



Young Voices Count

Launch event for Healthwatch Southwark's reports on mental health and sexual health for young people

#YoungVoices

healthwatch
Southwark

Young Voices Count!

Hear what young people want around mental and sexual health

When?

Wednesday 2 November
4pm - 6.30pm
(arrive for a prompt start)

Where?

Cambridge House, 1 Addington Square, Camberwell SE5 0HF

To book:

020 7358 7005
info@healthwatchsouthwark.co.uk
Visit: <https://goo.gl/27knCC>

At the event:

- Hear HWS's key findings from engagement with young people
- Ask questions to people that provide, fund and monitor services for young people
- Network over food and help inform our future work

All are welcome

This event is FREE but please book your place



Date: Wednesday 2 November

Time: 4pm - 6.30pm

Venue: Cambridge House, 1 Addington Square, Camberwell, SE5 0HF.

Attendees

This event was attended by 64 Southwark residents and representatives from the voluntary and community sector. 45 had not attended a Healthwatch Southwark (HWS) Event before and four were under the age of 18, of whom three had volunteered with HWS and presented or spoke publicly at the event.

Purpose of the forum

The purpose of this forum was to:

- 1) Inform people about Healthwatch Southwark (HWS)
- 2) Share the findings of our engagement with young people in Southwark around mental health, wellbeing and sexual health
- 3) Launch our [Young Voices on Mental Health](#) and [Young Voices on Sexual Health](#) reports
- 4) Hear what organisations that provide or pay for services thought of the findings, and how they will be acting on the recommendations made.
- 5) Give members of the public an opportunity to ask questions of these organisations.

There were presentations from HWS including two young volunteers who talked about their experiences and responses. We then heard responses to the HWS reports from a panel providers and commissioners which was made up of:

- Kirsten Watters - Consultant in Public Health, Sexual Health Lead, Southwark Council
- Caroline Gilmartin - Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group
- Adrian Kelly - Senior Commissioning Officer, Sexual Health, Lambeth Council
- Lee Souter - Healthy Schools and Personal, Social and Health Education (PSHE) lead, Southwark Council

Then followed a question and answer session around the findings from HWS's work and actions going forward. The event ended with food and networking.

Karin Woodley, Chief Executive of Cambridge House and HWS Advisory Group member, chaired this event.



Healthwatch Southwark (HWS) Update

Aarti, HWS Manager, spoke about the recent work HWS has undertaken. She explained that HWS spoke with 114 young people around mental health and 105 young people about sexual health, and outlined the demographics of the young people. Responses were captured through an online survey, workshops delivered to young people supported by different community and voluntary sector organisations, and a paper survey distributed through a partnership with Walworth Academy.

Aarti spoke particularly about the recommendations made in the reports:

Young Voices on Mental Health:

- Teach young people about mental health
- Support young people at school. Teach teachers about mental health
- Reduce stigma; normalise talking about mental health

Young Voice on Sexual Health:

- Bring experts into schools to deliver sex education
- More sustained / refreshed sex education is needed
- What about the social aspect of sex? Referring to discussions on what a healthy relationship is
- Deal with stigma and taboos

Recommendations common to both reports:

- Be creative and engaging in education
- Promote mental health and sexual health services, including in GPs
- Be clear about confidentiality and offer anonymous support



Aarti then invited some young people who had taken part in the workshops to talk about what it was like to participate, and what they had found particularly interesting in the conversations they had had. They told us that:

[Young people have] lots of different experiences despite living in the same borough - they go to different schools.

That some young people feel judged by professionals when they go for preventative help, and also that some young people can't open up, like speaking to friends about mental health issues.

Aarti asked the young people if there was anything that had jumped out to them when they read the reports, or anything that concerned them about the findings. They told us that:

Young people are more aware of sexual health services than mental health services

Stigma is enough to stop conversations

I'm struck by the assumption that mental health issues always result in medication. There should be other ways to address mental health issues

Reflections from stakeholders

Kirsten Watters - Consultant in Public Health, Sexual Health Lead, Southwark Council

Kirsten was struck by the common themes around stigma and gender in both reports - for example, she was concerned to hear that boys find it harder to talk about mental health than girls and was interested to hear that the influence of society in general is as important as services. Kirsten felt that everyone can play a part in tackling stigma when talking about health.

She explained that teenagers have poorer health than children - they have new needs, but there haven't been as many gains as for other groups in terms of how well teenagers' needs are met by services. Good health helps young people navigate the rest of their lives - for example their home life and relationships. Teenage health impacts on health as an adult - 50% of adults with serious mental illness (SMI) started to experience it in their teenage years.



She told us that risk-taking is a natural part of development but some young people take serious risks with their health - through sex, alcohol, drugs, injury. Poor sexual health and mental health don't exist in isolation but are linked to a whole web of risky behaviours.

The challenges in Southwark are that there is a high sexually transmitted infections (STI) rate though teenage pregnancies are reducing. There is still work to be done to address STIs, contraception and unhealthy relationships.

Since 2012, Southwark's historically low rate of hospitalisation for self-harm has been rising. Among year 4/5 pupils, 67% say they're satisfied with their lives. This then declines as children get older. Boys are more likely than girls to say they are satisfied with their lives. Kirsten explained that building young people's self-esteem is important to help with coping and resilience.

Caroline Gilmartin - Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group

Caroline talked about the mental health report and recommendations. She found that some things in the report were uplifting - there was a clear message that young people want to be able to talk about mental health as a state of wellness rather than just talking about being sick. She said that it was important that people working in the NHS, including commissioners must do more to help people to look after themselves and put things in place to make this easier.



Caroline acknowledged that there is a lot we are not getting right - some of it quite shocking:

- Young people don't know how skilled GPs are and what they offer
- We're not getting the partnership right enough between health services and schools
- We expect people to know how to navigate the system and find a service.

She said that anyone at the event will know a young friend/acquaintance who has had big issues with mental health and often poor experiences with services. Getting support right and helping people build resilience can save lives.

Caroline asked 'So what are we doing?' and explained:

- Partnerships are critical. The local authority, health services and schools need to work together. We have started to test the best way of doing some things through the Children and Young People's Health Partnership (CYPHP) project which aims to cut down barriers, and put services and experts into schools.

- Commissioners are working harder with service users to understand what professionals and services need to do in order to relate to young people and be welcoming, so that walking into a GP surgery is not an off-putting experience. She said that young people need to know that it is a confidential service, that GPs and nurses are highly trained, including in issues relating to mental health and wellbeing. So we are working on some training for these professional groups to help them get the message out about being young person friendly. She said, it is important that if someone has a bad experience in a service they know that they can do something about it -by raising your concerns directly with the service, the issues will be investigated and lessons learnt.
- Stigma needs to be broken down - this is a big national issue. Southwark and Lambeth in particular need to consider that diverse cultures mean things are different for different people.
- Mostly, a lot of our job is working with health service providers, councils, schools services in the voluntary sector to increase people's ability to make choices, understand the system and feel confident in it.

Adrian Kelly - Senior Commissioning Officer, Sexual Health, Lambeth Council

Adrian talked about the sexual health report and recommendations.

£9 million is spent on sexual health services for Southwark each year. Adrian asked 'what next after the publication of these Healthwatch reports?' and assured the audience that sexual health commissioners will go back to the reports when making decisions.

Adrian told us that it is good to hear that sexual health services are quite well publicised, and that they are keen to empower people to care for themselves so that they do not need to go to the clinic at all. The condom distribution scheme 'c-card' ('come correct') is part of this. People only have to register once, then talk to a pharmacist they are familiar with if they need advice when they go to collect condoms.



Adrian explained that there is a distinction between anonymous and confidential help. He explained that services cannot offer anonymous help to under-18s because they have to be able to act on information about abuse. However, they are increasing the SH:24 service for those who don't want to talk to professionals in person.

Adrian said it was heart-breaking to hear bad stories when a service has not been young people-friendly. However, most sexual health services do score very highly on the Friends and Family Test (which asks whether a service user would recommend the service) and staff deal with difficult issues all the time, so most are able to deal with these topics

sensitively. He said that there are ‘bad apples’, so people should complain if they have a poor experience, to stop it from happening again. Adrian added that it is important for commissioners to hear how providers are responding to complaints. Talking about good experiences as well encourages others to use the service.

Adrian said that sexual health and mental health are both immersed in taboo and stigma. He explains that commissioners are trying to tackle this through the adult sexual health programme which commissioned the Race Equality Foundation to deliver information to families.

He also explained that the Council contribute to London-wide HIV stigma campaign targeting at-risk communities including Black and Minority Ethnic groups (BME) and not just men who have sex with men (MSM). Adrian also highlighted the ‘Strengthening Families, Strengthening Communities’ programme which has been adapted to include sexual health, and targets BME communities.

Lee Souter - Healthy Schools and Personal, Social and Health Education (PSHE) lead, Southwark Council



Lee talked about both the mental health and sexual health reports and recommendations.

He said that education can change the lives of individuals and explained that the reports are ‘great, and exactly the sort of information we need’. Lee said ‘we need buy in and leadership from the onset’ and that ‘we really need to think about what works - we need more evidence-based and action-based research’ to inform services.

The Healthy Schools programme in Southwark is funded by NHS Southwark Clinical Commissioning Group (CCG). Lee told us that they are on the right track and that Southwark are doing well compared to neighbouring boroughs, and chasing leaders such as Camden. Lee highlighted that Robert Browning School recently got a ‘gold’ for Healthy Schools.

He told us that the Healthy Schools programme is really focused on young people’s emotional wellbeing, especially for year 6. It includes increasing parents’ monitoring of screen time for their children (computer and TV), improving understanding of healthier food choices and promoting physical activity. The programme also includes sex and relationship education (SRE) teacher training. Lee outlined that schools on the programme get access to resources like a new PSHE wellbeing curriculum so they can plan session around this.

Lee spoke about the challenges the programme faces with budget reductions, threat to services and keeping innovative momentum. He told us that the Ofsted framework also supports schools to prioritise health.

Question and Answer Session

Question [asked by a young person who volunteers with Healthwatch Southwark (HWS) and who took part in the mental health and sexual health workshops]

I volunteered with HWS over the summer. As young volunteers, we visited Brook Sexual Health Clinic, and we liked it because it was discrete - can we have more services like this?

Answers

Adrian: We're committed to maintaining a distinctive young people's service with smaller clinics. As well as Brook there is also Whoosh. However, changes are going to happen, because of financial pressures. There is an issue at Brook because the Walworth Road clinic is on commercial rent and it is being squeezed by the landlord.

Karin: Send them to Cambridge House!

Adrian: We are open to ideas because we want to maintain a service where young people aren't going to bump into auntie in the waiting room!

Kristen: We are committed to a specific young people's service.



Question

There are many interconnected issues in young people's wellbeing. Can the clinics address this too?

Answer

Adrian: We're going to try to integrate young people's services- e.g. put an alcohol/drugs service in with sexual health services.

Caroline: We need a comprehensive map of services with proper Voluntary and Community Sector (VCS) engagement. The Council/CCG are currently looking into how they work with the VCS.

Karin: Community Southwark and HWS can be used to help coordinate information.

Question

Where should we send information about what we're doing in the Voluntary and Community Sector (VCS) so we can work together? I'm from a theatre group working on creative engagement with young people and we have the capacity to work with more of them. We need to map out resources.

Answer

Caroline: Use the [CCG's direct email](#). Theatre can be very powerful. Also, other media like rappers. We need to be jolted into doing things differently to save money in the long run.

Question [asked by a young person who took part in HWS's mental health workshop]

If you get an STI, get pregnant etc., you know exactly where to go and you get seen right away. With mental health, what do you do? You could go to A&E for immediate help but they might just give you medicine.

Answer

Kirsten: It depends on the problem - mental health is much more complex than sexual health regarding what people need, so it's harder to provide quickly. So really, we need to get the message right.

Caroline: There isn't just one way - so the message needs to be seek help and you can do it 24/7. If you think you need A&E, go. If you can't get a GP appointment, the Extended Primary Care Service (EPCS) is available. If in school, seek help there. It's complex and may take time but it's better than not being seen at all.

Young person who asked question: I think you need to get this message out there better.

Caroline: I agree. Quite often the GP is the gatekeeper who can refer people onward. It's really important that people know this.

Karin: The three key things we need are 1) communication 2) trust 3) to be able to access people with adequate information/specialists.



Question

I have a daughter aged 17 with Autistic Spectrum Disorder (ASD). You all say you're collaborating but no one knows about it. If you [the service user] don't look around, you don't get signposted. People just say 'that's not our remit'. Also, some services it seems young people just don't enjoy, but they can't go to a different one.

Answer

Karin: Yes, and when people want a service, they're already in distress, they should know in advance where to go.

Kirsten: There should be no wrong door.

Caroline: It's really important to meet the needs of the individual. Have that conversation and use your voice, or get someone to help you use your voice. Commissioners need real feedback not just performance indicators.

Question

I'm a school nurse, qualified in public health and I specialise in several issues. I would love to be in schools more! For example, drop-ins. But there's a very high caseload and lots of safeguarding takes up time. Also, we face barriers, especially in faith schools. We can't utter the words 'sex' or 'condoms'. Also, I took a CAMHS (Child and Adolescent Mental Health Services) qualification and I can deliver low level interventions. Training is important and commissioners should look into this type of thing.

Answer

Kirsten: I love school nurses and am committed to that model. Public health holds the budget for school nursing - there are budget challenges but we will do best to minimise disruption.

Adrian: School nurses are currently delivering the programme that's going to lead to one of the biggest advances in sexual health - the HPV vaccine. They're now using a more expensive vaccine that also protects against genital warts - the most common STI - which is now on the decline! Nurses are getting on with this complex vaccine scheme quietly - it's a great success story.

Lee: I'm aware of challenges regarding faith perspectives. We work with all schools on the Healthy Schools programme including faith schools. There's been recent discussion on improving SRE in faith schools. Academies don't have to teach SRE but most do. One of Southwark's commissioned providers delivers it. The relationships education part also isn't statutory but Healthy Schools requires it - this is why it's so important for more schools to join that programme.

Caroline: The Healthwatch report contains challenging messages regarding school nurses but clearly they have to be part of the solution.

COMMENT (audience member): I'm a sexual health nurse in the Lewisham outreach team. You want specialists in schools. We used to do this and still do a bit but aren't really commissioned to do it anymore.

Question

I saw that young people want professionals to come into schools. Doctors are keen. Can we do it?

Answer

Lee: It's part of the model of excellence to do this. Email me directly about it!

Question

I'm a sexual health doctor at King's College Hospital. Camberwell sexual health clinic is looking to engage with young people as they aren't coming in as much anymore. Many say they don't know about the service, especially teenage boys. How should we engage with young people? Social media or some other way?

Answer

Young person: Through schools and in GPs with lists of clinics.

Young person: Definitely through schools. It'll be seen on social media but many, especially boys, will just scroll past it. In school you have to listen.

Question

I work in mental health user involvement. Sometimes young people are not able to stay in education because of their mental health issue. What provisions are made for this? I've met some who aren't getting anything.

Answer

Lee: A team at the council look for children 'missing from' education.

Caroline: The system needs to be more flexible - help people move in and out and pick up where they left off. Especially age 18+ when people drop off from compulsory education.

Question

I work at Metro charity, in an LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) youth group. Regarding healthy schools, are the criteria for assessing SRE inclusive - do they encompass teaching about safe sex for non-hetero relationships?

Answer

Lee: Schools are aware of their duty to be inclusive under the Equalities Act. The project 'Boy' and theatre education programmes have been designed to address homophobia and promote best practice. We want to reinforce the importance of partnership. For example, I worked in a faith school with a homophobia issue - the diocese developed a document about how to challenge it. The Healthy Schools model is indeed inclusive - but it's not being used everywhere.

Adrian: It's striking how hard it is for BME (Black and Minority Ethnic) young people with confusion or differences in their sexuality to talk about it. The Strengthening Families programme has addressed some of this. We are starting to unpick it in a respectful way.

Event close and next steps

Karin brought the Question and Answer session to a close and thanked people for their contributions.

Aarti then explained Healthwatch Southwark (HWS)’s next steps. We will be working with the CCG, Council and Public Health to address the recommendations made in both the **Young Voices on Mental Health** report and **Young Voices on Sexual Health** report.



HWS are also in the process of refreshing our priorities for future work. Aarti encouraged attendees to speak to the Healthwatch team and volunteers to get involved in this. [Surveys](#) were distributed at the event.

Speakers and attendees finished the event by networking over food.

Feedback about the event

18 people completed an evaluation form about the event.

| Aspects of the event | % who Agreed |
|--|--------------|
| ‘I now know more about Healthwatch Southwark’ | 67% |
| ‘As a result of today, I know more about how young people feel about mental wellbeing and sexual health’ | 72% |
| ‘The audience had a chance to challenge/question decision makers about how they are going to improve things’ | 67% |

People said the best thing about the event was:

- Young people speaking out about their experience of sexual health and mental health stigmas and where to go for information.
- The mix of panel members.
- Meeting people from different backgrounds passionate about improving young peoples’ access to mental health and sexual health services.
- Finding out that Southwark are interested in improving their services.
- It was useful finding out about Healthwatch and what the organisation does.
- Hearing professionals’ response to the reports.

- At the end the presenters 'admitted' that there are serious shortcomings in services.
- The young people.
- Good dialogue.
- Hearing from young people and what they want.
- The explanation was good and beneficial to hear what was on offer.

If I could improve one thing about the event it would be...

- More young people who currently use services.
- It was very cold!
- More explanation about subjects / speaking in layman's terms.
- Starting on time.
- Printed copies of the report or slides would have been useful. More visuals to accompany presentations.
- Have critical voices presenting alongside institutional voices.
- Less talking by panel and more opportunity for discussions.
- Felt like it was mainly promoting Southwark's good initiatives but not really addressing the future of public health funding and how this will impact on service provision and quality.

Other comments:

- Thank you for this very useful and important and information event - more please!
- Good work! Well done.
- I would like to know more details about specific projects / initiatives and how to signpost to these.
- I don't get a sense of what anyone will do about the reports shared with us, only what they are doing which isn't enough.