My Voice Counts: Event Report

Joint event for young people with Healthwatch Southwark and NHS Southwark Clinical Commissioning Group

Date: Tuesday 12 April 2016, 4pm-7pm
Venue: The Bussey Building, Peckham Rye
Attendees: 23 young people, aged between 16 and 20

Purpose of the My Voice Counts!
NHS Southwark Clinical Commissioning Group (CCG) and Healthwatch Southwark (HWS) worked together to deliver a joint public event aimed at young people.

The CCG’s main purpose for the event was to engage with young people from Southwark to discuss some of the health issues they face and work with them to discuss potential solutions. The feedback captured at this event will help inform the CCG priorities for the commissioning of health services in the future.

HWS’s main purpose was to continue talking with young people about their experience of using sexual health and mental health services in Southwark.

Together we recruited participants for this event by working with the Youth Council, Community Southwark’s membership of voluntary organisations that work with young people, promoting the event to secondary head teachers, creating online interest through Twitter and Facebook, connected with youth providers to encourage them to promote this event to and through their networks. We also printed and distributed posters which were displayed in community and public spaces, leaflets were handed out to young people leading up to the event and on the day of the event in Peckham.

**Do you agree or disagree?**

We ran an interactive text poll at the beginning of the event to see if the group agreed or disagreed with some statements about mental health and sexual health in young people. Texting responses were free and anonymous, participants were able to see how people were voting in real time which gave a buzz in the room. Below are the results:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services are easy for me to use</td>
<td>33%</td>
<td>22%</td>
<td>44%</td>
</tr>
<tr>
<td>Information is explained to me in a way I can understand</td>
<td>80%</td>
<td>20%</td>
<td>-</td>
</tr>
<tr>
<td>The way a service looks inside and outside affects the way I use them</td>
<td>80%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>I know someone who has hurt themselves on purpose</td>
<td>91%</td>
<td>9%</td>
<td>-</td>
</tr>
<tr>
<td>I know where to get sexual health information and advice</td>
<td>50%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>The internet and TV affects the way I behave sexually</td>
<td>36%</td>
<td>55%</td>
<td>9%</td>
</tr>
<tr>
<td>If I got a sexually transmitted infection I would know what to do</td>
<td>45%</td>
<td>18%</td>
<td>36%</td>
</tr>
<tr>
<td>Abortions are a form of contraception</td>
<td>20%</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td>I know where to get free condoms from</td>
<td>73%</td>
<td>27%</td>
<td>-</td>
</tr>
<tr>
<td>Theatre performance</td>
<td></td>
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</table>
We worked with London Bubble Theatre Company to create a performance for My Voice Counts!

The performance focussed on three fictional characters that were developed with input from clinicians and voluntary organisations. Each had a unique set of health issues consistent with findings from the recent Joint Strategy Needs Assessment for the children and young people of Southwark.

The purpose of using theatre was to engage with participants in a creative way. The characters allowed the audience to be focused on some of the key health issues facing their demographic in a fun way and interactive way. This helped fuel discussions in the breakout sessions which followed and allowed people to connect with the characters.

**Sexual health**

**Meet Shannon…**

- Shannon is 16 years old and attends college.
- She is from a Catholic family who have strong views on sex before marriage, and Shannon marrying someone of the same religion.
- Shannon has had a boyfriend for a few years, which she hides from her family.
- She loves her boyfriend, although he does not like using protection and therefore they have unprotected sex. This is often more likely when she has been drinking.
- Shannon’s friends tease her about this, and joke that she could have a sexually transmitted Infection (STI)
- Shannon did try and go to a sexual health clinic but the receptionist asked her lots of questions about why she was there, and she was afraid someone would see her as the clinic is right by the bus stop at Nandos.
- Shannon suspects she is pregnant and doesn’t know what to do. She tried to talk to her teacher about it, but she wasn’t very helpful.

A small group of young people spoke about Shannon’s situation. These were some of the comments that were made:

**Information given at schools**
- We’re meant to learn about this at school but we don’t – in Year 7 PSHE, we were just told to stay away from sex.
• Schools need to do more but avoid it due to the cost of bringing someone in to talk to us. But they don’t need to bring people in - teachers could do it.

• Teachers need to know the “A-Z of sexual health & matters” – they should be trained so that they’re ready. Teachers need to have the right manner, make you feel comfortable. Some teachers already have it but others don’t. It’s not just about telling students where to go for help.

• Schools could do more to run projects on mental health and sexual health – our school did one on LGBT issues during a week and it gave us more awareness of the impact we have on others, particularly the power of language.

• Shannon is more vulnerable when she’s drunk – schools could do more about educating young people about the issues of getting drunk and then having unprotected sex.

Peer pressure / stigma
• With sexual health it’s hard to get it right – you’re either called a slut or a virgin.

• Peer pressure in school can really harm mental wellbeing. It starts off with small things like name-calling but little things quickly develop. Your flaws get highlighted and then you are aware of them, they become internalised.

Sexual health clinics
• I think that if I was Shannon, I’d feel unsure about what to do or which services to use. I’d worry if my parents or someone I know saw me in a sexual health clinic.

• Sexual health clinics just for young people would make me feel uncomfortable and I don’t think I’d go for a sexual health check-up there.

• Southwark is a small borough and people know each other – young people don’t want to be seen at clinics and then be talked about.

• I think young people would prefer services to be anonymous and with less personal interaction – you’re less likely to be judged or get bad vibes from a receptionist.

• They are always confidential though - unless you’re really young or something. Perhaps not all young people know that?

• Young people could use clinics that are further away from home, or clinics could be integrated into wider services, so it isn’t as obvious why you’re there that day.

Relationships
• Shannon shouldn’t let her boyfriend dictate their sexual relationship – she needs help recognising what a healthy relationship looks like – and what an unhealthy one looks like: abusive, controlling, coercive, possessive and needy.

• All teenagers, not just girls, need education on this; schools, media and adverts could help.

Role of religion
• Shannon’s religion makes her worried about getting help from services and she is worried about what her mum will say. (Everyone at the group agreed that they’ve got
friends whose religion makes them worried about what advice to give or say about sexual health matters).

- Religious places like churches and mosques need a few community leaders within them to say – ‘you shouldn’t do this, but if you do, this is what you can do to get help and advice’. It’s difficult to do but communities need to recognise that this is what young people do - there is a need for a medium.
- Perhaps a way to get around this could be helped by a sort of anonymous and confidential online forum where people can get help.

**Recommendations made by the group**

- Complaints about attitudes of staff in sexual health clinics should be acted upon, so it doesn’t happen again and discourage young people from using them.
- Teachers should be trained so that they are better at talking about sexual health – not just offer information and signposting but talk about the emotional side too.
- There should be regular events/workshops in school so that people are aware of services and support available to them.
- People should be taught about ‘healthy’ relationships – important for males and females.

**Mental health**

**Meet Maria…**

- Maria is 16 years old and attends college.
- She is overweight and is under pressure from her Mum to cut down on her food intake. Her mum makes her go to the GP to discuss her BMI and diet plans.
- Maria is self-conscious about the way she looks, and often wears baggy clothes and little make up.
- Maria has had difficulty making friends at school and is quite shy. Maria sometimes gets teased by her friends, quite often behind her back.
- Maria wants help from her mum to deal with her weight issue.
- Maria eats badly, eating takeaways several times per week.
- Maria doesn’t exercise outside of walking to get places.

A small group of young people spoke about Maria’s situation. These were some of the comments that were made:
Importance of exercise
- Before you get to your stop, come off two stops before and walk the rest of the way.
- Some people get too comfortable with themselves – realise that they’re unhealthy but can’t do anything about it.
- Physical exercise – lots of people try with gym but gave up.
- With regard to the free swim and gym - heard of it but not sure if it is worth it.
- If you owned a bike, you’d cycle to school or work.

Where to get information about mental health
- You could use Google for information.
- You could speak to a counsellor in school.
- Friends and family would be the first port of call.
- Not as many people visit GP services.
- Not enough knowledge on services out there - adverts could be used to tell about services – social media, bus stops, school.
- School, although teachers and counsellors can be difficult to approach. Teachers could be better informed about mental health.
- Church – talking to a pastor - for those who are religious. They could have basic mental health training.

Physical health versus mental health
- Mental health is as important as physical health.
- Everyone knows more about physical health than mental health.
- It is easier to react to physical health problems - people don’t know how to react to mental health issues.
- There is a lack of awareness around mental health services.

Recommendations made by the group
- More people need to know about the services on offer – better advertising – i.e. social media and school planners.
- People need to know more about indicators of mental health – i.e. what is good mental health?
- Place of therapy needs to be away from a clinical setting – you want to forget that you have it.
Meet Mark…

- Mark is 16 years old and attends college.
- Mark isn’t very close to his parents – they often ignore him and he feels rejected. This might be because he is gay. This makes him fairly unhappy with his life.
- Mark likes to go out every weekend, and drinks a lot of alcohol and takes drugs.
- He often ends up in A&E because of drinking too much and taking drugs and he is known by the mental health team there, although he is not willing to accept help.
- Mark’s friends are concerned about him but don’t know how they can help him.

A small group of young people spoke about Mark’s situation. These were some of the comments that were made:

**Relationships with family**
- Main contributors to issues are lack of family support for his sexual orientation.
- His lack of parental support – Mark and his family could be referred to a family support service in the community to help with his issues with his parents and how they behave.

**Males accessing health services**
- The consensus from the group was that the first point of call for most people their age experiencing health issues, particularly for males, was a Google search on the internet.
- The male members of group indicated that they would really only go to their GP if there was something presenting visible physical effects – i.e. something growing on their face. They indicated that they probably wouldn’t access health services for issues that the health service would consider ‘red flags’, for example, a lump in their testicles.
- Hearing peoples’ real experiences of mental health could help people educate people.

**Where to go to for support**
- LGBT communities / support groups to support with being gay.
- Referred to a family support service in the community to help with his issues with his parents and how they behave.
- The mental health nurse at A&E should be more probing about some of his mental health issues and should be speaking to Mark’s parents about what is going on.
Recommendations made by the group

- Health professionals identifying underlying issues and signposting to appropriate services – LGBT groups, family support groups etc.
- Mutual support from existing networks – making people more socially aware of warning signs and how to support people.
- Hearing relatable, eye opening accounts from real people through arts e.g. drama, music etc.

Next steps

We plan to take this work forward at the CCG and HWS. The following actions are planned:

- To share this report on the CCG and HWS website to download.
- The CCG will present a summary of the event and the findings from the event to the CCG’s Governing Body Members.
- HWS will share findings of this report with relevant stakeholders.
- The CCG will incorporate the findings from the event into the Children and Young Person’s Wellbeing Strategic Framework.
- The CCG and HWS will communicate the findings and outcomes of the event back to the event participants.
- The CCG will commence planning the next engagement activities for the strategic framework, including:
  - A programme of work with 24 young people from The Challenge to look at further developing solutions and to raise awareness of local services
  - Engagement with schools in Southwark using film of the theatre production and spoken word artist to start developing solutions
  - Engagement with smaller, more focussed groups of children and young people and their families – for example CYP with special educational needs, youth offenders, etc.
- HWS will work with the voluntary and community sector to carry out further engagement with young people around our priority areas of mental health and sexual health.
- HWS will recruit and train young people to be youth champions to support with further engagement with young people.
- HWS will engage parents and families around some of the emerging themes from our work with young people.
- HWS will support and work with NHS Southwark CCG and Southwark Council in their future plans around health and care of children and young people.
Demographics of attendees

Q1 Ethnicity - Please select the category that best describes your ethnic group

- Asian or Asian British other: 14
- White - British: 14
- Mixed - White and Black African: 1
- Black or Black British - Black African: 1
- Black or Black British - Black British: 1

Q2 Sex - Please select the category that best describes you

- Male: 14
- Female: 0

Q3 Gender Reassignment - Does your gender differ from your birth sex?

- Yes: 1
- No: 13

Q4 Religion or Belief - Please select the category as appropriate

- Christian: 13
- Prefer not to say: 1

Q5 Sexual orientation - Please choose the answer that best describes you

- Prefer not to say: 1
- Heterosexual: 12

Q6 Pregnancy and Maternity - Are you pregnant?

- Yes: 14
- No: 0
- Prefer not to say: 0
Q7 Pregnancy and Maternity - Have you had a baby in the last 12 months?

- Yes: 0%
- No: 100%
- Prefer not to say: 0%

Q8 Marriage or Civil Partnership/Marriage - please select the answer which best describes you

- Single: 0%
- Separated: 0%
- Married: 100%
- Divorced: 0%
- Cohabiting: 0%
- Widowed: 0%
- In a same sex civil...: 0%

Q9 Your Age (years)

- 0 - 10: 50%
- 11 - 24: 50%
- 25 - 34: 0%
- 35 - 44: 0%
- 45 - 64: 0%
- 65 and over: 0%
- Prefer not to say: 0%

Q10 Do you have any of the following conditions that have lasted or expected to last for at least 12 months?

- None of these: 100%
- Prefer not to say: 0%