

A series of reports on issues facing children today

Calls to ChildLine about depression and mental health

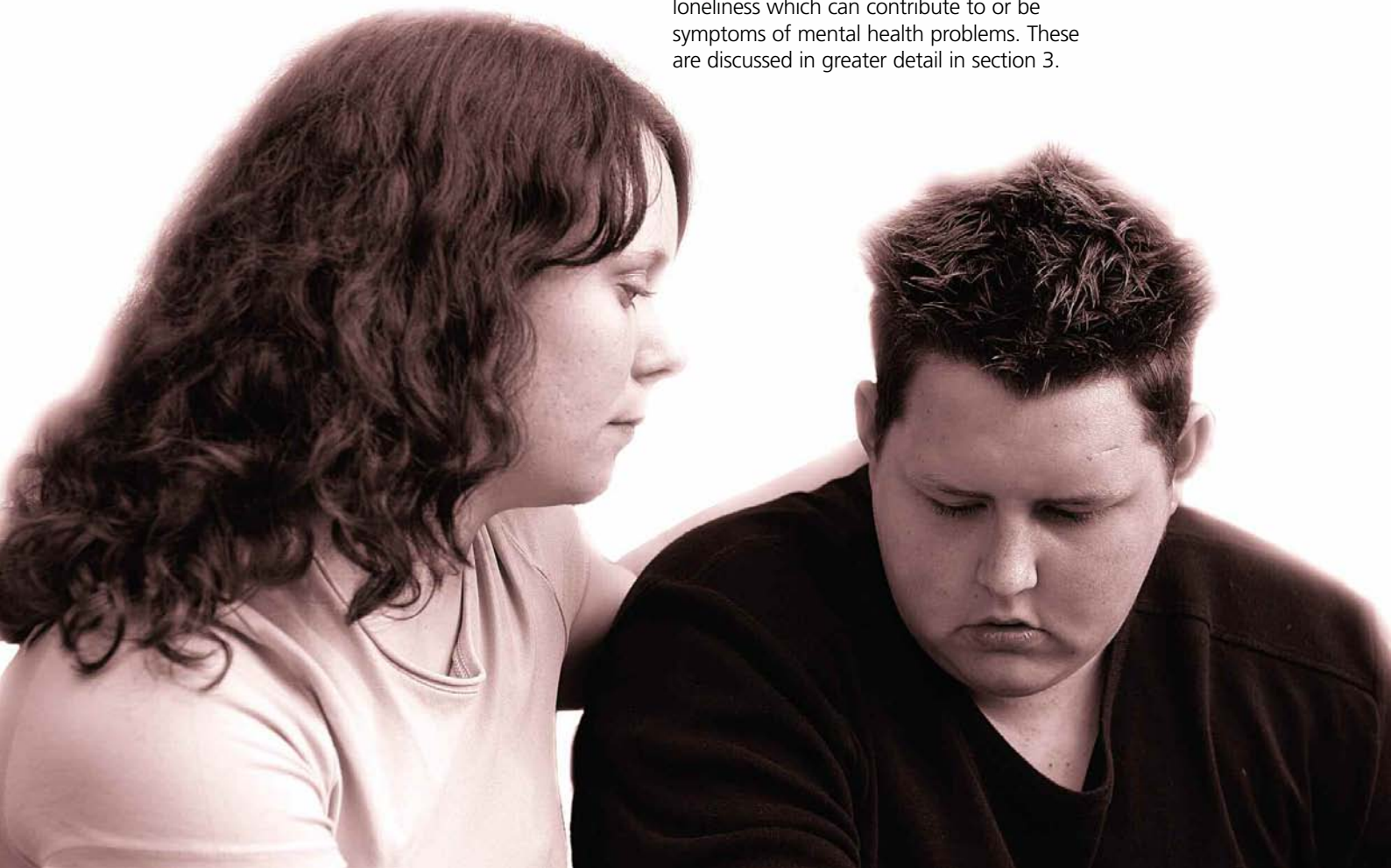
Key findings

- Over 6,000 (6,087) children and young people called ChildLine in 2005/06 to talk about mental health issues.
- As well as the 6,087 children and young people who called ChildLine about mental health issues, an additional 8,376 young people called about other problems, including mental health.
- A total of 14,463 children and young people spoke to ChildLine about mental health issues (among other subjects) in 2005/06, making mental health the fourth most commonly discussed issue for children and young people.

1. Evidence: what children tell ChildLine

1.1 Definitions

This casenote reports what children and young people told ChildLine about mental health issues in the year 2005/06. In ChildLine's caller record system, there is a variety of classifications for mental health issues. Some mental health matters – suicide, self-harm and eating problems – are categorised individually. Other issues – including anxiety, phobias, obsessive behaviour and clinical depression – are classified under the category “depression and mental health problems”. In addition, there are classifications for problems such as loneliness which can contribute to or be symptoms of mental health problems. These are discussed in greater detail in section 3.



1.2 Methodology

In 2005/06, more than 6,000 children and young people (6,087) called ChildLine specifically to talk about mental health issues – equivalent to approximately 250 classrooms full of children. When calls from the different categories of mental health issues are added together, mental health problems, specifically, are the eighth most common reason young people give for contacting ChildLine.

In addition to the 6,087 children and young people who called ChildLine in 2005/06 specifically to speak about mental health issues, a further 8,376 called to talk about other issues, but also mentioned mental health matters of one sort or another. For example, 11-year-old Stephen called to talk about his parents' heavy drinking, but went on to say: "I can't remember the last time I felt happy. I don't think I've ever liked myself – lately I've been cutting my arm with a razor."

1.3 Children and young people calling ChildLine to talk about mental health issues, April 2005 to March 2006

	Girls	Boys	Total
Depression and mental health	1,609	476	2,085
Self-harm	1,854	158	2,012
Suicide	1,009	256	1,265
Eating problems	631	94	725
Total calls	5,103	984	6,087

2. Depression and general mental health problems

ChildLine's "depression and mental health problems" category features issues that include the following: feeling depressed; suffering delusions/hallucinations; suffering

anxiety attacks/obsessional behaviour/panics/inappropriate fears; phobias; and schizophrenia. In 2005/06, more than 2,000 children and young people (2,085) called ChildLine about one or more of these issues. A further 2,362 called about non-mental health issues, but also mentioned mental health in the course of their calls.

2.1 Children and young people calling ChildLine to talk about depression and general mental health problems, April 2005 to March 2006

Age	Girls		Boys		Total	
		% of known ages		% of known ages		% of known ages
5–11 years	59	5	22	6	81	5
12–15 years	550	43	152	38	702	42
16–18 years	672	52	222	56	894	53
Total where age given	1,281		396		1,677	
Age unknown	328		80		408	
TOTAL	1,609		476		2,085	

Age

Calls about depression and mental health were predominantly from young people aged 12 and over, with children under 12 accounting for only 5 per cent of calls (as compared to 23 per cent of total calls to ChildLine about all issues).

Gender

Girls accounted for more than three quarters (77 per cent) of calls about depression and general mental health.

3. Key issues

3.1 Depression

Young people who spoke to ChildLine about being depressed covered a wide range of emotions. While some called because they were “feeling down”, others alluded to or specifically mentioned clinical depression. For example, 14-year-old Cheryl said: “I got sent home from school last week because I just can’t cope any more. I feel like I’m having a breakdown. I’ve been on anti-depressants for a year now. I can’t be around people. I either get angry or break down in tears. I don’t know why. I just feel like I can’t be bothered to go on living.”

3.1.1 Hallucinations

While relatively few younger children called ChildLine about mental health problems, some of those who did call mentioned auditory or visual hallucinations.

Among older callers, hallucinations threatened to lead to erratic or dangerous behaviour. “I’ve got a big problem,” said 13-year-old Christopher. “A voice in my head is telling me to do stuff. Lately it’s been telling me to kill myself. I cut myself, but I’m afraid of suicide. The voices talk all the time – it’s been going on for a year. Everyone tells me I’m crazy. Am I?”

3.1.2 Anxiety

Among the younger children who called about mental health problems, anxiety was a common issue. “I’m too scared to talk when people are around,” said 11-year-old Serena. “I’m scared in big crowds, like my classroom or on the playground. I feel scared all the time.” Another caller, 12-year-old Tom, said: “I’m always scared. And I’m scared of so many things. I’m afraid Dad will die, my dog will die, my mother will leave the family – anything I can think of.”

3.1.3 Obsessive-compulsive behaviour

Young people who were behaving obsessively spoke of being surprised and confused by their behaviour, and expressed alarm at not feeling in control of their actions. “I feel sad and happy at the same

time,” said 12-year-old Jared. “I’m sad because I can’t stop washing my hands. I’m happy because when I wash them they feel so clean.” Jared went on to say that he had recently moved from primary school, which he had loved, to secondary school, where he was lonely and unhappy. In calls to ChildLine about mental health issues, the often rocky transition to secondary school came up numerous times.

3.1.4 Schizophrenia

Young people with severe mental illnesses spoke of the extreme negative pressures in their lives. Sometimes even treatment was problematic. For instance, 16-year-old Rachel spoke of the debilitating side effects of her medication: “I was diagnosed with schizophrenia last year. The drugs they give me for it make me feel tired all the time, so I haven’t been going to school, and now I don’t think I’ll do my GCSEs.” Another caller, 14-year-old Jessica, said: “I hear voices and I cut myself sometimes. It doesn’t make me feel better, though. I was told I had schizophrenia and I’ve started taking the medication, but I don’t feel any different. I still hurt all the time.”

3.2 Self-harm

In 2005/06, more than 2,000 (2,012) young people called ChildLine about self-harm. Of those contacting ChildLine, girls were 11 times more likely to call about self-harm than boys. In addition to those who called specifically about self-harm, another 3,096 young people called about other problems, but also mentioned self-harm. In contrast to depression and general mental health issues, where more than half of callers were 16 or over, just under two-thirds of the young people who called ChildLine about self-harm were between the ages of 12 and 15.

Young people repeatedly said that they saw self-harm as a means of coping with other problems. For many callers, what had been an occasional coping mechanism had taken on a life of its own. “I’ve been cutting myself for three years,” said 15-year-old Beth. “Usually I do it after I argue with my parents or my brother. I managed to stop for two months, but now I’ve started again.”

Some young people self-harmed while on the phone to ChildLine. "I think I'm having a breakdown," said 14-year-old Jamie. "I want to kill myself." During the course of an hour-long conversation with a ChildLine counsellor, Jamie cut herself three times. When the counsellor expressed concern, Jamie dismissed it. "Don't worry," she said. "I've been doing it for years." In this sort

of case the supervisor and children's services manager would be consulted and a risk assessment undertaken. If it was assessed that the young person was suicidal, then confidentiality would be breached and a referral made to children's services, or, in a more urgent case, the police. Generally, confidentiality would not be breached in cases of self-harm.

3.2.1 Children and young people calling ChildLine to talk about self-harm, April 2005 to March 2006

Age	Girls		Boys		Total	
Calls where age given		% of known ages		% of known ages		% of known ages
5-11 years	40	3	2	2	42	3
12-15 years	938	65	72	55	1,010	65
16-18 years	456	32	56	43	512	33
Total where age given	1,434		130		1,564	
Age unknown	420		28		448	
TOTAL	1,854		158		2,012	

3.3 Eating problems

In 2005/06 more than 700 young people (725) contacted ChildLine to talk about eating problems. Girls accounted for nearly nine in 10 of these calls (87 per cent). In addition, 810 young people called ChildLine to talk about other issues, but also mentioned eating problems.

The eating problems discussed by callers ranged from having a mildly unhealthy relationship with food to suffering from life-threatening cases of anorexia or bulimia. Among ChildLine callers, eating problems were significantly more prevalent among young people between the ages of 12 and 15, with this group accounting for just under two-thirds of calls.

Many younger callers said that they were overweight and wanted to do something about it, but were not having any success. These children frequently cited bullying as a motivation for losing weight. Others cited health reasons. For example, 11-year-old Ahmet said that he frequently engaged in comfort eating and had been diagnosed as having type 2 diabetes as a result of his obesity.

When 16-year-old Donna rang, she said that she was worried about her sister Kylie, who had an eating disorder. However, after half an hour of talking to the counsellor, Donna admitted that she was the one who had the disorder. "I'm convinced I'm fat even though everyone tells me I'm really thin. When I do eat anything I make myself throw it up. Now I've started having blackouts. I try to tell myself, 'You're not fat. It's okay to eat,' but it doesn't work." Despite her worries about her health, Donna told the counsellor that as long as it didn't kill her, anorexia and bulimia were "better than being fat".



3.3.1 Children and young people calling ChildLine to talk about eating problems, April 2005 to March 2006

Age	Girls		Boys		Total	
Calls where age given		% of known ages		% of known ages		% of known ages
5–11 years	40	8	4	5	44	7
12–15 years	340	65	43	59	383	64
16–18 years	141	27	26	36	167	28
Total where age given	512		73		594	
Age unknown	110		21		131	
TOTAL	631		94		725	

3.4 Suicide

In 2005/06, more than 1,200 young people (1,265) called ChildLine about suicide, with girls accounting for four out of every five calls in this category. A further 2,108 children called ChildLine to discuss other problems, but also mentioned suicide.

Some young people said that they had never attempted suicide, but were thinking of it. Others had attempted suicide in the past and were thinking of trying again, but had called ChildLine to talk about their options. A smaller number called ChildLine during a suicide attempt, for example, after having taken an overdose of paracetamol.

Almost all the young people who called about suicide gave reasons for wanting to kill themselves. Family conflict was frequently mentioned, often including physical abuse. Other young people cited

sexual abuse and their inability to live with it. Some mentioned problems in school, for instance; being bullied; academic and/or behavioural problems; exclusion; and long-term truancy. Whichever problems young people cited, they rarely existed in isolation – a young person might cite a dysfunctional family life coupled with problems at school and a lack of anyone to turn to. For example, 16-year-old Paul said: “I keep thinking about taking an overdose. I want to be dead – that’s how much I hate my life. I get bullied at school and don’t have any friends. My parents couldn’t give a toss.” After speaking with a counsellor for over an hour, Paul agreed to visit his GP and ask for counselling. Arrangements were also made for him to speak to a ChildLine counsellor on a regular weekly basis, so that he could talk about his problems and attempt to work out ways of dealing with them.

3.4.1 Children and young people calling ChildLine to talk about suicide, April 2005 to March 2006

Age	Girls		Boys		Total	
Calls where age given		% of known ages		% of known ages		% of known ages
5–11 years	30	4	12	6	42	4
12–15 years	424	54	97	48	521	53
16–18 years	328	42	95	47	423	43
Total where age given	782		204		986	
Age unknown	227		52		279	
TOTAL	1,009		256		1,265	

3.5 Other issues associated with calls to ChildLine about mental health

Young people who spoke to ChildLine about mental health issues often disclosed problems that contributed to and/or were an outgrowth of their mental health issues. For instance, many young people spoke of the ways in which a lack of care and nurturing at home contributed to their unhappiness. Others cited problems at school, such as bullying or a lack of friends, that led to depression, anxiety or suicidal feelings. Some young people reported using alcohol and drugs as coping mechanisms, or pointed to alcohol and drugs as partial causes of their problems.

3.5.1 Loneliness

While loneliness is not in itself a mental health issue, it does appear to contribute to and be a product of mental health problems for some callers to ChildLine. Children are social beings, and, like adults, find it very hard to be happy if lacking friends. Nine-year-old Wayne, for example, was very distraught when he called ChildLine. Since moving to a new school, he said: "I'm lonely – I don't have any friends. At school I sit on my own at playtime. No one bothers with me, and when I try to join in they call me names and run away. Then I cry, and they laugh at me for that. Mum says it'll get better, but I don't think it will. It makes me wish I had never been born."

For 14-year-old Emily, loneliness had led to self-harm. She said: "Everything in my life has gone wrong. All my mates have abandoned me – I'm all alone. I'm so sad that it feels like I can't breathe. I know cutting myself is stupid, but at least when I do it, I quit thinking about how lonely I am, for a while anyway."

3.5.2 Bullying

Many bullied children spoke of the sadness, anxiety and depression that bullying was causing them. For instance, 15-year-old Billy told ChildLine: "The bullying was really bad, and it totally changed how I felt about myself. They said I was crap so many times that I really did think I was. I hated myself. I wouldn't

talk to my parents about it, even though they were trying to help. I just sank further and further into my shell. I didn't want to do anything besides sit in my room with the lights off. It was horrible." After speaking with ChildLine every other week for several months, Billy was able to, in his own words, "convince myself that I wasn't who the bullies said I was, and that I was talented and clever and not crap. Over time, talking to the counsellor gave me the strength to resist the bullying, to ignore it. And when I did, eventually they quit having a go at me."

3.5.3 Anger

Many young people spoke of not feeling in control of their tempers, and of their regret after lashing out, whether it was because their anger was hurting those they loved, or because they recognised it was getting them in too much trouble. For instance, 13-year-old Geraint said: "I'm really miserable. I keep starting arguments with people. I completely flip out, and later, I can't even remember why I did it. It's like my memory's gone blank." Lashing out was a feature of calls from girls as well as boys. Twelve-year-old Tania, for example, said: "I get stressed and just explode. Like if kids at school bully me, I completely lose it and start throwing chairs and things. I do it at home, too. I even hit my mum. She says I learned it from Dad. He's in prison now for GBH."

3.5.4 Family conflict

Many of the young people who called about mental health issues said their families were full of conflict. Callers spoke of parents who were abusive, neglectful or who drank too much, and who were not supportive of their children. For many of the young people who mentioned family problems, a troubled home life was part of a bundle of issues leading to mental health concerns. For example, 16-year-old Cath said: "I've been diagnosed with clinical depression. I feel worthless, and so unhappy. School is terrible and home is even worse. My parents are horrible to each other – Dad's an alcoholic, and constantly shouts at me and Mum. In all my life, I don't think he's ever said something nice to me."

3.5.5 Mental health in the family

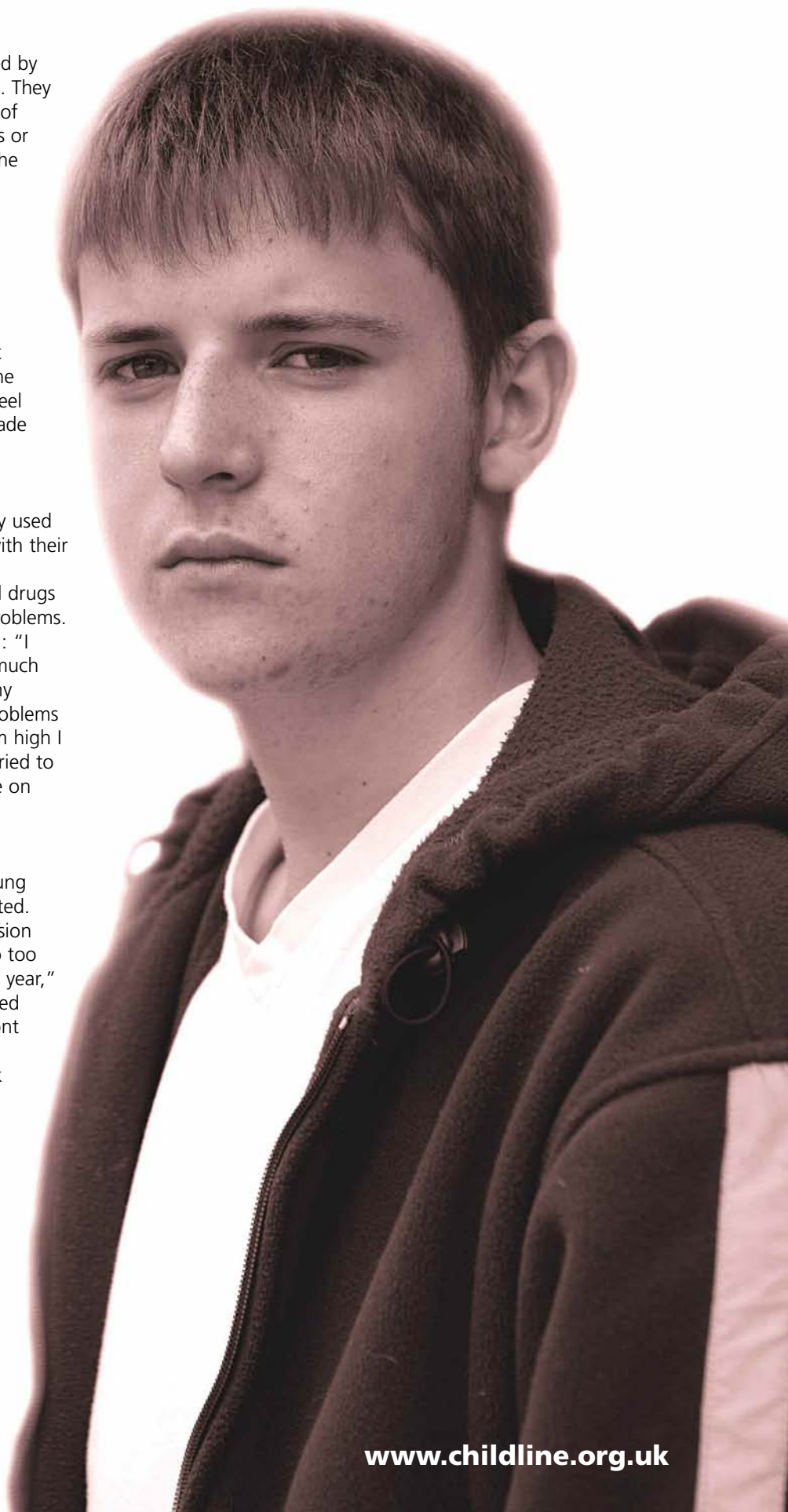
Young people are not only affected by their own mental health problems. They are also affected by the problems of family members, especially parents or carers. Callers who talked about the mental health problems of their parents or carers almost always spoke of the extreme strain this put on them. Fourteen-year-old Rosie said: "Mum has been on anti-depressants for years. Her doctor wants her to keep taking them but she's stopped. Now that she has, she blows her top over the slightest thing – it's really scary. I feel like I've had to raise myself. It's made me lonely and depressed."

3.5.6 Alcohol and drugs

Many young people said that they used alcohol and drugs to help cope with their problems. Many of these callers recognised that using alcohol and drugs could also cause mental health problems. For instance, 16-year-old Will said: "I don't think I'm normal. I do too much bad stuff. I love drugs – they're my favourite thing. They make my problems go away. But sometimes when I'm high I do stupid things. This morning I tried to hang myself. Now they've got me on watch 24/7."

3.5.7 Bereavement

The effect of bereavement on young people is sometimes underestimated. Just as adults can slip into depression after the death of a loved one, so too can children. "My father died last year," said 14-year-old Sean. "He dropped dead of a heart attack right in front of our house. Since then, Mum's tried to help me, but I don't think the sadness is ever going to go away. I put up a big front for my mates, but that's all it is – a front. Inside, I feel like crying all the time."



4. Counsellors' views

Because of the nature of confidential, telephone-based counselling, ChildLine counsellors have unique interaction with children and young people. In this section, some of these counsellors discuss what children tell them about depression and mental health.

4.1 Access and confidentiality

In calls to ChildLine about depression and mental health issues, it is clear that a lack of access to counselling is a key issue underlying young people's problems. In many cases, this lack of access is because services and facilities are not readily available to children who need them. In a large number of other cases, access is more a matter of what young people perceive to be acceptable behaviour in a society that frowns on mental, as opposed to physical, illness. The stigma of mental health problems prevents many young people from reaching out for help. Even when children are willing to seek help, many are put off by the lack of confidentiality in formal services. A 14-year-old who wants to talk about her self-harming, for instance, knows that if she tells the school nurse about it, that nurse is obliged to break confidentiality. This prevents many young people from reaching out, getting more information, talking through their problems, and trying to find solutions.

According to ChildLine counsellors, the helpline's confidentiality and 24-hour accessibility are vital tools in the effort to help children and young people.

A ChildLine counsellor says: "One of the reasons children turn to ChildLine is because we make it easy for them to access us. They can reach the helpline when they need to. The ability to talk to somebody without actually having to say who you are or give your address, is terribly valuable. It means they can get help when they want and need it. And with acute issues, such as suicide and self-harm, we're available when they're in the thick of it or at crisis point, rather than a month later.

"The ability for young people to have counselling on their own terms, in their own territory, is key. For many young people, this makes it easier to communicate honestly and openly. Being anonymous and in one's own space can mean not having to assume the sorts of personae or masks people often wear when dealing with authority figures.

"Contact over the phone is very direct and personal. You don't have to go past reception, meet people in the corridor, or go into somebody else's territory. You can talk to a counsellor while you're in your own space, in your own surroundings, and can bring them into your life, rather than having to go into their life, into their space, where you may not feel so comfortable. It's under your control, and it's somebody who's there for you on your terms. Because of that, we can give a lot of support and help them move forward through a bad patch."

Another counsellor comments: "ChildLine's promise of confidentiality is of enormous value to young people, and is one of our principal strengths. Many, many callers make sure we are confidential before they really open up. All the other services available to them are not able to offer confidentiality, often for very understandable reasons, but there's no doubt that young people value it hugely."

4.2 Complementing mental health services

Some young people say they use ChildLine because they lack access to face-to-face counselling, or do not feel that they need it. Others say they are more comfortable with a telephone helpline than with traditional counselling, and there are those who use ChildLine as a complement to face-to-face counselling.

"There's a great lack of walk-in services in the UK. It's still difficult for young people to informally access the mental health services," says a ChildLine counsellor. "Potentially, telephone helplines have a very big role to play in complementing mainstream mental health services. There have been a lot of

cases where we have worked in cooperation with the mental health services and have been able to support children and young people in engaging with mental health professionals. For instance, if young people have become disaffected with the mental health service or are angry with their doctor, they quite often will ring to talk about their experience and how they feel about it. It's an important role to enable them to talk through that, and to support them in getting back to their doctor."

4.3 Self-harm

"The rise in the numbers of young people self-harming in recent years has been very sad," says one ChildLine counsellor. "One of the reasons young people contact us about self-harm is the same reason why they ring ChildLine about anything: they can ring us now, when they're wanting to self-harm. We're here for them and they can talk to us anonymously. They can access us without giving away more than they want to and they can take it at their own pace. Above all, we're there exactly when they need us."

4.4 Suicide

"Calls about suicide are very difficult to take," says another counsellor. "They're very demanding. You have to hang on to the fact that if someone rings and says they feel like being dead, they've reached out to us because they want something from us, and hopefully you can make enough contact with the caller to get them past the impulse of the moment and help them look at further possibilities. When their life is on the line, the huge skill of the job is gaining the caller's confidence and getting the information we need in order to help them.

"Sometimes a young person will ring after having taken an overdose, and we have to send for help if we possibly can – if they're willing to give us an address. If they won't, it's necessary to break confidentiality. Our role is not to talk comfortable words to young people while they wait to die. Our role is to help – to help them get through this, and to gain help for them, even if that's not what they want.

"I once took a call from a father ringing to say 'thank you'. The night before, his daughter, unbeknown to him and his wife, had rung ChildLine to say that she'd purposely taken an overdose. She wasn't willing to turn to her parents for help, even though they were downstairs at the time, but allowed us to call emergency services. The first thing her parents knew of what had happened was the ambulance pulling up outside their front door with all bells ringing. She was all right in the end, and the next day, her father rang to thank us for having helped rescue her."

4.5 Family

Calls about family conflict can be particularly difficult, as solutions to larger problems are often out of the children's control, say counsellors. "Calls from young people who are suffering because of a parent's mental illness can be very sad, whether the call is about children looking after parents with serious mental disease or about parents who are away, hospitalised with mental disease. Even if the parent is still living at home, there's often a great sense of the loss of that parent, of them not being available for the child in the ways young people need. There's often a great lack of parental care in these situations, and a great sadness in the child's life."



5. Conclusions and recommendations

5.1 United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) sets out fundamental rights to which children are entitled and which States' Parties must ensure they take measures to safeguard.

All signatories to the Convention undertake to ensure that States' Parties shall take all appropriate legislative, administrative and other measures for the implementation of the rights contained in the Convention (UNCRC, Article 4), effectively imposing a duty to ensure that children's rights are upheld. It is, therefore, imperative that the UK Government should comply with the principles and spirit of the UNCRC, which it ratified in 1991.

All of the rights in the Convention are important; but Article 3.1 and Article 24 are particularly relevant in the context of a child's mental and emotional wellbeing:

- "States' Parties [shall] undertake to ensure the child such protection and care as is necessary for his or her wellbeing, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures." (UNCRC, Article 3.1)
- "States' Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health." (UNCRC, Article 24)

5.2 The National Service Framework for Children, Young People and Maternity Services (England)

The National Service Framework (NSF) Core Standard 9 states that: "All children and young people, from birth to their 18th birthday, who have mental health

problems and disorders [should] have access to timely, integrated, high-quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families." If the mental and emotional wellbeing of children and young people is to be achieved, comprehensive and sustainable implementation of this standard is imperative, both to help children and young people come to terms with their immediate experiences, and to prevent them from sustaining longer-term damage.

Similarly, Core Standard 5 states that: "All practitioners working with children and families and with parents who are experiencing personal problems should ensure that the needs of their children are assessed and that appropriate services are delivered to these children and their families."

It is evident from the data above that many children and young people contacting ChildLine do not currently have the benefit of such an assessment and that as a result they are not in receipt of appropriate services, either for themselves or their families. There is a pressing need for children's services, and in particular the Director of Children's Services and Health Trusts, to work together in the interests of meeting both children's and carers' needs in achieving NSF Core Standard 5: Safeguarding and Promoting the Welfare of Children and Young People.

5.3 Reaching out to children and young people

It is evident from these calls to ChildLine that young people are more likely to practise particular behaviours at particular times. For example, the 12–15 age group appears to be more susceptible to self-harming behaviours or eating disorders, while 16- to 18-year-olds are more likely to talk about depression or suicidal behaviour. These behaviours are expressions of distress, and may conceal underlying problems, such as abuse.

It is important that the details of listening services, such as ChildLine and other telephone and online support and advice

services, are widely and easily available in locations that children and young people routinely access. These should include, for example: internet service provider (ISP) home pages, weblinks through sites such as BeBo and MySpace, as well as more conventional channels, such as print and broadcast media.

5.4 Support services in schools

Schools and colleges are obvious locations for advisory and support services and/or access to independent counselling. Children and young people need a space they can access easily and quickly, within which they can share their problems and anxieties in confidence. Such services might be developed through training of teaching or non-teaching staff, or putting in place an independent advisory support service. The development of peer support services should also be considered.

We believe that all schools should provide a counselling and listening service for any child who needs support, in particular young people who have difficulties they cannot manage. This would be the core element of the extended schools package. Such a service should be universal, independent of the school or youth centre and based on the self-referral principle, ie, it would be a way for children to seek help in order to help themselves. Funding for support services needs to be protected so that all children and young people experiencing mental or emotional difficulties have access to a trusted person, who is available either episodically or for an extended period of time.

5.5 Improved Personal, Social and Health Education

Part of the aim of Personal, Social and Health Education (PSHE) is to help children and young people “learn not only about their own rights, duties and responsibilities, but also about the rights and responsibilities of others. Teaching aims to help them respect and value the richness and diversity of our society.”¹

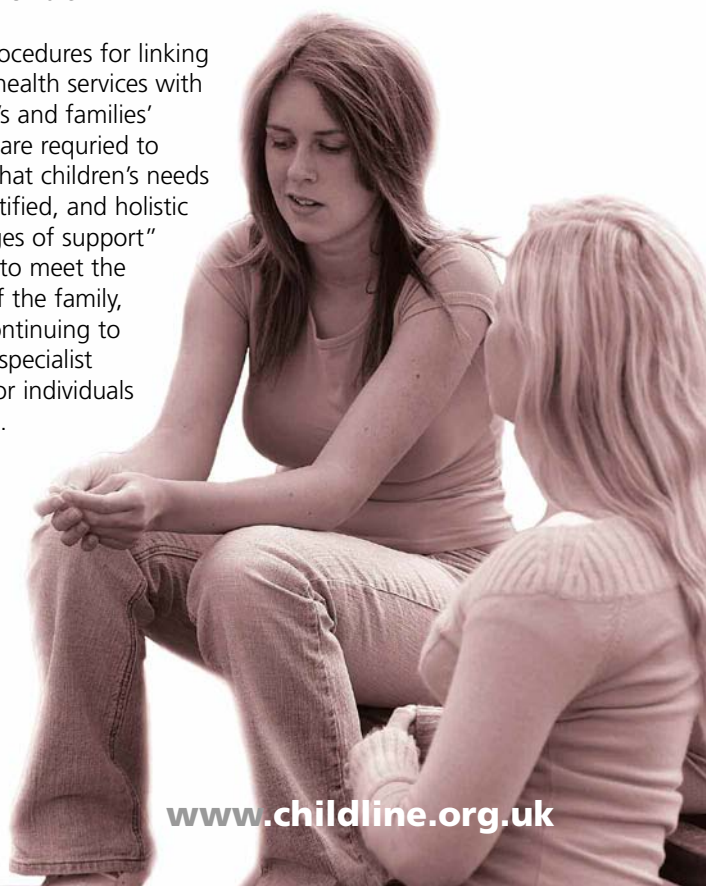
It is evident that there is an overall gender imbalance in the contacts received by ChildLine. Given that young men are four

times more likely to commit suicide than young women, it seems unlikely that they suffer less from depression or other mental health problems than girls and young women. We also know that boys and young men contacting ChildLine are more likely to be nearing the end of their tether; they will not, typically, ask for help until they are desperate. It is important that the gender stereotypes – which too often reinforce the idea that men should be self-reliant and able to cope – are challenged at every level. PSHE is an appropriate mechanism for addressing this matter. We recommend that issues around gender-based social expectations form an early and ongoing part of the PSHE curriculum.

5.6 Relationship between children and adult services

Children and young people are adversely affected by the mental health problems of family members, especially parents or carers. Between 33 and 66 per cent of children and young people whose parents have mental health problems will go on to experience problems themselves.² There is also little by way of a shared understanding of the relevant issues across services and agencies. In particular, there is an urgent need for greater awareness in adult mental health services of the possible associated needs of children.

Clear procedures for linking mental health services with children’s and families’ services are required to ensure that children’s needs are identified, and holistic “packages of support” tailored to meet the needs of the family, while continuing to provide specialist inputs for individuals within it.



References

- ¹ Department for Education and Skills. Available online: http://www.parentscentre.gov.uk/learnjourn/index_ks1.cfm?ver=graph&subject=pe
- ² The Office of the Deputy Prime Minister (2004). *Mental Health & Social Exclusion: A Social Exclusion Unit Report*. Wetherby, OPDM Publications

About the information in this report

The findings in this report are based on detailed analysis of calls to ChildLine from 1 April 2005 to 31 March 2006. Children and young people often talk to ChildLine because they know they will receive a confidential service and what they say will not go any further unless they wish. ChildLine will always make an informed judgement as to whether the child can give realistic consent to act on his/her behalf. On rare occasions this contract of confidentiality can be broken (a) if the child is very young (b) if the child is assessed as being in a dangerous or life-threatening situation (c) if the caller is an abuser, or (d) if the abuser is in a position of trust. The majority of children do not identify their whereabouts and maintain their own anonymity.

The counsellor will listen and take the child or young person seriously when they call. ChildLine will help the child to talk through their concerns, exploring what might make a difference and whether there are supportive adults in their lives. Sometimes the child will practise what they would say to increase their confidence in speaking to such an adult. The counsellor will also give the child information on how other agencies can help. If the child wants ChildLine to make contact on their behalf or this is assessed as necessary, ChildLine will mediate, advocate or refer the child to a relevant agency or person, such as social services, the police, the ambulance service, or a parent or teacher.

ChildLine's data is not comprehensive, as the main priority for helpline counsellors is to provide comfort, advice and protection to the caller, not to gather demographic or other information for research purposes.

The content of ChildLine counselling conversations is captured through written records. Every time a counsellor speaks to a young person, the counsellor notes the main reason the child called, any other concerns raised, and details of family and living circumstances revealed by the child, and a narrative of the discussion. Conversations are child-led, and not conducted for the purposes of research; but it is for precisely these reasons that they often reveal information that formal research might not uncover.

ChildLine provides a confidential telephone counselling service for any child with any problem, 24 hours a day, every day. In February 2006, ChildLine joined the NSPCC as a dedicated service, in order to help, support and protect even more children. ChildLine will continue to use its own name, and the 0800 1111 phone number will remain unchanged. Volunteer counsellors will continue to provide a free 24-hour service for any child or young person with a problem.

For more information, please contact the NSPCC Library and Information Service on **020 7825 2775** or email info@nspcc.org.uk Or contact the NSPCC Media Team on **020 7825 2500**, email media@childline.org.uk or visit www.childline.org.uk/casenotes.asp

Photographs posed by models. Photography by Larry Bray Photography. Names and identifying details have been changed to protect confidentiality.

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NSPCC
Weston House
42 Curtain Road
London EC2A 3NH
Tel: 020 7825 2500
Fax: 020 7825 2525

www.nspcc.org.uk
NSPCC registered charity number 216401

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Cruelty to children must stop. **FULL STOP.**