

**LEADERS  
UNLOCKED**



**MH:2K**

**DERBY AND DERBYSHIRE**

**A YOUTH-LED APPROACH  
TO EXPLORING MENTAL HEALTH**

**JANUARY 2022**

# PART ONE: INTRODUCING MH:2K

## SECTION 1: INTRODUCTION

*"Eighteen months after the first lockdown and after warnings from the mental health sector about the long-lasting mental health impact of the pandemic, the Royal College of Psychiatrists' analysis of NHS Digital data found that 134% more 0-18-year-olds were referred to children and young people's mental health services this year than last year." (Royal College of Psychiatrists, 2021)*

## ABOUT MH:2K

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

- Identify the mental health issues that they see as most important;
- Engage other young people 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 and could work in any UK local area.

Oldham became the first local area to run MH:2K back in 2016-17, supported by Oldham Council, Oldham Clinical Commissioning Group, and a Wellcome Trust People Award. In 2017-18, the success of the project led it to expand to four new areas: Birmingham, Central Lancashire, Nottinghamshire, and North Tyneside. MH:2K Nottingham and Nottinghamshire has continued and is now running its third year.

MH:2K is delivered by social enterprise Leaders Unlocked.

**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.

**"MH:2K has allowed me to open up and feel confident enough to speak to new people. It has helped me speak to a large group of people in a professional way."**

## ABOUT MH:2K DERBY AND DERBYSHIRE

MH:2K Derby and Derbyshire is delivered in partnership with Derbyshire County Council, Derby City Council, and NHS Derby and Derbyshire CCG.

Over the course of 2020-21, MH:2K Derby and Derbyshire engaged over 220 local young people with diverse life experiences. Using the findings and recommendations which can be found in last **year's report**, the young people (the Citizen Researchers) identified 5 key priority areas. We worked closely with the group, who we recognise as 'experts by experience', including those who have personal experience of mental health, to decide these priorities, which also reflected the changing context of the pandemic. Participation from harder-to-reach and underrepresented groups was an integral part of the process. Looking at the barriers and challenges around accessing help through the lens of the COVID-19 pandemic, what that help looked like and whether it was meeting young people's needs.

This report presents MH:2K Derby and Derbyshire's design, key findings and recommendations, with a thread of the impacts of the pandemic on young people, running throughout.



**"I've had amazing opportunities to go and teach people my understanding of mental health. Being a part of MH:2K has also helped me view my own mental health differently, in ways I would have never before."**

# SECTION 2: WHAT WE DID

MH:2K Derby and Derbyshire used 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, taking each of the six elements in turn.

## RECRUITMENT

Leaders Unlocked recruited a total of **31 young people** from across the city and the county as 'Citizen Researchers'. **13 dedicated members** from the group last year remained part of the project and were joined by **18 new motivated members** from diverse backgrounds.

Reaching out through local statutory and community organisations we were able to encourage a wide range of young people from both the city and the county to apply. Of the Citizen Researchers we recruited:

- **36%** from a Derbyshire County postcode area and **64%** from Derby City postcode area;
- **66%** were under 18 years old;
- At least **90%** said they had a history of mental health problems themselves, or had close friends or family with mental health problems;
- **48%** were from BAME communities;
- **2%** identified as LGBTQ+;
- **23%** identified as having a disability.

## DESIGN DAYS

We held six online workshops with the Citizen Researchers. At each 'Design Day' the Citizen Researchers explored one of the key priorities which were:

- **HIDDEN IMPACTS OF THE PANDEMIC:** Explore the hidden impacts of the pandemic on youth mental health & well-being.
- **THE CRISIS RESPONSE PATHWAY:** Feed into the crisis response pathway. Understand what kind of support would help in a crisis, and how young people want to access this support.
- **SPECIALIST COMMUNITY SUPPORT:** Explore what good Specialist Community support would look like for young people.
- **ACCESS AND COMMUNICATIONS:** Understand where young people would look for mental health support and how they want to access it (both low level support and crisis). Explore how to promote to diverse groups, e.g. BAME young people, young men.
- **THE DIGITAL OFFER:** Post-COVID, understand what young people want from a digital offer, and the right balance between digital and face-to-face.

At the Design Days, the Citizen Researchers worked with us to co-design peer research materials including workshop agendas, an online survey, and interview questions which covered each of these topics. They received training in areas such as presentation and facilitation skills, and active listening techniques.

## PEER RESEARCH

Over six months, the Citizen Researchers designed and delivered their peer research, reaching **221 young people** in Derby and Derbyshire with:

- **24 interviews**
- **8 workshops**
- **174 survey responses**

Statutory, community and voluntary organisations kindly volunteered to host the online workshops, interviews and survey. Participating organisations, many of which had also supported the recruitment phase of the project, were:

**Schools and colleges:** Allestree Woodlands School, Bemrose School, Chellaston Academy, Chesterfield College, City of Derby Academy, Derby College, Eastwood Grange School, Friesland Sixth Form, Highfields School, Littleover Community School, Roundhouse College, Saint Benedict Catholic voluntary Academy, The Ecclesbourne School, University of Derby.

**Community/ Council groups:** CAMHS North Derbyshire, Derbyshire Healthcare NHS Foundation Trust Derbyshire Young Carers, Eckington Parish Council, Erewash Voluntary Action, Links CVS, Men Talk, North-East Derbyshire District Council, South Derbyshire CVS, Will Garvey Trust Foundation.

Through the peer research, the Citizen Researchers collected a wealth of information covering young people's views on the barriers and challenges they face around accessing mental health help, the impact of the pandemic on youth people's mental health, what they want from specialist community support, crisis response, the digital offer, and their ideas for solutions, especially in the recovery from the COVID-19 pandemic.

## DATA ANALYSIS

As data was collected throughout the project, Citizen Researchers considered the information collected. They used to determine MH:2K Derby and Derbyshire's findings about each priority, and then to identify recommendations for improvements and changes. These findings and recommendations are covered in detail in the next section of this report.

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.

## PRESENTING MH:2K 2020 KEY FINDINGS AND RECOMMENDATIONS

Following the success of the final report and showcase from MH:2K 2020, many local forums, organisations, CVS members meetings and school leaders approached MH:2K as a useful resource. The Citizen Researchers were invited to present and share with professionals and colleagues, what they'd found in the research. The organisations included; Chesterfield & North East Derbyshire Children & Young People's network, Derbyshire 24/7 Mental Health Helpline and Support service meeting, South Derbyshire CVS and the Derby School Leaders.

They presented these and engaged in meaningful discussions, making a real impact by having an equal seat at the table and influencing decisions being made.

## LOCAL ADVISORY PANEL

From its very beginning, MH:2K Derby and Derbyshire was closely linked to the local Future in Mind transformation plan for children and young people's emotional and mental health. Through the transformation plan, MH:2K was seen as an integral part of driving the ongoing work to improve children's emotional and mental health outcomes.

MH:2K's Local Advisory Panel reflected the high level of commitment to the project locally, bringing together representatives of the Clinical Commissioning Groups, Local Authorities, Providers and Partners. Panel members are listed below:

- Andrew Muirhead, Senior Public Health Manager, Derby City Council
- Ruth Baldwin, Children's Services Manager, Action for Children
- Scott Lunn, Children's Services Divisional Clinical Lead, Derbyshire Healthcare NHS Foundation Trust
- Helen O'Higgins, Head of Children and Young people's Mental Health, NHS Derby and Derbyshire Clinical Commissioning Group
- Stella Scott, Chief Executive Officer, Erewash Voluntary Action
- Yvonne Wright, Health and Wellbeing Consultant Children's Services, Derbyshire County Council

The Advisory Panel played a key role in the project at every stage. Panel members helped by providing useful contacts in the area, identifying and sharing existing research and key documents. The panel helped the Citizen Researchers make connections with local organisations for their peer research and assisted with the dissemination of last year's report. They provided consistent support throughout and were a vital part of MH:2K's success this year.

## CREATING MH:2K FILM AND POSTERS

The Citizen Researchers designed, produced and featured in a series of posters and a short film. The aim was to raise awareness of the existing mental health services available to young people, highlighting the importance of accessing help. There was a particular focus around encouraging all young people to reach out for help if they need it, sending out the message that the services are inclusive and non-discriminatory. The link to the film and all posters can be found in the appendices of this report.



**"MH:2K has provided me with opportunities that I didn't think were out there for me. It connected me to people from such diverse backgrounds with likeminded opinions to show that we are really together."**

# PART TWO: KEY FINDINGS AND RECOMMENDATIONS

This section presents MH:2K Derby and Derbyshire's key priority areas and the recommendations for change. The Citizen Researchers identified main 5 priorities:

1. Hidden impacts of the pandemic
2. The crisis response pathway
3. Specialist community support
4. Access and communications
5. The digital offer



# PRIORITY 1: HIDDEN IMPACTS OF THE PANDEMIC

MH:2K Derby and Derbyshire's Citizen Researchers identified five key findings from the **hidden impacts of the pandemic**, and the recommendations to follow. These are presented below, illustrated by relevant quotations from young people who participated in the peer research. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

## KEY FINDINGS

### FINDING ONE: INCREASED STRESS LEVELS

Young people told us they had experienced a dramatic increase in levels of stress. This was due to several factors, which combined led to higher levels of anxiety and worry. These included the **pressure of completing schoolwork** from home, social isolation and a lack of peer support and the **ongoing fear** around COVID-19.

*"I was quite a confident person before the pandemic, and I would throw myself into any situation. I always wanted to be out and to socialise with people, but I have become anxious at the thought of being in social situations and being around people."*

*"It was difficult to talk to people as it is a reminder of not being able to see them and there is so much uncertainty with when we can be with our loved ones"*

*"I think everyone will be scared to take their masks off and see other people. It will be worrying."*

### FINDING TWO: TIME MANAGEMENT AND ROUTINE

Many young people found the **change to daily** routine and a **sudden loss of structure** very difficult. Having grown up supported by an educational system which made these decisions for them, suddenly they found themselves having to work out their own routine and **manage their time**. This led to feeling **unmotivated to continue with schoolwork** and put a huge strain and pressure on individuals.

*"I haven't been able to talk to my friends as much because i have been focusing on my work."*

*"Some teachers fail to realise the amount of work that we could do during lockdown."*

## FINDING THREE: LACK OF SUPPORT

Young people highlighted about the importance of having **trusted, key adults** in their life which seemed to disappear over lockdown. Whether these were teachers and counsellors at school, a sports club or youth group, they found themselves with only **parental support**. For some young people, parents were able to support, but for others, this wasn't enough or simply didn't exist. A lack of **access to information** about help they could access, also contributed to the feelings of isolation.

*"I felt I was being let down by my teachers by not being able to open up about the impacts of the pandemic, it was put on my personal records for talking about my thoughts and feelings. We shouldn't be punished or prevented from talking about it."*

*"Those in the services should never underestimate someone's needs or problems – they usually think the feelings are disposable and that it's 'just a phase' because I'm a teenager."*

*"We haven't been taught our courses, as we didn't have any zoom calls. It was all just looking through PowerPoints and it wasn't helpful for me or my peers."*

## FINDING FOUR: EATING HABITS

Young people noticed a rise in both **over-eating and under-eating**. Many experienced under-eating and losing weight due to **other commitments taking priority** and therefore not finding time to eat properly e.g. caring responsibilities and helping educate younger siblings. The lack of routine and structure in their day meant they were **'forgetting to eat'**. For some it was also due to **financial reasons**, not being able to afford food they would usually have been provided at school. On the other hand, some young people noticed an increase in overeating due to **boredom at home**.

## FINDING FIVE: FINANCIAL STRAIN

Young people have felt a huge increase in stress and anxiety as result of parents/ carers losing jobs and **struggling to find work**. Young people also struggled to find employment of their own and therefore were not being able to **contribute financially**. This had put immense **strain and pressure on young people**, contributing to high levels of concern among them.

*"I am changing my career as the pandemic has made me think about the loss of jobs in catering. I now want to be a mental health counsellor, specifically a family therapist."*

*"There needs to be more support in schools and colleges, they could get the older students to help the new students when going back to school or starting school. Peer support could be useful to help provide the new students with some tips."*

*"Set time aside for group conversations in PSHE or registration. There could be a workshop to open up this discussion or to answer any questions about the young people's concerns. They might not be able to be answered, but they could be made aware that their feelings of concern and worries are valid and, they could be reassured that everything will be okay."*

### Recommendations

1. Young people need **clearer communication** regarding the help available to them, both from schools and organisations. They suggested increasing the number of **designated pastoral staff**, ensuring young people know who they can turn to for information, who will advocate for them and relieving some of the pressure off teachers.
2. Young people need extra support to help with **social isolation** and a lack of interaction with peers over the pandemic. This would aid the recovery and help reduce the negative impact and tackle loneliness. They are keen for this to be both **groups online** and **in-person clubs** and activities.
3. Young people expressed a need for a **safe space to discuss mental health and emotions** as well as **one-to-one support**. This is important both within educational settings but also out in the community, specifically targeting those not in education. A variety of both online and face-to-face support needs to be available to ensure no young person feels alone and unable to access support.
4. Young people need support **finding employment**. Having missed out on work experience, shadowing opportunities and mentoring schemes, they want more **initiatives** to be created and made available, with tangible support to find employment and **gain experience**.

# PRIORITY 2: THE CRISIS RESPONSE PATHWAY

MH:2K Derby and Derbyshire's Citizen Researchers identified four findings on the **crisis response pathway**, and the recommendations to follow. These are presented below, illustrated by relevant quotations from young people who participated in the peer research. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

## KEY FINDINGS

### FINDING ONE: LACK OF AWARENESS

We found there was a **lack of awareness** relating to the crisis helpline service. Most young people we spoke to were **not aware of the helpline** and those who had heard of it, still didn't know much about it. They highlighted the need to **'actively search'** for it, and some young people were only given the information as a result of accessing help in a crisis previously.

*"Unless you've openly expressed a need for it, you are not made aware it's out there. It should be made mandatory to hand out the number and information about it, in schools."*

*"I feel as though mental health services seem inaccessible, but this was before I knew of any online/text support so maybe it would be different now."*

*"The Samaritans helpline is advertised really well because you can see their number anywhere you go."*

### FINDING TWO: VARIETY OF OUTREACH METHODS

Young people told us that they would benefit from a **variety of different communication methods** to improve communication and advertising. They highlighted the **importance of teachers and school nurses**, and felt strongly that they should not be overlooked when ensuring information reaches young people. Young people may turn to these trusted adults for advice, so it was important that **professionals and adults were aware of the helpline**, as well as the young people themselves.

*"I have a good support system, but I don't think I would know how to access professional support."*

*"I think places of education should advertise more external mental health support with a range of therapies."*

*"Interactive workshops can have more of an impact. You can focus on it more than just being spoken to."*

*"1:1 would be useful for peer support. I can see why park benches may be useful but if you are more introverted then you may not feel comfortable in person so on Zoom would be good."*

### FINDING THREE: DIFFICULTY ACCESSING THE CRISIS HELPLINE

Young people's feedback on the crisis helpline showed that they found it **complicated and difficult to access**. They mentioned that the information seemed to be **aimed at adults** rather than young people. Young people said it was **too compact, not very welcoming** for young people and didn't have features which made young people feel it was for them. They struggled to find the number via a simple Google search. The number wasn't clear enough and was **'difficult to find'**.

*"It has potential to be a great source when a crisis, especially as it's free and has 24/7 accessibility. It may not be known well enough by the young people."*

*"When you are in a crisis, the last thing you can do is concentrate, so it needs to be short and simple sentences that are straight to the point."*

### FINDING FOUR: COMMUNICATION & ADVERTISING

Young people's feedback on the crisis helpline showed that they found it complicated and difficult to access. They commented that the information seemed to be aimed at adults, rather than young people. Young people said the website text was too compact, and the information could have been more clearly laid out on the page. The website did not feel welcoming for young people and didn't have features which made them feel it was for them. They struggled to find the number via a simple Google search. The number wasn't clear enough and was **'difficult to find'**.

*"I watch the news but not regularly, Instagram/twitter is where I mainly keep up to date when looking for the latest news."*

*"An Instagram page could be made and work with young people to talk about their experiences on the social media page about using the helpline or their experiences with mental health."*

*"Advertise through takeaways like Deliveroo, Uber Eats, Just Eat etc. Young people use takeaways and so they could provide a QR code on leaflets or on the app that the food is ordered from."*



# PRIORITY 3: SPECIALIST COMMUNITY SUPPORT

MH:2K Derby and Derbyshire's Citizen Researchers identified four findings on **specialist community support**, and the recommendations to follow. These are presented below, illustrated by relevant quotations from young people who participated in the peer research. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

## KEY FINDINGS

### FINDING ONE: COMMUNICATING WITH PROFESSIONALS

Young people found it difficult to speak to professionals who they hadn't built a certain level of trust with. For some, this led to an anxiety about opening up and consequently a reluctance to seek professional help, for others it's their privacy which is more of a concern.

*"I hate talking on the phone, it makes me feel anxious."*

*"Some people don't want them to know who they are, as feelings are such a personal thing and people might not want to even tell them their name."*

*"I feel like if I was to go to them, I would text them because they when you text you can express yourself and plan out what you want to say."*

### FINDING TWO: LACK OF UNDERSTANDING

Some young people we spoke to commented a lack of understanding from mental health services and practitioners. Some said the ongoing communication from services such as CAMHS needed to be improved. Young people who had reached out and contacted them felt that they did not understand how to help effectively. Some also said they found it hard to open up to professionals within services.

*"I think the communication (from CAMHS) is very poor. I think that they can work on how they reach out to people and actually keep in touch instead of relying on younger people to make the steps."*

*"I think it's a lot harder to go to professionals as you don't know them and they don't know you, some people may struggle to open up to them."*

*"I've rang Samaritans and Childline. I have contacted the crisis team as I have a duty member who I am able to contact during the week. But, even if they know some things, they don't know everything, so I feel like they don't understand me."*

#### Recommendations

1. The **crisis helpline number** should be **advertised in multiple places**, not just on the website. The webpage should be redesigned to make it **more engaging and young person friendly**. Suggestions include using **animations, QR codes**, and specific links according to whether a young person or adult is accessing help.
2. Young people respond differently in a crisis and therefore need **alternative options** in addition to the crisis helpline phone number. Many stated that an anonymous **text messaging service** and a **chat function online** would be useful, as not everyone feels comfortable calling and speaking to someone.
3. Promote the crisis support available through **social media**. Utilise **external organizations** to a wider audience. The helpline is available 24/7 anonymously which should be advertised clearly using platforms like **Instagram and TikTok etc.**

## FINDING THREE: CULTURAL BARRIERS

Many young people from minority backgrounds admitted they didn't want to be seen as **'weak'** or **disappoint their families** by disclosing or revealing the struggles with their mental health. Without the **appropriate and culturally sensitive support** for both young people and their families, any support from community services is redundant.

*"Your parents should be your first point of contact but it's hard to go to them. You don't want to disappoint them, and you feel guilty for the life they have gave you. We are made to feel a failure even when we do well, there are certain expectations in our culture."*

*"Nobody really wants to admit when their child has mental illness, underachieving or doing anything that is deemed 'shameful'."*

*"Asian families may struggle to talk about their emotions with one another and admit that they are struggling. We feel that our emotions are not as valid as the older generations as we feel like we're in a more fortunate position than they were when they were our age."*

## FINDING FOUR: WAITING TIMES

**Long response times and waiting lists** has left young people not wanting to contact mental health services. This is resulting in young people giving up and ending up in a state of crisis and overwhelming A&E, rather than benefitting from a more preventative measure.

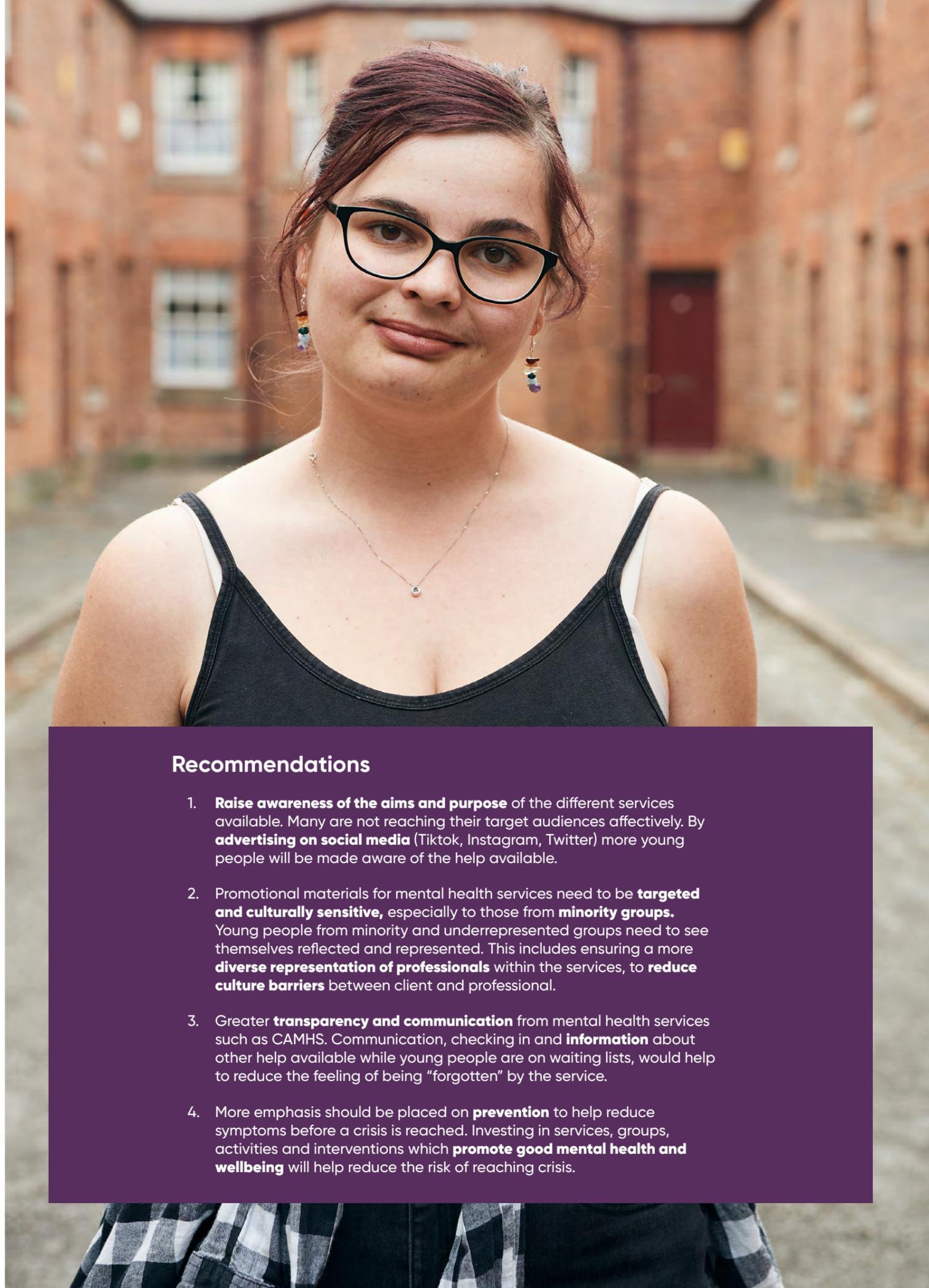
*"I was on the waiting list for two years and attended a telephone appointment, but nothing came from it. I feel like they could have listened to me more, my feelings growing up were not validated and were "brushed off."*

*"I called the Derby Crisis Helpline and they advised me to talk to CAHMS or the emergency services as they said they wouldn't [be able to] help me any further."*

*"The support I get with CAMHS isn't as good as it used to be. I think ever since lockdown happened, it's gotten a lot worse."*

### Recommendations

1. **Raise awareness of the aims and purpose** of the different services available. Many are not reaching their target audiences affectively. By **advertising on social media** (Tiktok, Instagram, Twitter) more young people will be made aware of the help available.
2. Promotional materials for mental health services need to be **targeted and culturally sensitive**, especially to those from **minority groups**. Young people from minority and underrepresented groups need to see themselves reflected and represented. This includes ensuring a more **diverse representation of professionals** within the services, to **reduce culture barriers** between client and professional.
3. Greater **transparency and communication** from mental health services such as CAMHS. Communication, checking in and **information** about other help available while young people are on waiting lists, would help to reduce the feeling of being "forgotten" by the service.
4. More emphasis should be placed on **prevention** to help reduce symptoms before a crisis is reached. Investing in services, groups, activities and interventions which **promote good mental health and wellbeing** will help reduce the risk of reaching crisis.



# PRIORITY 4: ACCESS AND COMMUNICATIONS

MH:2K Derby and Derbyshire's Citizen Researchers identified four findings on **access and communications**, and the recommendations to follow. These are presented below, illustrated by relevant quotations from young people who participated in the peer research. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

## KEY FINDINGS

### FINDING ONE: ONLINE INFORMATION

We found that most young people usually go to online information services such as ChildLine, the NHS website or Mind. They said that on the whole, online services are **usually quick and easy to access** making them very useful for young people.

*"I've actually used a few of them before. Samaritans are really good and helpful, stuff like 'the mix'. Although, I haven't always had the best experience with them because they do take quite a while to reply but I think services are good depending on what the issue is."*

*"I think maybe like a website or something where people can have one-to-one conversations to people who will respond quite quickly. Because with a lot of the text message services I've experienced, they don't have the best advice, so maybe the services could have more variety to be able to tackle different problems."*

### FINDING TWO: BARRIERS TO ACCESSING HELP

Many young people told us that their mental health itself, was a **barrier to accessing help**. Anxiety in particular had made them too **stressed and worried** to go to a teacher or GP, and resulted in struggling in silence.

*"An actual physical human would be amazing and make talking about mental health more normal."*

*"I wouldn't want to tell my parents as it would affect them negatively. I would want to talk to someone who had experience with mental illness or issues, so they would understand and not take it personally."*

*"My mum will recognise it before I can recognise symptoms. I tend to help others with their mental health, but I find it difficult to recognise the symptoms myself."*

### FINDING THREE: TRUSTED ADULTS

Some young people felt confident enough to reach out to a **teacher or youth worker**, but others felt they didn't have a trusted adult in their life. Who they felt comfortable with, was dependent on the individual relationship between young person and adult, but there was a concerning number of young people who **relied solely on peers and friends**.

*"I want people who listen. They would offer person centred treatment rather than just look at diagnoses."*

*"Having somebody in school that I could talk to and for mental illness to be less stigmatised. I just thought it was stress even though I was having panic attacks. I wish had known it was anxiety and trauma to help me sooner and to understand myself more."*

*"You worry that teachers are going to gossip about your personal problems, they seem to pity you when you don't need that. You just want to have the chance to talk about your problems."*

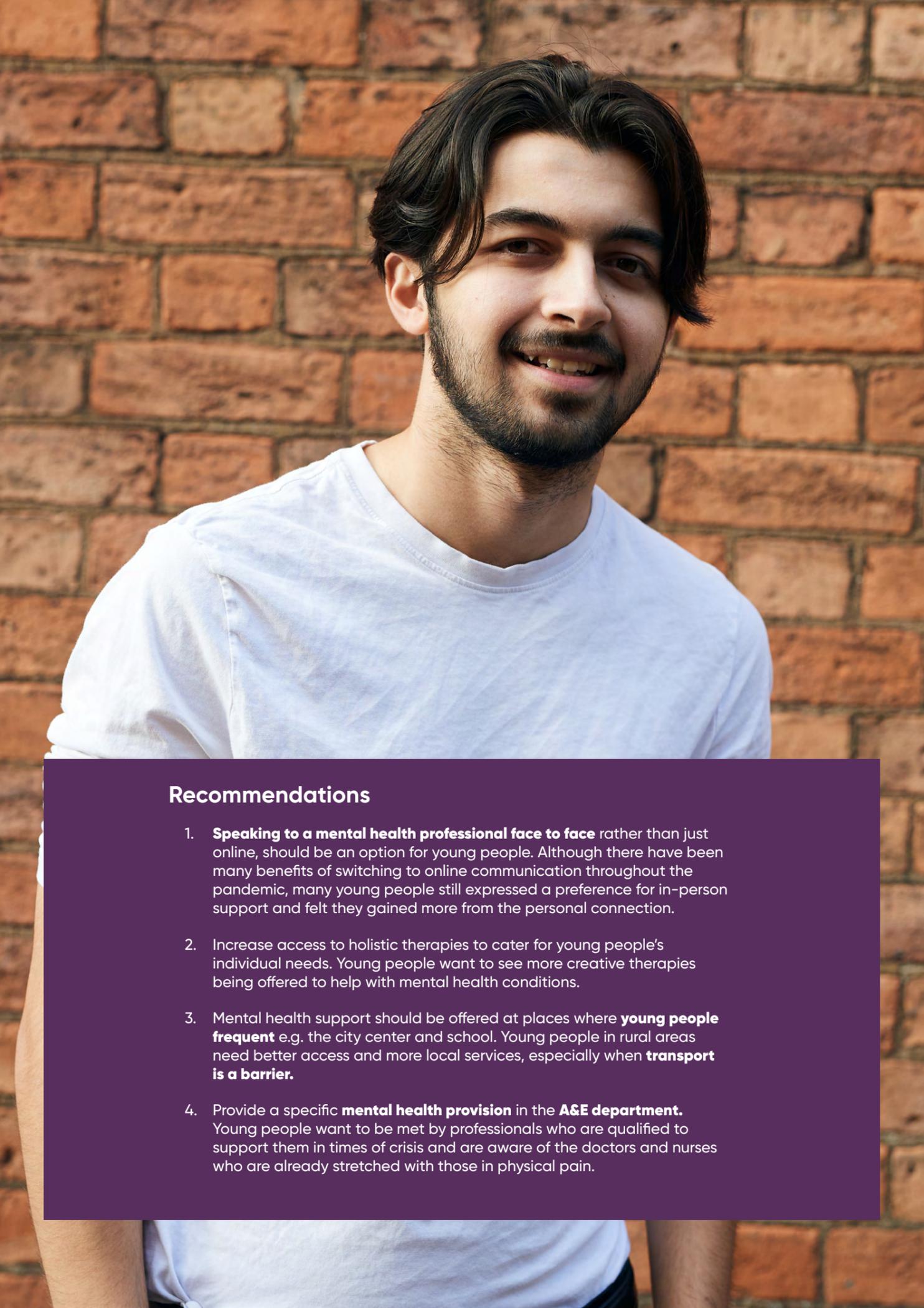
### FINDING FOUR: ACCESS TO HELP IN A&E

Many young people want an **alternative mental health service** as part of A&E. They told us about their experiences in A&E and feeling that the emergency doctors and nurses weren't able to provide the care and treatment they needed in those **moments of crisis**.

*"A lot of people have felt like they were overlooked in A&E, they needed a faster response and didn't feel like that was the right place to be, even though they need immediate help."*

*"I mentioned to one of my CAMHS workers that it would be beneficial to have a mental health A&E. People that go to A&E for their mental health are not treated the same and are almost viewed as a secondary citizen. They receive less respect compared to physical health."*

*"Personally, I would not want to go A&E although they could have a designated area for those in a mental health crisis where there are specialists available to help out and provide a more calming environment."*



## Recommendations

1. **Speaking to a mental health professional face to face** rather than just online, should be an option for young people. Although there have been many benefits of switching to online communication throughout the pandemic, many young people still expressed a preference for in-person support and felt they gained more from the personal connection.
2. Increase access to holistic therapies to cater for young people's individual needs. Young people want to see more creative therapies being offered to help with mental health conditions.
3. Mental health support should be offered at places where **young people frequent** e.g. the city center and school. Young people in rural areas need better access and more local services, especially when **transport is a barrier**.
4. Provide a specific **mental health provision** in the **A&E department**. Young people want to be met by professionals who are qualified to support them in times of crisis and are aware of the doctors and nurses who are already stretched with those in physical pain.

# PRIORITY 5: THE DIGITAL OFFER

MH:2K Derby and Derbyshire's Citizen Researchers identified six findings on the **digital offer**, and the recommendations to follow. These are presented below, illustrated by relevant quotations from young people who participated in the peer research. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

## KEY FINDINGS

### FINDING ONE: SELF-HELP FOR MENTAL HEALTH

Young people told us they enjoy quick and easy activities to help with their mental well-being. This can help relieve the pressure off services like CAMHS, and encourages young people to seek help for themselves, while waiting for appointments. These include apps, positive wellbeing social media pages, regular fitness and mindfulness exercises etc.

*"Definitely on Snapchat, like interactive adverts that pop up every now and then, so people are aware of it. It could be integrated into people's feeds and advertised on posters in schools, and universities like the lecture theatres."*

*"Start teaching young people from an early age about the different services. I have had to educate myself about the support so I could help myself feel better."*

### FINDING TWO: INCLUSIVITY

We found that being **inclusive of all genders, races and sexualities** was very important to young people. Inclusivity came up in many conversations, both for those from marginalised groups, but also as a priority for young people who were concerned about the inclusion of their peers when accessing support.

*"Some young people may not feel comfortable around a particular gender depending on their experience with that gender, but it would be useful to take that into account when providing them with help and support."*

*"I think support would have really helped, just having some acceptance and support for LGBTQ+ youths. We need more support from CAHMS. I dropped out of school in year 9 because of my mental health."*

*"You need to be able to talk to someone of similar backgrounds so that you can be comfortable in talking to them about things."*

## FINDING THREE: APPROPRIATE LANGUAGE

Young people us that using **direct and simple language** allowed them to feel comfortable when accessing mental health websites. Small prompts such as **'free', 'safe' and 'anonymous'** made it much more likely that young people would follow links to appropriate help.

*"There can be a language barrier for young people whose 2nd language is English. Using imagery and short videos to promote the helpline so they know it's for them too."*

*"It would be useful if there was greater accessibility for individuals who have a different first language to English and there should be some consistency around the therapist and/or interpreter."*

## FINDING FOUR: ADDITIONAL NEEDS

Young people with additional learning needs sometimes **struggle to access online services** and need further support. They highlighted the barriers they're faced with in terms of accessibility and some of the challenges using the support if impaired or face any barriers e.g. language.

*"In my community, most people are visual learners, they have to see things to know about it. It would be great to see short videos, it would stand out to people."*

*"Workshops would be good or some kind of video to show students how to access the help, what help they can receive and some reassurance around contacting them – interactive workshops can have more of an impact – you can focus on it more."*

*"It would be useful if there was greater accessibility for individuals who have a different first language to English and there should be some consistency around the therapist and/or interpreter."*

## FINDING FIVE: ACCESS IN A CRISIS

Young people want a **clear access point if they are having a crisis**. It needs to be simple and easy to access as thinking is difficult when in a crisis.

*"Sending the number around to local schools, some teachers send out a monthly email with a variety of numbers so it could be useful to send it out with that email."*

*"Making effort to go into schools and do assemblies on the helpline, preferably run by young people. It's good to have someone come into school to talk about their services."*

*"I think there needs to be one that is less daunting. Sometimes you're not quite at a crisis point so you don't get the support and they say they can't help you."*

### Recommendations

1. Make the digital mental health support **more accessible and user friendly**. Include information **relating to specific support for LGBTQ+** for example. Provide designated signposting for **specific age groups**, broken down into 11-15yrs, 16-18yrs and 19-25yrs for example.
2. **Utilise the short video produced by MH:2K** to promote and spread awareness of the services available. This will ensure that young people across the city and county recognise the benefits of accessing help and hopefully encourage them to take proactive steps to make their future brighter.
3. **Clearer distinction between preventative/ middle ground support**, and help at the **point of crisis**. By differentiating between these two kinds of support, young people will know how to access immediate support when in a crisis.
4. Ensure all resources and sources of support online are **accessible to those with additional learning needs**. This includes thinking about language appropriate to young people by reducing jargon and unnecessary terminology. Prioritise those who have difficulty reading, English as a second language, and visually impaired young people, to ensure the digital offer is inclusive.

# PART THREE: IMPACT & CONCLUSION

## IMPACT

MH:2K Derby and Derbyshire had an incredibly positive impact on the Citizen Researchers involved in the project, the workshop participants and the organisations hosting the workshops.

Below are some reflections from the Citizen Researchers about their own personal achievements, and the importance and impact of MH:2K;

*"From MH:2K I have gathered a greater understanding on mental health and wellbeing. I've had Amazing opportunities to go and teach people my understandings on mental health and being a part of the project has also helped me view my own mental health differently to ways I would have never before. I have met so many people and heard so many stories I could never hear before without MH:2K."*

*"MH:2K has allowed me to open up and feel confident enough to speak to new people. It has helped me articulate how to speak to a large group of people in a professional way."*

*"MH:2K has been an amazing experience not only for my personal development but for others to develop as well. It has provided me with opportunities that I didn't think were out there for me, it connected me with people from such diverse backgrounds and likeminded opinions to show that we are really together. The teamwork, strength and heart we all bring to the team is second to none and has been the best experience to be part of."*

*"MH:2K has been an experience I'll never forget. Despite the pandemic, the team managed to adapt and continue their hard work and go above and beyond to achieve the goals of this year's project. I even had the opportunity to be project assistant from February to July, which gave me the chance to work with the local advisory group and gain skills that were vital in enabling me to be in the role I am in today, as a residential youth support worker. MH:2K is something I have continued to be a part of for the last 2 years and I've seen the massive impact that we have had on the decision making for a variety of projects. I am extremely proud of the work myself and the other Citizen Researchers have done, and hope we'll continue to see a significant, positive change with the mental health support services in Derby and Derbyshire."*

Below are the reflections and pledges from professionals, made at the Final Showcase event, held virtually over zoom:

*"We will continue to support MH2K and would like to help to develop the idea of youth led training."*

*"I've really enjoyed hearing you all speak and making it all so real, I will think about what you have said and how the powerful insights can be shared to influence how we move forward. I particularly like the messages around prevention as that's something we are working hard to push across the mental health system."*

*"Derbyshire continue to support D and other young people who may be interested in joining the programme. I also pledge to share the findings with our Care Leavers Council."*

*"I will do more to share the MH:2K key findings with other community groups and partners."*

*"I would love you to come back to present at the Derbyshire mental health forum in the new year and I will promote your posters and film across over 200 different voluntary sector organisations."*

*"I will use the recommendations as a checklist to see where our gaps are. Utilise the posters if we can and put them up in the schools which we serve."*

*"I pledge to share the findings with City schools and consider how their WSA approach can support the recommendations."*

*"To take the recommendations from MH:2K projects to system forums and to find a way for MH:2K Citizen Researchers to have a seat at decision making forums."*

*"As already committed, I will ensure that this research and recommendations are brought before the Derby and Derbyshire Safeguarding Children Partnership, as it will spread awareness and, hopefully, help Helen in the work she has been doing with the Partnership."*

Helen O'Higgins  
Head of Mental Health for Children and Young People  
NHS Derby and Derbyshire Clinical Commissioning Group

*"We are really proud to work alongside MH2K who enable us to make better decisions and improvements about health care in Derby and Derbyshire. It's impossible to make change for the better without the views, wishes and concerns of the people that use services. MH2K help us gain those views directly from young people. This is a really professional and insightful report, the challenging recommendations will be used to make improvements and drive forward the CYPMH transformation agenda. Thank you to all the dedicated MH2K young people who have worked so passionately to make a difference for their peers."*



**"I've seen the massive impact that we have had on decision making in the local area. I am extremely proud of the work myself and the other Citizen Researchers have done, and hope we'll continue to see a significant, positive change with the mental health support services in Derby and Derbyshire."**

## CONCLUSION

MH:2K Derby and Derbyshire has enabled young people across the region to have a meaningful voice on mental health and well-being. The project has succeeded in reaching groups of young people who are often underrepresented and seldom heard. It has delivered a genuinely youth-led process, which has empowered 14-25 year olds to play a leading role by:

- Identifying the mental health issues that they see as most important to achieve Equity in mental health;
- Engaging their peers in discussing and exploring the issues and solutions;
- Working with key local decision-makers and stakeholders to make recommendations for change.

MH:2K Derby and Derbyshire has made a clear impact on the young people who were its Citizen Researchers, and on the young people they engaged through the workshops and interviews across the city and county. The impact of the project on decision-makers in Derby and Derbyshire will need to be examined further as the project's findings and recommendations are disseminated.

Unfortunately, due to the current COVID-19 pandemic weren't able to deliver the MH:2K Showcase Event in-person, but it was held online on 14th October 2021 and was a huge success.

The project's partners in Derby and Derbyshire are committed to taking action on the basis of MH:2K's findings and recommendations, and using this report to inform real change for young people across the region.

## APPENDICES

**[Click here for the film that MH:2K Citizen Researchers designed and produced:](#)**



**HELP ME DON'T PITY ME**



DERBY AND DERBYSHIRE EMOTIONAL HEALTH AND WELLBEING WEBSITE  
If you are a young person living in Derby or Derbyshire, check out our one-stop-shop of emotional health and wellbeing support services available to you in the local area  
[derbyandderbyshireemotionalhealthandwellbeing.uk](http://derbyandderbyshireemotionalhealthandwellbeing.uk)

DERBYSHIRE 24/7 MENTAL HEALTH SUPPORT SERVICE FOR YOUNG PEOPLE LIVING IN DERBYSHIRE.  
There are friendly specialist children and young people workers answering the phones 24/7.  
**0800 028 0077**  
[www.derbyshirehelpline.com](http://www.derbyshirehelpline.com)




**MENTAL HEALTH: THE STATISTICS DON'T MATTER, YOU DO**



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**MASTERING YOUR MENTAL HEALTH. MASTERING YOUR FUTURE**



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**MY MENTAL HEALTH DOESN'T DEFINE ME. I AM ME. I DEFINE ME**



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**MENTAL HEALTH DOESN'T DISCRIMINATE. NEITHER SHOULD YOU**



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**SEE ME AND NOT MY MENTAL HEALTH**



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**MENTAL HEALTH IS NOT BLACK & WHITE**



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**MENTAL HEALTH IS LIKE AIR, YOU CAN'T SEE IT BUT IT IS ALWAYS THERE**



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## STAND UP TO MENTAL HEALTH



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## MENTAL HEALTH DOESN'T DISCRIMINATE, NEITHER DO THE SUPPORT SERVICES



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