If one does not understand a person, one tends to regard him as a fool

Carl Jung

For this report, I have provided examples from some of the stories I hear from parents, teachers and others during talks and training that I provide on suicide intervention and prevention.

Common to many of the experiences that people have shared with me at these sessions are the frustration and anger that they have felt when they have tried to access mental health care for young people they know.

I have also asked colleagues on the Choose Life Steering Group in Aberdeen who have specific experience of working with this age group to provide me with their personal comments and observations on this issue.

Overview

Mental Health Services

In general, I feel that children and young people do not get the kind of support with mental health issues that they desperately need at such a formative point in their lives. For many young people, the problem is not necessarily the lack of quality service provision, but rather problems in accessing it and even more importantly, the attitudes they encounter from professionals, both during the referral period and also once they have accessed services.

It would appear that there is some magical age that young people have to reach before their mental health concerns begin to be taken seriously by primary care, education and other statutory services. Before they reach this age – an age which appears to vary from practitioner to practitioner - many young people report that their concerns are missed, dismissed or avoided by professionals around them who should be there to help. In education, it would appear to remain the case that many teachers and head teachers remain largely ignorant of mental health problems and the emotional needs of their pupils. Signs and symptoms of mental health concerns remain attributed to ‘unsettled behaviour’ and ‘attention seeking’ with pupils more likely to be excluded than supported. In primary care, GPs remain the gatekeepers for access to specialist help, but many young people and their families continue to find that this first hurdle is impossible to cross because their GP simply doesn’t take their concerns seriously. One might even go as far as to suggest that, in the same way as the Metropolitan Police have been accused in the past of being ‘institutionally racist’, sadly our Primary Care system may well be accused in terms of this issue of being ‘institutionally ageist’.

Many parents have told me about their frustration when trying to get help for their sons or daughters. One parent explained:

“My daughter (13) had been self-harming and having some pretty upsetting periods of unsettling behaviour. We got very little support from our GP and when we eventually saw a CPN after she had taken an overdose, I was told in front of my daughter that she was ‘Just a silly little girl who needs to grow up’.”
Many other parents and young people themselves have told me about the general view they encounter from providers of primary care, one which seems to have the attitude that any mental health problem in young people is simply ‘attention-seeking behaviour’. 

These experiences seem even truer when the young person is at risk from self-harm or suicide. This is of particularly concern because, of course, it is these behaviours that present the greatest risk to life. There is clearly an intellectual acknowledgment that the population at greatest risk from suicide in particular are those aged under 25, but the paradoxical reality is that this is the population who are more likely to be dealt with unsympathetically by health care professionals and labelled as time wasters or attention seekers. If suicide can ever be considered as merely a cry for help, then surely it is the most serious cry for help that anyone can give. How unsupported and how un-listened-to must a young person feel before they get to the point that they feel no other alternative to making someone take notice of the pain they are going through than to endanger their own life?

Alison Wales from ChildLine in Scotland reports on what they hear from young people.

“ChildLine in Scotland hears from many young people every year about a range of mental health issues including depression, self-harm and suicide. In general, calls to the service about mental health issues are rising, but the biggest increases can be seen in calls about suicide. Thousands of children also call the helpline every year about issues which can have a devastating impact on their mental health: bullying, physical abuse, sexual abuse.

Despite public campaigns to de-stigmatise mental health issues for young people, young people still have a fear of mental illness and can find it extremely difficult to get the help they need. It is clear from calls to ChildLine that young people fear not being listened to, or being dismissed as ‘attention seekers’, their problems not taken seriously. Some young people talk about waiting unacceptably long periods to get help. Some who have accessed help tell ChildLine that professionals are likely to respond to the immediate behaviour and symptoms, but do not go deeper into the causes of behaviour. This can make young people feel even worse, as they feel disempowered. Matters are taken out of their control, when they clearly have a great need to talk about things.”

The experiences of young people who contact organisations like ChildLine do not appear to be isolated with many people reporting similar stories. This worrying trend within our health care and education systems is leaving the country with a legacy of young adults who are unwilling to engage with mental health services because of the negative reaction and poor treatment they have encountered at a young age.

I also believe that very little support is offered to parents to help them recognise that when their child’s behaviour becomes a concern that this may in turn indicate there are concerns about the child’s mental health. Similarly, there is little or no advice and guidance given to such parents that may help them to better support their children.

This is particularly true of adolescents who do manage to engage with statutory services around the age of 16. Despite the fact that the young person is still living at home and is clearly vulnerable because there is concern about their mental health, many parents report that consultants and hospital staff refuse point-blank to discuss their child’s health with them. This includes a refusal to share diagnosis or guidance on what the parents can do to support their child on the journey to recovery. Such blind adherence to misunderstood aspects of data protection legislation is clearly not in the best interests of the young person or their parents.
Initiatives in Aberdeen to try and increase awareness about mental health issues for young people, by providing teachers with training in mental health awareness have been fraught with difficulties and blockages.

David Alexander of Choose Life’s Schools Project reports that access to schools is all about whether or not the head teacher thinks mental health issues should be talked about. Many head teachers aren’t interested and don’t see that there is any value in offering training to teachers or doing talks with the children themselves about mental health. Some schools have managed to see the link between improving health awareness in school and therefore the importance of emotional health as well, but still the majority don’t connect the two. David states “Although I have found some very interested head teachers who have welcomed the training with open arms, a worrying number of head teachers simply aren’t interested.”

David also observes that when he does gain access to pupils to talk openly about the pressures and stressors that they encounter, he finds that not only are the pupils very willing to engage with such discussion, they are also very insightful about what those stressors are and what effect it has on their emotional health. Appendix A at the end of this report is an example of some of the work that such groups have done in schools that David has managed to be involved with. The information was gathered from a large group of S4 pupils.

It is clear from the experiences of people like David that mental health remains a taboo in most of our schools. This in turn means that teachers have little or no preparation for dealing with children who need support. Is it any wonder then, that we are seeing an increase in angry and upset children and young adults who are afraid to talk about their feelings and to ask for help when they feel they need it?

Getting to a point in schools where there is as much acknowledgement of mental health issues as there is about physical health issues remains a distant dream. Until attitudes change in senior management of schools and until school boards begin to be willing to even talk about the subject, we will continue to see mental health concerns in children continuing to be labelled as simply ‘attention-seeking behaviour’.

Most young people who do manage to access statutory services report that their experience is almost always negative. Many young people report being treated unsympathetically and as if they are wasting the practitioners’ time with their silly little problems. Children usually find it extremely difficult to be honest about their feelings because they have no frame of reference to be able to judge the safety of the environment in which they are being asked to discuss them. Not having adequate explanation about confidentiality is a major issue for most young people, one which will inhibit them from talking openly for fear of the consequences that such discussions will lead to.

If the child or young person does open up, their expressions of emotional pain are often met with derision from the practitioner because their problems are patronisingly viewed as being childish. Young people are usually astute enough to realise that the person they are talking to a) isn’t listening to what they are trying to say and b) believes that they will just grow out of it – that “It’s just a phase” and so forth. For most young people this may well be true, but with no great life experience to draw from that would help them realise that this might be the case, young people are left feeling that nobody cares and nobody understands.
Barbara Harrower of Penumbra’s Self-Harm Project in Aberdeen explains:
“...I think the problem is that young people are referred to specialist services that they don’t necessarily want to engage with, because someone else thinks that it will help them. I fear that young people are not always asked what help they think they need - if any - or, when asked, are not always listened to. A few service users have told me that the main thing they want from someone supporting them is for that person to listen to them and their experiences and not to oversimplify the matter because they are young and don’t know what they’re talking about or because they are “attention-seeking”. The services themselves are not to blame, but some individuals working for them are what prevent young people from engaging. A young person I used to support told me that his Community Psychiatric Nurse (CPN), rather than allowing him to explore his complex reasons for self-harming, ‘oversimplified’ the matter and asked him to complete a series of workbooks that she believed would help him. Not once did she ask him how he felt about the workbooks or how he thought the sessions with her were progressing! He said he found the experience fruitless and insulting. The CPN later suggested that he was uncommunicative, aggressive and argumentative because he had voiced how he felt about her approach and disagreed with her suggestions. What that young person wanted was for someone to validate his experiences and see him as a person, not just as someone with a problem that needed to be fixed. He wanted someone to listen and he wanted time to talk and reflect on his own thoughts and experiences. A few young people have told me about their experiences with statutory mental health services and all of them said that they found it very hard to talk about their experience because they were not given enough time to build up a trusting relationship with the staff. I don’t think people stop to consider just how hard it is to tell a total stranger your deepest, darkest secrets and just how exposed you feel after you have done so. And once you have told them everything that they want to know, they turn round and tell you that it’s all part of growing up or that you’re being manipulative and are an attention seeker. They rarely seem to consider the reason WHY someone might be seeking attention - or help seeking as I prefer to call it – perhaps the fact that they’re not being listened to?

I think there are a lot of good services out there, but I feel that young people need to be more involved in deciding what services are appropriate for them and when is the right time for them to engage with them.

I don’t think the services are to blame, but I do think that when people are training to work in a profession that cares for young people that more emphasis has to be put on learning interpersonal skills. Basically, attitudes need to change and young people need to be listened to.

Barbara’s experiences are echoed by another colleague on the Choose Life Steering Group who works with children and young people.

Jennifer Upson of the Aberdeen Foyer reports that the majority of the young people she works with have had negative experiences with statutory services.

"A lot of young people accessing Aberdeen Foyer's services have accessed the YPD and many have been quite negative or dismissive of their experience. They did not feel they benefited and seem to feel they had to defend themselves and/or their behaviour to the professionals there. The young people don’t seem to feel understood or heard and can't open up fully about their issues or experiences.

Clients come to Aberdeen Foyer with these experiences of other services and we have to work hard to overcome some negative perceptions about professionals. A high proportion of Foyer
clients who access our counselling service come with feelings of suicide and self-harm. They may have already experienced trauma or family difficulties and really need someone to take them seriously. Some mental health labels lead to the young person being viewed negatively while other young people do not have a serious enough diagnosis to be able to access statutory services quickly.

If you are young, then your mental health concerns have to be particularly profound and have a major impact on every aspect of your life before you can get any kind of access to statutory services. Many of the clients we see have slight to moderate concerns with their mental health, so they get no help with them. Basically they have to wait until their mental health issues are so severe as to cause a problem for other people before services will respond.

There is no doubt that there are some good staff working within statutory services and also that there is a lot that can be done to improve things just by working on making the services more accessible and client friendly. The solutions are achievable, I think, if we work closer together and also acknowledge the vital part the voluntary sector can and does play in meeting the mental health needs of clients, and therefore not rely so heavily on the statutory sector at times. This may positively impact on waiting lists. Young people frequently don't seem to see the benefit in working with the YPD and this seems to be to do with the lack of relationship. The young people I have worked with feel uncomfortable with the approach and don't open up about their issues. But I believe we can all play a part in changing that."

Conclusion.

This report indicates that the major blockage to accessing relevant support for mental health problems remains the attitudes of those professionals who are in a position to refer young people to services, and the attitudes of those professionals who work with young people within those services.

In general, the vast majority of young people who have been involved with both statutory and voluntary providers say that it is the voluntary providers who are most likely to provide them with meaningful support.

It is clear from the experiences of those people I consulted for the purposes of this report, and from my own, that there is a long way to go to address the age inequalities that surround the provision of mental health services. It would appear that once again voluntary sector providers are leading the way in responding adequately and sensitively to the problems that young people face when struggling with their mental health. Despite the fact that the voluntary sector continues to attempt to share best practice with the education and primary care sectors, statutory services remain, to a large extent, deaf to the calls for change.

There has always been reluctance on the part of statutory services to acknowledge the professionalism, expertise and value that the voluntary sector can bring. This reluctance is well known and affects every sector within social care. But it is also clear that before services can improve, the voluntary sector and statutory services must work together because, quite simply, neither one can do all the work alone.

This report is not intended to be negative; rather it is intended to highlight the need for change and to acknowledge the desire from all sectors, and from children and young people themselves, to make that change a reality.
Young people are continually asked what they want from such services, and more than any other population, they are willing to answer. Would it not be desirable to begin to listen? For all of the young people currently engaged with support and for the many thousands of those who aren’t, the need to be respectfully listened to remains their only request.

Cliff Watt
Locality Manager
Choose Life – Aberdeen City
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Acknowledgements

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Jennifer Upson (Mental Health and Wellbeing Coordinator Aberdeen Foyer)
JenniferU@aberdeenfoyer.com

Barbara Harrower (Self-Harm Development Worker, Penumbra)
Barbara.Harrower@penumbra.org.uk

David Alexander (Project Coordinator, Young People’s Mental Health and Wellbeing)
d.alexander2@nhs.net

Alison Wales (Policy and Information Officer, ChildLine Scotland)
AWales@children1st.org.uk

Cliff Watt (Choose Life Coordinator Aberdeen) (author)
cliff.watt@samh.org.uk

Further Reading


Disclaimer: The views represented in this report are based on the personal experiences of the contributors and are not necessarily representative of any organisation. Where every effort has been made to represent these views accurately, neither the author nor the contributors claim that these views are based on anything other than experiential evidence.
Appendix A

What stresses us - Pupils

Family Pressures/Stresses
- Relationships with parents
- Parental Expectations
- Sibling Issues
- Problems at home
- Bereavement Issues

Health Pressures
- Issues around body image, skin imperfections and how their friends viewed them were raised

School Related Pressures
- Homework/Study Time Issues
- Teacher
- Pressure/Relationships
- Teacher Expectations
- Exam Pressure
- Bullying
- Giving Talks to Class

Pressures from Friends/Peers
- Money
- Peer Pressure
- Body Image
- Work Related Issues
- School/Social Life Balance
- The Future
It is worth noting that these are all things that Pupils themselves recognised as stressors and the impact of that stress.