

From the mouths of....

...I just create noise to get away... it upsets my mum

Who? How? What?

Grandparents
Young people
Teacher
Parents
Young carers
Friend
GP
Mentor
carer
Sister
Psychologist
Specialist nurse
Social worker
Youth worker



Whats working?
What changes would you want to see?
Tell us your story
Why are young people falling through the gaps?
What needs changing?

Events
Face to face
Online
Interviews
Survey
Focus groups



We just need a new house

...some staff are nice, some are evil geniuses...

...I am not as angry as I was before I came...

...My mum drinks alcohol to calm her down...

...hurting yourself can feel so good which sounds stupid but its true...

...I just create noise to get away...

Young people ...

Yes, I know about my care plan...

...school is the worst place, no-one cares...

What would I change? People to stop annoying me

...Night time can be scary, its when the noise comes back...

..when your mum is ill then you can talk to people but my friend, her mum is at work she cant talk to people – people take more care of me at school and there are people outside of school and she wants the same... (15)

I know I am not like my brother

What would make it better? If I could go home and the kids up the road moved to another house

No one would talk to me about medication, I know him best I know what worked before

...Parents need other parents to support them...

...My son won't go far out of the area because he gets paranoid that something might happen to him...

...CAMHS unit was the first place where I felt the professional did not judge me for being a bad parent...

... services come and go, because there is a lot in the press then there will suddenly be a lot of services, but give it a couple of years and it will be different...

...I would do anything to have stopped my son from smoking, I just didn't know it could get this bad, maybe if they spoke the effects of smoking cannabis in primary school...because that is when it started...

Family carers ...

...the CAMHS admission has given me my son back...

...Secondary schools are too big to deal with vulnerable kids...

...There should be people at the GP to talk to because Gp's are not always easy to talk to and appointments are quick...

... Depression in mothers is a problem, both before a child becomes ill and then afterwards – they cannot cope – it (sometimes) makes the mum much worse...

I think it is just a bunch of stuffy nosed old men sitting around talking about what is best for us

...Girls have to be thin and look amazing – even 8 year old little girls get bullied for not having straight hair...

...Pressures are sometimes too much when you are coming to England to live – children have to be different here...

Frontline workers..

Very often what is needed is a stable, nurturing, consistent figure where parents are unstable or emotionally absent.

I think that adolescent young peoples team s should go up to the age of 25 as younger people find it very hard to access adult services

There is just simply not enough CAMHS, and what is there, is hard to access. Therapy should be on site in schools.

15 is an age where mental health problem seem to emerge in both genders, but girls often overdose or self harm, which brings them to CAMHS services. There are enormous pressures on this age group. Social (peers/fashion/body/family/media/social networks), academic/school, future fears (will I get a job, where will I live), gangs, sexual pressures

More joined up approaches between charities, health services and schools.

Don't close cases after a DNA

(Locally) Our CAMHS service has been cut by a third . We have no in patient beds. We have no secondary services. We work alongside a stretched and cut social services.

11-18 yrs. Pressures of academia or working to support self/family. I have concerns about mounting pressures from social media and cyber bullying alongside traditional classroom bullying.

Outcomes have been varied. Sometimes excellent service, sometimes communication with myself as referrer has been poor, sometimes it has taken an extremely long time for referral to go through, particularly recently

Interim conclusions

- Patchy provision of mental health information in schools
- Unclear referral pathways and responsibilities for agencies
- Limited evidence of the four tier model in practice
- Lack of local inpatient beds
- Impact of child diagnosis on parent/carer and siblings requires further consideration
- Frontline workers citing reduced local provision
- Limited up-to-date resources for accessing & signposting services
- No support groups specifically for carers with children experiencing mental health problems
- Evidence that children and young people talk to their parents as first point of reference
- Significant levels of DNAs

Recommendations



1. Tailored group support specific to CAMHS; harnessing & developing peer support opportunities
2. Mainstream awareness raising and education for parents about common signs and symptoms of mental wellbeing
3. A consistent offer to schools to support mental health awareness
4. Public messages which highlight the links between mental health & healthy lifestyles, building resilience
5. Simplify referral pathways for families & frontline workers, enabling greater integration
6. Further work required to understand the underlying reasons & impact of DNAs and to ensure equality of access - impressionistically some families & young people are in double jeopardy owing to layers of deprivation
7. The Think Family approach should permeate all agencies and sectors, supported by common tools, protocols & information sharing.