

A photograph of two young women embracing. The woman on the left is Black with long, wavy brown hair, wearing a dark blue jacket and a black scarf. She has a somber expression. The woman on the right is white with long, straight brown hair, wearing a grey sweater and a blue jacket. She is looking down at the other woman with a concerned expression. The background is a plain, light-colored wall.

Mental health
services for young
adults in Islington

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Front cover image: A woman consoled by her friend.

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Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Why we looked at mental health services for young adults

Mental Illness is the single largest cause of disability in the United Kingdom, contributing up to 22.8 per cent of the total burden, compared to 15.9 per cent for cancer and 16.2 per cent for cardiovascular disease. According to the Kings Fund 'no other set of conditions matches the combined extent of prevalence, persistence and breadth of impact'.

(Transforming Mental Health: a plan of action for London - September 2014)

Following a call from community members present at our last Healthwatch conference and discussions with local providers servicing individuals with mental health needs, Healthwatch Islington approached Islington commissioners of mental health services and public health with the aim of identifying how and in what ways Healthwatch could begin to influence the commissioning of local mental health services.

Commissioners suggested that an area where more data was needed was within the young adult population (18-32 years).

The commissioners' specific interest was in identifying the needs of those who are unable to draw on strong family networks and/or find it difficult to develop and establish themselves economically and socially in a borough like Islington. They were also interested in knowing the impact these needs have on young adults and why they are under-represented as users of mental health services.

Based on these conversations and current population trends in Islington for those most affected by mental health, we targeted a number of key groups. These included members of the Asian community due to their under-representation in primary care mental health services and Black African and Black African Caribbean men who are over represented in in-patient psychiatric services. We targeted young adults dealing with a range of multiple vulnerabilities such as homelessness, leaving care, social isolation and members of the LGBT community.

Examples of these types of multiple-vulnerability are described here by a respondent:

I became homeless and had a nervous breakdown. I got a place at University outside London but I became home sick and wanted to come home. I went to my GP who diagnosed me. Finding accommodation was really hard on a low income. I couldn't afford a deposit and I was street homeless for a while. I had no family or friends and no help from anyone. I felt lost.

As I am under 35 I was not eligible for single accommodation and had to take shared accommodation. I wanted independence and that was one of the reasons I went to university, but when I had to leave I became frustrated. I felt I had failed. I don't feel ready to start anything.

I am on the waiting list for psychological services and I attend a support group, which does drama, therapies, organises trips, you can share with people and join in. I feel things might have been better if the Local Authority could have found me a home or a social worker, maybe something customised to my needs and not generic or maybe I could have seen a psychiatrist, but I was told I wasn't severe enough.

I am under 25 so I get £115 every 2 weeks. Before coming to the...I didn't know where to go and my housing situation was awful. I am now engaging with voluntary services. The services have helped break my social isolation.

Due to the focus on the 18-32 age group for the consultation, Islington Child and Mental Health Services (CAMHS) were not a target organisation. However issues did emerge on the impact CAMHS service delivery can have on access to adult mental health services. It was suggested that the transition from CAMHS to adult mental health services was at times problematic for the individual and following consultation on the draft report, that communication channels between the two services could be improved through an integrated approach to service delivery.

Demographics and Trends

Islington has high rates of common mental health problems such as depression and anxiety as well as the highest rates of serious mental illness in London. 28,500 people in Islington are estimated to be experiencing depression and anxiety in any one week and 20 suicides are reported per year. (Islington Evidence Hub October 2013)

Further evidence suggests there will be no change in the underlying prevalence of mental ill-health in the borough but that an increase in Islington's population will lead to an increase in the number of people with depression, psychotic disorders and dementia. (Islington's Adult Joint Clinical Commissioning Strategy 2012-2017).

Like other areas of health, mental health treatment can be most effective if provided early on. Islington's population is relatively young but predictions in population growth indicate that the population group aged 40-74 is increasing significantly which could further impact on mental health need.

Increases in levels of mental health need amongst some Black and Minority Ethnic (BME) communities has implications for projected increases in mental health conditions in the borough as population trends show larger proportions of ethnic minority representation amongst younger age groups, with the 0-19 age group representing the highest group. (Camden and Islington Public Health 2014)

There is growing recognition for improvements in the design of mental health services for young adults (McGorry et al 2013). Youthspace created by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) is a good example of a service striving to address some of the mental health needs experienced by this group, in particular those who by the age of 25 are not in employment education and training.

In addition the links between poverty, economic insecurity and mental health are presented in a report commissioned by the Cripplegate Foundation. The report suggests that:

Mental ill health is closely associated with low incomes, unemployment and precarious working conditions, unmanageable debts, housing issues, social isolation, and poor physical health. At the same time financial insecurity can adversely affect people's well-being and resilience; it can increase stress, anxiety and depression; and it can exacerbate relationship breakdown, social isolation and physical health.

(Distant Neighbours: poverty and inequality in Islington - New Economic Foundation 2013)

The report argues that the negative impact poverty has on individual's mental health in Islington will increase with the deepening of austerity measures, which it is anticipated, will now be exacerbated through the imposition of Universal Credit and the new Welfare and Work Reform Bill (2015-16).

► Healthwatch Islington Services

Data from Healthwatch Islington shows that almost 10% of all queries made to our signposting service are recorded as directly relating to an individual's mental health. (July 2015) In addition to these numbers of direct mental health queries, over 20% of queries for support with health and social care are from those living in the most deprived areas of Islington, whilst significant numbers of calls to Healthwatch Islington for support with access to health and social care services are from distressed and/or confused callers.

Methodology

The method for the consultation exercise was finalised at the end of 2014, following a meeting with local stakeholders interested in the development and design of mental health services and a training workshop for peer interviewers.

The stakeholder meeting was attended by a broad range of organisations (these are listed as appendix a). Stakeholders were asked to comment on the questionnaire design for the consultation and to identify specific areas they felt were important for the client group. These were noted as a need:

1. For more information on local well-being and psychological services
2. To support local organisations to refer young adults effectively to psychological services
3. For organisations to begin to measure the impact of well-being services for young adults - focussing on early intervention
4. For increased levels of mental health and well-being provision
5. To learn more about young people's experience of mental health

The peer interviewer training workshop focussed on equipping young adults to interview young adults in the community about their personal experiences of mental health and the types of interventions they felt would help either themselves or their peers in addressing their feelings and aiding their recovery. A total of 21 young adults attended the training workshop.

Of key importance for the peer interviewers were definitions of mental health and how these were used during the interviewing process: the interviewers were keen to encourage engagement from interviewees and not use language and definitions that could potentially alienate those agreeing to participate.

Following this stage of the consultation design Healthwatch designed a semi-structured questionnaire. The questionnaire aimed to encourage a flexible conversation between interviewer and interviewee. (the questionnaire is attached as appendix b).

Interviews were undertaken on a one to one and group basis.

Interviewee referral organisations

Healthwatch worked with organisations that could access particular demographics amongst the young adult population in Islington. This included those from the Asian and African and African Caribbean community and those with multiple vulnerabilities. Additionally and within these groups we spoke to members of the Lesbian, Gay, Bisexual and Transgender (LGBT) community, members of the homeless population as well as those struggling to secure permanent accommodation, those who were socially isolated and those living in poverty.

The following organisations helped with interviewee recruitment (see appendix c for details):

- ▶ The Lift Centre,
- ▶ Street League,
- ▶ Pillion Trust,
- ▶ Only Connect,
- ▶ Stonewall Housing,
- ▶ Islington Bangladesh Association,
- ▶ Islington Somali Community

We collected 50 responses of whom three were 15, 42 were between 18 and 32 and five were between the ages of 40 and 60 but who talked about the experiences of their children who were in the target age range. 35 were male and 15 female. Interviewees reside in Islington, apart from 1 who made use of Only Connect London on a daily basis. Of those who responded to a request for ethnicity monitoring data; individuals were from the backgrounds indicated in Table 1 (overleaf).

All of the young adults interviewed were receiving some form of help from the referring organisations. This help included practical, social and emotional support.

The data reveals a high proportion of individuals from BME backgrounds. Healthwatch did not use a sampling method due to the target number of responses gathered, however those interviewed were representative of these groups. This may indicate that higher proportions of young adults from these groups are not accessing adult mental health services.

Table 1: Ethnicity of young adults interviewed

Ethnicity	Number of responses
Mixed Caribbean and White	2
Indian	1
Bangladeshi	14
African	2
Ethiopian	1
Arabic	1
Irish	1
Pakistani	1
Nigerian	1
Mixed African and White	1
White British	2
Mixed	1
Sudanese	1
Black British	2
Jamaican	1
Ugandan	1
Colombian	1
Chinese	1
Somali	9

Responses from professionals

We gathered comments from individual workers based in the organisations that helped with interviewee recruitment and from other professionals concerned with improving the mental health of young adults in the borough. For the purposes of the report we were interested in gaining a 'picture' of the types of services provided to young adults in Islington with mental health needs, the needs of the young adults and any perceived gaps in services.

Other professional organisations that supported the peer interviewer recruitment and/or were interviewed included:

- ▶ The 18-24 Islington Gangs Transition Service.
- ▶ Targeted Youth Support & Youth Offending Services London Borough of Islington Children's Services.
- ▶ Islington Public Health
- ▶ Islington Mental Health Joint Commissioning Team
- ▶ ICope: Islington Improving Access to Psychological Services (IAPT)
- ▶ BetKnowMore (social enterprise tackling gambling and addiction)
- ▶ Islington's Community Wellbeing Development Service
- ▶ Islington Somali Community
- ▶ Islington Mind
- ▶ Alone in London
- ▶ YMCA

Key themes emerging from these interviews included:

- ▶ **The need for services to be more accessible**

There is a need for services to be more accessible - meeting people in familiar surroundings - young people need to know they can talk about anything. They want to talk about what life is like for them and about their families. Some young people need a service that offers a totally different experience of the health service. Young people want to know are they going to section me? Am I mad?

Counselling/psychotherapeutic interventions need you to have the ability to be with someone, you need inter-personal skills, warmth and to have a positive regard for the individual you are working with, it could almost be called be-friending/mentoring/advocacy. A service needs to be multi-faceted and to work for the individual: a pick and mix idea.

- ▶ **Professionals also felt there is a need to understand how to work with challenging young adults and implement this in local provision.**

The challenge is to manage risk, whilst at the same time holding in mind the emotional, and providing a therapeutic service.

Additional themes were recorded as:

- ▶ **An absence of a solution from professionals**
- ▶ **A need for open ended support, and**
- ▶ **A dependency, particularly amongst some BME communities, of young adults on the family unit**
- ▶ **Fear and lack of understanding of mental health support**

A lot of the time mothers won't talk to doctors about problems in the family. They fear their children will be taken away from them.

Referring to the mental health team is difficult, the community need to trust the referral, there is a need to break down isolation and there is a resistance to medication, not sure that professionals always know what is needed.

- ▶ **A recognition that existing services can be too clinical**

They can be too clinical, and not so people friendly, they can work from the position of institutional stereotypes. A service should address the stigma and be more about engagement in counselling. A clinical approach can be about something being done to you and is favoured as other forms of intervention are hard to measure. Clinical interventions are about cognitive change and people being sent away to do 'homework'. It's a clinical/scientific process. Some people however want a diagnosis, the stigma needs breaking down.

I feel psychologists open wounds and make you feel worse, they chuck labels at you - borderline disorders, depression, anxiety and not explaining what any of them mean. I have been involved in mental health services since I was 7 I am now 18. I would not recommend people seeing counsellors they will label you. (Homeless Female 18)

- ▶ **There was also an acknowledgement of the contribution the voluntary sector can make to improving mental health for young adults.**

Mind is a good service. It is neutral and you don't always have to fit into a box.

There was consideration of the impact CAMHS services can have on access to adult mental health services, and finally an important issue was raised on the potential for misdiagnosis of young adults with special needs. There was evidence of young adults with ADHD being diagnosed as disruptive and being treated for mental health.

In addition to these themed responses Healthwatch held detailed exchanges with Islington's Assistant Director of Public Health, senior members of Islington's Joint Mental Health Commissioning Team and senior members of the clinical team at ICope.

These exchanges were invaluable in framing the reports final recommendations and in considering how and in what ways community and voluntary organisations can begin to work together with local authorities, commissioning teams and clinical services to improve access and retention of members of the young adult population in Islington in psychological services.

Islington Public Health emphasised the need for us to clearly identify links between multiple vulnerability, mental health and access and the commissioning team emphasised the need for services and commissioners to continue to develop and improve approaches to ongoing engagement with young adult users of mental health services.

ICope reported 9,000 referrals over the last 12 month period, which apart from the 18-25 and over 65 age group were reported as evenly spread across ages. Self-referral was reported as an increasing source of referrals to the service: There has been an increase from 11% to 35% over the previous period. The service also reported a need to reach out further to particular communities and to adapt services to appeal to younger adults. ICope outlined a range of services from 16 week psychological interventions for people with depression and anxiety to one off workshops, work in GP surgeries and at other local organisations working with the unemployed such as Job Centre Plus and Remploy. ICope noted flexibility as an area that needed further consideration for types and methods of service delivery particularly in the context of current targets and comments from users of the services and there was recognition that more work could be done with local communities to improve access for individuals facing multiple levels of vulnerability. Working with ICope's team of Psychological Well-Being Practitioners was felt to be a potential area for exploring these changes.

Interviews with young people

Young people were asked three main questions:

1. What is your experience of mental health?
2. Have you or any young adults you know had support for their mental health?
3. What kind of help do you think you and/or other young adults need to support their mental health?

The data below provides information drawn from the responses gathered.

1. What is your experience of mental health?

Examples of the relationship between mental health and other practical and social issues were recorded as:

I wasn't good at managing money which was hard. I felt abandoned and confused, people are being left out, they are not accessing services to meet their needs, the benefit caps are also having an impact, until you are over 35 there is not much accommodation and what there is, is temporary. I don't claim JSA, I am not ready, I have made a claim for ESA. Things have got lost in the post due to my change of addresses. I hope they will back date the money I want to establish myself.

I had a flat but I lost it. I was 19 and moved to a flat from leaving care. I wasn't able to look after myself properly and budget, it got to the point where I wasn't even opening letters. I feel I wasn't given the right kind of help.

I was homeless when I got out of prison. I got kicked out of home I thought no one cared about me. I couldn't get a job for money, I couldn't see anyone like my friends because I was barred from my local area, I couldn't even steal to get food. I got caught trying to kill myself and got sent to hospital. Money is a big source of stress. Society pressures you to perform well, to spend money. Cost of education is too high you start life after university with debts. The cost of living in London is higher than what you get at minimum wage.

Other mental health experiences were varied but the following themes were identified:

- ▶ **Stigma was discussed in number of contexts, including trust of local services**

Yes in my family, my aunts and uncles, I think it's generational because they're the only ones that are like that. They hoard and don't communicate much they hold things to themselves. If there's something wrong they wouldn't tell anyone they'd keep it to themselves.

I think people trust authority, or senior people who have dealt with a similar problem. The community is quite close people usually would go to their local imam.

My dad has dementia and only close members of the family can look after him, he doesn't trust/feel safe with others.

There is a silent suffering from the parents. They always try to hide family problems.

I wanted to see a psychologist to help me finish school and cope with the pressure but my parents didn't want me to see one. They said, they will send me to mental hospital and give me drugs and that I should talk to a friend if I have difficulties in school. They also said it is too expensive.

She starts things and then gets kicked out, she writes on her social media page about killing herself and saying if she did she would be dead now, her family don't really know how to support her. The family unit is too busy and is trying to accept her as she is. She needs a lot of attention. I have known her for 6 years and she is getting worse. The family are not telling people as they think she might get taken away. (Young woman aged 22 talking about her friend)

- ▶ **There was also evidence of differing views on the causes of mental health**

I believe spirits and black magic can affect people's minds. My nephew is not suffering from a mental illness but sometimes he changes. He gets angry. He snaps. He gets into fights. He didn't use to. Maybe someone did some black magic on him to make him mad.

- ▶ **Shame and the social isolation this can lead to was highlighted by a number of respondents.**

I felt guilty and stupid and ashamed on my daily routine and my physical well-being. I feel useless at times as I could not do anything for myself. I feel isolated as I do not want to have any contact with other people.

I always avoid people who I might think will talk back about history and the situation in my country. I consequently avoid socialising with people from my community and I feel very alone. I am suffering with post-traumatic stress disorder as result of my experience and the subsequent incident of violence and hardship.

- ▶ **The impact of recreational drugs was also mentioned**

It comes from a lot of stress, and can also come from family and the world. You also have mental issues that come from drugs. You don't know what's going on in people's lives until you talk to them - I have a friend he went to prison and a mental institute.

Anxiety can be caused by drugs, alcohol, etc. MDMA is a friendly drug but the side effects are tremendously negative.

Drugs are filled with chemicals that cause more harm than good, chemical-free cannabis is not that bad. The problem is that you don't know what chemicals they put in the drugs. You think you take one thing but you are actually taking something else.

- ▶ **Discussions on drugs also revealed confusion on the impact some drugs can have on a person's mental health.**

They said I had psychosis but I don't think I did. I had insomnia. I knew what was wrong with me. One time I took MDMA, it messed up my head (hallucinations), cannabis doesn't do that.

There is a history of mental illness in my family - psychosis, schizophrenia, "madness". Cannabis is medical e.g. cancer. It's different than other drugs. You can't overdose

- ▶ **Some felt that the prescription of medication had been unnecessary.**

Yes I have been sectioned and started using medication. After a while I stopped taking medication. I do not trust medication. Now I use supplements instead (Feed your brain).

They would give me stuff I didn't need. They gave me a sleeping pill for insomnia (When I could have bought sleeping pills myself at the shops) When the mind has got nothing to do, that's bad.

- ▶ **Impact of unemployment was another theme**

When you're unemployed you're on a downer, you've got low self-esteem and low confidence

I am always at home and I do not see my friends, I need help with employment or training.

- ▶ **Family dependence was another dominant theme especially amongst those interviewed from particular BME communities**

I have experienced mental illness myself. When I am getting hyper, I cannot take care of myself. I cannot dress myself, I cannot wash myself... My husband is my primary carer. I am very grateful to him. In my case, it is my past that affects my present. And sometimes, I cannot deal with the emotions. It is overwhelming.

2. Have you or any young adults you know had support for their mental health?

In response to this question many respondents spoke about how people just seemed to manage.

If people don't take care of themselves, depression can settle in. When I think too much, that leads me to think: "what if I am getting depressed?" That scares me, I don't want that. So I try not to think too much.

If someone has a problem he gets used to it and adjusts to it and then it becomes normal. I don't know if it is a mental health problem.

▶ Again people spoke about relying on friends or their families

I think friends generally. Most people who have depression won't talk to a lot of people this is why is good to have friends that you can talk with.

My parents and my husband are a great source of help. My mother takes care of me, she handles my medication. I take it constantly.

When you have problems you want to talk with a friend. Cry on his/her shoulder.

Usually, I talk to my friends, or my family, or my neighbours. Every time, they tell me "Don't worry, you'll be fine". And I follow their advice and most of the time I feel better for a short while. I never sit down at home. If I stop doing things it leads to thinking and that leads to depressive thoughts.

Only the family cares about the mentally ill individuals. The mental health care team do not care they only give medications. I make sure that he takes his medications. He has only the medication.

▶ And some didn't know where to go, highlighting a lack of information on local services

I have no idea where I would go. I would have probably looked online.

I wouldn't go to my GP to talk about stuff that is not physical. I don't think they deal with these things.

▶ And others didn't feel they got the help they needed, highlighting also a potential need for one point of contact for the individual

If I go to the GP and share my problem, he would have directed me to someone else. I was annoyed. It's like they are avoiding. If they can't help me on the spot so I'm wasting my time. It is hard to open up and share these things anyway so you want to talk to one person.

▶ A lack of trust of counselling services was also a dominant theme

In some cases you have to inform someone of their or their loved ones' psychological disorder. People don't believe you. And after stress comes depression. It is a sensitive issue. It can pass over, it trickles down, it spreads to other people. There isn't a lot of help out there. There are trust issues to consider. It is difficult to open up to strangers.

It is not common that people go to counseling because it always very personal issues. If they have problems they will talk to their friends and not to a counsellor, to people they don't know. It's a matter of trust. I wouldn't go to counseling but to a good friend because this is what I feel comfortable with.

I don't trust these doctors, I don't talk to them I'm scared they will put me in a home.

▶ **However for some who did get help the outcome was positive**

I spent 3.5 weeks in a mental hospital. The help I got was talking to someone. I didn't get drugs. I much prefer someone listening to me, listening to what I want to say. That's what prevented me from trying to kill myself again. I wanted to kill myself, I told them I had nothing to live for, so they showed me something to live for, gave me support. They got me to realise I had people out there to support me, who cared for me. When I got out, people showed positive and unbiased support. The support you need is someone ask how do you feel and truly care about you and not feel sorry for you. People being nice and normal helps - not feeling sorry for you.

I like it here at the Pilion Trust it's like a family.

Before coming to Stonewall I didn't know where to go and my housing situation was awful. I am now engaging with Mind and I also accessed help from London Friend.

The services have helped. Yeah my friend is getting help now, at first I think she was too scared to ask for help but after talking to someone they got help, they're fine now.

Now I feel much better. I take two tablets in the morning and one at night for three years. At the moment I don't know what is available for me.

Currently I have a support worker. She is helping me to do a course. I want to train to have some direction and a purpose.

Football is a good stress release it definitely helps.

I'm on placement now it's good.

3. What kind of help do you think you and/or other young adults need to support their mental health?

I think working with parents would help but only if they want to listen and more funding for mental health awareness and specialist accommodation to cater to specific needs. People need to be more compassionate and need to know how to signpost people to the right kind of services, we need more campaigns and maybe other therapies I think charities and churches have more compassion, they can be more flexible, they run food banks, shelters etc like meditation.

▶ **The need to have someone to talk to was a strong theme**

For me the services I would like would be someone who could advocate for me on day to day issues and stresses in life. I would really like to be able to speak to someone on the phone and discuss my problems when I need to.

Help to take medication, counselling, someone to help me collect prescriptions, help with loneliness, budgeting, activities, employment.

I feel a much more impassioned approach and a genuine display of caring could really help young people feel appreciated and that they are considered as part of a bigger society. Empathy and inclusion would go a long way.

I would like to be told a list of people I can talk to when I feel like talking.

I would like a social worker or a someone to check in on me regularly. I would like to be monitored. I used to have a social worker fortnightly but they are not coming round anymore. They say I seem to be doing fine.

A person with mental illness can feel hurt, pain, frustration, anger, just like anyone else and wants to be treated as an individual. Mental health problems can affect people in different ways, and they need different kind of help with their difficulties. They need counselling and

psychotherapy, medication and maybe admission to hospital.

▶ **Others felt services were too slow to respond**

It is important that the mental health care team give help as soon as the person presents with a mental health illnesses. The service is very slow and this has worsened my sister's condition. She is getting better but needs to go through a long process. We feel she will get better but only with a combination of solutions and swiftness of action.

▶ **Whilst others felt too much fell onto the family**

I have experienced mental illness myself. When I am getting hyper, I cannot take care of myself, I cannot wash myself. My husband is my primary carer. I am very grateful to him. In my case, it is my past that affects my present. And sometimes, I cannot deal with emotions.

My parents and my husband are a great source of help. My mother takes care of me, she handles my medication. I take it constantly.

▶ **And others felt there should be tailored support**

There should be more information available specifically for young adults

Young adults should help others in the same situation to understand mental health, because they're young you can relate more, go into schools, colleges etc.

It should be promoted as much as contraception is promoted in school.

The support in schools should be the same as college.

▶ **And that early intervention would be useful**

Start from young, year 7 is ok, then they'll understand when they're growing up what to look out for and who can help.

Conclusions

This consultation exercise has provided us with an in-depth insight into the mental health needs of young adults facing multiple vulnerabilities and suggests there is likely to be an increase in the number of young adults in Islington facing mental health problems now and in the future. It provides a body of evidence from young adults experiencing poor mental health and professionals working with individuals with mental health needs that current services are having a limited impact on engaging with and sustaining positive relationships with those who are vulnerable. Within this report vulnerable respondents were predominantly from: Asian and African backgrounds, those struggling to secure accommodation, the homeless, socially isolated, individuals from LGBT backgrounds and those who are living in poverty. This respondent profile was not based on a sample but rather, reflected individuals who were prepared to talk to us from the referring organisations. This may have implications for the demographic of young adults accessing adult mental health services.

However for those who did receive help, most reported positive experiences and a sense that they were more able to cope and manage a variety of practical, social and psychological problems.

We would also like to mention that young people (under 18) were not a target group however interviews with young adults and professionals did suggest that young adults who had experience of using CAMHS services did not have a successful transition to adult mental health services.

Key themes:

1. Stigma alongside a lack of trust in mental services was a dominant theme and therefore an area requiring additional focus. It could be useful to review the impact of existing services commissioned to reduce stigma, and how stigma and a lack of trust of mental health services; ensuring there is a focus on how and in what ways stigma is played out amongst community members in Islington and how it impacts on young adult's access to mental health services. These services include those delivered in both clinical and non-clinical settings including practical, social and psychological services.
2. There was evidence of persistent levels of lack of access to mental health services for those facing multiple vulnerabilities, which suggests there may be a need to equip organisations not funded to deliver mental health services, but who are working with individuals experiencing mental health to:
 - ▶ improve their knowledge of how and in what ways their existing services are impacting on individual and community mental health,
 - ▶ increase their knowledge of local mental health services; and their potential benefits to the community,
 - ▶ refer effectively to mental health services.
3. The role the family plays in supporting those with mental health needs amongst particular communities was a key theme. Although there is recognition from many respondents that this support has played a key role in their ability to manage their mental health, in some cases family could be blocking those living with mental health needs from accessing appropriate mental health services.
4. A lack of adequate accommodation, worklessness, and social isolation were dominant themes throughout the consultation. It is therefore suggested that a more holistic approach to mental health service delivery is considered through the integration of advice, guidance and advocacy services with psychological services; in particular for those adversely affected by Universal Credit and the Welfare and Work Bill.

Recommendations

1	<p>There is an urgent need to address issues of worklessness, a lack of accommodation and social isolation amongst many of the respondents. It is therefore recommended that a holistic approach to mental health services is considered, one which draws together a number of practical, clinical and well-being services. These services should include social activities, advice, guidance, advocacy and psychological services.</p>
2	<p>We recommend that the services referred to in our first recommendation above are delivered in a range of community based settings to create a more flexible approach to the delivery of mental health services. This will broaden the scope of services available and provide a range of familial and socially connected environments for vulnerable young adults.</p>
3	<p>We recommend that community based organisations working with young adults with mental health needs should be provided with financial support and professional expertise to:</p> <ul style="list-style-type: none">▶ Actively engage in processes and fora associated with co-commissioning. This should relate directly to the design of local services,▶ be equipped to refer effectively to mental health services, and▶ measure organisational activities to assess their impact on young adults with mental health needs. <p>It is suggested that an organisational toolkit is co-produced, with commissioners and clinical staff to equip organisations to begin to undertake these developments. Healthwatch recognises the problematic nature of the current funding climate and will therefore actively pursue funding sources to support this suggestion.</p>

References

1. 'Designing youth mental health services for the 21st Century, examples from Australia, Ireland and the UK', McGorry et al, published in the British Journal of Psychiatry, Volume 202, Issue 54, Jan 2013.
2. 'Distant Neighbours: Poverty and Inequality in Islington', New Economics Foundation and Cripplegate Foundation 2013.
3. Islington's Adult Joint Clinical Commissioning Strategy, Islington Clinical Commissioning Group, 2012 - 2017.
4. Islington Evidence Hub, October 2013 [http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/\(2013-10-11\)-Mental-health-fact-sheet-\(2\).pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/(2013-10-11)-Mental-health-fact-sheet-(2).pdf)
5. 'Transforming Mental Health: A Plan of Action for London', Guilburt, H, Edwards, N, Murray, R, The Kings Fund, 2014.
6. Widening the Focus: Tackling health inequalities in Camden and Islington, Annual Public Health Report, Camden and Islington 2013/14.

Appendices

a) Stakeholder meeting attendees

- ▶ Alone in London
- ▶ The Peel Centre (Direct Action Project)
- ▶ Islington Youth Counselling Service
- ▶ Iranian and Kurdish Women's Rights Organisation
- ▶ Islington Carers Hub
- ▶ Caxton House (Community Hub)
- ▶ Octopus Communities (Community Hub)
- ▶ Only Connect London
- ▶ Hanley Crouch Community Association (Community Hub)
- ▶ Jobs in Mind
- ▶ Latin American Women's Rights Association
- ▶ Islington Bangladesh Association
- ▶ Finsbury Park Trust
- ▶ Islington South Community Counselling
- ▶ Scope
- ▶ Hillside Clubhouse
- ▶ Voluntary Action Islington
- ▶ Department of Work and Pensions

b) Young person questionnaire

Age:

Gender:

Post code:

1. What is your experience of mental health? This could relate to your personal experience or the experience of your peers?

2. Have you or any young people you know had support for their mental health?
Prompts: if yes did it help and in what ways? if no, why not?
As part of this question people may want to provide an example
You can also ask do people know what's available and where to go for help

3. What kind of help do you think you and/or other young people need to support their mental health?
You could ask here about anything specific

4. Is there anything else you would like to add?
Could ask here about improvements to services

c) Interviewee referral organisations

Lift is Islington Council's healthy living hub for young people. It houses a 30-station, cafe, media and computer suite, meeting rooms, kitchen and a large dance studio. Young people can come for personal help with apprenticeships, college applications, CVs, looking for work, volunteering or developing projects. Lift also supports young people with advice and guidance on personal issues, lifestyle decisions and sexual health. Pulse is also available to help with young people's health queries in fully-equipped clinical facilities.

Street League specialises in changing the lives of young people from disadvantaged backgrounds through the power of football. Originally founded as an organisation working with homeless people in 2001, they now work with 16 to 25-year-olds who are not in employment, education and training (NEET). Street League engages with young people in a structured football and education 'Academy' programme, with two hours in the classroom and two hours on the pitch each day. The intensive 10-week programme develops vital employability skills such as communication, teamwork and goal-setting. It also offers nationally-recognised qualifications.

Pilion Trust is a charity who works with people who have been affected by drugs, alcohol and mental health. They are a non-profit charity working with the community to support the community. We interviewed young people at one of their 'crash pads' situated in the basement of Cally Methodist Church.

Only Connect is a creative criminal justice charity. They work in schools, prisons and on the streets to deliver projects that build relationships. The focus of their work is innovation to prevent first-time offending and reduce re-offending. Members are enabled to design and deliver solutions to their own problems and problems faced by other members and peers across London. They provide clubs that offer training, support and creative opportunities, deliver creative criminal justice projects in the community and advocate for young people at risk.

Stonewall Housing is the specialist lesbian, gay, bisexual and transgender (LGBT) housing advice and support provider in England. They provide housing support for LGBT people in their own homes, supported housing for young LGBT people, as well as free, confidential housing advice for LGBT people of all ages. They also research and lobby for LGBT housing rights, so that all LGBT people can feel safe and secure in their homes.

Islington Bangladesh Association established to tackle poverty, deprivation and the isolation being experienced by a marginalised Bangladeshi community in the borough. It has a long standing reputation within the community in terms of service provision in addressing the social, cultural, welfare and economic needs of the Bangladeshi community.

Islington Somali Community works with Somalis of all ages in Islington and neighbouring London boroughs. Their aim is to improve the wellbeing of the Somali population and to work towards the full integration of refugees in the local community. Much of their work focuses on providing advice and information about housing, education, employment, health and other essential services. ISC also refers and signposts to connect clients to other services available. A key strand of work is Islington Links - an innovative youth work project engaging young people at risk of involvement in crime and drugs. Throughout the year ISC organises cultural events, mother tongue and supplementary classes, outings for children and adults, interpreting and translation services.



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