Emerging Minds: Stakeholder events to identify research priorities for mental health promotion, prevention and early intervention

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Juliet Snell
Andy Bell

1. Introduction

Emerging Minds is one of eight new mental health networks announced by UK Research and Innovation (UKRI). UKRI will finance the networks with funding of £8 million for up to four years. UKRI have awarded Emerging Minds a grant of £1.25 million. The network comprises eight university partners. Cathy Creswell, Professor of Psychology at the University of Oxford, leads the project.

Approximately one in ten children and young people have a diagnosable mental health problem. Research has shown that there are clear indicators that predict the emergence of these conditions in children, but despite this only a small minority of children receive effective support. This network will bring together academics from health research, arts, design, humanities and physical science disciplines in order to establish the best ways of helping children, young people and families benefit from mental health research.

The Emerging Minds Network's vision is to halve the number of children and young people who experience ongoing mental health problems within 20 years.

It aims to achieve this through developing a research community focused on:

- the implementation of effective and far reaching mental health promotion, prevention and early intervention with children, young people and families;
- through developing a discrete set of research challenges for the network to address.

Centre for Mental Health is a charity with over 35 years' experience in providing research, economic analysis and policy influence in mental health. Over the last decade, our work has expanded to include physical health, wellbeing, inequality and multiple disadvantage across the life course. The purpose of the Centre is to understand mental illness, to promote mental health and wellbeing, and to challenge inequality and disadvantage throughout the life course. It does this by working alongside partners in

consultancy and research, by providing health economics analysis, by communicating reports and findings and by offering thought leadership for policy makers and collaborators.

Centre for Mental Health was engaged to provide a stakeholder engagement process to develop insight into the early stages of the Emerging Minds priority setting process. The aim was to engage a wide range of people and organisations across the country and sectors, from practitioners to policy leaders. Other work was commissioned from Young Minds to engage children, young people and parents/carers.

This report provides the findings of the stakeholder engagement, alongside a narrative from Centre for Mental Health about the possible implications of these messages, and current parallel policy and research areas to hold in mind as the network progresses towards setting its final six research challenges.

2. Definitions used in the stakeholder engagement

With a broader national conversation about mental health promotion, prevention and early intervention, it was important to enable stakeholders to discuss and debate the issues from a shared understanding of the terms. These were the definitions that were shared with attendees;

Mental Health promotion is the process of enabling people to increase their understanding and management of emotional and mental distress through social and environmental programmes aiming to actively change behaviours and attitudes[1].

Public mental health is improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals[2].

Prevention of mental ill health describes primary interventions aiming to prevent the onset of a diagnosable mental health condition (focusing in particular on pre and sub-clinical levels of need), and secondary and tertiary interventions aiming to detect mental ill health early, prevent the escalation of need, or the experience of mental health crisis. This is aimed both a collective and individual level, identifying risk and protective factors and seeking to reduce or mitigate them[3].

Early treatment is effective, early treatment and help for mental ill health which is accessible when children and young people first need it.

We recognise that many interventions can potentially be considered under two or more of these categories at the same time (e.g.: a group parenting programme could have elements of promotion, prevention and early help for different members of the group).

[1] World Health Organisation
[2] Faculty of Public Health
[3] World Health Organisation

3. Method

Centre for Mental Health defined some questions for stakeholders, based on our knowledge and understanding of current discourse and evidence of need. We wanted to know:

1. How can we promote mental health and wellbeing at scale for children and young people? What can we learn from previous campaigns?
2. What can help or hinder the provision of effective interventions (including prevention and early intervention as well as treatment) for this age group? What can be done to maximise engagement and reach?
3. What roles might digital media play in promoting wellbeing and offering support for this age group?
4. How can we ensure messages and interventions are effectively communicated to groups with particular unmet or poorly met needs?

We aimed to facilitate stakeholders through a process of exploration of the current promotion, prevention and early intervention ecosystem, to identify assets and barriers, before working in groups towards a consensus on research challenges. Attendees were given reminders on emerging messages and issues from the Young Minds work with children, young people and parents/carers to encourage a focus on lived experience. They were also given key messages on the role and challenges of research in driving improvement in delivery.

The main vehicle to develop the research challenges was the ability to debate with people from a wide range of sectors. A World café approach[4] was used to ensure that each attendee had an opportunity to review all the issues and to see the emerging picture.

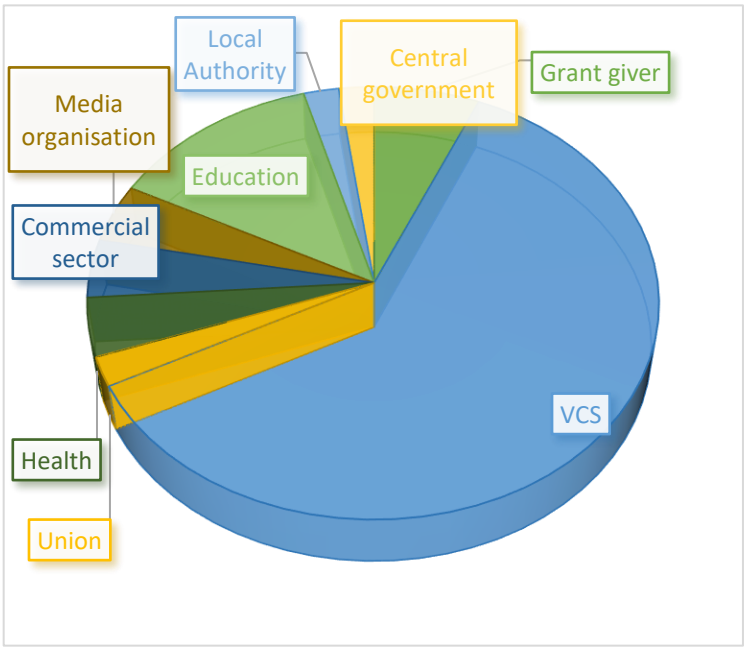
Centre for Mental Health targeted attendees in two mains groups: practitioners (and those who manage them) and policy or strategic leads. The workshops were promoted extensively through Centre for Mental Health and partner networks. Three workshops were in London and one was in Newcastle.

A total of 53 attendees came from the organisations listed below. The chart gives an overview of the sector representation:

1. Addaction
2. Agenda - Alliance for Women and Girls at Risk
3. Anna Freud Centre
4. Autistica
5. BACP
6. Barnet council
7. BBC
8. British Dyslexia Association
9. Cardinal Hume School, Gateshead
10. Chanua Health
11. Charlie Waller Memorial Trust

[4] http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/

12. Children North East
13. Children & Young People's Mental Health Coalition
14. Children's Foundation
15. City of Dreams, Newcastle/ Gateshead
16. Comic Relief
17. Community Action at Newcastle University
18. Community links
19. Coram
20. Eikon
21. Elatt
22. Facebook
23. GES Scheme
24. Headliners
25. Institute of Health and Society, Newcastle University
26. Institute of Neuroscience, Newcastle University
27. Isledon
28. McPin Foundation
29. Mental Health First Aid
30. Mental Health Foundation
31. National Lottery Community Fund
32. NEAT (Newcastle East Academy Trust) Benfield School
33. Newcastle United Foundation
34. Nightingale
35. Northern England NHS clinical Networks, NHS England
36. Northumbria University
37. Not Fine in School
38. Oxleas NHS Foundation Trust
39. Royal College of Speech and Language Therapy
40. Royal Foundation
41. St Thomas Moore RC Academy, North Shields
42. The Children's Society
43. The Foyer Federation
44. The Mix
45. Triple P UK
46. Unite the Union
47. XenZone



4. Mapping the ecosystem of mental health promotion, prevention and early intervention

The early part of each workshop involved inviting groups to map out the current people, organisations and initiatives who work in each of these areas;

- Mental health promotion
- Prevention of mental ill health and early treatment
- Work to reach those whose needs are unmet or poorly met

The work of each group was captured and is reproduced in full in appendix 1.

The following page shows an overview of the mapping work across the events. This information provides an overview of who the actors and influencers are in children and young people's mental health and wellbeing, as described by attendees. While the main purpose was to set the groundwork for later conversation, this also provides useful context for the future work of Emerging Minds. It challenges us to think more broadly than the traditional "sectors" of health, social care and early help, education, the voluntary and community sectors, and encourages Emerging Minds to engage with businesses, employers, cultural and sports sectors, people concerned with the built environment and with the media in their broadest sense.

We note that the more targeted the work described by stakeholders was (both in terms of emerging mental ill health and vulnerability) the less age-specific interventions were, and the more the work cut across the child's life course. The voluntary and community sector was broad and diverse, and many individual organisations were mapped that are not listed individually here. This highlighted to us the importance of the VCS in the field of mental health promotion, prevention and early intervention.

Mapping the wide range of current activity is crucial for both national policy and local practice. With resources very limited but awareness about children and young people's mental health growing, levels of demand for support have risen sharply in recent years. This has put growing pressure on a range of services for children and families. Policymakers are now focusing more on children and young people's mental health but the focus until now at the national level in England has been on treatment services and crisis provision rather than this wider range of activities that can help to prevent problems from emerging or escalating. Local authorities and devolved administrations have shown a greater interest in this wider approach, however, and they will be important stakeholders for Emerging Minds in helping to apply its work in practice.

Picture 1: What are the existing ways of promoting mental health and wellbeing at scale?

Mental Health Promotion	Across all ages: Parents, neighbours, friends and communities Media including TV, radio, social media, theatre and film Campaign organisations and awareness days Faith organisations Primary health care providers Sports and leisure providers Arts and culture organisations Voluntary and community sector Capacity building Town planners Peer to peer support organisations Targeted online support (apps etc)	Midwifery focus on wellbeing and screening Private pregnancy support sector Voluntary sector pregnancy support On-line antenatal advice	Nurseries Childminders Health visitors Developmental checks and screening Breastfeeding campaign and promotion Children's Centres Play grounds	Schools: • Teachers • Teaching assistants • PSHE and RSE • Pre and after school care • Pastoral support • Kite marks and support to schools • Wellbeing ambassadors Uniformed groups Play grounds Participation projects	Schools: • Teachers • Teaching assistants • PSHE and RSE • Tutor roles • Pastoral support • Kite marks and support to schools • Wellbeing ambassadors • In-reach NCS Informal Youth sector Participation projects	Youth employment initiatives University support systems Employers Participation projects
Prevention of mental ill health and early treatment	Across all ages: Digital treatment and specialised advice Anti-poverty initiatives Early help providers and troubled families initiatives Helplines Primary health care providers Secondary health care providers Parenting support Voluntary and Community sector Targeted help in faith sector Targeted help in sports and arts sectors Screening programmes Research sector Workforce development and training	Perinatal services Young parents programmes	Perinatal services Young parents programmes Specialist health visitors	Schools: • Specialist TAs • SENCO • Alternative provision • Inclusion provision • Schools counselling • School nursing IAPT Work on edges of CJS	Schools: • Specialist TAs • SENCO • Alternative provision • Inclusion provision • Schools counselling • School nursing IAPT Work on edges of CJS Youth Workers	College and community counselling Peer support projects Private therapy On-line/ peer communities In-work support NEET programmes Supported housing
Work to reach those whose needs are unmet or poorly met	Across all ages: Positive representation in the media Targeted VCS Health/education/local authority providers targeting vulnerability, disability or health issue Private provision Minority group cultural events and celebrations Faith groups Crisis services Social care services Targeted parenting support Transitions services			Schools: • Free school meals • Targeted support • Behavioural programmes		Targeted housing

5. Enablers and barriers for mental health promotion, prevention and early intervention

Stakeholders were asked to consider this wider ecosystem of support and intervention, and to consider the factors that enable and improve the efficacy and impact of this work, the factors that are barriers to good outcome, and to note any gaps.

Again, the full output of the workshops is given in Appendix 1. The table below gives an overview of the enablers and barriers that were identified.

Area of work	*Enablers*	*Barriers*
Mental Health promotion	Settings that are not traditional services Media Using less stigmatising language Role models Leadership with a view of the whole system Shared values Knowing about child development Guidance on material Positivity and enthusiasm Long term partnerships Promotion that signposts too Presenting breadth of MH experience Engaging people with lived experience	Fragmentation- multiple messages and platforms Work too focused in school Poor leadership Short term commissioning and delivery- too focused on the new and innovative Shortage of data on impact Social/relational deprivation Patchy reach of messages Lack of clarity on how to access information Lack of cross-sector working Stigma reinforced by organisational cultures Geographical and cultural barriers Lack of CYPF co-design Information overload Infrastructure degraded by cuts Too remote, not enough face-to-face School sector focused on academic success, and lack of capacity for more Politics, especially Brexit creates skewed discourse
Prevention of mental ill health and early treatment	Investment Looking holistically at issues Communities of practice Agile processes Good quality information clearly presented People in the system enabled to signpost and give information Evaluation evidence on what works Clarity of role for all sectors Work on all sorts of transitions Thriving VCS Early identification and diagnosis of need	Professional barriers and silos Tendency to pass CYPF on Funding drawn to higher need Short term commissioning and delivery disrupts sustainable work Lack of CYPF co-design Capacity degraded by cuts and high demand Threshold approach excludes CYP Shortage of evidence base Overly focused on evidence base Not focused enough on evidence base Poor information sharing and transition across services and sectors

	Cross-sector working and relationships Focus on practitioner wellbeing Preventing exclusion of all kinds Time for assessment Digital solutions Drop-in models and easy access Asset-based approaches Peer support	Lack of understanding of impact Geographical barriers and patchiness of provision Overly focused on schools Young adults fall between 2 worlds
Work to reach those whose needs are unmet or poorly met	Recognising role of community/ faith Safe spaces Flexibility of models Social prescribing Key worker models Focus on transitions/key moments Co-location Better assessment for the most vulnerable Involvement Ensuring specific focus on different groups Diversity in the workforce Celebrity and role model impact Addressing risk factors Accountability through monitoring Social Media	Austerity and loss of preventative infrastructure its these groups hardest Tendency to put all vulnerabilities together- solutions too crude Low wellbeing of workforce Infrastructure degraded by cuts Intersectionality and impact of dual diagnosis. MH need always secondary Language and cultural barriers Raised sensitivity to risk Silo working and professional barriers Stigmatising cultural narratives

We note the following themes:

Coherence and cross-sector cooperation vs. fragmentation

Across the focus areas, stakeholders often saw sectors, commissioners, services and communities not working and planning together or delivering coherent, easy to navigate solutions. This ranged from promotional messaging and information giving to provision of services. This extended also to professional groups and individuals, working within rigid boundaries and being unwilling to be flexible in approach. Some sectors such as the sports and faith sectors were not involved enough. Stakeholders noted the disproportionate impact of this fragmentation on the most vulnerable.

Loss of capacity, infrastructure and services

The impact of austerity was noted in terms of rising risk and need, but also in the loss of some key infrastructure through which mental health work could be done, such as Sure Start, youth services, public health teams and broader civil society. This would result in initiatives having less reach, with fewer people to connect and amplify messages, and in important preventative opportunities being missed. There was a recognition that more focus might need to be put on other sectors, such as media, sports, arts and culture, and on the commercial sector.

The role of evidence and research

A focus on evidence-bases featured in both enablers and barriers. Discussions often identified the need for good evaluation of impact, but also noted that imposing high thresholds of evidence could inhibit speedy response or initiative.

Digital responses
These featured as both enablers and barriers, perhaps mirroring a lack of certainty about the role of on-line spaces and solutions.

Exclusion
Exclusion was a broader theme, with many aspects explored. This might be exclusion from mainstream spaces such as schooling (and we note that this included children in school but not often in mainstream lessons), but also exclusion by language and by stigma.

Intersectionality
For those whose needs are less well met, there were a range of issues discussed, but the most prominent was the impact of intersectionality. Children and young people in some communities were tending to be seen through the lens of their primary need (e.g. criminal justice system contact, disability) and mental health need was perpetually secondary to this issue and so not addressed well enough.

Short-termism
Many noted the tendency for the broader mental health sector to have numerous short-term initiatives, and that short-term commissioning and delivery did not allow for systemic approaches and attitude changes to take hold and have effect.

These issues are all very significant for the application of evidence-based interventions and approaches to practice. They will need to be addressed directly in the Emerging Minds work programme in order to ensure that its research is applicable in practice and seeks where possible to overcome the barriers and boost the enablers we have identified through this process.

6. The research questions

Attendees were invited to review the mapping, issues and barriers for each area and, using this as source material, to propose research questions. These questions were then prioritised firstly through group debate, and secondly through individual voting.

We present below the final prioritised list of research areas suggested by this process. A complete list of all research questions without our thematic analysis is given in appendix 2.

6.1 Questions about measuring cost and impact
This group is broad and diverse and should be considered alongside the parallel debate about the inhibition created by requirements for high standards of evidence. There was a recognition that there is less evidence available about promotion and prevention than on treatment. Thoughts about cost related to best use of scarce resource.

Questions suggested by stakeholders	Potential consensus position

• We know a lot but is not translating into impact- are we maintaining truth to underlying theory and evidence in intervention? Building understanding of what resilience actually is, and recognising under-recognised resilience factors, e.g. reading in children • How can we collect the best available MH data and expand the range of data sources we use ("big data")? • How effective are MH campaigns? What is most useful? What is their impact? • Visualisation of data around real picture—what's really changing? • What are the facilitators and barriers in the system that prevents us from putting things we know work into practice at scale? (parenting, CBT, school counselling, bullying interventions, digital)- looking at local systems what works and what doesn't? • What is the impact of different service models? • What are the most cost effective early interventions? E.g. prevent the disorders with the highest mortality? For who? Who has had less effective intervention historically? (Note, target audience? Commissioners?) • What size of financial investment is needed to have "gold standard" MH promotion for CYP? What minimum level investment would make a significant change? (group noted the need to define success and how it's measured)	We know a lot about what works, but what prevents us putting these things into place at scale and how can we better communicate them? What are the costs and benefits of the different promotion and prevention approaches?

The questions that emerged in this category provide an important link between research evidence and its application in practice and in policy. The burden of proof for a shift in resources towards prevention and early intervention is often very high and economic evidence can be an important part of that picture. For both national and local policy development, being able to provide robust evidence of what works and how far it provides 'value for money' will be pivotal in making the case for change and (re)investment.

6.2 Questions about systems that will capture and be responsive to complexity

It was helpful to have a focus on those whose needs were less well met, but in other conversations too, the issue of complexity of families, communities and issues, and the inability of the mental health sector to respond to this, was broadly explored. A major barrier was the way that services tended to work in silos and often over short timeframes. The inability of the sector to respond to complex situations and lives was seen as a key factor in inequality of outcomes.

Questions suggested by stakeholders	Potential consensus position
• Would empowering and resourcing long-term key-work roles improve outcomes for those CYPF whose needs are less well met?	What model of assessment, planning and delivery would better meet the needs of children, young people and

• How do systems respond to complexity? Workforce, links with physical health, intersectionality and marginalisation, e.g.s of working well • How do we make cooperative, multi-agency systems work better for young people and children? What do these systems look and feel like to CYPF? • How should we intervene when MH problems intersect with other behavioural and social problems, e.g. alcohol, substance misuse, LGBT+, • What are the features of a best practice triage/assessment toolkit or process to recognise and meet the needs of those whose needs are less well met? It must not be hampered by a fixation on the "primary" need. • What would make a difference to enable CYP to access external organisations, e.g. not a formal environment, therapeutic settings.	families who face complex and intersecting needs? How can emotional wellbeing be maximised for these families?

Families and young people with more complex needs have not been a priority for policy nationally in relation to children and young people's mental health. Yet there is compelling evidence about the relationship between mental health and a wide range of risk factors and intersecting issues. Emerging Minds can help to build the evidence base about how best to support children and families facing complex needs, developing policy-ready solutions to bring about better help.

6.3 Questions about the voice and influence of children and young people who are less well heard

These debates took children and young people's participation beyond the more common model of youth participation in the scoping, planning, review and evaluation of mental health services, and extended to debate about children and young people's creativity, activism and autonomous control of the discourse. The group captured ideas about peer to peer messages, how young people create and develop new identities, and how the "service" system responds.

Questions suggested by stakeholders	Potential consensus position
• How to make those whose needs are unmet or poorly met recognise that their voice can create positive change? • In what ways do CYP from marginalised groups create positive sense of identity and belonging, and how does this affect MH? (connecting in different ways, life stages, tackling exclusion, isolation and loneliness) • How can we help CYP become active in the face of overwhelming wider determinants of emotional difficulty (eg through activism, journalism, performance) • How do you include marginalised groups in the design and delivery of research? Language and conceptualisation, experience of exclusion.	How do and can young people who are less often heard have their voice and power amplified, and how might this impact on their wellbeing and that of their peers?

• "Market research"- understanding of CYPF as customers: Where do they go? Where would they like to go? Why/why not? Social media- how can it be used to meet needs? • How can services be more communicative and responsive to the needs of CYP whose needs are not being met?	

This group of questions offers an important corrective to dominant narratives about children with mental health difficulties by focusing on developing agency, building networks and facilitating collective action to bring about change in policy and practice. They suggest a focus on the means of communication about mental health and exploring the benefits of empowerment both directly (in improving individual wellbeing) and indirectly (by changing the terms of debate).

6.4 Questions about the wider conversation about mental health and challenging stigma

There was a curiosity about the drivers of attitude change in general, and how this might be scaled up or replicated. There were also questions about how a change in attitude and a reduction of stigma might then impact on the experience and outcomes of individual children and young people.

Questions suggested by stakeholders	Potential consensus position
• What has enabled/ caused a rapid change in social attitudes- e.g. LGBT? How can this be applied to foster social consensus and better attitudes around mental wellbeing and MH problems? • Assuming that: 1) There are more conversations happening about CYPs MH, and 2) These conversations have a positive impact; How could this be harnessed to scale and tailored for different groups/settings? • Explore and understand what YP want and need from services and help-seeking behaviours (consider impact of culture and stigma) • How and in what ways is normalisation helpful? How can we build CYP's understanding of what MH is? How YP can navigate all the information available. • What is it about mental ill health that attracts stigma? How can knowledge of these factors inform campaign and policies to address stigma?	What brings about attitude change about mental health in society and how does this impact individuals? By learning from other campaigns can we help to reduce stigma, build understanding and encourage help-seeking?

Concerns about stigma in relation to mental ill health are a persisting issue for policy and practice. Campaigns that are seeking to address stigma and stop discrimination are active across the UK and internationally and continue to receive significant levels of investment. Emerging Minds could contribute to supporting these efforts by focusing attention on what works for children and young people.

6.5 Questions relating to special educational need and/or communication challenges

Communication was considered specifically for children and young people with special educational needs, but also more generally in relation to language that excludes, and interventions that are inaccessible to some.

Questions suggested by stakeholders	Potential consensus position
• Established correlation between SEN, physical and mental health. Evidence about impact of early interventions targeted at SEN, physical and MH? • How to build resilience and work preventatively regarding the MH amongst YP in high risk groups? • In what ways can "talking therapies" such as CBT be adapted for those with communication or cognitive difficulties? • Learn to speak the same language as these groups of CYPF to make services accessible and personal (for CYPF with SALT needs and/or cultural differences)	How should mental health promotion, prevention and early intervention be changed to better reach those with educational needs, disabilities or communication challenges?

There is a growing recognition among both health and education policymakers that the mental health of children with special educational needs has been poorly addressed. Identifying effective solutions to prevention and early help for children with a range of needs would help to support schools, colleges and health services to find more effective ways of working.

6.6 Questions about children and young people connecting with each other

Questions suggested by stakeholders	Potential consensus position
• Evidence for impact of peer support for different groups; YP, parents, support staff, professionals. Is relational capital/connectedness core to prevention and recovery? • How can we provide support to CYP who feel and are isolated? • How could more informal networks become more available and accessible to more vulnerable CYP, - raising the awareness if families are more dispersed or communities broken down.	What are the different models of peer support and how effective are they in combating isolation and improving wellbeing?

The value of peer support is increasingly being recognised in adult mental health policy, practice and commissioning. Beyond the work of smaller VCSE organisations there has been less focus on peer support in children and young people's mental health service development. Emerging Minds could help to draw together evidence about a range of approaches to peer support and consider how these could be developed more widely.

6.7 Questions about children and young people who are not in school

Questions suggested by stakeholders	Potential consensus position
• What are the underlying MH needs that lead to school refusal and disengagement/exclusion and what can be done? • What is the impact of exclusion from school on CYP's MH? Permanent exclusion and previous to this (e.g. isolation), off-rolling, home schooling, causes, journeys and consequences. • What support systems are in place for students not involved in the mainstream school curriculum? How can these	What is the relationship between mental wellbeing and children and young people not being in mainstream school or lessons? What does this mean for both education and mental health provision?

	children experience "normal" life- e.g. sports clubs, relationships, that they may normally experience in school?	

School exclusion is now recognised as a major threat to children and young people's mental health and life chances. Advocacy from the Children's Commissioner and from charities has placed this high on the national policy agenda. Establishing the many and complex links between school exclusion and mental health would help to inform policy and ensure resources are used wisely to address this issue.

6.8 Questions about support offer to parents

Questions suggested by stakeholders	Potential consensus position
• What offers are available to parents that go beyond parenting programmes? E.g. to support them with their MH needs? • How can the impact of interventions supporting the parent and child bond be measured and their effect on CYP MH better understood? • How do we prepare parents for the emotional and social development of their children (and how to respond to MH need)- the red books focus on physical development could be balanced?	What range of information, help and support would do best to enable parents to support the mental wellbeing of their children and themselves?

The importance of parenting as a determinant of children's mental health and wellbeing is widely recognised but poorly addressed in practice. Interventions are sparsely available and rarely valued. While the evidence base for parenting interventions is well established, translating it into policy-ready and practical advice is a major gap that Emerging Minds may be able to address.

6.9 Questions about social media/ digital

Questions suggested by stakeholders	Potential consensus position
• How are CYPF using social media to find peers with MH issues and access support? • How do and could providers of MH promotion use social media to reach out to less well reached groups? • How do we intervene successfully in CYP's digital experiences?	What roles do social media play in children and young people's mental wellbeing? How could their contributions be enhanced?

Public and political debate about social media and mental health has focused on the risks posed by the digital world and efforts to reduce it. The questions developed in our workshops all took a different tack, looking at the potential for digital and social media to be health-creating environments. This would be a very different approach to the current narrative and offer some distinctive new ideas.

6.10 Questions about the workforce supporting children and young people

The assumption that these would be "workers" was challenged, and some would prefer this issue to encompass friends and neighbours, and the wider community,

Questions suggested by stakeholders	Potential consensus position
• How can we create and sustain culture of research and learning amongst practitioners? (e.g. young people, families themselves understanding measuring outcomes)	How can we build and maximise capacity to deliver mental health promotion,

• What ingredients make a workforce that is able to promote MH and WB to CYP? How can these features be embedded?	prevention and early intervention to children and young people?

With investment in children and young people's mental health services growing, it is widely recognised that the capacity of the workforce to grow at the same pace will be a major brake on the system if that is not addressed. The focus of these questions is wider: looking at the potential of the wider workforce (in its broadest sense) to promote wellbeing, support prevention and intervene early.

6.11 Questions about the role of Relationship and Sex Education in mental health

This theme was raised in every workshop at some stage- the specific relationship between relationship and sex education and mental wellbeing. The upcoming policy change was seen as an opportunity to test some models.

Questions suggested by stakeholders	Potential consensus position
• Which elements of the SRE curriculum promote mental wellbeing? Can we develop a new improved version, with the active involvement of CYP? How effective is this new version? • What is the impact on MH of different models of PSHE and RSE and how will this be impacted by the roll-out of mandatory RSE?	In what way does teaching children about relationships and sex improve their wellbeing, and what are the implications for the RSE curriculum?

Changes to the school curriculum to include compulsory SRE and mental health are a significant change with profound consequences. The next few years will see a major change in the way schools teach children about sex, relationships, health and wellbeing and this will present numerous challenges. Learning from this process and supporting schools to navigate it will be invaluable for the implementation and sustainability of this policy.

6.12 Questions about how services exclude children and young people, and about access

While this section captures two themes, they are complementary and we present them here together.

Questions suggested by stakeholders	Potential consensus position
• Are current MH services fit for 21st century CYP? What can we learn from other countries or from the VCS? • What factors make services fail to engage or makes them inaccessible to some CYP? and • Explore best means to empower YP to feel comfortable accessing help (menu of options of support, keyworker, trusted adult/ peer mentor) • MH promotion is less well accessed by some CYPF (early years, 16+, some places or groups). Who are they? Why? So what?	What would make mental health promotion, prevention and early intervention more or less accessible, relevant and acceptable for children and young people?

Policy debates about access to children and young people's mental health support tend to focus on availability rather than acceptability and relevance. Yet surveys and qualitative studies suggest that children and young people do not always find the services on offer helpful or relevant. Emerging Minds could explore these areas, particularly in relation to services seeking to promote wellbeing, prevent mental ill health and intervene early.

6.13 Questions about protective and risk factors

Questions suggested by stakeholders	Potential consensus position
• Evidence about protective factors, but what interventions are effective in promoting these protective factors and evidence on subsequent MH outcomes? • Understand the specific risk factors and protective factors faced by groups of young people with unmet needs. Do not conflate the groups.	What can be done across systems to enhance the protective factors around children and young people and reduce the risk factors in relation to mental health and wellbeing?

The final group of questions concerns the ways in which risk and protective factors for mental health can be deployed in practice and the ways they affect different groups of children and young people. These will have specific relevance to the forthcoming Department of Health green paper on prevention and its implementation as well as being of wider relevance for local authorities' health and wellbeing strategies.

7. Conclusion and discussion

7.1 Suggestions from workshops about Emerging Minds method and parameters

While workshops were focused on the generation of research questions, there were incidental comments that were captured that related to the way the network as a whole will work:

- Stakeholders highly valued children, young people and families' meaningful involvement in research;
- Stakeholders valued the opportunity to participate in and network in these workshops, and would like to see ongoing networking and shared learning opportunities;
- Stakeholders would value proposals that have a clear narrative about how learning will be actioned and used in the near future;
- Stakeholders valued research that was done in close conjunction with service providers.

7.2 Draft list of research questions emerging from the stakeholder events

These questions are written by Centre for Mental Health based on themes emerging from the stakeholders' questions and drawing heavily on the language and focus of workshop attendees. They are given here in priority order. However, it should be noted that attendees were invited to be partisan and prioritise those areas more relevant to them. Inevitably, the more general and broad questions were given higher priority than the more specific or "niche". Some of the specific questions near the end of the list have been less explored in other research and answering them might therefore represent significant value to the wider knowledge base.

Question 1:
We know a lot about what works, but what prevents us putting these things into place at scale and how can we better communicate them? What are the costs and benefits of the different promotion and prevention approaches?
Question 2:
What model of assessment, planning and delivery would better meet the needs of children, young people and families who face complex and intersecting needs? How can emotional wellbeing be maximised for these families?

Question 3:
How do and can young people who are less often heard have their voice and power amplified, and how might this impact on their wellbeing and that of their peers?

Question 4:
What brings about attitude change about mental health in society and how does this impact individuals? By learning from other campaigns can we help to reduce stigma, build understanding and encourage help-seeking?
Question 5:
How should mental health promotion, prevention and early intervention be changed to better reach those with educational needs, disabilities or communication challenges?

Question 6:
What are the different models of peer support and how effective are they in combating isolation and improving wellbeing?

Question 7:
What is the relationship between mental wellbeing and children and young people not being in mainstream school or lessons? What does this mean for both education and mental health provision?

Question 8:
What range of information, help and support would do best to enable parents to support the mental wellbeing of their children and themselves?

Question 9:
What roles do social media play in children and young people's mental wellbeing? How could their contributions be enhanced?
Question 10:
How can we build and maximise capacity to deliver mental health promotion, prevention and early intervention to children and young people?
Question 11:
In what way does teaching children about relationships and sex improve their wellbeing, and what are the implications for the RSE curriculum?

Question 12:

What would make mental health promotion, prevention and early intervention more or less accessible, relevant and acceptable for children and young people?

Question 13:
What can be done across systems to enhance the protective factors around children and young people and reduce the risk factors in relation to mental health and wellbeing?

7.3 Comments about the method

All sessions were evaluated by attendees, with the exception of the final session which was time and space pressured.
These evaluations, and our own reflections on the process, told us that:

- Building on an initial mapping and review of enablers/barriers enabled the group to discuss and reach consensus on research challenges;
- We noted that while we asked attendees to focus on one of three themes, the resulting research questions were often more blended;
- The separate theme on those who are less well reached was welcome and drew some consensus areas that might otherwise have been missed;
- The mapping and enablers/barriers exercises created useful data and offers the opportunity to "retrace" steps and check that the issues raised by stakeholders are well addressed by the final questions;
- The thematic analysis was a subjective process, and we recommend revisiting the "raw" questions as a final check that Emerging Minds research challenges fit well with the views of stakeholders at events.

Appendix 1; Raw data from events

Workshop question 1: What are the existing ways of promoting mental health and wellbeing at scale in:

Table 1: Mental Health promotion

Age	Event 1 POLICY	Event 2 PRACTICE	Event 3 POLICY	Event 4 PRACTICE
All age	Environment- architecture, green spaces Parents sharing knowledge- networks Influencers- social media, vlogging etc. Media (TV, film etc) VCS- campaign, awareness etc. Targeted apps GPs	Royal endorsed MH campaigns Documentaries National charity campaigning Identification programmes and screening Social media CYPF curated Social media professionally curated	Self-management Peer to Peer Social media Campaigns to tackle stigma and awareness days Health specialists Sports clubs Capacity building work to the system Advice sector Faith sector Apps Participation by people with lived experience Media messaging incl film Celebrity champions Pressure crated by scale of need Research and evaluation sector	Sports sector e.g. football foundations Anti-stigma campaigns e.g. time to change Media tell stories, normalise Youth led campaigns VCS PHE CSR promoting positive messages Mental health literacy work with CYPF Parenting programmes Pilots like MH nurse Support in hospitals e.g. clown doctors Peer to peer
Pregnancy	Midwifery	Perinatal MH questionnaire	Midwifery screening and emotional wellbeing plans	Perinatal advice
Early Years	Heath Visitors Vaccinations programmes Start for Life programmes Developmental checks Healthy child programme	Health visitors Children's Centres Early years curriculum	Breastfeeding promotion Children's centres Nurseries	Health visitors NCT etc. Nurseries Sure Start and parenting support Uniformed groups focus on wellbeing
Primary School Years	PSHE School nursing Curriculum content PE	Resilient schools programme Anna Freud schools training CYPMHC Resources for teachers to use	Healthy schools Uniformed groups After and pre-school provision Teachers	

	School pastoral help Sports and leisure providers	Social games VCS in school Online support- Kooth	PSHE Green paper trailblazers	
Secondary School Years	PSHE School nursing Curriculum content PE School pastoral help Youth work Sports and leisure providers	Wellbeing ambassadors in schools Youth services and clubs promotion role	Teachers and form tutors Pastoral support Headstart RSE PSHE School designated leads Youth participation sector Coproduction of services Positive activities- encourage expression	SRE PSHE Sports clubs Promotion events in schools- e.g. assemblies Tutor role Online support e.g. Kooth VCS in-reach to school- e.g. workshops Uniformed groups focus on wellbeing NCS
Young Adulthood	Sports and leisure providers Workforce training initiatives Youth work Pere to peer communication- e.g. ambassadors Sexual health work University MH programmes	Referral routes Support in FE colleges Apprenticeships' pastoral support White Hat	Youth employment initiatives NUS MHFA Employer role "Hooks"- what are YP passionate about	SRE PSHE University support systems University representation- NUS

Table 2: Prevention of mental ill health and Early treatment

Age	Event 1	Event 2	Event 3	Event 4
All age	Availability of digital information incl apps Specialist digital providers (The Mix) Parents support skill development, talking, etc. TV and other media (YouTube) Sense of belonging in community Faith sector Parental liaison and family workers Primary Care Emergency services	Advice from GP Parent forums Parent Workshops Advanced MH practitioners (social workers) VCSE Peer to Peer programmes Screening tools and programmes Targeted online- Kooth etc.	Exercise/ physical activity Being outside Friendships Diet Supportive parents Awareness raising locally and nationally Sleep	Faith sector Food banks- poverty initiatives Helplines Parents Friends Early help services Troubled families Broader VCS Training to wider sector of front-line staff GP primary care

	Sports and leisure sector Arts and creative sector			Informal networks Sports sector A&E
Pregnancy	Midwives		Mums Aid Young Moods Perinatal services Maternal mental health alliance 1000 days	
Early Years	Health visitors Nurseries Children's Centres Pre-schools	Parenting programmes (Triple P) Perinatal MH pathway	Children's Centres Parenting Support Promoting play Encouraging parent/child bond	
Primary School Years	SENCO Work on edges of CJS- at risk Counselling services Teachers and designated leads Headstart Peer mentoring programmes Breakfast clubs and after school care	LAC virtual schools School nurses School pastoral support Trauma-informed training for schools Mindfulness programmes Mentally healthy schools PSHE Education about resilience, difference, inclusion Art and Music CYP IAPT	Mentally healthy schools Developing school capacity re MH School pastoral care RSE PSHE VCS providers e.g.the mix Buddy benches	School counselling services School staff School Pastoral teams PRUs
Secondary School Years	SENCO Work on edges of CJS- at risk Youth offending and justice system Counselling services Teachers and designated leads Headstart Peer mentoring programmes Online/peer communities (YP led)	School nurses School pastoral support Trauma-informed training for schools Mindfulness programmes Mentally healthy schools PSHE Education about resilience, difference, inclusion Art and Music CYP IAPT	Self-care approaches School counsellors Green paper initiative MHFA in schools School and college kite marks and charters	School counselling services School staff School Pastoral teams PRUs Youth workers Informal youth sector Yout tube Instagram Apps

		Counselling		
Young Adulthood	Counselling services FE staff Peer mentoring programmes Online/peer communities (YP led) Employers Youth offending and justice system	Youth hubs Youth clubs Self-help resources, mindfulness HE/FE based support Counselling	Employers NEET work Corporate sector initiatives (e.g. barber projects) CWMT	

Table 3: work to reach those whose needs are unmet or poorly met

Age	Event 1	Event 2	Event 3	Event 4
All age	Positive representation in media positive role models Voluntary and Community Sector targeted help Social Media	SEND services especially those focused on Autism as the issue of social interaction so important LAC children support system ACE awareness focus CAMHS VCS targeted Early help services Faith sector Tech sector- apps, social media etc	VCS and small organisations Health professionals Children's services Private provision for those who can pay Benefits advice Parent support of variable quality Digital Work with sub-threshold YP Online spaces	Intensive family support services Rape Crisis NHS talking therapies Cultural role models LGBT+- cultural and celebrations Pastoral care in churches VCS Condition-focused organisations Refugee and migrant sector
Pregnancy	Pause FNP PIMH Health visitors (targeted)	Perinatal mental health	Specialist HVs Perinatal services	Barnardos Pre-natal MH teams
Early Years	Parenting programmes	FNP	Parenting provision- can reach out more if Universally available Sure Start Comic relief	Health visitors Post-natal psychosis provision
Primary School Years	Free school meals Breakfast clubs and after school Programmes to target challenging behaviour School nurses	CYP not in education services Emotional wellbeing workers Virtual schools Tas The difference	School nursing- Universal but often creative if they have time School role to prevent Children below SEND threshold	Support system to those not in school

	Virtual school heads Mentoring schemes			
Secondary School Years	Free school meals Programmes to target challenging behaviour School nurses Virtual school heads Mentoring schemes Youth Work YP online services YP online communities Telephone helplines	CYP not in education services Targeted youth services Emotional wellbeing workers Virtual schools Tas The difference	Children who are home educated, or off-rolled Youth violence initiatives emerging Digital CBT VCS for LGBT+	Youth Services Support system to those not in school Young Carers providers
Young Adulthood	Mentoring schemes Youth Work YP online services YP online communities Telephone helplines Targeted employment programmes	Care-leaver organisations Saving schemes On-line resources Transition service for SEND	Peer support Youth services and clubs Kooth and similar Unregulated social media peer support Care Leavers orgs and help Homelessness services	Mental health matters

Workshop Question 2: To make the work effective, what are the **enablers** and **barriers** to delivering;

Table 1: Mental Health promotion ENABLERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Non "service" settings- corporate, retail etc. Shared values in communities Focusing on relationships as enablers- feeling connected Thinking developmentally- each stage of life Better understanding of the interconnectedness of issues Role models at all stages Intergenerational work- elders	Data exchange systems- not trying to achieve one perfect system Using CYPF experience to help understanding Developing less stigmatising language Teach CYPF about brain Acceptance of anxiety as needing support Promotion that is accompanied by next step- action/ support	Supporters of MH- ways to wellbeing MH informed town planning- green spaces and good architecture Enthusiasm Tech sector "permission" to self-care Communities of practice Agile processes Focus on good quality relationships Evidence-based practice- though this can also inhibit	Relatable and less extreme stories in the media People supported to feel they can be effective in CYPF MH Embedding long-term partnerships Necessity- pressure created Curation of social media feeds Renaming A&E to include MH Training workers together Place-based focus on resilience Match-funding to encourage investment

	"pulsed" service = swift re-access Digital passports to carry info Good leaders who have an overview of an ecosystem Fragmented systems- multiple commissioners etc.	Interventions evaluated with evidence base Teams that wrap around CYPF Guidance on resources and material to use	Knowing the language that changes behaviour Focus on sustainability Capturing learning and feeding it into development in real time Co-production Engaging VCS meaningfully Exploiting those moments where there is a shared purpose or aim across agencies	Cross-sector working Holistic leadership Creating environments where positive conversations about MH happen Enabling people to identify concerns Normalising issues like anxiety Having people who know the system well Role models on self-care
Pregnancy	Peer support			
Early Years	Investing in early language development- parenting, attachment Positive outreach	Tv aimed at small children- relationships/ emotions		
Primary School Years		Teaching assistant role- close relationships Support for networks of schools	Involving schools in research and learning Changing the curriculum	
Secondary School Years		Advocates to work alongside YP- help them navigate services Support for networks of schools YP involved in designing programmes	YP voice in setting outcomes	Open access youth provision Ensuring YP feel confident to connect with peers Positive social media
Young Adulthood		YOP have more awareness of MH		Preparation- making YP ready that it might happen Youth practitioners embedded in primary care

Table 2: Prevention of mental ill health and Early treatment ENABLERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Good quality information for CYPF Supportive digital communities Technology enables information sharing	Practitioners aware of services Well-connected practitioners Appropriate use of tech	Opportunity in the current political situation (green paper)	Cross-sector relationships and formal partnerships Teaching communication skills

	Evaluation and sharing of what works/doesn't work Pitching interventions where CYPF are at Training the non-MH workforce	Clear pathways- CAMHS and school health Self-referral ACE assessments	Helping sports and other sectors to understand their role Suicide prevention minister Meeting parents needs more comprehensively Fluid transitions from GP-CAMHS Thriving VCS sector Infrastructure for implementation e.g. IT Discussion about wellbeing brings it to the forefront Working where CYPF are already growing understanding of risk factors- e.g. trauma	Knowing what helps and what's good Knowing where CYPF are engaging Monitoring improvement e.g. in self-esteem, or of wider outcomes Early diagnosis inc of SEND If the wider network can identify the risk Training for non-mental health staff Raising awareness
Pregnancy	Red book and digital records		See Scotland's investment in perinatal MH	
Early Years	Focus on language skills		String evidence for parenting (incredible years, PPP)	
Primary School Years	Focus on school staff wellbeing On-line therapy services Programmes to prevent exclusion	Tech used to live-stream lessons to smaller groups EWB workers who can navigate the systems	Schools that understand the assets around them Leadership in schools Teachers enabled to navigate resources Support to practitioners	We resourced alternative edn models Enrichment activities alongside education
Secondary School Years	Focus on school staff wellbeing On-line therapy services Programmes to prevent exclusion Time and space to have a conversation with a YP at risk	Tech used to live-stream lessons to smaller groups EWB workers who can navigate the systems	Social media and peer support models Community orgs e.g. project future	Drop-in models We resourced alternative edn models Enrichment activities alongside education
Young Adulthood	Time and space to have a conversation with a YP at risk Raising participation age			Drop-in models

Table 3: work to reach those whose needs are unmet or poorly met ENABLERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Family and friend support to family Creative/sports projects Safe spaces Activate a sense of collective responsibility for citizens- especially place-based Social prescribing models Good leadership	CAF and information sharing Having a single key worker EHCP if well done Comprehensive assessments that recognise underlying issues Co-location of triage people enables shared research and knowledge Awareness of and focus on key moments in time Positive parenting strategies Reducing the gap in any transition- the bigger the jump the harder the transition and the more inequality Funding services that span transitions Practitioners knowing how and who to refer	More focus on research Growing interest in CYP MH Digital work Working with faith leaders More diverse workforce and policy makers Large grant givers interest- Comic relief, BBC etc. Social prescribing Support CYP travel costs Extended schools Broader choice of commissioned services Social media Better understanding of gender difference in schools VCS diversity of approach "This is our time" Parent involvement More holistic services More collaboration Royal interest- focus on young men	Church sector role in family life Groups interaction- interceptional sector- different mh conditions Work to address poverty Community sector has more reach Celebrity impact on stigma Rising focus on emotional mental health Breaking down structures and working differently Drawing on personal experiences MH training for all Media taking responsibility Volunteers and their capacity Residentials- remove from environment Trailblazers Social media Political focus esp local councils Health and wellbeing boards
Pregnancy	Working with fathers' MH			Poverty focus on parents
Early Years			MH training for early years Parenting as a public health intervention	Children North East
Primary School Years	Integrated physical and MH checks for LAC New SRE provision Green paper proposals- designated lead and MH support teams	Tracking and monitoring exclusions		ARC and ARP Thrive programme School is a good place for assessment Progress in school understanding and support for Young Carers

				Some schools are managing to be more flexible re autism
Secondary School Years	New SRE provision Green paper proposals- designated lead and MH support teams LGBTQ inclusion work Social Media	Tracking and monitoring exclusions	Peer support models More conversations about disadvantaged YP Free Wi-Fi access points	Working outside of clinical settings
Young Adulthood	LGBTQ inclusion work Social media University MH charter Working on language and approach which is meaningful to YP- not one size fits all		User led organisations YP involvement in research	Princes Trust and similar NCS

Table 1: Mental Health promotion BARRIERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Fragmentation- there are multiple agencies, ages, commissioners and sectors Less promotion outside school Social/ relational deprivation Promotion is patchy- hits and misses- postcode, age, sector Different agencies have different capacity and culture Lack of regulation of this work Social media campaigns can be random Bad leadership	Resilience programmes are not addressed long-term- these are deep-rooted factors Lack of good quality data at national and LA level on which to base decisions on CAMHS transformation Term "mental health"- misunderstanding that it is a spectrum results in fear People don't know how to access info Lack of diagnosis e.g. dyslexia Public health works to 2 different workstreams- LA NHS Lack of resilience in UK in general Scattergun approach to wellbeing/resilience Lack of LA/CCG coordination Lack of integration- overlap of services	Lack of capacity to learn and embed Not enough consideration of risk and harm for some communities (e.g. mindfulness for autistic children) Enthusiasm can mean people "just do something" Lack of awareness of child development PHE are too detached Toxic cultures- workplace, delivery, leadership Professional barriers and stigma Systemic dysfunction Risk averse systems Too much focus on the new and shiny Too much political involvement- e.g. PSHE	Strong influence of social media Media focus on extreme examples of ill health Geography NHS not joined up Lack of certainty on funding People not knowing how to ask for MH support Not enough coproduction and understanding Digital information overload Over-delegation- too much reliance on "professional" Cuts have degraded the VCS Lack of willingness to engage CYPF Generational learned behaviour- negative coping strategies

			General cuts are masked by "special" initiatives and investment Sector competition leads to distraction Political noise- it's harder to listen Bureaucracy and passing responsibility around Brexit has overwhelmed the debate	Parents not informed on where to get help- especially when not in crisis Too much focus on phone and online- not face to face Cuts to infrastructure- youth, family centres Links with alcohol and other substance misus Digital/global detracts from the local response Lack of government commitment to prevention Cuts to public health teams
Pregnancy	Less promotion outside school	Overload risks		
Early Years	Less promotion outside school	Children's Centres closing HV not able to deliver universal help		
Primary School Years		Anxiety trivialised by teachers Pressure on teachers Reliant on teachers to champion/ deliver Schools targeted by multiple initiatives	School focus on academic success	Lack of focus on emotional learning
Secondary School Years	Secondary schools think less developmentally	Anxiety trivialised by teachers Pressure on teachers Reliant on teachers to champion/ deliver Schools targeted by multiple initiatives	Poor co-production- the wrong questions asked School focus on academic success	Lack of focus on emotional learning Damaging effect of social media
Young Adulthood	Less promotion outside school	Difficult transition to adult services Lack of consistency and quality across services		Social media "bubbles"- targeted and isolating Damaging effect of social media Backlog of unmet need

Table 2: Prevention of mental ill health and Early treatment BARRIERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Tendency to abdicate responsibility for identifying and addressing issues	Lack of awareness of local services	GP receptionist role as a gatekeeper Evidence base on parenting support	Inadequate levels of prevention across the life course

	Language like treatment, therapy, counselling- puts CYPF off Funding being focused on the higher need (CAMHS, SEND) Poor information sharing between services	Reliance on personal professional networks Inflexible research standards Need to evidence impact of prevention Geography/ postcode lottery Poverty Stigma Services that change/ are terminated- confusion over what is available Lack of expertise/ understanding of differences Rigid funding mechanisms of services Changing thresholds of services Inconsistency of support at transition points Not enough time to listen and observe System complex and hard to navigate Conflicts between parents and practitioners Overuse of clinical models	Lack of training for social workers and family workers Lack of data sharing Lack of funding for community initiatives Language; "evidence base" Poor commissioning in relation to evidence Lack of acceptance that prevention works and we can do it Screen time disrupts bonding DoE and D0H not coherent VCS initiatives are focused on inner cities and neglect rural areas Lack of accurate picture re wellbeing- are things getting worse really? Stripping out of universal, LA based infrastructure- early years, youth services, family support, cultural offer.	Lack of consistency across statutory services Stigma Service offer not appropriate for some- e.g. autistic spectrum Delays in accessing help Thresholds and "not ill enough" barrier Services are not inclusive or able to adapt Lots of focus on phone and IT access, but this is not available to all. The impact of poverty Lack of availability or choice for early treatment Disengagement or lack of support for CAMHS
Pregnancy				
Early Years				
Primary School Years	Focus on educational attainment and attendance at odds with MH policy drive Weak educational HC plans Levels of stress in school staff Tick-box exercises on wellbeing in schools	Lack of teacher confidence to talk about MH Teacher time and class sizes "inclusion" has lost it's focus- alternatives to mainstream school are expensive and unavailable	School testing regime (SATS etc) PE not prioritised in schools Schools all so different- no consistency or universality Green paper too focused on schools Confusing range of quality marks for schools	Excessive focus on academic acheivement
Secondary School Years	Focus on educational attainment and attendance at odds with MH policy drive Weak educational HC plans	Stigma from peers- YP lack of willingness to present/ reveal	PE not prioritised in schools Cuts mean more CYP reach crisis point Role of identity and cultural expectations	Excessive focus on academic achievement

	Levels of stress in school staff Tick-box exercises on wellbeing in schools			
Young Adulthood	Diversity of FE settings Lack of engagement of employers of YP	Fear of disclosure to employers or University Undiagnosed medical conditions	Experience of job centres	

Table 3: work to reach those whose needs are unmet or poorly met BARRIERS

Age	Event 1	Event 2	Event 3	Event 4
All age	Austerity Patchy provision of the enablers Poor housing Racism, discrimination Limited access to SALT and other SEN support Low budgets for LAC NHS and other statutory services under pressure- waiting lists Distrust of MH services in some communities	MH needs of autistic people dismissed Poor tracking though the system System is not joined up or systemic- the system resonates with ACE Parents who have less resource and ability to access exacerbates inequality EHCP badly done Least qualified triage goes to those with the highest need Excessive focus on the primary presenting issue (LAC, SEND) and so not on MH Low wellbeing of workforce Vulnerable not targeted by tech solutions "extra" help ignored- e.g. wellbeing Raised anxiety in the system regarding risk Multiple moves- house, school, carer- lack of basic settlement skills- attachment, maintenance of relationships Gaps in age and service	Postcode Lottery- lots of variability Cuts focus on crisis not EI (check?) Lack of skills to see impact of work Some services do harm People taken off lists if they don't engage Lack of time and capacity Workers not able to exercise their judgement Who does diagnosis? Rigidity of system in how to reach people Working to rule The impact of Universal credit Services are in places that families may not trust VCS not funded to research and demonstrate impact Siloed funding Short term policy Not showing impact (e.g. Sure Start) Stigma of parenting difficulties Failure to address intersectionality VCS lack of funding	Consider: • GRT • LAC • Disabled • Homeless • Not in school • ACE • Migrants/refugees • LGBT+ • Moments of transition Lack of resource Services focused on office hours- nothing at weekends—results in police contact Dual diagnosis and intersectionality Challenge of improving parenting Linguistic barriers Organisations under pressure Services tending to not involve parents or other close people "jobsworth" and professional barriers Waiting times for help Community resistance or lack of cohesion Lack of ability to signpost

			Research tends to miss the more vulnerable due to complexity Transport to get to CAMHS Commissioning does not create opportunities to develop the evidence base Silo working between health and education etc. Repeated assessments Being defined by your problems Participation processes are too white middle class Lack of interpreting services Unhelpful language CAMHS is like going to the workhouse	School lack of awareness of young carers Parents with mental health needs not addressed VCS in competition Barriers around hospital trusts Professional silo working Not enough expertise focused on transition stages Focus on the attributes or vulnerabilities of the child, not those of the system Problems or barriers that are subtle and not easily noticed System in general pressured and so not likely to notice barriers for some CYPF internalising problems How to support the person who has a rapport with the CYPF but may not have MH skills? People without IT or internet access
Pregnancy	Loss of Sure Start			
Early Years	Loss of Sure Start			Loss of Sure Start
Primary School Years		Shortage of TAs Lack of assessment in school		Levels of anxiety in schools and school unable to address Teachers under increased pressure
Secondary School Years	Loss of Connexions	Shortage of TAs Poor primary to secondary transition with lack of information passed on. Lack of assessment in school		Levels of anxiety in schools and school unable to address Teachers under increased pressure Loss of the youth sector Exclusion criteria Faith schools have no specialist intervention Lack of school MH literacy Lack of teacher awareness.

Young Adulthood	Uncertainty about the future Poverty Language not youth-friendly Lack of relational capital Stigma, shame, humiliation	Variable transition ages	Cultural narrative about young black men and knife crime Services not joined up for young adults with complex needs Housing is often the problem, but not cooperative Relationship with police for some communities	Adult sector does not really understand young people

Appendix 2; Looking at the mapping work we have done, what are the key challenges that require solutions that research and learning could add to?"

Table 1: Mental Health promotion RESEARCH QUESTIONS

Priority:	Event 1	Event 2	Event 3	Event 4
1	How do and could providers of MH promotion use social media to reach out to less well reached groups?	We know a lot but is not translating into impact- are we maintaining truth to underlying theory and evidence in intervention? Building understanding of what resilience actually is , and recognising under-recognised resilience factors, e.g. reading in children.	Assuming that: 1) There are more conversations happening about CYPs MH, and 2) These conversations have a positive impact; How could this be harnessed to scale and tailored for different groups/settings?	What has enabled/ caused a rapid change in social attitudes- e.g. LGBT? How can this be applied to foster social consensus and better attitudes around mental wellbeing and MH problems?
2	Are young adults entering the workplace "lost" to MH promotion? What is the role of the employer in targeting the young workforce with MH promotion?	How and in what ways is normalisation helpful? How can we build CYP's understanding of what MH is? How YP can navigate all the information available.	What ingredients make a workforce that is able to promote MH and WB to CYP? How can these features be embedded?	How do we intervene successfully in CYP's digital experiences?
3	MH promotion is less well accessed by some CYPF (early years, 16+, some places or groups). Who are they? Why? So what?	What is the impact of different service models?	Are current MH services fit for 21st century CYP? What can we learn from other countries or from the VCS?	How do we prepare parents for the emotional and social development of their children (and how to respond to MH need)- the red books focus on physical development could be balanced?
4	What is the impact on MH of different models of PSHE and RSE and how will this be impacted by the roll-out of mandatory RSE?	How effective are MH campaigns? What is most useful? What is their impact?	What size of financial investment is needed to have "gold standard" MH promotion for CYP? What minimum level investment would make a significant change? (group noted the need to define success and how it's measured)	How can we provide support to CYP who feel and are isolated?
5	How are CYPF using social media to find peers with MH issues and access support?	Visualisation of data around real picture—what's really changing?		How should we intervene when MH problems intersect with other behavioural and social problems, e.g. alcohol, substance misuse, LGBT+,
				How can we help CYP become active in the face of overwhelming wider

				determinants of emotional difficulty (activism, journalism, performance)
				How can the impact of interventions supporting the parent and child bond be measured and their effect on CYP MH better understood?
				Does intergenerational work/programmes influence and improve CYP MH and WB (and that of older adults)?

Table 2: Prevention of mental ill health and Early treatment RESEARCH QUESTIONS

Priority:	Event 1	Event 2	Event 3	Event 4
1	Evidence for impact of peer support for different groups; YP, parents, support staff, professionals. Is relational capital/connectedness core to prevention and recovery?	How can we collect the best available MH data and expand the range of data sources we use ("big data")?	What are the most cost effective early interventions? E.g. prevent the disorders with the highest mortality? For who? Who has had less effective intervention historically? (Note, target audience? Commissioners?)	Which elements of the SRE curriculum promote mental wellbeing? Can we develop a new improved version, with the active involvement of CYP? How effective is this new version?
2	In what ways can "talking therapies" such as CBT be adapted for those with communication or cognitive difficulties?	How do we make cooperative, multi-agency systems work better for young people and children? What do these systems look and feel like to CYPF?	What are the facilitators and barriers in the system that prevents us from putting things we know work into practice at scale? (parenting, CBT, school counselling, bullying interventions, digital)- looking at local systems what works and what doesn't?	What is it about mental ill health that attracts stigma? How can knowledge of these factors inform campaign and policies to address stigma?
3	Established correlation between SEN, physical and mental health. Evidence about impact of early interventions targeted at SEN, physical and MH?	"Market research"- understanding of CYPF as customers: Where do they go? Where would they like to go? Why/why not? Social media- how can it be used to meet needs?	How can we create and sustain culture of research and learning amongst practitioners? (e.g. young people, families themselves understanding measuring outcomes)	

4	Value of interventions to engage YP in creative, sport and other activities as a medium for engagement and meaningful dialogue- not everyone is a talker.	Is there an age/developmental stage where preventative work is more effective? How do we identify and measure the impact of prevention?		
5	Evidence about protective factors, but what interventions are effective in promoting these protective factors and evidence on subsequent MH outcomes?			

Table 3: work to reach those whose needs are unmet or poorly met RESEARCH QUESTIONS

Priority:	Event 1	Event 2	Event 3	Event 4
1	Learn to speak the same language as these groups of CYPF to make services accessible and personal (for CYPF with SALT needs and/or cultural differences)	What offers are available to parents that go beyond parenting programmes? E.g. to support them with their MH needs?	In what ways do CYP from marginalised groups create positive sense of identity and belonging, and how does this affect MH? (connecting in different ways, life stages, tackling exclusion, isolation and loneliness)	How to make those whose needs are unmet or poorly met recognise that their voice can create positive change?
2	Explore and understand what YP want and need from services and help-seeking behaviours (consider impact of culture and stigma)	What are the features of a best practice triage/assessment toolkit or process to recognise and meet the needs of those whose needs are less well met? It must not be hampered by a fixation on the "primary" need.	How do systems respond to complexity? Workforce, links with physical health, intersectionality and marginalisation, e.g.s of working well	What would make a difference to enable CYP to access external organisations, e.g. not a formal environment, therapeutic settings.
3	Explore best means to empower YP to feel comfortable accessing help (menu of options of support, keyworker, trusted adult/ peer mentor)	What are the underlying MH needs that lead to school refusal and disengagement/exclusion and what can be done?	How do you include marginalised groups in the design and delivery of research? Language and conceptualisation, experience of exclusion.	What support systems are in place for students not involved in the mainstream school curriculum? How can these children experience "normal" life- e.g. sports clubs, relationships, that they may normally experience in school.
4	Understand the specific risk factors and protective factors faced by groups of young people with unmet needs. Do not conflate the groups.	Would empowering and resourcing long-term key-work roles improve outcomes for those CYPF whose needs are less well met?	What is the impact of exclusion from school on CYP's MH? Permanent exclusion and previous to this (e.g.	How could more informal networks become more available and accessible to more vulnerable CYP, - raising the

			isolation), off-rolling, home schooling, causes, journeys and consequences.	awareness if families are more dispersed or communities broken down.
5				What factors make services fail to engage or makes them inaccessible to some CYP?
				How can services be more communicative and responsive to the needs of CYP whose needs are not being met?
				How to build resilience and work preventatively regarding the MH amongst YP in high risk groups?

Issues raised in relation to methodology, and so recorded separately;

- A mapping out programme of research needs to be done first. To involve stakeholders in PPI to generate the questions and ensure research is relevant to the end user.
- Develop a strategic network to help us align resources (across the NE) with academic practice, policy, children and young people and families and other stakeholders.
- Consider sustainability plan- ensure things are really actioned.
- How do academics get on the ground? Use workers as researchers?