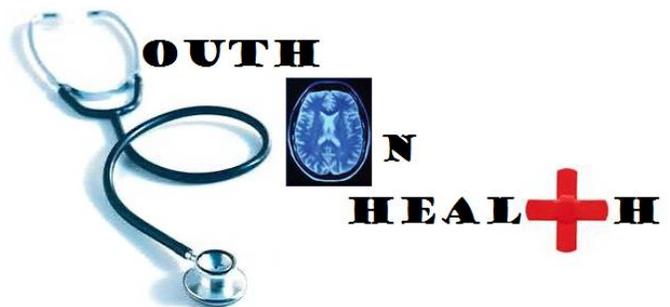


BRADFORD DISTRICT'S YOUTH

HAVE THEIR

FUTURE IN MIND

Lead Mental Health Stakeholders hold an
Audience with 'Youth on Health'
at Bradford's District 'Youth Voice' Event



TRANSFORMING MENTAL HEALTH SERVICES AUGUST 2016



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Acknowledgements

With thanks to Heather Wilson for coordinating Youth Voice Events on behalf of the Bradford District. Thanks to the Youth Voice and Youth on Health children, young people members and parents that engaged. Thanks to staff running the event ensuring it's smooth running and to those District leads that were brave enough to attend an audience with young people; Mark Vaughan, Kelly Barker, Sasha Bhat, Cllr Fozia Shaheen, Cllr Khan and Cllr Richard Dunbar

Overview

Bradford Districts Youth Voice Network led by Heather Wilson Youth Commissioner, have been working hard since 2015 to establish what their key priorities are, for children and young people across the District. These priorities have focused upon Education/Good Schools, Decent Homes, Skills/Employment, Safe/Clean and Active Communities and Health. Barnardo's have taken the lead on Health within the Youth Voice Vehicle and embedded their Youth on Health Network members (aged 8yrs – 21yrs) into the wider forum. Youth on Health specifically is made up of children and young people who have experience of accessing wider health and more specifically emotional and mental health services across Bradford. These children and young people have joined forces with other Youth Voice members and together wish to aid the developments in Health and Education through opportunities to have their voice heard.

With key messages established, young people invited service leads in Health and Education to have an audience with them at Margaret McMillan Towers on the 2nd August 2017. 54 young people in total attended the event.

Cllr Khan who is the portfolio holder for Education and Cllr Richard Dunbar who is the Executive Assistant to the portfolio holder represented Education. Mark Vaughan – Head of Commissioning CCG (Clinical Commissioning Groups), Kelly Barker – Head of CAMHS, Sasha Bhat- Involvement Lead for CCG's and Cllr Fozia Shaheen – appointed lead for Youth Voice all represented Health.

The aim of the meeting would be to provide Children and Young People with the opportunity to;

- Directly ask key stakeholders about service developments in Health and Education
- Influence the way forward through the sharing of experiences, opinions and recommendations.
- And directly respond to consultation questions relating to Future in Mind, Transforming Mental Health developments in Bradford.

The following feedback collated in this report focuses on the Health section of the Youth Voice Event - 17 young people at the event (who are members of the Youth on Health Network) participated in the health section and after the event 27 children and young people questionnaires and 3 parent questionnaires have been completed by Youth on Health. In total 55 individuals who have experience of needing and accessing emotional and mental health support have contributed to the Health findings detailed in this report.

The direction of questioning throughout the event and within the questionnaire have been designed to provide initial thoughts towards key debates within the current Future in Mind, Transforming Mental Health Services work streams. These work streams are; Mental Health Matters in Schools, Workforce Development, Eating Disorders, Crisis Care, Single Point of Access/ Early Help Hubs, and Vulnerable Groups. There is learning that all work streams can take from the whole report.

Findings

What follows is the unedited feedback derived from children, young people and parents regarding emotional and mental health support across Bradford. As previously stated these children and young people from the 'Youth on Health' Network all have experience of accessing emotional and mental health support at some point in their life.

This paper presents the findings as children, young people and parents conveyed them and there is no attempt by the author to interpret the data. Further analysis and recommendations can be drawn from the findings via the Bradford District's Future in Mind Delivery Group and Work streams. Individual work streams can use this as their starting point to embed participation into their area and enable user's voices to influence their planning.

Access

Q1. Do you know how to get the help you need? Who would you go to, to get the help you need?

CHILDREN AND YOUNG PEOPLE:

Individuals that were unsure of where to go = 19

- If I needed help I would feel unsure about where I should go."
- I didn't at the start of having problems but I do now"
- I didn't know, my doctor told me about them"
- No
- I did not know where to go. Only after being in hospital in a crisis was I given a yearlong counseling offer. Whenever I need support I usually turn to my friends or bottle up my thoughts/emotions.
- Don't know x 12

Individuals that knew where to go = 33

- Yes x 17
- I would probably go to see my GP, I would go to my personal GP, Yes, GP and then be referred on to other services x 4
- My Psychologist
- Yes I would go to WRAP
- Samaritans
- First Response
- Barnardo's" x 2
- I know to go to the doctors when I need to get the help I need or a friend or member of my family. If I was feeling unwell I would use the wellness tools.
- Parents, Yes, I'd go to my mum x 2
- School
- Yes, Doctor
- Online NHS site.

PARENTS: know where to go = 3

- We go to our pediatrician but her referrals to CAMHS don't get anywhere so you and your pediatrician get frustrated as you go over and over the same problems each visit.
- GP
- School Nurse
- Bradford Autism Team
- CAMHS
- Barnardo's

Q2. Would you go to a GP? Please explain...

CHILDREN AND YOUNG PEOPLE:

No = 28

- Probably not I would feel uncomfortable talking to them
- No I wouldn't go to a GP as I feel they talk down to you
- GP's are not that understanding
- No, I don't think that I trust them enough
- No, not helpful in past
- No x 23

Yes = 21

- yes, because they are the most experienced
- yes because they know me quite well
- Went to the GP for low mood – was prescribed antidepressants.
- Yes, they'll know if anything is wrong (however I don't trust them 100%)
- Yes to connect us with the right people.
- My GP helps me with everything
- I would go to a GP as they are professionals in mental health and other stuff. Also they know conditions better than anyone else so can help you with whatever you need. However sometimes doctors don't understand and will not get you the right help you need.
- Yes, however the waiting time for services the NHS provide are extremely delayed. I went to the doctor with scars on my arm and had to wait 3 months to see a counselor.
- Only if that's decided as necessary by my mum
- Yes x 10

Maybe = 3

- Depend on what's going on
- Maybe it depends on the situation
- I would go only if I got an appointment with the doctor I know and not a stranger.

PARENTS: yes = 2, no =1

- Yes x2
- We can't get a GP appointment very easily to start with and then you wait ages for anything to happen and they tend to say go to your pediatrician if you are seeing them anyway.
- No they told me there was nothing they could do when X was feeling really down and talking about taking his own life. They said unless he needed committing they could do nothing and to get hold of the school nurse."

Q3. Would you go to School Nurses? Please explain...

CHILDREN AND YOUNG PEOPLE:

No x 23

- No x 4
- No, I don't know who they are x 6
- No I have done that before and it was not helpful
- No because they are hardly there
- No because I barely know them
- Depends on what's going on
- Not being in education in a while, so no.
- No school nurse isn't for this
- Getting any type of school support for mental health is worrying and makes me feel uncomfortable as you do not know if you can trust them, if your friends will find out, or what will happen with what you say.
- I wouldn't go to school nurse because it's a problem if you don't know who your school is. Also they can't do much with people they try to empathise with young people but don't understand them. Also all they do is refer which may not help some people.
- No as I am not at school.
- No I would not, She was and is never seen around school.
- No, they don't really help

Yes x 14

- Yes x 10
- Yes, I would as they can help me through schools so my parents wouldn't find out.
- Yes, I feel like I can talk to her in confidence
- Really enjoyed working with my school nurse, was able to keep worries/concerns away from the family

Maybe x 6

- Maybe x 4
- Depends on what's going on
- I don't know

PARENTS: yes = 3 No answer x 9

- Yes and both my children did get referred from the pediatrician. They both liked the nurses and they were good however there was an issue using nurses. One is that my daughter said was that 'people knew you had gone out of class to see someone and you may come out upset and you did not want your friends to see that and you don't want to explain.' I think that sums it up. This is harder if you have been bullied as well and you may perceive that they will use that against you.
- Yes heard good things about them
- Yes they were fantastic

Q4. If people around you were to start talking to you about 'going to CAMHS (child and adolescent mental health services) or counseling, what might this mean to you?

CHILDREN AND YOUNG PEOPLE:

Positive

- It means to me helping children with mental health issues
- That something is seriously wrong and needs addressing
- Needed help and were brave enough to ask for it
- I'd be glad! I love when people listen to me about my problems and give me advice
- That I need help and something is wrong with me, but at least I'd be getting the help I need.
- That they feel it's important for me to get the help I need
- That they are going to get me into a service
- That I am going to get help from professionals.
- I wouldn't be sad I would just go there and talk, it's not bad and I don't mind.
- Good, spreading the awareness of the services that are being provided. However this may not be the case for all individuals.
- That they need support for whatever reason
- I don't know because I am not familiar with the service.

Negative

- It would make me feel negative and want to stop going
- Straight away this would put me off after my previous experiences within CAMHS. They didn't do much for me but might be helpful to others. This would mean that they would trust me or it would open a pathway for me to tell people my experiences of CAMHS.

Not sure

- I don't know because I am not familiar with the service x 5

PARENTS:

- Pleased to get help
- Help for my child's wellbeing
- Both my children wanted this to be kept quiet but my daughter who has a nice group of friends is gradually telling people she has a counselor. My son who has very few friends and is bullied every week has not told anyone.

Q5. What would improve this conversation?

CHILDREN AND YOUNG PEOPLE:

Nothing

- I don't mind it makes me feel like my mental health might be better. It's perfect.

Raising awareness

- If there was more de-stigmatising work then it would be improved.
- There should be a presentation in schools and colleges from the support workers of the services on where to go"
- advertising
- school work to reduce the stigma
- Knowing more about it
- Education within schools x 2
- I think if more people contribute towards talking about mental health it would make the conversation easier to have and better.
- Educating people on mental health and support available
- Schools teach us about the different types of mental health not just about depression but broader mental health issues. We should be taught it is not shameful (Asian families hide it away due to pride or honor), teach us how
- I think if more people contribute towards talking about mental health it would make the conversation easier to have and better.
- Educating people on mental health and support available
- Schools teach us about the different types of mental health not just about depression but broader mental health issues. We should be taught it is not shameful (Asian families hide it away due to pride or honor), teach us how to guard against becoming unwell, teach us that we all have mental health. Make it acceptable especially for Asian families.
- Community services visiting schools to run 6 weekly workshops on self harm etc. for pupils and staff. Train staff to deliver in schools to their pupils. Community counseling, Sharing Voices, Educational Psychologists could provide this?
- De-stigmatising, understanding, awareness, a different approach to the previous ones that have been put into practice. They don't work and people are not satisfied with the health service.

Practical knowledge

- I think the people should tell you solutions of what to do and how to calm down.
- Improve the confidence and knowledge (which is lacking) in schools in the teachers and workers to address, talk about and support mental health

Rebranding

- Change the name x 3
- I think CAMHS should have a different name so that people using the service won't be judged. Also it's a bit of a mouthful and complicated for kids to understand. Also it could be called something more understandable for children to understand.

Relationship building

- Build Trust

Confidentiality

- Probably if I was going to be asked about it I would not want my name mentioned and maybe talk about in private.

PARENTS:

- I think you need to feel comfortable in your environment and have self-esteem and confidence to be able to talk about things like this. It's a whole network change really. It starts from the bottom up, if schools can work on bullying and friendship enabling then I think the stigma would decrease. Name changing may work in the short term but at the end of the day the doctors and nurses are mental health professionals and this will come out in the end.
- I wouldn't care as long as my child was getting help
- I feel that if that is what my child needed I don't care what anyone else says or thinks.

Q6. What would be the best way to find about what needing this help, means for you? (Who should tell you, how should it be explained, what information given?)

CHILDREN AND YOUNG PEOPLE:

- I would ask my GP to refer me but I wouldn't ask my school nurse because I barely know her.
- I would probably speak to my Doctor and look online.
- I think the people should tell you solutions of what to do and how to calm down.
- Carer in charge should properly explain everything.
- CAMHS workers should explain what the goal of their therapy is, how it's going to help me and how I am going to get there. I am left in the dark not

having a clue what we are doing. ` It's not helpful and does not help me commit to it

- Maybe schools and GP's should inform people on these things and this would help people understand.
- Teachers x 2.
- GP x2
- Nurses
- Discreet leaflet
- It should be explained by the CAMHS worker you will have as then you may feel more comfortable with telling them things. Information should be given lightly as this could make us more scared. We should be told why we are there what we will be talking about, and what treatment we will receive.
- Anyone, some one kind
- There should be a presentation from the support worker of the services on where to go in school and colleges.

PARENTS:

- We just need a psychologist urgently and that's all we and the pediatrician know.
- A leaflet would be good so I have the info to look at after as whoever told me I may not have taken it in.
- Leaflet, someone with knowledge who can explain it well.

Delivery of services:

Q7. What is the most important to you, in terms of the right time, right person and right place to talk through stresses/worries etc.? What else is important?

CHILDREN AND YOUNG PEOPLE:

Right person x 38

- Someone I can relate to
- For them to be understanding and not patronising
- Somebody kind and calm
- Talk to you in a friendly manner x1
- Someone you can trust x 2
- Someone down to earth x 1
- Who understands x 1
- Talks to you on a level that you are comfortable with x 1
- The person needs to be someone you can build trust in
- The right person

Right time x26

- Having access to speak to someone when I need to
- Able to book an appointment if I need to in the same week
- When I need to talk, services are made available

- At a quiet time
- I need to make sure I'm feeling positive
- Own frame of mind – if not right time to talk it will not be helpful

Right place x 24

- Somewhere accessible, internet possibly
- At home
- Having a place to go that is easily accessible x 1
- In an environment that I feel comfortable in for example my home
- Environment

Other factors that were identified as important are:

- To understand rights X 6
- knowing I can ask for another worker x 6
- Help and support you x10
- websites that offer help/ NHS sites X5
- Supported with Travel X 4
- Understand Special needs X 3
- WRAP (Wellness Recovery Action Planning) style – peer support. X 7

PARENTS:

- That they are professionals and we can access them
- Quicker responses to referrals
- Being kept in the loop, you feel an outsider at CAMHs
- Receive a service as soon as possible
- Given the right info
- Confidential
- Someone takes you seriously
- The right place will vary from person to person so I would say flexible working.

Q8. The MUST DO'S (for services) when supporting Children, Young People and their families...

Rights

- Explain confidentiality to me by giving me scenarios e.g. if I told you I was gay or that I self harmed what would you do?
- Check I Understand my confidentiality rights
- Let me know what will happen with my information when I tell you
- Let me know it is okay for me to ask questions
- Give me time with you without my family so I can open up.
- Support me to share in decisions that are being made about my life
- Make us feel that we have rights and power and can hold the service to account – we can ask questions, request an appointment, change our worker without fear of it being detrimental to the service we will get.
- Must be able to talk in confidence

How we are treated

- Be kind, gentle and comforting
- Ask how I am feeling, display empathy, discuss options to move forward in a positive way, be fun, be interactive, and make it enjoyable.
- Have one person to speak to every time. Do not overload me with workers and do not always change my worker.
- Be friendly, smile, let me get to know you
- Be willing to really listen and hear, not assume how I am feeling or stereotype me.
- Be easy to identify with as a worker, we need to find you relatable
- Worker must be able to read me and read between the lines.
- Worker must be willing to listen and really hear. Do not make assumptions about what I mean and how I feel. I am an individual
- Treat us as the expert on ourselves
- Help support you and talk to you in a friendly manner
- Ask the right questions and direct the patient accordingly
- Listen
- Talk through problems
- Look at it from my point of view

De-stigmatise mental health

- Help break down the stigma of mental health across all communities especially South Asian communities. Market mental health support in a softer, supportive, community based way so that the children of these communities choose to use the support and are allowed to by their Parents/ Carers.

Information is power

- Promote CAMHS so that people are aware of it rather than having to rely on a GP or school nurse to pass over their knowledge. This is unequal power between the professional and patient.
- Provide more information about the worker before we meet them. – photo, background, how they help people- a blurb, a blog?
- The correct and enough information given by the referrer so that we are not left panicking and feeling out of control

Timely

- Having appointments on time and more frequently
- You must make appointments with me, instead of leaving me guessing when our next meeting is for months
- Make sure things are on time, scheduled, stuck to and regular appointments. CAMHS need to get timings right.

Knowledge of communities

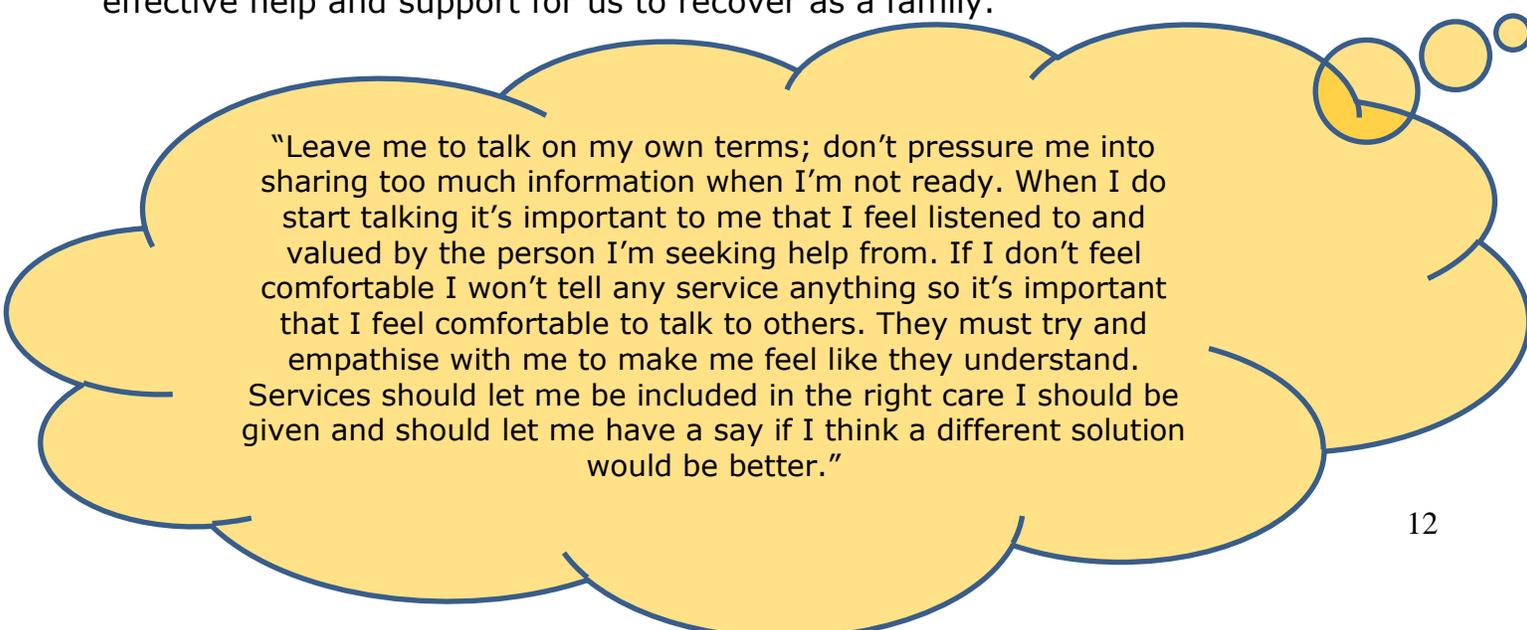
- Understand the difference between sexuality and identity – LGB is different from Transgender do not mix it up
- Take into account my background and culture. Do not assume you know how I would like to receive a service because of my background, make sure to ask me and design the help with me.

Participation

- Involve me in developing your services
- Listen to young people in shaping how things should be.
- Involve us in recruitment so that we can make sure you employ good people we can relate to

Parents MUST DO'S

We must be able to see a professional when referred; it's as simple as that. Not to have referral after referral for over two years and have no help. When we get to you be kind, understanding, knowledgeable, take real notice of us and offer effective help and support for us to recover as a family.



“Leave me to talk on my own terms; don't pressure me into sharing too much information when I'm not ready. When I do start talking it's important to me that I feel listened to and valued by the person I'm seeking help from. If I don't feel comfortable I won't tell any service anything so it's important that I feel comfortable to talk to others. They must try and empathise with me to make me feel like they understand. Services should let me be included in the right care I should be given and should let me have a say if I think a different solution would be better.”

Q9. The MUST DON'T DO'S (for services) when supporting Children, Young People and their families...

Rebranding

- It should not be called CAMHS, it should have more positivity about it, not stigmatising us just because we need help.

Variety of support

- Do not stop us using different services at the same time e.g. CAMHS should not saying that I can't use a different service whilst I am using them, or closing my case because I am using something else too.

Rights

- Do not expect me to tell you everything in front of my parents, I need time by myself with you
- Do not break my confidentiality unless in the most serious cases to keep me safe

Time

- Do not have a long time between appointments
- Do not have an allocated rigid timeslot for appointments – we need to have leeway.
- Do not to use a car journey to a place as my session time. How can we get deep in conversation in a car? You are not giving me your full attention and prioritising me. It makes me feel unimportant.
- After we have built a relationship, don't waste my session with idle chitchat. I am coming to see you because I want to get deep into exploring why I feel like I do.
- Don't be late for you appointment or have absent appointment when we have arranged things.

Power

- Do not treat us like we a project for you to fix! We need to explore how to keep ourselves well so that we are okay when we are not with you.

Treatment

- Do not be rude, use sarcasm or pressure us into things.
- Do not have a poor rapport with us, be boring or talk about yourselves too much.
- Don't say 'calm down' or 'don't be silly'
- Don't treat us badly or judge us

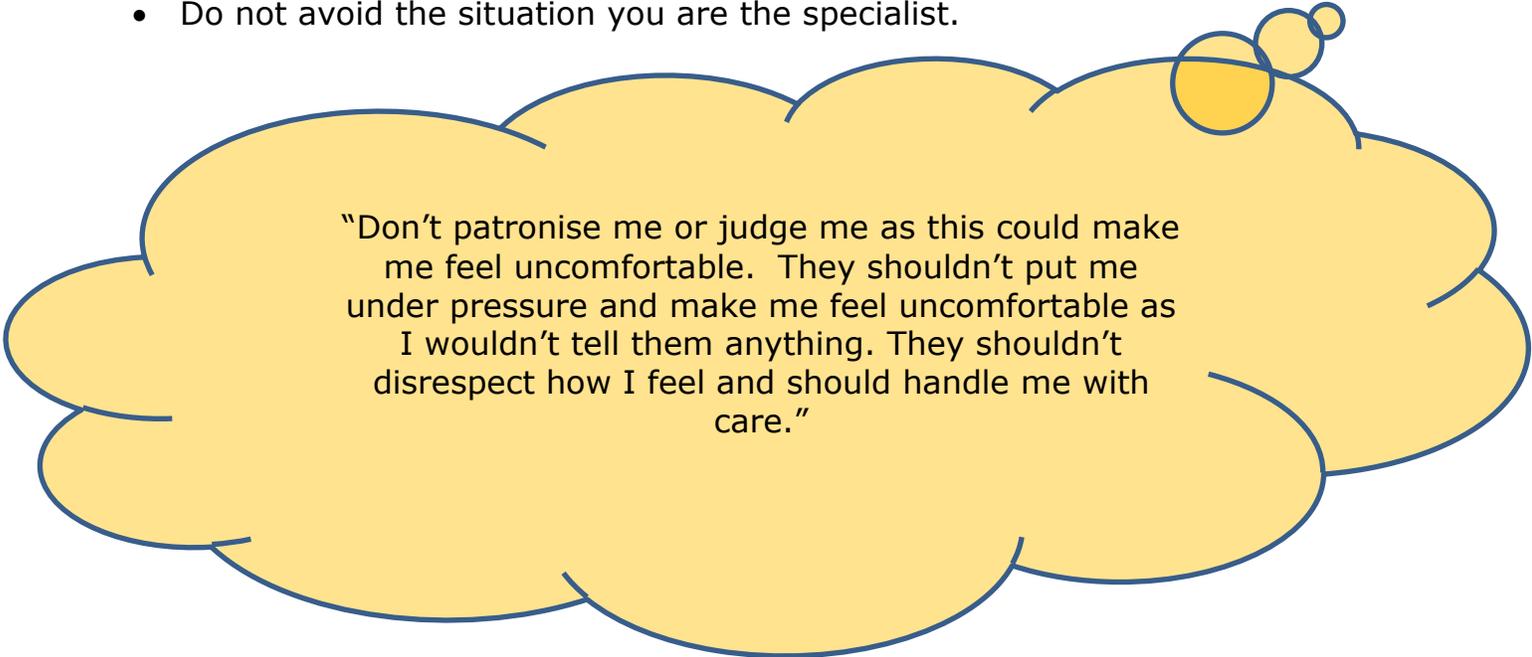
- Don't call me by my biological gender when I am using your service for Transgender issues.
- If exploring Transgender issues do not give me leaflets and website on LGB. It is different!
- Don't be insensitive in the questioning. Don't talk down to me and belittle me. Don't patronize and interrupt me
- Don't shout at me or not believe what I am saying to you.

Repeating our story

- Do not have too many people to speak to in order to get support
- Do not make us say our story over and over again to lots of different people it really does not help
- Do not introduce us to lots of new people all the time, we need to get comfortable and settled with you.

Avoidance

- Do not avoid the situation you are the specialist.



"Don't patronise me or judge me as this could make me feel uncomfortable. They shouldn't put me under pressure and make me feel uncomfortable as I wouldn't tell them anything. They shouldn't disrespect how I feel and should handle me with care."

Parents DON'T DO's

Don't do nothing! Communication is the key word here, not to communicate with us and leave us guessing is really bad. Don't blame us, judge us, fob us off, not believe or be condescending.

Q10. Do these Do's and Don'ts change depending on the group of young people that are being supported e.g. are these different for looked after children? Young Offenders? Please explain

CHILDREN AND YOUNG PEOPLE:

Yes

- Yes x 22
- Yes, children in foster care will have different opinions in comparison to young offenders. A child in foster care will have differing anxieties and troubles in comparison to a young offender or a child who cares for somebody at home. However the way the service deals with the different troubles or different anxieties can be done in a very similar way.
- They would change if the support needed had to have different people to get involved. Also, would vary depending on the seriousness of the conversation

No

- Everybody using services should have access to the same opportunities
- I think these are important for everyone
- No, everyone should get their appointments regularly and on time.
- No I don't think so. I think you should start off the same and change it where necessary. It's unfair to assume something due to their background
- No x 17

PARENTS:

- I know of one child who got referred and they got a response within three months so I know the service is variable. This child had a learning difficulty so maybe that speeded things up.
- No definitely not
- No it's important who ever they are and whatever the situation they are all helped and supported as it doesn't matter if you come from a stable background or not mental health is mental health.

Training

Q11. What training knowledge should workers have, to be able to support you?

CHILDREN AND YOUNG PEOPLE:

- Basic Knowledge of mental health
- Communication skills so they are able to talk to you like a normal person.
- How to maximise positivity and enjoyment throughout all sessions.
- Understanding a child and how they feel
- Know how to analyze the situation and have counseling training
- How to easier identify mental health issues in young people.
- Have knowledge of different strategies
- Knowledge about Housing

- Knowledge about the mental health one has.
- Have experience in supporting others previously.
- LGBT awareness
- Identity/ Transgender awareness
- How to respond to Self Harm and Eating Disorders
- A lot!
- They should know DBT, CBT and Coping strategies.
- Knowledge of different types of disabilities
- They should have experience of the service, for example mental health groups should be run by people with mental health issues. Workers should genuinely want to help people not just do it for the sake of a job. They should have knowledge of the type of person I am and how to handle situations.
- It is important to teach workers/ teachers about mental health and tools to help us cope with our lives.
- GP's should be trained more in being able to identify and manage mental health in children and young people and know where to refer.

PARENTS:

- Training should include topics like treating people as individuals, not labeling them and not patronizing them and confidentiality.
- Knowledge of autism

Q12. Should everyone have this training or specific workers be identified as mental health champions?

CHILDREN AND YOUNG PEOPLE:

Everyone

- Yes everyone, these 3 things CBT, DBT, Coping strategies are the basics for what people need to know to keep children and young people safe.
- Everyone x 17
- Everyone should be trained because if only one worker is trained then the young people may not feel comfortable with that worker and they would then have no-one else to go to that is knowledgeable enough to help. X5
- Yes because you can't just employ someone who doesn't have a clue about how the mind works.
- Everyone should have mental health training or a required foundation of mental health training due to child development being dramatically influenced by psychological understanding.

Specific

- specific workers be identified as this helps one in asking them for help as they would feel the person knows more about the mental health condition

PARENTS:

- All people should have mental health training in this type of work. It's very basic but it's a lacking skill that we see time and time again that leads our children into crisis.
- Everyone should have training

Tier 2

Q13. If you do not qualify to get into CAMHS but you do need help (more than friends, family, teachers can give you, what should this service be? Where, who, what offer you?

CHILDREN AND YOUNG PEOPLE:

- Should be a service such as WRAP, things like WRAP that offer peer support, WRAPS
- Mindfulness
- A drop-in Centre
- Youth Clubs
- NHS
- Have a website where trained counselors are available or suggest other websites where this service is already available
- GP,
- mental health workers,
- Barnardo's,
- charity's like MIND,
- Samaritans
- The doctors
- Youth cafes
- Small Worlds – community art based project
- 1 – 1 counseling
- Art based
- I would ask my doctor for help and see if there are any services that are available that I may not be aware of via the doctor or online
- More school support and counseling, in or very near school. X 4
- Counseling at Noah's Ark
- Pre School support for you and your family so that professionals can help you before anything bad happens.
- This service should work in partnership with local gyms, non profit charities such as the Sundale Community Trust or work with community centres and local GP's to organise group sessions where people who need help if they want it can get it. After an initial meeting to make them feel comfortable if they wish to they can integrate into their nearest community Centre to either volunteer, participate in sessions such as drama, arts, crafts, sports, meditation, yoga, raising awareness of the self and understanding that there is always light at the end of the tunnel with the right guidance and mentoring.

PARENTS:

- We don't know. At the moment we are using the fact that both my children are young carers so can have a little access to other services through that. For example Carers Resource and Action for Children.
- Drop-in Centre
- A support group maybe

Crisis – (In a mental health emergency)

Q14. Has anyone used the First Response Service (local helpline support) and what is your opinion of the service?

CHILDREN AND YOUNG PEOPLE

- They are good, understanding
- Yes, it was great
- It did not help me as the worker did not seem to be listening as they kept asking me to do things I could not physically do/ which were out of my control. They kept suggesting this same thing so it did not help.
- Was good it helped me out of my cycle. The way the workers talked to me helped me see from a different perspective. She talked to me with respect like I was an adult.
- The questions they ask can be very harsh for the initial conversation – am I suicidal now? how many times have I attempted suicide etc? May need to be a bit further down the line in the conversation before they ask me that. It is very scary; I nearly hung up and did not get the help I needed.
- Yes. the service is extremely positive and needs to be given more funding to ensure they keep doing their positive work. The intensive home treatment team who also work in conjunction.

Q15. What is the best way to support young people experiencing a mental health crisis? Please circle those that you agree with...

CHILDREN AND YOUNG PEOPLE

1. Face to face x25
2. Phone call x14
3. Peer support x12
4. Provide a safe space in the community they can visit with trained staff away from home x12
5. Social media x8
6. Work with the family x 8
7. Help them at home x7
8. Email support x 4
9. Visit specialist mental health Centre x 4
10. Take them to hospital x2

Digital support would help. We want e-mail online chat locally. This could have avoided my DNA as I could not bring myself to go in to the service.

"Face to face is more beneficial as support as on the phone and online you can cheat them as they cannot read your body language, see your reaction or emotions. Do like the idea of an online platform that you could use as well as face to face. This could help out of hours, or between appointment times."

To avoid DNA's you need to ask the right questions and off the right help in the right way. Sometimes I would like to see my worker at home. It should be my choice. Some workers don't want to be this flexible. I might cancel the appointment or just not show up if I can't face going out that day, or if I can't afford to get there. I still need the help despite these barriers that stop me attending.

PARENTS:

1. Phone call x3
1. Face to face x3
1. Peer support x 3
1. Work with the family x 3
1. Help them at home x
1. Provide a safe space in the community they can visit with trained staff away from home x3
2. Visit specialist mental health Centre x 2
2. Email support x2

'Social Media' and 'Take them to Hospital' received no votes as a preferred method for parents/ carers.

We rang the pediatrician in the middle of the night. She was there for us every day after that by phone even when she was on holiday. However this is not part of a pediatrician's job.

Q16. In a mental health crisis would you prefer to be able to go somewhere rather than a hospital setting?

CHILDREN AND YOUNG PEOPLE

Yes x52 No

PARENTS:

Yes x3 No

b) If so, where?

CHILDREN AND YOUNG PEOPLE

- A place which is a homely like environment where you can go and relax
- Somewhere more informal and less clinical than a hospital or CAMHS setting.
- Because hospitals are horrible
- A safe area somewhere
- Somewhere comfortable and more like a friendly environment x 2
- Maybe a home environment, living room, kitchen, nice garden etc.
- Somewhere small and comfortable
- Separate from the hospital in like a centre

PARENTS:

- Community centers are quite good.
- A place that feels homely
- A small comfy place.

Q17. Would young people benefit from having a drop-in Centre/ place that they can visit themselves in a crisis that is set up for them?

CHILDREN AND YOUNG PEOPLE

Yes x51 No Maybe x 1 Something else_____

- Depends on the person and the situation

PARENTS:

Yes x2 No Maybe x 1 Something else_____

Q18. Where should this Centre be? – location/ type of building?

CHILDREN AND YOUNG PEOPLE

Local

- I think it should be a reserved, small sort of building on the outskirts of town”
- Local town, a couple in larger towns or cities
- Local within a short bus/ car distance x 31
- Near a city Centre X 12
- Somewhere accessible x26

Blends in X 38

- Unidentifiable building that blends in to surroundings with easy access for wheelchairs.
- Blended in with other buildings around in the area so it does not stick out like that `mental place!`
- Maybe a house in a suburban area that blends in where people can feel safe
- A normal building
- It should be out of the way

More than one X 5

- Close to town Centre of both Bradford and Keighley x 2. There has to be two to cater for the district, even one in Skipton.
- Local town, a couple in larger towns or cities

View/ outdoor space

- Somewhere with lots of greenery,

Q19. Who should work there/ the type of staff? What qualities and skills should these crisis workers have? (Friendly, knowledgeable etc.)

CHILDREN AND YOUNG PEOPLE

- Variety of workers – age, gender, nationality, informal, specialist
- Friendly x 27
- Other young people
- Not too formal as this could scare people.
- Staff who are sympathetic and caring.
- Trained x17
- Friendly and calm understanding
- Easy to talk to
- Relatable
- Genuine and gentle
- Caring and Nice

- Qualified and knowledgeable staff that knows their stuff x 24
- Casually dressed staff no uniforms x10
- They should be able to help ground people and teach them coping skills
- Someone who knows about mental health but is a people person
- Confident
- Can react in the moment, respond to changing situations fast and professionally
- Experienced
- Possible personal experience – ex-service users of services themselves.
- Volunteer skills
- Casual/ informal but professional
- Good at listening and can be calm about the whole thing

PARENTS:

- Friendly and knowledgeable and approachable, Nurses and Occupational Therapists maybe and Doctors to drop in perhaps.
- Someone who knows what they are talking about
- Friendly, understanding and knowledgeable and approachable.

Q20. What should it look like/ feel like?

CHILDREN AND YOUNG PEOPLE

Outside the service

- Looks normal for the outside – blends in and is not stigmatising
- Friendly and nice building
- Not to have mental health in its name.
- It should look quite comfortable and like a home, A home from home
- Not surrounded by busy roads and streets
- Easy transport routes
- No signage on the outside
- No logos identifying building as health service. Would stigmatise it and not allow it to blend in
- Swings and slide outside – park to play and hang out on.
- Garden (has to look amazing)

Entering service

- A warm welcome in to the service, Warm, happy feeling when you enter x 26
- It should look modern and homely
- When walk in it's like a home
- No receptionist behind glass – just open desk
- No bars on the windows
- Tour of the building when you get there
- Friends and family are allowed to come with you

The feeling it should create

- Not dark and dull, bright.
- Friendly and nice building
- Comfortable, colourful -but not too much!
- Cozy, bright and cheerful
- Calming, peaceful
- Group room, one to one rooms
- Faith pods/ rooms for prayers.
- Should feel safe
- Feel like you can talk to someone there without being judged.
- If this room is where kids go it should have rainbows on walls and it would be in different colours.
- Spacious not too crowded
- Secure
- Comfortable and relaxing
- Feng Shui
- Feel like in your own space not invading someone else.

Rooms

- have a lounge area, Warm living room,
- Small kitchen. Kitchen x2
- Library
- Separate rooms for privacy.
- Have a shower for us to freshen up x 2
- A natural environment.
- Couch,
- Flowers
- Clean
- greenery,
- Gender Neutral Toilets
- Quiet areas/ Quiet rooms to talk
- Slide into a Ball pit
- Own bedroom
- Art room and art work on display
- Social areas
- Board games
- Computers
- Bean bags
- Outdoor garden area, trees plants, nature, greenery
- Individual bedrooms for those that need to be away fro people
- Different zones – creative, music room, art room, dance rom, drama room, gym, counselling rooms, meditation room, Nature room – green leaves good for breathing
- Dark room with lava lamps

- Unisex toilets and sleeping arrangements – guard against Trans young people being forced to use toilets and sleeping arrangements according to their biological gender rather than how they identify.
- Have coping mechanisms, space filled with wellness tools – books, computer, cooking, TV, Music, private spaces, bubble bath, pool table, garden to sit in, gym for exercise.

Activities

- Board games,
- TV
- Food and drink provided
- Ability to do baking
- Computers
- Movies
- Bring pets in
- Creative
- Xbox
- PS4
- Arts and Crafts Materials.
- WIFI available to all who visit
- Allowed to use phones
- Let young people access social media and YouTube.
- access to sports/gym equipment,

Staff

- No uniforms
- No 'clinical over the desk' talks.
- If this room is where kids go it should have rainbows on walls and it would be in different colours.
- Friendly people
- Peer mentor younger adults so we can relate to them
- First aid trained person x1

Information

- Rights based information on the wall such as confidentiality poster, values and ethics, beliefs of the place, participation involvement opportunities; you said we did feedback boards!
- Wellness Tool wall.
- LGBT flags to make us feel safe
- Something to represent all religions / celebrations – equal service
- Photos of staff – big smiley friendly faces
- Whiteboard/ chalkboard so guests can write on it welcome messages, opinions of the place, inspirational quotes.
- Menus of the food available
- Wall of rights

- Young people designed information – What the place is, What will happen next, Timetable of activities – youth activities etc.

Resources

- Air con
- Feels safe Opportunities to volunteer there/ get involve during and after your stay – help in the kitchen, reception, mentoring others, giving tours of the place.

PARENTS:

- Things to do inside and have a safe soft feel.
- Small x 3
- Comfy x 2
- Calm
- Friendly
- Homely

Q21. Name the top 5 things that this Drop-in should offer in a crisis?

CHILDREN AND YOUNG PEOPLE

1. People x 48

The right people, A friendly face, someone you can talk to, kind people who understand illness, Calm people, Knowledgeable people, Confident about what they can offer to people in a crisis, Someone to sit with them whilst they wait to be seen, individuals who have optimistic views, People who have had this problem and understand us, Peer support, A variety of people to talk to, Support network of friends to participate in hobbies

2. Interventions x 34

Activities e.g. mindfulness, Therapy station, Wrap Wellness Tools, appointments to see someone ASAP, Should do groups, peer support groups, self help groups and allow general drop -in so we build a relationship up with the space before we have to use it when we are so unwell. Follow ups for the individual in addition to the family, things to throw with the intention of breaking such as cheap porcelain plates, Advice, Support, Help, .therapy

3. Options x 32

Involved in decision making, a choice of what to get involved in/ do, Involvement from other services– signposting and referrals, Sofa that you can sleep on, somewhere to stay for the night if needs be, 24 hour help, information about services and your rights to understand our choices.

4. Food and Tea/ Coffee, drinks x 16

5. Privacy/ Confidentiality x16

and

6. Small, quiet, comfortable, non stigmatising environment. X10

PARENTS:

1. A person to talk to, a listening ear
2. Provide a safe place, small, calm and accessible
3. Help and Support for both the child and family
4. Friendly atmosphere
5. Knowledgeable people

Q22. Should there be an age limit for those that can use this space? What is too young and too old for a young person's crisis drop-in?

CHILDREN AND YOUNG PEOPLE

- Should be age specific rooms especially to safeguard children and vulnerable adolescents. Allows individuals to engage with people their own age, with similar issues and interests.
- Should not cut off at 18 – mentally we are not as old as our real age as we have been through so much in life.

Children

- 8-25 years old
- Have a separate zone for children – different zones for different ages 11-14, 15-21 years old.
- 12 – 21 years old.
- 12/13 – 20 years old
- I feel that 12 – 25 is appropriate however there should be separate parts for this so like 12 yrs. olds and 25 yrs. olds don't mix so they feel safe.

Teenagers upwards

- 13- 25 years old x 2
- Anybody above the age of 14 and below the age of 25 accessing one to one, face to face support in an environment which the individual feels comfortable.
- 15-21 is the perfect age
- Maybe young people between 16 – 20 ish
- Youngest should be 13 oldest 17 as not many young people go into crisis younger than 13
- Up to 18
- I think the space should be for 20ish and younger
- No-one above 25.

PARENTS:

- I know my children would not go unless it was child friendly so I guess that means separate areas and times
- Maybe up to 18
- No age limit

Q23. What are the key values/ qualities that the crisis response service should uphold and work by? (Respect, acceptance etc.)

CHILDREN AND YOUNG PEOPLE

The young people from the Youth on Health groups worked to create values that they felt could be adopted by a Trust.

1. Always have Understanding and Empathy x 34
2. Prioritise Relationships x 34
3. Offer Welcoming and Friendly Safer Spaces x
4. Show Respect, Tolerance and Patience x28
4. Project Acceptance and Open Mindedness x22
5. Strive for Equality and Adaptability x20
7. Offer Genuine, Gentle, Care and Support x 20
8. Believe in Real Participation. X 19
9. Be Safe and Trustworthy x 17
10. Work with Care, Kindness and Compassion x3
11. Balance the Power with Knowledge and Information
12. Treat Us like Adults and Share Decisions with Us
13. Display Excellence and Innovation x5
14. Uphold Confidentiality and Our Right to Privacy X5
15. Promise to Listen and really Hear our Voices X3
16. All Services are Easy to Understand and Navigate X3

Slogan for Safer Spaces project designed by young people:

***"Bradford Safer Spaces –
Working with us to provide better, safer environments for the
most vulnerable youth in our communities"***

PARENTS:

1. Give advice and help and not a pre programmed response
2. Be non patronising
3. Be approachable
4. knowledge
5. Approachable
6. Friendly
7. Calm
8. Respectful x 2
9. Listen
10. Safe
11. Meet new people
12. Share experiences
13. make new friends
14. Help young people
15. Opportunities to contribute to the community

Conclusion by Young People

Services in schools and communities need to be better. The main ones that are there are stigmatising for us to use them and most of us do not know about them until we are very unwell. This is a shame because most of us go to school and can use this space to help with our health, as long as the school classes this as important as our education! We only get the help when we are in serious crisis. We need you to help us get the support before we reach this and put ourselves and our families through the trauma that comes with mental health problems. More workers who we see most days need to know how to deal with us and give us ways of coping with life. We need more support that we can use in our home such as online support. Our mental health does not switch off when a service shuts for the day or goes off for summer. We need to learn how to support ourselves and our new friends, making sure we do not feel like we are the only ones that feel as we do.

We want professional, well organised services that work with us in a way that we are comfortable with, which we will use. If you set up services for us that we cannot use because they are intimidating, not relatable, patronising, or simply ones that we just do not know about, then lots of money and time will be wasted. This is not sensible, we know how we want and need things to be. We are excited to be involved and to help you and our peers make things better, so ask us the questions and get us participating! We need to do more Youth Voice events where we meet you and feel that the right people are hearing what we have to say. We have a lot to contribute and thank you for the opportunity so far. Here are some things we can do...

Design and run interviews to employ the right people.

Mystery shop services

Design and run evaluations with those that use your services

Create Young People Top Tips for training

Help you spend your money when setting up services!

Help develop digital tools

Sit on your meetings

Give you our opinions

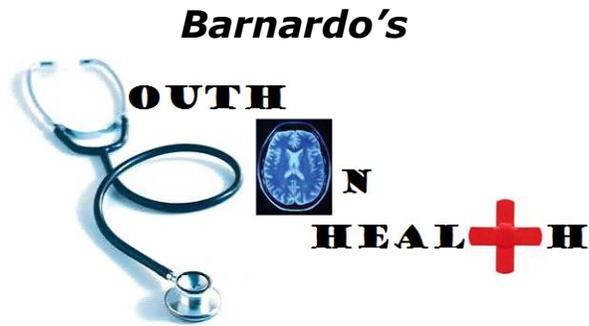
Create posters and leaflets for advertising, rights etc.

Present at your conference

Design your environments

Act as mental health reps for Bradford

And much more!



'Local Youth Voices improving health support across the Bradford District.'

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