Young people’s views on petition PE1627: Consent for mental health treatment for young people under 18 years of age

Scottish Youth Parliament
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Introduction

The Scottish Youth Parliament (SYP) represents all of Scotland’s young people. Our Vision for Scotland is of a nation that listens to and values the participation of children and young people. Our goal is to do our utmost to make this vision a reality. We see this as vital to ensuring Scotland is the best place in the world to grow up.

Our democratically elected members listen to and recognise the issues that are most important to young people, ensuring that their voices are heard by decision-makers. We provide a platform for young people to discuss issues that are important to them, and support them to campaign for the changes they wish to see at community, local and national levels.

SYP’s Values are:

Democracy - We are youth-led and accountable to young people aged 14-25.

Rights - We are passionate about ensuring that young people are aware of their rights and ensuring that local and national government deliver policies that ensure those rights are fulfilled.

Inclusion - We are committed to being truly inclusive and work tirelessly to ensure that we represent young people from every community and background.

Political impartiality - We constructively engage with, and challenge, decision-makers from all political parties to ensure the voices of young people are at the heart of policymaking in Scotland.

Our approach

Following SYP’s correspondence to the Public Petitions Committee on 10th February 2017 regarding petition PE1627, we have since undertaken consultation with 36 young people aged between 12 and 25 to gather their views on the issues outlined in the petition. These views were gathered through an interactive workshop with 13 Members of SYP (MSYPs) at our National Sitting in March, and through an online

1 [http://www.parliament.scot/S5_PublicPetitionsCommittee/Submissions%202017/PE1627_B_SYP.pdf](http://www.parliament.scot/S5_PublicPetitionsCommittee/Submissions%202017/PE1627_B_SYP.pdf)
survey. The interactive workshop was attended by two Public Petitions Committee clerks, who observed the session.

**Advantages/disadvantages**

Young people were asked through the online survey and in the workshop about the possible advantages and disadvantages of the calls in petition PE1627 for parents and/or guardians to be consulted on, and give consent for, medical treatment for a mental health problem for young people under 18.

While young people identified both advantages and disadvantages, it is important to note the strong consensus among young people taking part in the workshop that the disadvantages of the calls outlined in the petition outweighed the advantages, while 4 young people who responded to the survey said that they couldn’t think of any advantages.

**Advantages**

The main advantage identified by young people centred around parents or guardians being a valuable source of support for a child or young person if they were involved in their treatment:

“Someone needs to be there for someone going through mental health issues and parents are a good place to start.”

A number of young people felt that in especially vulnerable cases, involving parents or guardians was important for safeguarding the young person from harm:

“Can protect the child under 18 from serious health decline.”

A small number further commented that making parents aware of mental health treatment could help tackle the stigma around mental health and promote discussion:

“An advantage could be that children could be more likely to talk about feelings with their parents as they would have to speak about their problems before going for the help.”

**Disadvantages**

Young people identified a number of disadvantages to the calls outlined in the petition, including:

- the proposal undermining young people’s human rights;
- implementing the petition would be a barrier to young people accessing help, as some young people may not want to talk to parents about their mental health, or even want them to know they are accessing help;
• a parent’s lack of understanding of mental health problems could make the situation worse if they are involved in their child’s treatment;
• some parents do not have a positive relationship with their child and it would therefore be detrimental for them to be involved in their child’s treatment.

In terms of undermining young people’s rights, there was particular aversion to the effect the calls would have on the autonomy and decision-making rights of 16 and 17 year olds, as well as concerns about rights to privacy:

“As a 16 year-old you are an adult who can leave school, have children, get married, vote (in Scotland) so to tell them they cannot take decisions on what medication they can take or not take is kind of ridiculous.”

“Violates a young person’s right to privacy under Article 16 of the UNCRC.”

A large number of young people asserted that the calls would serve as a barrier to young people accessing help for a mental health problem:

“I think this is an issue of confidentiality, and would lessen young people’s trust in medical practitioners, and would result in them feeling they could not turn to medical practitioners for help.”

“Mental health is very personal and sometimes no matter how supportive [parents are] you want to keep it private.”

“Being a young person with mental health issues I would not be able to get the help I do if my mother had to be consulted.”

Young people also identified that parents may have a lack of understanding of mental health problems, which could potentially make the situation worse:

“Parents sometimes think that stress/anxiety/depression are just ‘teenage problems.’”

“Family situation/home situation could potentially be made worse for the young person if parents don’t understand.”

Some young people also felt that, while many parents can be a source of support, not every young person has a positive relationship with their parents; indeed, some have a harmful relationship, and as such their involvement in a young person’s treatment could be highly detrimental:

“In some cases the young person does not trust their parent or guardian with information on their mental well-being.”

“Parents could be the cause [of a mental health problem].”

“I ran away from home at 14 because I was abused by my father. He caused so many problems that have affected my mental health; the thought that he could have access to my medical information is abhorrent to me.”
Young people’s views on parents being consulted about mental health treatment

Young people were asked through the online survey and in the workshop if they agreed with the petition’s call for parents or guardians to be consulted about medical treatment for mental health for those under 18. Of the 34 responses to this question, 10 agreed that parents and guardians should be consulted, 19 disagreed, and 5 were unsure.

Some young people in the workshop stated that they might be more supportive of a call for parents to be consulted on mental health treatment for those under 16, rather than under 18:

“If a young person is under 16, they are in Scotland legally a child therefore, if a parent asks for medical details I could see why they would be given it as they are still minors. However, over 16s are young adults and their privacy should be respected.”

“It should be under 16s instead of under 18s.”

However, others felt that this call would undermine children and young people’s rights to confidentiality regardless of age:

“Young people have a right to confidentiality. Assuming they are able to demonstrate autonomy, this should not be breached.”

“If at age 12 you can get contraception without your parents finding out, then you should be able to access medication for mental health problems.”

Young people’s views on parents giving consent for mental health treatment
Young people were asked through the online survey and in the workshop if they agreed with the petition’s call for parents or guardians to give consent for medical treatment for mental health for those under 18. Of the 35 responses, 3 agreed that parents should give consent, 26 disagreed, and 6 were unsure.

Parents/guardians should give consent for medical treatment for a mental health problem for under-18s

As with parents being consulted about medical treatment, a small number of young people felt that for under 16s there should be parental consent:

“Under 16s should possibly have to ask for permission or at least discuss the matter with parents due to their younger age and life experiences. However, +16 should be able to choose if they wish to accept medical treatment for mental health which has been recommended by a medical expert, as they are, in Scotland, seen as adults.”

However, a majority asserted that young people should be empowered to make decisions for themselves, regardless of age:

“I am not my parents’ property, no young person is - don’t treat them like they are.”

“We teach our children consent and control over themselves from a very young age and medical treatment should not be different.”

“Young person’s decision should be final.”

“When it comes down to it, it’s about the young person so they should have the final say.”

“Vulnerable people in society should not be identified purely on age. There needs to be a better approach than just to go to the parents.”
Young people’s suggestions for preventing harm through medication

Young people who took part in the workshop were asked if they had any ideas or suggestions for preventing young people from harming themselves with mental health medication. Their responses largely focused on prevention, through initiatives like tackling mental health stigma at a societal level and promoting positive conversations about mental health, and having universal training in mental health first aid for professionals such as medical practitioners and teachers.

There was also an emphasis on empowering young people to choose their own source of support when dealing with a mental health problem:

“Doctors should encourage a young person to nominate someone who they trust to support them with their treatment (not necessarily a parent) - make sure it’s always in the young person’s hands.”

Young people also asserted that decisions about consent and confidentiality in relation to parents or guardians should be decided according to the individual circumstances of a young person’s life, rather than applying a blanket rule based on age; for example, taking into account if young people live with their parents or guardians or not, the relationship between parents and children, etc. For example, one young person stated that she would want her status as a young carer taken into account, as she wouldn’t want the cared-for person, in this case her mother, to “have something else to worry about.”

Conclusion

SYP’s consultation strongly suggests that young people have significant concerns about the calls outlined in petition PE1627. While young people acknowledged there could be benefits to parents or guardians being consulted and giving consent for medical treatment for a mental health problem, a clear majority felt that making this compulsory could have more negative than positive consequences for young people, including having their rights and autonomy undermined, increasing barriers to accessing mental health support, and even a breakdown in family relationships.

The consultation demonstrates an understanding amongst young people that the ongoing stigma against mental health, and a societal reluctance to talk about mental health, is still a significant issue. While a few felt that parents being more involved in mental health treatment could help break down this stigma, others thought that it would prevent young people from seeking help in order to avoid having to tell their parents; indeed, some young people with experience of accessing mental health support stated that they would not have sought help if they knew their parents had to be involved. Young people favoured a focus on breaking down stigma and increasing mental health literacy in society, rather than focusing on increasing parental involvement in medical treatment.
While young people were less opposed to parents being consulted about medical treatment than giving consent, reflecting an acknowledgement that it can be helpful for parents to be aware of young people’s medical treatment, there was strong consensus that the ultimate decision on treatment should rest with the child or young person.

While this consultation is small in scope, and therefore cannot be said to be representative of young people in Scotland, SYP believes that it has highlighted some real concerns with the calls outlined in petition PE1627. It is essential that any discussions about changing policy around medical treatment for children and young people takes these concerns into account, and that children and young people continue to be meaningfully involved in these discussions.

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