

Gwaith dilynol Cadernid Meddwl: sesiwn gydag aelodau Senedd Ieuenctid Cymru

Cofnod o'r drafodaeth

Cynhaliwyd ddydd Iau 13 Chwefror 2020 (13:15-14:15)

Ym mis Ebrill 2020, bydd hi'n ddwy flynedd ers i'r adroddiad Cadernid Meddwl gael ei gyhoeddi, felly cyfarfu'r Pwyllgor ag Aelodau Senedd Ieuenctid Cymru mewn sesiwn breifat er mwyn llywio'r gwaith dilynol ar yr adroddiad.

Yn 2018, anfonwyd argymhellion gwreiddiol y Pwyllgor at Lywodraeth Cymru ar gyfer gwella'r gefnogaeth sydd ar gael i blant a phobl ifanc o ran iechyd emosiynol ac iechyd meddwl. Defnyddiwyd yr argymhellion hyn i sefydlu chwe thema fel canolbwynt ar gyfer eu trafodaeth. Wedi trafod pob thema, gwahoddwyd Aelodau'r Senedd Ieuenctid i bennu gradd Coch, Ambr neu Wyrdd (CAG) ar gyfer pob thema. Diffinnir y sgôr CAG fel a ganlyn:

- **Coch** - ddim yn ddigon da ac mae angen rhoi sylw iddo ar frys
- **Melyn** - gwnaed rhywfaint o gynnydd ond mae angen gwneud mwy yn y tymor hwy
- **Gwyrdd** - nid oes unrhyw faterion o bwys yma ar hyn o bryd

Crynhoi sylwadau Aelodau'r Senedd Ieuenctid a oedd yn bresennol y mae'r papur hwn, a chydabu'r bobl ifanc mai eu barn nhw yr oeddent yn ei rhannu a'u bod deall bod profiadau pobl eraill efallai'n wahanol.

Themâu ac adborth

Rhannwyd y themâu canlynol ag Aelodau'r Senedd Ieuenctid cyn y sesiwn:



1. Agweddau cymdeithas tuag at iechyd meddwl/stigma

Un o'r pryderon mawr sy'n cael ei godi'n rheolaidd gyda'r Pwyllgor yw'r stigma y gall pobl ei deimlo wrth siarad am iechyd meddwl. Soniodd Aelodau'r Senedd Ieuenctid ba mor bwysig ydyw i bawb deimlo'n gyffyrddus i gychwyn sgwrs ag eraill am eu hiechyd meddwl. Hefyd, fe bwysleisiwyd pa mor bwysig yw cydnabod iechyd meddwl gwael a bod dealltwriaeth o bobl sydd â phroblemau. Roeddent yn cydnabod y bu rhywfaint o newid cadarnhaol, gyda mwy o bobl bellach yn barod i siarad am eu hiechyd meddwl, ond nodwyd bod "stigma enfawr" yn dal i fodoli i lawer.

"It (mental health) is treated like a taboo subject still and it's not, it's a normal thing. It just needs to be recognised as normal. Everyone has mental health, some have issues some don't. We are starting to talk about it and starting the conversation will hopefully help."

"I think one of the problems is that I know there are some people going through mental health issues and they may go out with a smile, but they are hiding loads of stuff. What I think should be happening is that we ask the person, how they are more. Especially with close friends."

Disgrifiwyd cefnogaeth cyfoedion fel rhywbeth sydd yn aml yn anodd. Esboniodd Aelodau'r Senedd Ieuenctid fod hyn oherwydd bod risg na fyddai cyfoedion yn gwybod beth yw'r ffordd orau o ddelio â phethau neu gadw sgysiau yn breifat. Roeddent yn teimlo bod hyn hefyd yn ystyriaeth debyg wrth feddwl am siarad ag athrawon ac oedolion. Fe wnaethant bwysleisio pwysigrwydd cael perthynas o ymddiriedaeth er mwyn gallu siarad.

"I think there's been a slight change so people do feel comfortable talking to staff at schools, but I do think there's still a massive stigma that needs to be broken."

"More people are able to talk about how they feel but there's still a small amount of people that don't feel confident perhaps because they feel like they are going to be judged."

"I think bullying is why it's difficult to talk to younger people about your mental health. It can lead to stuff being made up about you, people not knowing the whole story, whereas with an adult, I feel like the judgement is not there."

"With the young people in my school if you talk to them you might be scared that there will be news about you going all around the school. I feel they might

tell other people in the future. I feel the same thing can happen with teachers and there's a fear of being judged as well as an issue of trust with the adults."

Gradd CAG: **Ambr** / **Coch**

Cytunwyd ar y sgôr uchod gan fod dau Aelod o'r Senedd Ieuenctid yn teimlo bod **agweddau cymdeithas tuag at iechyd meddwl/stigma** yn well nag yr oeddent ond yn dal i fod angen gwaith ar frys

2. Camau ataliol mewn ysgolion

Yn adroddiad 'Cadernid Meddwl' y Pwyllgor, nodwyd ysgolion fel lleoedd pwysig i helpu i hyrwyddo lles meddwl a meithrin gwytnwch. Wrth drafod y thema hon, rhannodd y bobl ifanc eu profiadau personol o'r ysgol, gan ddangos bod gwahanol ddulliau ar waith. Nodwyd pryderon bod ysgolion ledled Cymru yn cynnig gwahanol lefelau o gefnogaeth

Roedd Aelodau'r Senedd Ieuenctid yn pryderu nad yw pob ysgol yn blaenoriaethu ymwybyddiaeth a hyfforddiant ym maes iechyd meddwl er gwaetha'r ffaith mai yn yr ysgol y disgwylir iddynt ehangu eu gwybodaeth am y mater hwn. Roeddent hefyd yn teimlo bod angen i ysgolion fod yn fwy rhagweithiol a chydabod y gallai fod gan rai grwpiau o blant a phobl ifanc, er enghraifft ceiswyr lloches, anghenion penodol am gymorth iechyd emosiynol a meddyliol.

"As young adults we do spend more time in school than at home with our parents. So I feel that should be the main place we should be learning about how to have good mental health. I don't feel that schools support mental health awareness as well as they should."

"School is doing things at a high level, not doing things at a low level. They don't get the training for teachers or young people. If you need counselling you are put onto a waiting list, but it takes a long time to be seen."

Pwysleisiodd Aelodau'r Senedd Iechyd bwysigrwydd y cwricwlwm newydd sy'n ymwneud â lles ac iechyd meddwl ac yn teimlo y byddai newidiadau'r cwricwlwm arfaethedig yn gam cadarnhaol.

"Personally I think that the lack of teaching around mental health is horrid. We don't get taught anything. We don't get taught how to talk about mental health. I understand it is difficult, but so is everything else until you learn how to do it. Recognising it is on the same level as physical health would help the situation."

“I feel the new curriculum will help as we will be talking about feelings and emotions from a younger age. Hopefully that will teach people that sometimes their mental health is good and sometimes it's bad.”

Gradd CAG: **Ambr** / **Coch**

Daeth aelodau'r Senedd Ieuenctid i'r penderfyniad hwn ynghylch **camau ataliol mewn ysgolion** gan eu bod yn teimlo nad oes gan ysgolion yr hyfforddiant ar gyfer cymryd camau ataliol ac mae rhestrau aros am wasanaethau yn hir.

3. Cymorth iechyd meddwl mewn ysgolion

Drwy eu gwaith ar y Pwyllgor Cymorth Iechyd Emosiynol ac Iechyd Meddwl Senedd Ieuenctid Cymru fe gafodd Aelodau Senedd Ieuenctid ddealltwriaeth o'r cymorth ysgol a ddarperir yn eu hardal ac yn genedlaethol, ond roeddent yn fwy hyderus wrth rannu profiadau o'u hysgolion eu hunain.

Cydnabuont fod cefnogaeth yn wahanol mewn ysgolion drwy Gymru ac amlinellodd y ddau y dulliau a ddefnyddir yn eu hysgolion nhw. Disgrifiodd un am ddull ysgafn gyda chyfleoedd dyddiol i drafod iechyd meddwl mewn grŵp. Disgrifiodd y llall wasanaethau cwnsela sydd yn eu barn nhw â strwythur sy'n gweddu i'r gwasanaeth yn hytrach nag i anghenion y defnyddwyr.

“My school in particular has a nurture provision, which is helpful but you have to fit a certain criteria to get into it.. A staff member has to put you forward for it [...] We have a little office for our school counsellor's but they visit other schools so they are only in for one day a week when we can have a 50 minute session.”

“In registration they ask us how we feel from 1-5, 1 is not good and 5 is good. If it's lower than 3 then they ask you why you feel that way. And there is support there. My form do it every day but other forms don't always. It means we can have a further conversation if we need it.”

Mae dau Aelod o'r Senedd Ieuenctid yn eistedd ar eu cyngor ysgol fel cynrychiolwyr iechyd meddwl ond roedd y ddau yn teimlo nad oeddent yn cael eu defnyddio i'w llawn botensial. Dywedodd un ei fod yn codi ymwybyddiaeth fel blaenoriaeth, ond teimlai'r ddau nad rôl gwneud penderfyniadau oedd ganddyn nhw. Amlygodd Aelodau'r Senedd Ieuenctid nad oedd gan ysgolion o reidrwydd yr adnoddau na'r staff wedi'u hyfforddi i helpu gyda materion iechyd meddwl, ac roeddent yn teimlo y gallai cefnogaeth iechyd meddwl gael ei hystyried yn faich ar adnodd addysgu sydd eisoes dan bwysau.

“I’m part of the school council. We haven’t done anything since November last year. We haven’t even seen each other. I received a book from State of Mind [a training provider] and I wanted to do something with this, to share it. I’ve asked many times but they don’t do anything, I ask and ask but no action is taken.”

“We haven’t met each other and we don’t really talk about anything, through the stigma I guess. We just raise awareness, we’ve done bake sales but we don’t really talk about things so it’s not working.”

“They [teachers] don’t think it’s [mental health] as important as it is, but it’s effecting everyone, if they don’t know they could try to learn or train but they don’t.”

Mae Llywodraeth Cymru yn nodi bod gwasanaeth cwnsela ar gael ym mhob ysgol, ac mae ysgolion y ddau Aelod Senedd Ieuenctid yn ei gynnig. Fodd bynnag, roeddent yn teimlo nad oedd yn wasanaeth hygyrch iawn, heb fawr o wybodaeth ragweithiol yn cael ei darparu amdano.

They never advertise it [counselling services] or show it. You have to actually go through it and then it’s offered.

I only got told about it [counselling] when I reached my school crisis point. I was told by the pastoral staff and I had to fill out a form. I then had to wait 9 months. I had 6 sessions.

Gradd CAG: **Coch**

Cytunodd y ddau Aelod Senedd Ieuenctid fod **cymorth iechyd meddwl mewn ysgolion** yn radd goch oherwydd, er bod rhywfaint o gefnogaeth, mae'n anodd cael mynediad ato.

4. ‘Gofal sylfaenol’/gwasanaethau cymunedol

Roedd y ddau Aelod Senedd Ieuenctid yn teimlo mai â meddygon teulu y byddent yn cysylltu gyntaf, ond roedd y ddau yn teimlo y gallai gwasanaethau a gwybodaeth meddygon teulu fod yn gyfyngedig neu'n anaddas ar gyfer rhywun ag iechyd meddwl gwael.

Dywedwyd bod cyfeirio at feddygon teulu neu at wasanaethau eraill yn ddiffygiol ac awgrymwyd y dylai meddygon teulu hysbysebu mewn ysgolion yn uniongyrchol.

“I have social workers but if I didn’t, my first thought would be to go to a GP because they will be able to help with quick crisis knowledge and support. We need to make sure GP’s have this knowledge.”

“I don’t think people know where to go unless they google it. It’s hard to know where to go unless you’ve been told. I wouldn’t know where to go if that’d happened to me.”

“I think there needs to be an access door for young people, because I know that making appointments on the phone can be nerve racking for anyone. Some sort of other way to access support that was maybe less formal and intimidating. Maybe having a drop in where you can have a 1:1 chat for 10 minutes but GP’s need to be flexible and this isn’t really possible.”

Teimlai Aelodau'r Senedd Ieuencid, mewn rhai achosion, y gall yr heriau seicolegol y gallai fod yn rhaid i bobl ifanc eu goresgyn er mwyn cerdded trwy ddrws y meddyg teulu, fod yn llawer rhy uchel. Roeddent yn teimlo bod y ffordd y mae'r gwasanaethau wedi'u cyflunio/cyrchu ar hyn o bryd yn gallu bod yn rhwystr er mwyn cael gafael ar gymorth.

“The main problem is the barriers like going through the door of the GP or fitting the criteria. If you don’t fit the criteria, you move closer to crisis point, and people can get into a dark place.”

Teimlai Aelodau'r Senedd Ieuencid fod y rhyngwyd weithiau'n cael ei defnyddio fel prif ffynhonnell wybodaeth ar gyfer hunan-ddiagnosisio, ond esboniwyd ei bod yn anodd barnu pa wybodaeth sy'n ddefnyddiol. Dywedodd yr Aelodau Senedd Ieuencid ei bod yn frawychus gweld sut y gall ymchwilio neu dreulio gormod o amser ar-lein effeithio ar gyflwr meddwl rhywun.

“I know it’s happened to a few people I know, they’ve searched ‘what’s wrong with me’ and tried to self-diagnose and they read into it more and more and they freak themselves out and that’s not what you need. You need someone to comfort you and say that you’re okay. You’re normal, there’s nothing wrong, you’ve just got an additional need that needs to be dealt with. The internet is a very scary place for when you’re looking at your mental health.”

“I think that being connected and using devices can affect your mental health and we should try to disconnect from our phones more often.”

Gradd CAG: **Ambr** / **Coch**

Daeth aelodau'r Senedd Ieuenctid i'r penderfyniad hwn ynghylch **gwasanaethau gofal sylfaenol/cymunedol** ar y sail eu bod yn teimlo bod llawer i'w wneud eto.

5. Gwasanaethau iechyd meddwl arbenigol/gwasanaethau iechyd meddwl plant a'r glasoed

Roedd aelodau'r Senedd Ieuenctid yn cydnabod pwysigrwydd cefnogaeth arbenigol i nifer o bobl ifanc ond fe wnaethant egluro eu bod yn ei chael yn anodd iawn cael gafael ar gymorth CAMHS arbenigol.

Roeddent yn deall bod angen i staff sefydlu perthynas broffesiynol â phobl ifanc ond fe wnaethant egluro y gallai hyn deimlo fel diffyg emosiwn neu empathi gan staff yn y gwasanaethau hyn.

“We need people who care, we don't need robots. Most therapists I've been with are so under trained or nervous that they go by the book, they cross the box, follow the form and the book, there's no book for people, this doesn't work for everyone. We need face to face, heart to heart not book to person.”

“We should have people who want to make a change. It makes me questions if they care. They may care but they perhaps don't know how to show that person that they care.”

Gofynnwyd ym mha ffordd y mae hyfforddiant i'r cyhoedd ynghylch dealltwriaeth a chymau ataliol yn gyfyngedig a'r ffordd y mae'n gadael i'r Aelodau Senedd Ieuenctid yn teimlo na allent helpu pobl maent yn eu hadnabod sy'n agosáu at bwynt argyfwng. Roeddent hefyd yn teimlo y gallai cael profiad byw helpu wrth geisio cefnogi pobl ifanc â phroblemau iechyd meddwl.

“When my friend went through mental health problems, I wondered how do I help her? What do I say to her to help her thought this situation?”

“I think it's very difficult to access specialist services, I was fortunate, I guess you would say, although I hate that term in this phrase, I had to reach crisis point before I knew about CAMHS.”

Rhannodd un o'r Aelodau Senedd Ieuenctid brofiad personol, gan daflu goleuni ar arferion cyfredol.

"I met with a psychiatrist three times...this psychiatrist was very calm, very ready for me to talk to him, it felt like a GP. He was writing down word for word everything I was saying. And at the end he said 'yes' or 'no.' It was 'yes, I need to see you again in 6 months' or 'no, you're fine.' And that was it. I saw him in 6 months' time and it was a good day, I was 'better' I was 'fixed' so they say, so I didn't have to see him again."

Gradd CAG: **Coch**

Roedd Aelodau'r Senedd Ieuenctid yn teimlo bod newid yn y **gwasanaethau iechyd meddwl arbenigol/CAMHS** mor bwysig, dewisodd y ddau Goch.

6. Gwasanaethau argyfwng

Rhannodd un o'r Aelodau Senedd Ieuenctid brofiad personol. Fe eglurwyd sut roedd yn teimlo i fod ar bwynt argyfwng ac fe roddwyd awgrymiadau ar sut y gallai pethau fod yn well i bobl mewn sefyllfa debyg. Er enghraifft: trwy gynnal sesiynau cwnsela neu apwyntiadau mewn adeiladau heblaw ysbytai; siarad â phobl cyn iddynt gyrraedd pwynt argyfwng i leihau'r risg o gyrraedd y pwynt hwnnw oherwydd, wedi ei gyrraedd, mae'r siwrnai yn ôl i'r trywydd iawn yn llawer hwy; a sicrhau bod gwasanaethau ar gael yn rhwydd gan fod yn rhaid i lawer o bobl fynd ar restrau aros hir a all gael effaith andwyol ar eu hadferiad.

"Crisis point for me was actually a suicide attempt and that was the darkest part of my life and no one should ever get to that point, so anything we can do before that, is going to help, making some form of awareness, making things known that it's okay not to be okay."

"I wasn't aware of CAMHS or eye to eye counselling until I reached crisis point. If you talk to people when they are okay or happy, in a good mental health place then that'll help because they will listen to you. When you're in a dark place it's difficult to listen to people."

"A lot of people said that the waiting list is the biggest problem. I didn't have to use a waiting list but for some, even after a crisis event it's a problem."

“Possibly all of my appointments with CAMHS were in hospital buildings, and going there makes you feel like you’re ill, and you’re not, you’re just not perfect and no one is. It’s not a setting I liked, I didn’t think there was anything ‘ill’ about me, I just wasn’t in a good place, the whole hospital environment does put people off, people worry about being sectioned.”

Pwysleisiodd Aelodau'r Senedd Ieuenctid y pwysigrwydd bod iechyd corfforol ac iechyd meddwl yn cael eu gweld yr un mor bwysig yn y gymdeithas ac yn yr ysgol. Fe wnaethant hefyd bwysleisio pwysigrwydd ystyried effaith cyd-destun ehangach bywyd person ifanc ar ei iechyd meddwl, a bod yn bwyllog ac amyneddgar ynghylch hyn.

“In my school there isn’t always understanding. If you take the day off because you aren’t feeling good. And then your parents get a £60 fine for you not being there then that punishment adds to the stress.”

“If you’ve got a broken leg and you have a cast, you get an authorised absence for that day. But if you’re in a really bad place and you’ve taken the day off to calm down and clear your head, it’s unauthorised. There should be equality between physical and mental health.”

Gradd CAG: **Coch**

Er mwyn tynnu sylw at yr angen dybryd am welliant i **wasanaethau argyfwng** yn y maes hwn, graddiodd Aelodau'r Senedd Ieuenctid y thema hon yn goch.