

An Exploration of how to meet Emotional and Mental Health Needs
across the Bradford District: A children and young peoples' perspective.
Professionals Summary: Presented at Bradford's Healthy Minds Strategy 28/10/2007

Findings:

'There is no point telling, if there is no help out there'

We need to make sure our children and young people have accessible and appropriate support, so that they do think there is a 'point' to tell somebody how they feel and which then enables them to get the help they have a right to receive.

122 children and young people across the Bradford District were reached. These were:

- **Made up of 40% BME children and young people with 56% White (4% did not say).**
- **They ranged across hard to reach groups such as looked after, CAMHS users, LGBTQ, Disabilities, NEET and a young people's hostel.**
- **They were aged between 6-26 years with 84% being 11-22years old.**
- **15% of those consulted with had experience of using a counselling service including CAMHS.**

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They chose to offer their views and share their experiences with us. They told us....

1/ That 77% of them seek help constructively through talking to somebody that they trust, that is known to them and that they are comfortable with when they 'have a problem or are upset'.

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2/ That these trusted individuals are friends, family, workers and services who know them, who they already use or have some knowledge about.

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3/ That 19% choose not to talk about their problem or why they are upset. Instead they take time out, do an activity, have their own space i.e. go to their bedroom, explore feelings through their diary and more destructively 'smoke', 'get angry', 'get pissed', 'violent' or 'listen to wrist slitter music!'

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4/ That children and young people's knowledge of services available to them was not in depth. They knew of services that they had direct experience of rather than a broad knowledge of what was out there. The current comprehensive counselling services were not highlighted in this consultation by this hard to reach sample. (Those with experience of counselling referred to CAMHS or seeing a counsellor within school throughout the consultation).

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5/ That 'Bullying' (at school, peer pressure, racism) is the main issue that young people face closely followed by 'Growing Up' (puberty, relationships, hormones, teenage years) and 'Family' issues (separation from parents, family break up, home life). Other factors are interlaced with these issues such as Moving ('moving placements...too many changes'), uncertain 'Future' (education, career, drugs, sexual health, forced marriages), 'Independency', low 'Confidence' and 'Life' in general.

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6/ That children and young people in care, school pupils both who are 'disruptive' and the 'seldom heard', LGBTQ, those who are bullied, disabilities, teenagers and more holistically everybody needs support. *"Services should be available to all. You cannot differentiate*

between young people and their needs."

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7/ 56% of children and young people state that they need more support whilst 15% don't know or are unsure. Only 16% tell us that they are 'okay' or get enough support currently (through family, CAMHS, Schools etc.) or that they do not have faith in the support being sustainable ('when the worker is off... they are... 'not replaced'). [pg.26-29](#)

8/ That children and young people need responsive support in school regarding feelings, talking, sexuality, schoolwork, the future and receiving information. Other wider support focuses on career, independency, health, confidence, making new friends, having somewhere to go and holistic support that is identified by the child or young person. [pg.28-29](#)

*'We do not get asked about what we need'....
'You can never get too much support.'*

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9/ That the barriers which prevent children and young people seeking support consist of not knowing the worker, not trusting them or the service, worrying about their right to confidentiality, a lack of knowledge about the service, long waiting lists, no information, not in the local area, judging counselling from their own previous bad experience, stigma, a fear of not knowing what will happen or what to expect and whether it will 'make it into a big problem!'. [pg.31-32](#)

10/ There is a good understanding of what we mean by counselling and just under half 49% of the children and young people would use a counselling service if offered it with 11% uncertain. 25% stated they would not use a counselling service. [pg.33-34](#)

11/ That children and young people's favourite ways of getting support are talking to people they know and trust about their problems such as talking to their family and friends or a worker they know, being supported to go to a counselling service with someone they trust and even talking to a counsellor face to face once they have become comfortable with the service. [pg.38-43](#)

12/ That the least popular ways of getting support are through a helpline and an online counselling service (online counselling received 58% votes for such a service to not be made available [pg.49](#)). This is due to a lack of personal contact, no trust, a fear of who you are talking to and the possibility that information given is misinterpreted. [pg.44, 52-53](#)

14/ That one size does not fit all and this lack of personal contact and anonymity that helplines and online services offer is what makes it accessible for some children and young people. 36% stated that this approach gives individuals time to get used to such a service and feel it may help people to access a face to face counselling service eventually. [pg.46,52,54-57](#)

15/ That an online counselling service could exist and may get used by a few individuals especially the more unconfident, but should not be resourced instead of a responsive face to face support such as a drop-in but rather as an addition to it.

'It is good only if it does not take money away from another service. It has to be additional to face to face work like a drop-in.' BLAGY Group.

This drop-in would have a helpline, online support and an informative local website attached to it.

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16/ That they want to be aware and informed about a service through word of mouth, signposting and advertising in places they go such as youth clubs, schools, at the GP'S. Information should be in school planners, on toilet doors in school, in newspapers, through the internet, leaflets, posters and the post. This bright, and welcoming information should explain the services available, the role of the workers and the process used. [pg.68-69](#)

17/ That a non stigmatising (mental health language not to be 'all over it!'), local website should exist which is informative, user friendly, known about, advertised and made accessible in schools and has links to further help and information about other services. [pg.68](#)

18/ That a service should be available when they need it, be able to cater to a large number of children and young people at the same time, be open to taking self referrals with no waiting list. That a service should be flexible, age appropriate, be located in a number of places convenient to the individual (in school, at home, in a drop-in, in the local area), provide a variety of information, things to do and learn which will informally and effectively engage the young people on their terms. [pg.60-62,66](#)

12/ That a service should have a drop-in where a relationship and trust can be fostered in an informal, confidential and flexible way led by the young people, according to their comfort levels and need. [pg.61, 75-76](#)

13/ That the service and/or drop-in can be attached to services or places that they already know and go to such as in 'hospitals, connexions, at college, in a looked after home, youth club, at a fitness club, at home etc.

'Do counselling in another service where young people already go and are comfortable going'

[pg.66](#)

14/ Participation – Rather than 'delivering services that 'do to' (users, customers, clients), children and young people have designed a service that encourages a social model of 'doing with'. Children and young people want a shared ownership and involvement in the process, in the decisions made and information shared.

They want services to provide them with the choice and voice regarding:

- Their referral to the service
- The worker they see
- How to build up the relationship with the worker
- When they can access the service and how long for
- Where they use the service (home, town centre, school)
- How they engage with it (face to face, online)
- What pace and level at which they access the support –

'It should be however you want it to be' pg.60

- A choice of bringing someone they trust to support them in accessing the service
- They are informed and have appropriate shared control over their information and who will be involved e.g. whether they are seen alone or with their family, what other workers/services are involved etc.
- What they do when they are at the service (activities, talk, meet people, learn new skills)
- Evaluation and feedback is sourced and has impact upon the future of the service.

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Conclusion: This has been incorporated into Bradford Healthy Minds Strategy 2008-2011

Confidentiality and Trust

The majority of young people agreed that they would choose to tell somebody when they needed support but were very clear that they would need to know and trust this individual/worker before asking for help and sharing problems. A number of young people recounted experiences of breaches of confidentiality when staff had shared sensitive information with other staff members and parents. Associated with this was a lack of trust in the ability of services to maintain confidentiality. For any service, winning young people's understanding and trust would need to be a priority.

Current support available:

The majority of young people felt that there was not enough support provided by services across Bradford that young people could access easily. Despite this a large number of young people did state that they would choose to use a counselling service to help them feel better, to develop more confidence and to support them in terms of identifying a direction for the future.

Information for services

There is a clear gap in terms of information about the range of services available, what counselling involved, what services are able to offer, how they are treated and referral routes.

Accessibility

Young people were unhappy about being required to wait for a long time to access services, a recurrent theme was that services should be easy to access, both in terms of physical location but also in terms of process. Flexible and informal methods of accessing services, such as drop-ins and self-referral routes were advocated. Young people were not clearly distinguishing between 'counselling' and other services and wanted to be able to engage with people who they could trust in a variety of different settings through a variety of methods. Through their design they placed counselling within existing services imbedding drop-ins and skilled workers into youth clubs, at schools, in connexions, within their residential unit, in their local area and at their home. The children and young people brought the service to them rather than themselves to the service, which may overcome issues of accessibility currently being experienced by services.

This joined up approach highlights the responsibility of all services to meet children and young people's emotional and mental health needs.

Participation

Young people felt it important that services 'work with you' and respond to individual needs keeping them fully informed and providing them with choices of how to access the service, how long they use it for, what worker they see, to have power over their information and how they evaluate and aid the development of the service.

Recommendations:

The Healthy Minds Participation Worker feels that it is important that we listen to the messages from the children and young people about which services are most comfortable for them to use. Their design attempts to ensure that a breadth of young peoples emotional and mental health needs are met.

- It is clear that counselling and wider children services need to ensure that accessible emotional and mental health support is available to their potential and existing users about a broad range of issues.
- Services need to prevent children and young people isolating themselves and choosing negative coping mechanisms when in crisis. Services should be available and be responsive at the time of referral.
- We as professionals need to seek out the children and young people who need the support, we need to make ourselves available to them and not expect hard to reach children and young people to be empowered and able to seek support for themselves. Promotion, availability and accessibility is key!!
- It can be seen that the current support across the Bradford District is not holistically known about by children and young people. Existing and new support needs to be made available and be better promoted informing children and young people about the support out there, what services are able to offer and referral routes.
- Services need to explore new ways of engaging children and young people. This targeted support needs to engage harder to reach groups in an informal, comfortable and participative approach i.e. a drop-in, be based within services they already go or be a service that comes to them.
- The initial focus needs to be about the sustained engagement of the child or young person and the building of relationships, trust and knowledge.
- The service needs to be adequately resourced and accessible. (24/7?, available as long as is needed, takes self referrals, no waiting list, (be able to be a crisis support or be there now and again according to the individuals need).
- The service needs to be flexible to the individual with a choice of involvement/ support/ intervention. The Children and young people's social model approach to counselling could be piloted by developing an emotional and mental health drop-in, attach this support to existing services or deliver it in their local area.
- Follow the children and young people's design enabling the service as a place to go, a place to socialise, meet new friends, meet peers in the same or similar situation, gather information, chat informally, visit different themed rooms, do activities with the service, have fun, have online support and a helpline attached and of course work closely with a counsellor, when the time is right for them to explore their feelings and issues.
- The support needs to be delivered at the child or young persons pace and comfort levels and not be wholly dictated by the professional or service pressures such as time restrictions, 9-5 working hours and meeting unrealistic targets that sacrifice quality due to quantity.
- Participation/ Consultation needs to increasingly play an important role in strategic thinking enabling children and young people to share in and have influence over decision making about how and what type of services are available to them.
Participation should not be an add-on but rather, be a central value running through the service and individuals practice, written into job descriptions, monitored as a part of a services targets and impact on service development.

Final Thought::

If we are still thinking of delivering and commissioning services in the traditional sense as we have always done it then we have not listened to the voices within this consultation. The astute and expert opinions offered by the children and young people force us to question how effective current service delivery is for 'all' children and young people.

We need to question how effective are services that enter a young persons life after having been on a waiting list for a number of months, only to leave them after a short burst of intervention? All services including counselling services need to be (as realistic as possible) in a young person's life as long as they need it, until the young person understands their situation, has established coping mechanisms and is equipped for their future.

A relationship needs to be built and trust earned before the harder to reach children and young people will begin to engage, communicate and receive effective support.

The children and young people's design of an emotional and mental health drop-in is an approach that currently does not exist across the district. They have identified a gap which commissioners, strategy and services should acknowledge and they have offered us ways for this to be delivered (i.e. attaching drop-in's onto existing services or housing individual qualified skilled workers into existing services that these hard to reach children and young people already have relationships with and have established a sense of trust with).

Listening to these ideas our viewpoints and awareness can be expanded ensuring that we as professionals, commissioners, managers don't just design what we think young people want but rather we design responsive needs led services in the way that children and young people tell us would work for them.

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