Young people’s views and experiences of GP services in relation to emotional and mental health

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Right Here Brighton and Hove is a partnership between Sussex Central YMCA, Mind in Brighton and Hove, Brighton and Hove Children and Families Services, and the NHS. The project is funded by Paul Hamlyn Foundation as part of Right Here. Right Here is a joint initiative between Paul Hamlyn Foundation and the Mental Health Foundation to support young people in improving their mental health.
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1. INTRODUCTION

Right Here Brighton and Hove is one of four projects that comprise the Right Here initiative, a £6m programme to improve the mental health and well-being of 16 – 25 year olds. The initiative is a collaboration between Paul Hamlyn Foundation and the Mental Health Foundation. Along with its counterparts in Sheffield, Newham, and Fermanagh, the Brighton project is developing new approaches to improving young people’s mental health and well-being which the Foundations aim to apply more widely. For further information please see www.right-here.org.uk.

Right Here Brighton and Hove promotes awareness of young people’s resilience and mental wellbeing, and aims to improve local services. The project is a partnership between Sussex Central YMCA, Mind in Brighton and Hove, Brighton and Hove Children and Families Services, and the NHS Brighton and Hove. Right Here Brighton and Hove works with young people aged 16 - 25 to promote emotional health and wellbeing through a mix of awareness raising campaigns and building individual resilience through peer support and activity programmes. This research is part of the project’s work to empower young people to feedback to decision makers the issues that they feel are important to them around the healthcare support they need. The report documents the findings of the project’s Campaign Volunteers all aged between 16 and 25 who have assessed young people’s experiences of visiting their GP and the responses they receive towards their mental and emotional wellbeing. Our overall aim is to influence GP services for young people in Brighton & Hove.

1.1 BACKGROUND

Data on children and adolescents between 5 and 16 has shown that as many as 1 in 10 has a clinically recognised mental health disorder (Green et al, 2005\(^1\)). It is estimated that 1 in 15 11-25 yr olds self harm (Mental Health Foundation and Camelot Foundation 2006\(^2\)).

The total population in Great Britain in 2009 was estimated at 51,809,700. 3,016,500 aged 15-19 and 3,554,300 aged 20-24. The total estimate of young people aged 15-24 was 6,570,800. Of this section of the population\(^3\):

• 2.2% of 16-24 year olds in Great Britain experienced a depressive episode
• 4.7% of 16-24 year olds screened positive for Post-Traumatic Stress Disorder
• 16.4% of 16-24 year olds experienced neurotic symptoms
• 0.2% of 16-24 year olds had a psychotic disorder
• 1.9% of 16-24 year olds had a diagnosed personality disorder
• 3.6 of 16-24 year olds had a generalized anxiety disorder
• 2.3% of 16-24 year olds had an obsessive compulsive disorder
• 6.2% of 16-24 year olds had attempted suicide in their lifetime
• 8.9% of 16-24 year olds had self-harmed in their lifetime
• 64 males per million of the population and 17 females per million died through intentional self-harm in 2008

It is reported that many young people often prefer to talk to a professional such as teachers, or school nurse about their mental health problems rather than seeking specialist help (Green, et al., 2005). The YoungMinds Children and Young People’s Manifesto suggests that this may be in part because GPs, who are the gatekeepers to specialist NHS services, do not always take young people’s problems seriously (YoungMinds, 2009). If young people do not think there is any point in going to their GP, they may also run the risk of disconnecting with services and not seeking help until their problems have become a crisis.

1.2 OUR RATIONALE

During 2008 and 2009 over 50 Mind in Brighton & Hove and Sussex Central YMCA service users aged 16 – 25 with mental health issues were consulted as part of Right Here Brighton and Hove’s set up work. In a set of questions about the support young people receive for their mental and emotional health they were asked

‘What would you like to see in your area to help prevent a child’s or young persons’ mental health from getting worse?’ Responses included:

‘Doctors speaking in a way you can understand, not jargon, being understanding’


‘Not coming to quick fix reasons, focus on the nature and roots of the problem, and being more supportive and understanding’

‘Enabling young people to access better advice and support at an earlier stage’

‘Young person friendly GP who could visit places like hostels or young people’s hubs’

The Young Minds Children and Young People’s manifesto 2009 outlines 11 areas of necessary change if all young people with mental health problems are to get the support they need. Area number 7 states Improve GP training in mental health and in talking to young people about their problems. This issue was echoed by a young person in the 2008 / 2009 Brighton & Hove consultation who said:

‘Some doctors don’t listen to us; they need to understand and support us. When we are unhappy our doctors are often the first professional we visit to tell them about our distress. Sometimes they are dismissive and we don’t feel listened to. We want GPs to have better training in mental health and in talking to young people about their problems’.

Right Here Brighton and Hove wish to thanks all the young people who took part in this research and the organisations who helped us out by promoting this piece of work to young people. The project’s volunteers also thank Brighton & Hove LINk for their support in training for this project. This research has been coordinated by Jo Glazebrook (MA Medical Anthropology - Right Here Brighton & Hove Campaign Coordinator).

For more information about this research please email mark.cull@sussexcentralymca.org.uk

2. PLANNING

2.1 AIMS AND OBJECTIVES

Aims

• To assess young people’s overall experiences of visiting their GP
• To assess what response young people would like from their GP in relation to their mental and emotional wellbeing
Objectives

- To identify the overall positive aspects reported by young people visiting their GP
- To identify improvements that need to be made to enable young people to have an improved experience at their GP in relation to their mental and emotional wellbeing
- To feed back to GPs with a set of recommendations

Volunteers conducting this research believe that adolescence and the transition into young adulthood is a key time of change and stress in a young person’s life. Being at college and trying to find work in an increasingly competitive and demanding environment, and relationship and family issues all pose challenges. Whilst many people enjoy physical and mental wellbeing during this period, it is also a period when common issues such as depression can become manifest. We are conducting this research and presenting our findings with the purpose of promoting positive mental and emotional health for young people and assisting in shaping responsive and welcoming services.

2.2 TERMS OF REFERENCE

Throughout our consultation and this report we have used the terms emotional and mental wellbeing. The World Mental Health Organisation uses the term wellbeing when defining mental health. They write

‘Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

National Mind’s booklet on ‘How to improve mental wellbeing’ relates good mental health to behaviour describing

‘Sense of well-being: the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents’.

In addition, Mind’s literature describes someone who is emotionally healthy as

- Being able to understand and adapt to change
- Coping with stress
- Having a positive self-concept
- Having the ability to love and care for others
- Being able to act independently to meet his or her own needs
2.3 VOLUNTEER TRAINING

7 Right Here Brighton and Hove volunteers aged 16 – 25 took a training course ‘Seek and Solve’ funded by Brighton and Hove LINk (Local Involvement Network). This consisted of 6 x 2.5 hour long sessions facilitated by The Life Project (www.thelifeproject.co.uk).

During the course, volunteers learnt:

- About the cycle of research, design, implementation and research methodology
- How to analyse findings and explore solutions
- Set up a pilot project and evaluation approaches

2.4 DEMOGRAPHIC

- 172 young people aged 16 – 25 were consulted across Brighton and Hove by questionnaires, focus groups and interviews during October and December 2011
- While the young people consulted spanned the 16 – 25 age group, the majority of the participants fell in the 16 – 19 age group with the mean age being 17.2
- 64% of the respondents were female and 36% male

Volunteers invited members and service users of specific projects known to be working with our target groups of young people as well as education and training establishments.  

Focus groups and interviews were carried out at:

- BHASVIC 6th Form College

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1 Target Groups - Unemployed (NEET), Homeless / separated from families, Young parents, Young carers, Bullied (and those who bully), Isolated young people, Substance misusing young people, Lesbian, gay, bisexual and transgender, Young people with physical and/or learning difficulties, Young people on probation (18-25), Black & minority ethnic, Asylum seekers and refugees, Young people in or leaving care
2.5 RESEARCH METHODOLOGY

We used a combination of quantitative and qualitative research methods to produce a wide range of data. In addition to using questionnaires we chose to use focus groups to help establish the participants own agendas and to elaborate on some of the themes in the questionnaires. Interviews allowed participants to present more sensitive information that they may not have been comfortable doing in a group.

**Exercise 1** – What makes a good GP practice / bad GP practice? Participants wrote down their ideas on post it notes and stuck on the relevant flip chart. This exercise was chosen as an opener to the subject area and to generate thoughts and feelings about visiting your GP, allowing participants to reflect on their experiences and what had / hadn’t worked for them.

**Exercise 2** – Group discussion using open questions. This discussion element was chosen to explore themes around young people’s mental health. These discussions were recorded to allow them to be as free flowing as possible and to obtain participants real narrative rather than interpretations of them. (Appendix 1)

**Exercise 3** - Individual questionnaires which asked young people to assess their surgery on a set of criteria (Appendix 2)

**One to one interviews** – Focused on questions used in Exercise 2

3. SUMMARY OF FOCUS GROUPS

**Exercise 1** – What is a good / bad GP practice?
Finding a step by step solution

- Sympathetic
- Makes you feel at ease
- Friendly

Being able to see the same GP as you always do and not a random one.

Well informed staff (about other services)

Treats u with respect

Good:
- Have to help fit appointments around student timetable

Good:
- Offering other options rather than just giving medicine

Achieve Listening from all staff
Young people’s views and experiences of GP services in relation to emotional and mental health

Not very friendly receptionist

Wait AGES in waiting Room.

Bad
Not getting the Same Doctor everytime.

Not enough time with the Doctor!

Not Understanding
No Sympathy

Talk down to you

make me feel stupid.

Do not treat you like an adult
3.1 KEY ISSUES

- Appointment system
- Surgery environment
- Treatment
- Communication / relationship with GP
- Confidentiality

(Responses from young people are shown in Italics)

3.2 APPOINTMENT SYSTEM

‘I wanted to see a woman, but I got given a man that I had never met before, and the appointment was really rushed so I just felt like he didn’t care... my mum asked me ‘did he say this, did he ask that’ and it really worried me that he hadn’t’.

‘It’s like a whole race with my GP because you have to call at 08:30 to make a morning appointment or you have to call at 11:30 to make an evening appointment. Usually you see your same GP, but if they’re too busy then you have to see other doctors that don’t really know your history’

The following issues were identified by young people around making an appointment

- The appointment system itself can often be over convoluted or confusing
- It can take a long time to get through on the phone and then there may be a long wait for an appointment. This can put young people off making an appointment and missing out on discussing an important issue

Suggestions
Young people’s views and experiences of GP services in relation to emotional and mental health

- Easy / efficient systems to make appointments. Young people would also like the option to make an appointment for a week in advance if required and have the option of an online booking system
- Opening hours are not always compatible with the college timetable. More drop ins or lunchtime appointments were suggested and variable time allocations to fit in around school and college times
- They would like to be able to request to see the same doctor all the time or request a doctor of a specific gender. Females frequently reported unease at seeing male GPs

3.3 SURGERY ENVIRONMENT

Being in the surgery waiting area can be an uncomfortable place, especially when a young person may already be anxious or nervous about seeing their GP.

These issues were fed back:

Good
- Young people said value friendly, helpful, competent staff with a positive voice and attitude. They also said that they appreciate that the surgery is a busy place and people are trying to do the best they can
- Machine clocking in systems were described as helpful as they allow for more discretion

Bad
- Receptionists who are rude or are inconsiderate about discussions in reception. Sometimes it feels like they don’t care and young people’s mental health issues are not appreciated
- Busy waiting rooms can feel like intimidating spaces when chairs are packed close together / people sitting really closely face to face
Suggestions

- Posters and information for young people should be set aside from other medical issues so they are clear and noticeable. They should be kept up to date.
- Clear numbers and information about places you can go to support your mental and emotional health.
- There were different responses to having a TV. Some reported that it helps pass the time; others find it intrusive and loud so it’s hard to hear when your name is called.
- When appointments are running late it would be good to know how long the delay is and have that communicated to you.
- Simple things like the waiting room being clean, some fresh air, some light and water to drink can make the environment much more comfortable.
- Health questionnaires/ quizzes/ puzzles in the waiting room to increase awareness about MH issues and act as prompts.

3.4 TREATMENT

The following issues around treatment were identified:

- Referrals to other services can take a long time.
- GPs are seen as too quick to prescribe medication. Alternative solutions should be presented and outlined with discussions around the pros and cons of them to allow young people to make empowered choices e.g. Counselling/ change of diet as well as meds.
- The online repeat prescription service was reported as being useful.
- Many young people expressed that they would like more time with their doctor.
- Young people valued being seen by GPs who were well informed about young people’s support services.

Suggestions

- GPs promoting wellbeing resources to young people and signpost to local support services/ online resources.
- GPs utilising and promoting the service map www.wheretogofor.co.uk in their practice with young people.
3.5 COMMUNICATION / RELATIONSHIP WITH GP

A common theme for participants was that they did not feel as respected as other patients in older age groups. There was a perception that they were viewed as members of a stereotypical youth group which influences their interactions with their GP.

‘I think a lot of young people wouldn’t go to the doctor for mental or emotional stuff because they’ll just be told that it’s not that and they’re just overreacting’

‘With my doctor, it was like he just didn’t have time for me; he didn’t really care because it wasn’t a physical problem and acted like I was just making it up’

‘I think it’s the whole of just dishing out antidepressants as well... people might just want support and understanding’

Positive responses

Young people valued a GP who was friendly, approachable, caring, interested and above all whom listens. The participants appreciated having a doctor who allowed them time to overcome their initial fears and gain confidence to voice their concerns. Many are aware of the workload of their GP but felt that their inability to communicate was comprised by a lack of time with the doctor. They spoke of the benefits of someone who can offer a comfortable and unhurried approach within the time constraints of the appointment.

Participants also reported the value in having a GP who offers a step by step process, alternative solutions and options, and a holistic approach to emotional and mental health. Also, a GP who makes things simple to understand, limits technical terms, and engages their patient in a two way process and is respectful of their ideas.

Negative responses

Many reported their GP as patronizing and judgmental. Participants often described an inequality of status with the doctor who was seen as an authority figure who communicated briskly. Practice nurses were frequently seen as more caring and having a more comfortable way of interacting with young people. For many there was also an issue around their GPs lack of
understanding about a young person’s agenda and the issues they face. Key issues were having a GP who speaks in technical language that is hard to understand, who does not give straight answers, or explain options. Also a GP who displays a lack of sensitivity and makes generalizations about young people. Many felt their GP just wants to give them a prescription for medication and get them out the door.

Many respondents in interviews valued the communication skills of their doctor as highly as they did the actual medical capacity to treat them. In the young people’s eyes, a good doctor is one who talks directly to them, who treats them with respect as young adults rather than children, who are friendly and approachable, listen to their concerns, are willing to answer questions and who can put them at ease and provide reassurance. Another key element was involving young people in their care and sharing decisions about their treatment. Participants resented ‘being told what to do’ without discussion or being told the reasons behind decisions.

**Suggestions**

- Being involved in decision making helps young people feel more in control and have a sense of independence, and often assists in their recovery
- Being offered additional support and help. Participants said they appreciated being offered different options as they frequently felt that their treatment often lacked options
- Many young people told us they would like to see a GP who specialises in working with young people’s mental health issues

**3.6 CONFIDENTIALITY**

Confidentiality was a frequent source of concern. Many young people were unsure of its implications in relation to surgery staff. Although many young people said that they knew that their GP is confidential, in that the service is confidential, many still worry about their doctors sharing information with their parents and family. One concern was that young people thought they may be recognized in the surgery and their visit reported to a family member by a third party, e.g. Friends of their family.
‘If you’re at the reception desk and you need to pick up something, a couple of times at my surgery they’ve said my problem out loud and it’s right in front of everyone’.

‘The computerized booking system it’s better than speaking to a receptionist – boom, boom, boom, appointment, 5 minutes, and it’s done’.

Right Here Brighton and Hove volunteers carried out a survey with 80 6th form students at BHASVIC College in March 2012.

We asked: ‘DO YOU KNOW WHAT IS CONFIDENTIAL WHEN YOU GO TO YOUR GP?’

![Pie chart showing 59% answered YES and 41% answered NO.]

59% answered YES

41% answered NO

Respondents who answered YES were then asked to describe their GPs policy of confidentiality. Many of the responses suggest that more clarity is needed in this area:
‘Everything – unless they feel your health is at a great risk’
‘All services are confidential unless you are at risk’
‘If it’s not life threatening then it’s confidential’
‘They would not talk about the content without my consent’
‘They won’t tell my mum’
‘I think everything is confidential unless the GP feels you are in danger?’
‘It’s confidential unless you are in danger or could cause danger to someone else or commit a crime’

Suggestions

➢ Young people would like confidentiality outlined clearly with verbal and visual reminders

4. KEY QUESTIONS

4.1 TALKING ABOUT MENTAL HEALTH

We asked ‘WOULD YOU FEEL COMFORTABLE TALKING TO YOUR GP ABOUT MENTAL AND EMOTIONAL ISSUES?’

Yes – 52%
No – 36%
Not sure – 12%
The responses were almost the same for male and female respondents by 1 or 2%

For those who answered ‘no’ or ‘not sure’ we asked why:

‘They may tell someone else, it’s too personal’

‘GPs judge and patronize you, they don’t take you seriously’

‘It’s hard talking to a stranger, especially if it’s a man / woman / someone a lot older than you’

‘They don’t listen and it’s too rushed anyway’

‘I just don’t trust them, even though you should, but I just can’t help it, I think they might tell someone’

4.2 RESPONSES FROM YOUR GP

We asked ‘WHAT RESPONSE DO YOU WANT FROM YOUR GP ABOUT MENTAL AND EMOTIONAL HEALTH ISSUES?’

A chat / someone to talk to – 46%

Referral to a counsellor / MH professional – 33%
Medication – 21%

Other answers included

- Reassurance
- Exploring different lifestyle options
- On-going support and advice
- Information / numbers / websites

‘Mostly a chat, depending how serious it is, so they can get their worries off their chest’

‘You would want comfort and for someone to take you seriously, then guide you through choices like medication and counselling’

**4.3 CONCERNS ABOUT YOUR GP**

We asked ‘WHAT ARE THE MAIN CONCERNS ABOUT GP SERVICES IN RELATION TO EMOTIONAL AND MENTAL HEALTH FOR 16 – 25 YEAR OLDS?’
Young people said they felt GPs think emotional and mental health is a ‘phase’ or ‘adolescent thing’ and something that is not taken seriously. Likewise many young people don’t see depression as a medical condition.

Young people feel they are not taken seriously or treated as individuals. They feel that medical professionals hold a stereotypical view of young people regarding sexual and lifestyle behaviour which may not always be accurate.

Young people said sometimes they just need a chat but the situation is unfriendly, awkward and uncomfortable. Many would like the continuity of the same GP as it can be hard anyway to talk to someone you don’t know. They also find the consultation rushed and are not always listened to.

Issues of confidentiality are not always clear

‘Services need to be more confidential or at least make it clearer’

‘GPs have seen it all before so they treat each issue as the same when they should be treated differently’

‘Young people don’t get taken seriously and we don’t get listened to properly. Often my GP is quite patronising’

‘If you had a mental or an emotional issue they would just put you on anti-depressants’

**4.4 IMPROVING SERVICES AND INVOLVING YOUNG PEOPLE**

Finally we asked ‘WHAT IDEAS DO YOU HAVE FOR IMPROVING GP SERVICES AND HOW CAN PRACTICES INVOLVE YOUNG PEOPLE IN MAKING THESE IMPROVEMENTS?’

- Increased use of online facilities or take away information. Suggestions include a print out to take away of a diagnosis or instructions for treatment, or an email following consultation with links to other information.

- Young people would like to be involved in the planning of the delivery of services and to
actively engage with the people who have the power to act on their views. GP practices could have a strategy which allows young people to participate in the planning of the service and the monitoring of the service. Support and training for young people should be built into this strategy.

- Services could develop a cohort of ‘young experts’ who can lead on the consultation of other young people to carry out the above. The cohort could be used to consult young people about future developments.

- Young people surveys to get feedback after their appointment.

- Young people inputting into the training of staff – it was felt that practice staff would provide a more sensitive service if they received such training.

- Clearer explanations and information when referrals are made, in particular referrals to CAMHS.

- The provision of a GP service which is young people centred in design and approach, staffed with people who relate to young people.

- Ensure young people are well informed about their healthcare rights especially around issues of confidentiality. Young people can lead on disseminating this information.

- A free choice of where to register with an easy registration process.

‘Even if they just had a feedback box at your GP and they asked people to fill out a form, it would get people involved in a way that they’d actually appreciate... something that’s got to be simple and you know someone will take notice of it’

‘I don’t think if they gave me a form that I’d fill it out truthfully. I’d rush it so much that it wouldn’t address the problem. I think it’s more important that they actually said something with a panel or a focus group or something’
5. ASSESSING PRACTICES

5.1 ASSESSMENT RESULTS

In order to obtain a general picture of young people’s experiences of visiting their GP across Brighton and Hove we asked participants to assess their own surgery on a set of given criteria.

Participants were asked to give each criterion a score out of 6

1 = LOW

6 = HIGH

Making an appointment

1a. How easy it is to make an appointment – average score 4.03

1b. How easy is it for you to see your preferred GP – average score 3.6
‘I see different people quite a lot. It’s not great’

‘You should always have your own doctor because they will know all about you’

‘Sometimes they ask you what doctor you would prefer but if they are too busy they ask you if you are ok with visiting a certain doctor who is free’

2. Location & Accessibility - (opening times / getting there / getting inside / stairs / ramps / accessibility for those visually and hearing impaired) – average score 4.4

3. Experience at reception - average score 3.75

‘There is a partition board on the desk for when you need to speak about something more personal although you can probably still be heard in the waiting room’

4. Waiting area – average score 3.60

‘They have information on a rolling screen which reminds you to take your blood pressure and other stuff’

‘Some up to date literature would be nice’

5. Waiting times – average score 2.95

This received the lowest score with respondents frequently commenting on the length of time waiting for an appointment in the waiting room.

6. Leaflets / information available – average score 3.92

7. Policies on display (confidentiality, complaints procedure) – average score 3.42

‘There is a TV with PowerPoint’s on showing the confidentiality policies which is helpful’
8. Information about the surgery and the services it can offer – average score 3.71

Staff
9a. Reception staff – average score 3.54

9b. GP’s - average score 4.24

9c. Practice Nurse - average score 4.40

9d. Other staff (Please state) – 3.78
Young people identified on site pharmacists as significant in the service they receive

The service provided by your GP
10a. How listened to do you feel – average score 3.86

10b. How clearly information is explained to you – average score 3.93

10c. How respected you feel – average score 4.00

10d. How helped and understood you feel – average score 3.90

‘My doctor does try to explain stuff to me but he uses words that I don’t actually know what they mean’

11. Overall friendliness of the practice – average score 4.05
5.2 FURTHER ANALYSIS / UNEXPECTED OUTCOMES

This piece of research has highlighted a need to do some ‘site specific’ work in individual surgeries or geographical locations to get a clearer picture of young people’s experiences in specific surgeries. Participants who took part in the research used GP services from Saltdean to Portslade and whilst it was an initial intention to group the questionnaires into surgeries to enable a picture of each surgery, there was an insufficient number of respondents from each surgery across the city to be able to present an accurate score. Therefore in writing up the research a decision was made to draw average scores from the data to give a city wide picture. Right Here Brighton and Hove volunteers would be willing to undertake this further piece of research in collaboration with individual surgeries as requested.

6. NEXT STEPS

Young people can make a big contribution to developing services, and can help improve outcomes both for themselves and their peers. In campaigning around young people’s mental health, YoungMinds suggest that while young people have been highlighting their needs, and what needs to change for a long time, that there is little movement in this area (Lavis & Hewson, 2010). Since we started this piece of work new research has come to light which supports some of our findings. The National Children’s Bureau (NCB) published research on 2nd April 2012 stating that less than half of young people they interviewed aged between 11 and 19 said they would discuss general health worries with their GP. The NCB study also reported that more than half of the respondents would want information about reducing stress.

Right Here Brighton and Hove volunteers welcome feedback from the research presented in this document and are keen to be key participants in any action that is taken to respond to the views of young people represented in this research and their ideas to improve services. As an


7 www.cypnow.Education/article/1125256/young-people-reluctant-access-gp
initial response to this research, Right Here Brighton and Hove volunteers have identified an opportunity to assist young people in getting the most out of their GP appointment. Over the summer 2012 they will be designing and producing a short film ‘A Young Persons Guide to Visiting Your GP’ (working title) which will focus on raising awareness on the following 4 areas:

- Knowing your rights
- Knowing about confidentiality
- How to get the most of out your appointment
- How to give feedback – what to do if you have a complaint

This will be developed to include a poster campaign and awareness raising work via social media and face to face in schools, colleges and youth settings to get these key messages across in a way that they feel will have the most impact.

Right Here Brighton and Hove would also like to work in a collaborative way with surgery staff to assist in getting current / relevant information available for young people in surgeries about support services available in the city and publicise leaflets and online resources which may be helpful for young people in supporting their mental and emotional wellbeing. This can include the promotion of the Right Here Brighton and Hove leaflet ‘A Young Persons Guide to Looking After Yourself’.

We would like GPs to promote and use the online service map www.wheretogofor.co.uk to signpost young people to support services in the city.

Right Here Brighton and Hove volunteers would be happy to be approached by the NHS and CCG to support any consultation processes with young people in the community around health issues as requested. We would like the CCG to disseminate this report amongst GPs in Brighton & Hove.

7. CASE STUDIES.

CASE STUDY 1

When I saw my first doctor about my mental health issues he wasn’t really that bothered, it was just kind of a routine thing. I have had several referrals to CAMHS. The first time the GP
didn’t really inform me what CAMHS was. All they said was ‘I’m going to make this referral’ and they spoke into a speakerphone and that was it.

I felt pushed into it. If they had sat down and explained why you’re going there, I’d probably feel a bit better about going there.

They should explain it properly to you. They should give out leaflets and stuff, so you can actually go online and know what you’re going into. But also if you have any serious issues that happen, they should give you these outpatient numbers, like if you feel like you want to OD or anything.

I see a different doctor now and sometimes I’ve gone to talk to them about coping strategies and where to go if I do something to myself. My GP has actually been quite good and not criticised me for it overtly. He took a look at what I’d done when I’d cut myself. He sorted it all out and covered it up. Last time I went he asked if I had anything that he needed to look at and deal with for me. Not comforting as much, but not being like ‘oh you shouldn’t be doing this.’ He just asked if I needed help with stuff. As I’m a self-harmer he asked if he could take a look at them and bandage anything up for me. This helped. I also find it easier to speak to the nurses now. The one that I have, she just listens to me. And that’s what I like, her just listening to me.

If someone goes to talk to their GP about their mental health the GP shouldn’t say ‘oh that’s such a big deal’ but they shouldn’t treat it like it’s nothing either. I think there should at least be a couple of GPs you can see that are doctors especially trained in the mental health sector … my doctor doesn’t really understand sometimes.

I also think young people should be able to tell all this stuff to GPs and be involved in their training. At school we had to do an essay on what makes a good teacher, and what doesn’t… we did a little drama thing, acting it out. GPs should be shown films or PowerPoint’s made by young people. The information in the surgery needs to be kept up to date regularly. At my surgery there isn’t actually stuff up on the walls for young people anyway. It’s mainly based at older people. They should have bridging material for teenagers. They should bring out all the leaflets and ask which one you’d rather have. They should have leaflets to give out to young people who go there for their mental health.
CASE STUDY 2

I feel like my doctor understands, if that makes sense. From day one he’s said he’s there even if I just need a chat. He just tells me that he understands, and he’ll see it from a different point of view as well. Another thing that really helps is that he is really calm, like he doesn’t hurry you along. If I was to go in there for a couple of things he wouldn’t say ‘right, you need to hurry up’... he wouldn’t say anything like that, he just lets me be. He was also the one who put me in touch with CAMHS. In fact I find it easier to talk to him about my depression than any other health worker I see. That’s because he acknowledges my feelings and he empathises with me.

He’s always treated me like an adult from the way I see it, he’s never, like, patronised me. He’s never done anything like that. From when I first started seeing him, I went to see him on my own, and because of that he’s sort of treated me more like an adult than a child... I couldn’t ask for a better doctor, I really couldn’t. My doctor now has always been quite good around confidentiality. I can say ‘I’m going to say something that I don’t want anyone else to know’ and then obviously he has to make his own decision about it.

A lot of my friends tell me their doctors are patronising. I think other doctors don’t take my friends seriously when they’ve sort of said that they’ve been feeling down, and they’ve had to go back 2 or 3 times. They are going because they want help. Like they might feel like they need counselling or something like that. With previous doctors I’ve found that it takes a really long time for them to sort out any kind of help.

When I was first depressed, my doctor at the time didn’t pick up on it. I didn’t know what it was – I just had these feelings that I didn’t know how to deal with. In the end I just started cutting and taking overdoses because that’s just how I felt. My doctor didn’t take it seriously at all. I ended up running away from home and having an emergency assessment. That’s when they figured out that I was depressed. Since I’ve moved I’ve had this good doctor and he’s understood and he’s helped. I’ve managed to get where I want to be. I don’t want to be on medication, but I’ve realised I’ve got to be for my own safety. To be honest he has helped me 100%. I don’t think I’d have got the help if it wasn’t for him. I would possibly not have even been here if it wasn’t for the help he’s given me.

I think doctors need to be a bit more understanding about young people’s mental health and not brush it off as a phase sort of thing. Like ‘oh they are just going through a phase, it’ll get better over time.’ I just think that GPs should be trained to work with teenagers and perhaps
teenagers on their own in regards to mental health and physical health. There should be doctors that deal with teenagers and doctors that deal with adults.

The most important thing about a doctor is to take people seriously. Because if you don’t take people seriously, like if they didn’t take me seriously, I would have got worse and worse and worse. I think to take people seriously is the key to a lot of people’s problems.

CASE STUDY 3

I know that GPs only have a certain time to see people but in the past I have always felt like he wants to get rid of me. It just felt like he wants to get onto the next patient and that he didn’t have time for me. He was just like ‘yep, you’re done, see ya later, bye.’ They should make you feel like your 15 minute slot is your 15 minute slot and not a 15 second slot... it’s like, I went in, he wrote me my prescription, then that’s it, next! Sometimes they just talk too scientifically to be honest – they could at least shorten it down to what people understand.

My GP now is cool – she’s awesome. I just sit there and she’s like ‘so what do you want?’... I’ve had two in the same surgery and the bad one was my first one. But my other one, she has pushed a lot of my mental health stuff through when the first doctor didn’t even have the time of day for me. She was like ‘ok, what’s actually going on?’ during the worst stages of my breakdown. She was like ‘well I’ll get you referred to this, this and this. We can even sort out private stuff if needs be. We have an on-site psychiatric nurse and we can also get you in contact with him.’ And she was fantastic. With both myself and my ex-partner (because we shared the same GP) she would allow us both to go in at the same time and treat us both... she was really really nice and supportive through a lot of stuff... she talks to me like an adult – she doesn’t do the whole ‘let’s talk scientific stuff’ – if I’ve got a problem, she just goes ‘what’s wrong? Be blunt with me; tell me what is actually happening with you right now.’ Originally she tried to put me on medication to help me deal with my major depression, and then when she realised it wasn’t just depression, it was a borderline issue, she went ‘I’m taking you off meds, it’s a risk but we’re going to go for the therapy option’ and she pushed and pushed for me to go for cognitive behavioural therapy, art therapy, private therapy – she pushed through the whole lot.
APPENDIX 1

QUESTIONS FOR FOCUS GROUP DISCUSSION

1. Do you think young people feel comfortable in talking to their GP about emotional and mental health issues?

2. What response do you think young people want from their GP about emotional and mental health issues? Do you think they want medication, a referral to counselling or a professional, or just a chat?

3. What concerns, if any, do you have about GP services for 16 – 25 year olds?

4. What ideas do you have for improving GP services and how do you think GPs can involve young people in improving their practice?
APPENDIX 2

QUESTIONNAIRES

Please state your age ................................

Gender ..........................................

• When was the last time you visited your GP practice, and which GP practice do you use?

• Have you ever had any problems when visiting your GP practice? If yes please explain.

• What do you consider to be its strengths and its weaknesses?

• Would you feel comfortable taking to your GP about mental or emotional issues? If no, why is this?

• What response do you think you would want from your GP about emotional and mental health issues? Do you think you would want medication, a referral to counselling or a professional, or just a chat? Does your surgery have a website? Have you ever looked at it? If yes what did you think?
Please rate your surgery out of 6 based on the following criteria.
Please circle below:  1 = Low, 6 = High

1. Making an appointment
   How easy it is to make an appointment
   1  2  3  4  5  6

   How easy is it for you to see your preferred GP?
   1  2  3  4  5  6

   Comment:

2. Location & Accessibility (opening times / getting there / getting inside / stairs / ramps / accessibility for those visually and hearing impaired)
   1  2  3  4  5  6

   Comment:

3. Experience at reception
   1  2  3  4  5  6

   Comment:

4. Waiting area
5. Waiting times

Comment:

6. Leaflets / information available

Comment:

7. Policies on display (confidentiality, complaints procedure )

Comment:

8. Information about the surgery and the services it can offer

Comment:

9. Staff

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10. The service provided by your GP – in general please rate

How listened to do you feel - 1 2 3 4 5 6
How clearly information is explained to you - 1 2 3 4 5 6
How respected you feel - 1 2 3 4 5 6
How helped and understood you feel - 1 2 3 4 5 6

Comment:

11. Overall friendliness of the practice

1 2 3 4 5 6

Comment:

- Do you have any recommendations to make about your GP practice?

- Would you like to make any others comments that have not been covered in the questions above or in the discussion? You can include these here or if you would to share this out of this group and get more involved in this piece of work we can arrange to meet up with you to gather your thoughts and experiences. This information would still be confidential. If you would like to do this please let us know by leaving a contact phone number or your email and we will be in touch