Mental healthcare

Solutions to problems that affect us all

We’re Mind, the mental health charity.
We won’t give up until everyone experiencing a mental health problem gets support and respect.

Regional Manager – North West and Wales £34,345 – £41,241

In the North West, we’re looking for an experienced and forward-thinking Regional Manager to help support and manage our network of volunteer and staff-led services across the region. You will work closely with Mind’s national team, and with local services, to develop and implement local strategies that support people with mental health problems in the region.

Compliance and Auditing Manager – Compliance and Auditing Manager £34,525 – £41,241

You’ll be responsible for ensuring that all departments are meeting legal and regulatory requirements, and that the organisation is compliant with all relevant policies and procedures. You’ll also be involved in the development and implementation of new systems and processes to improve efficiency and effectiveness.

Governance and Performance Manager – Governance and Performance Manager £34,424 – £41,241

You’ll be responsible for managing Mind’s governance function, which includes the design, implementation and operation of effective performance management and monitoring systems. You’ll also be responsible for ensuring that all departments are meeting legal and regulatory requirements.

Volunteering roles at Mind

We continuously offer a range of volunteering opportunities across both our network of local Mind services and our national office. As an experienced manager, you’ll be able to make a valuable contribution to our work, and you’ll be able to choose between volunteering in a variety of roles and locations.

To find out more about us and to apply for any of these roles, please visit our Jobs Centre, or contact us on 0845 1 200 545.

Mental health

Found its way on the front pages again last week with the news that international footballer Aaron Lennon has been detained under the Mental Health Act. The story illustrates once more that mental ill health can affect any of us at any time. What this supplement shows time and again is the need for and commitment from those working in mental health services is improving the quality of life of all those they care for. There is optimism that regional devolution may offer a more joined-up way of improving mental health and boost the economy at the same time. And as the population grows increasingly older, we reveal the simple solutions that are helping ward off depression and loneliness.

The UK’s first inpatient mental health centre designed by specialists is expected to open last month in Pontardawe, south Wales. Is this a model for the future? And we talk to a former England rugby union international about the difficulty that alpha males like him have in confronting their demons.

A primary head teacher admits that his pupils worry about Brexit and Trump and tells us what help is available. While the assistant head of another tells how it helps pupils, confused about their sexuality, to talk about it. We look at how a walk in the woods is improving the mental health of people in Scotland and how one Welsh prison is tackling mental ill health. We consider the impact of the UK shortage of mental health nurses and, finally, how to protect our mental health while living in the digital world.

Mental healthcare in prisons

The devolution of powers to the regions has seen an unexpected rise in the profile of mental health provision. As Mary O’Hara reports, it’s the economic benefits that are focusing minds few months ago if asked what do Prince Harry, the former England rugby captain Rio Ferdinand and Lady Gaga have in common, most people would have answered their celebrity. But today mental health is raising issue that links these three high profile individuals. All have spoken out about their battles with their own personal demons. Their insights have been heralded as a watershed in changing public attitudes towards mental health, others working to shape the future of frontline services have also been breaking new ground.

Theresa May’s government’s commitment to taking power and control away from Whitehall and giving it to new regional organisations in England opened up new, unexpected possibilities for mental health services. “We felt we had an opportunity to do something different,” says former health minister Norman Lan, a key player behind the Change programme. Originally it was envisaged that the new organisations, led by local councils made up of at least two local authorities, would tackle issues of regional economic and economic growth. However, those leading this devolution revolution in the West Midlands – led by Birmingham, Coventry and London recognised the economic importance of mental health and of prevention. The devolution of powers to the regions has seen an unexpected rise in the profile of mental health provision. As Mary O’Hara reports, it’s the economic benefits that are focusing minds.

Integration has been key for WMCA since it launched last June. Today it involves 18 local authorities and four local enterprise partnerships representing business. The authority looked to the US and around the UK to see how it could involve key players, not just in health and social care, but also in the criminal justice systems, the voluntary sector and local businesses. It decided to set up a mental health commission, chaired by Lamb, composed of national and local leaders from areas such as health, housing and the police, and, crucially, people with experience of the services. Lamb says that the commission was determined not to produce a well-meaning report but a practical document that will be an essential test case for how real change in mental health can be delivered.

But do these nascent regional approaches have the potential to bring about a real change in mental health?

Andy Bell, the Centre for Mental Health’s deputy chief executive, says that the challenges are complex, but regions are learning from one another: “It’s an opportunity to focus on [ways] to do things differently.”

That is a view shared by Duggan, who says that all eyes are on what is happening in the West Midlands: “It will be an essential test case for how other regions might innovate and join up services.

“We are looking forward to … sharing that success with mental health services across the country.”
Loneliness: a new epidemic

With millions of older people living in isolation, Saba Salman asks what is being done to help?

A weekly phone call or visit from a volunteer are among the solutions to help ease the loneliness epidemic affecting 1.2 million older people in England, according to campaigners.

Age UK, says that 1.2 million older people are chronically lonely and that this has an adverse impact on mental health, and the challenge will increase as our population ages. In the next 20 years, England’s over-85 population is set to rise from nearly 1.3 million people to just under 2.8 million.

Caroline Abrahams, Age UK charity director says: “Loneliness can have an impact on older people’s health and wellbeing. And this is particularly true when it comes to mental health, with older people’s depression often brought on by, or exacerbated by loneliness.”

NHS figures reveal that depression affects around 22% of men and 28% of women aged over 65 in England, but, according to the Royal College of Psychiatrists, 85% of older people with depression receive no NHS help at all. The spotlight on older people initiative - a group of nine older people’s organisations led by the Jo Cox Commission on Loneliness - says that more than half the users of over-50s social networking site Gransnet who say they are lonely have never discussed loneliness with anyone.

But solutions do exist, says Abrahams: “There is no quick fix or single policy solution to eradicate loneliness but there are reasons to hope that we can change things for the better.” An Age UK and Campaign to End Loneliness 2015 report, Promising Approaches to Reducing Loneliness and Isolation in Later Life, reveals good practice. For example, it says interventions involving help with transport or technology “can be the glue that keeps people active and engaged”. The report highlights successes such as face-to-face or telephone befriending projects, including the Royal Voluntary Service’s Dorset Befriending Service, offering home visits to older people. The project began after a local GP’s concerns that older patients would visit the doctor primarily because they were isolated. Another initiative, The Silver Line, is a 24-hour, free helpline for information and companionship. In addition, British Red Cross community connectors are volunteers who identify and attend local activities with lonely older people.

The Campaign to End Loneliness is developing a national initiative to tackle loneliness through community collaboration. Laura Alcock-Ferguson, the campaign’s director, adds: “At a local level across the UK, health authorities should be developing clear plans to reduce loneliness and social isolation in their local areas.”

Dr Amanda Thompsell, chair of the old age psychiatry faculty at the Royal College of Psychiatrists, says organisations developing support projects must also include older people and carers as well as psychiatrists, GPs, and the social care sector. Thompsell suggests awareness of loneliness could also be incorporated into the school curriculum: “Inter-generational contact has been shown to be particularly effective in combating loneliness and we often forget how much children can learn from older people.”

Ignoring the challenge is not an option, as Thompsell says: “Failure to tackle loneliness will lead to more pressure on services which are already overwhelmed.”

Roy Warman: ‘I met the daughter I never had through a telephone befriending service. It changed my life’

Warman credits Age UK with helping to turn his life around. It was so nice to think someone might listen ... a voice at the other end who could sympathise.” Today he has weekly phone calls with a volunteer he describes as “like the daughter I never had” and he also has regular visits from another volunteer as part of Age UK’s face-to-face befriending scheme.

The impact has been extraordinary, says Warman, describing the experience of support as “like being in a desert and coming across an oasis”. He has joined a singing group and developed his IT skills: “I think it partly affected my decision to join a local choir. And Age UK introduced me to the tablet, it’s like a giant library.” Crucially, he senses his self-confidence has returned: “I feel good about myself and feel able to cope now.”

approaches to reduce loneliness in their local areas
Male suicide

The biggest killer of men aged between 20 and 49

6,188

suicides in the UK in 2015

75%
of suicides were male

42%
of men in the UK aged between 18 and 45 have contemplated taking their own life

55%
of men who felt very depressed talked to somebody about their feelings compared with 67% of women

30%
of men compared with 21% of women say they are too embarrassed to discuss their depression with others

31%
of men who felt suicidal said they didn’t discuss how they were feeling because they didn’t know how to talk about it

The most common reasons men feel low are:

- Falling at work or school
- Money problems
- Death of someone close
- Personal appearance

Male suicide in Ireland were up to twice as high as other UK countries in 2015

22.3
dead per 100,000 population of UK men aged 45 to 59

21
dead per 100,000 population of men aged 30 to 44

Highest regional male suicide rate in 2015 in England

17.9

suicides per 100,000 population in Yorkshire and the Humber

Lowest regional male suicide rate in 2015 in England

14.5

suicides per 100,000 population in the east of England

Dealing with depression

‘I didn’t belong any more’

After his playing career ended, Damian Hopley became depressed. Now, he helps other men discuss the issue

Damian Hopley won three caps playing for England before injury cut short his career

RFU and some club owners so Hopley began his project without being paid. But today, he runs an organisation that has about 700 current professional players, both men and women, and about 400 former players on its books. Outside the sport, the perception of elite rugby players is one of steady alpha males, but the reality is often different. Several players have talked about their battles with depression, linked to the end of a career in the sport. The RPA has a new campaign, Lift the Weight, which includes a 24-hour counselling service. With chilling timing the initiative was launched in the week that Dan Vickerman, a recently retired Australia lock, was found dead at his home in Sydney. The 37-year-old had taken his own life. Lift the Weight aims to encourage men - and not just elite rugby players - to talk about the issues. “Once people get to share the stories of their fruits it makes all the difference,” says Hopley. “Jonny Wilkinson, for instance, has been very frank about his demons.”

by Ian Malin

Male suicide

‘Gender should not be a death sentence’

Simon Gunning

‘Gender should not be a death sentence’

The Campaign Against Living Miserably (Calm) is the leading UK charity dedicated to preventing male suicide. Here, its chief executive officer, Simon Gunning reveals what is being done to encourage men to open up about their emotions.

We take a two-fold approach to changing and saving lives: firstly providing support for men who are down or in crisis, and secondly campaigning for culture change to tackle outdated stereotypes of masculinity that prevent men seeking help.

We do this in the face of a problem that is deeply entrenched. Many men feel forced to stoically “man up” (whatever that means) and grind through bad times without societal permission to open up or seek help. Calm’s research shows that while 67% of women tell someone about going through depression, only 55% of men do the same.

The result? Men are three times more likely than women to take their own lives and suicide is the single biggest killer of men aged between 20 and 49 - something the Duke of Cambridge describes as “an appalling stain on our society”.

But the tide is turning. Since Calm was founded 10 years ago, awareness of male suicide has trebled. De/ﬁ nitively, historically, the alpha-male archetype has had no time for conversations about emotions but, in recent weeks, this has been dismissed by men such as Stormzy, Rio Ferdinand, and Calm’s patron Professor Green – strong, famous, tough men explaining how communication has, in some way, saved their lives.

There is still much work to be done. The emphasis now is to move beyond the rallying cry to open up. We must better equip ourselves, our mates, our workplaces, schools and health services to support those who need it. And we start by building a generation who believe that society’s ideas of your gender should not be a death sentence.

Campaign Against Living Miserably

Simon Gunning

“Whatever that means” and grind...
Power to the people

The patients who use the Gellinudd Recovery Centre have a say in everything from policy to the decor. Could co-produced innovations be the future for mental health care? By Rachel Williams

Soft, neatly folded blankets hang invitingly over the backs of the modern but comfy armchairs in the Gellinudd Recovery Centre’s communal living room. In the en suite bedrooms, there are white waffle slippers and dressing gowns embroidered with the centre’s tree symbol.

Staff and guests – those who stay are not termed patients – join forces to cook, clean and tend the fruit and veg they then sit down to eat together at Gellinudd, which is the UK’s first inpatient mental health centre to be designed by service users and their carers. “If you’re a psychiatrist you’ll still be expected to be in the kitchen chopping vegetables alongside everyone else,” says the centre’s director, Alison Guyatt.

Over three years, via consultation meetings attended by up to 50 people and annual general meetings attracting as many as 300, service users and carers who are also members of the Welsh charity Hafal, which runs the centre, have influenced everything from the policies and procedures to the decor, facilities and recovery-focused activities on offer.

“They’re the experts,” says Guyatt. “They can say how it feels to be on the receiving end of care, how anxious you would be, what your concerns would be. They have such powerful stories to tell.” The lack of privacy and dignity in hospital settings, together with old and decrepit buildings that provide little access to fresh air, were common themes among those who gave input. “A lot of them feel very clinical, rather than homely and welcoming,” Guyatt says.

Ensuring a different atmosphere at Gellinudd, which opened in April 2017, was therefore critical. Members met the architects in the earliest stages, and Guyatt arranged for furniture makers to bring chairs, tables and beds to consultation events to be tested.

Hafal believes co-produced, recovery-focused services improve outcomes for patients and reduce costs. It has estimated that Gellinudd, which was developed with Big Lottery funding of £1m and £500,000 from the Welsh government’s Invest to Save scheme, will generate year-on-year NHS savings of £300,000 in Wales.

Could the model be copied elsewhere in the UK? Commissioners are increasingly interested in co-production, according to Grazina Berry, director of performance, quality and innovation at the Richmond Fellowship, a voluntary sector mental health support provider that involves its users in shaping services. But the resources to make it happen are not necessarily available.

“We’re seeing many more opportunities coming up which directly ask for co-produced innovations,” Berry says. “But the money to match that isn’t always there because funding is reducing. We as a provider can say we’ll implement a whole range of innovative services. But to prove they work we want to evaluate them, and evaluation costs money.” Berry has no doubt that services designed with users bring better outcomes: “They give power to the people who understand recovery the most.”

At the National Survivor User Network (NSUN), a charity which helps mental health service users shape policy and services, managing director Sarah Yiannoullou believes the extent to which service users are listened to remains patchy. “There are some really good examples where the rhetoric is starting to become the reality, but it’s not consistent,” she says.

“I think we’re still in a system where the medical model is dominant and there’s this culture that the professional still knows best. The problem for the voluntary sector is that quite often what you say works and helps is regarded as anecdotal or dismissed as not credible.” But it is crucial service users are listened to: “Meaningful, effective involvement can transform people’s lives, improve the quality and efficiency of services and develop the resilience of communities,” says Yiannoullou. “If commissioners and clinicians really listen to us, respect us and treat us as equals then our experience of services will improve.”
Anxious about social media?

Disagreement continues over the effects of social media on mental health.

Sarah Johnson reports

For all the benefits to mental health a digital world can bring, such as a sense of belonging and information and support for those with problems, there are also myriad dangers associated with online activity. In the very worst cases, people have live-streamed their death and had people cheer them on in the comments section.

Meanwhile, cyberbullying and trolling, along with communities and groups on social media that foster, glamorise or even encourage self-harm are pervasive. Stephen Buckley, head of information at the charity Mind, acknowledges these risks: “It is vital to recognise the huge danger created by any site or social media trend that promotes self-harm, suicide or eating disorders. They can be hugely damaging and possibly dangerous to someone in a crisis.”

This has come to the forefront over the past decade as more and more children use smartphones and tablets. A Young Minds report, Trustline For the Digital World, says half of Europe’s nine- to 16-year-olds now own a smartphone; the vast majority go online at least once a week, and most daily.

Buckley says that people are now used to following their friends on social media and sharing news of a new job, relationship, or a holiday presented in the best possible light. But this can have an impact on individual self-esteem. “While love self-esteem is not a mental health problem in itself, the two are closely linked. If lots of things are affecting your self-esteem for a long time, this may lead to depression or anxiety,” says Buckley.

Pressure on young people may also come from situations where they are being bullied in daily life that then cross over into their digital lives, says Marc Bush, chief policy adviser at Young Minds. “For instance, victimisation in the school playground is replicated on their Facebook pages or their WhatsApp or Snapchat groups, so they relieve the distress they’re experiencing in real life on the digital platform.”

So, what’s to be done? Bush says industry has an important role to play. Today, if you search certain hashtags on Instagram, for example, a helpline pops up. He also cites the report from the House of Lords communication committee, Growing Up With the Internet, which calls for a national digital champion who can look at the rights of young people online, educate parents and teachers on how to look out for warning signs, and support young people to understand the consequences of bullying someone online.

The greater part of the solution, though, lies with young people themselves. “Ultimately,” says Bush, “young people are active in the creation, consumption and distribution of these images or forms of behaviour, so they have to be part of the solution.”

Top tips for staying digitally healthy:

- Limit your time online. Remember there’s a real world you’re living in.
- Social media has its place, but should not become a substitute for face-to-face contact with friends and family members.
- Turn your phone off for half an hour or more before you go to sleep to create mental distance from the pings of status updates, text messages and alerts.
- Avoid sites you know prompt negative feelings and if you see something that upsets you, close it immediately.
- Try not to read too much into things. Misunderstandings can happen easily online because the signs we use during face-to-face conversation, including tone of voice or body language, are not available on-screen.
- Look out for other people’s safety – people talking about being depressed, saying they’re feeling suicidal. Know where or who to refer them to because that is really important in intervening and making sure nothing escalates.
- Take responsibility for your actions online and try and think about how your words could affect other people. Think about whether you would be willing to say it directly to the person and if it is a fair, compassionate thing to tell them.

I developed severe anxiety after being bullied online and off. Now I speak up for those who can’t

Tamanna Miah, 23, is a campaigner and public speaker from Kent. She describes how she coped with being bullied on social media and what it has been like to grow up in a digital world.

“I grew up in Sevenoaks, Kent, which is a very conservative, middle-class area. I suffered from severe bullying and racism from primary school to my all-girls secondary school until university. When I went home, the abuse continued online. It happened on my social media networks - Facebook, Bebo and MSN. People would comment on photos, status updates, anything that I was doing. Sometimes it was racist or Islamophobic, or attacking my appearance or the way I acted - anything. People would find a fault and take advantage of the situation.

I was a very shy, quiet child, I couldn’t stand up for myself, or look people in the eye. I would be bullied at school, come home and log on to the laptop and it would continue.

You wake up in the morning to check again and it’s never-ending torment and hate. I couldn’t escape. I hated school and my time in education. I was never happy.

I developed severe anxiety and depression as a result. I tried to get support from my school and was unsuccessful. I visited my GP and they dismissed me and didn’t take me seriously. They said nothing was wrong and told me to do some exercise. It wasn’t until university that I was diagnosed.

Now I try and be careful when using social media, but also use it for networking and meeting people. I’ve been through the eye. Google yourself to see what’s out there so you can check your settings and change them if needed. If someone is bullying you, always tell a responsible person as soon as possible. Make sure you have evidence of everything. Take screenshots or make audio recordings. Whatever happens, don’t give up just keep going. We absolutely need to speak about these issues, because if we don’t, who will?”
Mental health in the workplace

Sue Baker
'We need to open up in the workplace'

Are you, or is someone you know, contemplating suicide?

Maytree is a National Charity We provide a unique residential service for people in suicidal crisis so they can talk about their suicidal thoughts and behaviour.

We offer a free 4-night/5-day one-off stay to adults over the age of 18 from across the UK. Our aim is to provide a safe, confidential, non-medical environment for our guests. Somewhere our guests can explore their thoughts and feel, and feel heard with compassion and without judgement.

Please visit our website for more information about our charity www.maytree.org.uk

Sue Baker is director of Time to Change, the anti-stigma movement run by Mind and Rethink Mental Illness charities

Social prescribing, where patients are referred to non-clinical activities, is producing positive outcomes. But, asks Rachel Williams, can the voluntary sector keep up with demand?

It’s so different from your normal life. You go out there and all your worries leave you

Social prescribing, where patients are referred to non-clinical activities, is producing positive outcomes. But, asks Rachel Williams, can the voluntary sector keep up with demand?

It’s so different from your normal life. You go out there and all your worries leave you

Having many of the ingredients for good practice - including a simple and effective referral system, well-informed and skilled workers to help patients choose an intervention, and, crucially, funding for those interventions - the project has so far been a success.

The report also highlighted the importance of community support to help people continue their recovery.

While the service initially focused on those who had been using services for five to 20 years and needed a supported network and meaningful activities to help with a successful discharge, it is now expanding to work with people earlier on.

But Janet Wheatley, chief executive of Voluntary Action Rotherham, which coordinates the programme, backs up the cautionary note in the National Audit report - that you can’t direct more and more people to use resources in the community without providing funding to support that.
Learning to respect difference

Schools today are much more receptive to students’ gender and sexual orientation, and are places where diversity is celebrated rather than scorned, as Linda Jackson discovers:

I t was not long ago that LGBT pupils at the Priory School in Hitchin, Hertfordshire, hid behind a mask of silence. Fellow students used the word “gay” to describe something that was rubbish. Faced with homophobic language, they felt unable to come out in the classroom and kept their true identities secret.

Three years later, dozens of students have come out thanks to a “massive culture shift” in school. Today, diversity and inclusion are celebrated across all aspects of school life. From the setting up of an LGBT drop-in group and appointment of an LGBT student champion, to changes in the curriculum and the building of gender-neutral toilets and changing rooms. Indeed, the school has established such a reputation for equality that it is attracting transgender students from neighboring areas.

Priory now has a resident counsellor and has forged close links with local child and adolescent mental health services. Sixteen staff have also been trained in mental health first aid.

Assistant head Katie Southall has led the transformation. Responsible for student wellbeing, Southall realised that more needed to be done to promote equality and diversity. Surveys of young people who identify as LGBT revealed that many are at high risk of mental health problems.

The 2016 Youth Chance survey, conducted by the charity Metoro in collaboration with the University of Greenwich, found that out of the 6,444 respondents aged 16-25 who took part in the survey and identified themselves as LGBT, just 5% said they had considered suicide.

Southall says: “I realised from an annual survey on student wellbeing that lots of students identified as gay or LGBT, but didn’t want to be open about it. We are now in a position where pupils are openly transgender, gay, bi, lesbian or gender questioning. For those who are transgender we have procedures in place for name changes and work together with the young person. That can mean getting people who have transitioned to come in and talk to young people.”

LGBT role models have also visited the school, including actor Sir Ian McKellen, co-founder of LGBT charity Stonewall, who spoke to 15 student members of the weekly LGBT drop-in group. “One sixth-former who is openly gay said he wished the school had been as open when he was in key stage 3,” Southall says.

Meanwhile Arbury primary school in Cambridge is working hard to promote diversity and has become a beacon of good practice. It has adopted a range of initiatives to stamp out gender stereotypes across the school, from abolishing pink- and blue-themed name badges for reception children, to having a non-gendered school uniform. Children are taught to respect difference from the start in reception:

through picture books showing different types of families, and talks during circle time highlighting the school’s golden rules. Displays of materials from Stonewall with the slogan: “Different families, same love” are posted around the school, which also celebrates LGBT history month.

Staff are trained to understand how stereotyped views of how boys or girls should behave can prevent them from reaching their potential. Senior teacher Kathy Whiting says the school advises other schools on creating a trans-inclusive environment, including training on the use of inclusive language.

Headteacher Ben Tull says: “It is really important that a school is ready for anyone who walks in. For children at primary level, the more we can do to non-stereotype them the better. We steer away from the binary model.”

Celine Bickerdike, 19, is an apprentice in Leeds and has secured a university place to study history. She has had to overcome depression since the age of 12. But it was five years before she sought professional help.

“My first experience of being judged because of having a mental health problem was when some girls took my antidepressants from my bag and started reading out the side-effects in front of everyone. They humiliated me. How can people be so cruel?”

“There was some school mental health support, but teachers had to believe you had a problem before you could access it. Most of my teachers thought I was OK – one even said that I was stressed because I wasn’t working hard enough. I broke down during my mocks, which was when my history teacher came to me to get me to go and see a doctor.

“I put an enormous amount of pressure to get the grades I needed for university. I was anxious about the future – and failure.

“I didn’t get into the university I wanted and this really took its toll. I felt completely lost. All my friends were at university. I had gone from having a promising future to being on job seeker’s allowance.

“I think initially, my parents didn’t take my mental health problems seriously; they thought it was just hormones. I’d always been a bit of a worrier so they assumed that my problems were small because of that.

“Nowadays I find it easier to talk to people about my mental health because I am more confident and don’t doubt my condition as much. People’s conditions are improved as they develop so that it’s easier to prevent them worsening like mine did.”

Celine is a young champion for the mental health charity Time to Change.

Healing through the art of conversation

The spaces that help children talk through their anxieties provide an oasis in uncertain times:

It could easily be a child’s bedroom. In the centre is a large mug, while a selection of dolls and soft toys line the wall. It is hard to believe that this nurture point in Plaistow, east London, aimed at helping children deal with their emotional problems, was once a school staff room.

Youngsters aged five to 11 can drop in three days a week and speak to a trained counsellor from the charity Place2Be. But as well as worries over friendships, bullying or problems at home, headteacher Paul Harris reveals that a growing number of children are suffering from anxiety as a result of Brexit and the election of Donald Trump.

Fortunately, pupils at Curwen primary and its sister school, Kensington primary in Manor Park, can speak to a counsellor before their problems become overwhelming.

The lunchtime drop-in – known as Place2Talk – is part of a package of support services offered by the charity, which includes one-to-one counselling and play therapy for children suffering from more serious mental health issues.

Working with 212 primaries and 50 secondaries, the charity provides early intervention support in schools to children who are troubled and unhappy.

The charity is not the only one working with schools. The Art Room charity supports five- to 16-year-olds who are experiencing emotional and behavioural difficulties.

There are eight Art Rooms in schools in Oxfordshire, London and Edinburgh, supporting 500 children a week by offering art as therapy to increase their self-esteem, self-confidence and independence.

It is this kind of partnership that Theresa May, the prime minister, said in January that she wanted to see more of. She said then that one of her priorities was children’s mental health, which has long been recognised as in crisis.

Statistics show that one in 10 children – or an average of 390,000 children in every classroom – has a diagnosable mental health problem, and that 75% of adults with mental illness in adults has its roots in childhood.

The prime minister said, before the election was announced, that she wanted every secondary school to be offered mental health first aid training, as well as new ways introduced to strengthen links between schools and NHS staff alongside more online support services for children and young people.

May’s recognition of the crisis in children and adolescent mental health has been welcomed. But headteachers say that cuts of £2bn to school budgets threaten existing in-school care and want mental health funding ringfenced.

Harris, who is also executive head of three other primaries in the London borough of Newham, says the proposed school funding cuts mean losing the service of 17 teaching staff: “I believe there is a concern for young in primary schools to build resilience before children go on to secondary.

“Cash needs to be earmarked for this from health budgets, otherwise we will lose this vital service.”

Children are suffering from anxiety caused by Brexit and the election of Trump

Actor Sir Ian McKellen speaking at the LGBT drop-in group, Priory School, Hitchin

LJ

LJ
Growing up transgender

‘I wish I could have come out younger’

Aimee Challenor knew she was different aged 10, but it took years to come out as trans

Growing up is tough enough for any young person approaching puberty. But for Aimee Challenor the challenges she faced as a 10-year-old were much harder: “It struck me when I was about 10 or 11 that I was a girl. I couldn’t put my finger on it but something wasn’t right. I was in year 6 and I left my parents a letter on their bed before I went to school one morning. When we talked about it later they were very supportive, but no one knew what trans was. So I went back into the closet.”

During the next six years Challenor, now 19, felt anxious, isolated, lonely and depressed. “I spent my time at secondary school feeling pressured by society to be somebody that I was not. I wasn’t able to be myself; there was always that nagging feeling at the back of my head, so I didn’t take opportunities and grab them. I didn’t reach my potential and my education suffered as a result.”

It wasn’t until her school graduation prom that she decided to come out as trans: “It was then that articles about trans started to appear and I discovered that there was a word for it. I found the trans guide published by the Tavistock and Portman NHS foundation trust and decided to come out at my prom – it was the day before I was due to leave school.”

Her mum helped her with her dress and one of her school’s teachers did her makeup on the night: “Some of the staff were very supportive, but they were not in the school leadership team. Generally, I didn’t get any support from my school – it wasn’t up to speed on the Equality Act and they wouldn’t let me wear a dress to the prom because they thought it was unnecessary attention seeking; they said it made the school look stupid. But I dug my heels in. I was incredibly nervous on the night, but it felt so positive - for me it reinforced what was right.”

Challenor is in the process of transitioning from male to female but feels “in limbo” as she waits to continue adult gender identity services: “I’ve been out now for three years and publicly present as female, but I wish I could have come out younger and not have had to wait until I completed puberty.”

Today Challenor speaks on LGBTIQ (lesbian, gay, bisexual, transgender, intersex and questioning) issues for the Green Party in England and Wales and also contributed to charity Stonewall’s Vision for Change report, published in April, which spells out what still needs to be done to deliver equality for the UK’s trans community. Challenor says: “I speak to schools about trans issues and I am the first openly trans person to work for a political party. I think trans [people] need to show that you can be trans and reach your potential.”

Interview by Debbie Andalo
Kaleidoscope has had an amazing impact on the children's emotional and mental wellbeing and their learning. Exclusions have fallen, attendance and behaviour has improved, children have taken responsibility for their learning and results have shot up. Kaleidoscope works by giving children the tools to enable them to raise their self-esteem, with the accompanying improved outcomes for the school.

Our work proves that unless the child is in the right place emotionally and mentally, learning will not take place, however good the teaching and leadership in the school. Tony Draper is headteacher of Water Hall primary, chief executive officer of Lakes Academies Trust, and the immediate past president of the school leaders' union, the National Association of Head Teachers.
Prison mental health in crisis

A rise in prison suicides has cast a light on mental healthcare needs behind bars, says Sarah Johnson

Mental health problems in the prison population have long been a matter of concern. Suicide rates in prisons in England and Wales are at an all-time high; a record 119 people killed themselves in 2016 - an increase of 29 on the previous year, according to figures from the Ministry of Justice. The rise in prison suicides has been accompanied by a 23% increase in incidents of self-harm, to a total of 37,784.

“It’s a huge issue because lots of people in prison have mental health problems,” says Dr Steffan Davies, consultant forensic psychiatrist and co-chair of the Community Diversion and Prison Psychiatry Network at the Royal College of Psychiatrists. A study by the Prison Reform Trust found that 72% of male and 70% of female prisoners experience two or more diagnosable mental health disorders. Research by the National Institute for Health and Care Excellence found that 7% of male and 14% of female prisoners have a psychotic disorder - 14 and 23 times the level in the general population respectively.

The situation looks set to get worse. In recent years, staff numbers have dropped significantly, budgets and staff training have been cut, the prison population has more than doubled, and the introduction and rising use of new psychoactive substances has contributed to increasing violence.

Jacob Tas, chief executive of the social justice charity Nacro, says: “The overcrowded prison environment is likely to worsen existing mental health problems that are often the key drivers for offenders to commit further crimes or become violent while in prison.”

Davies adds: “It does feel like things are getting worse and I’m hearing it’s hard to recruit people to prison mental health services. People are leaving, and quite a few find it an extremely stressful environment to work in.”

While the general outlook is bleak, projects such as the self-management training programme at HMP & YOI Parc, Bridgend, south Wales, hold out some hope. Developed as a partnership between the Mental Health Foundation and G4S, and funded by Big Lottery Fund Cymru, the aim was to improve prisoners’ mental health through self-management and peer support.

The programme was delivered between September 2013 and December 2016, and involved two to three hours' training one day a week for four weeks. Up to 10 participants could attend. Training included positive thinking, goal setting and problem-solving.

Fifty prisoners filled in the Warwick-Edinburgh mental wellbeing scale at the start of the course and a month after its completion: the mean score showed a significant increase in the prisoners’ wellbeing.

Lauren Chakkalackal, senior research officer at the Mental Health Foundation, says: “A number of positive stories came from the project. It was an opportunity for people to feel listened to and express how they were feeling.

“A group of prisoners produced resources to better support the mental health needs of new prisoners. The prisoners themselves took ownership of that group.”

Plans are afoot to develop similar models in other prisons and the project is being redesigned to support older prisoners and young offenders.

A problem locked in Mental health and prisoners

- The number of male prisoners transferred to hospital under the Mental Health Act 1983 grew more than 20% between 2011 and 2014 in England and Wales.
- The prevalence of mental ill health and substance misuse is higher among prisoners than the general population. Estimates of mental health problems among prisoners are as high as 90%.
- The number of men in prison increased from 85,442 in 2014/15 to 90,219 in 2016/17.
- In 2015, women prisoners accounted for 23% of self-harm incidents, yet represented 5% of the prison population.
- Studies show that about a quarter of women and 15% of men in prison have reported a psychotic episode. The rate among the general public is about 4%.

Hard landing: 72% of male prisoners experience two or more diagnosable mental disorders

Source: Mental Health Foundation.