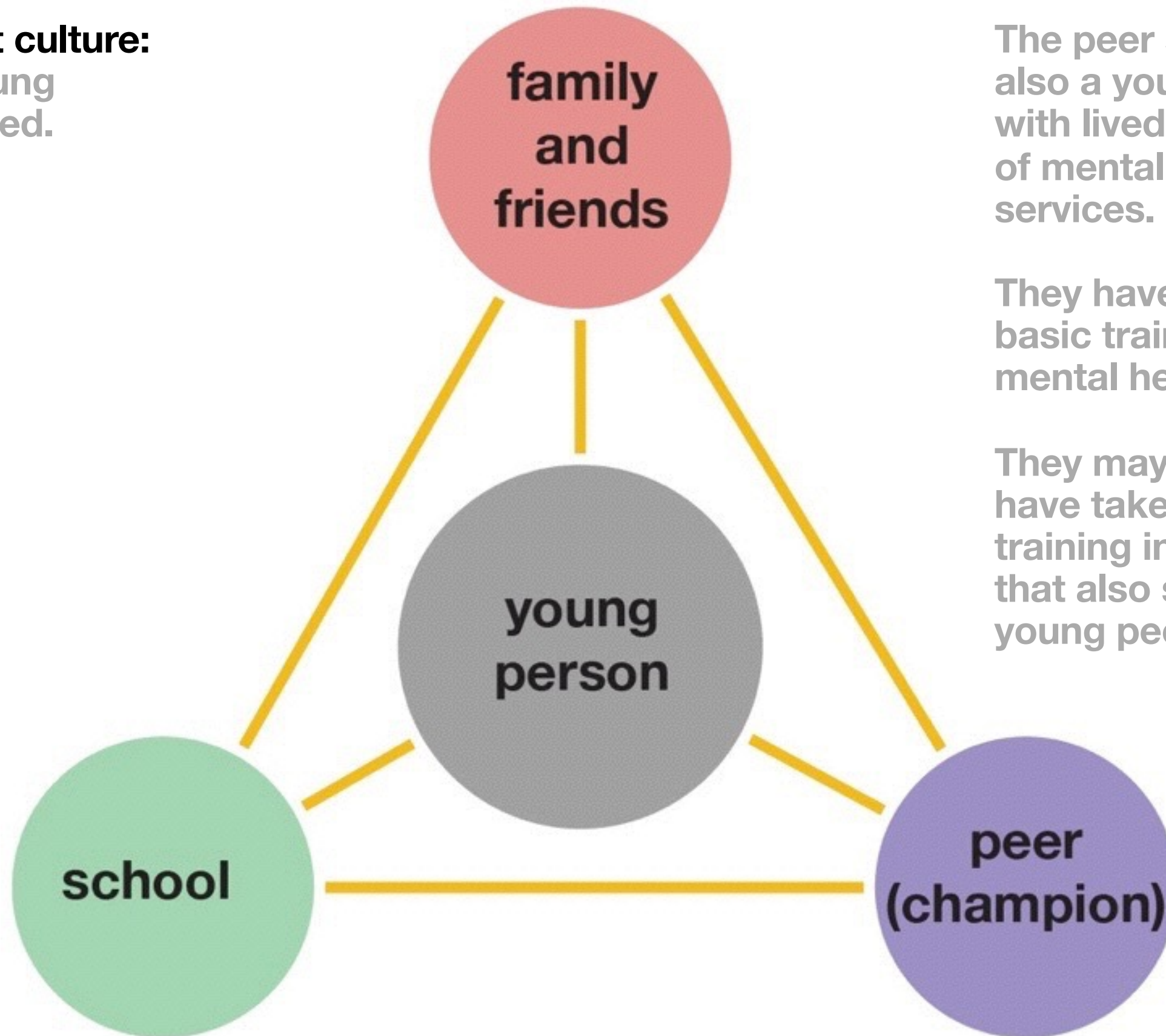


The young person is  
at the centre of care  
amongst those they  
trust.

Family and friends,  
the teacher and the  
peer supporter  
embrace the young  
person and their care.

Attachment and trust  
are the basis of these  
relationships.

**Peer support culture:**  
child and young  
person centred.



The peer supporter is also a young person with lived experience of mental health services.

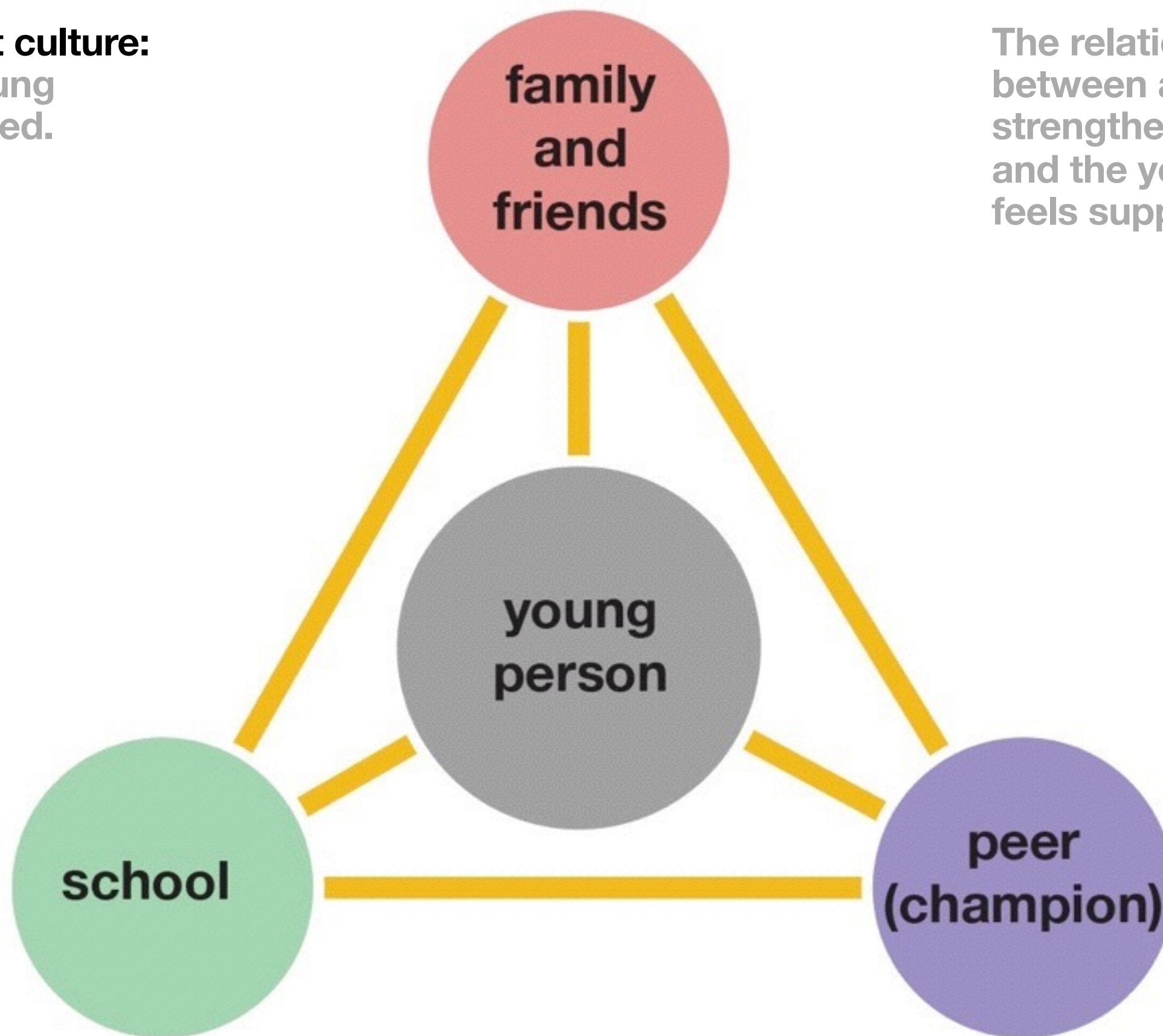
They have also taken basic training in mental health.

They may possibly have taken basic training in other areas that also support young people.



**Peer support culture:**  
child and young  
person centred.

The relationship  
between all of them  
strengthens over time  
and the young person  
feels supported.



The Early Lab, offering opportunities for designers to experience being involved in processes early (long before they are usually invited) so that their contributions might have a greater chance to deliver resilient and sustainable outcomes.

Trans-disciplinary, collaborative, complex socio-ecological challenges met responsively with people where they are, in their places.

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