

Children and Young People's Mental Health Report

V 1.0



March 2019



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Appendices

Appendices will be available on our website

[Appendix One - HWW Focus on Young People's Emotional Wellbeing - May 2018](#)

[Appendix Two - Parent and Carer Survey](#)

[Appendix Three - Young People's Survey](#)

References

[Worcestershire's Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health - November 2018](#)

[Emotional Wellbeing Toolkit for Schools, Colleges and Skills Providers - Worcestershire County Council](#)

Section A

Introduction

I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient, service user and carer perspective.

II. Why this issue

- One in eight 5 to 19 year olds had a mental disorder in 2017
- Emotional disorders, including anxiety and depression have become more common in 5 to 15 year olds
- One in four 11 to 16 year olds with a disorder has self-harmed or attempted suicide
- Only 25% of children with a disorder had contact with a mental health specialist
- One in five children with a disorder reported waiting more than six months for contact with a mental health specialist

Mental Health of Children and Young People in England 2017
NHS Digital, November 2018

In 2015 NHS England published **Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing**. The report highlighted the issue of children and young people's mental health and the need nationally for services and support to improve. As a result every local area was required to develop a Transformation Plan to demonstrate how changes would be implemented.

The NHS Long Term Plan 2019 sets out a commitment to expanding mental health services for children and young people: increasing access to treatment and support; increased funding; investment in community-based services and eating disorder services; access to crisis support; embedding support in schools and colleges; and a new approach to support transition to adulthood.

In Worcestershire mental health and emotional wellbeing services for children and young people are commissioned by the Worcestershire Clinical Commissioning Groups and Worcestershire County Council as part of Integrated Commissioning. The Child and Adolescent Mental Health Service (CAMHS) is provided by the Worcestershire Health and Care NHS Trust.

In February 2016 Healthwatch Worcestershire published Child and Adolescent Mental Health Service (CAMHS) Survey Report. Findings suggested that while most of those who had accessed CAMHS were satisfied with the support, there was a need to reduce waiting times and provide support for children and young people who did not meet the criteria for CAMHS. Concerns were also raised about staff capacity and continuity and whether CAMHS could meet the specific needs of those with Autism Spectrum Conditions.

In November 2015 Worcestershire published its Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. This outlined plans to reduce and monitor waiting times for CAMHS and the introduction of new services including Kooth and Reach4Wellbeing.

Kooth is an online counselling service provided by Xenzone, for 11 to 19 year olds. Children and young people can self-refer and access support anonymously, without waiting. Support can be accessed seven days a week, including evenings.

Reach4Wellbeing is delivered by Worcestershire Health and Care Trust and provide group support in schools for 5 to 19 year olds. This involves short-term group support programmes for those experiencing emotional difficulties, specifically anxiety, low mood and self-harm. Parents and schools can refer and over 13s can self-refer.

Healthwatch Worcestershire has carried out further work looking at experiences of young people, parents and carers. The Children and Young People's Health and Emotional Wellbeing Information, Advice and Support Engagement and Survey Report (March 2017) and Focus on Young People's Emotional Wellbeing (May 2018) suggested that emotional wellbeing is an important issue and for children, young people and parents. Findings also suggested that young people and parents are not always aware of what information and support is available and how to access this.

One of the findings from our Autism Spectrum Conditions Report (March 2018) was that some parents and carers had found it difficult to access appropriate mental health support for their children.

We have also been participating in meetings of Worcestershire's Children's Emotional Wellbeing and Mental Health Partnership Board. Feedback from our previous reports has been included in updates to Worcestershire's Transformation Plan. The updated Transformation Plan published at the end of 2018 stated that Healthwatch Worcestershire would be carrying out the work in this report and that the findings and recommendations would be used to inform commissioning, service delivery and future refreshes of the transformation plan.

This work has been carried out to gather feedback from young people, parents and carers about their experiences of accessing mental health support and the progress made by Worcestershire's Transformation Plan. In addition to gather feedback about access to CAMHS and the quality of the CAMHS service, we aimed to find out what other support young people and parents were aware of and had received.

III. Our work

Between September 2018 and January 2019 we engaged with 233 people about mental health and emotional wellbeing support for children and young people.

We have:

Gathered feedback from parents and carers about their experiences of accessing mental health support for their children:

- 102 parents and carers completed our survey
- 24 parents and carers spoke with us as part of our engagement

Gathered feedback from children and young people about mental health and emotional wellbeing and accessing support:

- 70 young people completed our survey
- 37 young people took part in group discussions as part of our College engagement

Our Surveys

The majority of surveys both for parents and carers and for young people, were completed online.

The surveys were promoted via our website, news Bulletins, Twitter, Facebook and on Youthcomm Radio.

They were sent to all primary, middle and high schools and colleges across Worcestershire and to local voluntary groups and organisations, including members of Healthwatch Worcestershire's Reference and Engagement Group.

Paper copies were distributed with reply envelopes at Parent Roadshow events across Worcestershire organised by SENDIASS (Special Educational Needs and Disability Information Advice and Support Service), Worcestershire County Council and Families in Partnership. Paper copies were also distributed at engagement events we attended and to Worcestershire Health and Care Trust.

We are grateful for the support of Worcester Sixth Form College, Kidderminster College, Heart of Worcestershire College Redditch, Parents' Voice, Families in Partnership, Young Solutions, Worcestershire Parent Carer Community, Action for Children, North Worcestershire Autism Parent Support Group, Pershore Additional Needs Support Group, Springfield Mind and all the other schools, colleges, groups, organisations and individuals who have shared and promoted our surveys and shared their experiences with us.

Section B Feedback from parents and carers

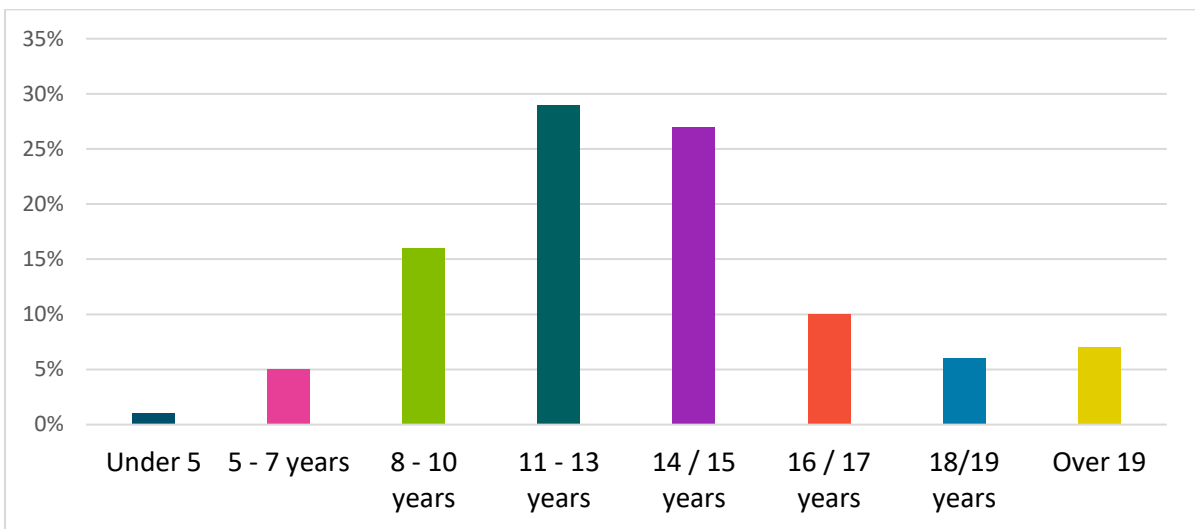
1. Survey

102 people completed our survey for parents and carers.

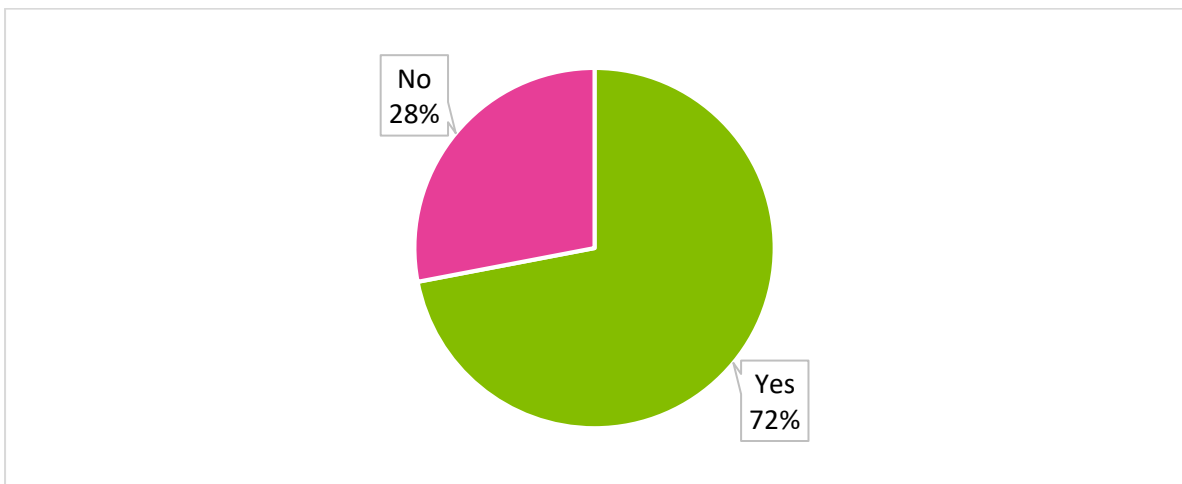
Gender of respondents' child / young person:

- 1. 50% were female
- 2. 48% were male
- 3. 2% were transgender

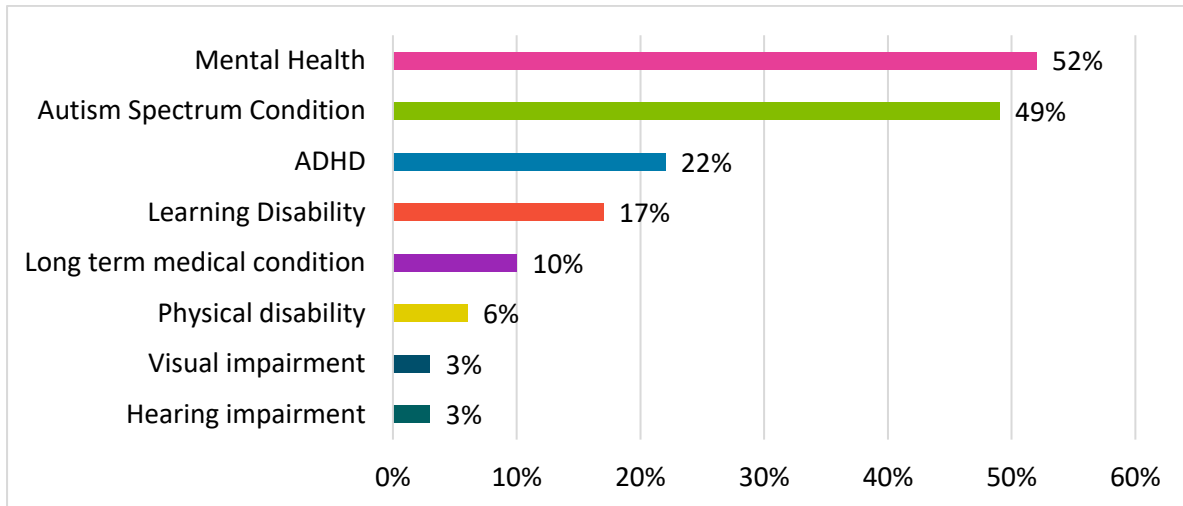
Age of respondents' child / young person:



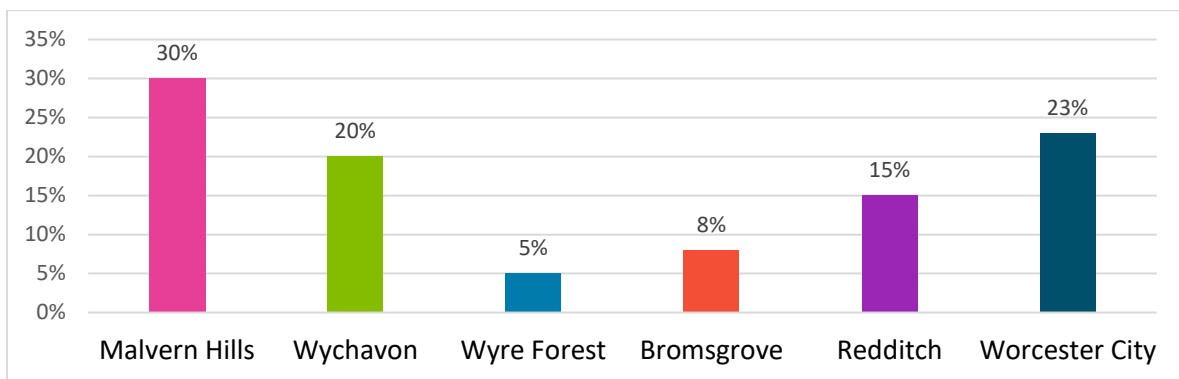
Does the child / young person have a disability or long-term medical condition?



If yes, which of the following apply?



Where do respondents live?



Ethnicity of respondents' child / young person

90% of our respondents described their ethnicity as White British.

Other ethnicities stated were: White Irish, White European, Other White, Mixed White and Black Caribbean, Mixed White and Asian and Other Mixed.

Note

Not all questions were answered by all respondents. Where non-response is present percentages are reported based on the numbers answering the question.

Where themes / comments are reported these are set out in order of frequency, starting with the highest number.

1.1. Access and referrals to CAMHS

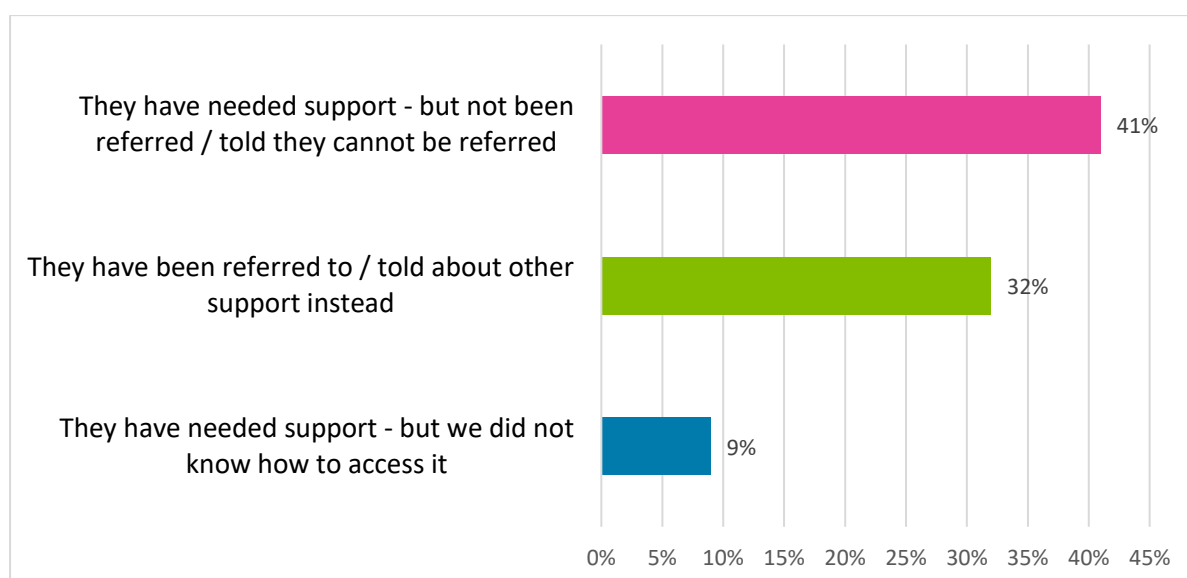
The survey stated that it was to be completed by parents and carers with a child or young person who has accessed or tried to access CAMHS or other support for mental health in the last two years. All those who completed the survey confirmed this was the case.

48% of parents who responded told us that their child had **accessed CAMHS within the last two years**: 31% within the last year and 17% in the last two years.

52% of the parents who responded told us their child had **not accessed CAMHS**. Of those who had not accessed CAMHS, 51% had been referred.

Parents whose child had not accessed or been referred to CAMHS

i. Why have they not been referred to CAMHS?



Comments (4)

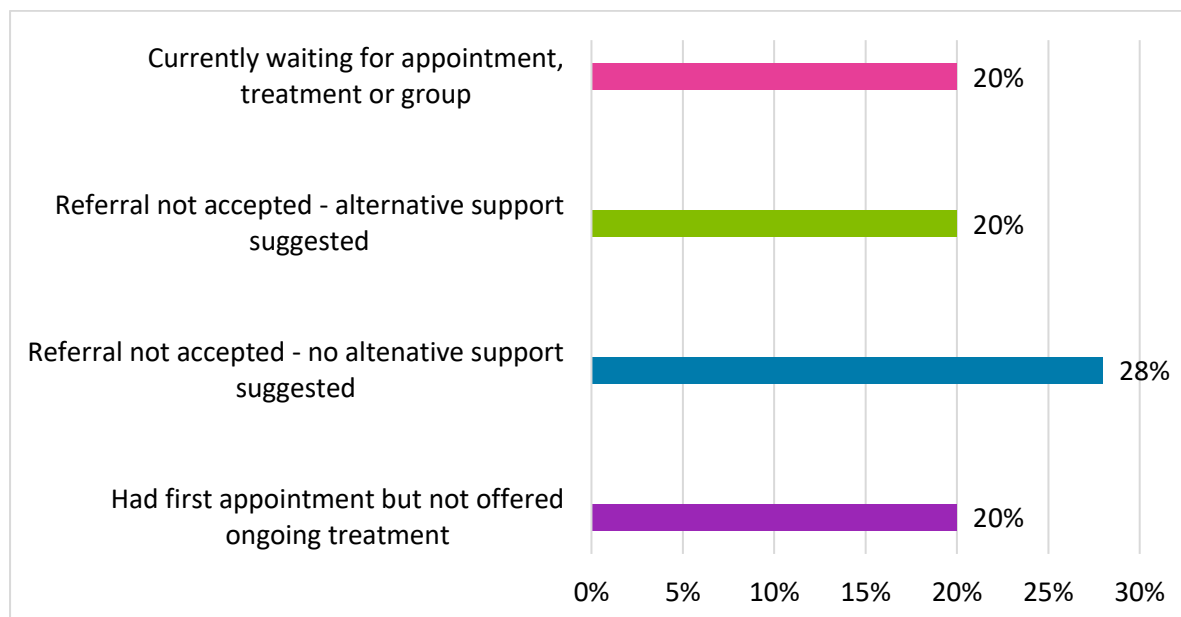
- Did not meet the criteria
- Paid privately due to waiting times

“Told he needed to talk to a therapist, but would have to wait months for an appointment. He needed help now so had to go private”

- Paediatric team would not refer
- Told support would be available at school, but not the case

Parents whose child had been referred to CAMHS, but not received support

ii. What happened following their referral to CAMHS?



Comments

- Did not meet criteria (3)

“Had first appointment and refused treatment as did not meet criteria”

- Treatment not appropriate or poor quality (3)

“Reliant on school to provide support and intervention for mental health needs rather than health services”

- Delays in accessing support (2)

“Took so long so had to pay for private counselling”

Summary:

Many of the parents with a child who has not accessed CAMHS felt that their child was not able to access the support they needed, due to lack of availability of appropriate support or criteria to access CAMHS.

While alternative support has been recommended for some children who did not meet the criteria for support from CAMHS, this was not always the case. Some parents were unsure how to access support for their child.

1.2. Waiting times for CAMHS

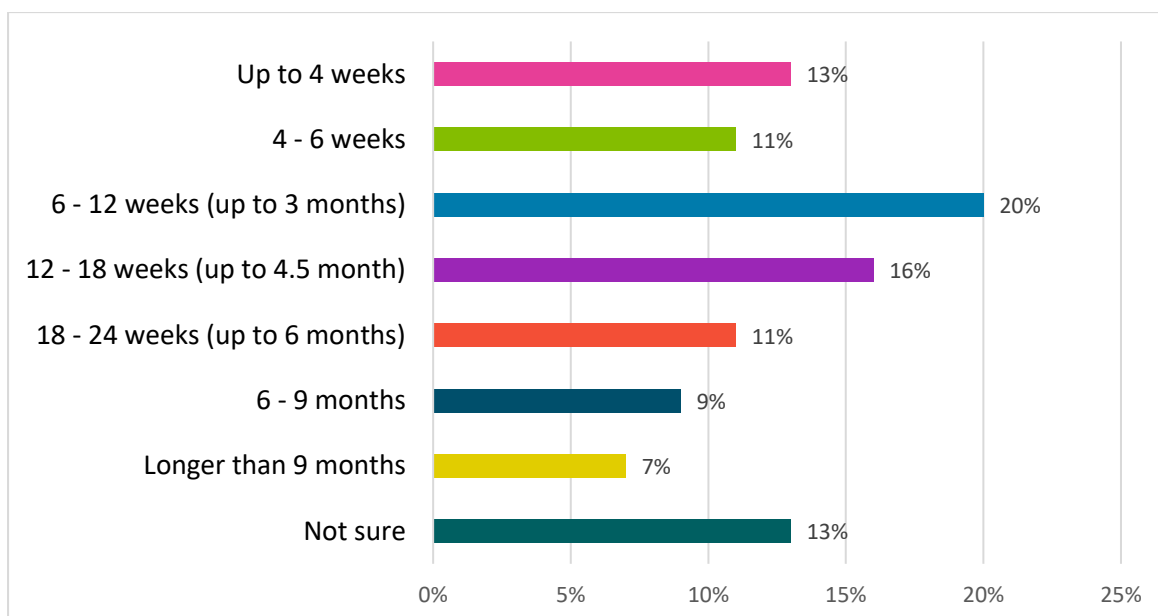
Parents whose child is currently waiting for CAMHS

Of the two parents with a child waiting for a first appointment with CAMHS - one had been waiting between 6 to 12 weeks and the other had been waiting between 18 to 24 weeks.

Of the three parents with a child who had been to an initial appointment and were waiting for treatment- one had been waiting less than 4 weeks, one had been waiting between 4 and six weeks and one had been waiting between 6 and twelve weeks.

Parents whose child has received treatment from CAMHS

i. Roughly how long did they wait for a first appointment at CAMHS following referral?



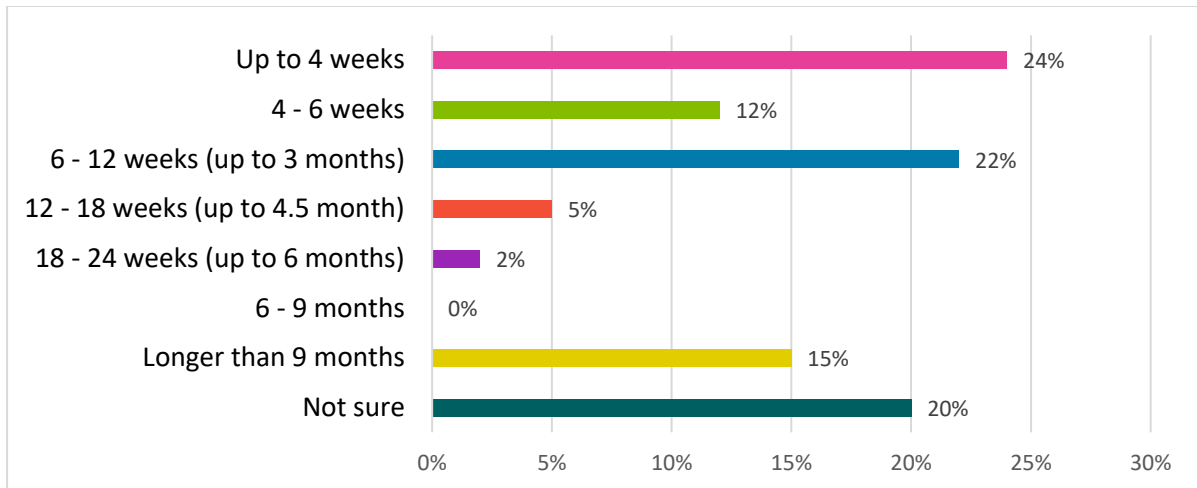
Comments

- Negative impact of waiting times for support and deterioration of child's mental health (7)

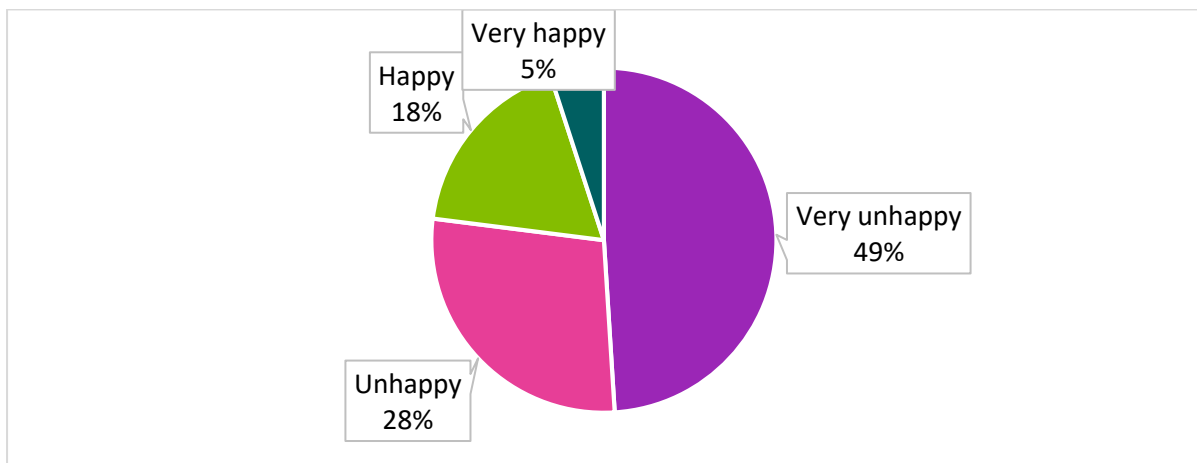
"My son was supposedly an emergency referral, I was told an appointment would be available in 6 months time. My son's mental health deteriorated. I could not safeguard him"

"My son was so unwell when he first presented at CAMHS, the promise of a 12 week wait saw an extreme deterioration in his wellbeing... I was advised to present with my son at A and E."

ii. Roughly how long did after their first appointment did they wait for further treatment or a group to start?



iii. Overall - how happy are you with the length of time they waited to access treatment / support from CAMHS?



Comments

Negative (14)

- Negative impact of waiting times (8)

“4 weeks for emergency appointment is not acceptable in crisis situation”

- Issues regarding referral (5)

“We had to re-refer to be seen again”

- Limitation of current resources (1)

“I don’t really blame CAMHS they don’t have the resources”

Positive (1)

- Positive experience of quick referral

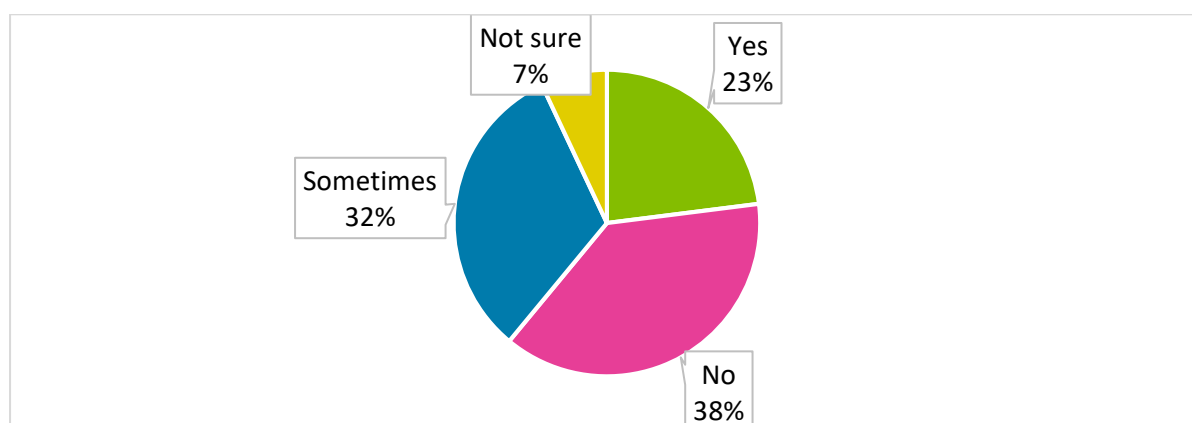
Summary:

Responses show that most parents reported their child received an initial appointment at CAMHS within 18 weeks and started further treatment within 12 weeks following this.

However, the majority of parents were unhappy or very unhappy about the length of time their child had to wait for support from CAMHS and many gave examples of the impact of waiting for support on the deterioration of their child's mental health. Some parents told us they felt that support could only be accessed when a child had reached crisis point and that even when this happened support was not always immediate. Having to be re-referred to access support when it was required again also resulted in further waiting time.

1.3. Satisfaction with CAMHS service

i. Do you feel that the staff at CAMHS have a good understanding of your child's individual needs?



Comments

- Staff not having understanding of specific condition - Autism, ADHD, Eating Disorders (3)

“Whilst in initial assessment the team did pick up on suspicion that my son possibly had some sort of autistic spectrum condition, they continued to talk to him like a neurotypical child... Two years later he is diagnosed with autism. No understanding.”

- Not listening to child or parents' concerns (3)

“CAMHS did not listen to my grave concerns”

- Capacity and cutbacks (2)

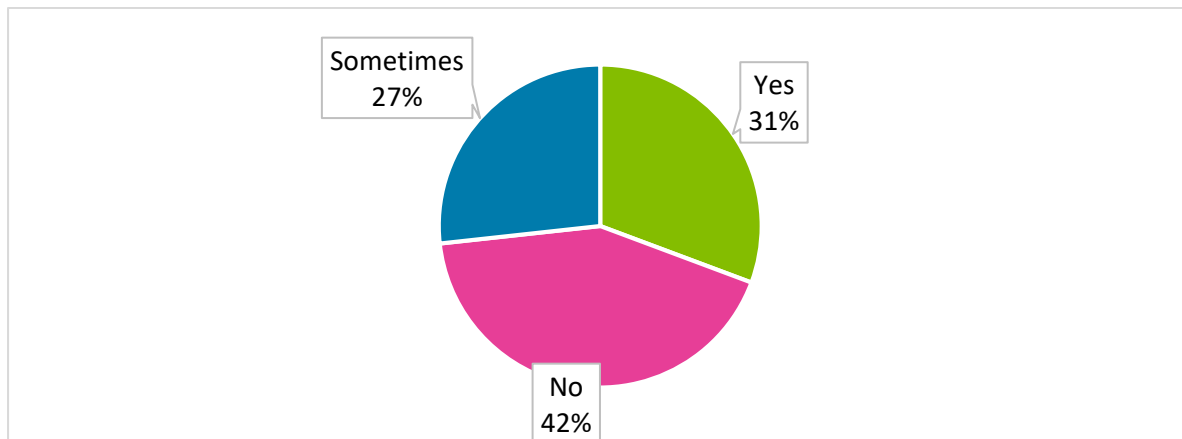
“I feel that the service is stretched and lack of diagnostic assessments have left us and our child no further forward”

- Dependent on individual staff (2)

“Had a lot of good experience with staff and one terrible one”

- Not correctly diagnosing mental health issue (2)

ii. Do you feel that staff at CAMHS have involved you in decisions about your child’s treatment / support?



Comments

- Negative comments about involvement of parents (5)

“Anxiety was quickly diagnosed without getting to know my child”

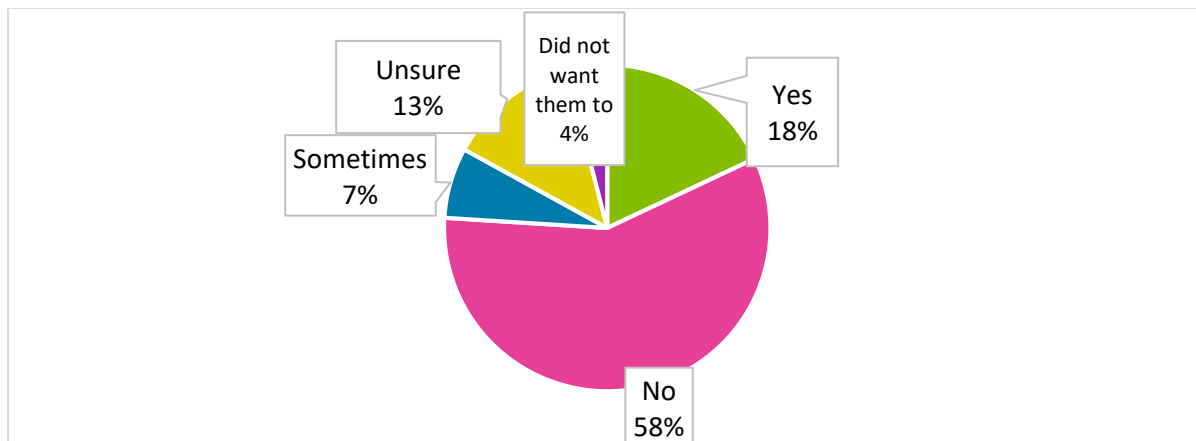
- Dependent on staff / nature of involvement (4)

“You get consulted on what the problems are but if they refuse treatment there’s not much you can do”

- Positive experience of involvement (1)

“Yes we were given lots of info and we’re included in discussions about medication”

iii. Do you feel there has been effective communication between CAMHS and other agencies?



Comments

- Lack of communication from CAMHS to school (8)

“There has been no communication from CAMHS to school”

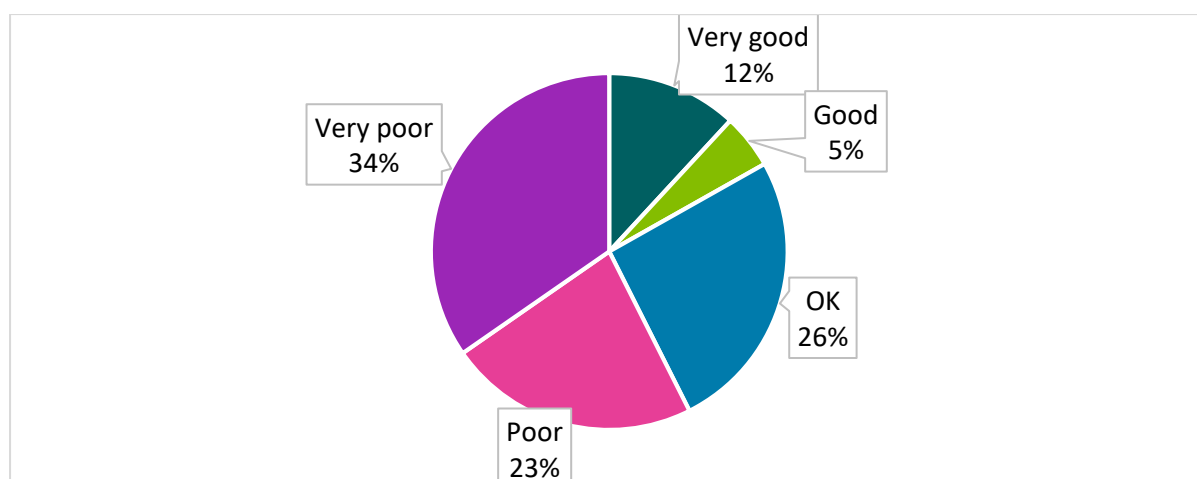
- Issues with school regarding the communication (3)

“Excellent communication from CAMHS to the school, shame the same can’t be said for the other way round”

- Positive comments about effective communication (4)

“I got someone to address her schooling and CAMHS provided the evidence and support for that”

iv. Overall - how effective do you feel the treatment / support from CAMHS has been?



Comments

Negative (17)

- Lack of appropriate support / poor quality (8)

“Left to parents, no follow ups. Issues have returned, hence waiting for next intervention”

- Impact of waiting times for required treatment and support (6)

“Late response to situation”

- Lack of understanding of Autism and other complex needs (3)

“Because there are complex needs they don’t know what to do”

Positive (4)

- Positive impact of support (4)

“Once the right clinical worker was assigned things improved significantly, but up until then we had to push very hard to get treatment and progress”

Importance of early intervention (1)

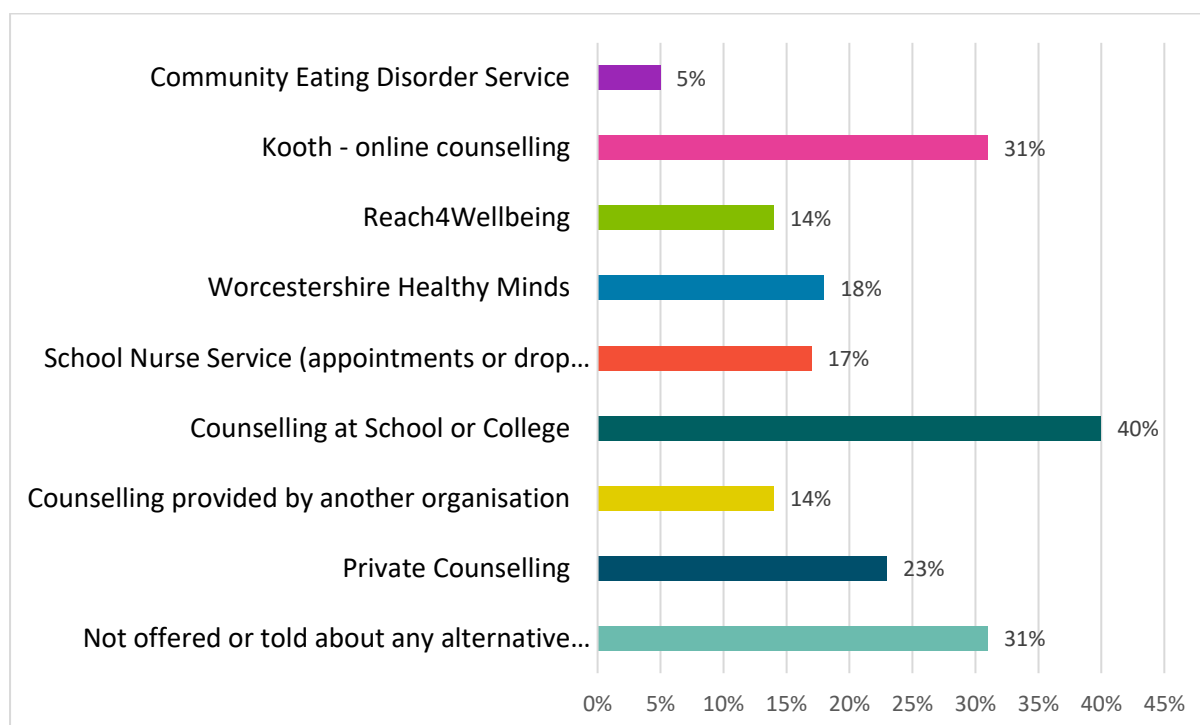
“Unbeknown to me my son was suicidal and self harming. By the time he got to CAMHS I had put in considerable time and resources addressing it. He has had some useful mindfulness support. Maybe this is a resource that could be put in earlier with young people”

Summary:

Overall feedback from parents shows low satisfaction with the service, especially in terms of the involvement of parents and communication with school. Responses also suggest that parents feel that the quality of support depends on the individual member of staff providing support and their understanding of the individual child.

1.4. Accessing other support for Mental Health

Has your child been referred to or told about any of the following support?



Comments

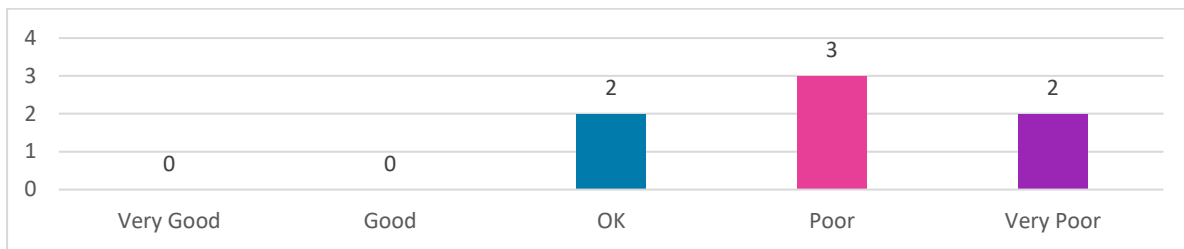
- Examples of other support children had been referred to or told about (5)

This included: Action for Children’s Blues programme, Family Support Worker and counselling from Relate, What’s Your Point and St Richard’s Hospice.

- Found alternative support themselves, rather than anyone telling them (3)

Community Eating Disorder Service

7 parents rated experiences of the Community Eating Disorder Service:



Comments

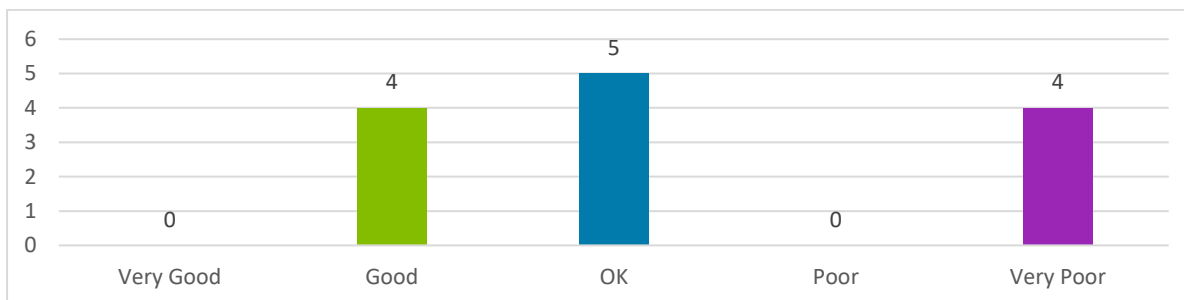
- Poor quality of the service and waiting time (2)

“Poor standard of support and therapy provided”

- Child would have benefitted from this service, but were unaware of it (2)

Kooth - online counselling

13 parents rated experiences of Kooth:



Comments

- Child did not want to use it (5)

“Son would not use it”

- Poor service (2)

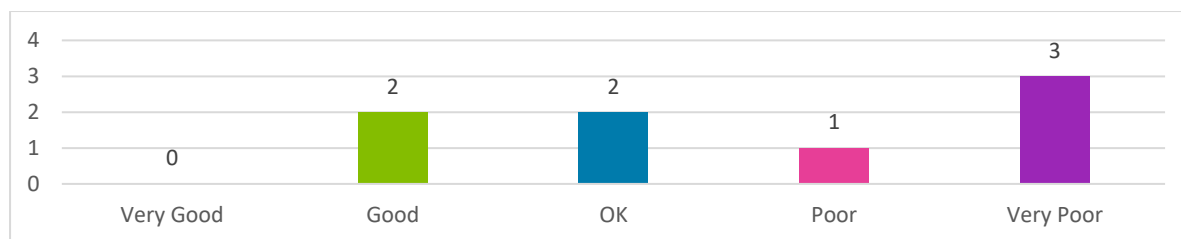
“Provided very generic support and failed to respond to our child’s requests for help”

- Positive comments about the site and that child liked the fact it was online (2)

“My son responded well to the fact it was online”

Reach4Wellbeing

8 parents rated experiences of Reach4Wellbeing:



Comments

- Not appropriate / helpful (3)

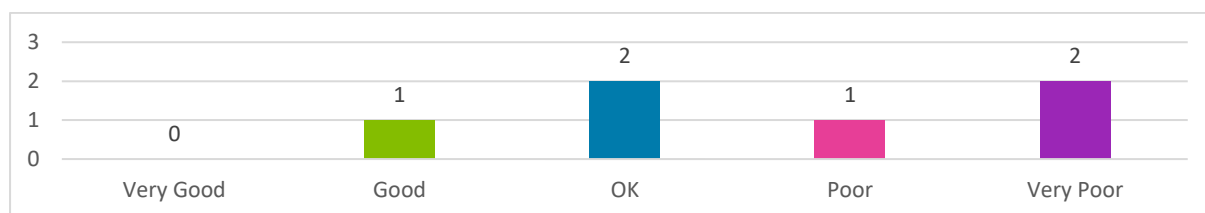
“Not appropriate as child needs more qualified help”

- Limited sessions

- Not hearing back to online form

Worcestershire Healthy Minds

6 parents rated experiences of Worcestershire Healthy Minds:

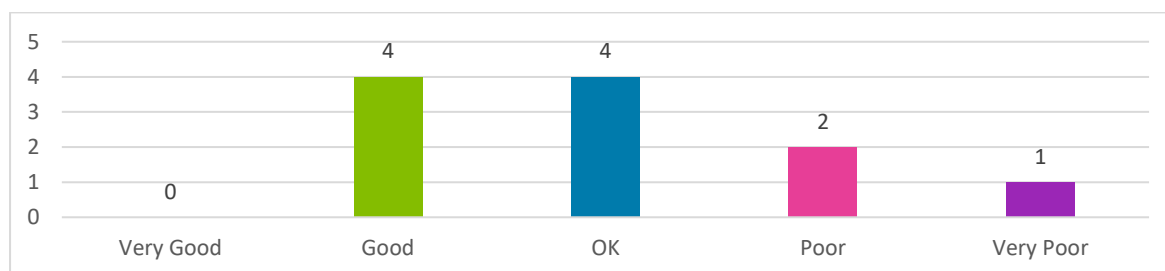


Comments

- Child not wanting to engage with the support (2)

School Nurse Service

11 parents rated experiences of the School Nurse Service:



Comments

- Child not wanting to engage with the School Nurse (2)

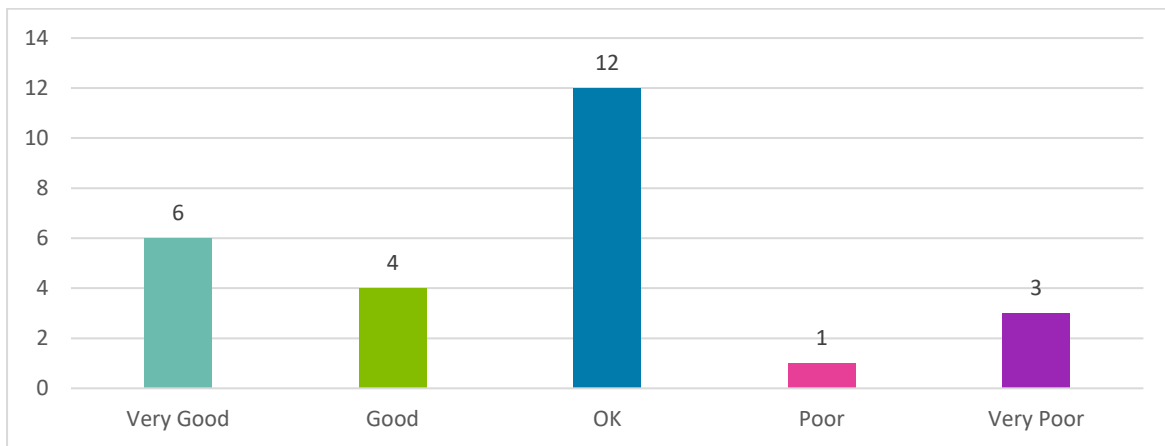
- Lack of knowledge about the School Nurse Service (2)

- Positive feedback about the advice received from the School Nurse (2)

“School Nurse was involved at the beginning and was able to refer to CAMHS. She was lovely”

Counselling at school or college

26 parents rated experiences of counselling at school or college:



Comments

- Child not engaging with support, counsellor or implementing strategies (4)

“It didn’t work out for my child he didn’t build a relationship with the counsellor”

- Capacity and waiting times (2)

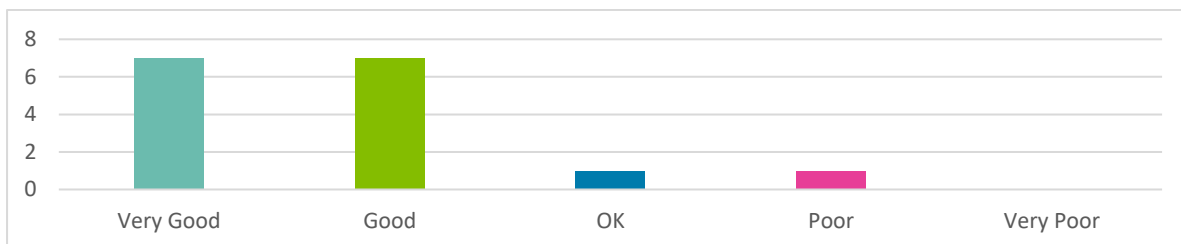
“We waited a long time for it as so many children need it, but its been helpful”

- Poor support and the school not following through with promise of counselling (2)

- Child home educated and therefore this was not an option (1)

Counselling provided by other organisations

8 parents rated experiences of counselling by another organisation:



Comments

- Where they had accessed the counselling - via Relate and Action for Children (2)

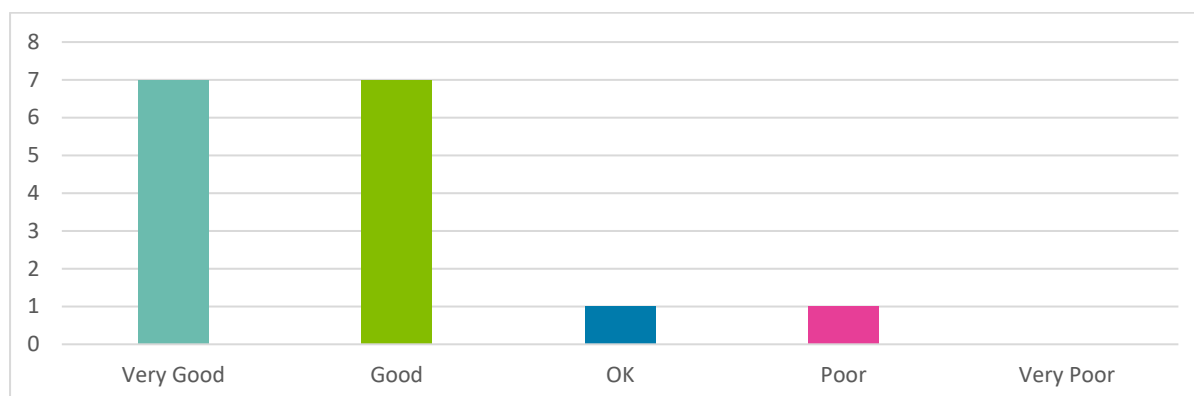
“I found out about Relate myself and went along with my child. They were quite good”

- Waiting time to access support (1)

- Child not engaging with support (1)

Private counselling

16 parents rated experiences of private counselling:



Comments

- Having to get counselling privately either because there was no other support or due to waiting times (5)

“My only choice, nothing else was offered”

- Money related, either not being able to afford private counselling, sustain it long term or about the financial impact (4)

“By then I wasn’t working due to the situation so money was very very tight”

“I have been very fortunate that I was able to pay for the services of this amazingly good person. He is not bound by targets and constant government consultations, he just delivers. This is a tricky issue to resolve, but an important one”

- Not being able to find appropriate counselling in their area (2)

Summary:

Responses suggest a variation in the awareness and availability of alternative support available for children and young people.

Parents gave a range of ratings for the effectiveness of the different types of support available. On the whole one-to-one counselling, either privately, at school or college or from another organisation was rated more highly, than NHS support. However, it is not always available and in the case of private counselling not affordable for all.

Feedback suggested that parents felt that some of the types of support were not appropriate for their child or their child would not engage.

1.5 Additional feedback given about experiences of CAMHS or accessing support for mental health

47 parents gave additional comments about their experiences of accessing CAMHS or other support for their child.

Positive feedback (3)

- Wonderful support from CAMHS, accessed quickly

“CAMHS have been wonderful. They are woefully overstretched but I have never felt my daughter’s care suffered because of that. We feel lucky to have got access as quickly as we did.”

- Positive impact of more informal local appointment from CAMHS

“Having appointments... where we live and not at Worcester Royal was much more convenient and personal”

- Positive feedback about counselling at YMCA

“YMCA... was fabulous and wish they could have kept going but funds were cut”

Negative feedback (44)

Poor experiences of support (13) - including quality of the support, lack of availability and that support from CAMHS only accessible at crisis point

“I have had to fight each step of the way for my child’s treatment”

“Very very disappointed at how we were disregarded”

Lack of appropriate support for children with Autism Spectrum Conditions (7)

“It feels almost impossible to find how to help a child with anxiety or mental health issues due to Autism”

“CAMHS rejected referral each time due to diagnosis of ASD”

“Lack of support for Autism children, no where else to go for help or support regarding mental and emotional help / support”

Waiting times for support (6)

“The waiting times for children in extreme crisis are far too long and the service cannot cater for the sheer volume of children who desperately need support”

“I was told the waiting time for in school counselling was so long it would be better to pay privately”

Lack of support for parents (4)

“I was left feeling judged and blamed for my child’s difficulties... I had come for help as I wasn’t coping and came away feeling ashamed”

“Need ongoing support for parents feel very alone dealing with ongoing anxiety issues”

Criteria and referral process for support (3)

“My son had suicidal thoughts and self harm we were told he wasn’t serious enough for CAMHS to see him”

“I feel my child is in need of mental health support yet the school and the Doctors say it is each other’s responsibility to refer so my son is not getting the required help”

Understanding of individual’s additional needs (3) e.g. health condition affecting mental health and undiagnosed developmental issues

Other comments -

- More funding needed for CAMHS (2)

“It is an extremely important service which needs more support”

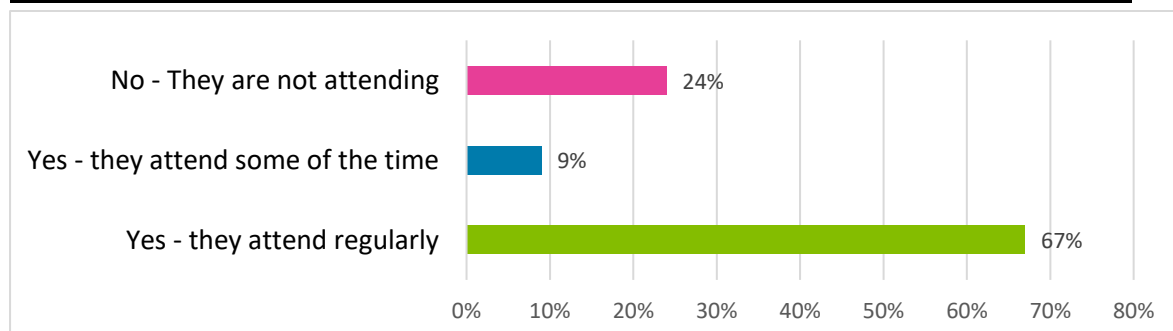
- Need for early intervention (2)

“I feel only the most severe cases are accepted by CAMHS. Early intervention is so important, but not catered for”

- Poor follow up to support (2)

- Age of child needs to be taken into account when identifying support (2)

Does your child currently attend school / college / other training provider?



Comments

14 parents made comments about the impact of mental health issues on their child's attendance at school and their education. In some cases this was due to the child refusing to go to school and in others because the school was unable to offer the support required. Three parents told us they were having to home educate their child and two said their child had dropped out of university as a result of mental health issues.

2. Engagement with parents and carers

We spoke to 24 parents and carers as part of our engagement. This included parents attending Pershore Additional Needs Support Group, North Worcestershire Autism Parent Support Group and Springfield Mind Peer Support group in Evesham. We also talked to a few parents on a one-to-one basis as part of our engagement.

2.1 Support for children and young people with Autism Spectrum Conditions

Some of the parents we spoke to who have a child with an Autism Spectrum Condition or developmental condition, told us about difficulties accessing mental health support for their child. In some cases they felt that issues such as anxiety and depression were seen as being part of their condition and therefore a need for support was not identified until these escalated.

There was confusion about whether or not specific services, including CAMHS and Worcestershire Healthy Minds would provide support to children and young people with Autism Spectrum Conditions. There was also concern that if some of the services for lower level mental health were not available for those with Autism, such as Reach4Wellbeing and others might not be appropriate, such as Kooth, that there is not sufficient support available for children and young people with Autism.

2.2 Access to CAMHS

Many of the parents we spoke to told us their understanding was that the criteria to access CAMHS had been tightened due to financial constraints and that it was more difficult to access CAMHS than it had been in the past.

A couple of parents told us that their child had previously had support from CAMHS which had been effective. We were told about examples of staff within CAMHS who had shown a good understanding of their child. As a result the support had stopped, but then their mental health had deteriorated and they have had to be referred back to CAMHS again.

Parents we spoke to whose child was currently waiting for support from CAMHS told us that they had been given an initial appointment relatively quickly. For

those who had attended the initial appointment further support had been approved. However, they felt that this was due to accessing the service previously and due to self-harming. They said it would be helpful to know when support would start, even if there was going to be a wait, so they could manage this with their child.

2.3 Awareness of support available and how to access

There was some confusion about whether or not GPs and Schools could refer to CAMHS. Some told us that School had advised to visit the GP for referral, others that GP was reluctant to refer.

Many of the parents were not aware of Kooth or Reach4Wellbeing. Some parents also told us that they had not known where to find information about support available or the best person to speak to in order to identify what would be most appropriate for their child.

2.4 Communication and support from school

The importance of communication and relationship between parents and their child's school was often raised, in particular the value of the school recognising ways in which they could make changes and offer understanding to the child in school and supporting parents to access appropriate support for their child.

Some parents expressed frustrations when they did not feel the school showed this understanding or was not able to offer any support or guidance about how to access it. Some were also unsure about what approach to take when their child refused to attend school and worried about the implications of their non attendance.

2.5 Impact on families

The parents we spoke to talked about the impact of their child's mental health issues on the family. Many felt frustrated they could not access the support they needed for their child and felt that they needed to fight for their child to receive support.

Some parents had given up work as a result of their child's mental health issues. Many said that activities they and the whole family were able to participate in was limited and that in some cases the mental health of siblings had also suffered.

Section C Feedback from young people

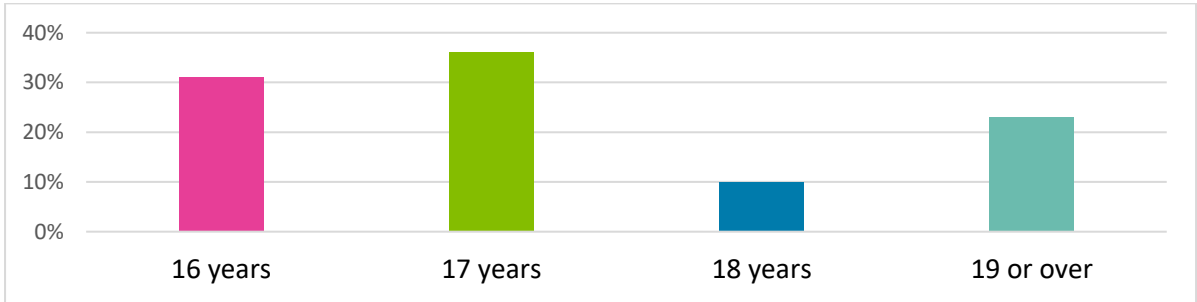
3. Survey

70 young people completed our survey. All of the surveys were completed online.

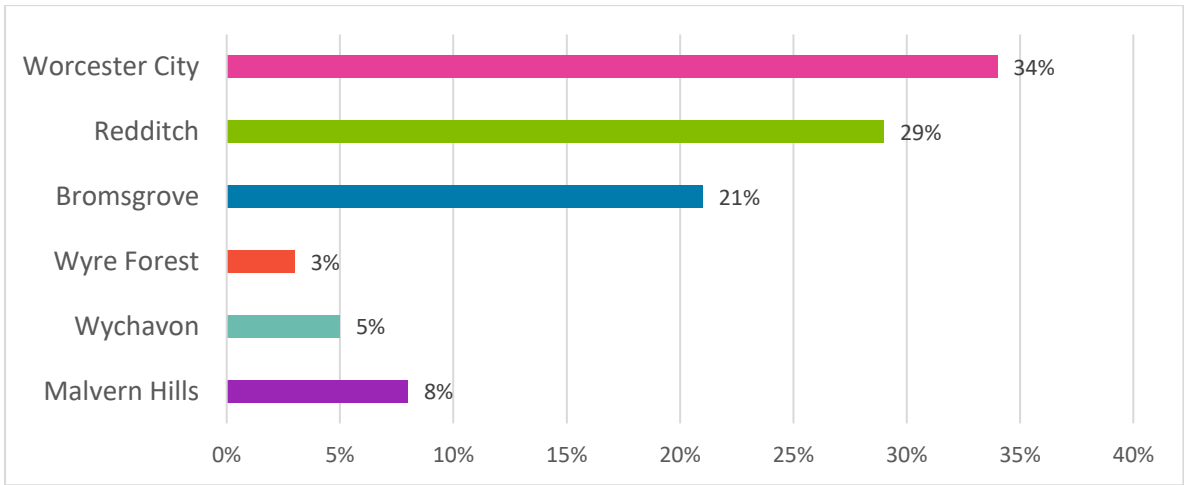
Gender of respondents:

- 77% were female
- 18% were male
- 5% were transgender

Age of respondents:

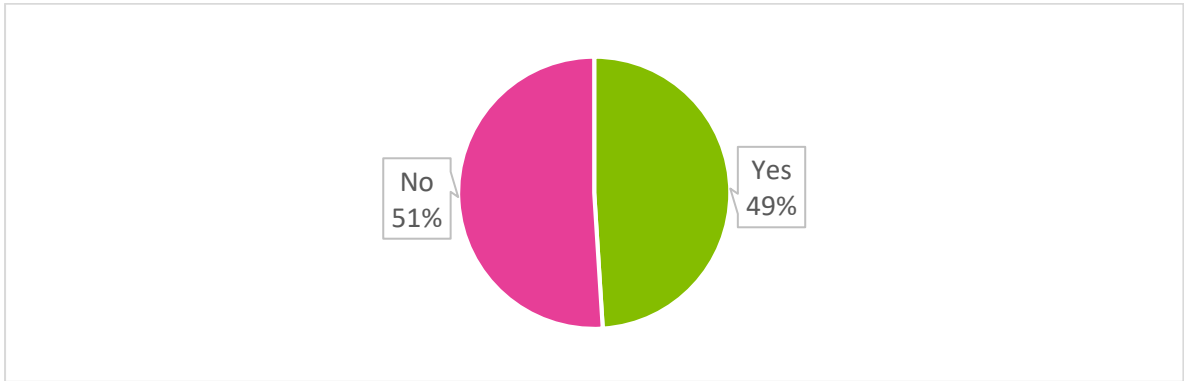


Where do respondents live?

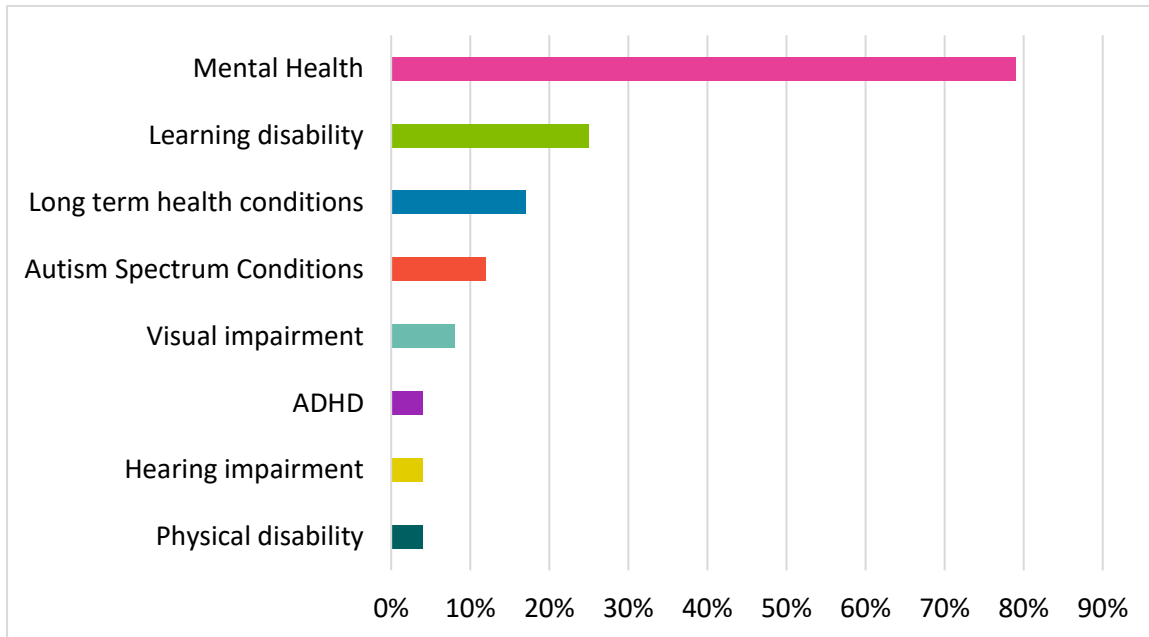


Disability / long term health

Do you consider yourself to have a disability or long-term medical condition?



If yes, which of the following apply



Ethnicity of respondents

92% of our respondents described their ethnicity as White British. Other ethnicities stated include White European, Asian Pakistani or Other Asian.

Note

Not all questions were answered by all respondents. Where non-response is present percentages are reported based on the numbers answering the question.

Where themes / comments are reported these are set out in order of frequency, starting with the highest number.

3.1 Access and referrals to CAMHS

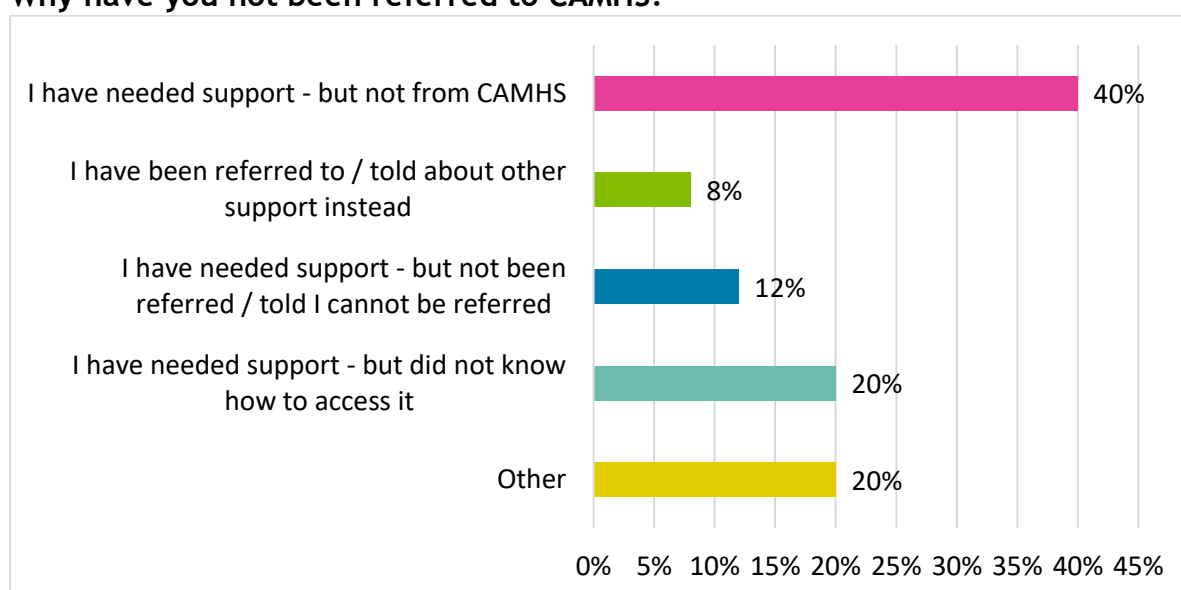
The survey stated that it was to be completed by young people who has accessed or tried to access CAMHS or other support for mental health in the last two years. All those who completed the survey confirmed this was the case.

42% of the young people told us that they **had accessed CAMHS** within the last two years: 23% within the last year and 19% in the last two years.

58% of the young people **had not accessed CAMHS** in the last two years. Of those who had not accessed CAMHS, 1 person had been referred, but not offered an appointment.

Young people who had not accessed or been referred to CAMHS

Why have you not been referred to CAMHS?



Comments (2)

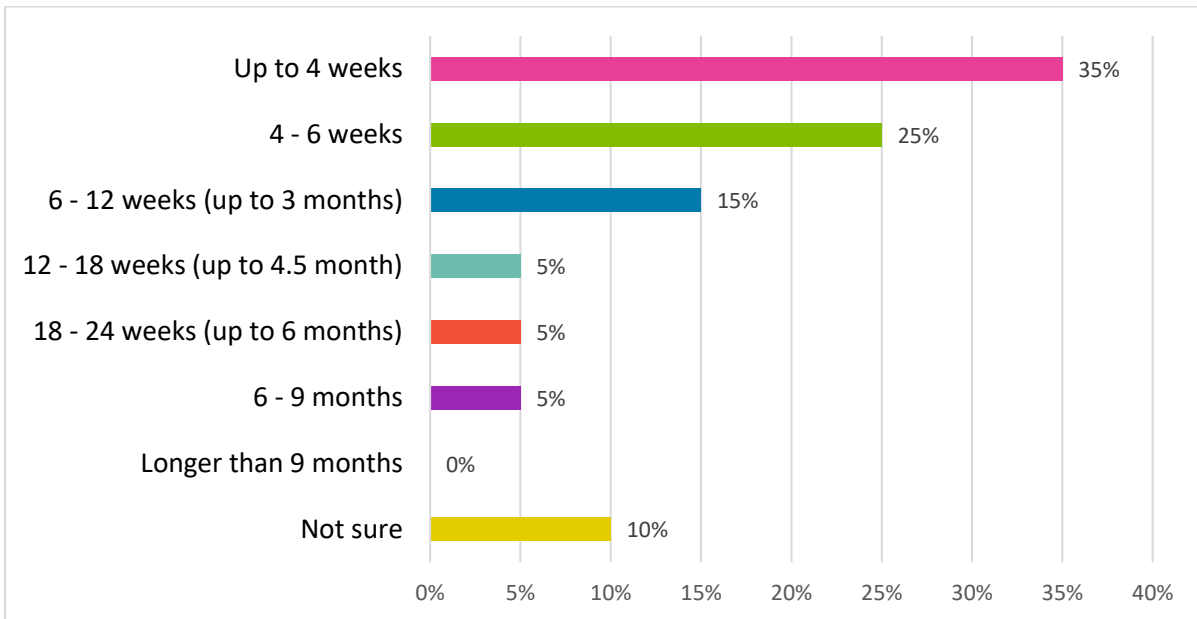
- Doctor not making a referral
- Poor quality of the CAMHS service

Summary:

Just less than half of the young people had accessed CAMHS. Responses show that although many of the young people who have not accessed CAMHS did not feel this was the support that they needed, only a small number felt they had been referred to or told about other support they could access instead and others told us they had not been able to or aware of how to access the support they needed.

3.2 Waiting times for CAMHS

Roughly how long did you wait for your first appointment at CAMHS following your referral?

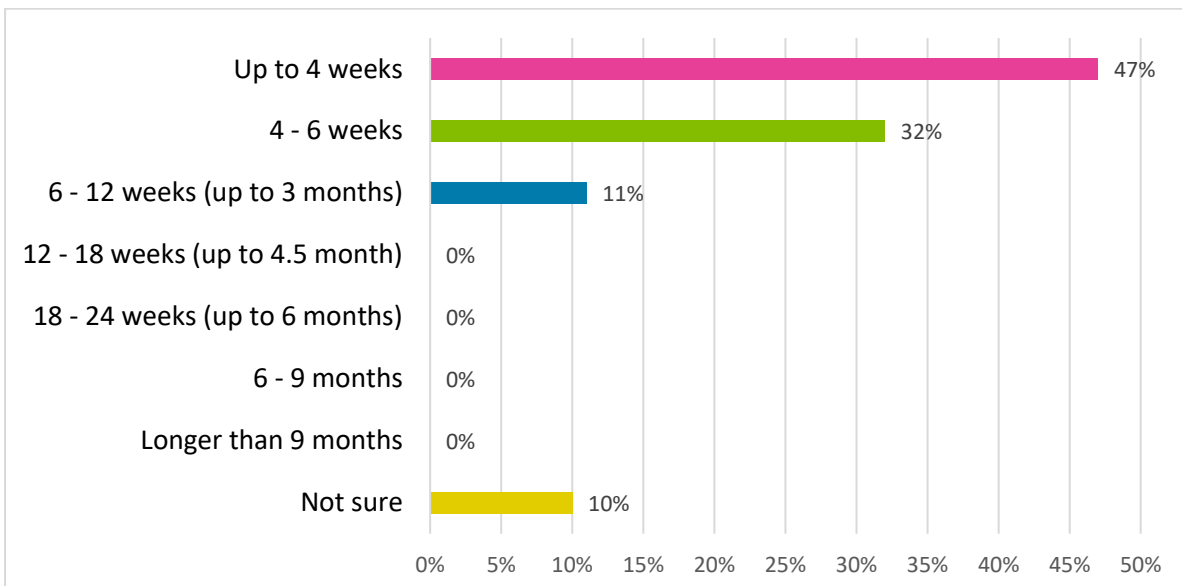


Comments (2)

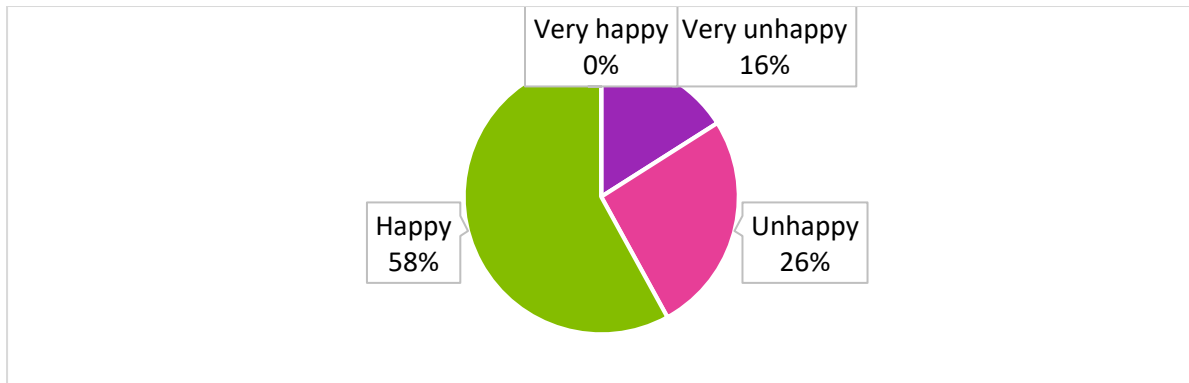
“3 days due to severe anorexia”

“I was taken by police, so appointment was immediate”

Roughly how long did you wait for treatment or a group to start after your first appointment?



Overall, how happy are you with the length of time you waited to access treatment / support from CAMHS?

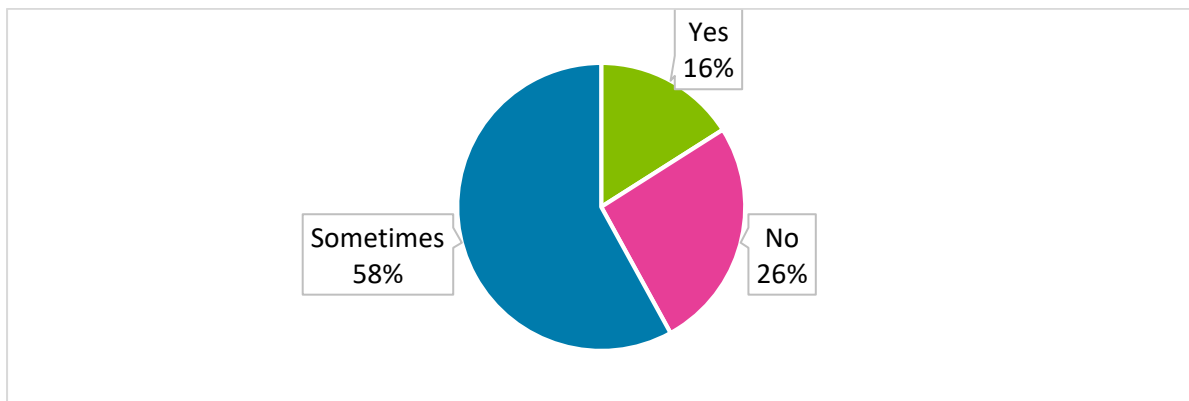


Summary:

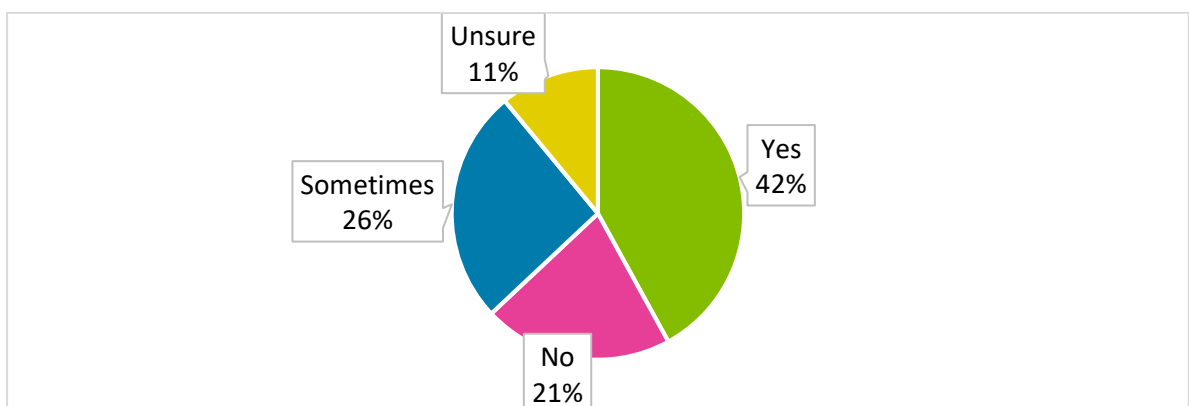
Responses suggest that young people were happier about the length of time they waited to access CAMHS. 60% of the young people had received an initial Choice appointment within 6 weeks of referral and 79% had then started treatment within six weeks following this. 58% of the young people were happy with the length of time they waited to access support from CAMHS.

3.3 Satisfaction with CAMHS service

Do you feel that staff at CAMHS have a good understanding of your individual needs?



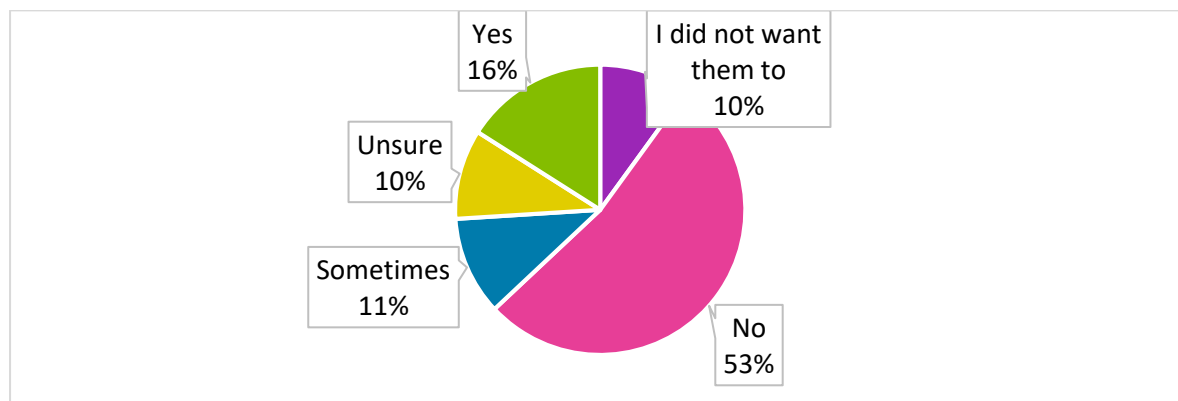
Do you feel that staff from CAMHS have involved you in decisions about your treatment / support?



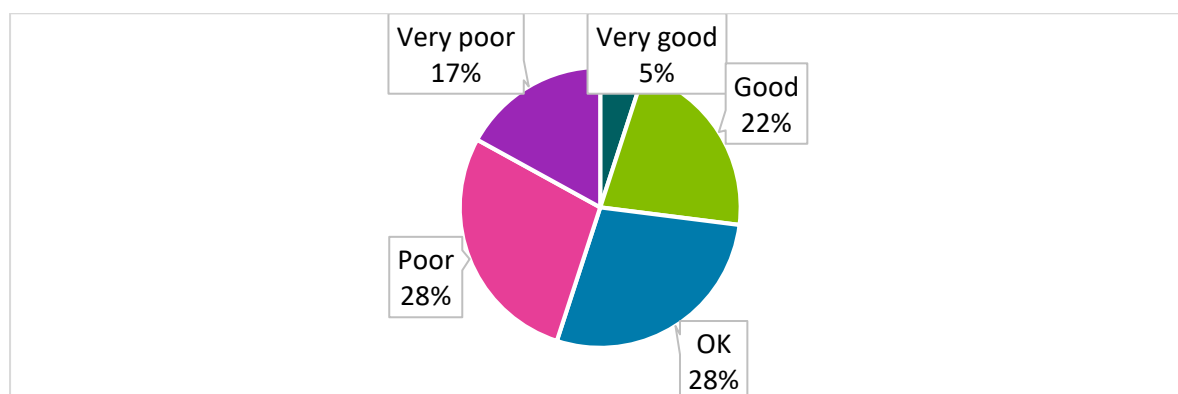
Comment (1)

“I was always asked first before parents were”

Do you feel there has been effective communication between CAMHS and other agencies? For example school or college.



Overall how effective do you feel the treatment / support from CAMHS has been?



Comments (4)

- Lack of consistency and having to see different people / explain to different people (3)

“Took a while to find someone I got along well with and appointments aren't always as regular as I need but overall it has helped me”

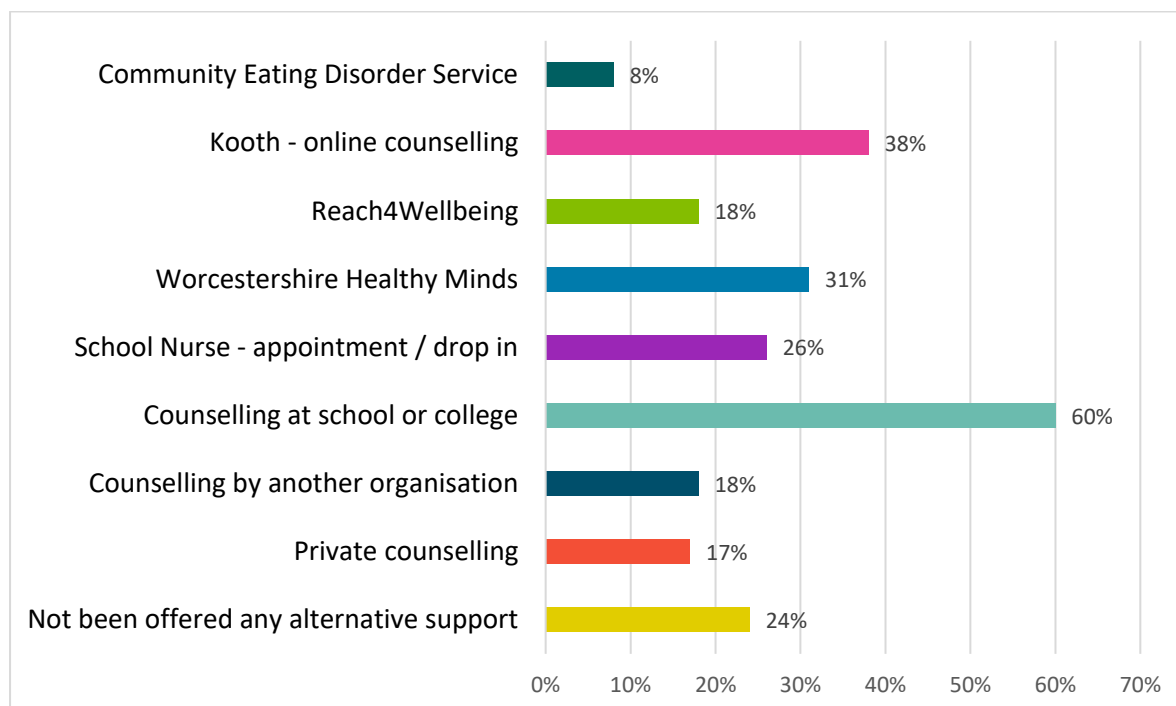
- Carried out own research about how to manage own mental health (1)

Summary:

Young people generally felt that CAMHS usually or sometimes involved them in decisions about their treatment and support. However, communication with other agencies such as school was rated much lower. Ratings for the understanding of individual needs shows that most young people thought this was sometimes the case and overall ratings for the effectiveness of the treatment was varied. This may reflect the young people seeing different people and how well they felt they could engage with the individual supporting them.

3.4 Experiences of other support for Mental Health

Have you been referred to or told about any of the following support?

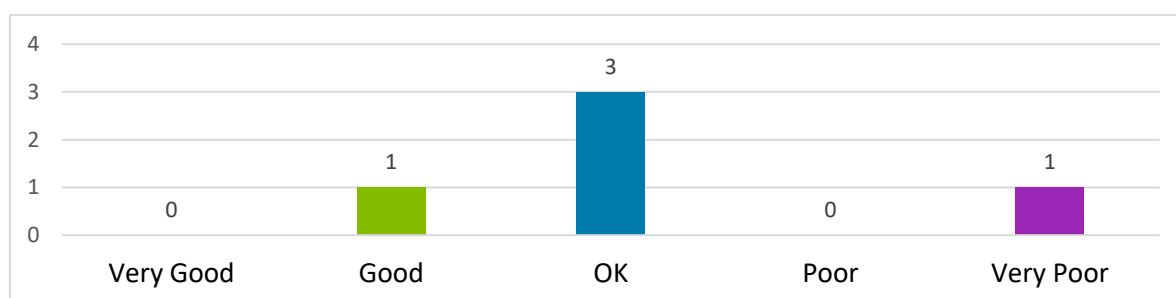


Comments

Two people mentioned the Action for Children Blues Programme. This is course for teenagers 13-19 which aims to reduce the signs of adolescent low mood and negative thoughts and promote prevention. Offered to certain year groups in participating schools, funded by Royal Mail.

Community Eating Disorder Service

5 young people rated experiences of the Community Eating Disorder Service:

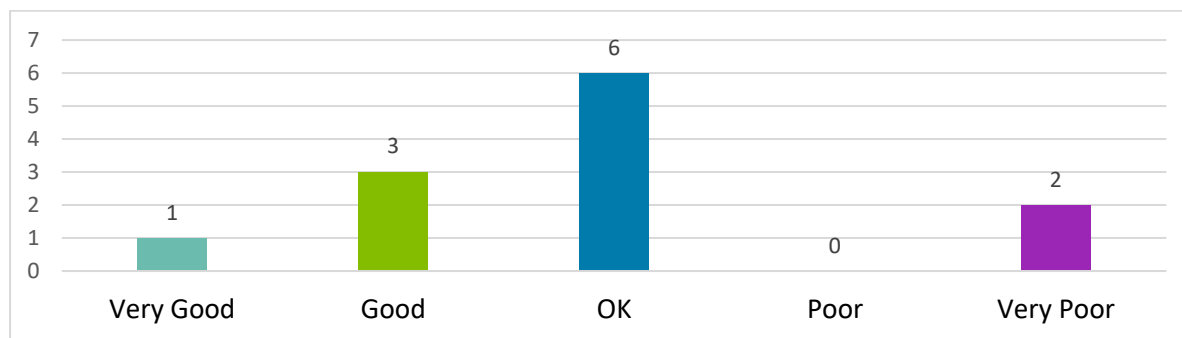


Comment

“Good but they did disrespect me sometimes”

Kooth - online counselling

12 young people rated experiences of Kooth:

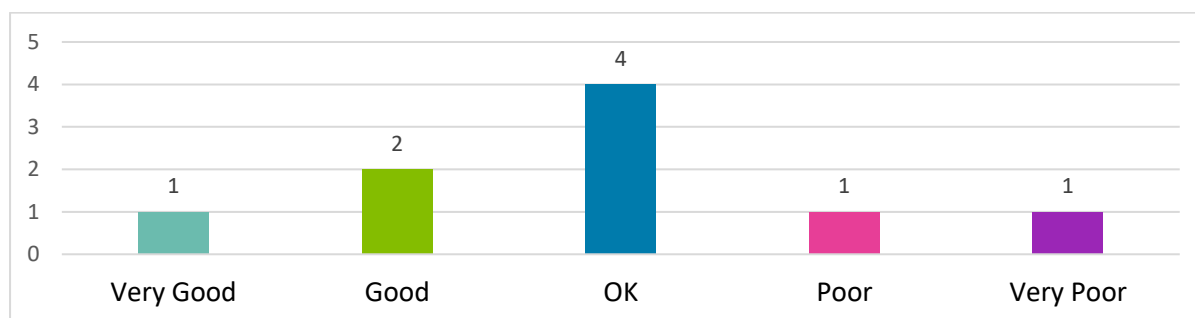


Comment

“Couldn’t talk to anyone”

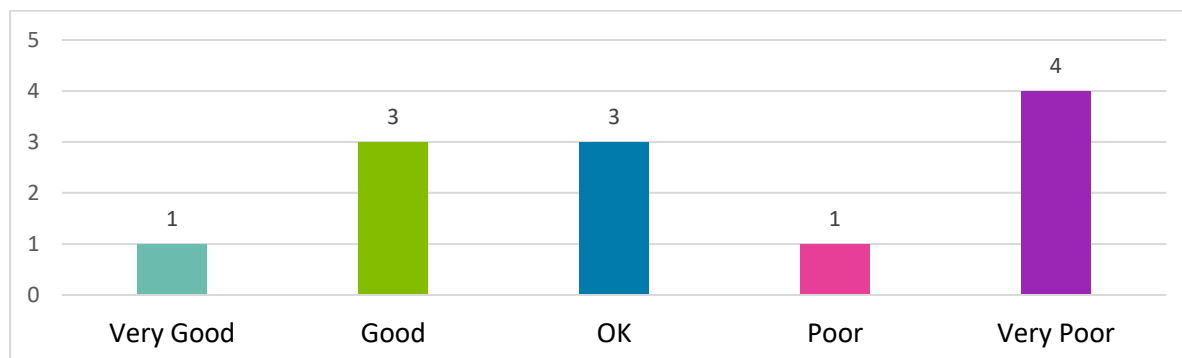
Reach4Wellbeing

9 young people rated experiences of Reach4Wellbeing:



Worcestershire Healthy Minds

12 young people rated experiences of Worcestershire Healthy Minds:



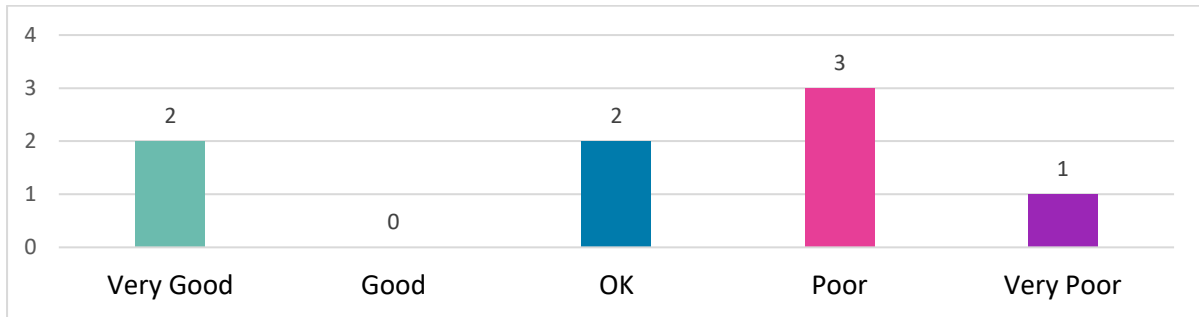
Comments (2)

“They helped me to access CBT”

“Felt too much like a lecture. Just sat there and did not do anything. Advice was things I already know.”

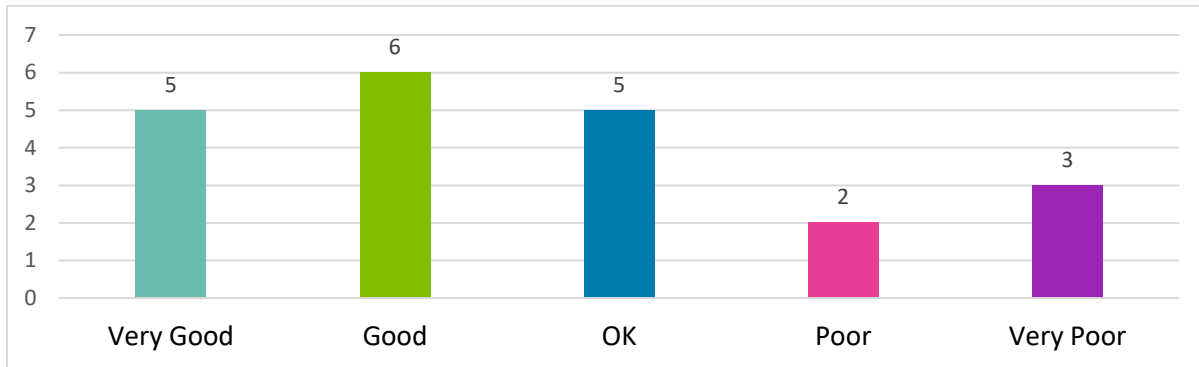
School Nurse Service

8 young people rated their experience of the School Nurse Service:



Counselling at school or college

21 young people rated their experience of counselling at school or college:

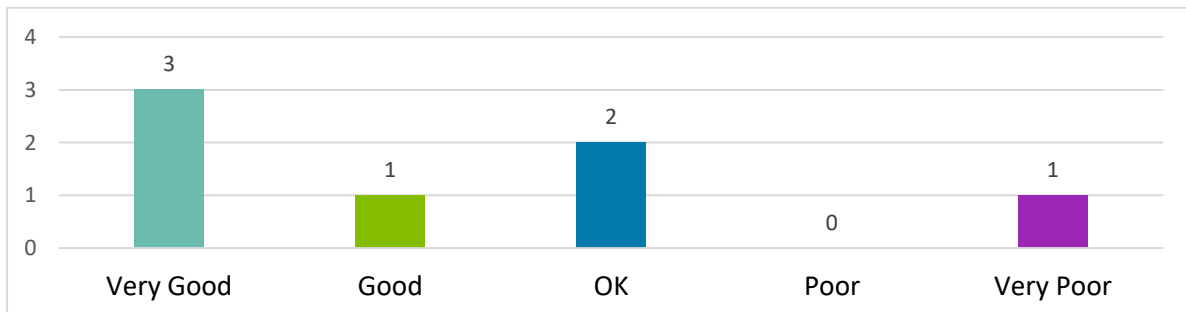


Comment

“The sessions were more tailored to me so I can relate more”

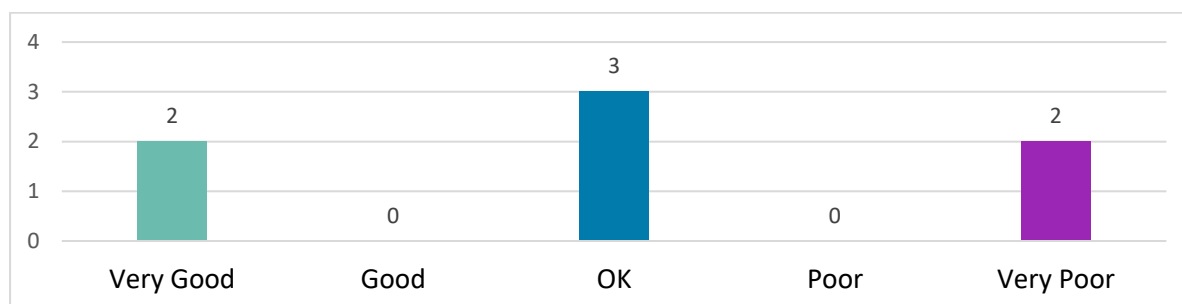
Counselling provided by other organisations

7 young people rated their experience of counselling provided by other organisations:



Private counselling

7 young people rated their experience of private counselling:



Comment

“They helped me talk through things”

Summary:

Responses suggest that not all the young people have been told about the support that may be available to them. For example, not all the young people were aware of Kooth or Reach4Wellbeing. 60% told us they had been referred to or told about counselling at school or college. Although it is positive that this number have access to this type of support, it may suggest that not all children and young people have access to or know about counselling at school or college.

Numbers reporting that they had been told about the different support available was higher than the numbers who told us about the experiences of accessing each of these. Suggesting that young people had not all accessed support they had been told about.

All of the types of support were given a range of ratings, showing a variety in satisfaction. In general one-to-one counselling support, either from school or college, another organisation or accessed privately received higher ratings.

Additional feedback about CAMHS or accessing support for mental health

Difficulties in accessing appropriate support (3)

“I’m suicidal and no one is helping me”

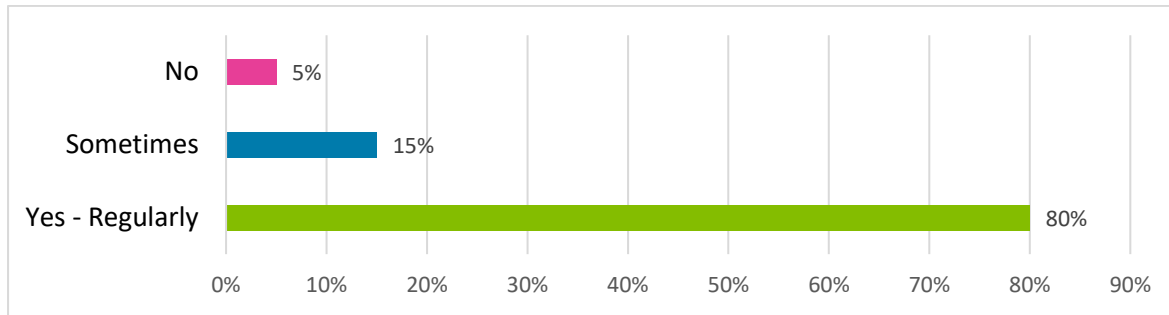
“I think CAMHS is a very useful service for adolescents at crisis point however they seem to turn away others a lot more frequently. Also they rarely offer support for 16-18 year olds which is rather difficult!”

“Accessing support isn’t easy. Especially in times of crisis”

Quality of CAMHS support (1)

“They don’t seem to be very beneficial with my current interactions with them”

Are you currently attending school, college or other training provider?



4. Engagement

We carried out engagement with 37 young people as part of workshops for health and care students at Worcester Sixth Form College and Kidderminster College.

Awareness of available support

Approximately a third of the students had heard about Kooth online counselling either from school or college, although only a few had heard about Reach4Wellbeing. Most students were aware of how to access counselling at College and had known it was available at High School.

Barriers to accessing support

- Group versus one-to-one support

Most of the students thought that they would rather have one-to-one counselling rather than attend a group session, as they would worry about sharing their problems in a group setting. One student had attended a Reach4Wellbeing session, but not continued for this reason. However, they did think that in some cases it might be helpful to realise that other people shared the same or similar experiences to you.

- Voicing a need for help

Some students felt that having to speak to a teacher or member of staff at school to be referred to counselling or other support may put people off. Similarly they felt that having to tell parents to access support or them having to know if you are having support may put some people off, either because they don't want to worry their parents or discuss it with them.

- Awareness and availability of support

Students therefore thought it was important that everyone was aware of Kooth and that they could access this without referral and anonymously. Although they felt this would not be something everyone would feel comfortable with and so there did need to be access to face to face counselling as well.

Section D

Conclusions and Recommendations

The following conclusions and recommendations are based on the findings from our work.

I. Information for parents, carers and young people

Many parents, carers and young people told us that they have experienced difficulties in accessing appropriate support. They are not always aware of what support is available and the process for accessing this or being referred. For example, if this should be done via school or the GP.

Accessing appropriate support can vary depending on support and information given by schools. Both in terms of support delivered in school, such as counselling and also in liaising with parents to refer and help children access external support at the appropriate level. Not all children are attending school and college and this may make it more difficult for them and their parents or carers to access information and support.

In December 2018 Worcestershire's Emotional Wellbeing Toolkit for Schools and Colleges was published, providing a summary of National Guidance on good practice around mental health and emotional wellbeing. It provides a framework and checklist for schools and colleges to work towards, to ensure they are providing appropriate advice, support and guidance about mental health and emotional wellbeing and promoting the importance and understanding of mental health across the whole school.

Our findings show there is a need for increased awareness of support available such as Kooth, Reach4Wellbeing and Worcestershire Healthy Minds. In addition to information about other local organisations that may be able to provide support.

CAMHS CAST provide consultation, advice, support and training for professionals who are concerned about the mental health of a child or young person. This can involve discussing if CAMHS support is appropriate and alternative support or approaches that can be taken. However, parents may not be aware that this could be accessed by school and it is not a service they are able to access directly.

Children and young people may be worried about asking for help or speaking to parents or teachers to help them access it.

Many of the parents who responded to our survey and we spoke to told us about the impact on the whole family and their own mental health of having a child with mental health issues. Many felt frustrated about not being able to help their child and did not know who they could speak to about this.

Recommendations:

Commissioners to

1. Ensure clear information is available for parents and carers and young people about:
 - Understanding children and young people's mental health and emotional wellbeing.
 - Different types of support available for mental health and emotional wellbeing in Worcestershire including: CAMHS, Kooth, Reach4Wellbeing, Healthy Minds, local voluntary groups and organisations support and private counselling.
 - Explanation of different levels of support available and when each may be most appropriate.
 - Criteria and referral process to access different types of support.
2. Ensure there is information available for parents and carers about support available for them, including local support groups and organisations.
3. Consider how this information can be more widely promoted to parents, carers and young people, including:
 - Most appropriate online platform - e.g. Worcestershire County Council Website, NHS website
 - Schools and Colleges
 - Social media
 - GP practices and other health and community settings
4. Promote and encourage the implementation of Emotional Wellbeing Toolkit in Schools and Colleges across Worcestershire. In particular ensuring:
 - Parents, carers, children and young people are aware who they can contact or speak to about any concerns or issues regarding emotional wellbeing or mental health.
 - Staff within schools and colleges have a good understanding of support available, how to access support and advice available from CAMHS CAST.
 - Promotion within schools and colleges about the importance of mental health and speaking to someone about concerns, as part of Personal Social Health and Economic (PHSE) lessons and wider school ethos and approach.
5. Consider the possibility of a point of contact or information helpline for parents, accessible by phone and email, to enable them to find out about most appropriate support and discuss the referral process. Similar to the CAMHS CAST service available for professionals.

II. Access to appropriate support

Many people told us about difficulties they have experienced with referrals to CAMHS. This included being told that a referral could not be made as the child did not meet the criteria for support or not being offered support from CAMHS following a referral and in some cases initial appointment. Some parents told us that no alternative support or advice was suggested.

Many expressed concerns that a child needs to be at crisis point to receive support from CAMHS, but that support needs to be available before this point to prevent escalation.

Services that have been introduced such as Kooth and Reach4Wellbeing now provide support that was not previously available. While this will be useful for some children and young people, it may not be appropriate for all.

Not all children and young people, who are not eligible for CAMHS, may have access to one-to-one support or counselling if they cannot access this at school. The Emotional Wellbeing Toolkit for schools recommends that all schools either provide or commission counselling for students. However, our findings suggest that this is not currently the case for all schools and that in some cases counselling is limited or there is a wait to access it.

We were told about other support offered by voluntary organisations. However, access and funding for alternative support is limited and many parents are not in a financial position to fund private counselling.

Recommendations:

6. Commissioners to carry out mapping of available support and counselling to ensure that all children and young people across Worcestershire are able to access appropriate one-to-one support if required.
7. Commissioners to promote and encourage implementation of guidance in Emotional Wellbeing Toolkit for all schools and colleges to provide or commission counselling for students.
8. Worcestershire Health and Care Trust to ensure that all children and young people who are referred to CAMHS but not offered treatment are informed of alternative support available to them.
9. Commissioners to monitor if those referred to CAMHS but not offered treatment are informed of alternative support available to them.

III. Waiting times for CAMHS

Most of those referred to CAMHS told us that they received an initial appointment within 18 weeks and then started treatment within 18 weeks following this. However, some reported much longer waits.

The majority of parents were unhappy or very unhappy about the length of waiting time. Examples were given about deterioration of their child's mental health while they were waiting for support and many expressed concern that any child should have to wait when in crisis. Young people reported shorter waiting times and higher satisfaction with the length of time they had to wait.

One of the main aims of Worcestershire's Transformation Plan was to reduce the length of time children and young people had to wait to access CAMHS. However, the 2018 updated Transformation Plan showed that waiting times were still a concern and as a result a Summit had been held by Commissioners with Worcestershire Health and Care Trust in July 2018 to identify how the issue could be addressed.

Recommendations:

10. Worcestershire Health and Care Trust to provide reassurance of the process to assess risk to children and young people in relation to not offering treatment following referral or delay to start of treatment.
11. Commissioners and Worcestershire Health and Care Trust to provide information about actions taken to reduce waiting times following Summit.
12. Commissioners to provide ongoing key performance indicators, including waiting times for CAMHS for publication in the public domain, to enable monitoring and review.

IV. Satisfaction with CAMHS service

Overall the ratings given about the different aspects of the CAMHS service suggest that many parents and young people were not satisfied with the service they have received from CAMHS.

Recommendations:

13. Commissioners and Worcestershire Health and Care Trust to carry out evaluation and monitoring of CAMHS service to provide reassurance that quality standards are being met in relation to -
 - Understanding individual needs of child / young person
 - Involving children, young people and parents and carers in decision making
 - Effective communication between CAMHS and schools
 - Overall effectiveness of treatment

V. Support for children and young people with Autism Spectrum Conditions and other additional needs

Feedback from the parent survey and from our engagement with parents suggests that parents who have a child with an Autism Spectrum Condition or other additional needs did not always feel that staff at CAMHS had a good understanding of their needs or how to support them.

Our findings also suggest that there is a lack of appropriate support available for mental health for children and young people with Autism Spectrum Conditions.

Recommendations:

14. Worcestershire Health and Care Trust to ensure that staff within CAMHS have received appropriate training on Autism Spectrum Conditions and other additional needs as appropriate.
15. Commissioners to consider if there is sufficient emotional wellbeing and mental health advice and support for children and young people with Autism Spectrum Conditions and if a specialist Autism service is required in Worcestershire.

Next Steps for Healthwatch Worcestershire

Healthwatch Worcestershire will request and publish a response to the recommendations in this report from Commissioners and Worcestershire Health and Care Trust.

We would like to gain further information and feedback about crisis support, group support offered by CAMHS and whether parents and carers are being offered and taking up Carers Assessments.

We will also be looking at the local implementation of the NHS Long Term Plan, in relation to the commitments made about the expansion and investment in mental health services for children and young people.