

## **Summary of Feedback from NYP session to inform NICCY's advice to Government on the Protect Life 2 Strategy 15.10.2016**

### **Introduction**

NICCY Youth Panel members were invited to advise NICCY on its response to the draft Protect Life 2 Strategy.

### **Methodology**

Young people were invited to a 2 1/2 hour workshop on Saturday 15th October. The workshop was facilitated by three NICCY staff members (1 policy and research officer and 2 participation officers). Twenty young people attended the workshop, they were split into three groups and each was facilitated by a member of NICCY staff. Young people that were unable to attend the workshop were given the opportunity to respond by e-survey. A further 17 young people responded which gives a total of 37 young people provided direct input to NICCY's response to the draft Strategy.

The response includes the view of 37 members of the NICCY youth panel, who fed into NICCY's response to the draft strategy through attending a workshop or completing an online survey. Of those young people that provided demographic information, 21 were female and 8 were male. Those involved were aged between 13-18 years old, with the majority aged between 16-17 years old, and came from across NI. Please note the views of the NICCY Youth Panel are not necessarily representative of all groups of children and young people in NI.

The young people were assured that no individuals would be identified by any of the information we used in our response. The comments although largely paraphrased, have been kept as close to the young people's own words as possible. Child protection / safety messages including mental health resources for support were provided at the beginning and end of the session.

## Summary of the Feedback

A summary of the responses to each of the questions covered during the engagement with the NICCY youth panel are outlined below.

### **Do you think the DoH should have consulted with children and young people on their proposals?**

Young people felt that they had a right to be listened to and had something valuable to say. They felt that only by listening to them directly could their views be fully understood. They felt that the issues being addressed in the strategy were relevant to them and therefore should include their input. They felt that by not sufficiently consulting with them, the government were losing out on the views of a particularly vulnerable group within society. As children and young people are a group at increasing risk of having their mental health overlooked until it reaches extreme levels, their involvement in this issue would have ensured they get the help and services they need as they can inform the government on this.

### **What has your experience been of schools promoting mental health and addressing mental ill health? Do you have some examples of where schools have been good at supporting children and young people? Do you have examples of where schools have been bad? What do you think is missing from existing support that would be helpful for children and young people who have mental health problems?**

#### **Mental Health Awareness and support in school**

There was a very mixed picture in terms of the availability and quality of mental health awareness and support in schools from the young people NICCY spoke to. Some felt their school was very supportive of their mental health, whilst others felt that counselling and pastoral support could be promoted more.

Young people also felt that they received mixed messages from teachers about the importance of mental health- on the one hand talking about your mental health is important but on the other hand feelings of stress and anxiety around school work is dismissed as 'normal'.

#### **Primary School Age Children**

Young people felt that mental health awareness should be provided from primary school age and should not be left until 5<sup>th</sup> year. Primary school children should be encouraged to

understand and express their feelings. Very young children don't have the skills to search for information on their phones like teenagers can.

The recent case of the young boy who 'accidentally' killed himself after having an argument with his parents was understood as being caused because the young person didn't understand the consequences of their actions.

### **Older Young People- Teens**

It was felt that some teenagers don't have the mental health literacy to seek help when they need it. This was felt to be a bigger issue for boys than girls, as culturally boys aren't expected to talk about their feelings.

Young people felt that there needed to be specific support services for teenagers i.e. mid teens to 21. They also talked about not identifying with Childline as they don't associate with being a child anymore, and that they needed something like Childline for teens.

### **Training for teachers**

There should be government approved mandatory training on mental health for all teachers not just pastoral support. At the very least all schools should have a pastoral lead for each year. Not all young people we consulted knew if the teachers in their school received training on mental health.

### **Methods of training / support on mental health**

There needs to be dedicated workshops that fully address the issues being raised. There should be tailored workshops to different year groups. It isn't sufficient to cover it in assembly and for this to only happen once a year, it should be more regular. It was felt that these sessions could be more effective if you can talk to someone that has had personal experience of a mental health problem. The link between physical and mental health should be made.

### **Peer led training**

Young people should be trained to co-facilitate or lead on mental health workshops. The peer facilitators should be a similar age to the young people they are speaking to, as it can be easier to identify with them. Some young people thought that peer support could also be provided through online live chat.

A school in Mid Ulster which offered a student leadership programme which promoted counselling and trained pupils as peer supporters was discussed as an example of good practice.

### **Out-sourced support**

FASA was provided as an example where stress relief and relaxation was discussed, and pupils would have liked this to be a permanent fixture.

### **Training for parents**

Some young people thought they would feel uncomfortable talking to their parents about their mental health. However, they agreed that there should be more information for parents on how to identify and respond to poor mental health in their child, as parents can be an important source of support. Evening classes on young people mental health awareness should be made available to parent. These could be offered in youth centres and school facilities.

### **Views on Learning for Life and Work (LLW)**

The LLW sessions on personal development could be improved, they are not practical enough, they cover the obvious information and don't go into enough detail, teachers don't see them as serious subjects and pupils don't value them either- it is perceived as a filler subject. LLW sections never get finished, they are too short and sessions aren't regular enough. They should do fewer session really well, rather than covering too many. LLW is more focussed on work / career preparedness. LLW isn't available in all schools- in some schools pupils can choose if they do them. It can also be based on age. It is often offered as an add-on to P.E as there is more capacity to do it.

### **School Counselling**

School counsellors aren't always that visible- they should go around the different classes and introduce themselves to pupils. Unless you make an approach for counselling you are not offered it but some young people don't realise that they need it.

School counselling should be at lunch time or after school so that young people don't have to miss class- missing class can add to a young person's stress.

Young people felt there was still a lot of stigma around going to counselling, especially if you live a rural community and are a boy.

Using the box for making a counselling appointment wasn't felt to work very well, young people thought that it would be better if they could email the counsellor to make an appointment.

The extent of the counselling is limited- in terms of the time the counsellor is available in the school and in the depth of discussion that can be covered during the set number of sessions. You get a certain number of sessions and then you are finished, if you go again the same sort of stuff is covered again.

### **Mental health awareness and support in places other than school**

Schools aren't always the most approachable places for young people to open up about their mental health. This is especially the case if a young person has issues with school i.e. doesn't trust or get on with teachers or if school is contributing to their stress.

Young people thought that counselling should be offered in the community as well as schools- possible places included church based counselling services and drop in counselling services at libraries. A youth service like Cadets was also highlighted as an example of a good network to access counselling services.

In general, young people felt that it was difficult to talk to anyone about their mental health- this was deemed to be easier where they had a trusting relationship with someone in which they felt understood. Young people fear that adults will 'over-react' if they share personal feelings on their mental health. Young people felt strongly that mental health issues, no matter how small, should be addressed at the earliest point to stop them from escalating into something bigger and which can extend into adulthood.

GP's weren't perceived to be an accessible source of support; young people thought that GP's wouldn't understand as they have more experience of physical problems, that they would see your mental health problem as a medical problem and use medical language. The lack of confidentiality between a young person and their GP was also raised as a potential barrier to talking to a GP. Some of the young people we talked to didn't like the idea of the App in which GP's can track a patient's social media activity, as it might send false alarms and because you feel like you were being watched all the time.

### **Publicity on mental health that is specific to CYP**

Young people felt that there needed to be a lot more targeted publicity and support on child and adolescent mental health.

Young people should be given support and information to understand the mental health problems of their peers and to equip them to reach out to other young people who are exhibiting mental health issues. A number of examples were given of the stigma around mental health and attending counselling being more strongly felt between pupils than between pupils and teachers. The 'Helping Others' strand of wider 'Change Your Mind' campaign was mentioned as a great idea and young people thought it should include equipping young people to be able to support their own family or friends to deal with a mental health problem.

In the publicity provided on youth mental health, normalise the issue by getting across the message that they can get help, that you are not weird to feel the way you do and that mental health is equal to physical health.

Youth friendly posters in school are useful but it might also be useful to put information into the back of school diaries (post primary), develop web page for younger children and have more videos targeted as children and young people.

There isn't enough information on where young people can get help- this includes a lack of awareness of CAMHS. World Mental Health Day was given as an example of a day in which services like CAMHS could be promoted and normalise their services by linking with celebs. One young person had a positive experience of someone from CAMHS coming to their school to talk about what it was.

### **Perception of youth mental health**

Society doesn't take the emotional and mental health of young people seriously; young people's problems are seen as 'typical teenage problems'.

Society thinks that young people or anyone with mental health problems can change how you feel easily- but you can't, you feel stuck- you can't control it.

Communication about mental health needs to be done in a calm way, so not to panic people about their mental health (over-react) and normalise it.

### **Do you think support for self harm should be provided to 11-18 yr olds?**

There was a unanimous support for any self harm programme being extended to 11-18 year olds. The young people felt very strongly that due to how common it is, there was a need for better awareness and support, and for it to be taken seriously. They felt it would be useful to have the support available in schools and the community. The young people highlighted excellent practices in West Belfast where self harm is talked about from an early age in both schools and youth clubs.

Like mental health awareness more generally, young people felt that self harm was something that could be more effective if delivered in small group workshops and as part of a peer education programme.

Social media, including face book, Instagram and Snapchat was highlighted as a way of promoting awareness and support for self harm. Young people also talked about the negative aspects of social media in encouraging self harm. They also felt that social media providers can be slow to react, as can celebs whose identity is falsely used to promote self harm.

There should be a campaign for self harm like the 1, 2,3 stroke campaign, to identify or help someone who does it, and provide young people with coping techniques to help them to stop. There should also be up to date resources / films etc. that are interesting to look at.

If self harm is discussed in school, the Teachers need to address the issue fully as part of the awareness raising. It needs to include what self harm is and the reasons for it. Some young people felt that self-harm shouldn't always be associated with serious mental health issues or suicide as this can add to the stigma felt by those doing it. The awareness raising was thought to be useful in helping young people's peers to understand it and be more empathetic.

Young people also thought that the counselling needs to be provided to young people who self harm as early as possible, before it gets worse, and for the counselling to get to the root of the problem.

### **How could we be better at supporting CYP that are bereaved by suicide?**

Treat people bereaved by suicide in the same way as you would treat any other bereavement. Bereavement counselling should always be offered to children and young people who have some connection with a person who has died, assumptions shouldn't be made about potential impact. A range of options for counselling should be offered, examples provided by the young people were online, face to face, support group and family therapy. Peer support is also very important and schools should be open to this and allow a friend to accompany you to the funeral or counselling.

Schools should have protocols/ best practice guidelines on how to deal with bereavement. Support should be age appropriate. Schools should make sure that time off is allowed for bereavement and to make it easy to catch up with school work when ready i.e. Send work home, virtual learning environment, PowerPoint or video of class.

### **What makes the Internet and social networking sites helpful and unhelpful place for CYP with mental health problems?**

It should be compulsory to do e-safety classes from primary school. Parents need to be aware of safety filtering settings for different ages. Everyone should have access to this sort of awareness raising training; this includes how to report things that they don't like on social media. There should also be more monitoring of online material so that negative posts and website can be taken down quickly. Awareness raising classes for children and young people should include peers telling their own stories, it shouldn't just rely on videos. The young people talked about the negative aspects of social media. This included social media being cruel and mocking of mental health problems or romanticizing negative / harmful thoughts or behaviours. Young people also felt that social media can add to young people's stress and negatively affect their self worth i.e. cyber bullying, how many likes being used as a barometers of how popular or liked you are. They also talk about the peer pressure to be on social media and to use it and share personal information. Young people should be made aware of the benefits of coming off social media for a period of time if they felt it was causing them stress or making them feel bad about themselves- 'social media detoxing'.

The young people talked about the positive aspects of social media as a platform of support for people with mental health problems- including online support, and the increasing number of body positive and mental health positive pages online and range of websites for support. They also felt that the anonymous nature of social media might help some young people to open up and to talk freely.