



# Mental Health in Oxfordshire:

## Children & Young People

**Foreword by Laura Harte, Oxfordshire Discovery College Founder, and Jodie Lloyd-Jones, CEO of Oxfordshire Youth**

The Oxfordshire Discovery College was founded in September 2019 with the support of mental health charity, Elmore Community Services. This report was compiled in April 2019 to ascertain if a Discovery College model might meet some of the need in the youth mental health sector in Oxfordshire, and to inform the working group of some of the current service challenges that the model might endeavour to meet. Oxfordshire Youth co-hosted the internship, and the report itself was compiled by Isaac and Joanna, both students offering their time on a voluntary basis as part of the University of Oxford Micro-Internship scheme.

**Written by:** Isaac Hadfield and Joanna Gregory

**Supported by:** Oxfordshire Discovery College and Oxfordshire Youth, as part of the University of Oxford Micro-Internship Scheme.

This report aims to explore whether a new mental health service for children and young people, using the 'Discovery College' model would be of benefit to children and young people in Oxfordshire. We looked at national and local data, current guidance and research, and mapped some of the services already available. Ultimately, we believe that the idea of establishing a Discovery College in the county should be explored further but read on to find out why we think so, and to learn more about just what a Discovery College is.



**Oxfordshire Discovery College, supported by:**



**Elmore  
Community  
Services**

## Introduction

The number of children and young people within Oxfordshire with a diagnosed mental illness is on the rise. As such, there has been an increasing demand upon existing mental health services within Oxfordshire, with increasing numbers of referrals to mental health services hand in hand with longer waiting times. In this report, we examine the nature of this problem for Oxfordshire within the national context. Furthermore, we investigate the mental health services on offer for children and young people within Oxfordshire and consider whether the establishment of a Discovery College would be an effective way of improving support.

# The National Picture

## National Trends

Before considering the data relating to Oxfordshire specifically, it is worth considering the state of mental health in children and young people at the national level. In 2017, the national Mental Health of Children and Young People survey found that 12.8% of 5 to 19 year olds in the UK were found to have at least one mental disorder. In general, rates of mental disorder are higher in older age groups, with young people aged 17 to 19 three times more likely to have a disorder (16.9%) than preschool children aged 2 to 4 (5.5%). The most common of these are emotional disorders, including anxiety and depressive related disorders, which affect 8.1% of 5 to 19 year olds. Alternately, 4.6% manage behavioural disorders, whilst 1.6% have a hyperactivity disorder, with other disorders affecting 2.1%. {NHSstudy}.

The last surveys of the same scale prior to 2017 took place in 1999 and 2004, and comparison between the three shows that the prevalence of mental disorders in children and young people is on the rise, increasing from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.

Strikingly however, this change is almost entirely accounted for by the increase in emotional disorders. Whilst there has been little change in the proportion of children with behavioural disorders, hyperactivity, or other less common disorders between 1999 and 2017, emotional

disorders for 5 to 15 year olds have risen from 3.9% in 2004 to 5.8% in 2017. This is a trend which is true for both older and younger children, with an increase from 2.5% to 4.1% for 5 to 10 year olds, and 5.5% to 8.1% for 11 to 15 year olds. The bulk of this change is due to a dramatic increase in anxiety related disorders, with a 49% increase in the proportion of 5 to 15 year olds with anxiety disorders over the 13 year period. This is also consistent for both older and younger children. Additionally, there has been an increase in rates of depression, though this is true only for the 11-15 age group, where depressive disorders have increased from 1.5% to 2.5% of the group [1, 2]. The 2017 survey shows that young people aged 17 to 19 are the most likely to suffer from anxiety and depressive related disorders. 14.9% of this age group suffer from anxiety disorders whilst 4.8% suffer from depressive disorders. Young women are particularly at risk, with 22.4% and 6.5% of 17 to 19 year old girls found to have anxiety or depressive disorders respectively {NHSstudy}.



The same study finds that there are certain contextual characteristics which lead to a higher risk of mental disorders in children and young people. The four most important are demographics, socioeconomics, health, and family background. Firstly, in terms of demographics, disorder rates vary significantly by ethnic group. White British 5 to 19 year olds were around three times more likely (14.9%) than Black/Black British (5.6%) or Asian/Asian British (5.2%) children to have a diagnosis. Secondly, there is an association between living in a low-income household or with a parent receiving income-related benefits and higher rates of mental disorder in children. Additionally, children with poor general health, special educational needs, or with a parent with poor mental health were more likely to have a diagnosable mental health problem in comparison to other children. Finally, rates of mental health problems were higher in children living in households with less healthy family functioning. This is measured using the general functioning scale of the McMaster Family Activity Device, which asks respondents to rate their agreement with statements like 'Making decisions is a problem for our family' and 'We don't get along well together' {NHSstudy}.





**1 in 8**

**children &  
young people  
have at least one  
mental disorder**

**according to the Mental Health of  
Children and Young People 2017 survey.**



## National Policy Objectives & Challenges

The Government's 'Green Paper on Young People's Mental Health Provision' found public consensus on a number of issues and objectives for policy improvement. For instance, there was widespread support for improving links between health and education, with support being provided earlier, whilst also in or around schools and colleges. However, this integration was only supported so long as it does not lead to an increase in teacher workload or school funding pressures. The report also identified public support for the improvement of access to NHS services for those who need specialist support, whilst also ensuring that groups with particular barriers to accessing services or those with a higher prevalence of mental health problems would be able to benefit from the proposals. Finally, young people aged 16-25 should be able to access mental health support even if they have fallen out of the education system {GreenPaper}.

In response to their findings the green paper recommended a number of core proposals. These include the appointment of senior leads for mental health in schools and colleges, as well piloting a four week waiting time standard for access to specialist NHS children and young people's mental health services. Additionally, one of the green paper's core proposals is the setting up of mental health support teams via CCGs. It is expected that schools, colleges and other local organisations would design and lead delivery for this. It was also stated that

with further funding, it would be recommended to enhance maternal, perinatal and early years health services and parenting programmes, whilst also incentivising the development of new apps and digital tools with the purpose of supporting self-care. These recommendations are currently being piloted in Oxfordshire, and may be rolled out further afield dependent on their success.

There are a number of different methods by which risk of mental health disorders can be reduced. Parenting programmes for instance are particularly important; evidence-based parenting programmes have been found to be beneficial in early intervention for children with behavioural problems. The Future in Mind report recommend that such programmes remain or become a priority for local authorities and that better links with specialist services should be developed in order to work jointly on cases where families have difficulty engaging in groups or need individual support before they are ready to join a group {FutureinMind}.

Universal, community-based services such as Sure Start children's centres, schools, youth centres, and the professionals within them also play a major role in the prevention of mental health problems. These services support wellbeing in particular by delivering mental health promotion and prevention activities. It is worth noting that research suggests that many young people feel uncomfortable in discussing

their mental health problems with their GP and school staff. Symmetrically, GPs, schools and other professionals such as social workers and youth workers often report frustration in feeling unequipped to either offer support themselves, or even having knowledge of clear access routes to expertise and specialist support {FutureinMind}. A study by Demos suggests that schools are failing to support the mental wellbeing of the children in their care, concluding that final year secondary students are only half as likely to be happy with their lives compared with 14 year olds and considerably less likely to think their parents and teachers believe in them {Demos}. This shows that improving training within schools and other universal services will be essential to improving the mental health of young people around the UK.

Finally, it is clear that the digital world has significant potential to protect and enhance the mental health and wellbeing of our children and young people. However, there are widespread concerns about potential negative effects of digital media, including decreased attention, hyperactivity, and excessive use. There is in particular a high risk that children and young people are subject to harmful exposure to inappropriate material, to the risks of cyber-bullying, to potential grooming and exploitation and to websites that reinforce negative behaviour, such as those encouraging excessive weight loss {FutureinMind}. It therefore seems that educating young people about the dangers of the digital world will be essential in mitigating this risk. Conversely,

digital media also presents vast platform to provide support to children and young people with mental health disorders, particularly those who would be unreceptive to utilising traditional services. This lends support to the green paper suggestion of developing digital tools to support self-care.

There are unfortunately a number of barriers in the way of effective treatment. Currently only one in four children with a diagnosable mental health condition access treatment and evidence-based care {NHSOxfordshire}. The NHS benchmarking network data shows increases in referrals and waiting times, with cases being presented also becoming increasingly complex and severe. The Future in Mind report highlights that complex commissioning arrangements between CCGs and local authorities has bred a lack of clear direction, accountability, or leadership in children's mental health provision.

Consequently, there remains the potential for many children and young people to fall through the net whilst access to crisis, out of hours and liaison psychiatry services are variable across the UK {FutureinMind}. There are also specific issues facing highly vulnerable groups of children and young people and their families who may find it particularly difficult to access appropriate services {GreenPaper}.



## Section Summary

- There is a national trend of increasing numbers of children and young people being affected by mental health problems, most of which involves an increase in emotional disorders such as anxiety and depression.
- Contextual factors such as race, socioeconomic status, health, and family background influence the likelihood that a child will develop a mental health disorder.
- Although the government green paper suggests schools and colleges take the lead in setting up mental health support teams, many young people report feeling uncomfortable interacting with their school staff about mental health issues, whilst there are also concerns that this would place further strain on school funding.
- It is important for Mental Health services to adapt to the digital age, with social media a likely contributor to the rising levels of anxiety and depression in young people. However, digital media also provides a platform for giving support, especially for those who would not be comfortable using traditional services.

# Mental Health in Oxfordshire

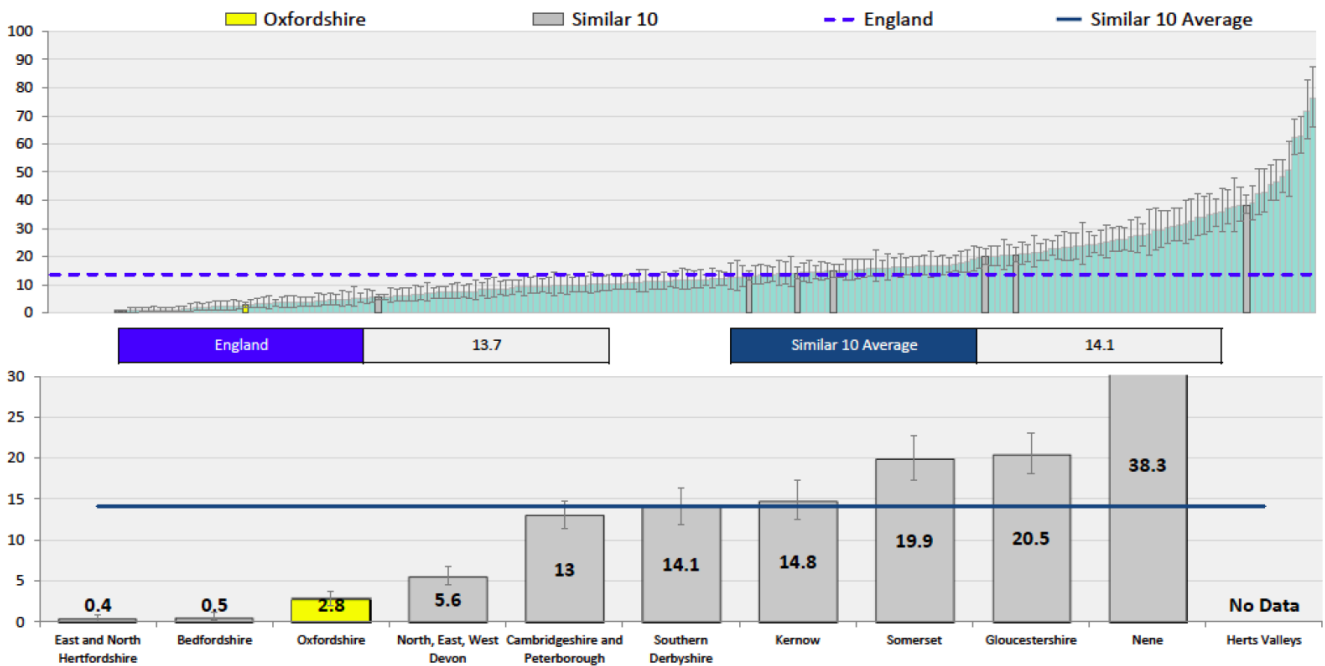
## Overall Picture of Mental Health in Oxfordshire

It has been estimated that there are 14,000 children with mental health problems within Oxfordshire {NeedsAnalysis}, and this number is only on the rise. Referrals to CAMHS for 15 to 19 year olds have increased by 80% from 2011-12 to 2016-17, whilst referrals for 10 to 14 year olds has increased by 67% over the same period. This is compared with a 22% increase in referrals across all ages {JSNA}. Additionally, this rise seems to be increasing in pace, with CAMHS referrals increasing by 34% in 2016 alone {OCCStrategy}. The reasons for this are unclear, but part of why Oxfordshire has seen such a rapid increase in mental health referral rates will be due to declining stigma attached to mental health, which contributes to increased reporting by young people. Although this is a positive effect, what is clear is that pressure on mental health services is rising and will continue to rise at an increasing rate.

In this respect, with an increase in the demand upon existing services within Oxfordshire, it is also reported, as expected, that there has been an increase in waiting times for appointments, and the length of time taken for referrals to be

seen to. According to CAMHS 'work is ongoing to reduce waiting times, but this has been our biggest challenge with modest improvements over the past year'. 'The key issue has been inability to recruit staff to increase capacity whilst referral numbers continue to rise', 'as new services have been developed and operationalised the new posts have been filled with existing staff leaving gaps in core CAMHS and this has meant having to recruit twice in effect' {CamhsRefresh}.

As mentioned in the previous section, government policy recommendation is for evidence-based mental health care based in the community. Figure 1 shows how Oxfordshire is far below both the national average, and the average of the 10 most similar counties in terms of NHS funded community mental health service provision. An intuitive explanation might perhaps be that the data is distorted due to the number of 17 year old university students within Oxford. This, however, does not appear to be an adequate explanation given that this demographic will be similar in size to Cambridge for example.



Source: MHSDS, NHS Digital

Figure 1: Rate of new children and young people aged under 18 receiving treatment in NHS funded community mental health services in the reporting period - per 10,000 population under 18s





## Intentional Self-Harm and Suicide

One particular area of concern for Oxfordshire is self-harm; 15 wards across the county recorded to have a significantly higher admission ratio for intentional self-harm than the national average (2011-12 to 2015-16), including 7 in Oxford, 3 in Cherwell, 3 in Vale of White Horse, 1 in South Oxfordshire, and 1 in West Oxfordshire {JSNA}. Furthermore, the two wards with the highest rates were the relatively deprived areas of Northfield Brook and Blackbird Leys in Oxford. Whilst these figures do not relate specifically to children and young people, it is reported that 'hospital admissions for self harm in young people aged 10-24 has increased to above the England average (2016-17)' {JSNA}. It is therefore likely that these areas will correspondingly experience Oxfordshire's particular problem for self-harm in young people. Between 2014 and 2016, there was a total of 156 deaths registered as suicides in Oxfordshire, which was not significantly different to the national average. However, the OCCG rate of suicides for people aged under 25 was statistically above the national average, recording 23 suicides of people aged under 25 between 2014 - 2016 {JSNA}. This shows that suicide is also problem for the young people of Oxfordshire in particular. This is an especially important issue for young women, who have 'emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder' {JSNA}.

## Contextual Factors for Oxfordshire

### Deprivation and Child Poverty

Based on the contextual factors which impact the development of mental health issues in children, we can identify particular issues and geographical locations around Oxfordshire in need of particular attention. One of these factors is low-income and deprivation related indicators. Children who live in poverty are exposed to a range of risks that have an impact on mental health, including debt, poor housing and low income, as demonstrated by recent national studies {NHSstudy}. Oxfordshire in general has relatively low levels of deprivation: it is the 11th least deprived of 152 upper-tier local authorities in England (up from 12th in 2010) {Deprivation}. That puts the county well within the top 10% least deprived. Compared with other upper tier local authorities in England, Oxfordshire is less deprived than average across six of the seven domains of deprivation, including: employment; income; health and disability; education, skills and training, crime and finally living environment. Concerning the last domain of deprivation, barriers to housing and services, Oxfordshire sits slightly above national average.

Whilst Oxfordshire is overall not a deprived area, relatively speaking, there is considerable variation across the county. On the one hand, 193 out of 407 small areas in Oxfordshire are among the 20% least deprived in the whole of England whilst 46% of the county's population lives in areas among the 20% least deprived

nationally, and 82% live in areas less deprived than the national average. On the other hand, two small areas in Oxfordshire are among the 10% most deprived nationally (up from one in 2010). A further 13 areas are among the 10-20% most deprived nationally (down from 17 in 2010). The 15 small areas in Oxfordshire that are among the 20% most deprived nationally include: parts of Rose Hill and Iffley, Northfield Brook, Barton and Sandhills, and Blackbird Leys in Oxford city; parts of Grimsbury and Castle, and Ruscote in Banbury; and parts of Abingdon Caldecott in Abingdon. Additionally, 7 areas within Oxford and Banbury are within the nation's 10% most deprived in terms of child poverty {Deprivation}. According to the Oxfordshire Uncovered report, child poverty is at around 12% within Oxfordshire, which compares 'favourably to the national figure of 19%' {OxfordshireUncovered}. The highest rate for child poverty is found in the city of Oxford, where 1 in 5 children are living in poverty {JSNA}. South Oxfordshire contrastingly represented the area with the lowest rates of children in poverty within the district at 8.3%. Urban areas are also shown to be the most affected by income deprivation, with the Income Deprivation Affecting Children Index revealing that of the 14,000 children in Oxfordshire affected by income deprivation, 81% live in urban areas {JSNA}.

### Children in Social Care

National research reveals that young people who leave care are at greater risk of social exclusion and mental health problems. This is reflected within the 230 care leavers in Oxfordshire, of which 90 were not in education, employment or training, and that the education or employment status of a further 30 were 'unknown'. For children with child social care assessments in 2016-17, the report reveals that 60% were affected by the "Toxic trio" of 'mental health, drug/alcohol abuse or domestic violence' (JSNA). The rate of children in Oxford being referred to child social care has been increasing, even if the rate of referrals within Oxfordshire remains below national and regional averages (JSNA). Furthermore, the Community Foundation Review found that of the children that charity One Eighty, for example, works with nearly 30% are looked-after children or are adopted (OxfordCommunityFoundationReview). Around one third of referrals (34%) to social care in Oxfordshire were from the police, above the England average of 27.5%. Just over one fifth (22%) of referrals in Oxfordshire were from schools, also above the England average (20%) (JSNA).

### Special Educational Needs

Nationally, children and adolescents with learning disabilities are over six times more likely to have a diagnosable psychiatric disorder than those without. In total, over one in three children and adolescents with a learning disability in Britain (36%) have a diagnosable

psychiatric disorder (LearningDisability). 13,000 pupils in Oxfordshire's primary, secondary and special schools had special educational needs in January 2017. Of these, 19% (2,434) had specifically social, emotional or mental health needs (JSNA). Therefore, although it seems that Oxfordshire appears to be doing better than the national average, the high-risk nature of this group means that it continues to be one to which special attention should be given.

### LGBTQ+

Evidence suggests people identifying as LGBTQ+ are at higher risk of experiencing poor mental health (LGBTQ1), with members of the LGBTQ+ community more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse (LGBTQ2, LGBTQ3, LGBTQ4). The higher prevalence of mental ill health among members of the LGBTQ+ community can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of the LGBTQ+ community feeling dissatisfied with health services, whilst mental health services can often be perceived as discriminatory (LGBTQ5).



## Section Summary

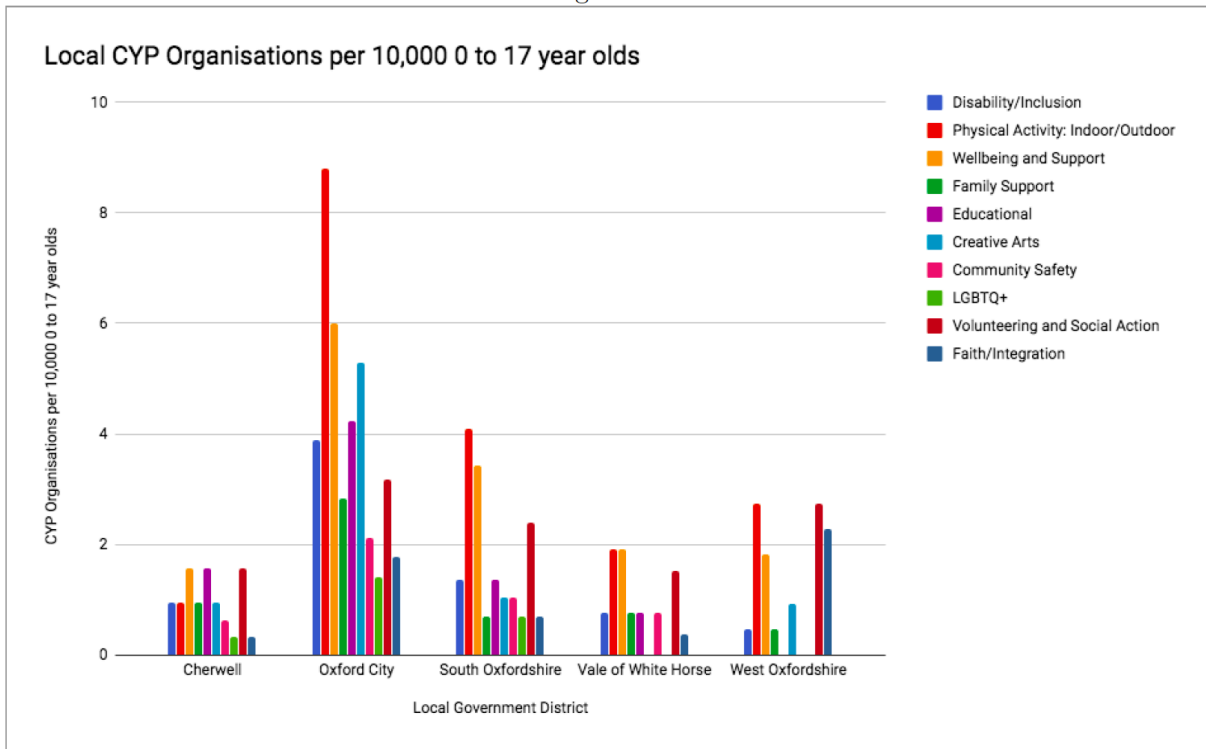
- Mental Health problems in children and young people are increasing in Oxfordshire at a higher rate than the national average, and it is becoming increasingly difficult for CAMHS to meet targets due to the rise in referrals despite recent positive initiatives.
- Children and young people in Oxfordshire receive far less treatment from community services than comparable counties and also less than the national average.
- Self harm in particular is prevalent in Oxfordshire.
- Whilst Oxfordshire is not generally a deprived county, areas of deprivation, especially with poor educational outcomes, should be paid particular attention.
- Other contextual indicators such as children in social care, with special educational needs, and LGBTQ+ children and young people represent high risk groups which should be considered in service design.

# Mental Health Services in Oxfordshire

## Insights from the Oxfordshire Youth Services Map

Using the map of mental health services within Oxfordshire produced by Oxfordshire Youth, we are able to pinpoint specific areas of need. In particular, there are no organisations which provide LGBTQ+-specific support in either the Vale of White Horse or West Oxfordshire. Particularly important for mental health in children and young people are family support and disability/inclusion which both seem underrepresented across districts. Indeed it seems that most types of services are underrepresented outside of the city centre.

Figure 2:



## A Snapshot of Mental Health Services in Oxfordshire

Before examining whether the addition of a Discovery College would be worthwhile, it is worth giving a brief overview of some of the services and structures already in place. Any potential Discovery College would likely have to fit within these structures, such that there is clear linking with, and perhaps joining up with, other services. Additionally, a Discovery College would have to show how it could add value to mental health provision in Oxfordshire which couldn't be better achieved by simply expanding or developing existing services.

### Primary Care - Oxford Clinical Commissioning Group (NHS)

The OCCG (Oxford Clinical Commissioning Group) primary care localities reviewed the mental health needs of their respective communities within Oxfordshire in 2017-18. It was found that 'some people who do not wish to engage with specialist mental health services do visit primary care', whilst others who did not quite meet the threshold for specialist services used primary care services as they still needed help. In order to improve services and patient outcomes, the OCCG stated that they would be developing and testing 'an enhanced and more flexible mental health service closer to home with a focus on increasing mental wellbeing' in 2018-19. This service was to be voluntary sector led and co-located within primary care {OCCGReport}.

### Children and Adolescent Mental Health Service (NHS)

The contract for the new Children and Adolescent Mental Health Service (CAMHS) commenced in May 2017. The aim of this new contract was to 'improve the quality and access to CAMHS in Oxfordshire', focusing not only on reducing waiting times, but also 'prevention, self-help and early intervention'. To do this the service underwent a redesign, following a review and the Future in Mind publication. The contract is delivered in partnership with local charities that offer support to young people who may find traditional services difficult to approach. This means that these organisations have an important role in the 'transitioning of those young people who still need support, but for whom adult mental health services are not appropriate'.

There are various 'key elements' to the new service, including offering information and advice, a service 'without tiers', and 'self-referrals for young people and families'. Furthermore, it is focussed upon 'encouraging young people to set their own goals', whilst also encouraging autonomy and independence through other means, such as 'building a new website with self-help tools' to promote self-care. The new model also focuses on a greater communication between existing services, such as 'working in partnership with Children's Services, Education, Primary Care and Public Health Services', together with more close work with the 'third sector to deliver the contract



and benefit from their unique capabilities' and greater support for schools and colleges. In all, the service delivers care in the 'local community to avoid unnecessary hospital admissions' and to improve 'speedy access to inpatient care when needed that is close to home'.

### **Oxfordshire Mental Health Partnership**

Bringing together six local mental health organisations from both the NHS and the charity sector, the OMHP (Oxfordshire Mental Health Partnership) aims to develop and strengthen links between these mental health services available to the people of Oxfordshire. Through this 'closer joint working' it is hoped that the organisation can build on the 'specialist skills' of all staff, 'to give them the support they need to provide the level of high quality care' that all six organisations wish for their service users to receive. {OMHP}. Supporting 'around 3,500 people in the community at any one time', the OMHP 'provides a complete recovery package to support someone on their journey'. One of the most important ways in which the organisation has worked towards this goal is through the establishment of the Oxfordshire Recovery College, which the OMHP suggests it is able to provide 'opportunities for people using services to share learning and identify and develop their own resources to help them manage their own health' {OCCGReport}.

### **TalkingSpacePlus (NHS)**

During 2016-17, the NHS service TalkingSpacePlus (for people aged 16+) 'provided mental health information and advice for more than 10,000 people, and saw more than 11,000 people to support their mental wellbeing and depression and/or anxiety'. Since then, the service has expanded 'to improve access to mental health support for those people with physical health conditions, in particular diabetes, chronic obstructive pulmonary disorder, asthma and cardiac problems' {OCCGReport}.

### **One Eighty**

The Oxfordshire-based charity One Eighty exists to 'connect vulnerable children and young people with positive learning experiences by working on patterns of thinking, behaviours and emotions to enhance learning' {OneEighty}. The charity's work has met substantial success across its programmes, including the One to One Support Programme and the Summer Project. For the One to One programme in particular, One Eighty reports a high success rate in its top targets for the programme, with improvement in academic achievement standing at 100% successful, and an improvement in the understanding of self-recorded as 83% successful.

## Section Summary

- Based on the services map, either existing services should adapt, or new services founded, to provide specific LGBTQ+ support in particular, as well as generally expanding services outside of Oxford City.
- A potential Discovery College would need to fit into and work with current structures such as the Oxfordshire Mental Health Partnership, the OCCG, and CAMHS.
- A potential Discovery College would need to demonstrate why it would provide a benefit to children and young people which could not be achieved by developing or expanding existing successful services such as TalkingSpacePlus and One Eighty.

# Recovery and Discovery Colleges

## Recovery Colleges

Before considering whether the establishment of a Discovery College would be an effective resource in tackling the rise in mental health challenges for children and young people within Oxfordshire, it is worth looking into the effectiveness of Recovery Colleges, upon which the model of Discovery Colleges would be based.

## What are Recovery Colleges?

There are certain key aspects of a Recovery College that make them different to other mental health support services. A report into Recovery Colleges by ImROC looked into the defining features of a Recovery College, with the first four in order of importance being that a Recovery College 'reflects recovery principles, is founded on co-production, is for everyone' and finally 'operates on College principles' {ImROC}. In reflecting 'recovery principles', the report suggests a Recovery College should do this through 'not only the content of courses and workshops' but also through the 'physical environment' which should convey 'messages of hope, possibility and empowerment and recovery language that

highlights strengths and possibilities rather than deficits, problems and shortcomings'. 'Co-production' refers to how in designing courses, Recovery Colleges utilise the expertise of not only trained professionals in mental health, but also those with lived experience. In providing courses for 'everyone', the courses Recovery Colleges offer are applicable to different audiences, from those facing mental health challenges themselves, to members of staff or family members. In operating on 'College principles', students select which courses they wish to take from a prospectus; a process which is not based on diagnosis, clinical condition or referral. Therefore in all, rather than taking a clinical or therapeutic approach, the colleges follow an educational approach to recovery. Recovery Colleges 'form a core part of the development of more recovery-focused mental health services that enable people to grow within and beyond what has happened to them; discover a new sense of self, meaning and purpose in life; explore their possibilities and rebuild a satisfying and contributing life' {ImROC}.





**75%**

**of mental illnesses  
(excluding dementia)  
in adulthood started  
before the age of 18**



## Evidence for the efficacy of Recovery Colleges

So far, no formal trial exploring the effectiveness of Recovery Colleges has taken place, most likely due to the model still being in relative infancy. However, there is a substantial body of evidence from which the effectiveness of Recovery Colleges can be deduced and evaluated, collated in particular by the ImROC report {ImROC}. There are several key areas where the positive impact of Recovery Colleges can be seen. Firstly in the area of 'quality of recovery-supporting care' it has generally been found that Recovery Colleges are popular, and leave students highly satisfied {ImROC}. Additionally, attendance rates have also been found to reflect the attendance figures of mainstream adult education, which is not a trend commonly seen with this service user group. Furthermore, evidence exists to show that 'students make progress towards their own personal recovery goals', alongside students achieving socially valued goals, such as entering employment or further education {ImROC}. As an alternative measure of success, Recovery Colleges are reported to improve not only general wellbeing, but also knowledge of mental health challenges and the skills that can be employed to work towards recovery. From a financial perspective, Recovery Colleges help to reduce pressure on other services, stating that students who attended one particular Recovery College 'showed significant reductions in occupied hospital bed days, admissions, admissions under section and community contacts in the 18 months post compared

with 18 months before registering' {ImROC}. Whilst most evaluation of Recovery Colleges has focused upon students who face mental health challenges themselves, mental health specialists also attend the colleges. Taking this into consideration, a survey answered by 94 mental health practitioners who attended the Norfolk and Suffolk Recovery College revealed that the courses were 'as popular amongst staff as it was amongst people who used services' {ImROC}. It is also reported that Recovery Colleges generally have a positive impact upon those facilitating the workshops and courses at the College, with a survey of 17 practitioner trainers and 16 peer trainers revealing that both reported improvements in their confidence and self-esteem, whilst also feeling supported by the College.



It is important to note that Recovery Colleges also face challenges and have areas that may need improvement. For example, there are difficulties facing staff members of Colleges, from managing ‘difficult classroom interactions’ to the ‘challenges in making a reality of co-production’. More generally, Recovery Colleges may face challenges in individual attendance. Whilst attendance figures are broadly positive, personal factors (such as the changing needs and unpredictability of students), and more practical issues (such as the location of the college itself or public transport links) may pose problems.

Overall however, the report suggests that Recovery Colleges ‘do foster changes in attitudes and practice that extend beyond the boundaries of the College itself’, by serving ‘as a catalyst to promote recovery-oriented practice and co-production more generally across the mental health services of which they are a part’. Whilst evidence for this is quite limited and anecdotal to date, it nonetheless supports the general picture that Recovery Colleges have made a positive impact {ImROC}.



## Recovery and Discovery College Case Studies

Since Recovery Colleges, and to an even greater extent Discovery Colleges, are a recent phenomenon, one of the best ways to elucidate the practice will be with examples. We look at the case studies of the Oxfordshire Recovery College, the South West London Recovery College, and the Sussex Recovery College, for examples of Recovery Colleges. In terms of Discovery Colleges we describe the Sussex Discovery College, and the international example of Melbourne's Discovery College.

### Oxfordshire Recovery College

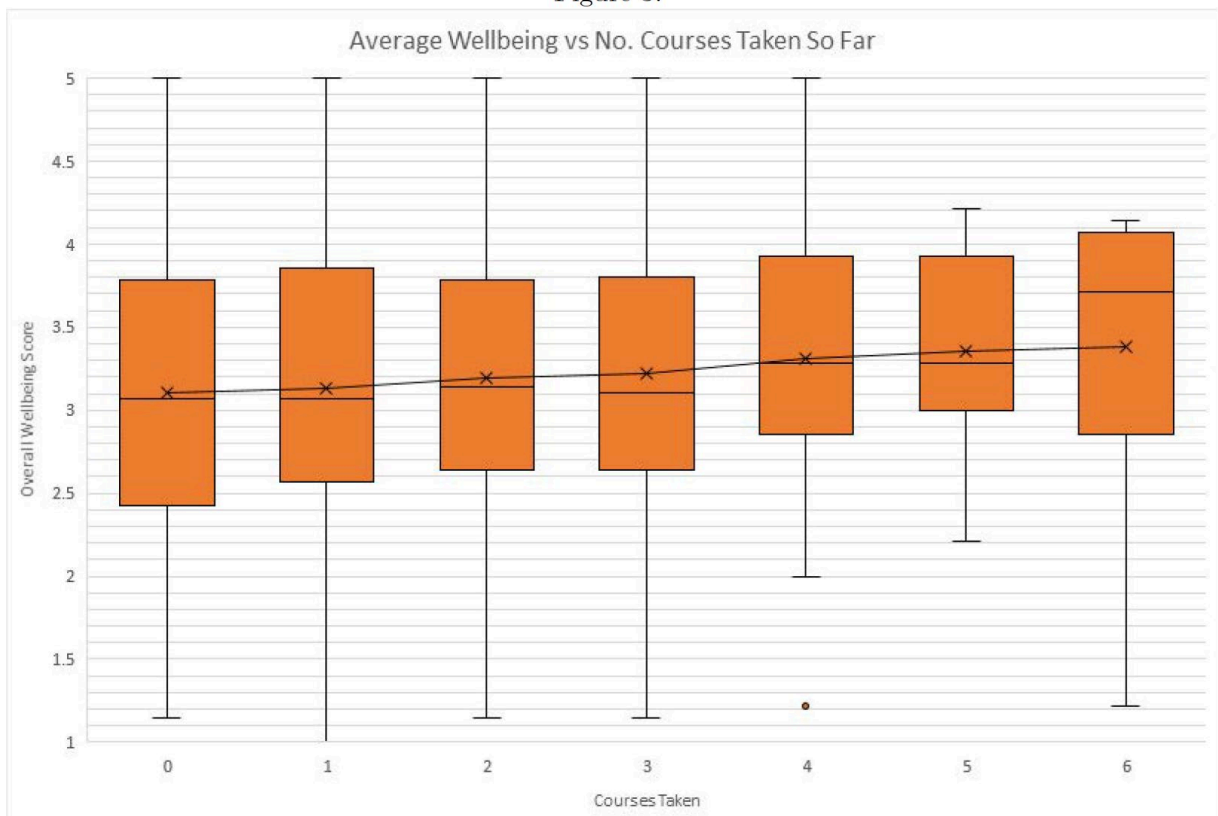
The Oxfordshire Recovery College was set up in late 2015, originating as an initiative developed by the Oxfordshire Mental Health Partnership. Led by Restore, the college runs courses for not only people in Oxfordshire who are experiencing mental health problems themselves, but also their family and friends, carers, and staff and volunteers of OMHP {ORC}. The organisation follows a standard Recovery College model as described above, that follows an educational approach to recovery designed to 'assist students to recognise and make use of their talents and resources' {ORC}. Courses are varied, ranging from 'Understanding Mental Health' to 'Parenting in Recovery' as just two examples.

The Oxfordshire Recovery College has had positive feedback, with 93% of their students reporting that they were happy with their course. Furthermore, it is an expanding organisation as the college now has in excess of 1000 students, with 'over 400 students actively studying with them at any one time' {ORC}. Thus the Recovery College is a popular facility, with a high level of satisfaction overall for the courses it provides. Alongside course satisfaction and popularity, the success of the college must also be measured by how far the courses improve the wellbeing of students facing mental health challenges. With regards to this, the college states that there is 'significant evidence' to show that 'the overall wellbeing of students is improved after their first course', and that wellbeing increases with the number of courses attended. This has

been measured by eight 'wellbeing metrics' from the commonly used WEMWBs wellbeing scale, which students were asked to rate after having attended a course. From this evidence, the college identified that the wellbeing metrics 'I've been feeling relaxed' and 'I've been feeling interested in other people' showed the most improvement \cite{ORCData}. However we suggest that the significance of these statements may be limited, since it is important to consider not just statistical significance but

substantive significance. For example in Figure 3, there is indeed a statistically significant association between taking a higher number of courses, and higher wellbeing. However, this improvement is relatively small, rising from an average wellbeing score of around 3.1 before any courses are taken, to around 3.4 after 6 courses are taken. However, the Oxfordshire Recovery College is relatively new, and we hope as it develops it will be able to replicate the success of other Recovery Colleges in the UK.

Figure 3:



### **The South West London Recovery College**

A particular success story of Recovery College is the South West London Recovery College, which was established in 2009. Feedback for this college is positive, with an 18-month follow-up showing that 68% of students 'felt more hopeful for the future than they had at the start of their course', 81% 'had developed their own plan for managing their problems and staying well' and 70% 'had become mainstream students, gained employment or become a volunteer'. Furthermore, those who attended 'more than 70% of their scheduled lessons showed a significant reduction in use of community mental health services' {ImROCBrief}.

### **Sussex Recovery College**

The Sussex Recovery College began as two pilots with Mind and Sussex Partnership in Brighton and Hastings, and the first courses ran in Spring 2013. Now the Recovery College operates across campuses in East and West Sussex and Brighton and Hove, running 90 courses per term. Two thirds of the 800 students who register with the college are new and one third returning. Following Recovery College principles, the courses are taken by a variety of students, with the majority of those attending facing mental health challenges themselves, alongside a minority of relatives, carers and staff. Courses are varied, with the most popular including 'understanding psychosis', 'coping with anxiety', 'happiness', 'improving your sleep', and 'using the arts to aid recovery' {ImROC}.

### **Sussex Discovery College**

Recently, the Sussex Recovery College has expanded to include a Discovery College, designed as a place 'for children and young people in East Sussex and their supporters (relatives, friends and carers), to have new experiences, learn more about emotional well-being and particular mental health challenges'. Whilst most courses are targeted at children and young people themselves, courses also exist that are designed for parents and carers. As with the main Recovery College, the Discovery College is 'new and growing steadily' and is able to offer more courses with each term {SussexRC}. Feedback has been positive so far, but as it has only recently been established, the true extent of its impact on children and young people's mental health in the area has yet to be fully investigated.

### Melbourne Discovery College

Discovery Colleges have also been founded elsewhere, and not just in the UK. One international example is the Discovery College established in Melbourne in 2018. A survey conducted to evaluate the impact of this particular Discovery College has shown that 'both young people (predominantly mental health service users) and adults (predominantly mental health professionals) were overwhelmingly positive about their experiences' {MelbourneStudy}. Benefits could be identified amongst both adults and young people, with adults gaining 'increased professional knowledge, improved empathy and enhanced self-knowledge', and young people obtaining 'an improved attitude towards education and greater likelihood of participating in future study after completing a Discovery College course' {MelbourneStudy}. Overall, it was found that 'all the participants in the evaluation were positive' about 'the establishment of the Discovery College and were hopeful of future improvements, enhancements and expansion to enable greater participation in the college by a wider range of people' {MelbourneStudy}.

Further to this, the study examining the Melbourne case drew attention to the potential of Discovery Colleges more generally, finding that 'the adaptation of adult-focused Recovery College into a more youth friendly, Discovery College model is feasible and effective' as young people, just as much as adults, 'are empowered by the co-production model of the Discovery College' {MelbourneStudy}. For

Discovery Colleges, the report highlights that future potential lay in 'improving transition strategies for young people moving from Discovery College into mainstream education or vocational learning' {MelbourneStudy}. Therefore, as with the Discovery College set up in Sussex, the impact of the Melbourne Discovery College has been assessed as positive.

However, it is also important to recognise that there are limitations evident with the survey that was conducted, such as the narrow focus on immediate outcomes, and how only half of course participants completed the survey. As a result, whilst the impact of the colleges has been positive, it will be necessary to conduct further research in the future to obtain a more in-depth understanding of how and in what ways Discovery Colleges have a positive impact on children and young people's mental health over the long term.



## Overall Evaluation of Discovery Colleges

Recovery Colleges are a relatively new kind of mental health service; neither clinical nor therapeutic in the support that they offer, Recovery Colleges focus on an educational approach to recovery, supporting not only those facing mental health challenges themselves, but also healthcare professionals and family members or carers. Whilst only limited data evaluating the effectiveness of the colleges exists as a result, the feedback which has been received reveals the colleges to have had a positive impact. For Discovery Colleges, the concept is even more recent, and thus it is even more difficult to anticipate how effective the establishment of a Discovery College would be in Oxfordshire.

Although the apparent success of Recovery Colleges may be an encouraging indication that Discovery Colleges are likely to follow the same success, it is important to recognise that Discovery Colleges would also have some key differences in their functioning, due to the need to tailor the service to a younger audience. As a result, there are key questions that need exploring. For example, considering that a 'defining feature' of Recovery Colleges is to emphasise autonomy and independence as part of the process of recovery in an educational setting, how can this independent learning be made feasible for much younger children, and to what extent? Furthermore, children and young people develop rapidly, and thus it should be explored how practical and

effective it would be to establish a Discovery College covering all different ages of children and young people, or if adaptations would need to be made to cater for different age groups. Moreover, it has been noted that whilst attendance for Recovery Colleges is relatively high, reasons for why adults may not attend classes include both 'personal factors' and concerns that may exist from the environment of the college itself. For example, personal factors may include anxieties about other students, or class disruption, both of which may also arise within Discovery Colleges. With these reflections in mind, it is again worth considering how much added value establishing a Discovery College as a new service would contribute, as opposed to expanding alternative and existing mental health services for younger children.

In all, evidence that exists is generally in favour of the development of Discovery Colleges. Whilst the challenges above need to be considered, the establishment of a Discovery College within Oxfordshire would be a positive step forward. It supports evidence and government guidance for the importance of community-based services, and would work effectively alongside CAMHS, reducing the strain on this service and maximising on resources.

## Section Summary

- The addition of a Discovery College to Oxfordshire would be in line with government advice for increasing numbers of community based mental health services and help to reduce increasing numbers of CAMHS referrals. This could reduce waiting times and have a positive impact on NHS resources.
- Discovery Colleges such as those in Sussex and Melbourne seem to be provisionally successful, following on from the general success of Recovery Colleges set up in recent years.
- However, there are some concerns that Discovery Colleges have not yet undergone rigorous trials, and whilst the evidence in their favour is positive it is at this stage severely limited.
- Additionally there is concern as to how well the Recovery College model may be transferable to younger age groups. As such, whilst there may be a positive impact for 12-25 year olds the benefit to younger children is difficult to gauge, especially in comparison to other more traditional CYP mental health services.

# Conclusion

From national research, it has been observed that there are increasing numbers of children and young people affected by mental health problems, with most of this growth relating to an increase in emotional disorders, such as anxiety and depression. At a higher rate than the national average, there is an increasing number of children with mental health problems within Oxfordshire specifically. As a result, pressure upon resources has been increasing in recent years, and this pressure is unlikely to be effectively absorbed by CAMHS alone. A specific area for concern is an increase in self-harm, together with increases in suicide and depression for those aged under 25 at a rate above the national average. Particular attention needs to be paid to the determinants of mental health disorders amongst children and young people. Key areas of concern within the Oxfordshire area were found to include child poverty (particularly within Oxford), deprivation, children in social care, and the experiences of mental health challenges within the LGBTQ+ community. It was also found that there are a lack of organisations which provide LGBTQ+ and integration services in particular areas of Oxfordshire, and that family support and disability/inclusion seem underrepresented across districts. Overall, it was found that most types of services are underrepresented outside of Oxford city.

In order to explore how effective the establishment of a Discovery College would be within Oxfordshire it is important to take into

account what was investigated in parts 1-5 of this report, including trends identified specific to Oxfordshire, and what services already exist. Having found that emotional mental health disorders are on the rise and that reviews of existing Discovery Colleges have been positive (even if data remains limited) particularly in relation to tackling these specific issues, it follows that a Discovery College is likely to be beneficial. However, we have also ascertained that there are certain successful services within Oxford already which are targeted at younger children with mental health support needs, and it needs to be considered whether expanding and developing charities such as these would be more beneficial for younger children than creating a Discovery College. For example, it may be one consideration to partner with other complementary organisations, or expand existing services such as 180 or the existing Recovery College.

However, we would reiterate that there are indications that the establishment of a distinct Discovery College would help to improve mental health amongst children and young people within Oxfordshire. Furthermore, establishing a Discovery College would be in line with current research and guidance, would alleviate pressure on existing services, and could potentially save NHS resources. We would recommend that the development of an independent Discovery College for children and young people in Oxfordshire merits further exploration.

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