

## MY RECOMMENDATIONS FOR MY SON WOULD HAVE BEEN AS FOLLOWS:

When a young person is clearly troubled and distressed don't be preoccupied with diagnosis.

A person centred approach would have engaged my son in treatment long enough for an informal assessment to be made and also would have ensured he felt listened to. Adopting an 'open door' approach would have allowed my son to dip in and out of the services without the need to go through the referral process time and time again.

Trust would have been built by initially talking about anything BUT the presenting problem. Early sessions should always be 'led' by the client.

My son should have been allowed to look at the 'here and now' rather than being made to focus on root causes.

My son's lack of care meant he was denied the right to make informed choices, denied the right to profit or learn from his negative experiences and denied the right of empowerment to enable him to take responsibility for his actions.

The 'wait and see' approach was unhelpful and damaging. Early intervention was vital. In this he was failed and consequently deteriorated rapidly. This in turn led to substance misuse, homelessness, prison terms and eventually death.

Court and prison are not the answer for someone with complex needs. Courts look at the offending behaviour but they do not look at the root cause. In the case of my son, the absence of any recommendations from the mental health sector meant my son's acute distress was never acknowledged.

My son was not a criminal, therefore anytime spent on remand in prison only served to compound his distress.

The first important step to alleviating his distress would have been to explore with him exactly why he was getting into the crisis in the first place and then to help him to look at alternative ways of managing his difficulties. My son wanted his voice to be heard, he wanted to be shown some respect. Accepting my son as he was WOULD have brought about a change in his mindset.

The mental health professionals who briefly worked with my son should not have been so blinkered and, worse, dismissive. They needed to reflect a little more, stand in my son's shoes, BE my son for a moment. I can only reiterate that he needed access to a safe place in which alternative ways of dealing with his acute distress could have been sought, explored and problem solved. He deserved to have his voice heard.

My son had chronic feelings of emptiness, loneliness and boredom. Substance misuse and alcohol NOT intervention from the mental health sector helped to make his life more bearable.

Prevention is better than cure. Nearly all of my son's outbursts could have been pre-empted and avoided. Left untreated you end up with a Russian Doll effect – bad experiences re – enforcing acute distress and bad behaviour and the sufferer becomes unreachable.

How can the services say that my son was not treatable when there was no real attempt to treat him in the first place? Treatability should be defined as an alleviation of symptoms rather than treating the disorder itself. Remember there is a person behind the disorder.

My son was very much aware of his powerlessness and loss of control but what choices did he have?