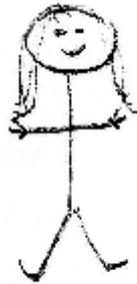


What makes a good life? (or good enough)

Views from young people (and their parents)
who access an adolescent mental health
service in Highland



Amy, 16



Maddison,
16



Ava
16

Gillian Newman
Highland Children's Forum
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Foreword from Chair Person

Contents **Page number**

Foreword	3
Summary	5
Introduction	6
Method	6
Imaginary Stories	7
Anna’s Story	8
Beth’s Story	10
Chloe’s Story	12
Lesley’s Story	14
Discussion	15
Conclusion	17
References	18

Common Abbreviations
NHS: National Health Service
CAMHS: Child and Adolescent Mental Health Service
ASD: Autism Spectrum Disorder
OCD: Obsessive Compulsive Disorder
TS: Tourette’s Syndrome
AN: Anorexia Nervosa
HYV: Highland Youth Voice
ASN: Additional Support Needs
NICE: National Institute for Health and Clinical Excellence
SLG: School Liaison Group

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Summary of findings

In the “Good Childhood? A question for our times” study¹ ten themes were identified by young people as being important in having a good life.

Of these 10, the key factors identified as being important for the mental health and wellbeing of these CAMHS service users is their family, friends, learning and health.

Family

The family was a main source of support for these young people. Their mental health needs impacted on the whole family and therapeutic intervention which considered the needs of the family was most useful.

Friends

Friendship was a key factor for young people’s wellbeing, with perhaps the exception of some on the autism spectrum. Growing up with an early diagnosis may have had less impact on friendships than a later diagnosis had.

Learning

Guidance teachers seemed approachable. Where teachers had understanding and were supportive, young people did well. Where teachers did not show understanding, this was a real pressure on young people.

Health

The Phoenix Centre was supporting these young people towards better mental health. They were also supporting families which was important for the care and support of the young person, but also in recognition of the stress that families would be experiencing. The mental health needs of these young people have some impact on physical health in terms of their lifestyle choices and also of their risk of harm or injury.

Leisure

Young people did not report enjoying the range of leisure pursuits that might be expected. None of the young people mentioned taking part in sport out of school. Socialising with friends, playing music and watching movies were mentioned.

Attitude

There were mixed views on whether having a diagnosis, or label, improved understanding in others. Teachers and peers not understanding behaviours and support needs had been an issue.

Behaviour

While young people did not self-report behavioural issues, parents did mention anxiety, obsession and compulsion as behavioural challenges with these young people.

Money

Money did not particularly register as an issue with these individuals, although there was concern about the future of the Disability Living Allowance.

Local Environment and Community

These were not themes that arose much in the stories, although a safe community was mentioned.

Self-perception

This was an additional theme raised by these young people in terms of their self-image, self-confidence and their dependency on others.

Services

These young people with mental health needs which impact on their education do not seem to have a Child’s Plan. Integration of services was difficult to discern from the stories.

The Red Flag system for emergency health services does not seem to be working in all cases.

Introduction

The Scottish Needs Assessment Programme Report on Child and Adolescent Mental Health² recognises the benefits of listening to and involving children and young people in consideration of mental health and wellbeing. The Mental Health of Children and Young People A Framework for Promotion, Prevention and Care³ recognises that mental health services is not just about treating those with a mental health need, but also about recognising the need to promote good mental health and work preventatively with groups of children or young people who are vulnerable to developing mental health issues.

Children and young people identified 10 themes which contributed to their wellbeing in the “Good Childhood? A question for our times” study¹.

This consultation project for the CAMHS review in Highland uses these 10 themes to look at mental health and wellbeing across three pieces of work: promotion, a study working with young people in universal services; prevention, a study working with young people whose circumstance or need may make them vulnerable to mental health issues and care, a study working with young people accessing mental health services to find out how their need to access a service and the treatment they receive supports their mental health and wellbeing.

This report is from the study consulting young people who access child and adolescent mental health services in NHS Highland to ascertain how services can best support both their mental health and their wellbeing. Where young participants agreed, their parents were also asked for their views about how having a mental health need and the health services their son or daughter was receiving was affecting his or her wellbeing.

Method

The participants had accessed a service from the Phoenix Centre for Child and Adolescent Mental Health Services, NHS Highland.

Although 12 participants were sought, only 4 young people came forward. 1 later withdrew. Participants were given pseudonyms, Anna, Beth and Chloe.

Each participant was asked to contribute two stories, one about an imaginary young person to consider the question “What makes a good life for a young person?” and a second story about their own experience around the themes they had identified.

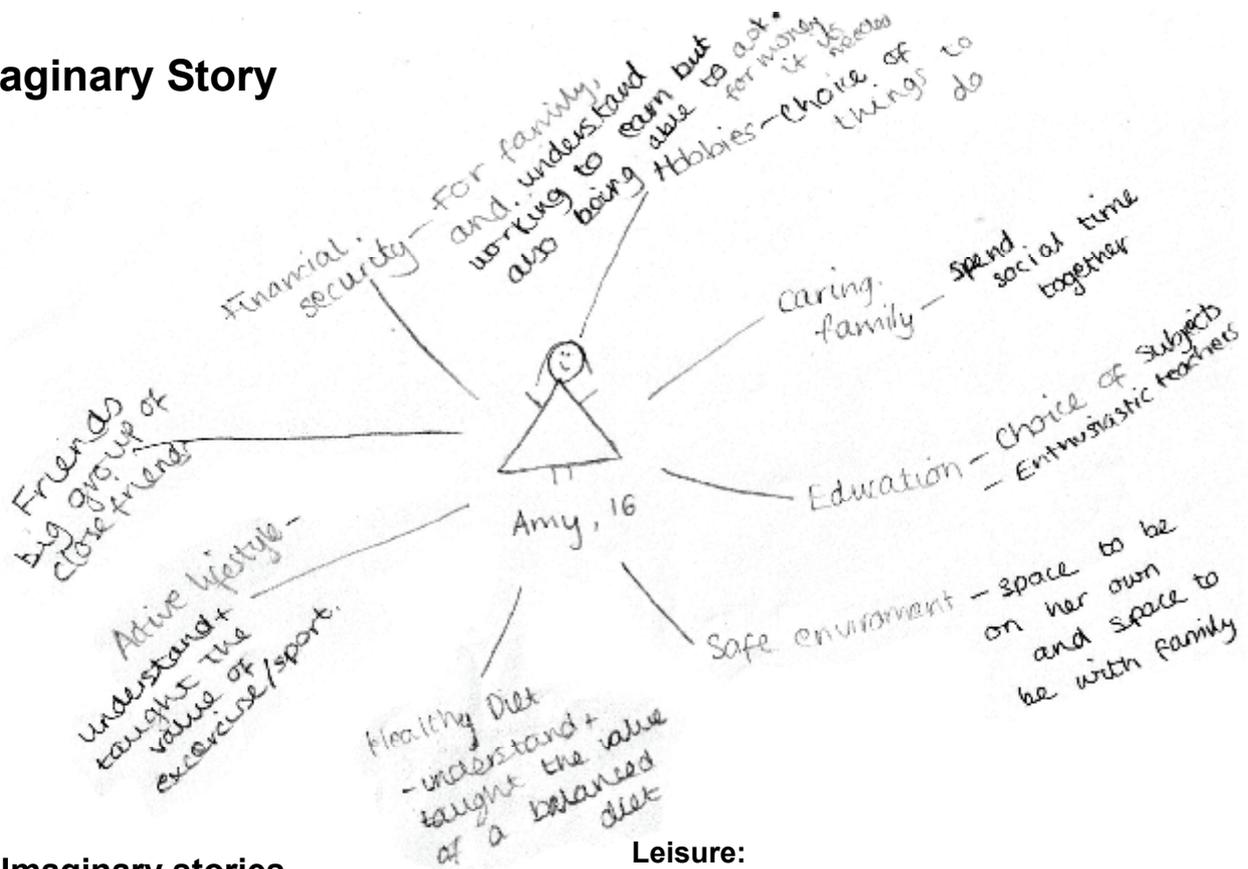
To consider the first question, participants were invited to draw a stick young person and to give him/her a name and an age. They were then asked to consider what would be important for that young person to have a good life.

Young people were then given a choice about how to tell their own story to ensure the media chosen was attractive and interesting to the young person. Two young people opted for journals and one for a face to face interview.

Young people could consent to their parents being invited to participate. 3 mothers participated with experience of 4 young people who have accessed a mental health service. The other child of the parent who shared her experience of services for two of her offspring was given the name Lesley.

The stories from young people and parents were looked at around the ten themes of the Good Childhood Study¹, with additional themes added as needed. Parents also contributed the story of how concerns were first raised and their experience of services since to support their child/children, including the mental health service from the Phoenix Centre.

Imaginary Story



Imaginary stories

Family:

The things identified as being important for a good life was a family that spent time together, both social time and meal times. Personal space was also important. Family should be supportive and accepting.

Friends:

Close friends who accepted you and were supportive were mentioned along with friends who were a good influence and who had shared interests.

Learning:

A good school with good teachers and pupils ('not nerdy'), good subject choices and a good reputation was important. The need for the young person to work hard was also noted.

Health:

Good health for the imaginary young people was about having good underlying health as well as choosing a healthy lifestyle.

Apart from the consideration of whether or not it was good to have a part time job while still at school, there was general agreement about what would be important for a good life for a young person.

Leisure:

Sport was identified as an important leisure activity along with hobbies, cinema, music and dance. The benefit of leisure was that it was relaxing, a distraction from problems and a way to meet new people.

Attitudes:

The young people did not say anything which specifically referred to attitudes. However, it was mentioned that family and friends should be supportive and caring. One young person thought that being confident was important.

Behaviour:

Behaviour was not mentioned by the young people as being important.

Money:

Financial security, enough to live comfortably, was considered important. One young person thought a good life would be not needing to work, just asking for money if needed; another young person thought that working and understanding the importance of earning money was needed for a good life.

Local Environment and Community:

Living in an area that was 'nice' and 'safe' was mentioned as important. Good public transport was also raised.



The Mind Map of Anna's Story

Anna

Anna is a 16 year old young woman with ASD.

Anna's mother's Story:

Concerns raised

Anna's mother had known there was something different about Anna but her needs developed and she now shows some complex Autism Spectrum symptoms, although she has never been given a formal diagnosis. Although Anna has been recognised as having additional support needs since primary, her need for a mental health service is more recent. She was first seen by a psychologist, which her mother felt was not helpful as Anna does not have insight and is not able to work out her own solutions. She was then seen by a psychiatrist.

Family

Anna's mother explained that she had recently divorced. While she is at work now, Anna's younger sister takes on the role of young carer. There has been no follow up from social work or anyone about the effect the divorce may be having on Anna or the rest of the family.

Anna also needed to know the comings and goings of others; she did not feel safe if people could just arrive at the door of her home, even if they are family friends.

Friends

Anna's sister is her social world according to Anna's mother, although this expands a bit in summer time when her brother is home.

The onus on Anna's siblings to be her social world is a huge expectation from them. Peer training to build social skills can help people with ASD⁴. However, when someone like

Anna has not been provided with a formal diagnosis, their communication and comprehension difficulties can lead to isolation and bullying as Anna has experienced⁵.

Learning

Anna's need had initially been seen by the school as behavioural, according to Anna's mother. However, once they understood the primary school was supportive. Anna has difficulty socially in school and this affects her attendance.

In secondary school Anna's support has not been well planned. Anna is now coming up to transition and there is no plan for her. There is evidence that having a child or young person with ASD can be stressful to parents especially at times of transition.⁶

Guidance staff have been 'brilliant' to talk to, but nothing seems to happen as a result. School staff complain about Anna's poor attendance but do not look for solutions or suggest ways around it.

Health

Anna's mother raised the issue of the 'Red Flag' system when particular support needs are flagged up at any presentation to a health service such as Accident and Emergency. Not all medical staff seem to be aware of the system and so it does not work.

Medication is not always followed up and repeat prescriptions can continue unchecked long after the review date.

Leisure

No leisure pursuits for Anna were mentioned.

Attitudes

Anna's mother felt that there was a lot of misunderstanding of mental health and people still think of it in terms of the old institutions. She felt the information about it was poor and that services were not well

signposted. Anna's mother also recognised there is a problem about diagnosis. In one sense it is not the label that matters, but in another sense it is the label that sometimes brings recognition and support.

Behaviour

Anna's mother reported that Anna suffered from anxiety but is now on medication which is helping this. Her anxiety could be reduced by things like a fast ticking clock or digital watch which act to calm Anna down.

Money

No mention was made of money issues.

Local Environment and Community

Anna's mother did not refer to the community or environment.

Experience of Phoenix Centre

Anna is receiving a service from the Phoenix Centre which is helping her anxiety although her mother feels that other issues such as sensory and social difficulties are overlooked.

Communication from the Phoenix Centre about follow up appointments is not consistent; either follow ups don't happen or notification of appointments is too late for arrangements to be made to attend.

Experience of integrated services

Anna's mother is not aware of a Child's Plan. There are School Liaison Group meetings (SLG) which she receives the minutes of, but actions don't seem to happen in between. There is no input to these from psychiatry. Dates are set without consulting families about what might be suitable.

Previously Anna has not been involved meaningfully in SLG's, but her new Social Worker takes great care to enable Anna's views, meeting her beforehand to prepare her. Anna's mother feels the principles of Getting it Right are good, but it is not experienced in practice.



The Mind Map of Beth's Story

Beth

Beth is a 15 year old young woman with a diagnosis of TS and OCD

Beth's mother's Story

Concerns raised

Beth's mother reported that Beth's needs were recognised at a pre-school stage, although she was not diagnosed until in primary school. Her symptoms had been occasional and it was when they became consistent that she was referred to a paediatrician who then referred her on to the Phoenix Centre.

Family

Beth's mother said that relationships were generally good in the family although Beth and her sister didn't always get on.

Friends

Beth's mother said that most of Beth's friends know about her TS. To begin with at school

Beth chose which friends to tell, but late in primary her condition was explained to the whole class. This did not cause Beth difficulty. There has been the odd episode in secondary when someone has said something about it which has upset Beth, but on the whole it has been fine.

Learning

Beth's mother reported that Beth had been supported in primary school and the transition in to secondary was well planned and managed.

Beth has a compulsion to touch things that are harmful such as something hot or sharp which makes science and home economics difficult. Her spasms affect her ability in music and in PE.

Beth's attendance is low. She often gets sent home when she has tics or migraine. Some teachers think she is fine in school and do not realise the effort it takes for to suppress tics.⁷

Health

Beth gets injured very easily and has had fractures of shoulders, arms and legs. Her mother feels this may be that the tics make her lose concentration.⁸

Beth has a poor appetite and her parents are now concerned that her low weight and appetite could tip her in to more serious health issues. She has sensory issues with smells, sounds, texture, and taste which are all capable of triggering tics

Leisure

Beth's mother said organisations such as Brownie/Guides and Scripture Union Camps have been brilliant for Beth. They have known about Beth's condition and have been very supportive. Beth was participating in some sport, dance, gym and swimming but she does not have the energy now. She is a poor eater and her tics use up a lot of her energy and spasms interfere with doing sport. She has become anxious about swimming which she was not before.

Attitudes

Beth's mother felt that because Beth had grown up with her condition she had adjusted well to it.

Behaviour

Beth's mother reported that Beth is addicted to screens and can be paying attention to her phone, Ipad, laptop and TV at the same time. She becomes anxious and distressed if asked to put them down. Beth's anxiety has her sitting cocooned in a room; she does not like to move from one room to another without someone accompanying her.

Beth's self-harm is not unusual in young people with TS;⁹ it has an element of compulsion and an element of complex tic.⁷

Money

Beth's mother is concerned about the changes in Disability Living Allowance and does not know if it will affect Beth.

Local Environment and Community

Experience of Phoenix Centre

Beth's parents have found the Phoenix Centre enormously helpful and have been able to contact them to discuss things. Beth is seen weekly and there are 6 weekly reviews which the parents find helpful.

Beth's mother said that over the years Beth has attended the Phoenix Centre on the whole the service has been fantastic. There was one time when a relationship with one member of staff was difficult and trust had been broken. However that was dealt with and otherwise relationships have been good.

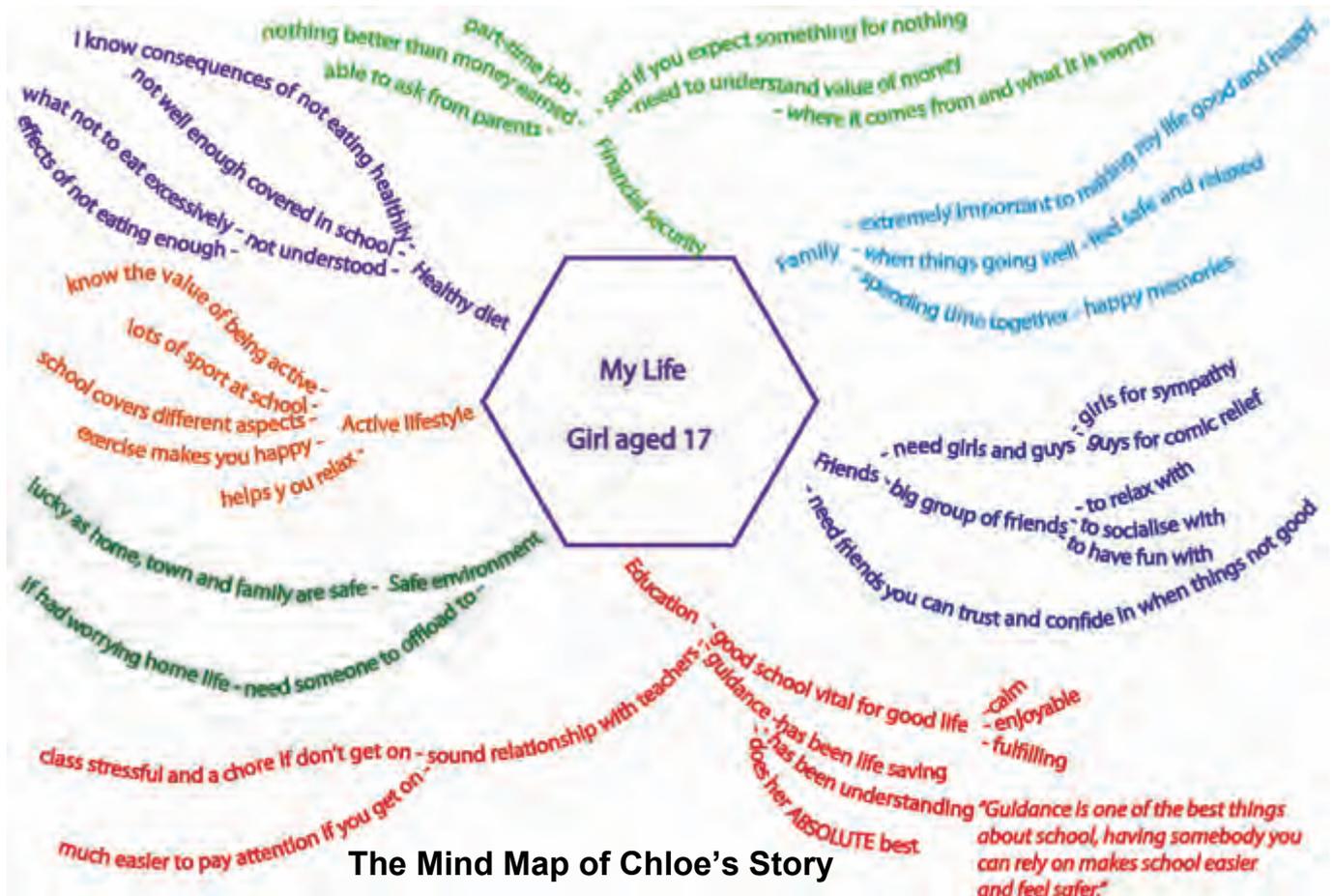
For a while Beth was seen at home. This was better for Beth but also provided an opportunity for her mother to catch up with the practitioner once a month about how things were doing. Once the appointments moved back to the Phoenix Centre, that opportunity was lost.

Beth's parents are not sure what the different professional titles mean, but Beth is now seen by a 'drama therapist' and has done drawing and modelling which has been helpful.

There have been difficulties with change over of medication which was not monitored well to start with and there were side effects which were difficult.

Experience of Integrated services

Beth did not have a Child's Plan as far as the family were aware. The lack of integration between mental health services and education is a concern for the family as Beth approaches transition in to adult services. This The family would contact the Guidance teacher for any concerns about school and the Phoenix Centre for any concerns around her mental health.



Chloe's story

Chloe is a 17 year old young woman with a diagnosis of AN.

Chloe's mother's story

Concerns raised

Chloe's parents had been concerned about her loss of weight and behavioural changes for a while. Her weight loss would not trigger a referral to mental health services until her Body Mass Index (BMI) was 19 or under. However the signs of anorexia were there before this. The parents did pay for some private counselling which was helpful but did not prevent Chloe from developing AN. Once referred to the Phoenix Centre things moved on. As the signs had been there earlier, Chloe's mother wondered if therapeutic help could not have been initiated earlier, perhaps avoiding the dangerously low weight Chloe reached.

Chloe's mother suggested that instead of a particular BMI acting as the trigger, a range

of behaviours could also be a trigger for additional support.^{10&11}

Family

Chloe's mother said that the family had always enjoyed meals together and so they did not expect an eating disorder in their family. Chloe had always had a tendency for anxiety but became dissatisfied with her body image as she moved in to secondary school. At this time she began to withdraw from family eating and make herself tiny amounts of particular food and would not eat anything else. This led to tension around family meal times which was stressful for everyone.

The family had some family sessions at the Phoenix Centre which had been helpful and had enabled a younger brother to express his feelings too. The NICE guidelines for the management of AN¹¹ emphasise the importance of involving members of the family, including siblings, in the treatment programme.

Chloe's mother felt that Chloe had made

huge progress and now usually eats the family meal.

Friends

Withdrawal from friends was one of the things Chloe's parents had noticed before she was diagnosed. When she was getting ill, Chloe didn't really go out at all. Gradually friendships and social life are being restored.

When Chloe was really ill and withdrawn, some of her friends shared their concerns with their parents and through them to Chloe's parents. Two friends turned up with daffodils once to show Chloe they cared.

Chloe had a boyfriend who she had previously been supporting through issues of his own. Then it turned around and he was supporting Chloe.

Health

Chloe and her parents hit a low spot when it was thought that Chloe was such a low weight she would need to be admitted. However the way this was handled by the psychiatrist and staff was wonderful and helped the family through that time. In the end Chloe narrowly avoided being admitted.

Learning

Chloe's mother also spoke of the support they had received as a family from the Guidance teacher. Chloe at one point had become obsessional and anxious about school work. Now this is more balanced and Chloe is coping well.

At one point when Chloe was very ill she was not allowed to go on a school trip she had been looking forward to. This was a bitter blow to her but Chloe's mother felt it might have served the purpose of making her realise how her condition could affect things she wanted to do.

Leisure

Chloe's mother commented that Chloe was back to socialising with her friends.

Behaviour

Once treatment began, the parents had to insist certain food were eaten which was a battle at times. However, they felt hugely supported by the Phoenix Centre and were in regular contact throughout that difficult time.

Asking Chloe to eat calories to gain weight was the opposite message to those she might be getting from the media about healthiness and attractiveness being about less calories and weight loss.¹⁰ This presents a struggle between the need to address the physical danger of low body weight while building up the young person's self-image.¹⁰

Experience of the Phoenix Centre

Chloe's parents have found the support from the Phoenix Centre tremendous. They feel a huge sense of debt toward the Phoenix Centre and know without the service they provided, Chloe might not have been with them today.

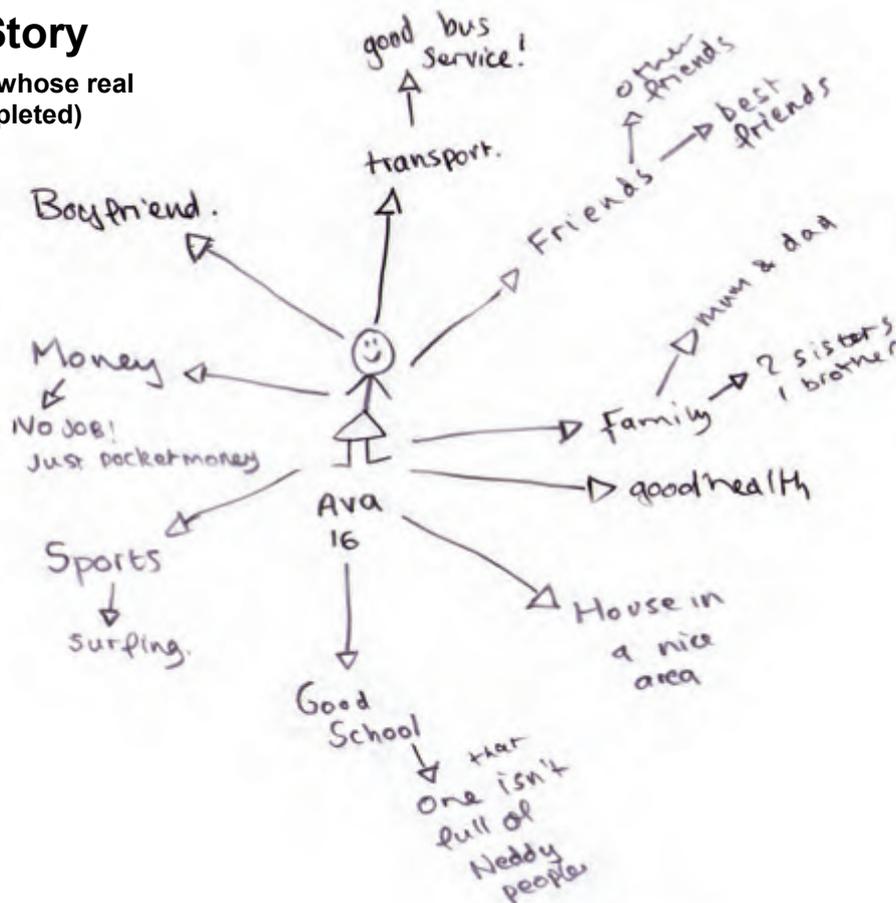
Experience of Integrated Services

Chloe's parents were not aware of a Child's Plan. They can speak to guidance at the school or the psychiatrist at the Phoenix Centre.

Chloe's mother noted the difference in the approach by professionals to breaking the news to Chloe about missing the school trip and breaking the news that she may need admitted in to hospital. In the first instance this was handled abruptly which had been distressing to Chloe. In the second case it had been handled very sensitively which had been really helpful.

Imaginary Story

(for young person whose real story was not completed)



Lesley, a mother's story

Concerns Raised

Lesley's mother had noticed the signs of Lesley's additional support needs since the start of primary school but it was not until secondary that things escalated and Lesley was seen and diagnosed. Lesley is on the autism spectrum and has some additional difficulties.

Experience of the Phoenix Centre

Lesley's mother does not have much communication with the therapist at the Phoenix Centre and so finds it hard to both keep the therapist up to date with changes in behaviour, as well as with finding out how Lesley is responding. The parents have shared information about Lesley's behaviour deteriorating, including drinking and violence, but have not been able to discuss this with Lesley's current therapist. There is a generic email address which the parents can use to make contact, but there is no reply so the parents can never be sure the message has been forwarded to the therapist.

Experience of Integrated Services

Lesley did not have a Child's Plan at the time of the interview, but there has since been a full

multi-agency meeting and the parents have subsequently been sent a copy of a Child's Plan. Professionals from health and education have disagreed over her support including whether or not to use medication. This is not yet resolved.

Some teachers have not understood Lesley's needs. Although Lesley has difficulty with eye contact, one teacher insists on it. Lesley's mother reported that Lesley can spend hours and hours on a homework project, redrafting and redrafting but then fail to hand the work in because it is not 'perfect'. There has been no understanding or leeway with some teachers about this.

Misunderstanding of the needs and behaviours of young people with ASD can lead to them being unhappy at school.¹²

Lesley has turned down a learning support auxiliary in school and has sometimes refused treatment from the Phoenix Centre. This is a challenge for the parents trying to get the right support.

Lesley's mother experiences violence from Lesley but was told that social work support could only be available if the child was at risk from the parents not if the child was being violent toward the parent.¹⁴

Discussion

The two way interaction of mental health and wellbeing does come out through these stories. However, a much stronger thread that emerges is that these are first and foremost young people, individuals who are not defined by a diagnosis or state of mental health. This is summed up so well by Anna.

“..not everything about me fits under a name.”

Across the three strands of this project, promotion, prevention and care, there were 100 participants. All of these young people aspired to similar ideas of what wellbeing is for young people; what makes a good life.

In consideration of how often each of the 10 themes was included as important in the imaginary stories, the 3 most popular themes across the studies were family, friends and learning.

77% of young people from Highland Youth Voice thought attitudes were important, but for those with additional support needs whether mental health needs or other needs this was significantly lower (1 out of 3 for this study). One would expect that this group were more likely to be subject to discrimination in their real lives and would have rated this as a higher priority in the imaginary good life. Perhaps not having to think about the attitude of others was part of a good life.

Another surprising result was that the theme of behaviour which was mentioned in the other studies was barely mentioned as important in the imaginary stories in this study. As mental health has such a large impact on behaviour it might be reasonable to expect young people with a mental health need would have included it.

The local environment and community were the least important themes for the HYV and ASN studies. In this study all three young people made some comment, two young people referred to the importance of feeling safe in the community.

Across the themes of the real life stories of these young people some things stand out.

Real Stories

Family

The family was important to these young people; it was here they were accepted, their idiosyncrasies were understood or tolerated and where they received support. Home was a safe place to be.

Studies show that there is increased stress on families of those with children who have a mental health need.^{6,11&13} There also evidence that family intervention is often more effective than individual treatment only.^{11,13&14}

The Phoenix Centre place importance on supporting the family as well as the young person with a mental health need and that is why this part of the study invited participation from parents as well as young people.

Friends

Friendship was a key factor for young people's wellbeing, with the exception of some young people on the autism spectrum. Growing up with an early diagnosis may have had less impact on friendships than a later diagnosis had.

Peer education about different aspects of diversity can be a way of raising understanding and tackling prejudice, but this may not transmit in to better friendships.^{4,12&15}

Learning

The young people had various challenges at school from teachers or other pupils who did not understand about their condition. Whether this resulted in bullying, social exclusion or a teacher having unrealistic expectations of behaviour or work, this can lead to the young person being unhappy and feeling excluded at school.¹¹

Peer education and staff development to ensure understanding of the needs of pupils with diverse needs is fundamental to an inclusive school.¹⁶

Working in a multi-disciplinary way to plan appropriate individual learning and classroom

strategies is beneficial.¹⁶ CAMHS and the schools do not seem to collaborate in planning to meet these young people's needs.

Health

The conditions young people had impacted their physical health as well as their mental health, such as being more prone to injury or weight loss.

Concerns about the child or young person had been present before the threshold for a mental health service was reached. While thresholds exist to ensure the right people get seen and treated, a broader view of behaviours indicating mental health problems might be developing may help earlier intervention.¹¹

There were issues around the follow up and management of medication.

The Red Flag system should flag up key pieces of information about the support needs of a person and the best approach to handle these for emergency and other medical appointments. But it will only work if medical staff know about it and use it consistently.

Leisure

Both leisure and exercise are recognised as being beneficial to mental health and wellbeing.^{17&18} Young people with additional support needs can be limited to activities that involve a support worker.¹⁹

The limited leisure pursuits of these three young people may not be helpful to their mental health and wellbeing.

Attitude

There were mixed views about getting a diagnosis which can be seen as a label and contribute to discrimination or it can produce more understanding in others. It can sometimes open the way to services.¹²

Behaviour

The behavioural changes in these young people fit within condition specific behaviours including self-harm, withdrawal, experimentation with alcohol, obsessions, compulsions and anxieties.^{7&9}

Young people did not self-report these issues they were raised by the parents.

Money

Money did not feature as very important with any of the young people while they were still living at home, but when they become independent it may be more of an issue.

Young people with ASD and other developmental disorders are more prone to bullying.²⁰

Local environment and Community

Little comment was made about the local environment or community. It might be that these young people are home based and do not go out much in their communities and environments or that their focus of wellbeing was within the boundaries of their homes where they felt safe or that they just did not consider their community or the environment to be important to having a good life.

Self-perception

Anna was conscious of her dependence on others, Beth was aware of low self-confidence, Chloe has body image issues. An awareness of difference, of not quite fitting in, can contribute to feelings of anxiety or depression.^{12&21}

Self-image is a key factor in a young person's psychosocial health and their relationships.²² Baumeister²³ suggests that the solution is not so much about building up self-esteem in young people, as enabling them to have or develop a locus of control.

Integrated Services

The Getting it Right approach to Integrated Services²⁴ does not seem to be practiced. Neither parents nor young people were aware of a Child's Plans or of the Phoenix Centre working with the school. The participant's mental health need was impacting their education and often this was due to a lack of understanding by the school of the mental health need. Better integration may go some way to addressing this.

Conclusion

The young people who took part in this project had identified with most of the themes around wellbeing which the Good Childhood Study¹ had developed. However family, friends, learning and health were the key factors mentioned by participants. The participants' mental health needs had impacted across these areas of their lives placing additional stresses in each. However, positive relationships of acceptance and understanding from family, friends and some professionals were great strengths in their lives.

While attitudes, behaviour and leisure themes were not a specific focus for these young people; parents' stories suggest that the mental health needs had impacted on quality of life in each of these areas. For attitudes, it was not clear if a diagnostic label helped understanding or not. Peer education may help; early diagnosis may improve peer understanding. Young peoples' changed behaviour was more apparent to the parents than the young people. These young people accessed less leisure than you might expect.

Money, local environment and community did not feature highly in these stories, enough money and a safe community were the important things.

An additional theme for wellbeing from these young people was that of self-perception: feeling different, feeling dependent, lacking confidence or having a poor body image. Gaining a sense of having a locus of control might be as important as building self-esteem.

The service they received from the Phoenix Centre was making a difference and young people and their families felt that it supported their wellbeing.

Currently there does not seem to be an integrated service for these young people. Health and education do not appear to be sharing information and working together.

These stories demonstrate that these young people have similar interests and concerns as other young people. Their mental health need was an aspect of their person which impacted their quality of life but did not dictate it.

As Anna says:

"People are complicated and I am one too."

The Phoenix Centre

The Phoenix Centre brings together the services of Clinical Psychology, Psychiatry, Nursing, Family Therapy, Art Therapy and Social Work. They work with families, children and young people who need help in dealing with a variety of health and mental health problems and have expertise with children and young people with Learning Disabilities or Autism Spectrum Disorder.

The therapies offered include talking therapies, art therapy, medication, professional consultation and group therapies. Families along with professionals agree an action plan for treatment at their first visit.

Notification of interest

The study received ethical approval and was due to begin in 2010. Between applying for ethical consent and receiving it the author's own teenage daughter became a service user of the CAMHS in Highland. Ethical consent was given to continue on condition that this was made known in the report and that her daughter did not participate.

Recommendations

These four case studies may or may not be typical of the experience of service users of the Phoenix Centre. The following recommendations which emerge from these stories are to address the issues these stories present in consideration of current policy.

Integrated services:

The Phoenix Centre did not appear to be collaborating with education or other services. Where the young person's mental health need has an impact on their education and or on their family life, then a multi-agency Child's Plan should be drawn up, whether the Lead Professional is from health, education or social work.

Wellbeing in the round:

Focus of the treatment sometimes seemed to be on a particular issue such as anxiety but overlooked other issues such as social difficulties in school. The benefit of a Child's Plan would be that these issues could be considered together as they may be interdependent.

Communication:

Communication between families and the Phoenix Centre seemed to depend on the practitioner involved with the young person. Communication routes should be clear from the outset so that families know who to get in touch with and how if they have issues or concerns.

Follow up of Medication:

When young people are put on medication there should be follow up from the prescribing doctor to ascertain if there are difficult side-effects being experienced. Repeat prescriptions should be reviewed at the time intervals given.

Information and pathways:

Some people did not seem clear about why a particular therapeutic approach was offered, whether it was the most appropriate or indeed what different approaches were available. Information about the different therapies available at the Phoenix Centre would be useful. Clear pathways to indicate how young people are directed to particular therapists would also be helpful.

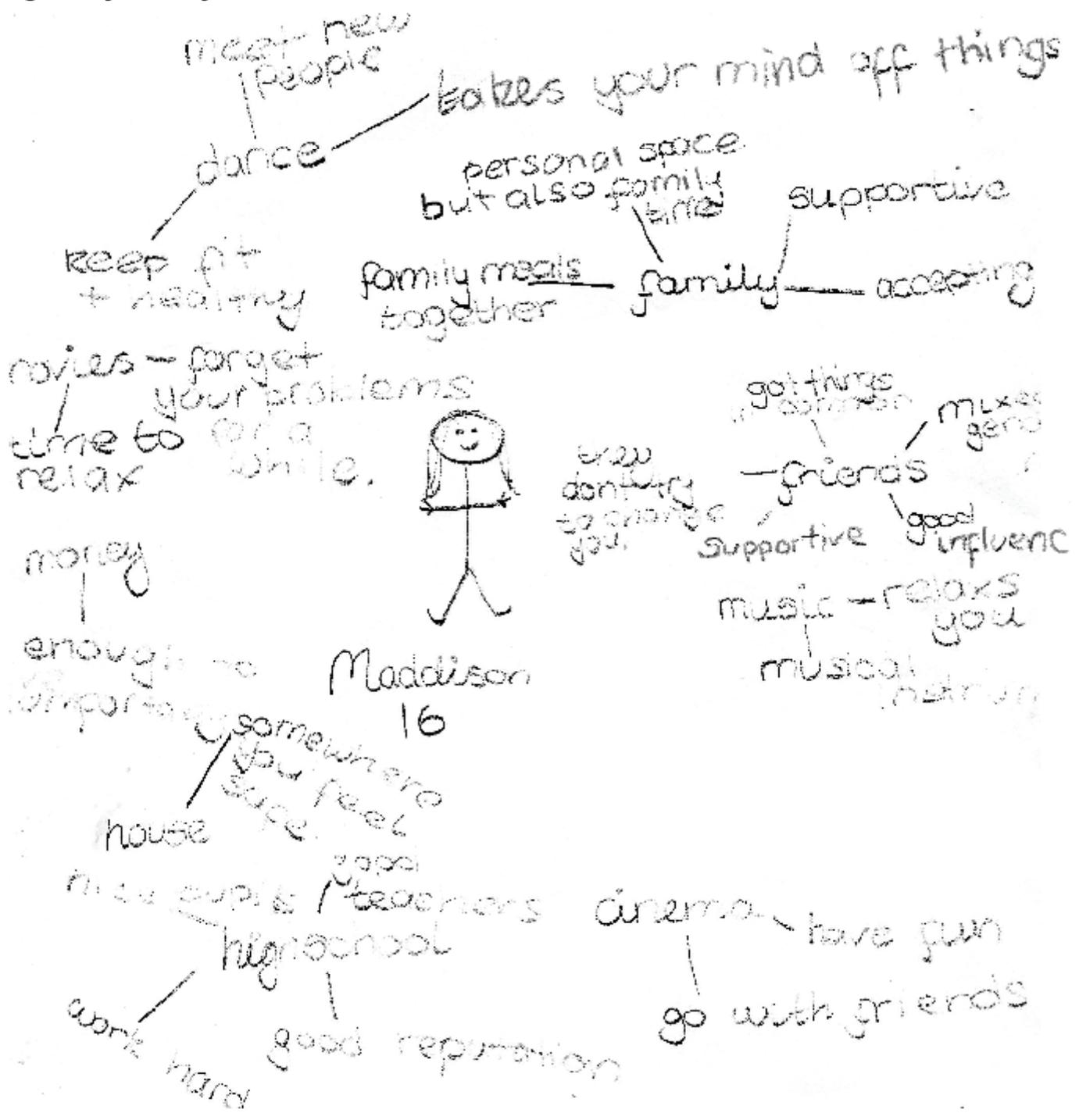
Trigger for support for eating disorders:

The threshold of a particular BMI is not supported in current literature about Anorexia Nervosa as the best diagnostic criteria. Low BMI as well as a range of behaviours and attitudes is recommended. (Bryant-Waugh 2006)

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