

Mental Health

What did we do?

We held a discussion on 'Mental Health' with 51 children and young people (CYP) from a range of backgrounds, and abilities aged 11 to 21. We asked about their experiences of current services and the support available to them and their parents/carers.

Being with someone you like can make you feel happy, someone you can trust and laugh with, you don't have to be doing something with them, just being with them.

What makes you happy or unhappy?

You said:



“Your brain wants to keep learning, that’s why learning is to be happy.”

What’s happiness about?

You said:

“Being stable. And able to keep your feet on the ground and your head in the clouds.”

Your brain wants to keep learning, that’s why learning is to be happy.

When you haven’t got anything to do that’s why you get depressed, you shouldn’t be thinking about the bad things from the past.”

Attitudes to mental illness

You feel that the most common attitudes towards mental illness are negative ones of ignorance, judgement and discrimination. You think people assume that if you’re mentally ill you’re strange, or seeking attention.

“People think [my brother’s] weird...it upsets me. They don’t know him, everyone needs to listen.”

You would prefer people to listen without judging, to be respectful, and to notice how you are: “[It was] helpful having a teacher notice I was really down and suggest help.” You would like all adults working with children to be trained in mental health issues, and you suggested a volunteer could be trained to support young carers.

Barriers to asking for help

One of your biggest barriers is the fear of admitting you have a problem, because of the stigma: *“Services are perceived to be for troubled children”*, and worries about confidentiality. Sometimes you can be in denial that you have a problem at all. You can be put off getting help by bullies or members of your own family:

“It was normal to look after my mum for 5 years.” (11yr old)

“Mum just pushed it off as I’m mad. In our culture...maybe she’s got mental health, but [mental illness] is not accepted like asthma.”

You feel deterred by waiting lists, phone numbers showing on bills, and people being too busy to give you the time you need.

What would make things easier?

You said having a ‘worry box’ at school or a ‘blue day book’ which helped you deal with problems was useful.

You would like a network of support including weekend access services and support for friends and peers of people suffering from mental illness. You also recognise that telling friends will help them understand you.

You said more awareness of the different types of mental illness, perhaps through advertising or school conferences, would help.

“Things will change when the stigma goes.”

For young people leaving care and going into adult services, you feel that sometimes 16 is too early to leave when you don't have access to the same services. More on-going support is needed beyond the 6 sessions offered.

You feel it would be useful if someone could tell you what counselling is in school, so you know if it's for small or big issues. You said combinations of help worked well, like Childline with the school counsellor: *“it's easier to say things via phone or emails or messaging so the two together are really good.”* Being able to be anonymous really helps.

Experiences of current services

Most of your experiences were negative. You said you'd like more human contact, as well as just medication and check-ups. You find it difficult receiving help which then just stops. Sometimes you felt the people helping you weren't very friendly, or they just disagreed with what you said and didn't really listen, which made you stop going. At times *“it seems like another day at the office, they are getting paid and not really caring.”*

However some of you had good experiences: *“I was told I was going to PCAMS – the first time was really good they did loads of tests – my parents go as well separately from me and that's good.”*

Doctors

Your general perception of doctors is that they are not helpful to you, and if they do listen, you feel it's only so that they can *“label”* you and *“move on to the next patient.”* You feel they sometimes treat depression as if it will go away by itself in a few weeks or months. You feel they are much too ready to give anti-depressants, which don't solve the problem, when what you want is services. You find some doctors *“try to make you feel good by telling you about other people who are miserable”* which doesn't help you. You feel they often make you wait a long time for appointments, but are quick to draw conclusions.

Medication

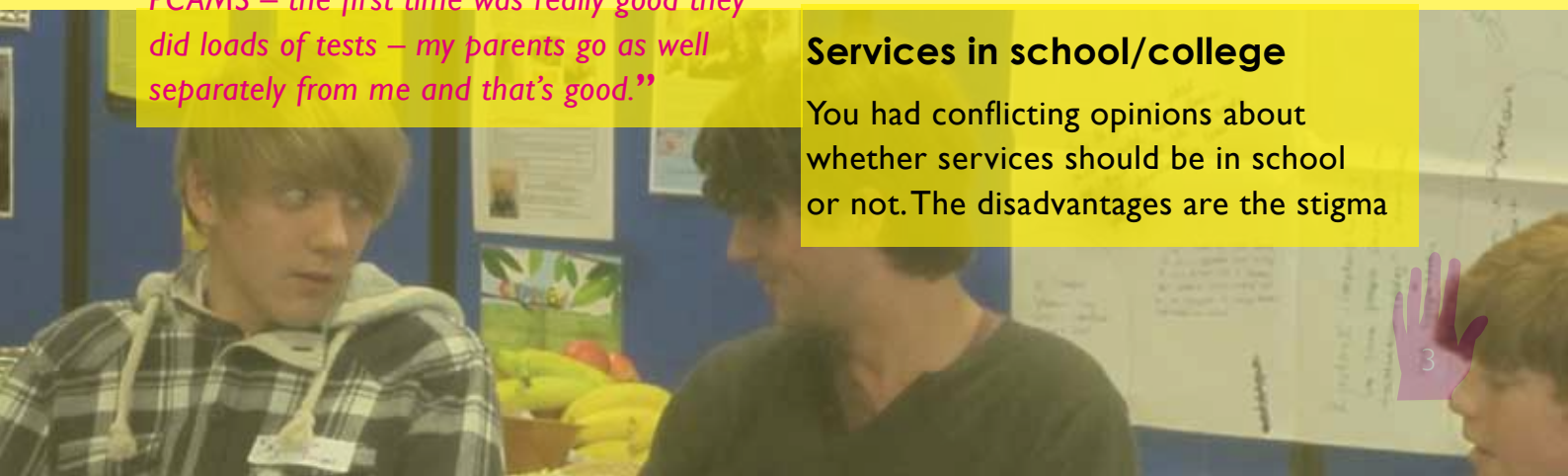
You had experiences where professionals gave you both too much, and too little medication. Generally though, it was too much, and you felt it was an easier solution for them than really helping you:

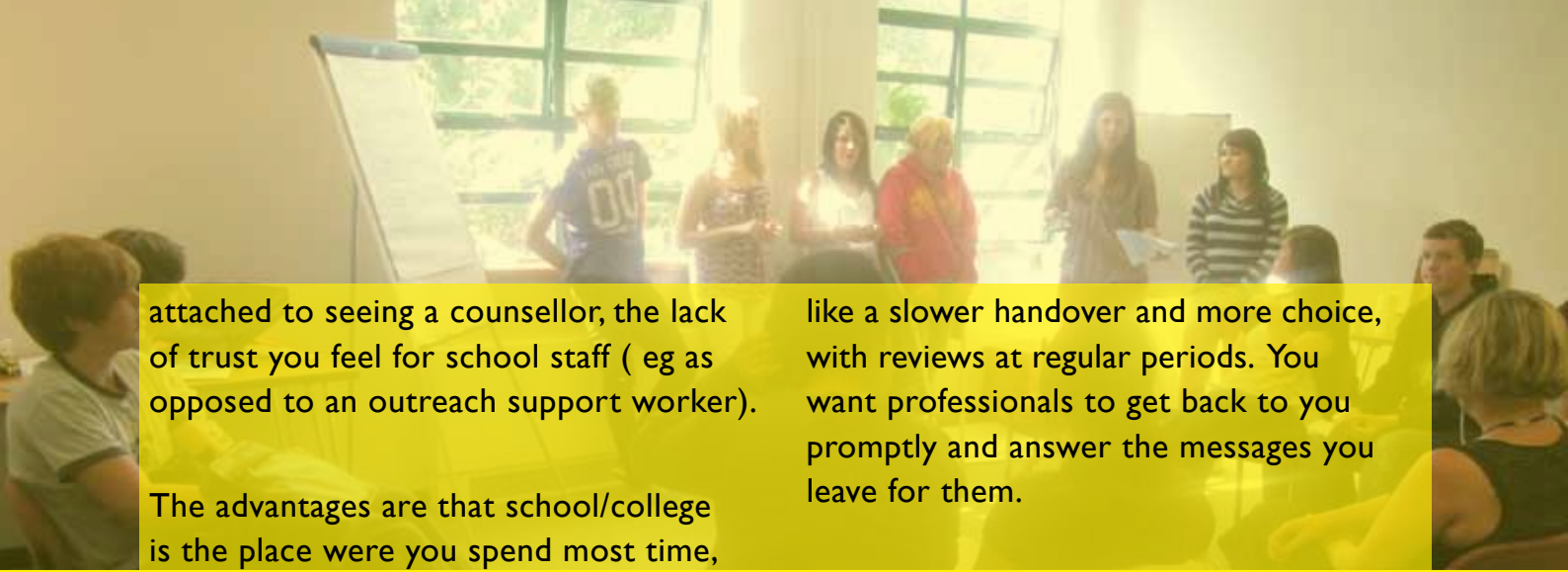
“They wanted me to take medication that would have made me less ‘me’.”

“They try and control you; they get you to do something different, act in a different way rather than dealing with the issues.”

Services in school/college

You had conflicting opinions about whether services should be in school or not. The disadvantages are the stigma





attached to seeing a counsellor, the lack of trust you feel for school staff (eg as opposed to an outreach support worker).

The advantages are that school/college is the place where you spend most time, and you feel CYP need to know there is the option to get help there: *“I can post letters under the door and she will come and find me if I need to see her that day.”*

Information

You feel that raising awareness is a major issue, especially for CYP in primary school. Being given more information about mental illness prepares you better and gives friends more of an understanding of you: *“you shouldn’t have to have counselling to find out.”* You feel that most people *“assume you are getting help elsewhere, so they don’t help.”*

What would you like services and the people you see to offer?

You feel that most people are afraid of being treated differently, so qualities of kindness and listening, confidentiality, and respect are really important, as well as people actually doing something effective to help you, and knowing what they’re talking about. You would like the option for services to carry on, but if they need to end, the endings should be *“good and planned.”*

You would like services to help you earlier: *“To keep the family together it has to start early.”* In transitions, you would

like a slower handover and more choice, with reviews at regular periods. You want professionals to get back to you promptly and answer the messages you leave for them.

You would like ways to express yourself other than talking, like drawing or writing, or playing a game. Any tests you have should *“seem relevant...They should do tests that aren’t weird.”*

Actions

Thanks to the input of CYP, it has been agreed that we will bring together all the money for CYP’s and adults’ mental health into a single pot. Over the next year we will use this opportunity to develop services that are better at meeting the needs of CYP as they become adults.

Find out what’s there for you

Check out the Oxford Health NHS Foundation Trust website:

<http://www.oxfordhealth.nhs.uk/index.php>

Their young people’s council called ‘Article 12’ is on facebook:

<http://www.facebook.com/pages/Article-12-Council-Oxford-Health-NHS-FT/244891508873072>

This is a Participation and Play publication. For more information on the Children and Young People’s Sounding Board, please contact: james.collins@oxfordshire.gov.uk (01865) 256681

