

## Choosing What's Best for You Summary of Feedback

### ➤ **Who's using it?**

*Choosing What's Best for You* has been requested and distributed to a wide range of professionals and organisations, and the CAMHS EBPU have received positive feedback about its use from a variety of sources, for example:

- Mental Health Promotion Service for senior schools
- Referral and Assessment Clinicians
- Personal Advisors (Connexions)
- Mental Health Teachers
- 'Families in Transition'- an organisation in Canada working with children whose parents are going through a divorce
- Educational Psychology Service
- Training Doctors to be specialists in CAP
- Child behaviour intervention
- Child Psychiatrist- working specifically in regions affected by armed conflict
- Social workers
- School and Young persons Nurses
- LAC Nurses
- Treatment Foster Care
- SENCOs
- Youth Participation Officers
- Health Trainers
- Fire Service instructors working with vulnerable children
- Voluntary sector projects etc

More specific services have also made use of the booklet:

- "It is really good to see a child-friendly publication and a positive recognition of the condition"- Liverpool ADHD Foundation
- "What a wonderfully designed and useful document."- Eating Disorders Service, Great Ormond Street Hospital

### ➤ **How is it being used?**

The leaflets have also been put on display in child and family information centres, taken to events to have on stalls, available at drop-ins and we have also been asked whether a PDF of the booklet or link to the website could be put on other websites advising children and young people on mental health issues, and also whether the booklet could be distributed with a magazine which is sent to Looked After Children in East Sussex (*we couldn't provide enough copies here*). The booklet is also being used by organisations such as Headstrong-(The National Centre for Youth Mental Health in Ireland) where they have recognised a need for a guide about mental health aimed at young people and are reviewing *Choosing* in light of creating their own.

Some of the feedback has suggested that the booklets are not being used to directly give out to children and young people but rather to use with them as another advisory resource, or as a source of information or reference for professionals themselves, or as a tool, using them as part of a discussion between children, young people and their families about possible routes in therapy:

- “These are to circulate to our 45 Intensive Personal Advisers in the York & North Yorkshire area as we think this would be a useful resource for their reference”
- “As I am involved in teaching of doctors who are training to be specialist in CAP I would like to give them a copy.”
- “I manage a Treatment Foster care programme in Kent and would like all our carers and staff to have their own copy.”
- **“I think this is a great starting point for agencies to help them understand what Targeted/Specialist CAMHS can/could offer. In fact I have just thought where this will be really useful with a group of Primary Schools we are working with”**
- “Practitioners have said that they would find this booklet particularly helpful.”
- “To use in my work supervising and training learning mentors”
- **“The team here have decided to use it in a 'targeted' manner -- meaning that clinicians decide whether to give young people a copy so that they can discuss it with them and ask any questions -- rather than say having it available in the waiting room for any visiting clients to pick up. Personally I have found it very useful and the parents and young people that I have used it with have been grateful and surprised that we are providing it.”**
- “In my professional role I use the booklet to reinforce advice and information given during statutory health reviews for young people in public care. **I have found that it has often acted as a catalyst to stimulate a more in depth and honest discussion around issues that are concerning them.**”
- “we are using them for staff from other agencies who are on the CAMHS partnership etc, rather than giving them directly to children and young people. But CAPA will be in place in all our teams by April 2008, and we will discuss their possible use with service users for CAMHS teams then”

➤ **Accessibility of the booklet**

There has been a lot of feedback in praise of the layout and accessibility of the booklet to young people:

- “We are a large girls comprehensive, with a very proactive inclusion unit which has a good working relationship with our local CAMHS service. I think this booklet could help us to support our most vulnerable students, and their parents to perhaps create a better take up rate for this service.”
- **“think it is excellent and could prove to be a valuable resource in helping the children we work with to engage with health professionals regarding their difficulties”**
- “The production and succinct & clear content look most impressive”
- “I want to congratulate those involved in producing such an **accessible child friendly booklet**”
- “it is presented so clearly and concisely”
- “What a wonderfully designed and useful document”
- “They are a wonderful resource for the kids we see”
- **“Very well laid out, readable and, I would think, very reassuring to a young reader”**
- “very informative and user friendly”
- **“This is one of the first pieces of information produced by 'CAMHS' for people outside the 'therapy' profession I have seen that is not written by academics for academics. As with all service user information it's a starting**

**point for a discussion with young people, families and other professional about what might help, it's not an end in itself."**

➤ **Accessibility to a variety of age ranges**

- "we will be giving the booklet to parents of children (or with older siblings) with diagnosed mental health problems. If you ever produce a booklet for parents of younger children we would be very interested!"
- "Having read through it I think that in particular for our older 6th form students they could use it independently and for younger students their Learning Mentor or supporting member of staff could go through it with them."

➤ **Disappointment at therapies which are omitted from the booklet**

Concerns have been raised about specific therapies which are not directly mentioned within the guide, (in particular art, drama, music and play therapy):

- "there has been some discussion and questions from our partners in the Voluntary Sector regards the absence of counselling services within this document. Can you please explain your rationale for this as a large number of young people access counselling services regards their emotional health and well-being across the UK"
- "I am amazed at no mention in the booklet of how effective hypnotherapy and progressive muscular relaxation can be. I have researched the effectiveness of their use to help young people with a wide range of anxiety related difficulties in a doctorate thesis at UCL. I have a hypnotherapy project which has been running in Hampshire for young people for the past six years and collected evidence of its effectiveness for a range of difficulties including anxiety, depression, sleep, fear, worry, lack of confidence, low self-esteem, life at home etc."
- "Whilst I was impressed with the information in the booklet I was amazed that Solution Focus Brief Therapy had not been included. I personally have come across and even used several of the therapies included in your booklet. However, the single most effective tool I have used with the highest profile young people and families in this City is Solution Focus. I would highly recommend that it is included in your next leaflet. It is an unobtrusive therapy and people respond to it well, because it works only on what people are able to do and they never ever need to talk about the cause of the problem. I have looked on the web for some of the more easily accessible evidence bases and in the end I decided that you may want to read a book. The first one I would suggest would be: solution-focused therapy: theory, research and practice by Alasdair McDonald. You could also visit the Brief website in London, which is one of the main providers of Solution Focus Training in the UK ([www.brieftherapy.org.uk](http://www.brieftherapy.org.uk))."
- "However we were greatly disappointed to see no reference at all to Play Therapy in the otherwise excellent information. The reputation of Play Therapists for helping children and young people with a number of the difficulties listed in your leaflet has really built and strengthened in the past ten years and whilst we acknowledge that there is certainly a need for more scientific 'proof' of its efficacy there is also a growing evidence base. I am attaching as an example for your information a meta-analysis produced by some of our American Play Therapy colleagues recently which draws together evidence of significantly positive outcomes for both Play Therapy and Filial Therapy for several of the categories of difficulty listed in your booklet such as Anxiety and Conduct Disorder. In

addition the British Association of Play Therapists has a research subcommittee which is striving to gather our own measures of the efficacy of Play Therapy. All BAPT Full members are now encouraged to submit 'before and after' monitoring forms on their caseload and the anecdotal evidence at least from this is so far impressive. Our website has a small but growing section on latest Play Therapy related research (see <http://www.bapt.uk.com/registerofplaytherapyresearch.asp>) and the annual British Journal of Play Therapy also publishes research papers (see <http://www.bapt.uk.com/journalofplaytherapy.htm> for paper titles & abstracts)"

- "I have just read through "Choosing what's best For You" and am disappointed and puzzled to find that the only treatment I should be providing is psychotherapy for young people with eating disorders. This is one of the few areas I have not ventured into."
- "Young people have a right to know what treatment options there are for them. We know that many children and young people have been helped through art therapy/psychotherapy and feel strongly that just because currently there is insufficient evidence base to prove this is not a good enough reason for not even mentioning it anywhere in the booklet."

➤ **Issues with the ideology behind the booklet**

- For me, the issue is not about amendments, but about the whole ideology of the thing, couched as it is in a certain kind of scientific truth. 0000 are now all over the place. I'm afraid I think the decision to publish with public money was irresponsible and arrogant. There is such good work going on in so many places.... but it doesn't get a look in here, just demeaned.

➤ **Queries about research criteria**

- "The results of research into child psychotherapy gathered by Eilis Kennedy are broader than those included in your pamphlet. Are they not scientific enough?"
- "I am not sure that EMDR is accurately represented re PTSD (see Van der Kolk et al Journal of Clinical Psychiatry 68:1 January 2007, p37-46) or medication re depression and anxiety."

➤ **Issues with language and information included**

- "The repeated reference to 'scientists' is not, in my view, helpful. I appreciate you what you are trying to convey here but the word, in my opinion, is both clumsy and unhelpful. Secondly, on the ADHD guidance, you rightly point to the proven value of medication. Unfortunately, you do not make clear that, on the continuum of ADHD severity, medication has its place but would anyone consider prescribing medication for a mild presentation? We know some parents see the prescription of medication as the only way forward and parental pressure is a well known driver in the prescription of psycho stimulant medication. I would have like to see some mention in the guidance of the need for caution in decision making process where medication is being considered."

➤ **Suggestions for specific alterations**

- "I am writing with reference to the section on psychoses in your booklet, as I consider that it needs revision. While the term 'systemic family therapy' may have been adopted as a form of shorthand, it is misleading as a proxy for the effective

family interventions for schizophrenia. None of the researchers in this field now refer to their interventions as family therapy. There is no intention to treat the family but to work with them as allies in helping the patient to recover. On another point, the booklet is misleadingly tentative in its recommendation for family work for young people. While none of the RCTs have specifically focused on young people, many of them have included patients with a first onset of schizophrenia. This necessarily includes people below the age of 20 years. The most recent Cochrane review of family work for schizophrenia (2006) is considerably more positive than the previous review and this should lead to at least 2 stars if not 3.”

- “I thought you should distinguish bulimia (CBT very helpful) from anorexia (CBT much less well validated and family therapy probably better evidence based). On pages 6-7 I would add something like 'Some people have difficulties that do not fit easily into any of these types. These too can usually be helped though scientists have produced less information about them'. On page 8-9 I would add Management as a form of help and say about it 'Suggesting ways in which the circumstances that seem to be making difficulties worse can be changed'.”
- “1)“Scientists” did not seem the most appropriate word to use for getting our message across, given the fairly mixed public perceptions of scientists.2) It might be helpful to have a different way of rating treatments for the core components of a disorder and treatments for associated features, e.g. using stars for the first and some other symbol for the other. Thus medication for autistic disorders would come in the second category. We say as much in the comment, but having obviously distinct symbols would still reduce the risk of “at a glance” readers misconstruing the advice.3) There were quite a few recommendations where we have got the star ratings wrong. R Goodman explained that this was due to our decision to follow DoE fairly slavishly. Doubts (relevant for the next edition of DoE) were about the rating for parent training (should be 3 rather than 2 stars), for the interventions for deliberate self harm (not convinced that the evidence really shows that anything helps), medication for conduct disorder (not convinced) and psychodynamic therapy for eating disorders (not convinced)”

➤ **Feedback from young people**  
(This comes from EiM- Experience in Mind)

- “As group we particularly liked:
  - 1) The book's layout – this was generally easy to read and follow.
  - 2) The use of colours.
  - 3) Illustrations – this brought life to the booklet.
- Suggested alterations/ideas for future editions include:
  - 1) Rather than saying that people with conduct disorder are harmful to others also state: ‘but in many cases they are at more risk of harming themselves.’ This books definition suggests that those with the illness are dangerous when in fact they are more susceptible to self harming than being aggressive and/or violent towards others.
  - 2) The uses of the word ‘deliberate’ in the heading and definition of self-harm. In some cases – for example those with schizophrenia – can harm themselves during a blackout. Therefore, as they are not consciously aware of their actions, it would inappropriate to say their harming is deliberate. Perhaps the word should be omitted during the definition and revised to: ‘People who self- harm hurt themselves.’

- 3) The use of the word 'imagine' in schizophrenia. This suggests what they hear is made up. Many of the EIM members felt that hearing voices is their reality, and should be taken seriously.
- 4) Many of the EIM young people have commented the definition for psychosis ought to be revised. Particularly where it says: 'people with psychosis have very serious problems.' The young people don't agree with the way this has been put. Perhaps it should say 'young people with psychosis experience a variety of built up emotions that affect how they think, feel and act.'
- Comment: We recognise that the booklet is the first edition and welcome a booklet of this kind aimed at young people – it is certainly needed. We are happy to input/contribute/be consulted about future editions of this vital booklet.