

A Critical Look into how the Confidentiality Policy of CAMHS may be Failing Children and Young People that have Experienced Mental Health Conditions

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Abstract

Within the United Kingdom, there are guidelines in place allowing those under the age of 18 to access mental health services without permission from their guardians, so long as they are not a risk to themselves or others. Past research suggests that the patients themselves have conflicting experiences regarding this policy, and whether they feel it offers them confidentiality. To gain clarity, this paper sought to examine perceptions of confidentiality held by young people using survey data. The survey was distributed, prior to the Coronavirus outbreak, to participants between the ages of 12 and 25, collecting qualitative data on their opinions regarding confidentiality within NHS mental health services. Findings suggested that most participants that had used mental health services whilst under the age of 18 felt as if their confidentiality was not respected and they had a low level of confidence surrounding their privacy. Most participants were also found to support the notion that minors should be treated with complete confidentiality.

A Critical Look into how the Confidentiality Policy of CAMHS may be Failing Children and Young People that have Experienced Mental Health Conditions

For those under the age of 18, having the best mental health possible is an extremely important aspect of life, as it contributes heavily to their cognitive development and social skills. Despite this, almost 1 in 7 young people meet the diagnostic criteria for a mental health disorder (Radez et al., 2021). If these mental health problems go untreated, this can have a detrimental impact on the individual in their late adolescence, and this can persist into adulthood in the form of poor health, academic and social outcomes and an increased risk of suicidal behaviour and drug abuse. For children and adolescents with major depressive disorder, for example, a lack of treatment can increase the risk of suicidal behaviours, substance abuse, and poorer social functioning (Mullen, 2018). Therefore, it is vital that these individuals feel that they can utilise mental health services if and when they need them. Despite this, less than two-thirds of young people who have mental health problems access professional help (Radez et al., 2021). There are many structural, social, and perceived barriers for minors who need to utilise mental health services, for example waiting times, perceived effectiveness of treatment, and the extent to which their family is a support network (Radez et al., 2021). One of the most considerable, however, is concern over how well confidentiality will be maintained (Yao et al., 2020).

Within society, there exists a universal agreement that those who are experiencing mental health difficulties should be able to seek help with the knowledge that what they choose to share will be kept under unbreakable confidentiality. For minors however, this agreement begins to break down. Under the UK guidelines, there are three main scenarios in which the information detailed by a minor may be shared without their consent: if the patient

or another individual is at risk of serious harm, if the patient is unable to make the decision to share their information, and if it is required by law (Mind, 2021). Despite these being the only scenarios in which the sharing of information without consent is acceptable, research has suggested that many minors using or seeking to use mental health services feel as though these guidelines are not being followed.

Using a systematic review of research evaluating why children and adolescents do not seek professional help, Radez et al. (2021) found that concerns regarding perceived confidentiality were reported as a barrier in 28% of studies. Similarly, Hart and O'Reilly (2018) found that young people and their guardians needed to feel secure and confident before exchanging 'need-to-know' information regarding the child's mental health, and that confidentiality was a serious concern regarding this. This suggests that the lack of assured privacy is preventing young people who need mental health assistance from accessing services. Additionally, when performing a systematic review of 22 research articles on the type of helping relationship needed by children and adolescents in mental health care, Lynch et al. (2020) found that confidentiality was the most frequently reported theme. This suggests that not only could a lack of assured confidentiality be detrimental to those who need help obtaining this, but also that its presence is necessary for trust to develop between the provider and the patients. The knowledge that patient confidentiality can be breached can also be stressful for the patient's caregiver, as it can disrupt their relationship. Knowing what the individual has shared during these private moments, during which they may have discussed aspects of their life that they believed their caregiver either should not or would not want to know, can cause guardians to behave differently towards the young person (O'Reilly et al., 2012). As earlier established, the extent to which the child's family functions as a support

network is a key element in whether they seek to use mental health services, and so if the guardians are concerned about confidentiality and so reducing their support, this forms another barrier.

Due to the importance of perceptions of confidentiality within mental health services for children and adolescents, this study seeks to explore perceptions of this, including those of individuals that utilised these services while they were minors. To do this, a survey was published and made available to those under the age of 25 that had used mental health services while under the age of 18, and those who had experienced mental health issues but had not accessed these services. The perceptions of those who had not experienced any mental health issues were also evaluated. Participants were required to give their perspective regarding the current guidelines of confidentiality, and how they believe that this impacts the accessibility and effectiveness of mental health services for minors. Based on previous research, it was hypothesised that for both those who had engaged with mental health services before the age of 18 and those who had not, perceptions of these services would depend on the extent that they believed confidentiality would/could be maintained.

Method

Participants

A total of 1,438 participants from the UK took part in the study, with the age range being 12-25 with a mean of 18.5 ($SD= 4.03$) (Appendix A). This demographic was chosen as it would allow both those currently experiencing symptoms or engaging with mental health services as well as those that had in the recent past. 1,327 participants were from England (92%), 47 from Scotland (3.3%), 33 from Wales (2.3%), 16 from Northern Ireland (1.1%), 1 from the Isle of Wright (0.1%), and 1 from the Isle of Skye (0.1%). The location of 13 participants was unidentifiable due to formatting errors, and so was labelled 'N/A' (0.9%) (Appendix B).

Materials

To assess participants perceptions of mental health services an in-person (Appendix C) and online (Appendix D) survey was created. Questions within this survey were in a range of formats: 10-point Likert scales (1 = *not confident at all*, 10 = *very confident*, and 1 = *I had no voice*, 10 = *I had a voice and felt that everything I wanted to say was heard*), selection boxes, and open and closed.

The survey opened with questions to collect demographic information: the age and region that participants lived in, followed by the question "*Have you experienced any mental health issues?*". Responses to this determined the set of questions that participants would then be directed to answer. If participants responded "No" or "Yes but haven't used any mental health services for under 18s" they were required to answer the questions within section A of the survey. This section asks participants for their perceptions regarding the

confidence and accessibility of mental health services for those under the age of 18. If they responded: “Yes and have used mental health services for under 18s”, they would only be required to complete section B of the survey. This section asks participants for their own experiences regarding mental health services, and whether they felt that their confidentiality was maintained.

Following both sections, the online survey then asked participants if there was any topic they wished to expand on, and for their name, email and telephone number if they consented to being contacted in the future regarding their responses. X

Procedure

This study used an independent groups design, in which participants took part in either condition 1 or 2, condition 1 being section A of the survey and condition 2 being section B. Participants were sorted into their condition based on their answer to the question “Have you experienced any mental health issues?”. Data was collected in a mixed-methods format, with open questions providing qualitative responses and closed question and Likert scales proving quantitative. The qualitative variable was the answers given by participants in response to the survey questions, whereas for the quantitative data, the independent variable was the participants response to the question *“Have you experienced any mental health issues?”*, and the dependent variables were their scores on Likert scales and answers to closed questions.

The survey was available online for participants to complete at their own pace, whereas the in-person survey was supplied at a school and various community events.

Results

741 (51.5%) participants completed section A, composed of 408 (55.1%) who had experienced mental health issues but not used any mental health services before they were 18, and 333 (44.9%) who had not experienced any mental health issues. 697 (48.5%) participants completed section B of the survey, who had experience of mental health issues and have used mental health services.

Section A quantitative responses

A vast majority of section A participants reported believing that for young people, taking the first steps towards asking for help for their mental health was very hard. This is indicated by their responses to the question “*How easy do you think it is at the moment for young people (under 18) to take the first steps to ask for help for their mental health (e.g. to decide to speak to a teacher/go to their GP)?*”, as shown within Table 1. As a follow-up question, participants were asked if they thought it “would it be easier (to access services) if they were certain that anything said would be kept confidential?”. 77.2% of participants felt that it would be easier to access the services, while 5.5% felt that it would not be easier, and 17.3% were unsure. This suggests that most individuals do believe that confidentiality is a deciding factor in seeking help for mental health issues and can pose as a direct barrier. Comparison between participants responses to these two questions revealed that regardless of how easy they believed it was for minors to take the first steps to asking for help regarding their mental health, a majority believed it would be easier with assured confidentiality.

Table 1.

Frequencies and percentages of section A responses to question 4.

| Response | Frequency | Percentage |
|--------------------------|-----------|------------|
| Very Easy | 20 | 2.7% |
| Easy but Could be Better | 69 | 9.3% |
| Neither Hard nor Easy | 67 | 9% |
| Hard | 307 | 41.4% |
| Very Hard | 237 | 32% |
| Don't Know | 41 | 5.5% |

In response to question 6: “*do you think young people (under 18) should be able to seek help without parental consent/knowledge?*”, an overwhelming majority, 85.2%, of participants supported the notion that those under the age of 18 should be able to access the help that they need without parental consent. 4.6% of participants agreed with parents or guardians being informed, and 10.3% were unsure. These findings suggest that most individuals believe that the confidentiality of minors while seeking help should be entirely maintained, rather than their guardians being informed. In response to a question regarding their beliefs as to if those under the age of 18 could currently seek help without the consent/knowledge of their guardians, most participants were unsure (44.7%), a significant number (30.1%) believed that they could not, and 25.2% believed that they could. Comparison between the responses to these questions revealed that those who believed that minors should be able to seek help without parental consent/knowledge were more likely to respond that they were unsure as whether they could currently do this. This suggests either a lack of

awareness regarding the confidentiality legislation/guidelines in place for minors within mental health services or mistrust in the enforcement of the legislation.

Participants were also asked if they believed that young people should be able to open-up about issues including self-harm and suicidal thoughts without their caregiver knowing. As things stand, guardians will be informed if risk is present but a majority of participants (74.4%) believe that youths should be able to do so without the fear or anxiety of a caregiver being informed of what they discuss. 10% reported that they do not agree, and 15.7% were unsure.

Section A qualitative responses

Participants were asked to optionally expand on their responses to the question of whether those under the age of 18 could currently seek help without the consent/knowledge of their guardians using an open question, and whether young people should be able to open up about issues such as self-harm and suicidal thoughts without parental knowledge. Responses given by those who answered either yes, no, or not sure were evaluated, and themes identified. For those who responded yes initially to the question of whether help seeking can take place confidentially, themes identified in their expansion are shown within Table 2.

Table 2

Theme frequencies for section A participants that believe minors can seek help confidentially.

| Theme | Frequency |
|---|-----------|
| Presence of Risk Will Result in Guardians being Informed | 12 |
| Confidentiality is Secure only for Those Over the Age of 16 | 10 |
| Breaches of Confidentiality by Teachers but Mental Health Services are Confidential | 2 |
| Charities can Provide Confidential Help | 2 |
| Secure Confidentiality due to the Confidentiality Policies | 4 |
| Positive Personal Experience | 1 |

Thematic analysis revealed that the most frequently cited factor in participants responses to this question was the presence of risk; they believed that guardians would only be informed if the minor was at risk of harm. The second most frequently cited factor was the minor's age; that they would be granted confidentiality as long as they were over the age of 16. We can also see that some participants felt that it would not be the mental health services that would breach confidentiality, but rather their teacher if they were involved. The subject of charities were discussed twice by participants, and it was believed that confidentiality would be upheld within the charity sector, to a much higher standard than in services such as CAMHS. Some participants felt as though the confidentiality of minors was secure regardless of circumstance, and that mental health practitioners and teachers would respect this. Finally, one participant from this group said that they had a positive first-hand experience with their own privacy being respected, and so this influenced their decision.

Far more participants that responded with no to the initial question of if they believed that young people are currently able to seek help without parental consent chose to expand on this decision (66.7%). The themes identified within this expansion are reflected within Table 3.

Table 3

Theme frequencies for section A participants that believe minors cannot seek help confidentially.

| Theme | Frequency |
|--|-----------|
| Lack of Understanding of Confidentiality Policies | 34 |
| Fear of Guardians Finding Out Regardless | 18 |
| Negative Personal Experiences | 12 |
| Presence of Risk Will Result in Guardians being Informed | 12 |
| Confidentiality is Secure Only for Those Over the Age of 16 | 9 |
| Confidentiality is Secure Only for Those Over the Age of 18 | 14 |
| Breaches in Confidentiality by Teachers | 23 |
| Breaches in Confidentiality by Mental Health Practitioners | 11 |
| Breaches in Confidentiality by Both Mental Health Practitioners and Teachers | 9 |
| Guardians Knowing Whereabouts | 8 |
| Travel To and From Appointments | 6 |
| Lack of Information Surrounding Services | 6 |
| Administrative Factors | 2 |

The three most common points that participants listed as their reasoning for originally selecting “no” were not being aware of the confidentiality policy or how it worked, breaches of confidentiality by teachers and fear of guardians finding out. Alongside teachers, many participants also discussed mental health practitioners being likely to perform this breach in confidentiality. Some participants believed that confidentiality would only be granted if the participant was over the age of 18 or 16. Additionally, administrative elements were thought to prevent confidentiality, for example post could be sent to the minor’s home from the services, informing parents without intent. Select participants also indicated first-hand negative experiences with their confidentiality being breeched or their parents needing to

give consent for them to access care. Similarly, to those that had responded yes, there was concern that parents or guardians would end up being informed regardless of any confidentiality agreement or policy if risk was present.

For those who responded with “not sure” initially, themes identified within their responses are displayed in Table 4.

Table 4

Theme frequencies for section A participants that were not sure regarding whether they believe minors can seek help confidentially.

| Theme | Frequency |
|--|-----------|
| Lack of Understanding of Confidentiality Policies | 8 |
| Confidentiality is Secure Only for Those Over the Age of 18 | 5 |
| Breaches in Confidentiality by Teachers | 4 |
| Breaches in Confidentiality by Mental Health Practitioners | 3 |
| Breaches in Confidentiality by Both Mental Health Practitioners and Teachers | 1 |
| Negative Personal Experiences | 2 |
| Presence of Risk Will Result in Guardians being Informed | 3 |
| Fear of Guardians Finding Out Regardless | 3 |
| Guardians Knowing Whereabouts | 3 |
| Travel To and From Appointments | 1 |
| Charities can Provide Confidential Help | 7 |

The responses of those who were unsure frequently suggested that a lack of awareness, misinformation or mistrust surrounding confidentiality was the reason for this. Additionally, it appeared to depend on the individuals involved, as some suggested that teachers are likely to breach confidentiality, whereas others believed that mental health practitioners are. The participants personal experiences also influenced their decision, as well as the belief that it depends on whether the individual seeking help is at risk. These believed

that if they were at risk, then guardians would be informed. Travelling to and from appointments was an influencing factor, as it was believed that if the individual had to do so, this could be a barrier for young people or could alert their guardians to the fact that they had sought mental health assistance. Few had a fear that guardians would find out about involvement with mental health services regardless of circumstance. Finally, some participants believed that charities can provide help that is completely confidential, and so it is possible to seek help in a confidential manner if this is the route chosen.

Responses given by those who answered either yes, no, or not sure to the question of whether young people should be able to open up about issues such as self-harm and suicidal thoughts without parental knowledge were evaluated, and themes identified. For those who responded yes, themes identified in their expansion are shown within Table 5.

Table 5

Theme frequencies for section A participants that believe that minors should be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|---|-----------|
| Fear of Parental Judgement | 59 |
| Unwillingness to Worry Parents | 14 |
| Personal Experiences | 12 |
| Confidentiality Would Make It Easier to Confide | 120 |
| Parents May be Part of the Problem | 43 |
| Unwillingness to have Parents Know | 45 |
| Parents May not be Supportive | 32 |
| Dependent on a Risk Evaluation | 5 |

The most frequently cited reason for why these participants believe that minors should be able to open up about problems such as self-harm and suicidal thoughts was that this confidentiality would make doing so much easier, and so increase the likelihood of disclosure occurring. Parental behaviour also had a significant impact, with many participants believing that parents may be part of the problem and that them being told might hinder recovery, and that parents may not be supportive and so should not have to be informed. Many felt young people may be unwilling to worry their parents or would be afraid of possible judgement from them and so thought it should be confidential. Additionally, some participants based their answer on personal experiences, or thought that this should be decided based on a risk evaluation.

Themes identified within the responses of those who responded no to the initial question are displayed within Table 6.

Table 6

Theme frequencies for section A participants that believe that minors should not be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|--|-----------|
| This Should be Decided on a Case-by-Case Basis | 4 |
| If Risk is Present, Parents Should be Informed | 22 |
| In the Child's Best Interest for Parents to Know | 2 |
| Parents have a Right to Know | 4 |
| Parents Should be Informed to Support the Minor | 7 |

Many participants that believed that opening up about such issues should not be confidential had this view because they thought that if risk was present, parents should be

informed. For some this was so that they could support the minor, and for others this was because they believed that parents have a fundamental right to know if their child is experiencing these symptoms. Additionally, some participants believed that the lack of confidentiality was in the child's best interest. Others thought that this should be decided on a case-by-case basis.

Themes identified within the responses of those who responded not sure to the initial question are displayed within Table 7.

Table 7

Theme frequencies for section A participants that were unsure as to whether minors should be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|--|-----------|
| This Should be Decided on a Case-by-Case Basis | 4 |
| If Risk is Present, Parents Should be Informed | 15 |
| Confidentiality Would Make It Easier to Confide | 6 |
| The Age of the Minor Seeking to Confide is Important | 2 |
| Parents May be Part of the Problem | 6 |
| Parents have a Right to Know | 1 |
| Parents Should be Informed to Support the Minor | 7 |
| Dependent on a Risk Evaluation | 7 |

Many of the participants who were unsure as to whether confidentiality should be applied within such a situation cited the presence of risk to be a factor in the decision; that if the minor is at risk, parents should be informed. Additionally, parental behaviour had an impact, as some believed that the parents may be a part of the problem and so it should not be

compulsory to inform them, others that they have a fundamental right to know, or some that they should be informed so that they can support the minor. The age of the minor was a contributing factor, with some participants believing that confidentiality should only be offered for those that are over 16. Confidentiality making it easier for the minor to open up was also discussed. Mitigating factors were additionally important, with participants believing that this decision should be dependent on a risk evaluation, and others on a case-by-case basis.

Section B quantitative responses

Participants that had used mental health services whilst under the age of 18 were first asked to provide the age that they first noticed their mental health difficulties. A majority were within the age group 11-13 (53.2%), with others being between 14-16 (32.4%), under the age of 10 (11%), and between 17-18 (1.7%) years of age. 1.6% of the responses were answered in an incorrect format so were void.

For section B participants, the next question asked how easy it was for them to take the first steps in asking for help. As Table 8 suggests, most chose the response “N/A”, which could suggest that the individual was not the one who did initiate the first steps in getting help, for example a caregiver reached out as suggested within the response, or that they simply could not remember. Finding the process of getting help “hard” or “very hard” was more common than having a positive experience.

Table 8

Frequencies and percentages of section B responses to question 10.

| Response | Frequency | Percentage |
|--|-----------|------------|
| Very Easy | 12 | 1.7% |
| Easy but Could be Better | 26 | 3.7% |
| Neither Hard nor Easy | 34 | 4.9% |
| Hard | 129 | 18.5% |
| Very Hard | 238 | 34.1% |
| N/A (e.g Parents Were the Ones who Got the Help) | 258 | 37% |

Participants were then asked if getting help would have been easier if they were certain that what they said would have been confidential. More than half, 54.5%, responded “yes”, 26.4% “not sure”, and 19.1% “No”. Comparison between the responses to these questions revealed that for even those who found it easy to take the first steps in seeking help, it would have been easier if confidentiality was ensured.

Following this, participants were asked to select the symptoms that they have experienced to gather information regarding the presence of risk. The responses of 2 participants had to be removed as they selected “none of the above” as well as symptoms. As reflected within Table 9, self-harm and suicidal thoughts were the most common symptoms.

Table 9

Frequencies and percentages of section B responses to question 12.

| Response | Frequency | Percentage |
|-------------------|-----------|------------|
| Self-harm | 596 | 85.5% |
| Suicidal Thoughts | 633 | 90.8% |
| Suicidal Attempts | 441 | 63.3% |
| Drug Misuse | 148 | 21.2% |
| Alcohol Misuse | 183 | 26.3% |
| Eating Disorder | 345 | 49.5% |
| None of the Above | 29 | 4.2% |

Participants were then asked if they believe that those under the age of 18 should be able to seek help without their guardian's knowledge. A large majority responded with "yes" (89.1%), 3.9% responded with "no", and 7% with "not sure", which suggests support for confidentiality regarding minors seeking help. In response to being asked if they believed that it is currently possible for minors to seek help without the consent/knowledge of their guardians however, most responded "no" (48.6%), with only 23.7% of participants responding "yes". 27.7% responded that they were unsure, which suggests that although these individuals used mental health services while they were minors, they are unaware as to whether they could have sought help without their guardian's knowledge. Regarding whether minors should be able to open-up about issues such as self-harm and suicidal thoughts without their guardian's knowledge, participants were in support of confidentiality, with 74.6% participants selecting "yes", 18.2% "not sure", and only 7.2% "no".

10-point Likert scales (1 = *Not Confident at All*, 10 = *Very Confident*) were then used to measure participant perceptions, results from which are displayed within Table 10. The

first measured how confident participants felt about opening-up about their mental health issues, for which responses show that participants were largely unconfident. The second measured how confident those who had self-harmed or experienced suicidal thoughts were that these issues were not going to be told to their guardians later. Of the 625 participants that responded, most were unconfident. Next measured according to this scale was how confident participants were that anything they said would be kept private and not told to their guardians, to which most participants responded that they were unconfident. For the scale question “if you self-harmed or had suicidal thoughts, how confident did you feel that these issues were not going to later be told to parents/guardians” 73 participants left this question blank as it was stated to leave it blank if it wasn’t applicable to them; for example if they did not self harm or have suicidal thoughts, or if their guardians were already aware.

Table 10

Percentages of Likert scale confidence responses to Section B question 16, 17, and 18 in which 1 = Not Confident and 10 = Very Confident.

| Scale Question | Response (%) | | | | | | | | | |
|---|--------------|------|------|------|------|-----|-----|-----|-----|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| “How Confident did you feel about opening up about issues?” | 22.2 | 14.8 | 17.9 | 14.3 | 10.9 | 6.2 | 6.3 | 4.3 | 1.3 | 1.7 |
| “If you self-harmed or had suicidal thoughts, how confident did you feel that these issues were not going to later be told to parents/guardians?” | 39.2 | 14.1 | 13.9 | 9.1 | 8 | 3.5 | 4.8 | 3.4 | 1.8 | 2.2 |
| “How confident were you that anything you said would be kept private and not told to parents/guardians?” | 26.7 | 13.2 | 13.5 | 10.3 | 11.8 | 5.6 | 5 | 6.5 | 3 | 4.4 |
| “How much of a voice did you feel that you had?” | 14.3 | 12.3 | 15.9 | 15.6 | 13.1 | 11 | 6.6 | 6.2 | 1.9 | 3 |

These responses could be due to negative personal experiences regarding their confidentiality surroundings these symptoms having been breached. Another 10-point Likert scale (1 = *I had no voice*, 10 = *I had a voice and felt that everything that I wanted to say was heard*) was then used to measure how much of a voice participants felt that they had within mental health services. Most responses suggested that participants did not feel as though they had a voice, as 58% selected option 4 or below, and 42% selected 5 or above. It is important to note here that, upon reflection, this question was poorly worded and did not accurately

represent what we were looking for. This may have negatively affected some of the results due to participants not understanding that we were attempting to ask how they felt in regards to if they felt as if their voice was heard as opposed to their guardians.

Section B qualitative responses

Section B participants were also asked to optionally expand on their responses to the question of whether those under the age of 18 could currently seek help without the consent/knowledge of their guardians, and whether young people should be able to open up about issues such as self-harm and suicidal thoughts without parental knowledge. Responses were evaluated, and themes identified. For those who responded yes to the question concerning help-seeking, themes identified in their expansion are shown within Table 11.

Table 11

Theme frequencies for section B participants that believe minors can seek help confidentially.

| Theme | Frequency |
|---|-----------|
| Positive Personal Experiences | 10 |
| Confidentiality is Secure only for Those Over the Age of 16 | 6 |
| Presence of Risk Will Result in Guardians being Informed | 7 |
| Secure Confidentiality due to the Confidentiality Policies | 5 |
| Charities can Provide Confidential Help | 3 |

The most frequent theme brought up by section B participants that chose “yes” was that they believed that minors could access mental health services confidentially but this would only be maintained if risk was not present. Secondly, positive personal experiences with confidentiality were frequently reported as influencing participants’ decision. The

Gillick confidentiality policy was a factor in participants response. Several participants selected “yes” as they believed that, due to this legislation, services could be accessed without parental consent, whereas others incorrectly assumed that this only applied to those over the age of 16. The presence of mental health charities was a factor in selecting “yes”, as participants believed that they were more available, for example many have anonymous chat lines, and do not require a guardian’s consent.

For those who responded “no” initially, themes identified within their expansion are shown in Table 12.

Table 12

Theme frequencies for section B participants that believe minors cannot seek help confidentially.

| Theme | Frequency |
|--|-----------|
| Lack of Understanding of Confidentiality Policies | 44 |
| Breaches in Confidentiality by Mental Health Practitioners | 58 |
| Breaches in Confidentiality by Teachers | 15 |
| Breaches in Confidentiality by Both Mental Health Practitioners and Teachers | 21 |
| Presence of Risk Will Result in Guardians being Informed | 47 |
| Negative Personal Experiences | 31 |
| Travel To and From Appointments | 21 |
| Administrative factors | 15 |
| Confidentiality is Secure only for Those Over the Age of 16 | 22 |
| Confidentiality is Secure only for Those Over the Age of 18 | 16 |
| Guardians Knowing Whereabouts | 2 |
| Fear of Guardians Finding Out Regardless | 4 |
| Charities can Provide Confidential Help | 1 |

Possible breaches in confidentiality if risk is present were the most frequently cited reasons for why participants selected “no”. Those who would carry out these breaches and why they would do so were varied, with some believing that teachers were likely to whereas others felt mental health practitioners would. If risk was present, participants believed that guardians would be informed regardless of circumstance. Participants were also unaware as to the legislation or guidelines that exist to protect confidentiality. Negative personal

experiences were also reported, often surrounding participants experiences within CAMHS, with their own confidentiality being breached and that influences their perception of whether it is possible to seek help without the knowledge and consent of guardians. Mental health services such as CAMHS involving travel to and from the appointment was additionally a factor in selecting “no”, as it was believed that guardians would want to know the minor’s location. Similarly, administrative elements were believed to prevent full confidentiality from being achieved, as correspondence from the services such as mail or telephone calls may reach the guardian rather than the minor. Lastly, age was a deciding factor as some participants incorrectly believed that confidentiality would only be applicable if the individual receiving care was over the age of 16, or in some cases, 18. This meant that they did not believe that minors could seek help in a confidential manor.

For those who responded “not sure” initially, the themes identified within their expansions are identified within Table 13.

Table 13

Theme frequencies for section B participants that were not sure regarding whether they believe minors can seek help confidentially.

| Theme | Frequency |
|--|-----------|
| Concerns Regarding Confidentiality Breaches | 10 |
| Confidentiality Depends on the Persons Involved | 10 |
| Fear of Guardians Finding Out Regardless | 1 |
| Presence of Risk Will Result in Guardians being Informed | 7 |
| Breaches in Confidentiality by Teachers | 6 |
| Breaches in Confidentiality by Mental Health Practitioners | 3 |
| Breaches in Confidentiality by Both Mental Health Practitioners and Teachers | 1 |
| Personal Experiences | 10 |
| Travel To and From Appointments | 4 |
| Administrative factors | 3 |
| Lack of Understanding of Confidentiality Policies | 8 |
| Confidentiality is Secure only for Those Over the Age of 16 | 3 |
| Confidentiality is Secure only for Those Over the Age of 18 | 2 |

One of most frequently identified themes in these participants answers was a concern over confidentiality being breached. Additionally, the persons involved when confidentiality is necessary was important, with some believing that teachers were likely to breach whereas others believed that mental health practitioners would do so. One participant's expressed fear that their parent would find out regardless, and 7 believed this would be the case only if risk was present, as then guardians must be informed. The administrative aspects of entering mental health services was a reason cited as to why participants were unsure as to whether this could be done confidentially, as some expressed concern over letters possibly being opened by guardians. Few were unaware of confidentiality policies that may be in place, and some believed such policies would only be in place if the individual was over the age of 16 or 18.

Responses given by those who answered either yes, no, or not sure to the question of whether young people should be able to open up about issues such as self-harm and suicidal thoughts without

parental knowledge were evaluated, and themes identified. For those who responded yes, themes identified in their expansion are shown within Table 14.

Table 14

Theme frequencies for section A participants that believe that minors should be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|--|-----------|
| Fear of Parental Judgement | 71 |
| The Age of the Minor Seeking to Confide is Important | 1 |
| This Should be Decided on a Case-by-Case Basis | 5 |
| Dependent on a Risk Evaluation | 50 |
| Parents May Not be Supportive | 4 |
| Unwillingness to have Parents Know | 25 |
| Parents May be Part of the Problem | 63 |
| Confidentiality Would Make It Easier to Confide | 155 |
| Personal Experiences | 54 |
| Unwillingness to Worry Parents | 24 |

The most cited reason as to why these participants believed that confidentiality should be provided in regard to these symptoms is that it would make it easier for minors to confide in mental health or emergency services. Parental behaviour was a significant factor, as many participants chose this response due to fear over judgement or worry from their parents, suspicions that parents may not be supportive, or an unwillingness to have parents know that these problems were occurring.

Additionally, some believed that parents may be part of the problem, and so it would be unwise to inform them. The age of the minor seeking to confide was a mitigating factor for some participants, along with the belief that this decision should be based on a case-by-case basis or a risk evaluation.

Themes identified for those who responded no to the question regarding opening up about issues such as self-harm or suicidal thoughts are displayed within Table 15.

Table 15

Theme frequencies for section A participants that believe that minors should not be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|--|-----------|
| This Should be Decided on a Case-by-Case Basis | 3 |
| If Risk is Present, Parents Should be Informed | 20 |
| In the Child's Best Interest for Parents to Know | 2 |
| Parents have a Right to Know | 1 |
| The Age of the Minor Seeking to Confide is Important | 3 |
| Parents Should be Informed to Support the Minor | 8 |

A belief that if risk is present, then parents should be informed for safeguarding purposes was the most cited reason for choosing this response. Some participants believed that parents should be informed so that they can offer valuable support to the minor, whereas others believe that the parents simply have a fundamental right to know. For some, the age of the minor seeking to confide was important, with suggestions that confidentiality should only be provided to those over 16 or 18, while others thought that it would be in the child's best interest for guardians to be informed. The decision being made on a case-by-case basis was also a factor in some participants' decision making.

Themes identified within the responses of those who responded with not sure are displayed within Table 16.

Table 16

Theme frequencies for section A participants that were unsure as to whether minors should be able to open up regarding issues such as self-harm or suicidal thoughts without parental knowledge.

| Theme | Frequency |
|--|-----------|
| The Age of the Minor Seeking to Confide is Important | 4 |
| This Should be Decided on a Case-by-Case Basis | 4 |
| If Risk is Present, Parents Should be Informed | 29 |
| Confidentiality Would Make It Easier to Confide | 16 |
| Parents May be Part of the Problem | 9 |
| Parents Should be Informed to Support the Minor | 11 |
| Dependent on a Risk Evaluation | 28 |

The most frequently cited reason why participants chose this response is the belief that if risk is present parents should be informed, with the belief that the decision to breach confidentiality should be based on a risk evaluation following this. Some participants suggested that confidentiality would make it easier for the minor to confide in mental health services and so it would be beneficial to not inform others, whereas others believed that if parents are told, they could offer valuable support. However, some believed that parents could be part of the problem and so informing them would be counterintuitive. For some, the age of the person seeking help for issues such as self-harm or suicidal thoughts was important, such as that confidentiality should only be provided for those over the age of 16 or 18. Others thought that this decision should be made on a case-by-case basis.

Additional information

At the end of the survey both section A and B participants were given the opportunity to share additional comments or information related to the topics discussed within the survey. This was optional, with 165 participants providing a response. Mostly, participants took this time to reflect on their opinions regarding mental health services within the UK. The themes identified within these responses are visible within Table 17.

Table 17

Theme frequencies for participants additional comments and information.

| Theme | Frequency |
|--|-----------|
| Feedback on Survey | 11 |
| Lack of Funding | 23 |
| Lack of Support Available | 14 |
| Stigma in Society | 9 |
| Confidentiality Should be Provided | 9 |
| Family Members Experience | 3 |
| Lack of Confidentiality | 2 |
| Parents Should Know About Mental Health Issues | 2 |
| Support is Needed Within Schools | 2 |
| Accessing CAMHS Shouldn't Require a GP Referral | 2 |
| Awareness is Needed Within Schools | 2 |
| General Personal Experience | 15 |
| Negative Personal Experience of CAMHS | 13 |
| Negative Personal Experience Regarding the Lack of Funding | 13 |
| Negative Personal Experience Regarding the Lack of Support within CAMHS | 19 |
| Negative Personal Experience Regarding Having No Confidentiality within CAMHS | 6 |
| Negative Personal Experience Regarding Parents Having Too Much Involvement | 3 |
| Negative Personal Experience Regarding Not Knowing What Support is Available | 3 |
| Negative Personal Experience Regarding the Lack of Support in Educational Settings | 3 |

Participants frequently took this time to discuss their concerns regarding the accessibility of UK mental health services. They believed that to be able to reach more individuals, funding for organisations such as CAMHS must be increased, and that there is not enough support provided to those experiencing mental health issues, with waiting times being cited as being a barrier, making them less accessible. Participants personal negative experiences with youth mental health services were also discussed frequently, with individuals sharing that they themselves had not received the support that they needed while using mental health services, or that the staff that they interacted with throughout this process were actively unhelpful. The negative stigma surrounding mental health

problems and seeking help for these was brought up with respect to how this should be combatted, so that those struggling can recover without being perceived negatively. Some participants volunteered their opinions regarding confidentiality, with suggestions that it is extremely important and should be upheld in reference to those under the age of 18 within mental health services, and contrary suggestions that parents should always be informed of their children's mental health difficulties. Additionally, several participants shared that they felt that youth mental health services did not take them seriously unless they were severely suicidal or had a severe mental illness.

Discussion

As hypothesised, perception of mental health services for those under the age of 18 was impacted by the extent to which participants believed that confidentiality could/would be maintained. Consensus was achieved between those who undertook section A and B of the survey, with the only exception being whether they believed that it was currently possible for minors to seek help without the consent/knowledge of their guardians.

Participants of section A, who had either not experienced mental health issues or not accessed mental health services under the age of 18, believed that it was hard for minors to take the first steps in seeking help regarding their mental health, and that this would be easier if these individuals were confident that what they said would be kept confidential. The responses of participants from section B, who had utilised mental health services under the age of 18, support this, reporting that it was very hard for them to take the first steps, and that it would have been easier if they believed it was kept confidential. When asked if minors should be able to seek help without the knowledge/consent of their guardians, both groups of participants agreed, however, the lack of consensus appeared when they were asked if they felt that doing so was currently possible. Those within section A were unsure, whereas those within section B believed this was not possible. Additionally, both section A and B

participants believe that minors should be able to open-up regarding symptoms such as self-harm or suicide without fear of their guardians being informed.

Coincidentally, this was the question within the survey that participants were asked to expand on, and so the reason for this lack of consensus can be explored. Despite this, many of the themes identified within the qualitative responses are similar across both condition A and B. As those who completed section B were those who had used mental health services themselves when they were minors, this could mean that they were more likely to be unsure as they had to balance their own experiences with what they know of others.

Section B participant responses regarding their own experiences within mental health services whilst under the age of 18 also allowed the reality of these resources to be explored. Most entered these services within the age group 11-13. Alarmingly, most of these participants who chose to select the symptoms that they had experienced reported suicidal thoughts and self-harm, and a majority suicide attempts. Additionally, most did not feel confident in opening-up while using the services, or felt that what they said would not be kept confidential. They also did not feel as though they had a voice.

These findings support those of previous research within this field, that a lack of confidence in confidentiality being maintained is a significant barrier to those under the age of 18 accessing mental health services and opening-up while within (Gulliver et al., 2010; Hart & O'Reilly, 2018; Radez et al., 2021; Yao et al., 2020). Additionally, many of the qualitative responses support the findings of Gulliver et al. (2010) that most perceptions of confidentiality for minors are inaccurate, with some believing that it could be maintained only over the age of 16 or being unaware/incorrect regarding the Gillick policy.

There are some limitations to be considered, one of the most notable being that any variables/factors that may have intervened in the relationship between confidentiality and accessibility and effectiveness of mental health services for those under the age of 18 were not controlled for. Many factors can influence how easy individuals may find it to enter these services, and how easy they find opening-up while within, not merely confidentiality, such as their perceptions of how useful they will be, or how supportive their family network is (Radez et al., 2021). Therefore, how large a factor confidentiality would have been when combined with these other factors cannot be assured, and this could have been what was measured. However, this study was a preliminary investigation into the influence of confidentiality, and future research should seek to include intervening variables. Also, the inquiry for qualitative responses being optional meant that many participants did not expand on their decisions. These should be mandatory in the future. Finally, the question asking if participants felt that they had a voice within mental health services is vague.

The findings of this study therefore have implications regarding the importance of maintaining confidentiality for those under the age of 18 whilst using mental health services. Confidence in the knowledge that what these individuals share will not be shared to their guardians is considered important by those within the services in making them more accessible and effective, and the positive impacts of implementing full confidentiality should be considered with as much weight as the concerns it poses. Additionally, the finding that many assumptions of confidentiality are incorrect has implications regarding how those who desire to seek help or are currently receiving it are told about how their confidentiality is handled. Future research should endeavour to examine how other factors may impact the influence of confidentiality on perceptions of mental health services for those under the age

of 18. Considering that under 2/3 of minors who have mental health issues seek professional help (Radez et al., 2021), it is important to ensure that these services are as effective and accessible as possible, both to help those who have taken these steps and to encourage others to do the same.

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Appendix A
Participant age tables

Table A1

Frequency and percentage of participant ages.

| Age | Frequency | Percentage (%) |
|-----|-----------|----------------|
| 12 | 2 | 0.14 |
| 13 | 4 | 0.28 |
| 14 | 68 | 4.73 |
| 15 | 98 | 6.82 |
| 16 | 176 | 12.24 |
| 17 | 175 | 12.17 |
| 18 | 353 | 24.55 |
| 19 | 191 | 13.28 |
| 20 | 123 | 8.55 |
| 21 | 103 | 7.16 |
| 22 | 52 | 3.62 |
| 23 | 43 | 2.99 |
| 24 | 33 | 2.29 |
| 25 | 17 | 1.18 |

Table A2

Mean and standard deviation of participant ages.

| | |
|--------------------|------|
| Mean Age | 18.5 |
| Standard Deviation | 4.03 |

Appendix B

Participant region figures

Table B1

Frequency and percentages of participants regions within the UK.

| Region | Frequency | Percentage (%) |
|------------------|-----------|----------------|
| England | 1,327 | 92.28 |
| Scotland | 47 | 3.27 |
| Isle of Wight | 1 | 0.07 |
| Northern Ireland | 16 | 1.11 |
| Wales | 33 | 2.29 |
| Isle of Skye | 1 | 0.07 |
| N/A | 13 | 0.9 |

Table B2

Frequency and percentages of participants regions within England.

| Region | Frequency | Percentage (%) |
|--------------------------|-----------|----------------|
| Greater London | 179 | 13.49 |
| Southeast | 358 | 26.98 |
| Southwest | 122 | 9.19 |
| Northwest | 139 | 10.47 |
| Northeast | 52 | 3.92 |
| Yorkshire and the Humber | 116 | 8.74 |
| West Midlands | 134 | 10.08 |
| East Midlands | 120 | 9.04 |
| East of England | 96 | 7.23 |
| N/A | 11 | 0.83 |

Table B3

Frequency and percentages of participants regions within Scotland.

| Region | Frequency | Percentage (%) |
|--------------------------|-----------|----------------|
| Aberdeen City | 3 | 6.38 |
| Angus | 1 | 2.13 |
| City of Edinburgh | 4 | 8.51 |
| Dumfries and Galloway | 3 | 6.38 |
| Dundee City | 7 | 14.89 |
| East Ayrshire | 1 | 2.13 |
| East Lothian | 1 | 2.13 |
| Fife | 2 | 4.26 |
| Glasgow City | 8 | 17.02 |
| Hamilton | 1 | 2.13 |
| Highland | 1 | 2.13 |
| Inverclyde | 1 | 2.13 |
| North Ayrshire and Arran | 1 | 1.13 |
| North Lanarkshire | 2 | 4.26 |
| Perth and Kinross | 1 | 2.13 |
| Scottish Borders | 1 | 2.13 |
| South Lanarkshire | 6 | 12.78 |
| Stirling | 1 | 2.13 |
| N/A | 2 | 4.26 |

Table B4

Frequency and percentages of participants regions within Wales.

| Region | Frequency | Percentage (%) |
|------------------|-----------|----------------|
| Anglesey | 1 | 3.03 |
| Blaenau Gwent | 1 | 3.03 |
| Bridgend | 2 | 6.06 |
| Cardiff | 6 | 18.18 |
| Carmarthenshire | 3 | 9.09 |
| Ceredigion | 1 | 3.03 |
| Conwy | 6 | 18.18 |
| Denbighshire | 1 | 3.03 |
| Flintshire | 1 | 3.03 |
| Isle of Anglesey | 2 | 6.06 |
| Monmouthshire | 1 | 3.03 |
| Pembrokeshire | 4 | 12.12 |
| Swansea | 3 | 9.09 |
| Torfaen | 1 | 3.03 |
| N/A | 1 | 3.03 |

Table B5

Frequency and percentages of participants regions within Northern Ireland.

| Region | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Antrim | 4 | 25 |
| Londonderry | 1 | 6.25 |
| County Down | 1 | 6.25 |
| Tyrone | 3 | 18.75 |
| Armagh | 2 | 12.5 |
| City of Belfast | 2 | 12.5 |
| City of Lisburn | 1 | 6.25 |
| N/A | 2 | 12.5 |

Appendix C

Paper version of survey

Mental health services survey

This survey is for anybody under 25. Please fill out the first section as well as EITHER section A or B. Which section you fill out depends on how you answer question 3. All survey responses are anonymous.

| | |
|---|--|
| 1. What town/city do you live in? | |
| 2. How old are you? | |
| 3. Have you experienced any mental health issues? | <input type="checkbox"/> Yes and have used mental health services for under 18s (e.g. CAMHS) (Go straight to Question 9) <input type="checkbox"/> Yes but haven't used any mental health services for under 18's (Only answer section A) <input type="checkbox"/> No (Only answer section A) |

Section A

| | |
|---|---|
| <p>4. How easy do you think it is at the moment for young people (under 18) to take the first steps to ask for help for their mental health (e.g. To decide to speak to a teacher/go to their GP)?</p> | <input type="checkbox"/> Very easy <input type="checkbox"/> Easy but could be better <input type="checkbox"/> Neither hard nor easy <input type="checkbox"/> Hard <input type="checkbox"/> Very hard <input type="checkbox"/> Don't know |
| <p>5. Would it be easier if they were certain that anything said would be kept confidential?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |
| <p>6. Do you think young people (under 18) should be able to seek help without parental consent/knowledge?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |
| <p>7. Do you think they can at the moment seek help without parental consent/knowledge?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |
| <p>8. Do you think that young people should be able to open up about issues including self harm and suicidal thoughts without parental knowledge?</p> <p><u>Thank you for completing this survey</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |

Section B

| | | | |
|---|--|---|--|
| 9. How old were you when you first started noticing your mental health issues? | | | |
| 10. How easy was it for you to take the first steps to ask for help (e.g. To decide to speak to a teacher/go to your GP)? | <input type="checkbox"/> Very easy <input type="checkbox"/> Easy but could be better <input type="checkbox"/> Neither hard nor easy <input type="checkbox"/> Hard | <input type="checkbox"/> Very hard <input type="checkbox"/> N/A (e.g. Parents were the ones who got the help) | |
| 11. Would this have been made easier if you were certain that anything said would've been kept confidential? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | | |
| 12. Please tick all of the issues that you have experienced: | <input type="checkbox"/> Self harm <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Suicidal attempts <input type="checkbox"/> Drug misuse | <input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Eating disorder <input type="checkbox"/> None of the above | |
| 13. Do you think young people (under 18) should be able to seek help without parental consent/knowledge? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | | |
| 14. Do you think they can at the moment seek help without parental consent/knowledge? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | | |

| | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|----|---|----|
| <p>15. Do you think that young people should be able to open up about issues including self harm and suicidal thoughts without parental knowledge?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | | | | | | | | | | |
| <p>How confident did you feel about opening up about issues?</p> | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| <p>Not confident at all confident</p> | <p>Very</p> | | | | | | | | | | |
| <p>If you self harmed or had suicidal thoughts, how confident did you feel that these issues were not going to later be told to parents/guardians? (leave blank if this does not apply)</p> | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| <p>Not confident at all confident</p> | <p>Very</p> | | | | | | | | | | |
| <p>How confident were you that anything you said would be kept private and not told to parents/guardians?</p> | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| <p>Not confident at all confident</p> | <p>Very</p> | | | | | | | | | | |
| <p>How much of a voice did you feel that you had?</p> | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| <p>I had no voice wanted to say was heard</p> | <p>I had a voice and felt that everything I</p> | | | | | | | | | | |

Thank you for completing this survey

Appendix D

Copy of the online survey

Mental health services for young people in the UK

Sam Barakat is currently running a campaign to try and make it easier for young people in the UK to access mental health services. This campaign is particularly looking into how much of a voice young people have when they are seeking help and how easy it is to access services confidentially (without parents/guardians involved).

This survey is to gather people's opinions on young people's mental health services. This survey is open for anybody who's under 25. If you are under 25, please spare a few minutes to complete this survey.

If you are willing to be contacted to be asked further about your questions, please fill in the section at the end. This will help in gaining a better understanding of your story. Please note that all surveys are anonymous.

Writing may be used in quotation, but all identifiable information, including names and specific locations will be anonymised.

When answering the questions, please note that I am looking at services which are for under 18 year olds, in-particular NHS services.

For more information please contact Sam Barakat:

Email: Contact@sambarakat.com

Telephone: 0790 686 3355

Twitter: @Support4us

* Required

1. What town/city do you live in? *

2. How old are you? (Please note that this survey is only for people 25 and under) *

3. Have you experienced any mental health issues? *

Mark only one oval.

Yes and have used mental health services for under 18s (e.g. CAMHS) [Skip to question 14](#)
 Yes but haven't used mental health services for under 18's [Skip to question 4](#)
 No [Skip to question 4](#)

Your views of mental health services

4. How easy do you think it is at the moment for young people (under 18) to take the first steps to ask for help for their mental health (e.g. to decide to speak to a teacher/go to their GP)? *

Mark only one oval.

Very easy
 Easy but could be better
 Neither hard nor easy
 Hard
 Very hard
 Don't know

5. Would it be easier if they were certain that anything said would be kept confidential? *

Mark only one oval.

Yes
 No
 Not sure

6. Do you think young people (under 18) should be able to seek help without parental consent/knowledge? *

Mark only one oval.

Yes

No

Not sure

7. Do you think they can at the moment seek help without parental consent/knowledge? *

Mark only one oval.

Yes

No

Not sure

8. Please expand on your previous answer. If you answered 'no', what barriers are stopping them?

9. Do you think that young people should be able to open up about issues including self harm and suicidal thoughts without parental knowledge? *

Mark only one oval.

Yes

No

Not sure

10. Please expand on your answer above, stating why you think this

11. Is there anything from this survey that you wish to expand on? If there is, please write here, otherwise leave blank

If you are willing to be contacted about the answers you have given in this form, please fill out the section below.

12. Name

This will not be used publicly and will only be used for communication purposes

13. Email address/telephone number or both

Your experience of mental health services

14. How old were you when you first started noticing your mental health issues? *

15. How easy was it for you to take the first steps to ask for help (e.g. to decide to speak to a teacher/go to your GP)? *

Mark only one oval.

Very easy
 Easy but could have been better
 Neither hard nor easy
 Hard
 Very hard
 N/A (e.g. parents were the ones who got the help)

16. Would this have been made easier if you were certain that anything said would've been kept confidential? *

Mark only one oval.

Yes
 No
 Not sure

(Optional) Please write below your experience of mental health issues, touching on as many of the topics below as you can.

- How did you seek out help (e.g. Teacher, family member, GP)?
- Was this privately, through a charity, school or through the NHS?
- Did you access help alone or with a parent/guardian?
- If you went with a parent/guardian did you feel that your voice was heard?
- Were there any issues opening up, for fear of them telling your parent/guardian? If so what were these issues (e.g. self harm/suicidal thoughts/attempts/general things/family issues)?
- Is there anything about accessing the services that you wish could've been different? What were these?
- Is there anything else you wish to mention that isn't listed above?

17.

18. Please tick all of the issues that you have experienced: *

Check all that apply.

- Self harm
- Suicidal thoughts
- Suicidal attempts
- Drug misuse
- Alcohol misuse
- Eating disorder
- None of the above

19. Do you think young people (under 18) should be able to seek help without parental consent/knowledge? *

Mark only one oval.

- Yes
- No
- Not sure

20. Do you think they can at the moment seek help without parental consent/knowledge? *

Mark only one oval.

- Yes
- No
- Not sure

21. Please expand on your previous answer. If you answered 'no', what barriers are stopping them?

22. Do you think that young people should be able to open up about issues including self harm and suicidal thoughts without parental knowledge? *

Mark only one oval.

- Yes
- No
- Not sure

23. Please expand on your answer above, stating why you think this

24. How confident did you feel about opening up about issues? *

Mark only one oval.



25. If you self harmed or had suicidal thoughts, how confident did you feel that these issues were not going to later be told to parents/guardians? (Leave blank if this does not apply)

Mark only one oval.



26. How confident were you that anything you said would be kept private and not told to parents/guardians? *

Mark only one oval.



27. How much of a voice did you feel that you had? *

Mark only one oval.



28. Is there anything from this survey that you wish to expand on. If these is, please write here, otherwise leave blank

If you are willing to be contacted about the answers you have given in this form, please fill out the section below.

29. Name

This will not be used publicly and will only be used for communication purposes

30. Email address/telephone number or both
