What makes a good life for a young person?

A Summary and Overview

Views of young people about health and well-being in consideration of the promotion of good mental health, the prevention of mental health difficulties and the care of young people with a mental health need.

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Summary of findings

Snowball Effect

The strongest message emerging from this data is the snowball effect that can occur: when one aspect of wellbeing changes and a progression of stress across other areas of life can follow. Wherever the challenge begins, troubles at home or bullying at school, this problem will be compounded as it will lead to being ‘different’. Young people spoke of changes in appetite, sleep patterns, behaviour and achievement leading to a change in attitude towards self and from others. Sometimes a major transition was added to this, as a change in family circumstances brought a house move with new school, friends, teachers and so on who did not even know the young person before they were struggling.

The ironic thing is that just when you need most help and understanding, friends, peers, teachers and sometimes even family members may not be there for you.

For those with disability, their diversity also affected other areas of their wellbeing. For them, sometimes too much visible adult support increased the sense of being ‘different’, which made things worse rather than better.

Promotion

Health promoting messages about what is or is not good for physical health are getting through, if not always being put in to action. There is a need to promote what is good or not so good for mental health too.

The cumulative process of loss of wellbeing should be made known, so that children grow up knowing that it is normal if they or their friends are showing some of these distress behaviours, these will pass and what that person needs at that time is acceptance and space to adjust.

Prevention

Preventing deterioration in mental health involves recognising the signs of distress early, listening to the child/young person, both to understand what aspect of wellbeing is under threat, but also to find out what sort and what level of support would help. Careful handling of transition will be needed if a child moves home and school, especially if it involves being taken in to care. While many young people did not want individual teachers to know about their personal circumstances, there is a need for some leeway and understanding of changes in behaviour and effort at school. Provision of a quiet space in school to where children/young people in distress can withdraw when needed would make the day more manageable. The importance of having one consistent, trusted and caring adult available to speak to, was especially true of those whose family circumstances meant that such support might not be available at home. The child needs some choice in who that adult might be.

Care

Care of young people with mental health needs should be timely. Often the signs of the mental health need had been there earlier but by the time support was offered things were harder to change, habits and low self-image were already well established. Feeling safe with a mental health need was about feeling accepted and understood, even if current behaviours might be annoying or challenging to others. Young people seemed to have little insight at the time of how their behaviour was affecting their families. The support offered by the mental health service was seen to be life changing and even life saving once received.
**Introduction**

This report is the final stage of a three part project consulting young people about wellbeing as part of the review of the Child and Adolescent Mental Health Services (CAMHS) in Highland.

There have been three reports, using the same methodology, to consider “What makes a good life?” around the themes identified in the “Good Childhood?” study (Children’s Society 2006). The ten themes young people in the study rated as most important for a good childhood/young personhood were: family, friends, health, learning, leisure, money, behaviour, attitude, local environment and community.

The three CAMHS reports corresponded with the three strands of the “Mental Health of Children and Young People, a Framework for Promotion, Prevention and Care” (Scottish Exec 2005) in working with:

1) young people in Highland Youth Voice to find out about general wellbeing and what might promote good mental health (Newman 2011)

2) young people with a range of additional support needs who may be at increased risk of developing mental health issues to consider prevention (Newman 2009)

3) with a small cohort of young people who access a mental health service to find out about how the need for a mental health service and the care they receive affects wellbeing (Newman 2011)

This summary report seeks to compare and contrast the results and draw out indications of what might support the framework around promotion, prevention and care.

This report will also consider messages from other consultations around wellbeing carried out by the Forum over the three year period of this study (2009-2011) with young people affected by homelessness (HCF with Calman Trust 2009), domestic abuse (Newman 2010) or sadness (Newman 2011) and also with young people who are young carers (HCF with Skye Young Carers 2011), or who have been on the edge of the criminal justice system (Newman 2011).

There are literature reviews in the reports listed above; this report is only an overview of the findings and recommendations of these Forum consultations.

Children and young people took part in the various projects, but as the focus of the CAMHS reports was young people, the term ‘young people’ is used throughout the report but usually refers to children and young people aged between 5 and 18 years.

**Methodology**

The consultations with young people for the CAMHS study used the same methodological approach, as detailed in each of the reports. Once informed consent had been obtained, young people were asked to draw a stick person and provide him/her with an age and a name. They were then asked to think about what might be needed in that young person’s life for them to be having a good or good enough life. Young people could include anything they liked and this was written in Mind Map style around the stick person. There was then
a discussion, either as one to one or in a
group, about what young people had
written or thought about. The ten themes
of the “Good Childhood?” study were
borne in mind, and responses were
roughly put in to these themes as
appropriate. Sometimes young people
had not commented on one or more of
the themes, in which case they would be
asked if that theme was important for a
good life (e.g. Does where you live affect
whether or not you have a good life?).
Sometimes young people thought it was
important and added some more
information to their Mind Map. Some-
times they did not think it was important
in which case it was not added. Some-
times young people made comments
which did not fit under any of the themes
and so new themes were developed.
Where there was a group discussion, the
shared responses were also captured in
a Mind Map.

Young people were then asked to think
about their own story. They were told
they could include as much or as little
detail as they liked in consideration of
the themes they had identified. They
were asked to think about what made
their life good, but they could also write
about the challenges they face.

The consultation with young people from
Highland Youth Voice took place at a
workshop during a residential weekend
and so the real-life story was done
immediately after the imaginary story
was complete. In the other two studies,
young people had time to think about the
story they would like to tell and how they
would like to tell it. They were offered a
range of options and the ones used
included written journals, photo journals
or face to face interviews. Whatever
media was used to tell the story, it was
put in to a Mind Map around the young
person’s identified themes and the
journal or other media returned to the
young person.

For the young people accessing a
mental health service, the experience of
the parents was considered to be key to
the young person’s care and wellbeing.
For this reason, parents were offered the
opportunity to contribute their own view.
Parents were not included in any of the
other studies.

Results for the different young people
taking part consisted of two Mind Maps,
one of the ideal sort of good life as
imagined by the young person and the
other of their own life, considering
strengths but also capturing some of
their challenges and the things which
help them.

**Other Forum Reports**

The consultation with young people on
the edge of the criminal justice system
used the same basic methodology of
imaginary good life, discussion and then
story-telling about their own experience.
Some young people opted to work in a
group using their shared experience to
do an imaginary ‘challenging life’ to
compare against the imaginary good life.
Developing a story in third person allows
young people to distance themselves
from their personal experience.

Young people affected by domestic
abuse also worked in a group to
describe an imaginary young person
who had positives in her/his life but who
was living with some form of gender
based violence. For the consultation
about grief or sadness, young people
were asked in the first instance to do the
imaginary Mind Map of a good life. They
were then asked to consider something
sad which happened to that imaginary
person and to think about what, in each
of their chosen themes, would change
for that young person when sadness
struck.

Young Carers from Skye did Mind Maps
around imaginary stick drawings of
young carers. Young people accessing
the Calman Trust were asked to
consider what issues they had that they
wanted services to do something about.
Participants

There were 65 participants from Highland Youth Voice (HYV) and 30 participants with additional support needs. There were only 3 participants who had accessed a mental health who took part in the whole consultation; one other young person contributed to the imaginary story but later withdrew. Three parents participated and one parent shared their experience of a second child who also had accessed a mental health service. All 100 participants across the project were aged between 12 and 18 years old.

HYV members were included as a control group, as young people without any particular issues. However, HYV membership is through a democratic process, so there is the possibility that these young people might have some attitudes or aptitudes which are a close fit with the aims of HYV to participate in influencing policy and so might not be entirely representative of all young people.

Participants from Other Reports

The participants in the other projects included 14 young people aged between 16 and 21 years on the edge of the criminal justice system; 33 young people aged between 6 and 18 years affected by gender based violence; 310 young people aged between 5 and 14 years in the project about sadness; 3 young carers from Skye Young Carers; approximately 15 young people aged between 17 and 21 years who access a service from the Calman Trust, a total of 375 children and young people aged between 5 and 21 years.
**Brief Summary of Results**

As the Highland Youth Voice group were being used as the baseline for wellbeing across the ‘Good Childhood’ (CS 2006) indicators, Chart 1 below indicates what percentage of HYV respondents included each of the ten themes as important in having a good life across the imaginary stories and the real stories. Chart 2 compares the themes mentioned as important in the real stories of young people across the three projects.

![Chart 1 HYV responses about which themes mattered for a good life](image1.png)

Chart 1 HYV responses about which themes mattered for a good life

![Chart 2 Themes mentioned as important in the real lives of young people across HYV, young people with additional support needs and young people who are receiving a mental health service.](image2.png)

Chart 2 Themes mentioned as important in the real lives of young people across HYV, young people with additional support needs and young people who are receiving a mental health service.
Imaginary Good Life

There was a lot of agreement across the wide range of participants about what was important for having a good life in consideration of an imaginary young person.

Family: While there was different views on big or small families, the ideal family was caring and supportive with good relationships. Many young people mentioned that feeling safe in the family was important. Some young people thought families would sometimes spend time together; freedom and space for the young person was also raised.

Friends: Good, loyal friends you could trust, who lived nearby, with whom you could spend time having fun and doing activities and who were a good influence were ideal. There did not seem to be a preference for same or mixed-gender friends. Being friendly yourself was frequently mentioned as being important.

Health: Most of the imaginary young people were in good health, being active and eating healthily. Some young people specified life choices such as not smoking, drinking or taking drugs. Others thought that the good life would involve taking some of these substances.

Learning: Attending a good school with good teachers which had a positive ethos and good reputation were the strongest messages. There seemed to be a preference for a large school with good facilities and good subject options. Being willing to work hard was also suggested as important by some.
Leisure: Sports, hobbies, IT or other screen time and clubs were listed fairly consistently in the imaginary good lives. Cinema, shopping and other town activities also got a mention from a number of young people.

Money: Money did not seem to be hugely important so long as the family had enough. A few people thought the good life would involve being rich. Some didn’t mention money as being important at all. A lot of the imaginary young people earned money, either in a part time job or pocket money for chores; a few thought a good life would be not needing to earn money.

Behaviour: While the imaginary young people were not in trouble for their behaviour, many thought that they would not be too good, but rather have a certain 'cool' about them.

Attitude: The imaginary stories described respect for self and others. They also mentioned having self-confidence, aspirations and ambitions as important and being able to stay on task to see something through.

Local environment and community: There was a mixed preference between urban or rural areas, but it should be a 'nice neighbourhood', with good neighbours, good transport and good facilities for sport or leisure. Responses did not clearly separate local environment and community.

These insights from young people in to their conception of a good life or wellbeing can provide useful indicators for the promotion of good mental health.
**Real life Stories from ‘Good Life’ reports:**

**Family**

In terms of family experience the young people from HYV had generally caring, supportive and loving families. Eight percent did not list families as contributing to their wellbeing.

The young people with ASN had a more mixed experience. Separation, bereavement and young carer issues were present in some of the families. Where young people were living in foster or kinship care, they had found the loss of contact with some family members difficult. Most of the young people who were 'Looked After' still had contact with a birth grandmother which was important to them.

Young people who were accessing a mental health service described the family as a safe place to be. These young people felt that their needs were better understood at home. The young people were aware that their mental health needs had an affect on the family and that their family benefited from the support offered as well.

**Other Forum Reports:**

**Family**

In the 'Ideas about Sadness' report, young people also raised the issue of the family being in need of support at the same time as the young person. If there is a crisis in your family, whether that is due to bereavement, separation or illness, the young person may feel that they have to cope with their own sadness because their family is struggling too.

Young people affected by domestic abuse and those who were on the edge of the criminal justice system reported families which had strengths in some good relationships, but also had fighting, violence and separations. The extended family was mentioned as being important in both these groups of young people. For those experiencing domestic abuse and for those dealing with sadness, the need for somewhere to go to be quiet and alone was mentioned.

The young carer group described the difficulties of living with parents caught up in alcohol and other substance misuse; of living on the edge when at home, not knowing quite what might happen next. This led to being good at reading body language. There were other young carers who were coping with parents or other family members with disability, which meant their time at home was taken up by caring and household tasks.

**Being taken in to care is…..**

“. like being in a car with someone else driving; they are going somewhere you do not want to go, but you are far away from what is familiar. Even if someone gives you a choice about getting out of the car to go somewhere else, it is not really a choice, you can't go back and you have no way of going forward on your own.”

Young Man who Accessed Calman Trust
Messages about Families

Promotion

Building good family relationships is key to wellbeing in families. Good parenting with balance between time spent together and space apart and between freedom and sensible boundaries was also important. From the young people’s views, promoting good mental health would involve supporting family relationships and good parenting.

Prevention

At a time of family crisis due to fighting, separation or bereavement, the stress is across the family and so family members may not able to be supportive of one another. There may be loss of contact with some family members; the family may have to move house. Preventing deterioration in mental health might involve ensuring there is a consistent, caring adult outside of the family over the period of any changes. Family mediation, bereavement support or counselling could also be important.

Care

Mental health care which supports families as well as young people is crucial.

Children or young people taken in to care reported no involvement in the decisions which so dramatically affected their lives. They had no idea of what was happening and no choice about where they went, yet they reported that getting the right placement was key to their coping and moving forward. Good involvement and transition planning for children being taken in to care will go some way to supporting them.
**Real life Stories from ‘Good Life’ reports:**

**Friends**

HYV young people had good friends in their real life stories, although only a small number specified that these friends would be supportive or loyal. Six percent of young people did not mention friends as important in their lives.

For those young people with ASN, friends to hang out with were important, but also the need for a close friend to confide in. Young people whose support needs meant they required a carer to be with them found it difficult to make friends, as the adult presence inhibited friendships.

Young people who accessed a mental health service had mixed views on the importance of friendship. For the young person on the autism spectrum, the understanding of peers was more important than their friendship. For one young person, because her difficulty had been recognised pre-school, she had grown up with friends who accepted her. Friends who are loyal and could be confided in were important.

“**I’ve got hundreds of ‘friends’, like people who are kind to me and like me and all that. I’ve got loads of them. But people who hang out with me and invite me round to their house, I’ve not got so many of them. Some of it is having [learning support auxiliary] with me, some of it is just people who are prejudiced because I am in a wheelchair.”**

Katie

**Other Forum Reports:**

**Friends**

Young people who took part in the project about sadness felt that peers and even friends would not be understanding. The effect of sadness might mean that the person withdraws socially, but young people also expressed the feeling that it was hard to include someone who was sad all the time, as they were not as much fun to be with. It was also felt that their vulnerability in being sad would make them more likely to be the subject of bullying and teasing. It can be seen that this response from peers and friends would be likely to increase the feeling of sadness and the need to withdraw.

Young people affected by domestic abuse or young carer issues felt that friendship was very important. A house move meant pressure on young people due to the loss of friendship and difficulty making new friends.

Young people affected by homelessness were also heavily reliant on friends but sometimes the accommodation they were offered took them away from this support.

For the young people on the edge of the criminal justice system, there was little report of having trustworthy or reliable friends. Rather young people reported peer pressure to drink, smoke and take drugs or to become a member of a gang.
Messages about Friendships

Promotion

The importance of friendship was seen across the ideal imaginary stories. Young people recognised that being friendly was a factor, along with having good friends in, and out of, school. Building sociability and providing space for friends to be together will promote friendships. However, promoting good mental health will also involve being sure that young people understand and recognise the normal symptom of stress is withdrawal from friends and activities. If friends remain supportive, these symptoms will pass and the person will be more like themselves.

Prevention

The difficulty in maintaining relationships in times of stress was evident, along with an increased vulnerability to teasing and bullying. Young people with disability faced similar challenges. The lack of understanding of peers and friends may be addressed through awareness raising to engender empathy. Opportunities to build self-confidence in secure peer groups may address some of that vulnerability.

Care

Mental health care should recognise the change in friendships the health need may have brought and seek to support the young person rebuilding friendships.

When a child or young person changes schools at a time of crisis, where possible a policy for careful transition planning should be in place, including a warm welcome from the new class/school.
**Real life Stories from ‘Good Life’ reports:**

**Health**

Sixty seven percent of HYV young people included health as theme for wellbeing in the group discussions and imaginary stories while only forty seven percent of the real stories included health. Almost all of those listed healthy lifestyle choices as being part of their good life. The thirty three percent of HYV who did not mention health might not have particular health problems. Their good health may have been taken for granted and not worthy of particular mention.

Young people with ASN on the whole had taken on board the healthy lifestyle messages. Not all placed the same importance on them, but most of these young people reported trying to follow the advice given at least most of the time. A health concern was not having someone to talk to about worries or concerns.

Young people who had accessed a mental health service on the whole had had physical health problems as well. Some of their physical health issues, such as loss of appetite or poor sleeping, had perhaps been an early indication that mental health problems were developing.

In the group discussion around an imaginary ‘challenging’ life for a young person, based on their experience, young people said:

“She would not care about her health.” “She would have poor skin and hair.” “She would be underweight.” “She would have a drug addiction.”

Better outcomes would be:

“If she gets lifted and gets a drug therapy order, goes on methadone and for a spell in rehab.”

**Other Forum Reports:**

**Health**

In young people's 'Ideas about Sadness', they felt that change in appetite, disrupted sleep, withdrawal from activity or taking up smoking or drinking would be an indication that sadness was escalating to a mental health issue. They also thought it likely there would be a general deterioration in health, such as more colds and so on. Young people affected by domestic abuse also reported disturbed sleep and withdrawal from others as symptoms of their stress.

Young carers, young people on the edges of criminal justice or those affected by homelessness on the whole saw that smoking, and sometimes drinking or drug taking, were more or less inevitable coping mechanisms that young people would use to deal with their stress. Being able to hold your drink was also part of establishing your reputation.

So these choices, while being unhealthy in terms of physical health, were perceived by young people to support mental health in the sense of reducing stress and building self-esteem.
Messages about Health

Promotion

Health promotion messages in terms of physical health have been heard, although when young people were unhappy, anxious or angry, they were less likely to be able to attend to those messages. It was not clear if messages about promoting good mental health had been heard. The emphasis of health promotion messages should include mental as well as physical health information.

Prevention

Prevention of unhealthy life styles developing might be about early support for some of the other problems young people may have. Changes in appetite, sleep or substance misuse could be seen as potential signs of mental health deteriorating. Changes might be small and not too noticeable at first, but if they are sustained over a period of time, then they may be symptomatic of stress building up. Greater understanding of these as signs of distress may help friends, youth workers and teachers notice them earlier.

Care

Mental health needs tended to be accompanied by physical health needs. Care of the mental health needs should not lose sight of the physical health needs of the young person perhaps brought on by changes in appetite or life style.

One way suggested of encouraging health behaviour change for those already misusing substances, was getting older young people who had previously been involved in similar substance misuse to talk to young people at risk.
**Real life Stories from ‘Good Life’ reports:**

**Learning**

In the HYV group, sixty percent of young people thought they were receiving a good education and they recognised the importance of having wider opportunities and work experience. While each HYV group discussion covered the importance of learning, twenty eight precent of young people did not mention learning as important to their wellbeing.

Young people with ASN who were in special schools, whether for learning or behavioural difficulties, felt better understood and included there. They experienced less bullying than when they had been in mainstream education. Good teachers were important, and teachers who were too strict or did not understand behavioural issues were not as helpful.

For those young people who were accessing a mental health service some had received good support from the schools, especially from Guidance. A lack of understanding by some teachers and peers could be a problem. Sometimes teachers had unrealistic expectations of young people, not recognising how their mental health need affected them.

One young man felt that at school his ADHD had not been understood; that the school had focussed too much on the behaviour rather than the cause and also that this negative focus on behaviour meant that their interests and talents were not seen. He recalled one positive experience where a teacher would recognise when he needed to be out of class for a few minutes to calm down, and if he was still agitated on return, offer him the chance to sit in a cupboard and burst bubble wrap. It was his most positive experience of education.

**Other Forum Reports:**

**Learning**

Young people in their ideas about sadness and other reports suggested that the strain of challenging home circumstances often meant that concentration and motivation was reduced, leading to poorer achievement.

Some of the young people affected by domestic abuse reported school as somewhere they felt safe and listened to.

Young carers reported that schools were not always understanding of their needs, but in fairness the school did not always know about their caring role. Two issues in particular were problematic, not doing homework and arriving late in the morning.

Some young people on the edge of the criminal justice system or accessing support from the Calman Trust felt that behavioural issues and learning difficulties were not always understood in school, which potentially led to disengagement with the school.

The option of an alternative curriculum was suggested by some young people as being helpful.
Messages about Learning

Promotion

Good guidance teachers, a good school ethos and good teachers were crucial in supporting and promoting good mental health. School self-evaluation involving children and young people may go some way to identifying where there are things that could be improved. The Curriculum for Excellence should provide the opportunity for young people to work out their own style of learning and build up a record of achievement which is broader than academic success and this might help engagement for those with other issues to deal with.

Prevention

The young person's home circumstances sometimes meant that their attendance at school was variable, their concentration limited and their behaviour challenging. This was not always well understood by the school. While the school cannot be expected to know about home circumstances if they are not told, there should be recognition that a change in behaviour, regular lateness, deterioration in homework, tiredness in class are all possible products of difficulties at home. In school what some young people say would help is having someone to talk to who is not teacher, and having a quiet space that those known to be struggling with issues at home could withdraw to.

Care

Mental health needs affected the young people's performance and enjoyment of school. Closer liaison with mental health care staff and the school may facilitate a better understanding, enabling the young person to manage school better.
Real life Stories from ‘Good Life’ reports:

Leisure

Ninety two percent of HYV young people listed leisure as being important in their lives, i.e. eight percent did not include leisure in their stories. HYV responses about what gives them a good leisure life was about having opportunities and activities to do and having a good social network to spend time with. Twenty four percent said something about finding a good work/play balance in their lives.

Young people with additional support needs mentioned many hobbies that they enjoyed. Those young people who attended special schools seemed to find socialising in their communities harder and often only socialised with others from the special school or in specialist out of school clubs. Access to the internet and screen time was seen as very important.

Young people who accessed mental health services said very little about leisure activities. Some had withdrawn from previous involvement, sometimes low energy limited engagement in activities. The uniformed groups such as Girl Guides were mentioned by a parent as being accessible and understanding of additional needs. The young person on the autism spectrum did not mention leisure at all.

An anomaly:
The number of HYV respondents listing sport as important was small at 14% while in the recent play evaluation in Highland (Play Highland 2011), 74% of young people said they did sport daily. It might be that young people do not see sport as important to a good life. In the play evaluation, the question was looking at the balance between time spent on different sedentary or physical activities; young people may have considered any kind of physical activity, even if considered a chore, as taking part in some sort of ‘sport’.

Other Forum Reports:

Leisure

Young carers and young people affected by domestic abuse valued leisure time they had out of the house, such as clubs and activities, (some organised by Young Carer groups or Women’s Aid support workers). Outdoor places such as woods and beaches were suggested as important.

Some of the young people on the edge of the criminal justices system had a similar focus on activities such as fishing and biking organised by support workers. These young people did not mention having hobbies when they were younger, but rather reported being bored, part of the reason they got into partying with the associated alcohol and drug issues.

Young people felt that if someone was struggling with sadness, they might be likely to withdraw from activities and give up any hobbies that they have, as seen above in those who access a mental health service. There was also a feeling expressed that they might instead rebel and take up more challenging behavioural activities instead, such as running away, staying out, taking drink or drugs.

Young people living in B&B or hostel accommodation are not usually allowed to take friends back to their home and this limits their ability to socialise.
Messages about Leisure

Promotion

Young people suggested that access to a range of activities and clubs supported wellbeing. To promote this there is a need to ensure that clubs and activities are accessible, affordable and attractive to all young people. Otherwise the more vulnerable young people are less likely to access leisure with resultant risk to mental health.

Prevention

The difficulty for young people with disability and young people in special schools to access leisure was also raised in the Play Evaluation (Play Highland 2011). Some of these young people report having hobbies and other leisure time at home or in the garden, but they do not have the social leisure opportunities with other young people. Ensuring that young people out of mainstream can access leisure opportunities may support their longer-term mental health.

Care

Young people with a mental health need had withdrawn to varying extents from leisure pursuits. Accessing leisure pursuits was seen as a positive way to overcome sadness.

For those children dealing with challenges in the family, support workers were sometimes the only people with whom any leisure activity took place.

Caring for mental health needs may involve supporting young people into leisure activities or hobbies.
**Real life Stories from ‘Good Life’ reports:**

**Attitude**

HYV mentioned attitude as important to a good life in eighty percent of responses. Almost all of the comments about attitudes referred to the young people's own attitudes rather than the attitudes of others. Of these, having self-confidence and being optimistic were most frequently given, but having ambition, being ready to try, having trust and your own beliefs were frequently mentioned. The attitudes of others around the issues of equality, freedom and rights was mentioned, as well as supportive people and positive role models.

For young people with additional support needs attitude was more frequently a negative issue with those experiencing prejudice and misunderstanding. The young people who had social challenges recognised the need to manage their own attitude and be respectful and responsible, but also that sometimes it was hard and you could end up ‘acting out’.

Young people who had accessed a mental health service talked about the understanding, or lack of understanding, people had about their condition. Diagnosis was discussed, as sometimes it was felt useful that people had a label., people could then understand that there were genuine issues for the young person. Equally a label could mean people prejudicially made assumptions about them.

Comments about having a positive attitude were made across the HYV responses and may be indicative of the sort of young person who is involved in HYV who needs a degree of confidence and self-belief to take part. As the work of HYV focuses on rights, equality and freedom, it is not too surprising that this was raised as an issue referring to the attitudes of others.

**Other Forum Reports:**

**Attitude**

Young people thought that people affected by sadness might experience exclusion if they were sad and so they would be likely to adopt an attitude of forced happiness to hide their true feelings.

Young people on the edge of the criminal justice system spoke a lot about reputation. Where some of them had grown up, to avoid being bullied you had to gain a reputation that you could stand your ground in a fight. Later on your reputation would be based on whether you could take a good drink. They did not see an alternative to these but admitted that once that sort of reputation is earned, it is hard to get rid of if you later decide to try to get your life together and give up gangs, drink, drugs and so on; the reputation led to negative expectations both by the other young people in your gang or crowd, but also by your neighbours, the Police and others.

Young people affected by domestic abuse spoke about a lack of trust; they found it hard to trust others and felt that others did not show trust in them. They also reported not feeling listened to and a perception that other people did not like them. Young carers also perceived that they were not liked by teachers and were often given more trouble because of it. Young people affected by homelessness felt that others did not always believe them.
**Messages about Attitudes**

**Promotion**

Young people were aware of the benefits of having a positive attitude but those who had experienced negative attitudes from others found this harder. Adults need to demonstrate positive attitudes to young people. There is also a need for better understanding of diversity including mental health. Creating communities that are child and youth friendly would also promote healthier attitudes.

**Prevention**

Young people with additional needs reported negative attitudes of others towards them. For young people with challenges at home, self-confidence was low and trust difficult to establish, so they doubted the attitudes of others towards them. For those whose behaviour brought them in to the criminal justice system, changing a negative reputation was very hard.

Preventing people developing a poor attitude about themselves or experiencing a negative attitude from others is not easy. Raising awareness of diversity and the challenges different people face might help young people and those who work with them to have a more supportive attitude.

**Care**

Those with a mental health need also sometimes experienced negative attitudes from others or had them towards themselves. Understanding of their condition was key to addressing these, but whether having a diagnosis was helpful in this was not clear.
Real life Stories from ‘Good Life’ reports:

Behaviour

Behaviour was only mentioned as important in forty four percent of the HYV responses, suggesting it was not a major issues for these young people. Being responsible was the most frequent behaviour mentioned. Being disciplined and being able to express your views the next most popular examples of behaviour, perhaps not surprising for the HYV population.

Some young people with additional support needs had reported anger control issues. There was also a feeling from some young people with behavioural difficulties that they were readily blamed for things they not done. Specialist schools were described as being able to handle behaviour and help young people calm down. Some young people with disability felt that the treatment they received from others, which was often condescending, would make them want to misbehave in some way.

Good role models were seen as key in helping people with their behaviour; Grannies were singled out as people who helped learn manners.

Young people who had accessed a mental health service did not themselves report issues with behaviour. The parents, however, reported concerns about behaviour such as self-harm, withdrawal, obsessions, anxiety, conduct disorder and substance misuse.

Other Forum Reports:

Behaviour

Young people (including those affected by domestic abuse) felt that sadness would cause someone to behave differently, they would be likely to withdraw from others but they might also find anger management difficult when they did not understand their feelings.

Young people affected by domestic abuse and young carers reported some of the positive behaviour they had developed taking responsibility for household tasks. One young carer reported being the ‘bad kid’ in school because it covered up his dyslexia.

Young people on the edges of criminal justice system often reported having difficulty managing their behaviour from primary school but not getting the support or understanding they needed to help them. The focus seemed to be on the behaviour rather than the causes. Young people who had disengaged with the secondary school which led to truanting and involvement in partying and associated behaviours. Many of these young people were now trying to modify these behaviours.

Young people also reported the negative effect of the behaviour of others in hostel or B&B accommodation who were often older and had drug and alcohol issues.

One young person suggested that the most powerful help for young people at risk of substance misuse was to bring in an older young person who had been mixed up in it but had moved on now. She herself is such a person now working and studying hoping to become a social worker.
Messages about Behaviour

Promotion

Good role models were seen as important in promoting good behaviour and this included teachers and other adults demonstrating a calm way of dealing with heightened tempers and with the build-up of stress.

Prevention

Across the reports, young people with additional support needs due to their social circumstances reported difficulties in managing their behaviour. Those young people who had attended specialist provision for behavioural issues described the differences which helped them to manage their behaviour better: being able to chat for a few minutes on arrival (perhaps to offload before concentrating); being able to get out for a minute or two to calm down; and when a fight or behavioural incident occurred dealing with it calmly by listening to the whole story.

While these might be more difficult approaches to incorporate in mainstream classes, the expertise of such schools being applied in mainstream may help young people to cope with their stress and manage their behavior better.

Care

Young people with a mental health need did not seem to have much insight into their behaviour and its effect on the family, although this was often significant. Providing families with strategies to cope with this behaviour may be important, along with helping the young person recognise and address it.
**Real life Stories from ‘Good Life’ reports:**

**Money**

Sixty one percent of HYV young people included money as being important to their having a good life. It is likely that the other 39% have enough money to not feel it a significant factor. Those who did comment felt money was important so you have plenty of food, enough money for clothes and other material goods, with a few mentioning money for holidays. Only three percent spoke of being wealthy in real life, although this was seventeen percent in the imaginary stories.

Young people with additional support needs mentioned the need for better skills in managing their money. Those young people who had the opportunity to earn appreciated being able to manage their own money. Those with disability felt that part time jobs were less accessible to them and lack of accessible transport would exacerbate this. Many of the young people with learning disability did not seem that interested in money.

Young people who had accessed a mental health service did not mention money in their stories. One parent had concerns about the change in disability allowances and how that might affect them.

**Other Forum Reports:**

**Money**

Young people thought that when life changed through bereavement or family break up it was likely that there may be a change in financial circumstances for that family.

Some of these young people had experienced poverty, including young people who were affected by domestic abuse, homelessness or contact with the criminal justice system. Some young people spoke of there not being enough money for basics such as food or deodorant.

Benefit difficulties include the loss of benefits between 16 and 18. This would also seem to be a problem for young people on disability allowances. Form-filling is difficult for young people who have missed out on much of their education and information needs to be repeated on form after form. Young people may have difficulty recalling all their previous addresses if they have been in care.

Also, when a young person is in crisis and applies for a crisis loan, they can be held on the phone for hours on a call which is not free from a mobile. When a crisis loan is agreed, no account is taken of the geography in Highland and a young person may have to pick up a cheque from somewhere 25 miles or more away, when there may not be public transport or the young person not able to afford it.

Most basic information about age, date of birth, previous addresses, and other benefits will be on a public sector database. The tax office is able to keep track of information about individuals to ensure they are not evading tax, surely it would be possible to pre-populate benefit forms with standard information, especially previous addresses, and ensure people do get paid the benefits they are entitled to.
Messages about Money

Promotion
Young people did not think money itself promoted wellbeing, but rather being able to earn money and knowing how to manage it were important. Money management is a necessary life skill and is surely part of becoming a ‘responsible citizen’. Opportunities to earn your own money was also seen as an important way to learn money management.

Prevention
Young people coming through care into after-care were vulnerable to poverty and financial crisis. In the general population, most parents would be giving some sort of financial support along with guidance and emotional support to their children all through their twenties and beyond.

Teaching life-skill in managing money to Looked After Children and those with learning needs would perhaps reduce this stress and worry for young people.

Care
While the small cohort of participants who accessed a mental health service had nothing to say about money, this may be because they were not representational of the lower socio-economic groupings.

Young people aged between 16 and 18 with little or no family support are clearly vulnerable to poverty and there should not be a gap in benefits. The difficulties with this and the crisis loan system should be addressed nationally.
Real life Stories from ‘Good Life’ reports:

Local Environment/Community

These two themes identified by young people across the country in the “Good Childhood” (CS 2006) did not seem to feature as highly in any of the groups of young people in Highland. Just over forty percent of HYV young people thought their environment was important to a good life with only twenty two percent saying that community was important. In young people’s stories of a good life some mentioned living in a safe neighbourhood (twenty three percent), a nice local area (20%) and somewhere with places to socialise (nineteen percent). Access to sports facilities and to transport were important.

Young people with additional support needs were divided between rural and town living, but so long as transport was available this was not a problem. In some places transport was an issue and accessible transport was not often available.

Young people valued having things to do and having nice neighbours. Those living in ‘rough’ neighbourhoods reported feeling unsafe, or parks and so on being broken down. Some young people reported the benefit of youth and other community groups.

Young people accessing a mental health service did not raise their neighbourhood or local environment in their responses except one young person who valued living in a safe community and family.

Other Forum Reports:

Local Environment/Community

Young people affected by homelessness or domestic abuse and those who had experienced being in care had a lot to say about where they lived. Young people who are homeless are allocated somewhere to live, but are given little choice. If they don’t take one of two offered, they go back on to the waiting list. Young people felt that they needed to have more of a say in the area they were offered. Sometimes they needed to be close to their support network, especially as lack of money and public transport would prevent them visiting. One young man with dyslexia cannot read the signs on the buses and so is unable to travel to meet up with others. Isolation was not seen to be helpful to young people’s progress. Also young people could be placed in accommodation or in an area where they did not feel safe.

Young people affected by domestic abuse often ended up in poor housing with ‘noisy neighbours’. Young people on the edge of the criminal justice system also spoke of living in noisy neighbourhoods where a lot of fighting went on both between and within families. Learning how to fight was the only way to survive.

There was general recognition of the importance of having good places to play and access to clubs, shops and other community facilities
Messages about Local Environment/Community

Promotion

Wellbeing and consequent well-becoming for young people is best supported in neighbourhoods that are firstly safe, that have good transport, good sports and other leisure facilities and places where young people can meet and socialise. The experience across these reports clearly demonstrates the advantage to wellbeing of a living in a good neighbourhood and the increased likelihood of poor life choices and stress for those who live or are placed in a ‘rough’ neighbourhood.

Prevention

Where violence and substance misuse are part of everyday living in the neighbourhood, the increased pressure on young people to become involved is not hard to understand. For those who had experienced being in care or put in B&B or hostel accommodation, the lack of consultation or choice meant that young people often suffered additional stress. Being in the right place with the right support was crucial to moving forward with their lives.

Care

The participants who were receiving a mental health service did not report issues with their neighbourhood, but may not have lived in a ‘rough’ area.

While it is not possible to ensure that everyone is housed in good neighbourhoods, young people who are in care or homeless are especially vulnerable and allowing them some say in where they are placed may prevent an increase in their stress.
**Conclusion**

The young people across these reports aspired to similar ideas about what would make a good life for young people. Their actual experience, however, was very different, creating strengths and pressures in their lives which would impact on their sense of wellbeing and therefore mental health.

![Mental Capital Over the Course of Life Diagram](image)

"Mental Health of Children and Young People, a Framework for Promotion, Prevention and Care" (Scottish Exec 2005) recognises the need to look at children and young people holistically in consideration of their mental health and wellbeing. The paper also recognises the value of listening to children and young people across the promotion, prevention and care agendas.

This report has listened to the views of young people across the promotion, prevention and care aspects of the framework. Young people described what wellbeing is in their view which can inform promotion; they also shared their own experiences and the challenges and supports they identified are recognised elsewhere as risk and resilience factors which can inform preventive work; those young people who had accessed a mental health service or who had been through residential care system provided insights into what supports the holistic wellbeing of young people in receipt of mental health care.
The experiences of young people can be placed in this diagram showing the things the young people have identified as being helpful to wellbeing and the pressures that some young people then experience. The risk to mental health for some of the young people in these reports is evident.

The current policy direction of Getting it Right for Every Child, Curriculum for Excellence, Equally Well and Mentally Flourishing Scotland along with a raft of other policies could meet the needs of the children in these reports. The suggested interventions are not so much resource-heavy, as requiring a change in attitude whereby understanding and empathy allow stress and pressure in young lives to be recognised and young people listened to, to identify the sort of supports they need.

Investing in the mental capital of our young people now will protect the economic capital of our future. We cannot afford to neglect the messages they provide for us.
References


From: www.highlandchildrensforum.org/library.asp


Available from the Forum: