

# CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH IN RURAL CRAVEN

(Timely Access to Services)



Prepared by Emma Pears for the Health Equity Fellowship Programme

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West Yorkshire  
Health and Care Partnership



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## Executive Summary

The purpose of this research was to look at the mental health needs of children and young people in rural areas, and how that need can be addressed.

The main finding was that there is a lack of accessible mental health services in rural areas and that this need can't simply be addressed through more NHS or Local Authority staff, as more services are just not viable for such a sparse population.

Therefore, the need to look at strengthening community support through building peer support networks for not only children and young people, but their parents and the professionals who work to support them was investigated.

This research sought an asset-based approach which focused on the strengths and abilities of the people in our rural communities.





## Introduction

Fifteen years ago, I helped to set up SELFA, a local children's charity based in Craven, North Yorkshire, which today supports over 450 children every year.

Through my role as Chief Officer at the charity I have worked as a system leader with a wide range of organisations and individuals which has helped to place me at the heart of our community. Being deeply rooted within the community I have been conscious of a disparity in the mental health care children and young people in our rural communities receive compared to those in urban areas.

I'm also a parent and when my daughter was eight years old she started to show signs of emotional distress, both at school and at home. My daughter is 17 now and thriving, her mental health is good because of the support she's had over the years, but if her journey has taught me anything it is this: that children's emotional well-being is just as important as their physical health.

Good mental health helps them develop the resilience to cope with whatever life throws at them and grow into well-rounded healthy adults. It is crucial for children to feel safe and supported within their local communities and achieve their full potential. Alarming, 75% of children and young people who experience mental health problems aren't getting the help they need<sup>1</sup>.

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. The term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status<sup>2</sup>. They are socially determined by circumstances largely beyond an



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<sup>1</sup> Mental Health Foundation (2021) *Children and young people*. Available at: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/children-and-young-people> (Accessed: 13 Oct 2022)

<sup>2</sup> The Kings Fund (2022) *What are health inequalities?* Available at: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities> (Accessed 3 Nov 2022)

individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives<sup>3</sup>.

For my Health Equity Fellowship I was keen to look at the mental health needs of children and young people in rural areas, and to investigate how these needs can be addressed.

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<sup>3</sup> Public Health Scotland (2021) *What are health inequalities?* Available at: <https://www.healthscotland.scot/health-inequalities/what-are-health-inequalities> (Accessed: 27 Oct 2022)

## Central aim of the project

Based on my experience of working in the sector and my lived experience as a parent, my hypothesis was that a lack of access to mental health services leads to health inequalities in rural communities. This project investigates the evidence for this hypothesis and looks at potential solutions.

## Methodology

The project was approached in several ways. I investigated the available data on health inequalities in North Craven, and what data from rural areas more widely can tell us. This quantitative approach was complemented by spending time in these communities speaking to a range of stakeholders including children and young people, their parents and carers, their teachers, and other professionals. I focused on collecting the voices of those with lived experience and set up a multi-agency children and young people's mental health and wellbeing forum for health, social care, education, and voluntary sector workers in North Craven to gain a wide range of views, look at the barriers and frustrations and consider solutions. I also researched and met with other projects in the UK who are operating in rural communities, seeking out good practice and looking at the evidence base for their work.

I explored ways to address the issue, including a life-course approach to help maintain good functional ability as well as looking at where a large difference to the timely access to mental health support can be made in order to promote and restore the mental health and wellbeing of these children and young people.

Looking at data, local intelligence and national research available helped to define the unmet need. The first questions this would answer were:

- Define what we mean by timely access – is it timely access to any service or to appropriate services OR is it that access services is not personalised to meet individual needs?
- Define the population group(s) of interest who experience the biggest inequality.

Finally I made a plan of action with SMART objectives to find the evidence, review good or best practise in other successful areas as well as searching for systematic review evidence

The following objectives were set to achieve by the end of the 9-month Health Equity Fellowship:

- To map current mental health provision in the area to ensure the best use of resources to deliver services.
- To bring to life what it's like for young people living with mental health support needs in rural communities through storytelling of lived experience.

- To research, identify and implement place-based solutions to mental health support for children and young people within the rural community.
- To develop recommendations of support for parent/ carer that can help increase confidence when dealing with their child's mental health issues.

## Results

### Mapping out current mental health provision

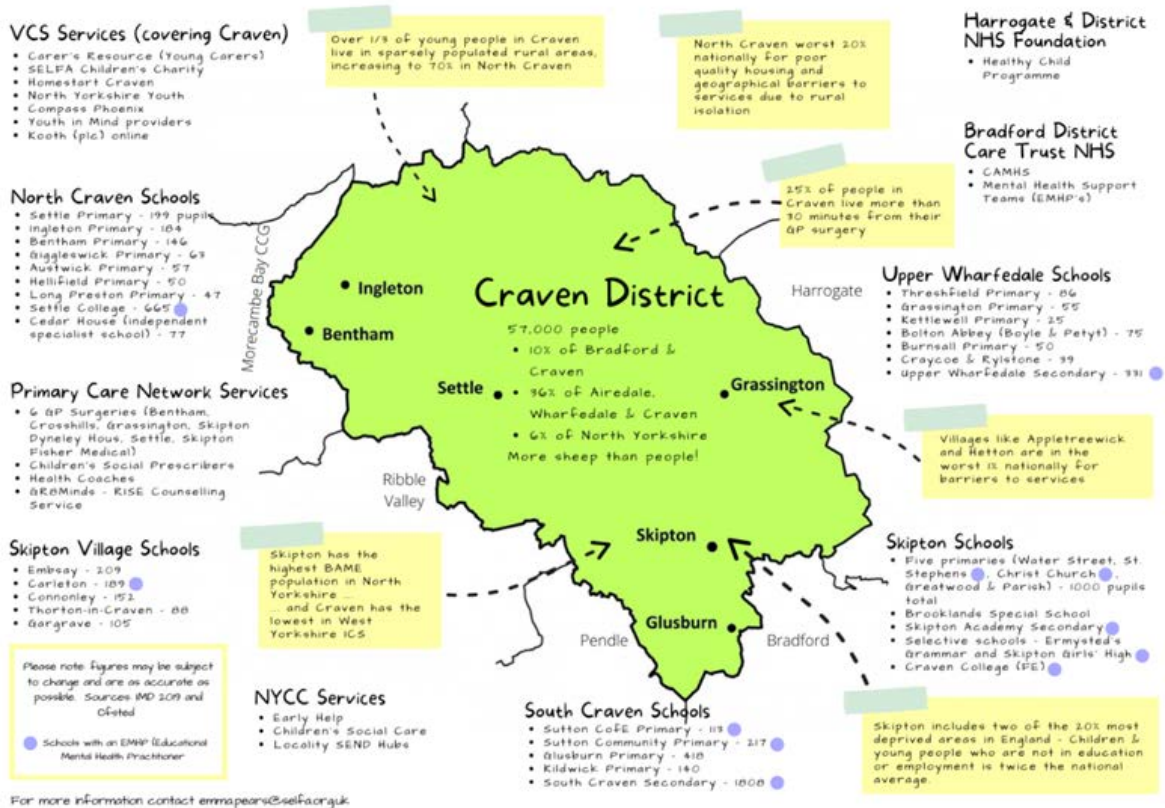


Figure 1 Map of provision in Craven (SELFA, 2022)

### Bringing to life what it's like for young people living with mental health support needs in rural communities through storytelling of lived experience

I started my research journey by speaking to people who live and work in rural North Craven, including one-to-one meetings with head teachers, parents and carers, children and young people and those professionals who support them. This allowed me to find out more about the challenges they have faced, and whether they felt that timely access to mental health support for children and young people was impacted by living in rural North Craven.

One parent told me "We've waited ages for a [mental health] referral to come through, when we were finally accepted there are no staff in this area, so we were offered a video call appointment or a phone call for my 9-year-old". This was a story I heard many times, with some children in rural areas not receiving a mental health service at all because they couldn't travel. A head



teacher said “there is a reluctance [from mental health practitioners] to travel up here and meet with people when mental health is to meet with people”. It led to me asking if children and young people find that participating and receiving services online is comparable to receiving this type of support face to face and how access to transport exacerbated health inequalities.

Another key focus was whether it is a challenge to attend an appointments involving a round trip of 70+ miles, or do families find this an acceptable situation to get specialist support? This again was based on focus group feedback from parents who said: “It was hard enough trying to get my child to attend a [mental health] appointment with a doctor once a month, never mind the fact I had to lose a day’s work and pay for petrol to make the 4-hour round trip”. This then led me to look at how parental income and again, access to transport, were impacted by living in rural North Craven.

Young people told me that there are differences in support for them when they intersect with other adversities, which arise from a diversity of social inequalities and oppressive identities, including autism and LGBTQ+ young people, many of whom experience mental health related stigma.



One young person said:

*I've been told that anxiety is a trait of autism, as soon as they see the diagnosis they blame everything on that.*

This didn't seem like a specifically rural health inequality, but upon speaking to them further I soon found out that they felt that they lived in “nowhere land” and how the lack of opportunities to meet with other people like them led to a decline in their mental health due to social isolation. A local GP I spoke to said “CAMHS (Child and Adolescent Mental Health Services) won't accept a child who is 'hard to see' as they don't offer help in a format that they can engage in” which can often be the case for young people who have autism.

I also heard how homophobia within the family and school has led to young people feeling increasingly isolated, contributed towards sleep deprivation, depression and led to self-harm and suicidal thoughts for some young people.

A transgender boy said that there are areas of school they won't go in because they get bullied for 'being gay'. Another LGBTQ+ young person said it was easier to

*“pretend I'm not who I really am as it is easier for my mental health than being bullied”.*

There are no youth groups in the area that these young people feel safe to access and certainly nothing specific to support LGBTQ+ young people.

Another member of the LGBTQ+ community who is 14 years old was self-harming and experiencing suicidal thoughts. When they were accepted by CAMHS to receive mental health support they had to travel from their small rural village into Keighley (a town 30 miles away) and miss a whole school day to receive the support they needed. This young person now has difficulty with attendance at school.

Young people in the North Craven LGBTQ+ community feel like they have no support for their mental health. The closest group I identified is in Skipton but that again brings barriers and excludes those who do not have access to transport. The young people said they feel as though they don't have any support at all locally and have a general perception that there is nothing for them and nothing to do.

One of our 'red flags' in North Craven is our Emergency Admissions for Unintentional & Deliberate Injuries in Children and young people, including mental health related injuries. Craven has observed some of the highest rates across North Yorkshire across all age groups from 0 -24.

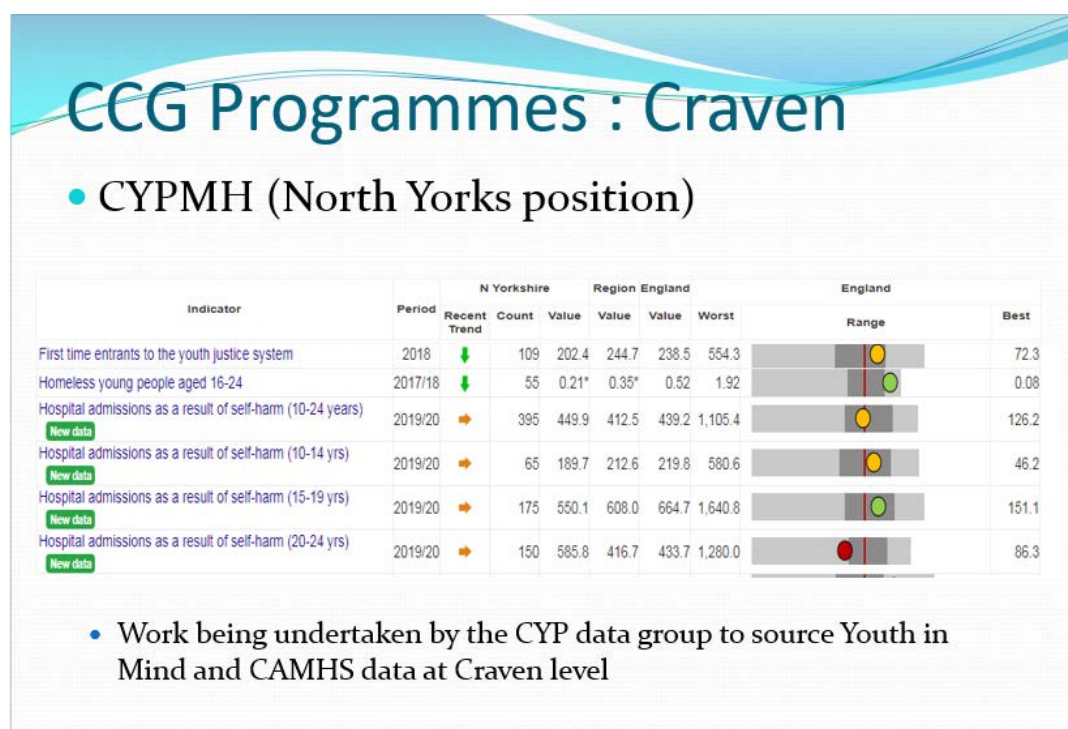


Figure 2: Population Health Management Presentation (Craven Leadership Team, 2021)

Children's relationships with their parents, siblings and wider family, and then of course their peers and other adults such as teachers are incredibly important. Whilst they can have a very positive impact on our mental health and wellbeing, when they aren't good they can have the opposite effect. For instance, poor relationships both within families and peers are a common trigger for self-harming behaviours. We know that other issues such as bullying, or

relationships difficulties between parents can have an extremely negative impact on the child's mental health<sup>4</sup>.

Parents told me that they didn't know what to do or say when their child self-harmed and worried that if they did try and talk to them they "might make things worse".

The protective factor of having networks of support including family and friends was also significantly diminished for children and young people experiencing mental health support needs and their families. Parents told me they had moved to the countryside 'for a better life', many said they wanted their child to go to a primary school with a 'good' or 'outstanding' Ofsted rating, but then found they could not access the additional support their child needed with their mental health later down the line, and they also didn't have local support networks.

The 2020 independent system-wide review of children and young people's mental health services across Bradford & Craven indicated that three-quarters of the parents they spoke to found it 'very' or 'quite' difficult to access help when their child was experiencing mental health distress<sup>5</sup>. Parents also told me there was no support for them:

*"We need help setting up networks between parents. We lost that with Covid"*

*"There is a lack of support for parents who are struggling with their child's mental health needs, we need support groups for parents".*

The head teacher of a rural primary school echoed this when he said "the biggest challenge is working with parents who have mental health needs of their own", as did the GP when she said "the whole family is affected by this".

### *Alfie's Story*

Alfie (not his real name) is a 16-year-old boy and a keen and talented photographer with a real passion for trains and horses; he also has a dual diagnosis of autism and a mental health condition. He lives with his mum, dad and younger brother in a rural village in North Craven with a population of 3000 people.

Alfie's mum said that he started to show signs of mental distress when he started primary school. She told me:

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<sup>4</sup> Thomassin, K., Shaffer, A., Madden, A., Londino, D. L. (2016) 'Specificity of childhood maltreatment and emotion deficit in nonsuicidal self-injury in an inpatient sample of youth', *Psychiatry Research*, 244, pp. 103-108. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0165178115305862?via%3Dihub> (Accessed 27 Oct 2022)

<sup>5</sup> Centre for Mental Health (2020) *Bradford and Craven: Independent system-wide review of children and young people's mental health system*. Available at: <https://www.bdct.nhs.uk/wp-content/uploads/2020/09/Item-11.2-BradfordandCravenIndependentReview.pdf> (Accessed 27 Oct 2022)

*“if we could have had early support with his mental health, we wouldn't be where we are now”.*

There were no pro-active interventions available to him, or his parents, which they feel could have helped to normalise and de-medicalise his mental health as he got older.

The approach to Alfie's mental health care has been one of “advocating management rather than treatment”, with many of his mental health needs being attributed to his autism.

When support was initially offered at age 11 it was in the school setting, which was where a lot of the traumatic events that impacted his mental health were occurring. Unsurprisingly he often did not engage in these one-to-one sessions, but school had seen a rapid decline in his mental health and made an urgent referral asking for help, so this was the offer.

Access to mental health help for Alfie has been exacerbated by the fact that the family live far away from the services that are supposed to support them. The offer of support they finally received included making regular 80-mile round trips to mental health appointments, which on one occasion took over 5 hours due to a catalogue of issues. Mum summed up her feeling on the multiple systems issues that not only her family but other people in their community are facing when she said:

*“we are the town that has been forgotten about”.*

There have been a number of missed opportunities and failures to support Alfie over the years, by health, social care and education. So much so that the family have received a formal apology and have since complained to the ombudsman about the lack of care Alfie has received.

When seeking solutions, the family feel that mental health services closer to home that were accessible to young people with autism would be a start.

There have been times in Alfie's life where he has felt supported with his mental health, and the common factor was that those providing the support took time to build a relationship with Alfie and did what they said they were going to do. They had a therapeutic approach, ensuring they were aware of his needs and got to know him, his likes and dislikes and hobbies and interests. They also offered help using different models of care, including ecotherapy or delivering support at the local GP surgery, building up a rapport within his community rather than expecting him to travel for hours. Mum said he now looks forward to going to places like SELFA because of the time, effort and consistent approach of staff there.

The last word here has to go to Alfie, who told me that when looking back it was things like spending time with the ponies and riding his bike, even when he has to force himself, that made a difference to his mental health. He also said that being heard and people acknowledging his feelings was one of most of the important things to him.

Finally, when asked what he would change moving forward, he said it would be that “people actually do what they promise to do and don't promise if they can't deliver”.



## Research, identify and implement place-based solutions to mental health support for children and young people within the rural community

I looked at examples of good practise in other rural areas, where there was a lack of critical mass yet they were still able to achieve positive outcomes. I researched the models they had developed and how they were funded. This included “It’s Worth Talking About”- a volunteer-led peer support service for adults and young people across West Yorkshire; Platform’s “4YP” peer support groups and “State of Mind” course, which is delivered across rural Monmouthshire in South Wales, as well as SELFA’s “Mindful” project which has been delivered across Craven, including rural North Craven.

Gwent in South Wales was a great example of where children and young people who live rurally are able to access mental health support in their own communities. The support moved from a clinical-based model to an ‘Iceberg Programme’ where the NHS worked closely with communities.

Transport is also an issue for them, so they have Family Intervention Teams imbedded in each county who go into homes, not expecting those in rural communities to travel to a clinic. They have harnessed the power of communities and work in a systemic way to provide support to both the parent and the child.

They commissioned a VCS (Voluntary & Community Sector) organisation called Platform to deliver a peer-mentoring programme called “State of Mind” for young people in small local communities. The programme for between 12-15 young people aged 13+ covers 10 wellbeing topics for one-and-a-half hours a week and is delivered by a member of paid staff and one peer mentor (trained to level 1 in peer mentoring). The topics covered include ‘healthy sleep’ ‘managing distress’ and ‘reaching out’ and everyone receives a journal and a tracker. After the 10 weeks young people can train to be a peer mentor and co-deliver future programmes. The young people receive ongoing support, which tends to be very light-touch, or they can do the programme again or get involved in supporting others, but it seems the biggest benefit and lasting legacy of the programme is the relationships that develop between the young people and each other, as well as with the adult leaders.

Providing transport was essential to the success of this programme, as was supporting parent’s wellbeing with ‘talks’ using the assets of the community such as CAMHS and Papyrus who came to speak on different mental health topics like supporting your child with anxiety and self-harm.





'It's Worth Talking About' is a volunteer led peer support organisation, with weekly mental health support groups taking place across West Yorkshire, including a young people's group in the village of Haworth which is 10 miles west of Bradford and has a population of just over 6000. The group is for 12- to 16-year-olds and runs on a weekday evening. It is facilitated by volunteers who undertake accredited Level 3 Peer Support training, delivered by The Cellar Trust – a local mental health charity. This ensures that the groups are providing quality care and mental health support. The weekly group is well attended with a social aspect as well as covering a range of mental health topics.

SELFA Mindful is a 6-week programme for young people experiencing poor mental health, with the objectives of improving self-esteem, resilience, sense of belonging and mental wellbeing. Sessions are tailored to the age, ability and needs of the young people and focussed on recognising emotions, developing coping skills and building resilience. Through participating in the project, children and young people were able to have a weekly space to focus on wellbeing and their feedback was positive, with comments like: 'It has helped me to calm down', 'It has helped me talk more about my feelings', 'It helped me cope with my emotions' and 'I learnt to talk about the worries'. However, once the programme had finished a number of the young people found that without ongoing support they struggled to cope with their mental health. Those who engaged in weekly SELFA clubs found they were better supported than those who did not. Short-term interventions without a clear exit strategy were criticised by parents and children alike, with one young person saying:

*“if I get help it's only for a few weeks but I've had these problems for years and they aren't going to go away after I've finished the programme”.*

All of the programmes I looked at had been fully evaluated as being successful (both through self-evaluation and quantitative data) and they all had aspects that could work well in rural North Craven, so the next step was to pull those elements together to best meet the needs of the community, based on these findings.

## Discussion

Understanding available services in North Craven is a challenge as the district is part of both North Yorkshire as a county and local authority and Bradford & Craven as a district and health authority. Other areas within the district can be perceived as having greater needs due to higher underlying deprivation. However, this ignores the compounding factor of rurality and how this can make it difficult to work with individuals requiring support. It is easier to run a viable specialised project for young people with, for example, obsessive compulsive disorder in Bradford than it would be in Settle.



I realised very quickly that because Craven is part of so many different systems, children and young people in rural North Craven do not get the same access to services as children who live in Bradford District or other areas of North Yorkshire such as Harrogate. Add to this high levels of job vacancies in Health and Social Care across England<sup>6</sup> and many children and young people who live in North Craven will only be offered a mental health service if they can travel, sometimes 40 miles away, or receive support over the phone or on a video call, whereas a child in Harrogate or Keighley will be offered a face-to-face service in their home town. I mapped out the provision across the district (see Figure 2) which suggests there are lots of services, but for most of these services there is only one-third or half a worker for the super-sparse geographical area that they cover.

Based on all the evidence above, the population group of interest was identified as children & young people (all ages from 4-25) who live in rural communities in North Craven (communities with a population of than 3000 or less) who were experiencing a range of mental health issues. In particular, those who had a dual-diagnosis or were members of a minority group (mainly the LGBTQ+ community). In addition to this, the parents/ carers of children and young people (all ages from 4-25) whose children had self-identified as experiencing mental health issues which

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<sup>6</sup> Crew, J (2022) 'Filled social care roles in England fall 50,000 amid workforce pressures', *Independent*, 20 July. Available at: <https://www.independent.co.uk/news/uk/england-department-of-health-and-social-care-government-york-north-yorkshire-b2127382.html> (Accessed 3 Nov 2022)

are on the mental health spectrum of 'coping' or 'struggling' found inequality in accessing support<sup>7</sup>.

When trying to identify the unmet need I asked 'What would you do if you had a magic wand and could do one thing to improve children and young people's mental health in North Craven?' the most common response from stakeholders that I spoke to was that they want more support, closer to home and from people they know and trust.

In conclusion, it is hard to access services in rural areas for a number of reasons: there aren't the numbers for a viable service on people's doorstep and that is not something that we can do anything about – so we need to look at other solutions. Therefore (based on data, , conversations with stakeholders, seeing what works elsewhere and what assets already exist within communities) the Call to Action is to improve peer/community support as an affordable and sustainable solution to the mental health issues children and young people who live in rural North Craven community are faced with.

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<sup>7</sup> Centre for Mental Health (n.d) *Mental health for all: working across the spectrum*. Available at: <https://www.centreformentalhealth.org.uk/blogs/mental-health-all-working-across-spectrum> (Accessed: 27 Oct 2022)

## Recommendations

All of the programmes I looked at had elements that could work well in rural North Craven, but there was not one project that could bring about the change needed. The next step was to work with the North Craven Children & Young People's Mental Health Group to pull those elements together into project proposals and seek grant funding for a pilot with the option of extending this to 3 years if successful.

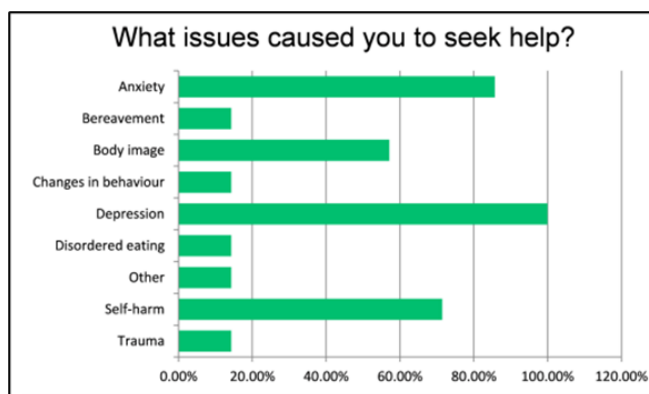
The projects that we agreed to take forward, based on the work the group had carried out over the previous 6-months and the Health Equity research undertaken, were:

1. Peer support group for parents/ carers of children & young people (aimed at parents of 11- to 19-year-olds but open to all parents who are experiencing mental health issues – we will establish a structured face-to-face peer support group in North Craven which is sustainable long-term. Based in Bentham and Settle initially, with the possibility of extending this to Skipton and Grassington in rural Upper Wharfedale. The groups will be led by SELFA's Parent Wellbeing Coach or Counsellor and a SELFA parent trained in peer-support. Each week will consist of a 2-hour support group. The first hour will be on a specific topic, with experts invited to speak to the group and a Q&A, followed by an hour for peer support.

The weekly group will support up to 12 parents/carers initially for a 10-week period, it will then continue as a parent-led peer support group ensuring the group is sustainable in the longer term with a minimal cost. The purpose of the groups is to improve the confidence of parents/carers when dealing with their child's mental health issues, a secondary outcome will be a reduction in young people presenting at their GP with mental health issues, and further down the line at A&E.

2. Peer support for children & young people (aimed at 12- to 16-year olds) who are experiencing mental health issues – this will take a similar format to the parent/carer group, looking specifically at formalised and structured face-to-face peer support which is sustainable long-term (3 years initially). The purpose of the group is to improve the confidence of children and young people supporting their own mental health. Groups will be based in the North Craven towns starting in Bentham, with the possibility of extending this to Settle, Ingleton and Grassington. The group will be led by a SELFA Youth Worker and a Peer Support Worker with the aim of providing ongoing support for young people in their communities, helping to address the issues they have identified (Figure 3).

No one will need a diagnosis to access these projects. We will work with anyone referred to us who is struggling. We believe it's important for parents and



(2020) *Mental Health Services for Children and Young People in Craven*

young people alike to know that whatever they're facing, they're not alone or isolated. We believe that all young people have innate strengths. Connecting with these strengths is where this work will start. These projects will bring people together so that they can connect and share their experiences with others who may be facing similar challenges to their own and to learn new strategies to promote their wellbeing. They decide what areas of wellbeing they want to discuss and how much they want to share.

We will listen and work with young people to find new ways and strategies that help to promote their mental health and wellbeing.

Anyone taking part will also have the opportunity to train to become a Recovery Champion or Volunteer Peer Mentor. This will include attending a 2-day course with The Cellar Trust after which they will receive a Level 3 Certification in Peer Support and the core skills needed to be a Peer Support Worker.

3. Hosting an annual face-to-face mental health event for North Craven, where young people with lived experience of mental health issues come together with professionals in education, health, social care and the voluntary sector. The aims of the event will be to learn more about what's working well in their community, to improve referral networks as well as increase awareness and support for children and families. There will be specialist speakers and workshops and it will be held in Settle, North Craven, enabling local people to attend. The annual event will be a legacy of the work undertake as part of the Health Equity Fellowship.

SELFA has applied for a grant from a charitable trust for the above projects, if successful these projects will start in early 2023.