**SS**

SS is a 17 year old female who is currently living in a mental health hospital. She has a diagnosis of emerging emotionally unstable personality disorder. She has had many instances of self-harm and suicidal thoughts. SS (along with her two brothers) has lived with her grandmother since she was 2.Her mum has drug and alcohol problems and her dad has mental health issues. A significant event for SS was when one of her brothers was taken into care.

The mental health facility that SS lives in is in the South East of England and a significant distance away from Doncaster. SS feels isolated from her family and is desperate to return home.

**Fluctuating Health and Wellbeing:-**

After her brother was taken into care SS’s health and wellbeing declined. The self-harm and suicidal thoughts led to CAMHS referral. The self-harm led to numerous visits to A and E. This in turn led to the CAMHS doctor referring her to hospital in Sheffield. After a risk assessment carried out by the hospital SS was sectioned and placed in a specialist unit in the South East. On a number of occasions SS has either been able to return home or to a less clinical environment. However each time her mental health subsequently deteriorated and she has ended up back in an acute mental health hospital setting.

**Geography:-**

The majority of the care that SS has received over the last two or three years has taken place at some distance from Doncaster. The distance has had an impact on her contact with her family:-

I’ve not really been able to see my mam again this admission (now 5 times in 18 months), because she can’t get to me…I [wish] wouldn’t have to be so far away from home – I miss home and it just seems really unfair – I don’t get what other young people get because their families will pick them up and take them on leave or visit them and stuff – I can’t do that so I’m stuck as I can’t progress without doing it – it’s frustrating. Not being able to be with and see my family is really hard.

SS believes that when young people are placed in care at such great distances from their families more support should be given to help to support the family visits.

**Fundamental Mistrust of Professionals:-**

On the whole SS doesn’t seem to see the professionals she comes into contact with as people coordinating support on her behalf, rather as people who are just stopping her doing what she wants.

“I’ve given up hope of ever getting out – I mean no one except my solicitor and mam is on my side”.

It is not just mistrust, there is a palpable sense of frustration too.

I wish they would just discharge me now – I feel ready and I really want to go home – I get what they say about it being too fast and needing a “stepping stone” but I’m utterly fed up of it now… The most important thing for me is getting home – getting out of here and I really really want to spend my first birthday in 3 (my 18th) at home with my family!

Her dissatisfaction runs deeper than just the professionals not giving her the outcome she wants. She also points to issues around the continuity of the support she has received.

When I was last discharged I had 5 different CAMHS workers in the space of a month. Everyone just kept leaving and leaving and leaving. And it made me think what’s the point? You start to bloody trust someone and they leave. Especially when they leave out of the blue and they don’t tell you. You ring up and ask to speak to a person and they say she’s left and you’re like OK.

When asked about how she would like her care reconfigured she said she’d like some light touch support; she said that she feels as though she only really gets support after a self-harm incident and by that point it’s too late.