Counselling Children and Young People

Summary Report of work with children and young people aged 17 and under
April 2017 – March 2018
for the Doncaster Child Poverty Commission

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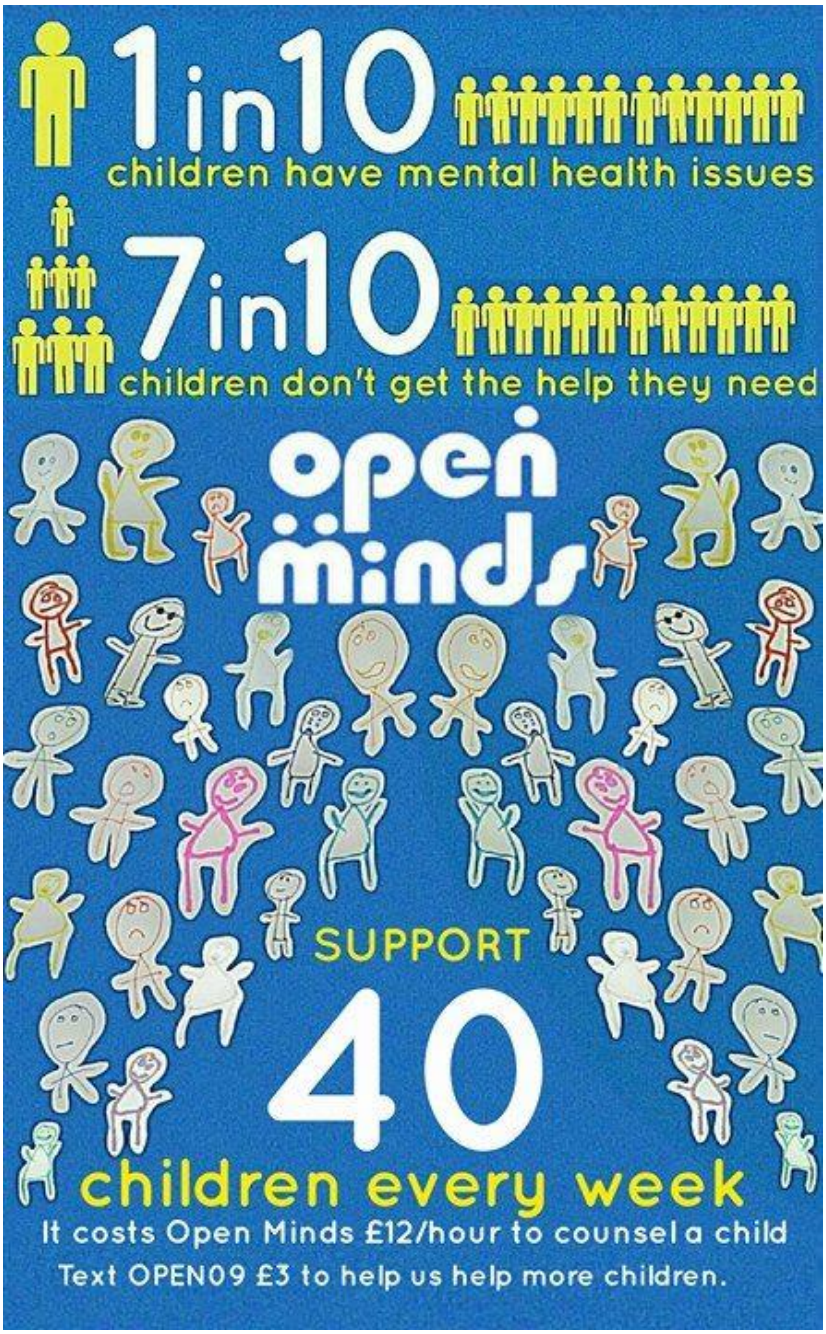

Counselling with children involves art, creativity, imagination and play, and many of the children we work with are very vulnerable, including having suicidal ideation, self-harming and being at risk from other people. Open Minds are inundated with referrals (**55% more in the last 12 months**) for children.

Open Minds wherever necessary provide advocacy for the child; writing reports, attending Team Around the Family meetings, case conferences and even court in order to represent the child's voice, wishes and needs when at risk from someone in their life. We also attend diagnostic and assessment meetings to help children get the right support from psychiatric, benefits, and school services.

As an organisation Open Minds are very child-friendly; giving out Christmas selection boxes to child clients and now engaging two therapy dogs to help children (and adults) who struggle to overcome their trauma.

Open Minds employ 8 children and young people's counsellors,
1 Art Therapist, and have 28 counsellors who volunteer to counsel children.

We provide an average of 40 children with therapy each week.

Open Minds are funded by Big Lottery Fund Reaching Communities until April 2019.

Author: Helen Mason, Managing Director 05.03.2018
For appendices or more information please contact
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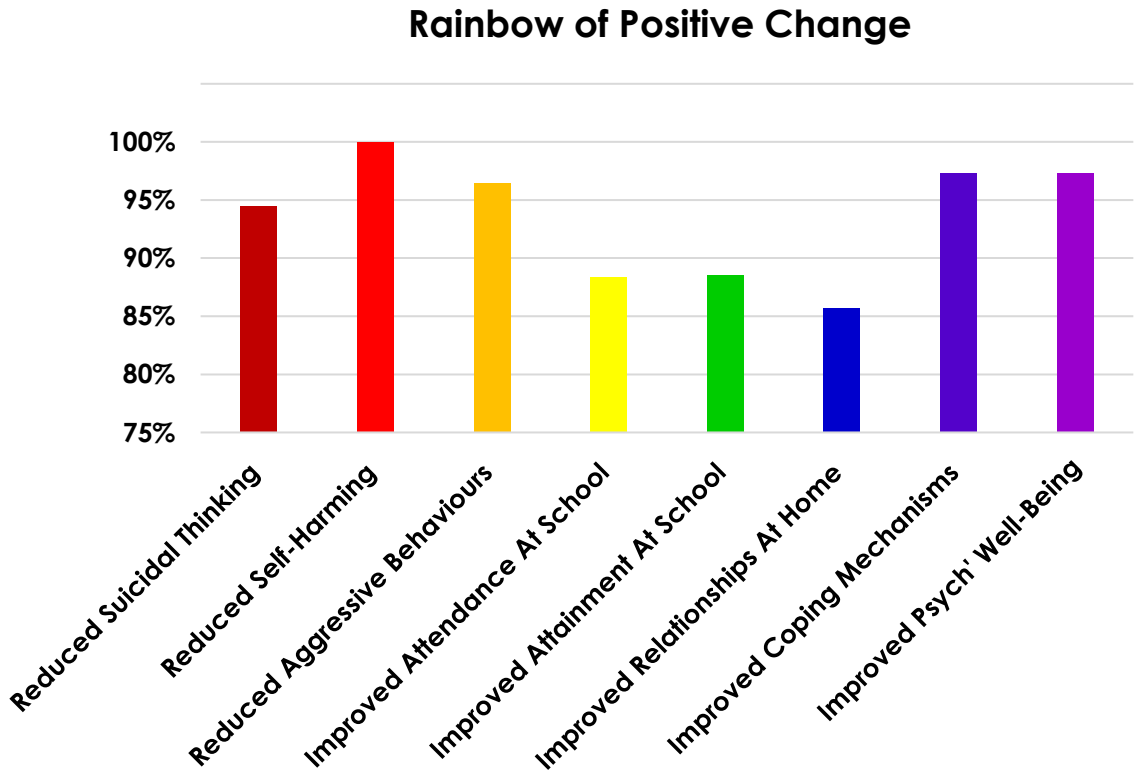
Client Outcomes

95% of clients felt Open Minds helped them*.

More than 50% of clients scored Open Minds 10 out of 10*.



Open Minds has made these Positive differences to our clients:

- 94% experience reduced suicidal thinking
- 100% of children experienced reduced self-harming
- 96% experienced reduced aggression
- 88% of children have improved attendance at school
- 89% of children have improved attainment at school
- 86% of children have improved relationships at home
- 97% have improved coping mechanisms
- 97% have improved psychological well-being

*2016 - 2017 research data; client consultation for 2017 – 2018 is not complete

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Feedback:

"When my daughter started Open Minds she was emotionally fragile, had low confidence and a poor opinion of herself. Since attending one to one and group sessions her confidence has grown massively, she has learnt coping strategies to control her feelings and how to express herself better. This has also helped her deal with being bullied and coping with moving to a new school. She is like a different girl."

> **"Open Minds helped me talk about things that bothered me, also gave me confidence and helped me understand how I feel xxx" (child aged 15)**

"I am so grateful, as couldn't get any help for my daughter after losing my mom. She was struggling but Doncaster mental health said that because she wasn't suicidal or self-harming they couldn't help and gave me your number. She is so much happier and can cope a lot better. She has also made some amazing friends and so have I! Xxx"

> **"Open Minds has created a place where I fit in and feel safe. It has helped me get through the hardest times." (child aged 12)**

"I can't thankyou you all enough at Open Minds my daughter has started smiling again and she has started to get that spark of life back in her eyes it's a long road ahead but as long as we have Open Minds in our lives I know we will get to the end of the darkness x you are our light in the darkness"

> **"My son is so much more confident since he's been attending. He is a different child He has made new friends and is very happy and that's something I would never of imagined 3 years ago X x x x"**

"I am so glad to be able to see my counsellor, she is always happy and energetic and makes me feel the same way. She has helped me deal with being bullied and my anxiety and given me lots of confidence. I went from sad, lonely and depressed to being more bubbly and expressive and able to be myself again. I have made good friends there aswell xxx" (child aged 12)

> **"Since being involved with Open Minds I have felt safe and they are helping me deal with the worse time in my life" (child aged 9)**

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Who do we work with?

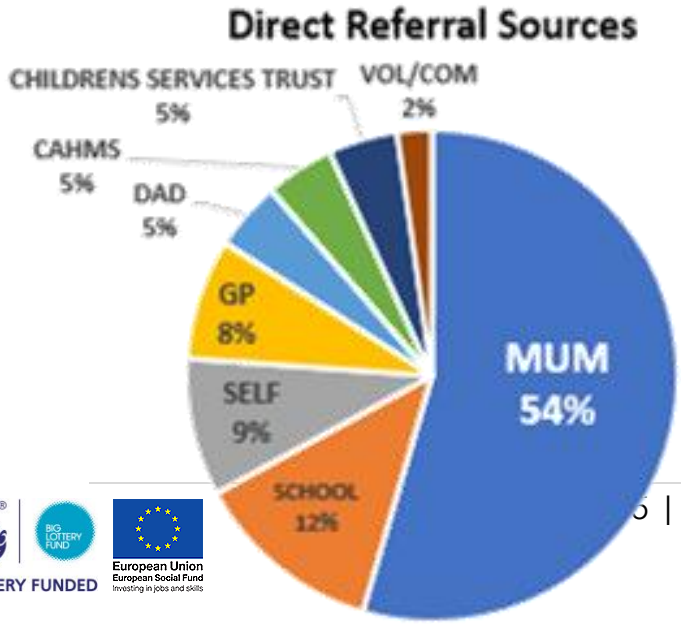
Our under 18 clients are aged between 7 and 17, although there is no upper age limit for adult attendance, and teenagers may often continue in counselling into adulthood. 28 qualified counsellors (of whom 19 are unpaid volunteers) provided counselling to 129 children and young people during this period. We provide therapy to an average of 40 children and young people every week.

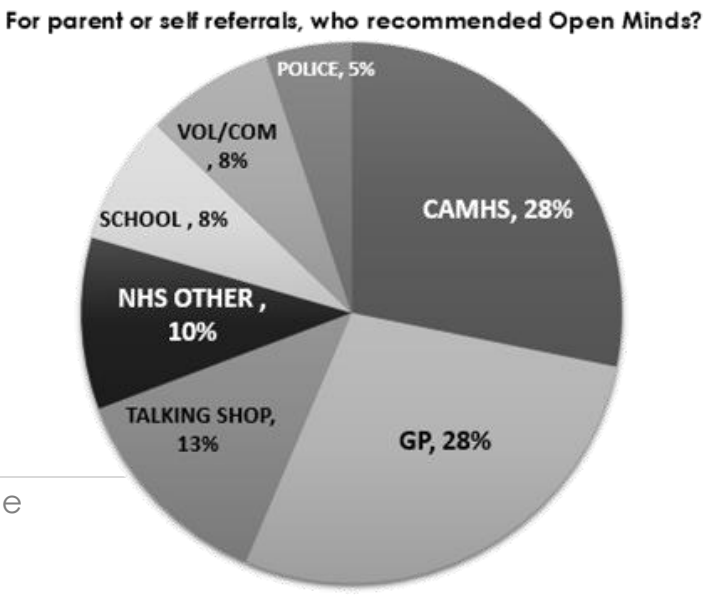
Families of under 18s, or the young person themselves all paid less than £5 per session, with 40% unable to pay at all.

Our young clients reflect Doncaster's population, with 93% of our clients White British, 4% British people of colour and 2% were asylum seekers. 51% of clients are female, and 89% of under 18s either have not yet developed a sexual orientation or consider themselves heterosexual. 7% of under 18s were trans or questioning their gender identity. Only 3% of children accessing counselling practice any religion, these Christian and Muslim, but 24% have a general belief in the afterlife.

Clients attend with a wide variety of issues and for many reasons. We work with clients on any issue, providing their mental health is sufficiently stable for them to access counselling safely. 31% of under 18s had self-harmed, and 41% had expressed suicidal thoughts, with 9% considered high risk of suicide. 75% of children and young people attending are Neurotypical; not Autistic, learning disabled, without ADHD and so forth.

Our clients come from all over Doncaster and sometimes further afield. 68% of referrals are from parents or self-referrals (of whom 79% were recommended to contact Open Minds by NHS sources) and 13% are direct NHS referrals, 12% direct school referrals.





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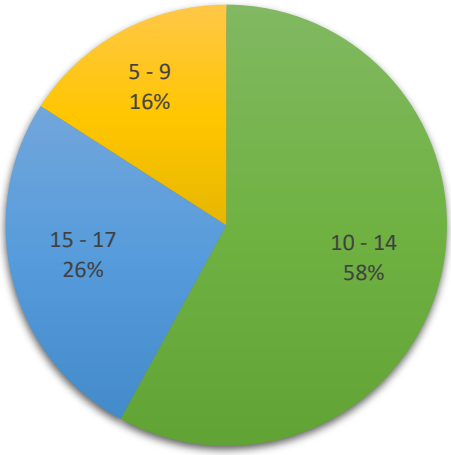
Age Bracket



In the 10 years we have worked with children the 10 -14 age group have consistently been most likely to attend counselling.

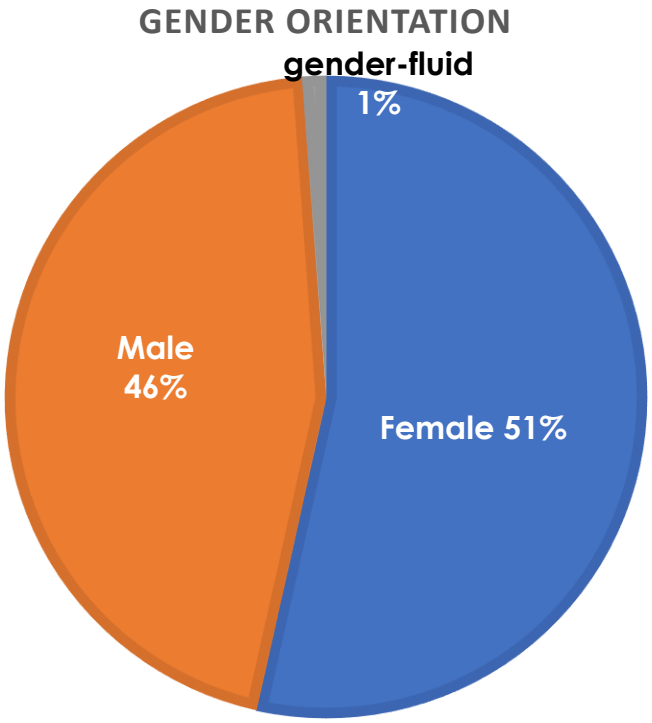
Often this is because children are experiencing difficulties with transitions and increased anxiety and low mood due to changing expectations and pressures placed upon them by society.

For those children who have experienced traumatic childhoods or symptoms of mental illness, their parents have often reached the point at which they realise their child's distress will not be resolved without the right support.

Older teens often come for counselling with their family's consent, but a small minority are referred by schools or themselves and attend without their family's knowledge. In these circumstances the child is often released by school to attend during school hours so that their parents will not learn that they are attending and create difficulties for the child at home.

There is no significant difference in the number of male/female under 18 year olds who attend.

Transgender young people are counted as the gender they identify as, not as the gender they were assigned at birth.
1% of children attending are gender fluid or non-binary.



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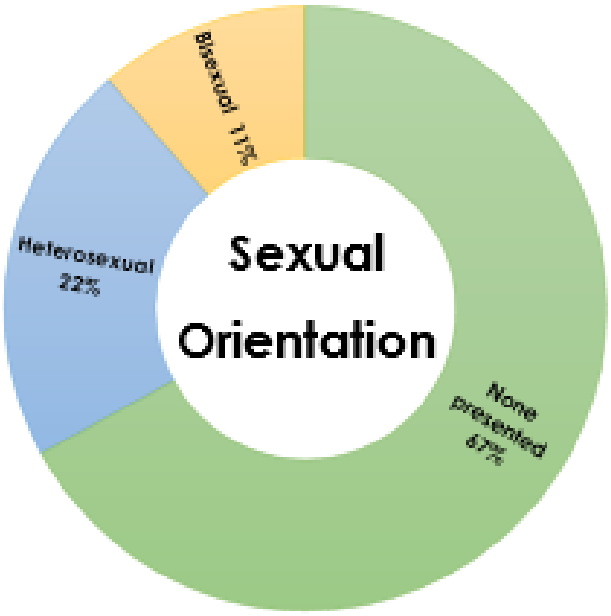
Gender and Sexual identity however are a feature of therapy for 9% of young clients, predominantly among those living as female.

In the last 12 months we have worked with 3 young people who fully identify as male but continue to live as female and are working through issues surrounding what it will mean to transition, and how their families and lives will change if they come out.

A further 3 young clients are exploring their gender identity but are not yet certain if they are transgender, again these clients are living as girls.

None of the trans children were out to their family or friends.

All of the children who are gender non-conforming or trans had experienced some form of gender related bulling, 4 specifically about being 'too masculine'.



The majority of under 18s (67%) did not present with any form of sexual orientation yet.

11% of young people attending identify as bisexual, and 22% as heterosexual.

60% of the bisexual young people were out and accepted by family, and friends and discretely open at school. 40% had experienced bullying because of their sexuality.

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Stonewall* found in 2017 that 45% of pupils who are trans, and 20% of lesbian, gay or bisexual pupils had attempted suicide, and 84% self-harm. Consequently getting support at the right time is more essential to LGBTQI and young people than ever.

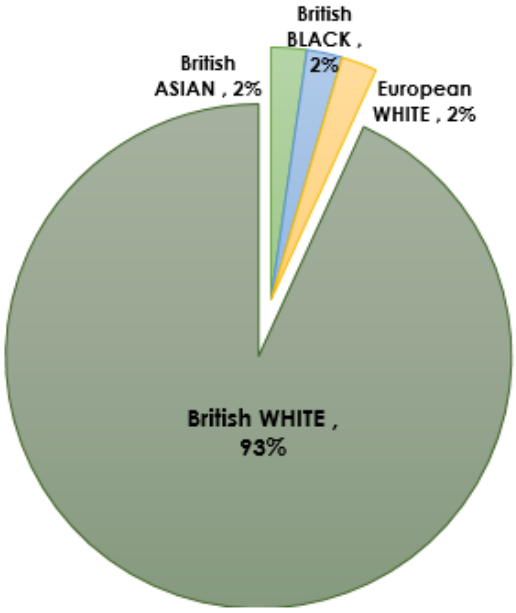
Open Minds have worked closely with Pride for several years in order to ensure good referral pathways for support for LGBTQI people. Thanks to Pride we have a library of young adult fiction aimed at LGBTQI children to help them both explore and normalize their sexuality and feelings. These novels are designed to blend in with other young adult fiction and therefore not be noticed by family members as distinct from CIS/straight young adult fiction.

Counselling allows young people a place in which to discuss openly the parts of themselves they most fear will lead to their rejection and exclusion in their daily life. Facing up to these possibilities openly and with the counsellor alongside them can help them to develop the emotional resilience to manage not only the ups and down that come with love and romance in any teenager and young adult, but also the ways in which their family dynamics and how they see themselves in the world might change.

Children and young people can explore their sexuality and gender orientation in counselling, without having first to practice it in daily life – thinking these things through, gaining an understanding of how they see themselves, their gender and how they choose to present that to the world, and their romantic or sexual orientation, allows them to more safely prepare for the adult world.

* https://www.theguardian.com/education/2017/jun/27/half-of-trans-pupils-in-the-uk-tried-to-take-their-own-lives-survey-finds
* http://www.stonewall.org.uk/media/lgbt-facts-and-figures

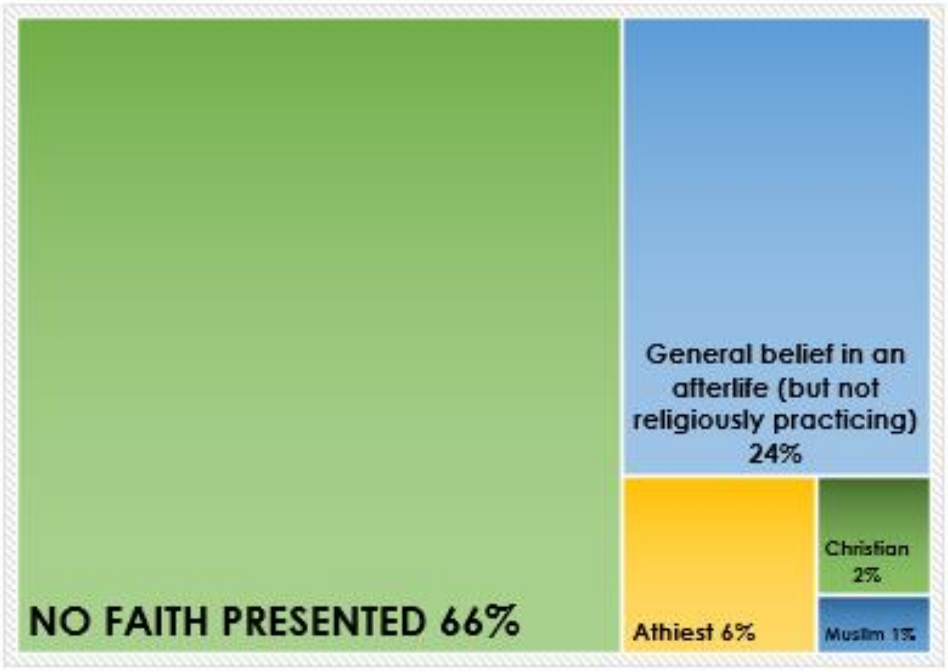
Most (93%) of clients under 18 were White British.



We do not know if this simply reflects the population norms for Doncaster, or if more ethnic minority children would benefit from counselling but are simply not being referred to our service.

We received enquiries from British Asian teenagers who wanted to access therapy without their parents knowing, but sadly these girls did not access support due to fear of being caught and as Open Minds do not have the resources to provide counselling in schools we were not able to work with them.

We have however made arrangements for several other teenagers, both British Asian and British White to access counselling by being allowed to come during school time in order to protect them from their parents learning they were accessing therapy.



Faith was only relevant to therapy for 34% of young clients, in some cases because their belief or lack thereof related to the issue they came with, for example bereavement.

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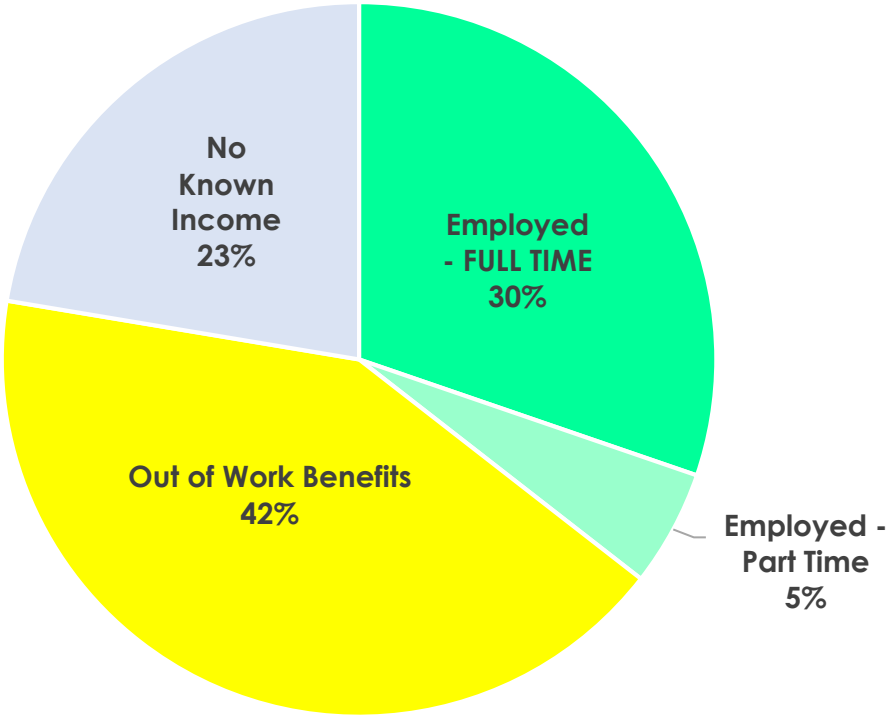
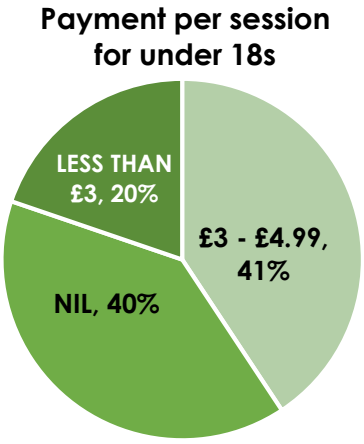
Poverty and Exclusion

Poverty is not a simple measure of income and financial security, and is made up of many things. These include the health or life-long limiting illnesses of family members, especially where parents/care-givers have illnesses which mean the child is a young carer, helping care for their parent/s or sibling/s, if the child has access to leisure activities out of school, the quality of their school and the education they can access, the vulnerability of the family and local area to drug use, alcohol and crime, and their parent's ability to work for a living wage.

Economic Status of Adult Care-Givers





Only 30% of children attending Open Minds have a full time working parent or care-giver who supports them financially. Consequently although therapy with children is often long-term the care-givers or children cannot typically afford to pay. **40% of under 18s or their adults were unable to pay for therapy**, with the remaining 60% paying less than £5 per session. As it costs Open Minds £12 per session to provide therapy to children this is a significant loss.

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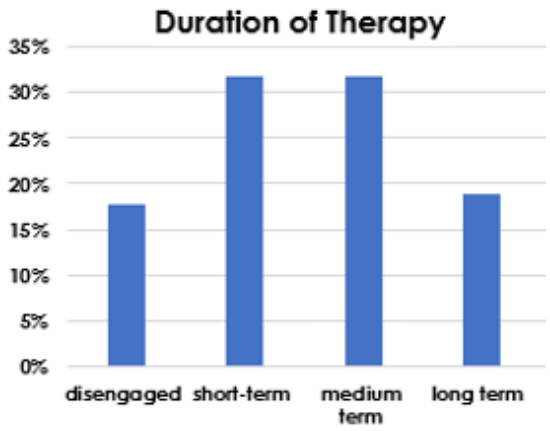
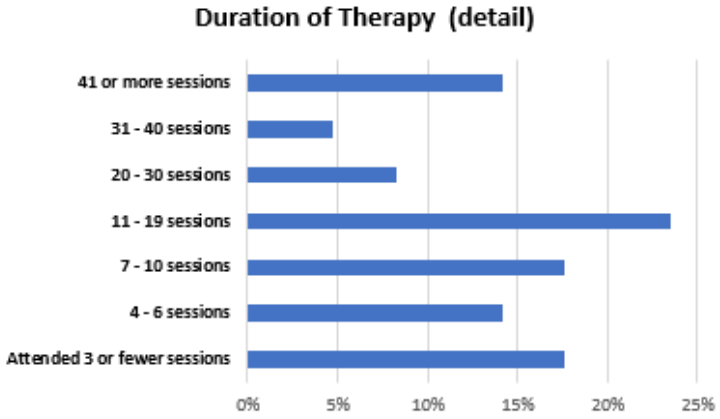
The complexity of a child's life in a low-income household cannot be over-stated, particularly as those children attending for counselling have themselves experienced some form of trauma, or are experiencing difficulties n everyday life. 38% of under 18s had an adult care-giver on a health-related benefit such as PIP, and although only 4% of children were officially consider young carers far more support their ill parents by caring for them in some capacity or helping with siblings.

Three quarters (74%) of under 18s attending counselling experienced anxiety, 55% had low-self-esteem and 35% had low mood. Children in poor families have fewer practical, tangible resources and opportunities, but may also have fewer emotional and psychological resources. 26% of children attending Open Minds had experienced poor parenting over and above Domestic Violence, and 22% had experienced physical or emotional aggression from family members. 30% had had prior involvement from Social Services before accessing Open Minds and 34% had ongoing relationship issues, and 59% had suffered bullying at home or at school. This means that while the non-perpetrating parent may be loving and nurturing they frequently do not meet the standard of 'good enough' parenting for a child who has experienced trauma and neglect in the past.

Consequently Open Minds works with families, with the consent of the child, to improve relationships in the family home and improve parent's ability to provide the child with emotional and psychological support and to not make any trauma worse.

As shown below 51% of children and young people attend counselling for more than 11 sessions; 19 of these children attend for more than 41 sessions.





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Open Minds believe in providing therapy for as long as therapeutically necessary; some children have experienced trauma and abuse lasting many years, and it requires an investment of time and care in order to help these children recover from their fears, low self-esteem, attachment difficulties caused by poor parenting or abuse, and symptoms of PTSD.

Very often children have also not fully escaped from their abuser and consequently continue to be exposed to trauma; many children who attend may have fled domestic violence (typically with their mothers) but are forced by court order to have contact with the perpetrator of that violence (for our clients this is typically their father).

This means we also advocate for the child; adding our voice to theirs to try to ensure they are heard by appropriate authorities.

For example between 2013 and 2017 we worked with a brother and sister who had been subjected to domestic violence by their father. They had escaped with their mother and had built a new life elsewhere but their father continued to have unsupervised contact with them and continued to traumatize them with emotional abuse and neglectful parenting.

Open Minds recommended that they not have direct contact with their father as this was significantly impacting upon their ability to cope; the brother was incontinent of urine and faeces and the sister became aggressive at home before visits to her father.

Over the next two years of working with them we advocated for them to curt and CAFCASS as their father continued to seek access to them, during which time we also worked therapeutically with them to help them cope not only with the stress of knowing he might be granted further contact but also their fear that he would find them and hurt them. We worked to build their self-esteem, help them recognize that anger is a normal emotion and did not mean they too would become like their father, and help them cope both with trauma and with normal life.

Our work is with some of the most vulnerable children and is consequently frequently long-term. The table below shows some of the reasons children and young people attended counselling for in the last 12 months.

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Why do young people come for counselling?

Counselling offers the child or young person the chance to talk to an adult who they do not have to protect from the truth of their feelings and in whom they can confide they deepest fears and greatest hopes. Therapy is confidential except where someone is in danger, and the counsellor only feeds back to parents what the child is willing to share, and in many cases not at all.

Reason for attending	Percentage
Anxiety / Stress	74%
Bullying	59%
Self-Esteem	55%
Anger-Management	50%
Depression / Low mood	35%
Relationship issues	34%
SELF-HARMING	**31%**
Domestic Violence – all	24%
Domestic Violence – Victim	22%
Addiction - ANY	3%
Bereavement ALL	19%
School attendance problems	19%
SUICIDAL	**41%**
Child Protection / Custody	14%
Impulsive reckless conduct	14%
Trauma - other	11%
Long-Term Limiting illness	9%
Sexual / Gender orientation	9%
Victimization / Hate Crime (as distinct from bullying)	5%
Childhood Sexual Abuse	3%
Domestic Violence – Child is Perpetrator	2%
Inappropriate sexual conduct (sending photos of genitalia)	2%
Drug / Alcohol Abuse	1%

NB: one client may attend for multiple reasons, for example a client may have experienced bereavement, and be feeling anxious and angry and self-harming as a way to cope

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The Counsellor's ViewPoint

What do our counsellors see as the main issues connecting poverty and mental health in children coming to Open Minds?

"isolation (possibly due to financial constraints, no school trips extra curricular activities) , poor diet (possibly leading to ill health)."

"[risk of homelessness] if rent cannot be met, this means this is their caregivers priority, children can pick up on this maybe start worrying which could lead to anxiety, possibly even over being bullied or judged because of it which could then lead kids to not go to school then getting excluded leading to less opportunities as they get older etc"

"family members who may be involved in crime or anti-social behaviour"

"Access to education, denial of mental health issues, behaviours and conditions by CAMHS, GP's restricted from diagnosing due to new SENCo related rules, schools refusals to act on professionals observation and parental observations …behaviour/undiagnosed conditions escalating unchecked, ASD pathway referral delays,"

"cyberbullying, access to drugs and alcohol, peer, family and social pressures, fashion and media, nutrition and malnutrition, process of attachment being interrupted in mod ern day [culture]"

"I suppose if we use Maslow triangle of needs and joking aside add Wi-Fi and battery to it, it demonstrates perfectly how mental health and poverty interlink in children and adolescents and how if needs aren't met the impacts"

http://cpag.org.uk/content/impact-poverty

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The Counsellor's ViewPoint

What do our counsellors see as the main issues connecting poverty and mental health in children coming to Open Minds?

"Schools being more interested in turning out clones that boost statistics rather than individuals, even when a child in need is identified inability to follow things through resulting in child being passed around the system with no firm support in place. This leading to even more self esteem issues with child who now feels even more that they're not good enough."

"Access to services/not meeting their criteria, waiting lists."

"Peer pressure. Too much reality media geared at teens that is in fact the complete opposite and as far away from reality as it can be. I think a class system is being created again where children are more aware of the difference between themselves and peers that also adds pressure"

"Online grooming is a big one for my clients. Causing more problems I.e anxiety, depression, loss of self-worth."

"kids exposed to their parents' drugs and alcohol addictions and chaotic life styles"

"Cyberbullying; Bullying in general causing anxiety. Poor self-esteem…[poverty] causing them not to socialise and have activities to do out of school due to financial constraints on parents again anxiety, depression, bullying and social pressures as a whole"

Diagram

Open Minds cycle of poverty as indicated by client experiences

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Open Minds is not a crisis or emergency service but exists to provide psychological therapuetic services to people of all ages in the form of counselling and talking therapies. Since April 2017 the children and young people we work with have more often presented as being a risk to themselves or others, or at risk from other people, in far higher numbers than ever before, and their likelihood of mental illness has increased.

Low Intensity children and young people are categorised as low intensity if they are not an active risk to themselves or other people. This means they do not display symptoms of mental illness outside of low mood and anxiety and any self-harm may be mild such as scratching (17%). They may have fleeting suicidal thoughts (23%), or have experienced traumatic events but are able to function well in everyday life. 60% of under 18s are considered low intensity.

58% of children expressed no suicidal thinking or self-harm.

We also work with a significant percentage (25%) of children who are neuro-atypical.

Neurodiversity	**25%**
Autistic Spectrum Condition (including Aspergers)	19%
Dyspraxia	3%
Learning Disability	3%
Dyscalculia	1%
Gender Identity/Transition	1%
Sensory Processing Disorder	1%
NONE KNOWN	**75%**

We advocate where needed for these children to get a diagnosis, or if diagnosed, for them to get the support they need from the services around them. We also work with parents to help them adapt to the needs of their neurodivergent children.

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High Intensity children and young people may be suicidal (18%) or self-harming (31%) or a risk to other people (18%). They may have symptoms of mental illnesses over and above depression/low mood and anxiety. For example they may be hearing voices, seeing things that are not there, they may have to impulse to hurt people around them (8%). They may have experienced traumatic events which lead them to experience symptoms of PTSD (Post-Traumatic Stress Disorder) such as flash-backs, nightmares, paranoia, and more, and struggle to cope with everyday life.

As shown in the diagram for under 18 risk to self:

- **27% of clients had suicidal thoughts without the intention to act on these.**
- **31% of under 18s were self-harming**
- **19% were self-harming by cutting**
- **8% of clients were high risk of suicide, having a fixed plan, opportunity and few or no protective factors.**

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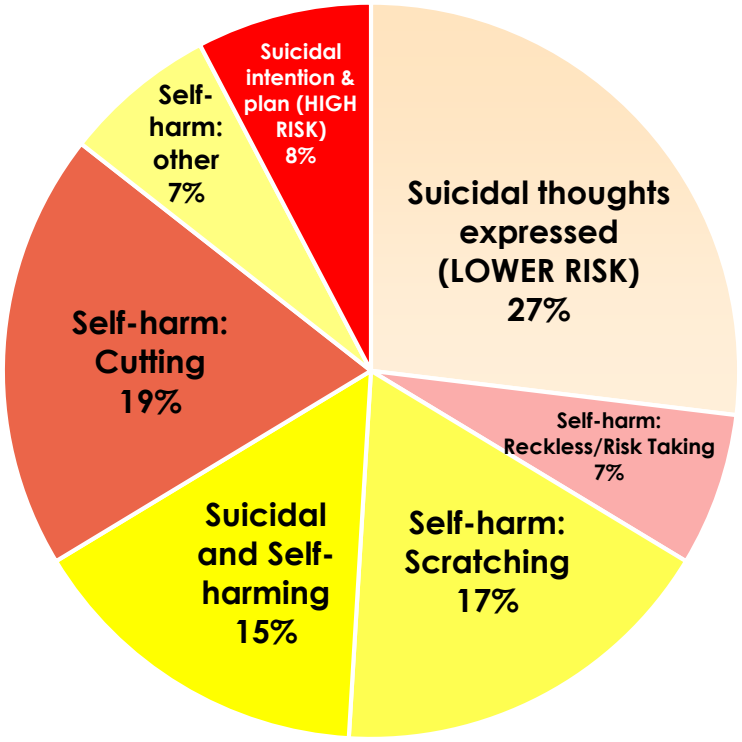
Self-Harm and Suicidality in Under 18s



94% of clients showed a reduction in suicidal thinking and 100% had reduced their self-harm

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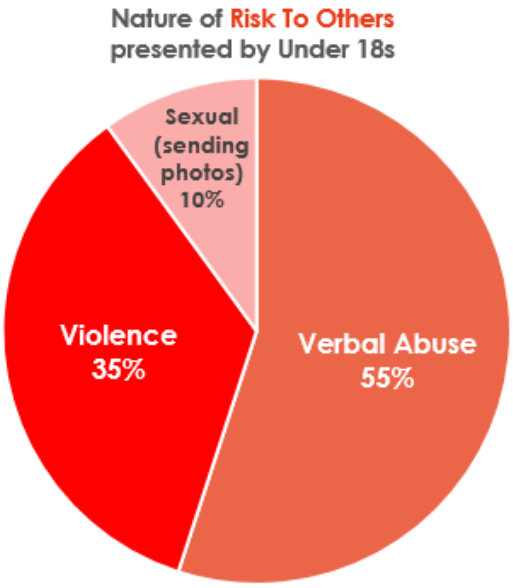
Anger-Management and Risk To Others

50% of under 18s referred to Open Minds have stated anger-management issues. What we find during therapy however is that only 8% represent an actual risk of violence to other people. The vast majority of those children experiencing anger problems have experienced trauma, rejection and difficult attachments.



Anger, hostility and conflict often come as a result of experiencing Domestic Violence (22%) or bullying (59%) and being the victim of household anger-management (17%).

Only 10% of children who were perpetrators of aggression had not been subjected to it themselves although 16 children or young people presented a risk to others. As shown above in 55% of cases this aggression took the form of verbal abuse, and in 35% the child became violent. This was typically towards parents and siblings. In 2 cases under 18s had been persuaded to send photos of their genitalia to other children, and therefore were considered sex offenders. HOWEVER the police had in both cases recommended counselling and the child was not prosecuted, and in actuality presented no ongoing risk to others at this point.

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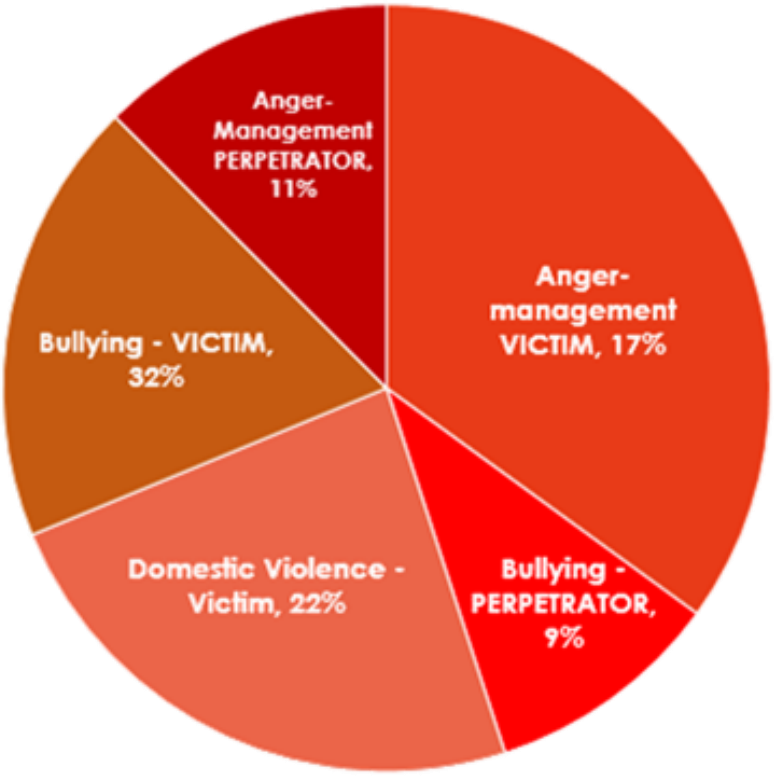
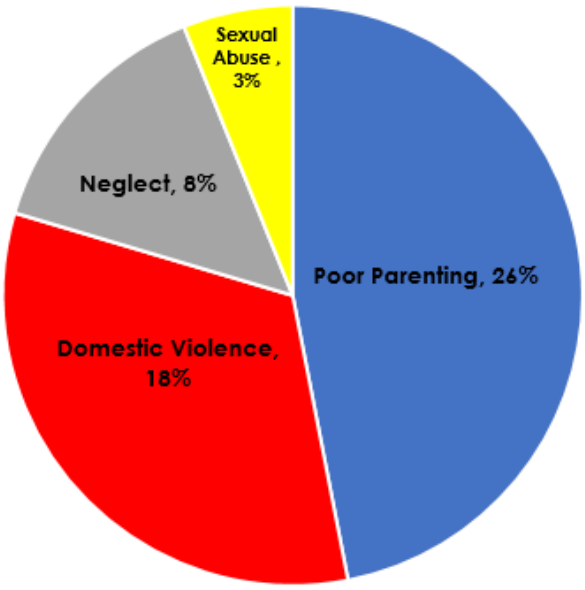


As shown here the children referred to us as angry or aggressive were often in fact very hurt and traumatized children who had suffered verbal and physical violence.

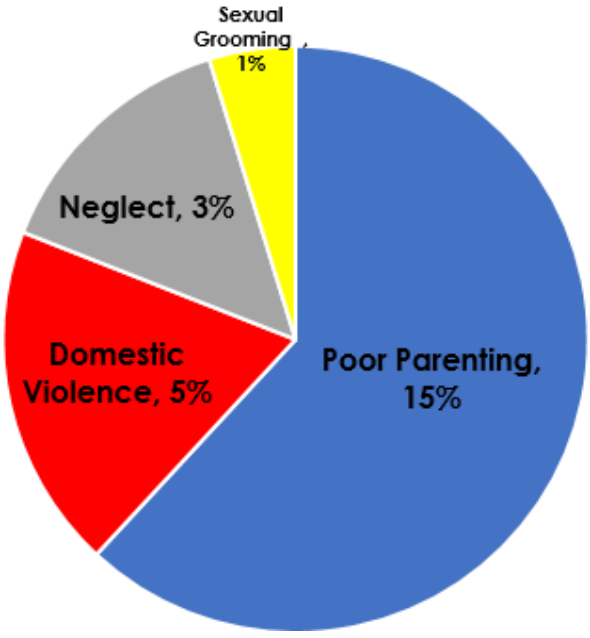
24% of children were at ongoing risk from others in the form of poor and neglectful parenting or domestic violence which sadly did not reach the threshold for social services intervention.

Counselling allows the child to begin undoing the trauma of their negative experiences, and helps them understand that they are good enough, and the people who hurt them were at fault, not the child.

Historical Childhood Abuse



Ongoing Risk From Others



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High Intensity Under 18s who display symptoms of mental illness

It is of course very frightening for children and their parents or care-givers where the child is experiencing what they believe are symptoms of mental illness. Children, young people and their families often believe that they are 'going mad' and fear losing their mind. 50% of under 18s have described what they or their parents believe or fear to be symptoms of mental illness.

The danger is that people google their symptoms or their child's symptoms and become very frightened, and while GPs are often supportive and refer the child for more support from Open Minds or from CAMHS, people struggle to believe that symptoms of so many conditions can come from anxiety and low mood.

At Open Minds we will advocate for children where we believe more specialist care is required, but we will also work with parents and children to help them understand the ways in which their symptomology has emerged from life history and from their personality.

The majority of children attending Open Minds who experienced the conditions or symptoms listed below would not meet the threshold of diagnosis. For example;

1. **39% of children were reported as experiencing anxiety attacks.** These are not panic attacks but are the product of anxiety; a response to a feeling of threat or overwhelming worry. Counselling can help them address the underlying anxiety and feelings of helplessness but also learn to manage when anxiety attacks occur.

2. **19% of children have symptoms of Post Traumatic Stress Disorder (PTSD)** but are not diagnosed with the condition. These symptoms involve hypervigilance to danger, re-experiencing the trauma through flashbacks or nightmares, insomnia, forgetfulness, distress when reminded of the trauma, avoiding things which remind them of the trauma, sleep problems, trouble concentrating, irritability or anger problems. Given that so many of the children who attend have experienced domestic violence, abuse or trauma it is surprising that this figure is not higher and in fact some might be missed as being 'normal' childhood experiences (eg forgetfulness and trouble concentrating). Counselling is most often long-term with these children as the trauma can be ongoing, or not 'complete' such as when perpetrators of aggression are still in their lives.

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3. **11% of children were reported as having an undiagnosed eating disorder or issues around control of eating**. In the majority of cases the child's BMI and eating behaviours were not sufficiently disordered to meet diagnosis, and were a way of controlling what they perceived as an out of control life. Counselling helps by working on the underlying self-esteem, feelings of helplessness and anxieties.

4. **10% of children had phobias diagnosed their GP**. These were primarily fear of vomit or were related to school, and actually came from anxieties about lack of control and being away from parents. Counselling helps to overcome the underlying anxieties and attachment/separation anxiety.

5. **10% of children had personality disorders** which had been diagnosed prior to counselling. These were older teens who had significant relationship issues and instability in their home life. Sadly counselling is not as effective in adolescents with personality disorder as it is with adults, as often the child is either being brought to counselling by their family, or is in such an unstable life circumstance (homelessness, abusive relationships etc) that counselling is not yet right for them.

6. **7% of children were reported as experiencing hallucinations**. These are the product of anxiety; seeing ghost like figures or hearing voices talking to them but not instructing them to act. Counselling can help them regain control by recognizing that this is a phenomena of anxiety, and also tat their brain is producing these images and therefore it is not something that can physically harm them. Counselling can help them address the underlying anxiety but also learn to manage when hallucinations occur.

7. **7% of children demonstrated Obsessive Compulsive Behaviours, without a diagnosis of OCD**. In the majority of cases these were part of unhealthy coping mechanisms developed to overcome anxiety. However for some children these were associated with being Autistic and were not a condition in themselves. Counselling helps by addressing the underlying anxieties, finding alternative ways of controlling their world, and looking at the rational and irrational logic that comes with the 'magical thinking' of OCD.

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Art And Nurture Therapy Group

Art and Nurture Group is a structured but informal group therapy in which children develop skills for managing emotions and trauma through activities such as writing problems as bricks on the whiteboard wall that can be 'chipped away at' and then transferring these to real eggs to smash.

Feedback has been very positive and as shown in the photos which follow the group has been a good experience for the children attending. All photos are taken and shared with permission firstly from the children and secondly from their parents or responsible grown-ups.

More photos from the group can be seen at www.facebook.com/openmindsdoncaster

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