



Change the Future

Learn how **We Can Talk** is supporting acute hospitals and their mental health partners to improve the experience of every child and young person who attends hospital due to their mental health and the staff who support them.

Introduction

Trainer: “Could you tell me what you’re hoping to get from today?”

Staff: “Do you want the honest answer? Or the one I’m expected to give?”

Trainer: “The honest one”

Staff: “I’m here because when I know there’s a patient on the ward due to their mental health I turn and walk the other way.”

We Can Talk training March 2017, anonymous staff member during introductions

Background

Acute hospital staff report they lack the confidence and competency to deal with children and young people presenting with mental needs, leading to a poor experience for the patient as well as for staff themselves.

Young people also report too many negative experiences of attending hospital due to their mental health. There is also a recognised issue with support provided by Registered Mental Health Nurses (RMNs) sourced via agencies, who also frequently lack the skills to support children and young people.

The result of these poor experiences in acute hospitals is an inability of children and young people to cope on discharge. Failure to attend community appointments and follow ups is common, delaying further necessary support and impacting on the future of these young people.

Overview

We Can Talk is a project designed to create sustainable changes in practice and hospital culture to improve patient experience, reduce risk and improve outcomes for children and young people (up to age 25) who attend hospital in a mental health crisis or following self-harm or attempted suicide.

We Can Talk supports acute trusts to start this process of cultural change through community building, quality improvement and training. Underpinning our approach to change management is the value of the meaningful involvement of hospital staff, mental health experts and young people with experience of presenting to hospital, in the co-design and co-delivery of the project. Genuine co-production.

Since 2017, **We Can Talk**, led by Healthy Teen Minds and supported by Health Education England, NHS England and Improvement and local STPs, have supported more than 50 hospitals across England to start their journey to address this area of care.

Delivery

We Can Talk supports acute trusts in partnership with their local mental health provider.

Project leads from each partnership site receive bespoke training days, regular email/telephone contact and on-site / virtual outreach to develop the skills of the team locally to launch the online training and undertake a quality improvement project across four phases:

- 1) Engagement
- 2) Training
- 3) Utilising Data
- 4) Sustaining Change

Acute trusts receive a training impact assessment and continued license to access the **We Can Talk** Core Curriculum training.



System Change

- Quality improvement projects are run within each acute trust supported by the acute / CAMHS partnerships. Projects are developed and implemented with support from the **We Can Talk** national team, including our young advisors, to ensure that they will have maximum impact on improving the experiences of children and young people.
- Data analysis and impact training is provided for project leads to enable them to maximise the impact and sustainability of their initiatives.
- Case studies are produced to highlight local work at a national level. Celebration events are run to provide additional feedback to senior stakeholders about the ongoing impact of the **We Can Talk** quality improvement projects.
- Best practice can be shared across organisations and professional boundaries as designated project leads discuss ideas and issues as part of the **We Can Talk** community.

Training

All **We Can Talk** training is based on a co-produced [evidence-based education framework](#). The **We Can Talk** Core Curriculum training, only available to partnership sites, is co-delivered on-site or online by young people with lived experience, hospital staff and mental health experts.

Training delivery is highly engaging and utilises lived experience (real life examples from staff and young people), interactive exercises, role play and reflection. The training is appropriate for any member of hospital staff (porter to paediatrician, clinical or non-clinical) who encounters children or young people (up to aged 25) in their job role.

We Can Talk training is not a replacement for specialist training but recognises the role hospital staff are *already* playing in supporting children and young people's mental health and enhances their knowledge, confidence and skills.

We Can Talk has also developed a number of free modules and resources available to all hospital staff.

Impact: system

Currently more than 40 acute and mental health trusts have worked collaboratively to deliver the **We Can Talk** project. They report the following outcomes:

- Reduction in the number of risk incidents involving children and young people attending due to their mental health where these were routine pre-project
- Improvement in the management of children and young people awaiting mental health assessment including a reduction in the use of out-of-hours CAMHS
- Reduction in the use of RMNs to 'special' children and young people
- Improvement in the relationship between hospital wards and local CAMHS

In addition, the Care Quality Commission (CQC) has recognised **We Can Talk** an area of outstanding practice and “the only programme of its kind in the NHS”. **We Can Talk** and our partners have also been recognised by the RCN and Nursing Times Awards.

Impact: staff

Over 2000 staff have completed the **We Can Talk** Core Curriculum training.

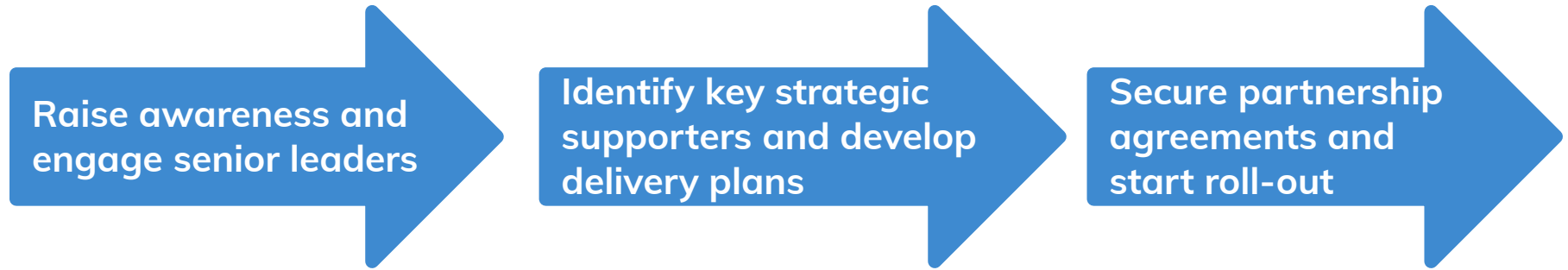
Independent analysis by the Child Outcomes Research Consortium (CORC) has shown:

- **99%** report the training will make a difference to the way they do their job
- **99%** would recommend the training to a colleague
- **We Can Talk** training improved their confidence (**76%-100%**) and knowledge (**76%-98%**) in all **We Can Talk** competency areas.

“What I will take from this is talk and listen to young people, ‘Better to say something rather than nothing’” and it “made an extremely difficult topic easy to discuss and empowered me to realise that we ALREADY do a lot.”

(Anonymous staff member)

Next steps



Sept to Nov 2021

Raise awareness about the project and impact to date

Oct to Dec 2021

Identify and meet with local areas interested in rolling out **We Can Talk**

Nov 2021 to Jan 2022

Develop/scope delivery plans with interested areas (priority on geographic areas with all hospitals involved)

March 2022

Next wave of **We Can Talk** partnerships start

Project team

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To hear from those impacted by the project and sign-up for a free account visit www.wecantalk.online or follow us on Twitter **@WeCanTalkCYPMH #WeCanTalk**

