Joined-up support for young people’s mental health

Someone once said to me that if we snap you in half, it will read mental health all the way through, like a stick of Blackpool rock.

And they are not wrong. I am very passionate about mental health, especially about the tweenies.

My story is, when I was about seven, I remember my mum dragging me off to the doctors. It was a big old house. I think all doctors' surgeries used to be in big houses in them days. The living room was made up to be a waiting room, and we took a little piece of paper with a number on and we waited. Then they shouted my number and I went in with my mum and sat down on the chair.

I was just in my own little world, daydreaming, or as my mum said, being ignorant. But I wasn't. I was daydreaming, playing with my little piece of paper, folding it, screwing it up, whatever.

The room was musty and it smelled dreadful of chocolate pipe. To this day I hate the smell of chocolate pipe. There were books everywhere, and the doctor, a big imposing chap with a comb-over, started chatting to my mum, and I had my head down.

All of a sudden there was this bang on the table and I looked up. He put his pipe down on the table, pointed at me and said, ‘You've got to start behaving, young lady. You've got to start being good for your mum, because if you don't, you will be taken away.’

And that was me then. From that day I learned to mask, I learned to be quiet, and I learned to say nothing.

I went and got a degree. My reasoning behind that is because I never thought I was good enough. So I hated school with a vengeance, because I couldn't cope in school. I was too naughty.

Eventually I got my degree and I graduated when I was 50, and I was so proud of that. I went into mental health. That was exactly what I wanted to do, work in mental health, and I worked with a lot of older people who had psychosis.

But I yearned for the youngsters. I felt sorry for the tweenies.

Then I moved to Wales in 2020 and got a job in primary care, one of the biggest GP surgeries in Prestatyn. There were five occupational therapists there, and that's my role as an OT.

I very quickly noticed, in the time I was there, that there is no one that looks after the tweenies. So you've got the CAMHS team, and we've got a family wellbeing practitioner that comes in once a month. A very heavy caseload, supports low level, that looks after eight surgeries, so you can imagine what her caseload is like.

So I said to the team that I wouldn't mind supporting the tweenies if we were stuck. The other OTs were a little bit concerned because they felt we all should have access to that paediatric training. But because of my mental health background, I didn't feel it was an issue speaking to a tweenie who had any problems with mental health.

So I started seeing the 17-pluses, and it was very quickly recognised that, today for instance, only today just before I came in, I had a patient come in this morning who finally plucked up the courage to come to the doctors and ask for support.

I was told by the mum that CAMHS won't take the referral because she is too old, she is 17 and 9, and because of the waiting lists she won't be seen. So then my question is, well, who will see her? Well, of course I will. So I spent some time with her and I have arranged to see her again.

So that's my role with the tweenies predominantly.

On top of that, we then look at the last 12 months or so. I know we were hit badly by the pandemic, and that affected such a lot of children and adolescents and people, and with the peer and the social media, public media, people coming out on the news saying, 'I have just got a neurodivergent diagnosis, and I have got medication and my life has changed.'

And so in 2020 we had about 12 people who were asking for a query of ADHD. It went up slightly in 22 to about 12 querying, and the last year we got 58 people that are querying ADHD.

Whether this is social media or whether this is indeed mental health is a question to be answered, but the waiting lists for CAMHS and the waiting lists for adult mental health are currently two years.

So it's just for the children and the young adults who are experiencing these difficulties, who are being misdiagnosed with anxiety or depression, who are given medication, antidepressants, when in fact they are not depressed, they are not anxious, they are neurodivergent and they need a diagnosis and the correct medication.

So, what I want, what I would like with my imaginary wand, I have got three asks really.

My main ask, my first ask, is can we put all the neurodiversion under one roof, and the ADHD, all the autism, the learning disabilities, just under one roof? Because I get people that I see who have ADHD, who are then told, after been waiting for three years to get that diagnosis, that there is a possibility that they have autism, and then they get put on another waiting list to get that diagnosis because that is in a completely different place with a different team. So I would like it all under one umbrella.

My second ask, I think this is the most important one really, so maybe it should have been my first, I want the CAMHS age changing to 25. And that is because we know scientifically that the brain is still growing, it's still changing.

I think children who are with CAMHS, who get that support, all of a sudden at 18 are told they are an adult and that they are in a whole new different world with adults, and they can't cope. And by that time they could have possibly had two or three diagnoses.

So I have one young lady who I have been supporting since she was 18, and she is now 21 and just graduating from university. She had a diagnosis of anxiety, then loneliness, then dysthymia, and now she has been told she has got ADHD, and all that process has been going on since she was 16 or 17.

So I think changing that age of 18 to 25 is doable and will help reduce medication, will help with transitions, it helps with the psychological growth, and it is massive for early intervention as well.

The facts are there that if anyone starts experiencing psychosis in their young teenage years, working with them at that early age reduces medication and helps them understand that psychosis better.

And then my third ask is, I work for primary care. According to the World Health Organisation, primary care is an accessible, coordinated, continuous and person-centred care. So if anyone comes in that surgery asking for support, they should be given that support.

The average GP appointment is 10 minutes. If a youngster comes in asking for support, who's going to help them? Not all surgeries have occupational therapists, not all surgeries have family wellbeing practitioners, and not all surgeries have anyone there who can help with a child or a teenager in need. And it is getting worse.

So MIND are currently saying it is one in four that are having difficulties, the World Health Organisation are saying it is one in seven for adolescents that are going to be having mental health problems, and then last month I went to do some training with UKAAN, which is United Kingdom Autism ADHD Association Network, and they are now saying it is one in three are going to be neurodivergent.

So that's my ask, and that's my picture. Thank you.