

Changing Culture: Involvement in Research

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Fifty percent of the job is clinical practice, so that's direct work seeing young people and my speciality is in self-harm. The other parts to the job involve research, teaching and training and then professional leadership and consultation. All four of those areas, you know – involvement is very high on the agenda in all four areas really.

Research bids are usually done in multi-agency forums, so it's no longer one person or one professional putting the bid in. We do a lot of partnership working with either the university or the academic departments, the Institute of Mental Health, but also the voluntary sector, third sector organisations, so we're involved in all of that. That brings an opportunity to bring young people from a whole range of different perspectives and areas. Young people can be involved – are always involved – but their level of involvement varies according to the different projects. That whole philosophy is around social futures, involvement of young people and building it really from the bottom up.

Then you might have other projects, they'll all have young people's advisory groups, so it might be something like developing the leaflets, developing the posters, but actually some of the studies that I'm involved in the young people are again at the core, so they are developing the research questions. What are the things that you think are important, and that we need to know and we need to ask in order to understand this area more? So, really fundamental in building the research study and the direction. Similarly, another project which involves partnership with the Queen's Medical Centre, and they're looking at developing a programme to train paediatric nurses on the ward to better care for young people who self-harm.

I think there's always a thing with young people, you know, we're very mindful that it isn't tokenistic, that you don't ask one person for their voice, because I suppose the message I would want to get across for involvement in young people, is it's voices, because you can ask half a dozen young people and they'll all tell you something different, and we do ask and they do say different things.

So similarly we need parents' voices as well. So, for example we run a bimonthly parents' support group, for parents of young people who self-harm. We held one last night actually. That's a couple of hours where parents can come and get support from other parents, and that is quite a unique opportunity and difficult to get in a different forum.

It feels to me pretty basic to say things like interviewing, we wouldn't really be interviewing for staff without either a parent or carers being involved, because they're going to be working with them and that's really important.

A colleague of mine just talked to I think it was 60 GPs two weeks ago, and had a young person with her, who wrote her story down on a piece of paper and then wanted the worker to read it out. So she was present, but didn't want to read it herself. And then read through her experiences and what it was like, and you can imagine how powerful that was. And obviously we want to encourage as many young people to get information, to just feel comfortable with knowing that CAMHS is a service that sort of embraces difference and respects people and doesn't judge and gets those kinds of values and attitudes across really.

The peer support worker is currently based on the adolescent unit and I do the essential training on suicide awareness and risk management for all CAMHS staff, and this is the first time it will be jointly done between the peer support worker and myself, so she's had input to

that, changed some of the slides, you know, putting her stamp on it. After every assessment that we do in the self-harm team, we ask people to complete the young person and the parent's SUCE (service user and carer experience) forms, and we've had not only positive statements and feedback, but also have been keen to fill it in – so high levels of return.

So every quarter we get the feedback, we analyse it, we say 'thank you for your feedback', the good things but also if people are wanting improvements, what they are and what we'll do about it, so 'you said, we did' – and then we display these. The voice of the young person - yes sometimes it's specifically about particular things and events and developments, but it's also integral to ongoing every day, every session kind of work.