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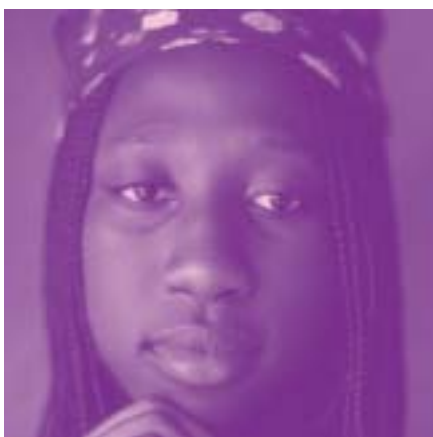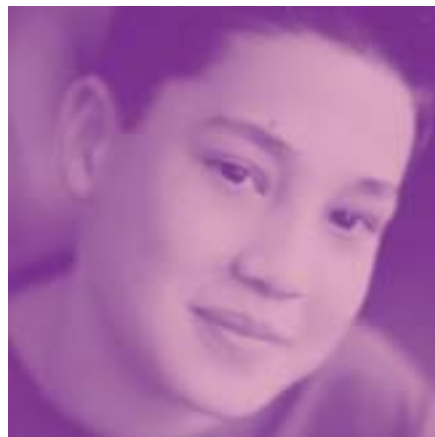
NHS
SCOTLAND

Needs Assessment Report on Child and Adolescent Mental Health
Consulting children, young people and parents – May 2003

FOREWORD

The Scottish Needs Assessment Programme (SNAP) was set up in 1992 across all Scottish Health Boards to assist them in carrying out their required task of health needs assessment. It developed into a key resource in the commissioning process and produced over 60 reports on a wide range of health issues.

With the establishment of the Public Health Institute of Scotland in January 2001, the decision was made to incorporate the SNAP programme within the overall work programme of the Institute. The Child and Adolescent Mental Health needs assessment report was commissioned before January 2001 and therefore makes reference to the SNAP processes.

As of 1st April 2003, the Public Health Institute of Scotland merged with the Health Education Board for Scotland to become NHS Health Scotland.

INTRODUCTION

In autumn 2000 the Scottish Executive Health Department commissioned a needs assessment of the mental health of Scotland's children and young people. The group responsible for this task agreed, at an early stage, that it was important to involve children, young people and parents in the SNAP process.

There were two very different reasons for this. One reason was practical – the report was likely to be more useful if it was informed and shaped by those who are particularly close to the heart of the subject. The other reason was an attempt to embody a principle, then only recently established in health policy in Scotland, that those who use services have the right to contribute to the shaping and development of those services.

The group was clear about the importance of this issue but found that there were few precedents, particularly within NHS Scotland, which might guide this work. We were greatly helped at this stage by consultations with colleagues, mainly in the academic and voluntary sectors. Professor Malcolm Hill of Glasgow University Centre for the Study of the Child in Society and Dr Kay Tisdall of Children in Scotland, shared their experiences in consulting children and young people. Robert McKay of the Mental Health Foundation and Julia White and Allyson McCollam, both of the Scottish Development Centre for Mental Health (SDC), shared their ideas and experience of how to conduct consultations around mental health themes. These discussions took us beyond the belief in the importance of this issue into the realm of feasibility.

Informed by this piece of work, we went back to the Scottish Executive to discuss the issues involved in consulting young people, which would have implications for both the timescale and the cost of the SNAP process. Their response was positive and, with their financial assistance, the elements in this work were put in place. This work was taken forward, on behalf of SNAP, by Julia White of SDC, and Pat Little, from Penumbra, with support from others mentioned in the following pages.

In the first of the two following papers, Julia White discusses the subject of consulting young people, describes the methodology for this part of the SNAP survey work, and provides a description and discussion of the findings.

In the second paper, Pat Little reports the events of the SNAP Young People's seminar, which took place in Dundee in September 2002. In this report, Pat has acted as a reporter, not as an editor. This is done to allow the voices of the young people to come through as clearly as possible.

These two papers are, therefore, important source documents for the SNAP report *Needs Assessment on Child and Adolescent Mental Health*. We also hope that they will be useful resources for others who, like the SNAP group, are interested in finding ways to meet the important contemporary challenge of meaningful engagement with children, young people and their families.

We have encountered remarkable openness and willingness to contribute to this work from children, young people, parents, practitioners and agencies. Our experience in conducting this work has led us to conclude that it is feasible to consult children, to consult young people and to consult parents about a wide range of mental health issues.

The full SNAP report, *Needs Assessment on Child and Adolescent Mental Health*, sets out a number of recommendations which arise from this work. Much is still to be learned about developing inclusive processes which, in themselves, help to promote and sustain mental health. In that respect, the SNAP survey and consultation are only a few steps in a long and interesting journey.

Finally, thank you to all those who have contributed willingly and generously to this work and, in particular to the young people who got up early in various corners of Scotland one day last September, to travel the road and the miles to the SNAP seminar in Dundee.

CONTENTS

PART 1

CONSULTATION WITH CHILDREN, YOUNG PEOPLE AND PARENTS MAY–SEPTEMBER 2002

1. INTRODUCTION

The Scottish Needs Assessment Programme (SNAP) was commissioned by the Scottish Executive Health Department to provide a report on child and adolescent mental health. This report will assist NHS Boards and the Scottish Executive in future planning of child and adolescent mental health (CAMH) services.

As part of this work, the Scottish Development Centre for Mental Health was commissioned to carry out a consultation with children, young people and parents between May and September 2002.

2. AIMS OF THE CONSULTATION

The consultation aimed to seek the views of children, young people and parents on:

- their understanding of health, including emotional and mental health
- their own experiences of mental health and mental health services
- the services and initiatives which are helpful in addressing mental health difficulties
- the role and contribution of children, young people and parents to the development of such initiatives and services.

The consultation aimed to consult with a range of groups in different parts of Scotland. Those consulted include:

- children and young people who are not in difficulty
- young people at risk of exclusion from mental health services, for example those from minority ethnic groups and rural communities
- young people vulnerable to mental health difficulties, for example children looked after and accommodated by the local authority and those with personal disabilities
- young people with mental health problems, including those who have used specialist mental health services and those who have looked for other forms of help
- parents of children and young people.

3. PROCESS

There are four key elements within this process of consulting with children, young people and parents. These elements are interlinked and the overall process also links with the activities of the SNAP Child and Adolescent Mental Health Core Working Group. The Working Group advised on potential participants for the consultation, received reports and coordinated the consultation process with the wider review of CAMH services. A member of the Working Group was also part of the consultation Research Group.

The four elements are:

- a brief survey of the evidence from existing research and grey literature focusing on consultations with children and young people in Scotland
- involvement of other agencies
- consultation with children, young people and parents
- reporting and dissemination of information.

3.1 A brief survey of the evidence from existing research and grey literature focusing on consultations with children and young people in Scotland

This review informed the consultation process by exploring the issues raised by young people in previous consultation exercises in relation to their health, mental health and use of services in general.

The review covers literature that is based on consultation exercises that have been undertaken mainly in Scotland. Many similar consultation exercises have been undertaken elsewhere in the UK; however, time restraints have determined this Scottish focus. The review does not look at literature that explores consultation methods, or which offers consultation tool-kits, unless the report also provides information on the results of an actual consultation exercise.

3.2 Involvement of other agencies

The consultation with children, young people and parents was carried out by the Scottish Development Centre in partnership with Penumbra. Children in Scotland were involved as advisors to the consultation.

The Research Group met three times over the period of the consultation. Members of the group, four researchers and an advisor found it useful to have the opportunity to meet together to build on existing practice and expertise. In particular, the Research Group met to:

- discuss consultation methods
- identify potential participants
- feed back early findings to other group members
- plan dissemination of the findings.

A further role for the Research Group, separate to that of supporting the consultation process, was to coordinate the planning of the seminar for children and young people. The lead role in organising this seminar was taken by Pat Little and Penumbra.

3.3 Consulting children, young people and parents

Gathering information

The consultation used small group discussion with semi-structured interview schedules as the main method for collecting information. This method was chosen because there is an acknowledged lack of opportunity for young people to meet together to express their views on mental health and on related services, especially with the possibility of influencing future planning. There were instances, however, where for reasons of timing or access, it was not possible to meet with several people in a group setting, in which case face to face or telephone interviews were used. The questions asked of younger children were structured into an hour's classroom activity and included techniques listed below, which were also used in the course of some of the group discussions:

- Brainstorming
- Recording on flip-charts
- Using post-its, stickers and posters to vote on issues
- Drawing pictures.

Groups consulted

The consultation included a range of groups but not large numbers because of time and resource constraints. These were mainly groups known to members of the Research Group and SNAP Core Working Group in their work with children, young people and parents. Participants included groups and individuals from rural, coastal and urban areas of Scotland. Seven consultation meetings were held with groups of children and young people and one face to face interview. The groups held with young people were all mixed gender groups. In the main, meetings were held with pre-existing groups of children and young people, either in a classroom setting or where the young people would normally meet. Groups consulted included:

• a P6 class, ages 9 – 11
• an S2 class, ages 12 – 13
• young people aged 15 – 18 attending a psychiatric hospital
• young people aged 16 – 19 who have visual impairments.
• young people from a minority ethnic community organisation
• young people aged 17 – 20 with experience of using mental health services
• young people aged 17 – 24 who had been active in work on Primary Care Services
• young people aged 19 – 24 who are in or leaving the 'care' system.

Parents consulted included:

• parents of young children
• parents of young people aged 12 and over.

Table 1   Young people and parents consulted

Participants	Setting
47 young people (23 girls, 24 boys)	2 class room discussions
29 young people (14 girls, 15 boys)	5 small group discussions
I young person (I girl)	Face to face interview
8 mothers	Small group discussion
2 mothers	2 telephone interviews

The consultation focused on children and young people aged from 9 – 20 years of age and parents. Some organisations work with older young people and in these cases group discussions have included young people aged up to 25. Many of those consulted preferred the term 'young people' and this is the term used most frequently. The range of ages of people involved has implications for the types of information needed to describe the project adequately to participants. Several different versions were required for schools, voluntary organisations, support groups and individuals.

Consent, confidentiality and use of information

Where young people under 16 participated in a consultation group, written agreement was obtained from each young person and from their parent or carer. Schools have their own procedures for gaining permission from parents, which were used. Each participant was given information about the research and the researchers also talked through this information before beginning the group discussion or interview. Help-line telephone numbers were also available for anyone in a group who wished to discuss things further. Groups taking part in the study were offered £75 and people who were interviewed were offered £10, either as a gift voucher or to be paid to their group, to thank them for taking part.

Confidentiality was also discussed and the following guidelines agreed:

• what people say in the discussion to be treated with respect and not repeated outside the group
• no individual participants to be identified
• groups and projects to be acknowledged in the report only with everyone's agreement
• what is said in each discussion to be recorded for the report of the consultation
• notes of the discussion to be sent to the group or individual for information
• a copy of the final report/summary report to be sent to the group or individual.

3.4 Reporting and dissemination of information
In writing up the findings of the consultation, consideration was given both to themes arising from the initial survey of evidence from research on consultations with children and young people and to the emerging themes of the SNAP CAMH report. Themes from the survey are given in section 5, while the themes identified in the *SNAP Interim Briefing* (May 2002) are:

• The need to raise public and professional awareness of mental health as an issue which significantly affects young people
• The need for concerted efforts in relation to health promotion and the prevention of mental health problems
• The importance of developing a joined-up multi-agency CAMHS which, as a matter of priority, focuses on early identification and intervention
• A strategic approach to the resourcing and development of specialist CAMHS
• The involvement of young people and families in shaping CAMH services.

All groups consulted were sent a summary of their discussion. They will also receive copies of final reports.

Young people aged 12 and over were invited to a seminar held in Dundee in September. This included a presentation on the emerging themes of the consultation and of the overall initiative and gave young people an opportunity to comment on the process, as well as giving their views on how best to consult young people. Parents who were consulted early in the process were invited to a local seminar on the SNAP process. Further parents were consulted after the seminar series was complete.

The main SNAP review of child and adolescent services will also be made available to groups consulted. A section of that report will include information from the consultation and on the seminar for young people.

4. COMMENTARY ON THE PROCESS

This consultation has been successful in consulting with a range of groups in different parts of Scotland, including those in rural and urban communities. We did not consult with those living in island communities.

The timing of the research – from May to September – included the long school summer holidays, which last more than eight weeks in some cases. This meant that it was difficult to fit the classroom sessions in schools into the given timetable. White and Lorrain Smith (2000) have commented on the long timescales necessary when planning to take consultation into school settings in order to make room in an increasingly busy timetable and to enable teaching staff to prepare for the sessions with the young people involved.

The timing of the research initiative also had an impact on our contacts with parents of older children. Groups of parents which meet during school terms often have a long break over the summer and may not begin to meet again until well into the autumn. In the event, some parents of older children and young people agreed to be interviewed individually. We did not, however, meet with any fathers.

It is necessary at this point to explore issues of the use of language. The SNAP Interim briefing (PHIS 2002) comments that across the network of services for young people, a range of terms are used to describe mental health and mental health problems, such as 'emotional and behavioural problems', 'psychiatric disorder' or 'psychological difficulty'. It describes the term 'mental health' as a practical convention used mainly within the health service, which is, however, not universally acceptable.

In this consultation, questions for young people used the terms 'emotional health' and 'mental health'. Some participants used the terms interchangeably, but others picked up on and described what they saw as the differences between the terms. One of the key points made at the seminar for young people was that 'mental health', a term with negative connotations for young people, does not describe usefully or well the types of difficulties facing young people. It would be better, it was thought, to describe the difficulties individually rather than risk the stigmatising influence of the term 'mental health'.

5. FINDINGS FROM THE SURVEY OF LITERATURE

The survey examined a variety of research projects, all of which consulted children and young people on a number of different issues, but which primarily relate to health, mental health, or the way in which young people are treated by adults and by public services. The consultation exercises took place with children and young people from a range of age groups. However, for simplicity, the term 'young people' has been used throughout the review.

Several themes can be identified that are common to the consultation exercises studied. These themes may have been determined by the concerns of the research teams and the

information that they were aiming to gather, rather than by the children and young people themselves. These themes are:

- how young people feel
- what makes young people feel good/mentally healthy?
- what makes young people feel bad/mentally unhealthy?
- what helps young people feel better?
  - coping strategies
  - the role of adults
  - the provision of services.

5.1 How do young people feel?

In a research project in Glasgow (Gordon and Grant, 1997), young people tended not to polarise emotions as either positive or negative when asked to circle words to describe their current emotions, but rather, to express emotions across the spectrum, such as 'happy', 'bored' and 'stressed'. The most commonly circled words were: 'fine', 'happy', 'fed up', and 'bored'. 62% of the young people said that they felt happy or fine. However, 55% circled either 'bored' or 'fed up', and 29% circled either 'depressed' or 'stressed'. One in twelve of the young people described themselves as 'useless', and one in fourteen described themselves as a failure.

The boys who took part tended to describe themselves in more confident terms than the girls. The boys were more likely to circle emotions such as 'pleased with myself', 'smug', and 'successful'. Girls were more likely to indicate a greater range of emotions than boys. There was no gender difference for a few of the words circled: 'shy', 'angry', and 'romantic'.

In another study, young people were given an opportunity to say how they felt after moving from primary to secondary school (Stradling and MacNeil, 2000). The young people were asked how they had felt about coming to secondary school as well as how settled they now felt halfway through their first term. A comparison of the statements made shows that there was a marked shift in feelings, from feelings of anxiety to a greater number of pupils looking forward to coming to school each day.

The respondents were also asked about self-image – whether they were more or less confident and happy. Around two thirds felt that they were more confident and happy than when they were in primary seven. Pupils also felt that they were getting more work done and achieving higher levels of concentration. However, 2% reported that they were feeling lonelier at secondary school.

5.2 What makes young people feel good?

In an exploration of young people's understanding of positive mental health (Armstrong, Hill, and Secker, 2000), responses were mixed. Some of the children confused positive mental health with either physical health or with mental illness. For some, the notion of mental health was closely linked with the idea of normality; either, firstly, in that it is normal

for people to experience a range of feelings, or second, in terms of conformity. Being mentally healthy was equated with normality in that normality means not being 'different'. Similar confusion was also evident in another study of young people and mental well-being (Scott Porter Research and Marketing, 2000). The young people interviewed were asked what 'mental health' meant to them. The majority of the young people in the focus groups didn't understand the phrase 'mental health' and associated it with much more serious mental health problems such as schizophrenia, or with drug addiction. They also found it difficult to correlate 'mental health' with their own lives and issues. The boys in the groups tended to associate it more negatively than the girls.

In one research project with children in primary four (White and Lorrain Smith, 2001), the children were asked to draw a picture of a healthy boy or girl and draw things that they need to stay healthy. Aspects of health drawn by the children were:

Emotional health

- smiling
- outdoors
- pets
- fresh air.

Physical health

- exercise
- food and drink
- activity
- fresh air
- no sweets
- clean teeth
- toothpaste.

In another project (Gordon and Grant, 1997), when asked to list the three things that made them feel happy, young people gave a diverse range of answers. Girls were more likely than the boys to say that friendships made them happy, and to link their happiness to other people. Boys were more likely to say that their happiness depended on their own actions such as playing sport, or events such as a favourable football result.

The young people were also asked what made them feel good about themselves. A common response to this question was 'doing well in school'. The girls who replied were more likely than the boys to talk about issues to do with body image, and to mention relationships with friends and family. The self-esteem of the boys was affected more by their own achievements. The factors that contribute to young people feeling mentally healthy were also studied by Armstrong, Hill and Secker (2000). Having a positive self-concept and having a sense of belonging and feeling supported came across in the research as key elements in being mentally healthy. Other factors that were thought to contribute to good mental health were:

• family and friends
• having people to talk to
• personal achievements and feeling good about yourself.

5.3 What makes young people feel bad?

In a study of self-harm amongst young people (Haydock, 2001), the young people interviewed identified the issues affecting them and that were significant influencing factors in self-harm:

• bullying
• sexual abuse
• physical abuse
• poor body image
• family break-up
• bereavement
• homelessness
• drugs and alcohol addiction
• sexuality
• mental health problems.

In a commission on young people and health (South Lanarkshire Council, 1998), concerns were expressed about the poor mental health of young people locally, with self-esteem being a particular issue. The major causes of low self-esteem in young people were thought to be: being worried about achievement; not being accepted by others; and physical appearance.

Gordon and Grant (1997) identified gender differences in the responses when young people were asked to list the three things that made them feel unhappy. The responses of the girls were more likely to be linked to friendship issues such as not getting on with parents, or seeing other people being unhappy. Boys talked more about issues around losing (relating to sports events), such as their football team losing a match.

In terms of what made them feel bad about themselves, girls were more likely to identify aspects of their physical appearance as well as issues to do with other people such as hurting someone's feelings, arguing, or friendship difficulties. Boys were more likely than girls to feel bad about not doing well in sport – not winning or being good.

In terms of being at school, when asked about aspects of transition from primary to secondary school that were still causing anxiety halfway through the first term at secondary school, bullying in particular was mentioned (Stradling and MacNeil, 2000). Pupils also mentioned the amount of homework to be done, as well as that they worried about what teachers thought of them and expected of them.

Factors that contribute to young people feeling mentally unhealthy were also identified by another research project (Armstrong, Hill and Secker, 2000). These were:

• boredom
• problems with family and friends (such as parental problems, bereavement, peer rejection and bullying).

The young people were asked what caused them to feel stressed (Scott Porter Research and Marketing, 2000). They were then asked to think about coping strategies. A hierarchy of stressors was then identified by the research team. The first category included everyday events that had coping strategies which were easily identified and automatically known. These events included exam pressures, falling out with friends, arguments with parents and boredom. Coping strategies for these events included talking to friends, or more solitary activities such as listening to music, writing things down, eating chocolate, sleeping or having a long bath.

The second category included events that were seen as more serious, such as bullying, money worries or parents divorcing. The young people were familiar with strategies for coping with such issues, and these tended towards talking to an adult or person in authority. Some of the young people also talked about the possibility of contacting help-lines.

The third category included serious events such as pregnancy, drugs, rape, alcoholism in the family, or bereavement. The young people had a difficulty in expressing clearly what their coping strategies would be for such events.

5.4 What helps young people feel better?

Coping strategies

Research that asked young people about what made them feel bad or mentally unhealthy also explored with them what helped them feel better. Scott Porter Research and Marketing (2000) suggest above that coping strategies are used that depend on what it is that is affecting the young person. Gender differences to coping strategies were also identified (Scott Porter Research and Marketing, 2000). Girls were more likely to talk to friends immediately an issue occurred. Boys were more likely to engage in solitary activities.

Gender differences in coping strategies were also identified by another research project (Gordon and Grant, 1997). In response to the question 'Who do you talk to about your feelings?', girls were more likely to talk to friends or to their mums. Boys tended to cite parents in general, rather than singling out one parent. Boys tended to talk to brothers and sisters equally, whilst girls tended to talk more to sisters.

When asked to complete the statement 'If I felt bad I would…', girls were twice as likely to share their feelings with others. Girls were more likely to get other people to cheer them up, listen to music or cry. 5% of the boys said that they would kill themselves, compared to 1% of the girls.

When asked to complete the statement 'When I feel bad, I would like it if…', three themes arose. These were: talking about feelings and being listened to; coping by being comforted or cheered up; and, wanting to be left alone to work things out. Girls were twice as likely as boys to express the wish for people to listen to them. Boys were twice as likely than the girls to want other people to leave them alone.

In a research project by Armstrong, Hill and Secker (2000), young people were asked what they did to feel better when they experienced negative feelings. In terms of angry feelings, the most common reaction was to take their feelings out on inanimate objects, on siblings, or less commonly, on other young people. When responding to feelings of sadness or depression, the most common way of reacting that was reported was to internalise feelings. For some of the young people interviewed, this was part of a process of coming to terms with a problem before it could be resolved. In this context, being alone seemed to be important.

When coping with negative feelings in general, talking was seen as an important way of making them feel better.

The role of adults

The opinions of young people that were explored in the above research projects suggest that the role of adults is important in terms of their willingness to listen to young people talk about their feelings.

The willingness of adults to listen to young people was studied in depth in a further research project, along with the issue of how adults treat young people in general (Farnfield and Kaszap, 1998). The children interviewed were asked to describe the qualities of people who had cared for them. These people were either parents or someone acting in a parental role such as a foster parent, relative or residential worker, or were professionals paid to look after the young people, such as psychiatrists, teachers, youth workers, nurses and so on.

General helpful qualities such as empathy, availability (if the young person needs someone to talk to), and confidence in the young person were mentioned. An ability to actively listen was also highlighted. The sense of being understood was seen as crucial; successful engagement demands that the child is first of all heard and then feels understood. The young people also valued personal qualities such as openness, being respectful, and being someone that could be trusted.

The ability to help the young people with problem solving and resolution was also highlighted. The people interviewed didn't want to be preached to, but valued adults who could talk with them in a number of ways, from straightforward advice or helping them come to a decision themselves, or simply offering emotional support. Plain 'niceness' was not thought to be enough. The ability to make things happen was seen as particularly important, as well as the ability to help sort things out and the ability to facilitate crucial life decisions. A related quality that was talked about by the young people was the ability to know when and how to refer them to another agency or professional.
The young people interviewed were equally clear about what made an unhelpful adult, and this model reflects many qualities that are the opposite of those outlined in the model of the helpful adult.

Unhelpful behaviour such as physical and mental injury was mentioned, as was unhelpful verbal behaviour. The young people also mentioned a sad or strict atmosphere, an absence

of genuine concern, and a lack of sympathy. Not understanding, not listening, giving advice or opinion without listening, a lack of openness, a lack of respect, lying and ridicule were also highlighted as unhelpful behaviours or qualities of adults who had cared for them. An inability to make things happen was also mentioned by a majority of respondents.

The main finding of the study was that the profession of the helpful adult was not of great importance, and that, instead, the core skills and personal qualities of the person were more important to the young people interviewed.

The important role that adults play in helping young people feel good or feel better was also highlighted in another research project (Armstrong, Hill and Secker, 2000). Young people were asked what could be done to achieve and maintain feelings of positive mental health. Adults were seen as playing an important role in terms of:

- making young people feel safe
- being available for talking to (parents were not always seen as the most appropriate adults, but the respondents were not sure which adults could best play this role)
- making children aware of the implications of talking to them, such as that information may have to be passed on to others
- provision of information about issues that worried them, such as sex, drugs and careers.

The attitudes and actions of adults also came across as important in a research project by Children in Scotland that explored the views of young people with a range of physical and learning disabilities (Children in Scotland, 2002). Young people were asked the question: 'What matters to you?'. The participants were shown a number of statements and were asked how relevant they were to their situation. The statements that received the strongest response concerned young people taking more control and responsibility over various aspects of their life, such as 'having letters addressed to me', 'to go to meetings about my education', information about my health that I understand', and 'not being with grown ups all the time'.

The young people also felt that it was important that people use language that they understand. They also felt that other people's attitudes towards them were important, such as not being treated like a child, people talking to them rather than their parents, being respected and being treated the same as everybody else.

The participants gave mixed views when considering statements containing elements of choice; some saying that being able to choose (such as choosing who helps me up in the morning) is important, and others being unsure or giving a negative response. It is suggested that this may be due to the hypothetical nature of some of the questions (in that it is difficult to choose options that you have never experienced), as well as due to the fact that choices in a range of situations for young people with disabilities are often limited.

The participants also identified social aspects of life as important. They also felt strongly that accessibility is often limited and that this also mattered to them.

The provision of services

In a consultation exercise on mental health services in Greater Glasgow (Creative Therapies, 2000), the views of children and young people who use services were sought along with the views of their parents. It is not clear from the project report which opinions are those of the young people rather than their parents; however, the indication is that services that provide an early intervention are very much valued in that they enable the preventative work to be undertaken. A desire for more community-based work was indicated, ranging from leisure activities and sports halls, after-school care and activities, to local youth workers and groups for drug users and young people who drink alcohol. Young people also wanted greater access to the guidance system and/or someone they could talk to who wasn't actually from their school. There was a feeling that this would help confidentiality and trust.

The diverse range of issues around service provision that can be of concern to young people is evident in the list provided when young people were asked what would make an effective self-harm service (Haydock, 2001).

• confidentiality
• an appropriate and realistic working philosophy
• accessibility
• safe and secure environment
• one to one support
• themed groups
• a variety of trained staff
• room/space to be alone
• staff who are trained to work across a range of issues
• staff and volunteers who are approachable
• outreach/detached work teams
• good publicity about the project
• information about other services
• an information library
• peer support schemes
• training for young people
• training for staff on self-harm
• a good cross-referral system with other services.

In a consultation exercise that explored the views of young people on a range of issues (Save the Children Scotland, 1998), the main themes that arose in relation to health were primarily in relation to the way in which a variety of health services should operate:

• sex education in schools is too little too late
• sex education should be presented appropriately
• more peer education should be given on sensitive issues such as drug use, sexual health, mental health or learning difficulties
• young people's right to confidentiality should be respected
• public health care should be supported.

Young people also felt strongly that they would benefit from talking to other young people who had similar experiences.

They also thought that the National Health Service is very valuable as a service provider, and that more should be done to find money to maintain services provided to a high standard. They suggested that by tackling the causes of poor health such as poverty and the environment, the government could cut health service costs dramatically.

In terms of mental health services, many of the young people interviewed for one research project (Van Beinum, 2000) thought that going to a psychiatric clinic would be interpreted by their peers as a sign of being dangerous, unpredictable or out of control. Many therefore kept their attendance at the clinic a secret for fear of being bullied or rejected. For most of the young people, clinic attendance was not seen as part of their identity, but rather, a brief affair in their lives. However, for the young people who had a psychotic illness, the use of psychiatric services formed a greater part of their lives.

The age of the young people interviewed did not make a difference to perceived outcome, but did influence the way that the young people approached the clinic. Those over 16 had usually played a core role in instigating their referral to the clinic and were broadly happy with their experience. Younger children (aged 12 or 13) tended to let their parents be the decision-makers. Those in between were more mixed in their views. Many said that they had been taken to the clinic against their will by their parents. They also objected to being treated like children by clinic staff.

The young people made suggestions as to how the services could be improved:

- make the clinic more accessible, both geographically and psychologically
- make the experience of going to the psychiatrist less frightening (more information about what might happen prior to attendance, as well as the provision of up-to-date teenage magazines, a drinks machine and teenage-friendly seating)
- allow young people more control over what happened, such as getting to know staff before therapy starts, shorter waiting times and more flexible therapy sessions.

In a study of the lives and health of single young homeless people in Edinburgh (Young People's Unit, Royal Edinburgh Hospital, 1997), when exploring the feelings of young people with regard to the treatment of emotional disorders, it was discovered that attitudes towards counselling were mixed and that attitudes towards prescribed medication for emotional disorder were extremely negative. This was based primarily on experiences of prescriptions as a 'fob off', or of the adverse side effects of drug dependence and major neuroleptics. In discussing their thoughts on general practice, the young people interviewed said that they would like longer consulting times, more immediate appointments, less prescriptions for mental health problems and more services available in one building. Attitudes towards mental health services were largely negative. Staff were criticised for not listening enough and for the failure to provide practical advice.

In terms of the provision of information on coping strategies that can be used by young people, it has been suggested that the involvement of young people themselves would be beneficial. After consulting young people on issues to do with their health, a commission set up by South Lanarkshire Council (South Lanarkshire Council, 1998) recommended that young people should be involved in the design and development of a range of information materials covering various issues, including mental health.

In another project (Scott Porter Research and Marketing, 2000), the young people in the focus groups were shown existing information resources aimed at young people on mental health and how to cope with stress such as leaflets, postcards, diaries, stickers and booklets. The participants were asked for their reaction to the resources as well as their opinions on how messages about health should be communicated.

The young people suggested a number of ideas about the information that is provided to young people on mental health and coping strategies:

- messages communicated must emphasise the positive aspects of strategies
- messages should underplay the word 'mental' due to negative connotations associated with the word
- the key message communicated should be to talk to someone
- young people should be the target for messages rather than parents or other adults
- distribution of such resources should be through channels that young people find acceptable.

6. FEEDBACK FROM THE SNAP CONSULTATION

The main methods used for collecting information for the SNAP consultation with children, young people and parents were group discussions and interviews guided by semi-structured interview schedules. Young people were asked for their views on aspects of health and happiness, the problems faced by young people and the types of services and supports which would help to keep them healthy. A shortened version of these questions was used in a class-based session with younger children. Questions for parents focused on the difficulties faced by young people and the supports required by both young people and their parents to help them cope. Individual quotations by participants are given in italics.

The nature of the consultation provides an insight into perspectives of different sets of people of different ages, but the numbers and qualitative approach used do not allow us to make comparisons between the different groups of people.

6.1 Understanding emotional health

When asked 'what do you think emotional or mental health is?' most young people replied using the terms interchangeably. They mentioned:

- your feelings at a particular time
- feeling secure or insecure
- how you feel about yourself
- how you deal with your emotions
- how people react to situations they find themselves in.

Some young people thought however that:

'There is a difference between emotional and mental health'

'Ill in the mind rather than physical'.

Some young people thought that they did not understand 'mental health' as well as 'emotional health', while others, notably those with experience of using mental health services, were confident about using and describing mental health:

'If your mental health is not built on, your emotions are all over the place'.

'Has a lot to do with whether you have a happy or unhappy environment'.

Emotional health was described by one young person as:

'Feelings, responding to what's happening to you'.

In one class-based session, participants contrasted emotional health and mental health in the following ways:

Table 2   Emotional and mental health

Emotional Health	Mental Health
What you think and feel about yourself!	What you think and feel about yourself!
Sad or unhappy	Mentally disordered
Suffer in Silence!!	Eating Disorder
Feelings	Insane
Feeling happy and loved	Depression! Lonely! Not physically sick, feeling bad
Happiness	Deep feelings
Head	Sanity
Emotions and feelings!	Head!!!
Feelings for other people	All the stuff you think up in your head!
Feelings (4)	People that are mad (to do with your brain)
Family (5)	Psycho
Family and friends! (3)	Crazy (3), crazy people
	Mad house

One group decided it would be easier to describe mental ill health rather than mental health:

• depressed
• don't eat much
• lonely
• think people hate you.

Feeling healthy

Younger children's ideas on how they feel when they are feeling healthy focused on feelings of happiness and physical health. They included:

• fresh
• good
• jolly
• happy
• energetic
• fit
• joy.

When asked what they might do when they feel healthy, they suggested that they would go outside, play sport – football, swimming, cycling – read a book and not eat too much chocolate. They also had a debate about whether watching TV was healthy or not.

One young person described feeling healthy as:

 'Feeling good about myself, in control, no one's interfering'.

Two older groups of young people thought that feeling healthy included feeling:

• trusting
• more at ease with life
• ready to face the future
• optimistic
• realistic.

Also:

• alive
• sexy
• noticed
• loved!
• fit
• active
• free.

Young people's ideas of feeling healthy can be seen to be linked to their understanding of mental ill-health. When healthy:

'(You are) able to cope with things'

'You don't care what other people think about you'

which contrasts with the feelings seen as being part of mental ill-health:

'Don't feel as though I can cope with things to the best of my ability'

'Think other people think that you talk shit'.

Happiness and unhappiness

When asked what makes them happy, a group of 22 younger children prioritised playing sports and games. Out of 27 votes for sports and games (some of the children voting more than once), seven children chose playing football, with six others choosing sports including shinty and netball. One child said winning a football match or shinty match. Two children chose playing favourite games and two chose playing Gameboy. One child felt happy doing stunts on their BMX. Seven children said they felt happy when the football team they support beat another team or won 'the cup'. One child just stated the name of a football team.

19 votes were for friends and family, especially playing with friends or visiting family:

'My mum being happy'.

Five children said holidays made them feel happy and two of those chose summer holidays. Four children said motorbikes and cars made them happy and three children said the sun made them feel happy. Two children chose animals, with other choices including 'no work', 'computers', 'all teachers!!!', 'home', 'books', 'love', 'when I win something'.

When the same group were asked what made them unhappy, seven children said when someone in their family dies or a relation dies, five children said when their best friend moved away, four children chose the rain as a reason for feeling unhappy and four children said bullying:

'When you get bullied and called names'.

'when someone hurts me'

'When people annoy me and say bad things.'

Three children said that war makes them unhappy. One of those wrote:

'war and kidnappers'.

Three children said that losing something made them unhappy and three children said something about illness or injury:

'When one of my family gets ill'

'When I split my lip open'

'Being unwell and having to stay in bed'.

Two children said their football team losing a match made them unhappy and one said when they lose a netball match. Two children said punishments and two children chose parents falling out:

'my Mum and Dad splitting up'.

Other things that children said made them feel unhappy were shouting, lying, brown bread, language, no electronics, no gameboy, litter and:

'arguments or when I fall out with someone'.

One older group's responses show how intertwined our feelings of happiness and unhappiness can be:

Table 3   What makes you feel happy/unhappy?

Happy	Unhappy
When things are going right in your life	
Music	Sad songs remind you of situations
Family	Family
Job	
Partner	Partner
Money	Lack of money
Doing recreational things – hobbies	
Painting	
Recreational drugs	Recreational drugs
	Passive smoking
	Being unfit
Body image / looks	Body image / looks / Being overweight
Other people's opinions	Other people's opinions
Being settled – home	
	In an unhappy situation
	Knowing you have to move
	Homelessness
	Attitudes social work / frustrated social security people stigmatising you public perception of you.

Most of the groups of young people described someone dying or friends moving away or bullying as the things which make them unhappy, with the older groups also talking about:

- frustration
- boredom
- nowhere to go, no one to see during the day
- lack of money
- living in the middle of nowhere.

Some young people talked about they way they themselves feel when they are happy:

- feeling content with yourself and what you are
- getting things off your mind.

Others focused on the way other people made them feel happy:

- when people remind you that you are good at doing something
- when people say you have done well
- when you feel safe with somebody.

Some young people felt that it is other people who make them feel happy and unhappy, with one participant talking about the impact of people saying things that link to your past and upsetting you without realising it. One young person made the point that happiness is about self-esteem and self-confidence and not about other people at all.

Some young people talked about the need to:

'Hide away from everything, negative thoughts, all negative things, coming down'.

6.2 Difficulties faced by children and young people

Parents' issues

The key difficulties identified by parents concerned bullying and their children's health. Parents mentioned that many play areas are unsafe because of bullying:

'15 and 16 year olds behave like this, hitting smaller ones, because they can get away with it, particularly round about the houses in the evening after school'.

One parent talked of the impact of irritable bowel syndrome (IBS) on her son's life:

'Irritable bowel syndrome (IBS), and migraines, then IBS again. IBS was not diagnosed for a few months, and he missed school because of the illness'.

while another described the difficulties of getting attention deficit hyperactivity disorder (ADHD) diagnosed:

'Managing ADHD and his behaviour. I've been aware of problems since he was two but I could not get the problem recognised between the ages of 2 – 9'.

How these difficulties can affect emotional health

Parents of younger children felt that children may begin to copy bullying behaviour which they then try out at home.

'My daughter is getting too cheeky for her age since the bullying started. Children are picking up bad habits – cheeking back, hitting – and dangerous behaviour, like climbing scaffolding'.

In thinking about how this affected them, parents said they found it difficult, wanting the children to go out and play and also wanting to keep them safe. Having children who are bullied also has an impact on parents who were themselves bullied as children.

'Children messing around easily get into real trouble, but we cannot watch them all the time, and they need their own space'.

Fear of bullying has a knock-on effect on younger children's enjoyment of places like swing parks, as young people up to 20 years old use the swing parks and can make it hard for the younger children to play. Parents of younger children also mentioned the difficulties with neighbours which can develop if children get into trouble or there is a problem with bullying in the area.

The parent of a young person with ADHD called for better understanding of ADHD and spoke about how it has affected her son's health:

'It affects his self-esteem and confidence. He also had Perthes' disease when he was five and was in a wheelchair for three years. These health issues made his behavioural problem more difficult to deal with. It was most difficult for him to cope in school because of the pressures on him, there were more demands on him to concentrate and to control his behaviour. For a whole year my son was made to sit in the corridor at primary school because of his behaviour. Children are told they are bad and they begin to believe that.

Another parent talked of how her son reacted to his health problems:

'He also put his hand through a window at a time when he was worried about his health. The hospital he was taken to for the injury wanted to refer him for help with his mental health. And he ran away from home at one point'.

Young people's issues

Young people also felt that bullying of different forms affects their lives and this can include:

• getting picked on by teachers because you are different
• professionals being judgemental and patronising
• privacy and confidentiality issues
• lack of support at college (not taking mental health problems into account)
• sexual, emotional and physical abuse.

Other key issues identified by young people included:

- losing someone close to you
- easy access to alcohol and drugs
- being homeless and having no space
- changing roles in life
- confusion about what to do
- learning difficulties
- lack of continuity of professional help.

In terms of how these difficulties can affect emotional health, one young person commented:

'It's not just teenagers, it rolls into early 20's'.

6.3 Coping
Younger children said that if they had a problem, they would tell either their parents or a friend. Young people felt that they could approach a doctor, a member of their family, a friend, or staff at school if they needed help. When participants were asked who would offer support in an ideal world, another group of young people thought that people who had been through similar experiences to themselves would be seen as approachable and helpful. Ideas for coping informally included:

'Treat others as you want to be treated'

'Go to someone you can talk to and (will) help as best they can'

'If it is the right time and the right place someone giving you a cuddle can help if it's the right person, and talking with your girlfriend or boyfriend'

'Someone just listening helps'.

'Knowing people care'.

6.4 Support and services
In this section are described a range of services and supports which children, young people and parents have said it is important to provide. Some of these are universal supports which all parents and families may need, for example, at the time of a birth or a bereavement, while others are those which particular families may require as a result of health problems or life circumstances.

Families with younger children

Parents of young children were very clear as to the resources they needed to improve their children's lives. They wanted classes in preparation for pregnancy, offering very practical support, looking at better ways of coping with, for example:

- babies sleeping
- dealing with wind
- babies' routines
- developmental milestones.

Children's placements at family centres were seen as another key resource, with parents feeling strongly that children's placements should change only following discussion with parents:

'At present, parents are not consulted about a change from full days to afternoons, which means that I am in and out of the house four and five times a day with children's care hours running from 9am – 12 midday and 1pm – 4pm'.

Parents find it difficult to get full-time placements at family centres even for one or two days a week. Half-day placements are often not long enough – parents need the option of placements from 9am – 4pm for mothers who do not go out to work but who have babies in the house and housework to do. It was felt that the present system discriminates against non-working mothers in terms of the availability of longer placements at family centres.

Transport was also an issue for parents of young children. They argued that the needs of parents should be accommodated by the transport system so that mothers do not have to struggle so much with everyday tasks:

'You need to be very organised to manage as a mother of small children – mothers have a bad press – always represented as being late when getting children out of the house and on to public transport is not easy'.

Safe places for indoor play for children aged 5 – 12 were seen as important by parents, because the poor weather often keeps children inside. And more structured opportunities for older children aged 12 – 16 were seen as a key resource in beginning to tackle the problem of older children bullying younger ones. These could include kids' bars, sports clubs, sports facilities and coaching.

'There is a good centre locally with soft play, a small sports hall and a library'.

'There aren't enough staff though to occupy the children and stop them from fighting. The kids need more days out'.

'Under 8's tend to be happy with swing parks, but we need supported activity for 8-12's and 12-16's, finding out what the kids are good at and what they want to do and encouraging their interests'.

Parents of young children find after-school clubs are good but they mostly run from 4pm – 5pm and finish too early in the day. Parents felt strongly that staff working with young people need better training. They thought that youth workers should be encouraging creative activity such as arts and crafts session and things to look forward to like monthly discos. It was also thought that youth workers should do more individual work with 12-16

year olds, getting to know the children better, rather than focusing on the practical issues of running a centre.

One participant mentioned her local Community School Initiative Team, which she said was helpful because:

'My son now has a key worker with the Community School Initiative Team so that any problems are dealt with at the time that they happen. When he was at primary school, the school were on the phone to me all the time to discuss problems'.

Young people

When asked about difficulties faced by young people, one group had a long discussion about support:

• nobody knows how to get support
• support takes too long to access – long waiting lists
• things have to become serious before you can access help
• schools pretending everything is fine – don't like to acknowledge problems
• everyone concerned about now not with past which we need to deal with.

Young people who have experienced mental ill-health talked about the need for more staff to be available. This relates to the point made above about the difficulties of getting support before a crisis develops. It was seen as important, however, that young people feel that they can trust the staff working with them, which is not always the case:

'Staff use your problems against you – ''If you carry on doing this, you won't get out of hospital'' – makes things worse'

'Staff want you to say things are getting better – they don't want to hear the truth'.

Some young people feel that more informal approaches may work better for them. They said that they can have difficulty talking in structured sessions and are therefore often seen as being obstructive when they do not speak:

'Staff can't cope if young people do not respond the way staff want them to – ''You're just refusing our help'' – staff should not take it personally. We end up taking on more guilt than we already have'.

Young people said that they won't speak if they feel as though they are being controlled and that this can end up being detrimental to themselves. Young people would also like the opportunity to speak to someone 'outside the system'.

A range of supports were cited as being valuable, including:

• access to people who might understand
• access to information about help

- help other than medication only
- easier access to a key-worker
- young persons support group (peer support)
- drop-in service targeted at young people in easily accessible area
- youth club/pub/young people's group
- help to avoid ending up in hospital
- dealing with stigma factors.

Organisations, such as In Touch, which help young people get their CVs in order, direct young people to jobs, work on confidence and skills and offer employment support were seen as valuable. Saheliya, a specific service for young ethnic minority women was also valued:

  'They understand where you are coming from'.

Other helpful groups, organisations and individuals included:

- Big Step
- Penumbra
- Positive Futures – Leaving care
- Who Cares Scotland
- Leaving Care Services
- Shelter
- Glasgow Council
- Blue Triangle
- Pillar Project mental health drop-in
- Tangents (when it existed)
- Youth information service
- Archways
- A gay, lesbian, transgender group for young people
- Albyn (aftercare support team)
- Alcohol counsellors
- Childline
- psychiatrists
- hospitals
- social workers.

Young people began to identify the helpful elements of the services they value. These included:

- being treated as an individual
- people you can speak to anytime
- consistency
- support there if required
- help to secure housing
- help to secure finance.

Where action is needed

When parents of young children were asked 'do you get the sort of support you need? answers given were very clear:

'With a baby, no'.

'There is an expectation that you know what to do with a young baby. You are scared to ask for help because you don't want to put across to people that you are not coping. It hits you after the baby is born that you are in control'.

'With twins, no. You need practical support from birth to three months, for example, at feeding times and with baths'.

A parent of an older child with behavioural difficulties talked firstly about the need for support early in her son's life once they noticed there were problems and secondly about the difficulties of connecting with the CAMH service that was eventually offered to him:

'Did you get the sort of support you need?'
'No, not when he was younger, because the problems weren't recognised when they began. Once he was nine, the GP made a referral to the psychiatrist which started the ball rolling. The school educational psychologist also helped with the referral. But there was one year's wait to get an appointment. My son saw the psychiatrist for 30 minutes a week and he was happy to see her.

But he has now been discharged from the service as we have missed the last three appointments. They are always on the same day of the week and I work shifts and I wrote to tell them when I could bring him but they went ahead and discharged him anyway. Psychiatric appointments should be offered outside working hours. If they are offered as part of a regular clinic, then clinic times should be made available at different times during the week'.

Another parent talked about her son's experience of being referred to the local Young Person's Unit for help with his mental health four times in eighteen months – twice by the GP, twice by the regional paediatrician – without getting any response. They were finally offered a meeting and the promise of a referral to a psychologist but the family has had no contact with the Unit since their initial meeting four months ago. She said:

'My son is now 16 and a half and says he does not need any help'.

A further issue for parents is the banning of some children from community centres:

'Every wean needs a second chance'.

Parents thought that resources are urgently needed to enable community centres to be flexible in negotiating entry for excluded children. Key workers in community centres are

needed to do outreach work in the summer with the young people who attend through the year.

An important issue for young people was their desire for opportunities to talk about and focus on ways of coping with their lives:

'(Emotional health is) not talked about in school and dealt with. We do get some stuff on drugs, sex, but there is no mention of everyday life. Are the teachers qualified to?'

Another key issue for young people is respect. There were understandably strong feelings expressed when young people felt that services had not been respectful or treated them well. One young person, when asked who would provide support in an ideal world, said it would be important to:

'explore existing services for improvements'.

Young people said that what they needed from services was:

• help from people with a better understanding of young people
• better public and police understanding of young care leavers' issues
• services that can provide quick access to young people, including in the evenings, at weekends and at Christmas
• to be able to stay where you're happy – not moved on by social work
• not to be moved on from organisation to organisation
• to carry on doing things you've been doing during the day, for example work placements – not having to move placements if you move house
• to be respected as person not a case or a client
• to be treated as a human being, not a statistic.

Young people also thought that there is currently a lack of consultation with young people on what types of services should be provided.

6.5 Transitions
Many comments were made about difficulties caused by transition problems.
Parents of younger children talked of the difficulties they have in coordinating children's placements at family centres with other things happening in their lives. They thought that the timing and availability of placements should change only following discussion with parents. They also thought that children's services need to be integrated, with different elements coordinated so that the child and family are at the centre of the care that is being provided for them by family centres, school nurseries and primary schools.

Some parents are concerned about the apparent 'cut-off point' at age 16 in relation to access to education and other services:

'School has become an insecure environment for him now because the school does not have to take him back. I am fearful that if the worst came to the worst, the school will not take on board that he has got problems and that these problems are not being dealt with.

I need ongoing contact with the school with someone who knows about my son's behaviour problems. At present they are only in touch if there's a problem. He has been told that he has been labelled as a trouble maker by some of his subject teachers and this is contributing to his problems.'

Young people talked about needing support after leaving school or other services and the difficulties of being moved on to adult services when your needs are still "young" or feeling threatened with being moved on to other services:

'On-going support in transition from young person to adult – not to stop when the young person is 25'.

In particular, they mentioned being unable to access appropriate help with abuse issues if you are under 16. Disclosure at the present time means that things are taken out of the young person's control and their needs are no longer seen as the priority.

6.6 Keeping well

When asked to comment on what would help to keep them well, one group of young people suggested that the people who could help best would be:

• Someone to be there for you
• Someone who would believe you and believe in you
• Someone who wouldn't judge you.

And another group added:

• a healthy mind
• a roof over my head
• food
• a healthy body and access to leisure facilities
• an adequate income
• a relationship
• security
• a young people's support service
• somewhere you can go in emergencies.

6.7 Main themes of feedback

Section 6 has explored the views of children, young people and parents in relation to the following themes:

• understanding emotional health, feeling healthy, happiness and unhappiness
• difficulties faced by children and young people and how these difficulties can affect emotional health
• coping
• support and services for families with younger children and for young people
• transitions
• keeping well.

Key issues from this section are discussed further in Section 7 in relation to the themes identified in the SNAP interim briefing (2002):

• Thinking about emotional and mental health
• Practising health and preventing problems
• Working with young people
• Making better services
• Involving young people and families.

7. DISCUSSION
A key comment in the feedback from the consultation was made by a parent talking about young people excluded from community centres:

'Every wean needs a second chance'.

In order for children and young people and their parents to get the sort of services they require, it will be necessary to build into the system a number of 'second chances'. If a service or resource does not suit someone or they cannot manage to attend at the time given, then there needs to be an alternative which is readily available. It is also the case, however, that many young people and their parents are not getting to have their first chance: parents and young people have spoken about not getting help when they need it, how things have to become serious before help is offered and how sometimes a referral is made but there is no service available for months. Young people and their parents need to be able to feel confident that, in the future, services will be able to offer them support for mental health difficulties in an approachable and accessible way.

There are many examples of inspiring resources and provision of services throughout the feedback from the consultation interviews and group discussions. Both young people and parents are quick to acknowledge the right type of support or someone who goes the extra mile for them. The task ahead is to ensure that these good examples become the norm across Scotland.

7.1 Thinking about emotional and mental health
Young people have a sophisticated understanding of the factors that influence mental and emotional health. For some, emotional health is part of mental health, with a focus on feelings and how you deal with your emotions. Happiness was seen to be about how you feel about yourself and how others make you feel, with some young people acknowledging that our feelings are influenced by our levels of self-confidence and self-esteem. Many young people do not like the terms 'mental health' and 'mental health problems' as ways of referring to difficulties faced by young people and would wish to see other possibilities explored.

The importance of raising public and professional awareness of mental health as an issue significantly affecting young people was underlined by parents who spoke of the need for better understanding of mental health and behavioural problems. It was also raised by young people who commented on the stigma which they encounter in their daily lives.

There is public confusion about children and young people who are perceived to be 'bad' when they may be coping with difficult problems, whether in their families or with their health or at school. This undermines their self-confidence which may then begin to adversely affect their behaviour and relationships with other people. Young people talked about the need for assistance in dealing with the impact of prejudice and the importance of developing more resources which do not stigmatise young people.

7.2 Practising health and preventing problems
One of the early opportunities to practice health and prevent problems is at the time of a baby's birth. Parents talk of the weight of responsibility that they feel in the early days of their babies' lives and the practical support which they need in order to adjust to the baby's needs and their own changed lives.

There are also opportunities to work with young people in schools on 'everyday life' issues. Young people feel that they are missing out on some valuable discussions which would both fit into and enhance their curriculum studies. They want to be able to look at their lives and see how they might deal with the challenges and ups and downs that come along and they would like professional support in doing this. For example, the lives of many young people are affected by family separation, divorce and bereavement and this needs to be recognised in the provision of information, advice and support. Young people raised the question of whether this type of discussion and support is or should be the responsibility of teaching staff.

7.3 Working with young people
A key issue is the exclusion that some children experience, not only from school, but from other services which might be expected to support excluded children. The banning of some children from community centres, in particular, raises the question of where children who have been excluded from their community resources should go for after school-activities. Parents thought that youth workers should do more individual work with young people, and get to know them better, rather than focusing on the practical issues of running a centre.

Young people feel that staff in mental health services cannot sometimes cope if young people do not respond the way staff want them to and that staff may threaten them if they do not behave in the required way. Staff often do not want to hear the truth and tend to want young people to say that things are getting better – even if they are not. Young people feel that services work to their own agenda and that staff are unable to appreciate what life is like for them as individuals. Young people said that trust was a key issue, in particular whether staff trusted young people to know what would help them.

7.4 Making services better and easier to use
Parents of younger children identified the need for integrated care, with the different elements co-ordinated so that the child and family are at the centre of the care that is being provided for them by family centres, school nurseries and primary schools. This has been recognised as a key issue for children's services in general (Scottish Executive 2001). Transitions between services provided by different agencies, especially for young children,

are currently almost incomprehensible to people outside of the services 'system'. There is often little explanation of who provides what service or why. Parents who have to try to work with the system fail to see why these services are not already coordinated with each other for the benefit of the child and their family members.

A constant theme throughout the feedback was the necessity of recognising problems earlier than we are able to do at present with the current organisation of services and resources. Parents struggle to understand and enable their children, sometimes with minimal amounts of professional support, while being aware that there are services which could help if it were easier to access them.

Young people also find that it takes too long to access support and that their difficulties have to become serious before there is a chance of getting help. They also acknowledged about the importance of culturally sensitive services, which understand where the young person is coming from and will meet them on their own terms.

7.5 Involving young people and families

Young people thought that there is at present a lack of consultation with young people on what types of services should be provided. Not surprisingly, young people had a lot to say about how they could be part of service re-design, especially in relation to:

• Transitions from child to adult services
• Transtion issues for under and over 16s in relation to disclosure of abuse.

Young people with experience of mental ill health thought that research on mental health and wellbeing carried out in the future would bring more benefits if participants were given the opportunity to be interviewed alone. They thought that it is easier to talk in individual interviews and that the young people involved would be more informative.

Parents wanted to be involved in issues concerning access to services, in particular access to psychiatric services. Parents have difficulty attending daytime clinics and thought that appointments should be offered throughout the week, including early evening. The difficulty of accessing psychiatric advice outside of appointments was also seen as an important issue. It was thought that psychiatrists should be on call like GPs and that 'back up' psychiatrists should be available:

(1) to cover psychiatrists' holidays – at present, appointments have to wait until the psychiatrist returns from holiday
(2) to talk on the phone about problems such as getting and giving medication.

Table 4   Summary: Key competencies

Understanding the process of raising awareness of children and young people's mental health issues
Providing support for parenting
Ability to pick up problems and difficulties and provide early information, advice and support
Knowing when to refer on to specialist help
Ability to work with families and young people to maintain good health and keep well
Ensuring that transitions which young people go through as part of growing up are supported by services, not made worse by the imposition of boundaries and a lack of continuity
Ability to listen to and respond to children, young people and parents
Respecting the right of children and young people to participate in service planning and in developing new resources.

8. REFERENCES FOR SURVEY

Armstrong, C., Hill, M., Secker, J. (2000). Young people's perceptions of mental health. Children and Society, 14, 60-72.
120 children, aged between 12 and 14 years old, from secondary schools across Scotland took part in group discussions and individual interviews. Discussions covered various topics around the young people's perceptions of mental health.

Children in Scotland (2002). What Matters to Me. Edinburgh, Children in Scotland.
46 young people, aged between 11 and 19 years, with a range of learning and physical disabilities were consulted in groups as part of the Citizenship in Practice project. The project aims to promote and increase participation of children and young people with disabilities in decision-making.

Creative Therapies (2000). Child and Adolescent Mental Health Services. Results of consultation with service users. Glasgow, Greater Glasgow NHS Board.
Consultations with approximately 100 children, young people and parents using mental health services in Greater Glasgow. The aim was to gather views on the Joint Strategy for Child and Adolescent Mental Health Services.

Farnfield, S., Kaszap, M. (1998). What makes a helpful grown-up? Children's views of professionals in the mental health services. Health Informatics Journal, 4, 3-14.

Interviews were held with 35 children and young people between the ages of 7 and 20 in order to build a model of what makes a helpful grown up, and to explore how they perceive those adults who care for them.

Gordon, J., Grant, G. (1997). How We Feel: an insight into the emotional world of teenagers. London, Jessica Kingsley.
The 'Howie Feel' questionnaire was completed anonymously by 1634 girls and boys aged between 13 and 14 years of age whilst at school in Glasgow. The young people were asked a number of questions concerning how they feel, and their coping strategies.

Haydock, E-M. (2001). No Harm in Listening. An action research project on the experiences and needs of young people aged 16-21 in Edinburgh who self-harm. Edinburgh, Penumbra.
23 young people aged between 16 and 21 years attended group sessions on self-harm. Twelve young people completed a questionnaire, and ten participated in individual interviews.

Save the Children Scotland (1998). Our Lives Consultation. The views of young people in Scotland. Edinburgh, Save the Children Scotland.
43 groups of young people, aged from 12 years to 18 years from across Scotland were consulted with on a variety of issues: family, health, education, protection from harm and participation.

Scott Porter Research and Marketing (2000). Young People and Mental Well-being. A qualitative research report. Edinburgh, Health Education Board for Scotland.
Nine focus groups were held with young people aged 12 to 16 years of age that explored issues around mental well-being.

South Lanarkshire Council (1998). Commission on Health and Young People. Report. Hamilton, South Lanarkshire Council.
A commission was set up in South Lanarkshire in 1998 to explore issues around the health of local young people. The commission was a short life working group that consisted of nine elected members. The commission gathered information from a wide range of agencies, both statutory and voluntary, as well as individuals and groups with an involvement or interest in health issues. Groups of young people were also interviewed in order to gain an insight into their perceptions of health, health services and the information they require to make positive choices about their own health.

Stradling, R., MacNeil, M. (2000). Moving On: the emotional well-being of young people in transition from primary to secondary school. Inverness, Highland Health Board.
A survey of senior management and teachers was undertaken at six schools, along with discussions with teachers, parents and interviews with a sample of 120 first year pupils. The aim of the research was to explore the impact of school transfer on the well-being of young adolescents.

Van Beinum, M. (2000). Teenage Client Perspectives of Adolescent Psychiatry Out-patient Services. Final report for the Chief Scientist Office. Unpublished.
41 young people aged between 13 and 19 years old who had attended out-patient adolescent psychiatric services were interviewed. The aim of the research was to explore their experience of using services, and how they fitted into their lives, as well as their suggestions for improving the services.

White, J., Lorrain Smith, S. (2001). 'What is a Healthy Person?' Consulting Primary 4 children on their views of health. Edinburgh, Scottish Development Centre for Mental Health.
Group sessions were held with children in primary four at two schools in East Lothian. The aim of the consultation was to investigate issues of self-esteem and communication with children aged 7-9 years old by exploring their understanding of health and their interpretation of a healthy person.

Young People's Unit, Royal Edinburgh Hospital (1997). Feeling Bad: the troubled lives and health of single young homeless people in Edinburgh. Final Report. Edinburgh, Edinburgh Healthcare NHS Trust.
145 single young homeless people in Edinburgh, aged between 15 and 21 years, were interviewed about issues in their lives.

Further references

Scottish Executive (2001) For Scotland's Children: Towards better integrated children's services

Public Health Institute of Scotland (2002) Child and adolescent mental health interim briefing. Glasgow, PHIS

Background reading

Borland, M., Hill, M., Laybourn, A., Stafford, A. (2001) Improving consultation with children and young people in relevant aspects of policy-making and legislation in Scotland. Glasgow, Centre for the Child and Society, University of Glasgow and Children Ist.

Charman, S., Hills, B., Vick, N (2002) A community-based exploration of the mental health needs of children and young people in the Royal Borough of Windsor & Maidenhead.

9. ACKNOWLEDGEMENTS

With thanks to all those who contributed to this project, including:

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Children and young people attending groups and projects in Aberdeen, Edinburgh, Fife, Galashiels and Glasgow.

Parents in East Lothian and Glasgow

Staff in many organisations for their support and assistance during the consultation process:

Aberdeen LHCCs
Banavie Primary School
Big Step, Glasgow
Dunbar New Community Schools Initiative
Eyemouth High School
Institute of Applied Health and Social Policy, King's College, London
Royal Blind School, Edinburgh
Penumbra
Playfield Adolescent Unit
Positive Parenting Forum, East Lothian
Quarriers' Family Resource Centre, Glasgow
Saheliya, Edinburgh
Scottish Needs Assessment Programme, Child and Adolescent Mental Health Core Working Group
Starting Well, Glasgow
Young Person's Unit, Royal Edinburgh Hospital.

PART 2

YOUNG PEOPLE'S CONSULTATION
SEMINAR, WESTPARK CENTRE, DUNDEE
24 SEPTEMBER 2002

BACKGROUND

As part of the SNAP review of child and adolescent mental health services, a number of young people in a range of organisations across Scotland were consulted for their views on issues which affect them. The SNAP Working Group, which agreed to hold four regional consultative events, also agreed to allocate one of these events (Dundee) exclusively to young people. It was agreed that young people from organisations who had contributed to the report should be invited to come together with a broader range of local Dundee groups.

The main aim of the day was to give young people the opportunity to hear the issues raised up to that point and to seek their views on how they would like to be involved in the future. Despite having to rise very early in the morning to get to Dundee, around 50 young people attended from Aberdeen, Dundee, Edinburgh, Eyemouth, Galashiels and Glasgow. The young people came from a range of organisations and backgrounds including: Young Carers, Care Leavers, Royal Blind School, Mental Health Projects, Travellers, Secondary Schools, Primary Care Steering Group.

The format for the day was:

Morning Session		
9.30am	Registration	
10.30am	Introduction to the day	Pat Little
10.35am	Introduction to the SNAP process	Graham Bryce
10.45am	Update on the young people's consultation so far	Kathleen Peter and Eileen MacCallum
11am	*Discussion Groups* What do you think about what is being said so far? What do you think of current services, supports and consultations with young people?	
12.15pm	Lunch	
Afternoon Session		
1.15pm	Feedback from groups	
1.45pm	*Responses to feedback* What would you like to see developed in the future? What should we be feeding back to the adult seminars?	
2.45pm	Feedback and open discussion	
3.30pm	Close	

In order to be as "true" as possible to young people who attended, in feeding back on the seminar the report has not been edited but the comments are presented as young people made them. The different range of experiences they brought to the seminar is reflected in both their views and how these are expressed.

FEEDBACK

Session 1

What do you think about what has been said so far?

• Generally in agreement with everything that has been said by report but wonder whether anything will really be done.
• A bit cynical about consultation – feeling that nothing really changes – gathering information for research purposes only. Issues around short term funding.
• Mental health hasn't got high enough profile – more leaflets need to be available.
• GPs and teachers lack skills and understanding.
• General pressures on young people – underpinned in mental health problems
• Support from family different.
• School one of the hardest times of your life and place restrictions on YP. Lack of choice.
• Difficult to make friends starting half way through a session or if move away from your school friends. Problems of smaller schools – need help to make friends.
• Information about confidential services needed for YP – including what sort of help
• Guidance teachers very important. No choice, but sometimes can make big changes e.g. help pupil move class.
• Good guidance teachers keep in touch even when there aren't problems.
• Getting wrong
• Lack of resources (nationally)
• Lack of publicity for existing resources
• More information
• Cross section of people required to give fairer view
• Young people should get involved in interview processes
• Choice of male/female support worker
• Less of 'old' official people
• Be involved more in consultation process
• Confidentiality – doctors etc shouldn't break confidences – they call it "networking"!!
• "Labelling" – makes you feel cornered
• People put pressure on you to achieve
• Professionals sometimes take over your life.
• Labels – stigma – people "look down" on you as if we are different
• Stigma affects our families
• Families deny your problems
• Stigma attached to taking prescribed drugs
• Schools "don't want to know" if you are different. Can't see you as an individual.
• Ignored if you are different
• Avoid situation
• Once labelled, you can feel angry which then affects your behaviour
• When asking for a second opinion had to go back on waiting list
• Will this consultation really achieve anything?

What was Good

- Listening, positive, "felt she understood"
- Special unit can help – nurses/doctors understand
- Talking to people helps
- Importance of trust
- Pretty thorough – covered most areas

What was Bad

- All talk no action
- Short term funding can't change system
- Don't see "mental health" flyers
- Some GPs don't have skills
- Can't get psychiatrist when you want one, only in crisis.
- Being with others who have similar problems helps
- We could help others because we understand their problems
- Need to publicise mental health problems to destigmatise
- Missed out parents when discussing awareness raising
- Different lifestyles – need to learn how to build confidence
- Look to adults – learn from them
- Need to educate adults on how to positively reinforce issues – not just parents.
- Bigger emphasis on mental health and health promotion issues in training for all staff

What makes you unhappy?

- Being boxed and labelled
- Some racism is allowed to be OK – people are able to comment on travelling people without any comeback – if the person were black it would be unacceptable.
- Sexism is tolerated but not appropriate
- Young people in care are forced to become adults before they are ready
- Young carers have big responsibilities and their peers and adults do not understand – they are forced into an adult role.
- Need to re-examine how we work with young people in care – as a priority

Happy

- Being accepted for who I am

What do you think of current services and support for young people?

- Very few positive comments: lack of confidentiality, labelling – cornered and stigma for you and your family
- Schools don't want to know if you are different – only interested in exams.
- Big decisions taken about their lives – powerless to do anything
- Only get help when you get to crisis point.
- Lack of choice and can't choose psychiatrist and other staff

- Would not use services. Don't like term mental health
- Counselling service at school
- Bullying
- Would have helped to have had help to make friends
- Ignoring it doesn't help
- Shouting at bullies doesn't help
- Needs to be dealt with as whole year group/or whole class
- Campaign in 6th year – help with bullying for younger year groups only beginning.
- Teachers picking on pupils – set a bad standard
- Stigmatised for contact with social work – ignorance
- Would use counselling centre at health centre

Guidance Staff/Social Work

- More involvement in choice of who guidance teacher is
- Who do we go to if we can't trust guidance teacher?
- Issues surrounding confidentiality
- Feel that staff don't know what to do when a problem exists, try not to deal with it
- Some staff can deal well with particular problems
- Staff making themselves available when the YP need it
- Some staff may make situation worse by telling other staff members
- SW doesn't help, lack of response and follow up
- SW not fully supporting the YP, not giving support/counselling
- YP unclear what education policies are
- Too many constraints preventing SW carrying out their job effectively
- Funding
- Laws
- Radical bullying response required – schools not doing anything
- Neutral, approachable worker required
- Wants: worker same age, same level, have gone through similar experience who can point them in right direction
- Peer support
- SW do sweet FA
- SW not taking YP seriously
- We are viewed as 'just little kids'
- Not respected
- Feel excluded
- Hard to talk to parents regarding sensitive issues
- Difficult for males to find someone that they feel comfortable speaking to about sensitive issues.
- Project with YW provides support
- Worker should understand individual problems
- No continuity of care
- Crisis intervention that finishes before it should
- Too complicated to change sometimes.
- Sometimes the adults who could help (guidance) don't give enough support
- Lack of information about services

- Difficult to access services
- Don't advertise enough – not enough funding
- Young people are the future. Does anyone in the Government listen to young people?

How should we be consulting young people?

- What's the point of having consultation if people don't act.
- Should be doing more – involved in any planning of services at beginning of consultation.
- Should be involved in monitoring.
- Keen on events like this – able to meet others who have similar problems and who understand.
- Good that rural schools consulted – look at problems YP have in rural areas
- Get representation from different schools and school-based questions. Reps to meet up across Scotland
- Posters around school giving information
- Drama e.g. on healthy eating
- Days like today
- Because it's an event for young people only, less threatening
- Not on a school day – difficult for everyone to get off
- More events like today
- More opportunities/creating a voice for ourselves
- Any organisations can put young people forward for the Scottish Youth Parliament
- Need to raise awareness of issues from early on in childhood – need to challenge in a positive way – talk about issues
- Consultation with extra fun activities

Session 2

What kinds of things would you like to see developed in the future?

- Training for all professionals (including psychiatrists) in people skills using young people.
- Complaints procedure – young people need to be helped and supported to complain. Informed of procedures and may need advocate to complain. Young people's complaints officer or complaints panel with young people on it.
- Befriending and mentoring (Peer Support)
- Promote good practice – "homelessness" and resource workers.
- Mainly leisure activities:
  - Youth clubs get wrecked, discos get closed, need to deal with people who wreck enjoyment for others
  - Sports not cool once reach secondary school
  - Good youth club in Eyemouth
  - Drama groups – need more
  - Need more to do in small villages
- Build up relations between police and pupils to get on more friendly terms and feel more able to report vandalism
- Also build up trust between older people and younger people

- How to deal with big groups
- Develop opportunities for meeting up outside your house – dry bars
- Get young people involved in their own community centres, setting up, painting
- More cute guys
- More cute girls
- More vegetarian meals
- Youth clubs open 24 hours
- Support resources more
- More cyber schools
- More creative and aesthetic
- More support in schools
- Social workers doing their job and not sitting on their fat arses all day
- More people to take notice of you
- People to think about what they've been told
- No false promises
- People to see it through to the end and not to tell you to bugger off
- Common problems
- No changes
- No racism
- No prejudice
- No discrimination
- Get young people involved in steering groups
- Appointments
- Training professionals, even psychiatrists – hear young people point of view – how it feels!
- One-to-one befriending/mentoring by young people of "sympathetic" adult/young person
- Groups of young people – group support
- Helplines
- Drop-ins – funding issue
- Publicise good practice e.g. "Borderline" for young people
- Need night/evening/Xmas support lines and services
- Other staff – children's homes, home makers, resource workers
- Advocacy
- Youth workers
- All "professionals" should outline "ground rules" (confidentiality) at outset, shouldn't have to be asked
- Young person may wish to complain – may need to know how
- May need special advocacy for young people/children
- Young people complaints panel

What are the key issues we should be feeding back to the adult seminars?

- Why is it when young people are consulted on nothing gets done.
- Why are you not listening to young people?
- Choosing activities: avoid excluding anyone. Get people in groups involved.
- A place to go that's not home or school – chill out
- Getting adults to work in youth clubs

- Opportunities to go out on trips at weekends from small rural villages e.g. ice skating and bowling, shops
- Youth centre could have a counsellor
- Need open courses in wintertime
- Information for young people in youth centres and clubs to find out about funding opportunities especially in rural areas.
- Representative parliament of young people, perhaps youth parliament.
- Listen to pupils – get older pupils to speak to younger ones and feedback
- Note mental stress
- Repeat this event every year – include new people, get feedback about update about changes
- Better publicity
- Young people should be there
- Override the feedback from today
- Under-represented, overstressed and utterly hacked off
- More events like this (once a month, 20 a year)
- We are the children of the future (parents of the next generation)
- Protest
- Follow up (social event)
- Education for everyone – effects of experiences, impact on their lives. Support needs to be now.
- A chance to be a child
- Help at home, support for young people to care at home – at the earliest opportunity
- Think more about the reasons why young people don't do homework. NOT ALWAYS ABOUT BEING LAZY
- Young people do have to make big decisions and take on huge responsibilities.
- Bad behaviour can be a cry for help
- Greater level of understanding, awareness from within services.
- Take responsibility for putting forward personal opinions.
- Working with issues about mental health is about understanding good and bad days, not wanting help all the time but needing it sometimes.
- People don't understand the effects of bullying
- Self-harm is not understood – training issue.
- People who are told they are something often enough, believe it.
- Bullies need help too.
- Once people find out about a person's background, it can be the end of the service (travelling people).
- 'Patient held records' would be a solution to deal with health issues.
- Sometimes 'time' and 'a person to talk to' would be a better solution than tablets.
- Tablets are a quick fix and can be thrown away.
- Tablets are seen as the cheapest option but if services were provided to give support and time to talk, a long-term solution could be provided.
- Continuity is essential
- Young people in care need to be allocated a worker for 2 years or so to help them make the transition into adulthood.
- Information, tracking and monitoring should be tightened up.

- There is a level of concern about the judgements that can be made
- Services that are available are not publicised enough to the community
- Young carers are concerned that their responsibilities are taken away rather than be given support from services
- Feel they have to cope on their own, frightened to ask, or don't know what is available locally.

FINALLY

The report back from the discussions, the open discussion at the end of the day and the evaluation sheets indicated that the event was a huge success. The young people clearly responded to being consulted and indicated their interest in taking forward the issue of consulting with young people.

The young people were assured that their views would be reported and that ways of building opportunities for young people to be involved in the future would be sought.

Thank you to all the young people and facilitators who made the day such a successful one. Finally a comment from a young person which summed up the day:

"We need to pick this up and run with it. It is very important that young people and adults discuss this together and create agreed milestones to be reviewed next year"

RESULTS OF EVALUATION OF YOUNG PEOPLE'S SEMINAR

Where appropriate, please base your responses on the following rating system:

(A) Excellent, (B) Good, (C) Satisfactory, (D) Poor, (E) Very poor.

Please tell us your satisfaction rating for the following:	%				
	A	B	C	D	E
Suitability/accessibility of venue	10	60	25	5	0
Organisation of the day	50	45	5	0	0
Morning session: Introduction to consultation	55	35	5	5	0
Morning session: Small groups	60	40	0	0	0
Lunch	65	20	0	0	15
Afternoon Session: Small Groups	65	30	5	0	0
Afternoon session: Open Group Discussion	55	30	10	0	5

What did you like best about the day? – selection of comments:

- Small Group Discussions
- Meeting new people - hearing what they had to say
- The opportunity for discussion

- Felt everyone had the chance to put their views forward
- Lunch
- Open Group Discussion
- I liked talking in the groups as it was easygoing and confidential
- Helped me understand other people's problems and opinions
- The whole thing-it was fab!
- Making positive suggestions on how things could change makes you feel hopeful
- All the ideas and everything

What did you like least about the day?

- Some of the presentation was very visual – I am blind
- Cold in the main hall
- Getting up early and the cold weather
- Trying to get there and finding the venue
- The lunch – next time they need to think who they are catering for – I like chips
- Going home
- Nothing really negative to say. We need to pick this up and run with it. It is very important that young people and adults discuss this together and create agreed milestones to be reviewed next year