

Healthwatch Norfolk

An Integrated Approach to Children and Young
People's Mental Health: The Perspective of the
Service User

The Role of Healthwatch

Our remit is to represent the views and experiences of the public to help inform and improve the services that are commissioned and provided in Norfolk.



Priority Areas 2015-2017

Children and Young People

Integration of adult health and social care services

Access to Mental Health Services

Cardiovascular disease prevention & management services

Access to primary health care services by people with physical disabilities

Experiences of Users of Reablement Services - (Norfolk First Support)

Access to GP appointments

Experiences of the Equipment Service in Norfolk

Access to health services by veterans

Access to and outcomes of care assessments



Targeted Engagement: Children, Families and Young People (schools, nurseries, youth groups)

3,700 comments.....



General Engagement : May 2015-September 2015

GP surgeries and hospitals - x10

Third Party Events x13

Street Engagement - market towns x6



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Baby J 0-6months

“When J was a baby, his needs were not met.”

“He stopped crying because no-one responded to him.”

“J would have witnessed domestic abuse and violence.”

“No-one helped him to regulate his stress...to cope, his body switched off...”



0-3 years : Foster Care

“J spent his first 2 weeks of life in a women’s refuge...he was removed from his birth family when he was 6 months old.”

“J had 3 sets of foster carers between the age of 0 years and 3 years...the social workers think at least 10 people looked after J.”

“J needed therapy. We completed the strengths and difficulties questionnaires and we had LAC reviews...nothing seems to happen.”

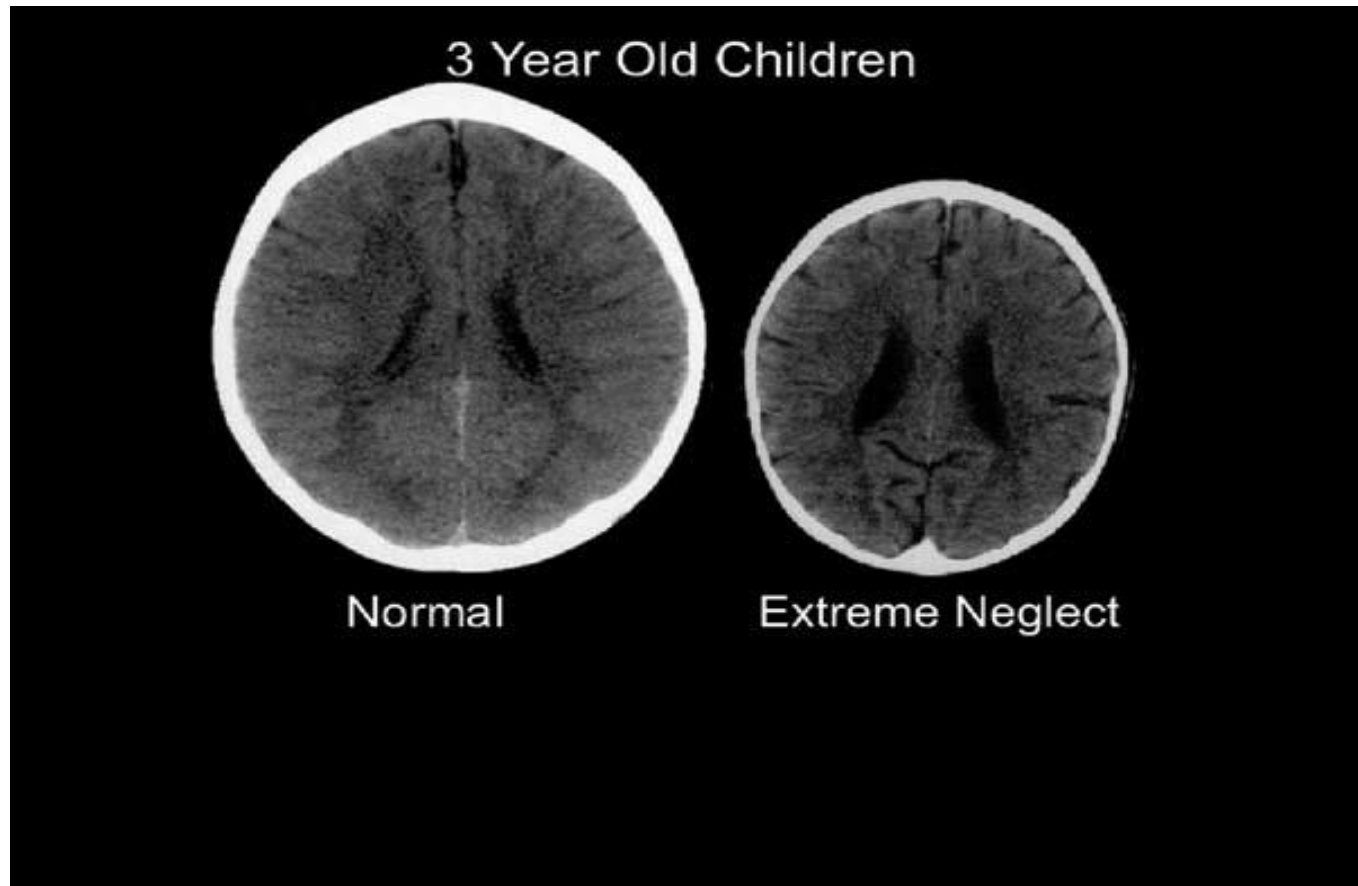
“The reviews are a physical assessment - height, weight and a check on his asthma. More needed to be done about his emotional well-being.”

“Adoptive parents don’t always know...anyone looking to adopt needs to understand the affects of developmental trauma and how to recognise it...they can’t just muddle through...this is not ‘normal parenting...”



Aged 3 - 5 years in adoption placement

“The social worker told me J was energetic and had lots of personality. I couldn’t wait to adopt him and give him so much love... I had no idea what parenting a child who had suffered neglect, loss and trauma would be like...”



“I honestly couldn’t work it out...he didn’t play with toys...just ripped them apart...he didn’t sleep...he didn’t want to be cuddled...he was feral...a wild animal...he punched me, spat in my face, pulled my hair...his rages were so unpredictable...I felt such a rubbish mum.”



“The health visitor didn’t notice..” *(adoptive parents)*

“The health visitor came round today.”

“I told her he was wetting the bed deliberately every day and has terrible rages and eats inedible stuff...”

“The health visitor told me that no child would deliberately wee everywhere and sit in it...”

“She told me to read a book called toddler taming and asked me if I would like her, to show me how to play with him.”

“I thought I was going mad!”



“The schools don’t get it...”

“The teaching assistant told me she had carried out an assessment on J. She told the head teacher that the problem, she felt, was that I was not showing J enough love at home...what the hell does she know? I thought, God, Is there anyone out there that understands?”

“High School is not for J. Emotionally he is not ready...one minute he is talking about having sex with lots of people and that he will kill all the police and the government. The next minute he crawls under a duvet and watches children's TV with his teddy bear. He has no friends...he finds relationships so hard...we’re just setting J up to fail.”



“The paediatrician and GP were no help”

“The paediatrician said he didn’t have ADHD. A few days later I got a letter saying he had ADHD and I could put him on medication. ADHD doesn’t explain why he sits on everyone else’s lap, but punches me at home.”

“I mentioned attachment to the GP. He said attachment? What’s that?”

“I was told to go to the GP to check his constant dribbling wasn’t a physical reason and the pain in his legs and arms...the doctor looked at me as if I was a head case. They said nothing was wrong with his mouth and it was probably growing pains at night...”



“Finding out about attachment and the sort of support I needed felt too late...this should not be a bolt on but a holistic package of support from the start...” (adoptive parent)

“I contacted social services...I was then offered play therapy. Why did I not know about this before?”

*“I’m on anti-depressants. I ache all over. And they wanted me to be happy and playful and jump around pretending to be a f***ing jumping bean. I just thought. It’s too late. It’s too late!”*

“So I have to do baby bonding. I bought 2 nappies, a dummy, milk and put them in a special box in his room. I’m told he might like to be a baby sometimes.”

*“He hit me on the head with the baby shampoo and told me to f**k off. Can’t blame him...he’s not in the right place...”*



“J is getting impossible to manage and the more I try to love him, the more he tells me he wants to chop me up and put me in the bin in pieces. He strangled me with the seatbelt in the car at 60mph.”

“At night, he looks for knives in the kitchen...he’s smashed the car windscreen because he said it belongs to me and I’m stupid...I live in a war zone not a house.”

“I had a consultation with Family Futures...but been told there is no funding to pursue any further sessions...”



“I am the most important intervention and I have nothing left....” *(adoptive mother)*

“I am hardly functioning...I just exist.”

“I don’t have friends. I feel so lonely...”

“I have chest palpitations at night.”

“I don’t sleep. Everything looks and sounds strange.”

“I have panic attacks.”

“I have to make lists. I can’t get through the day otherwise.”

“I don’t feel anything...I’m numb.”



J the teenager

“Finally got an appointment with the specialist team. J isn’t keen, ‘I’m not going again. Why can’t they meet you somewhere else like MacDonalds?’”

*“I thought oh my days. You’re the **youth worker**? He looked like. Well I don’t know what. The funny thing is, he was bloody superb with J and J loved him!”*

*“J’s been involved with the **youth offending team** or something...it’s just too late...he is a magnet for anti-social behaviour...they’ve got their work cut out...”*



“The relevance lies not in the weapon itself but the mind that holds it....”

“J is 17 years old. He is not in training or taking any courses...he doesn't have a job...he tried, but as soon as he felt he wanted a break, he would just walk off...”

“J is 18 years old. CAMHS have mentioned paranoid ideation? He's tried to kill himself twice.”

“J's hurt someone. He's in custody. He's smearing faeces around the cell. He wants to kill himself. He needs to be in a special mental health hospital. He's not a criminal. He's a very, very damaged human being.”



The perception of young people in the care system, foster carers and adoptive parents.

- 1) Do front line practitioners of Universal Services - GPs, Teachers, Health visitors *recognise and understand* mental health problems which are attachment or trauma related?
- 2) Services work *in isolation* - it does not feel a *holistic* approach.
- 3) Better preparation for adoptive parents that talks about the realities of parenting children who have suffered trauma.
- 4) Some professionals do not seem to trust each other which causes tension. Do they assess need with the same tools?
- 5) Do not always get seen when a referral is made. Referral criteria/eligibility is unclear and services are too discreet or bespoke.
- 6) Unsure if academies care or are they just a *business*? What qualifications do school counsellors have?
- 7) Youth workers, voluntary sector are frontline practitioners with considerable expertise. Does anyone in an office listen to them?
- 8) Young people only get help when they reach crisis point. Specialist tier 3 CAMHS service is *reactive* not *proactive*.
- 9) Young people do not feel that GPs listen to them, or want to find out what they need to get better.



Mental health provision: The responsibility of health, social care, education and voluntary sector services



*“However beautiful the strategy,
you should occasionally look at
the results.”*

Winston Churchill

