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HEALTHY YOUNG MINDS / CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) REPORT

Participating Greater Manchester Healthwatch: Trafford, Bury, Rochdale, Oldham

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This report has been created and written by Healthwatch Bolton.

Introduction:

This report is based on the responses collected in each of the participating local Healthwatch areas. It gives a picture of the experiences that parents and carers have had when using Children and Adolescent Mental Health Service (CAMHS) in their local area. The views of professionals, many of whom refer young people to CAMHS or related mental health services, also form part of this report.

The report will first give the key findings, it then details how the data was collected, and the results section then follows.

The results section has been split into two broad areas, first an overview of each area based on the quantitative results of the surveys, there then follows an overview based on the qualitative results of the surveys and focus groups.

Secondly there is a breakdown of selected comments captured from each Healthwatch locality area. This allows readers to see if there are any specific issues in a certain locality.

Background:

Child and Adolescent Mental Health Services (CAMHS) is the name for NHS-provided services in the United Kingdom for children and adolescents who are having difficulties with their emotional or behavioural well-being. CAMHS services are organised locally, often by local government area, and may somewhat reflect the service offered within each locality.

Several local Healthwatch in Greater Manchester, which include Trafford, Bury, Rochdale, and Oldham, worked collaboratively to gather experiences from parents and carers whose children are accessing or have accessed CAMHS. The views of professionals were also sought. Healthwatch developed a range of questions to gain insight and these were presented as a survey. Alongside surveys, Healthwatch also held focus groups within each locality. This approach gave people an opportunity to discuss their views and opinions in greater depth.

The CAMHS in Greater Manchester use the i-THRIVE framework. The Greater Manchester i-THRIVE (GM i-THRIVE) programme uses the THRIVE Framework (*Wolpert et al., 2016*) to improve mental health outcomes for the children and young people of Greater Manchester. It is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

The GM i-THRIVE team works with each of Greater Manchester's 10 Local Transformation Partnerships (LTPs) and the GM Future in Mind Implementation Group to enable the delivery of the Greater Manchester Children and Young People's Mental Health Transformation Programme. To find out more about the GM-iTHRIVE and look at the framework, visit http://implementingthrive.org/about-us/the-thrive-framework/

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Summary of findings:

Key issues from parents and carers:

Autism
When children were thought to be, or were on, the autism spectrum (ASD) this caused difficulties in getting the right diagnosis, treatment, and support.

Suicide
There were comments related to self-harm and suicide which suggested these behaviours and their causes were not being addressed effectively. In one instance there was the suggestion that suicidal patients were of higher priority, despite awareness of the need for preventative and early intervention measures in mental health.

Treatment
Some parents want medication for their children whilst others are seeking alternatives to medication.

Private consultations
A combination of factors including difficulty to access services, very long waiting times, frustration with professionals, poor communication over extended periods, a lack of ongoing support, made some parents feel they had to turn to private consultation. This highlights the uneven nature of services available across participating Healthwatch.

Key issues from professionals:

A mixed assessment of signposting and referring
Professionals were split in their assessment of signposting and referring to local mental health services. There was some suggestion that for more recent referrals things had improved, but the reason for this is unclear and may be due to responses from some of the localities; not all four.

What works
When the referral process was clear and young people were likely to be accepted. When communication was clear and professionals had feedback.

What does not work
When timescales for referral and acceptance were long. If professionals knew a service lacked capacity and young people would not get support quickly.

Area specific from parents and carers:

General
Pockets of positive comments were usually related to individual staff members or when treatment has been successful - 'seeing the change'.

Access
Overwhelming concern within the comments about access; the difficulty of getting a referral, the waiting times following referral, and thresholds being considered too high for acceptance.

Staff
When under a service, too often people feel staff are not equipped to manage their child's needs. Alongside this people reported staff were often off sick, which reduces continuity. It can also result in discharge due to poor handover processes.

Communication
Communication not clear enough. People were often unable to reach CAMHS or get answers to questions between consultations. Parents feel they do not know if their child has correctly recounted their experiences in sessions.

Treatment, Support and discharge
Young people did not feel supported following consultations or during the time they were under CAMHS services. Not all parents agree with the treatment options for their children. There were many comments related to not knowing what to do if help was needed.

In addition it seems when discharged from the service, explanations could be lacking; families may end up starting the referral process again, which causes frustration and distress.

Area specific from professionals:

Improvements noticed
There were examples of improvement noted by professionals, though these may be related to a specific area or service. Improvement would mean more services, better partnership working, and easier access.

Suggestions for change
Professionals highlighted the need for more money for services, so that staff numbers could increase and general capacity expand. Service improvement was also related to supporting preventative and early intervention programmes, particularly in schools, to stop young people developing more serious problems.

Methodology:

Two methods were used in this study, a survey and a set of focus groups. Engagement officers used a survey to concentrate on parents and carers of young people that had used local CAMHS services. A separate survey was also used to gather the views of professionals.

The following subsections detail the questions that were asked. As demographic data was only collected during the survey work, these sections are the only ones that include a profile of respondents.

Each local Healthwatch adhered to their own guidelines on ethical practices. These guidelines cover consent and engaging with local people and individuals in an appropriate, considerate way.

Response data in the form of focus group comments and any information from individual surveys is also covered by local Healthwatch guidelines. People's comments and information about respondents have been treated with confidence and anonymised where relevant.

Surveys

Survey demographic questions:

1. What is the age of your child that is getting support with their mental health and wellbeing?
2. What is the child/young person's gender?
3. Postcode?
4. School?
5. What is your age?
6. Do you have any long standing physical or mental impairment, long term condition, illness or disability? If yes, please choose from the list below (Please tick all that apply).
7. Do you have regular caring responsibilities?
8. Do you identify as?
9. Which of the following best describes your sexual orientation?
10. What is your relationship status?
11. What is your ethnic group?
12. What is your religion?

Survey questions:

1. Name of service, session or course that your child has accessed (if known)?
2. What was your first point of contact with services that could help your child?
3. How long did you/they have to wait to see a professional in this service from the time they were referred?
4. The length of time before a first appointment was arranged.
5. The effectiveness of service in helping your child deal with his/her problems?
6. How well professionals (doctors, psychologists, nurses, therapists, session worker) listened to your child and understood their problems.
7. Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, medication changes etc.).
8. How well professionals listened to your concerns regarding your child's mental health and wellbeing?
9. The professionals keeping of appointment times.
10. Support given to your child when they needed it.
11. The confidentiality and respect for your child's rights.
12. The explanation given about treatment.
13. The effectiveness of service in helping your child feel better.
14. The types of service offered to your child.
15. The overall service your child has received.
16. The advice given to you about how you could help your child.
17. How effective the service was in helping you to deal with the difficulties your child was experiencing.
18. How information was given to you about your child's problem and what to expect in the future.
19. The advice your child was given on discharge/when sessions finished.
20. The length of time between discharge and follow up appointments.
21. The things I liked most about my experience of the service.
22. The things I disliked most about my experience of the service.
23. The things I would like to change.
24. Please add any other information you feel is relevant.

For the surveys a total of 328 people took part. Of this total 303 were from the participating areas of Trafford, Bury, Rochdale or Oldham. A further 25 people indicated they were from neighbouring areas within Greater Manchester. Responses from Trafford (34%) and Oldham (27%) were by far the most represented.

Area	Total survey responses
Trafford	111
Bury	40
Rochdale	62
Oldham	90
Other*	25
TOTAL	328

*Other - 4 responses N/A, 21 responses other

The demographics of the parents/carers have several key features. Again the figures were broadly similar across all the areas.

- Overwhelmingly female (95%)
- Overwhelmingly White British or Irish (95%)
- Overwhelmingly heterosexual (90%)

This seems to be telling us that women have the most contact with health services when children have mental health problems. It is not clear from the responses gathered why this would be, but it is worth further exploration.

The very high numbers of White British or Irish are not representative of the areas, or usual engagement findings, expected by participating local Healthwatch. Again it is not clear why in this study the ethnicity profile was less mixed than expected but bearing in mind what is known about mental health in BAME populations, our finding suggests further work is required to examine the engagement of BAME populations with CAMHS.

Since the survey was targeted at parents of children up to the age of 18 we would expect a high number of people identifying as carers and for people to be within the age 30-49. The survey reflected this. The majority (76%) identified as being in a long term relationship (married, civil partnership or long term relationship). The majority were in the 30-49 age bracket (79%). 60% identified themselves as the main carer for one or more person.

In terms of other parental demographics; 58% identified as Christian and 3% as not having a religion, only a very small percentage (3%) identified as having another religion (2% Jewish, 1% Muslim).

Parents were asked the age and gender of the children that had been referred for mental health support. The majority (41%) were teenagers (14-17 years old). Almost one third (30%) were pre - teens (11-13 years old) and almost a quarter (24%) were primary school aged children (6-10 Year olds). Boys were slightly better represented than girls in the study (Boys 54%, Girls 46%) though this was reversed in Bury and in the 'other' areas.

Area	What is the age of your child that is getting support with their mental health and wellbeing?					TOTAL
	0-5	6-10	11-13	14-17	18-25	
Trafford	0	24	29	53	4	110
Bury	0	8	14	16	2	40
Rochdale	2	22	16	20	2	62
Oldham	1	16	31	36	5	89
Other	1	7	9	7	0	24
Total	4	77	99	132	13	325

The age and gender demographics of the young people were broadly similar across all areas.

Area	Female	Male
Trafford	44	67
Bury	21	19
Rochdale	19	43
Oldham	54	36
Other	13	11
Total	151	176

Focus groups

Focus group questions:

1. Thinking about the first time you tried to get your child to access the mental health support services, is there something before this about MH signals that prompted them to seek help...and what was their perception about how to access help and where to go? Where was their starting point with services and were they given an explanation of what would happen next in term of a referral? Did they feel they had the right amount of information at the first point of contact? Where any issues picked up by the school?
2. Would anyone like to start by telling me about your experience regarding getting your child to access mental health support services? What was your experience regarding the referral process? Who else was involved in the referral process? Did your child have any difficulties or issues (positive or negative) accessing the mental health support services?
3. Thinking about the service that was provided to your child: What did you think of your child's most recent experience with the mental health support service?
4. Do you feel there is enough mental health and wellbeing support for your child within the school environment?
5. Have you any recommendations with regards to improving emotional and mental health and wellbeing support / services for children and young people?

A total of 19 focus groups were held across the local Healthwatch taking part in this research.

Area	Total focus groups
Trafford	3
Bury	10*
Rochdale	2
Oldham	4
TOTAL	19

*9 of these were held as 1-1

For this part of the project no demographic information was collected, as we chose to focus on the comments being gathered.

Survey questions (professionals)

Survey demographic questions:

1. Which area do you work in?
2. Please tick the type of work you do
3. What is your age?
4. Do you have any long standing physical or mental impairment, long term condition, illness or disability? If yes, please choose from the list below (Please tick all that apply)
5. Do you have regular caring responsibilities?
6. Do you identify as?
7. Which of the following best describes your sexual orientation?
8. What is your relationship status?
9. What is your ethnic group?
10. What is your religion?

Survey questions:

1. Do you know who or which service to refer young people to and what the referral criteria is?
2. Name a service which you have signposted a patient or made a referral to in the last 12 months?
3. Please rate your experience of signposting or making a referral to this service
4. Please explain why you rated it as you did?
5. Have you tried to signpost or make a referral for any other children and young people's mental health and wellbeing services in the last six months?
6. Please tell us which other service you tried to make a referral to?
7. Please rate your experience of signposting or making a referral to this service
8. Please explain why you rated is as you did?
9. Thinking about mental health and wellbeing support for children and young people in Rochdale, Bury, Oldham, Stockport and Trafford please tell us about any improvements you have noticed in the last year?
10. What do you think could be done to make mental health support services in Rochdale, Bury, Oldham, Stockport and Trafford better for young people?

Below is a breakdown of the areas respondents to this study identified themselves as working within. Most respondents were from Oldham (43%), second most represented was Trafford (21%), third Bury (18%) and fourth Rochdale (15%). There were a smaller number of people that chose not to answer, or did not answer.

Which area do you work in ?	Responses
Trafford	17
Bury	15
Rochdale	12
Oldham	35
Prefer not to say	2
Didn't answer	1
TOTAL	82

*Prefer not to say 2, didn't

Respondents were also asked what their professional role is. A majority identified as 'working in education' (55%), other roles included healthcare professionals (GP, school nurse, 8%), mental health workers (10%), support professionals (social worker, youth worker, family/community worker, 14%), and those that selected prefer not to say or other (11%).

Professional role					
	Trafford	Bury	Rochdale	Oldham	TOTAL
GP	0	1	0	3	4
Work in education	9	9	3	23	44
School nurse	1	1	0	0	2
Social worker	1	1	2	0	4
Youth worker	1	0	0	0	1
Family/community support worker	0	1	1	4	6
Mental health worker	3	2	4	1	10
Prefer not to say	1	0	2	2	5
Other (please specify)	1	1	0	2	4
TOTAL	17	16	12	35	80

The age of respondents was split between those between 25-34 (19, 25%), 35-44, (27, 35%), 45-54 (23, 30%), and 55-64 (8, 10%).

A majority of people stated they did not have any disabilities/impairments with 'no' (64, 83%) being the most popular result for this question. A smaller number of people selected 'yes' (7, 9%), 'prefer not say' (5, 6%), and 'other' (1, 1%).

When asked about caring responsibilities most people said they did not have any, 'yes' (25, 32%), no (51, 65%), prefer not say (2, 3%).

Most of the people in the study identified as 'female' (61, 78%), with 'male' (15, 19%), and 'prefer not to say' (2, 3%) reported by considerably fewer people.

Overall the respondents stated their sexual orientation to be heterosexual/straight (71 (91%), there were a smaller number of responses for bisexual (1, 1%), and prefer not to say (6, 8%).

When asked about relationship status people mostly selected 'married' (45, 58%). There was also representation for 'civil partnership' (1, 1%), 'divorced' (3, 4%), 'long term relationship' (15, 19%), 'single' (10, 13%), and 'prefer not to say' (4, 5%).

On ethnicity the highest response was for 'white British' (67, 87%), with other choosing 'white Irish' (5, 6%), 'White and Asian' (1, 1%), Pakistani (2, 3%), and 'other' (2, 3%).

Finally on religion the highest responses were for 'none' (31, 40%) and Christian (43, 55%), with lower totals for 'Muslim' (1, 1%), and 'other' (3, 4%).

Overall respondents were mostly between the ages 25-54, worked in education, and were women. This suggests a certain profile for respondents and should be considered when reading the comments and conclusions to come. The profile of respondents reflects those people local Healthwatch were able to engage at this moment in time, using the resources they had, and on this particular topic.

Overall perspective:

Quantitative overview (surveys)

This section of the report details the responses received on SurveyMonkey to the quantitative questions. In the survey people were asked to rate a selection of set responses.

The quantitative findings from the survey show that people are broadly split on many areas. This division can be observed when responses 'very good' and 'good' are combined, and 'very poor' and 'poor' are also combined, often this shows a rough 50-50 split in satisfaction totals. Two areas worth noting are questions where professionals are mentioned, which tend to be more positive in their response, and questions about the overall service, which are more negative.

There is a table of results (detailing individual areas responses) for each question and a bar chart that shows the results as a percentage of all the areas combined.

Observations:

- In general responses were divided between good and poor ratings.
- Questions that concern professionals tended to receive a more positive rating.
- When asked more generally about CAMHS responses were more negative.

Though the quantitative results lack the descriptive and explanatory impact of people's own words, they do largely match the findings in the rest of the report.

Questions

How long did you/they have to wait to see a professional in this service from the time they were referred?

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Less than one week	0	4	3	4	3	14
1 - 4 weeks	1	20	12	8	21	62
5 - 8 weeks	4	23	7	10	16	60
9 - 12 weeks	1	13	5	2	12	33
13 - 16 weeks	1	5	4	2	7	19
17 - 20 weeks	2	4	5	1	16	28
6 months - 1 year	6	13	12	10	23	64
Longer	5	3	13	3	11	35
Total	20	85	61	40	109	315

The length of time before a first appointment was arranged

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	0	17	4	6	8	35
Good	3	16	12	14	17	62
Neither good nor poor	5	16	7	9	24	61
Poor	2	16	8	2	21	49
Very poor	5	9	9	8	28	59
Total	15	74	40	39	98	266

The effectiveness of service in helping your child deal with his/her problems?

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	2	13	7	11	10	43
Good	4	22	16	5	24	71
Neither good nor poor	2	16	9	9	16	52
Poor	2	12	8	8	17	47
Very poor	5	13	13	6	30	67
Total	15	76	53	39	97	280

How well professionals (doctors, psychologists, nurses, therapists, session worker) listened to your child and understood their problems

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	5	15	10	8	22	60
Good	4	22	15	8	27	76
Neither good nor poor	2	16	7	8	8	41
Poor	3	15	12	6	15	51
Very poor	1	8	9	7	24	49
Total	15	76	53	37	96	277

Communication between professionals within the service and external services (therapist, dietitian, hospital services, medication changes etc.)

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	8	5	8	9	31
Good	4	15	10	8	16	53
Neither good nor poor	4	29	7	8	24	72
Poor	4	15	14	6	22	61
Very poor	2	10	16	7	25	60
Total	15	77	52	37	96	277

The professional manner of professionals with my child

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	5	20	14	15	29	83
Good	9	33	22	11	35	110
Neither good nor poor	1	13	8	7	13	42
Poor	0	5	3	4	10	22
Very poor	0	6	4	1	10	21
Total	15	77	51	38	97	278

How well professionals listened to your concerns regarding your child's mental health and wellbeing?

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	3	17	16	13	22	71
Good	6	25	14	5	21	71
Neither good nor poor	3	13	7	7	14	44
Poor	1	13	5	8	13	40
Very poor	2	9	11	6	27	55
Total	15	77	53	39	97	281

The professionals have a trusting relationship with my child

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	4	15	13	12	21	65
Good	2	26	15	10	24	77
Neither good nor poor	7	22	11	4	21	65
Poor	1	3	5	11	12	32
Very poor	1	10	8	2	18	39
Total	15	76	52	39	96	278

The professionals keeping of appointment times

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	3	26	16	12	22	79
Good	7	29	17	12	32	97
Neither good nor poor	5	12	5	4	21	47
Poor	0	6	8	7	13	34
Very poor	0	4	6	2	8	20
Total	15	77	52	37	96	277

Support given to your child when they needed it

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	3	13	11	11	14	52
Good	2	22	5	6	13	48
Neither good nor poor	2	11	11	8	17	49
Poor	3	17	10	7	17	54
Very poor	5	14	16	7	37	79
Total	15	77	53	39	98	282

The confidentiality and respect for your child's rights

	other areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	5	28	17	20	34	104
Good	7	30	24	7	27	95
Neither good nor poor	3	12	7	11	26	59
Poor	0	3	0	0	2	5
Very poor	0	4	5	0	8	17
Total	15	77	53	38	97	280

The explanation given about treatment

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	4	16	9	13	17	59
Good	6	17	15	8	21	67
Neither good nor poor	1	23	14	7	27	72
Poor	3	11	9	8	15	46
Very poor	1	10	6	3	16	36
Total	15	77	53	39	96	280

The effectiveness of service in helping your child feel better

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	12	11	9	12	45
Good	2	19	8	7	20	56
Neither good nor poor	6	18	7	6	15	52
Poor	2	11	11	6	13	43
Very poor	4	16	16	9	36	81
Total	15	76	53	37	96	277

The types of service offered to your child

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	12	9	8	10	40
Good	4	19	10	9	16	58
Neither good nor poor	2	15	10	4	17	48
Poor	3	20	8	9	20	60
Very poor	5	11	16	8	34	74
Total	15	77	53	38	97	280

The overall service your child has received

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	13	10	10	13	47
Good	6	20	10	7	19	62
Neither good nor poor	2	14	6	5	16	43
Poor	1	16	10	4	13	44
Very poor	5	14	17	11	35	82
Total	15	77	53	37	96	278

The advice given to you about how you could help your child

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	10	7	7	11	36
Good	4	19	14	9	20	66
Neither good nor poor	4	13	13	5	22	57
Poor	1	19	8	8	13	49
Very poor	5	16	11	9	31	72
Total	15	77	53	38	97	280

How effective the service was in helping you to deal with the difficulties your child was experiencing?

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	0	8	7	5	11	31
Good	3	18	13	9	17	60
Neither good nor poor	4	14	9	5	15	47
Poor	3	21	11	9	15	59
Very poor	5	16	13	10	39	83
Total	15	77	53	38	97	280

How information was given to you about your child's problem and what to expect in the future?

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	1	9	4	3	8	25
Good	4	14	13	7	13	51
Neither good nor poor	4	23	7	10	23	67
Poor	1	11	14	9	17	52
Very poor	5	20	15	8	36	84
Total	15	77	53	37	97	279

The advice your child was given on discharge/when sessions finished

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	0	8	5	6	7	26
Good	3	8	12	2	11	36
Neither good nor poor	7	21	9	15	28	80
Poor	1	21	9	7	16	54
Very poor	4	17	17	7	34	79
Total	15	75	52	37	96	275

The length of time between discharge and follow up appointments

	Other Areas	Oldham	Rochdale	Bury	Trafford	**Total**
Very good	0	10	2	5	5	22
Good	4	9	11	6	6	36
Neither good nor poor	5	25	10	10	38	88
Poor	1	9	9	8	16	43
Very poor	5	21	20	6	29	81
Total	15	74	52	35	94	270

Quantitative overview (professionals survey)

This section will look at the quantitative findings from the professionals' survey across all of the participating local Healthwatch. This overview will give an idea of how professionals rate signposting or referring to local mental health services.

The quantitative questions asked professionals to state services they had referred to in the last 12 months, this generated a list of services they had been in contact with. Following this respondents were asked to rate their contact. Respondents were then asked to think of any other services they had tried to make a referral to in the last 6 months. Respondents were then asked to rate their contact with this service.

Two pie charts have been made to demonstrate the experiences of professionals for signposting or referral within 12 months and then 6 months. A list of the services that have been contacted is attached in the appendix due to its length.

Responses considering past 12

Responses considering past 6

Professionals were asked to consider the past 12 months, thinking about how signposting and referral was working over this period.

From the responses to the '12 month' question a mixed picture emerged, with roughly equal opinions of services being 'very good/good', 'OK', and 'very poor/poor'.

Professionals were also asked to consider the past 6 months, thinking about how signposting and referral was working over this period. Of those asked 37 (49%) said they had, 39 (51%) said they had not made a referral during this time. Therefore the '6 month' chart only refers to half of the total survey respondents.

It should be noted there is a miss-match between the total that said they had not made a referral within 6 months (39 people) and the number that chose to answer the question (49 people).

From the responses to the '6 month' question a mixed picture emerged, with roughly equal opinions of services being 'very good/good' or 'OK'. For this question only a small number thought the process was 'very poor/poor'.

To help understand in more detail why respondents rated their experiences as they did, they were asked to state why. These responses are collected in the next three tables for clarity.

Very good/Good

Area	Please tell us which other service you tried to make a referral to?	Please explain why you rated is as you did?
Bury	Streetwise	Quick response to referral, clear information provided to service users. Young person friendly. Positive feedback from service users about provision offered. Service users felt supported.
Bury	Early Break	Prompt response
Bury	First Point Family Services	Long waiting times
Oldham	WE have used QEST as a supported service as well as Educational Psychology	We have a good relationship with the professionals who work within schools. They take the referrals seriously, rather than belittle the referral as it has not come from a health professional.
Oldham	TOG MIND	signposting feels more effective to this service who work directly with parents and provide drop in services
Oldham	dieticians	I work closely with this service
Oldham	Healthy Young Minds	Immediate response, reassured staff member making the referral. Professional advice, support and guidance given enabling the correct support to be offered to the young person and the family.
Oldham	Mind	They will accept the referral even though the patient's needs are complex and require specialist intervention
Oldham	Regenda housing	Similar issues
Rochdale	#THRIVE	#THRIVE due to the service offering a drop in service parents are able to access support and advice quickly
Rochdale	Thrive	They appear a lot less rigid and provide a drop in to young people and their families so a lot more accessible.
Rochdale	Forensic CAMHS	I was able to ring up to get advice about whether the referral was appropriate, their response to the referral was quick, you could refer via secure email (NHS to NHS)
Rochdale	Kooth, Elefriends, Princes Trust, Proud Trust.	Those agencies work well in partnership with us and responded to me and the young person very quickly
Trafford	Talkshop	Quick and efficient
Trafford	Just Psychology School nurse service Talkshop 42nd Street Kooth	Better feedback from meetings and shorter waiting lists. Professionals also come to meetings or give reports if they are unable to.

Trafford	Sunrise	Good communication to me. Waiting times were still fairly long but we were kept informed about how Sunrise were going to help this child.
Trafford	HYMS	Client feedback
Trafford	42nd Street	As they respond and appear to have a shorter waiting list

OK

Area	Please tell us which other service you tried to make a referral to?	Please explain why you rated is as you did?
Bury	#Thrive in Rochdale, Streetwise in Bury.	We were required to attend a drop in as #Thrive don't accept paper referrals.
Bury	Early Break	Not confident in service deliver at times
Bury	Streetwise	Better communication between school and service but very long waiting list
Oldham	Community Paediatrics	The forms are not always as pertinent to the need.
Oldham	HYM	Easier to complete referral but unclear criteria/evidence base.
Oldham	LANCS	Young People do eventually get seen, but not in a timely manner.
Oldham	Early help	Similar problem to healthy young minds with the form filling however I find the referrals are generally accepted and appropriately acted on
Oldham	We have signposted to TOG Mind and medical referrals	
Rochdale	#Thrive drop-ins School purchases school social workers and counsellors (including Caritas Schools' Service) Kooth (online counselling) Signposting to GPs and A&E - helpline numbers for ChildLine, Kooth, Papyrus, Samaritans (for safety planning with suicidal thoughts).	
Rochdale	Healthy Young Minds	No immediate feedback on some referrals, some young people have been passed to another service and then passed back to the service they were initially referred to, process involved multiple assessments and lack of clarity for the client.

Trafford	HYM, TDAS, Home start, Trafford Housing, Early Help, MARAT, NGage, Counselling, CBT, Alternative Education Providers, 42nd Street.	Waiting times are long and for non-urgent cases especially so. Young people who we consider are not coping are not always picked up. Impact of intervention is mixed. No (or v little) information sharing with school so we cannot work together to support
Trafford	CAMHS	Over subscribed
Trafford	Private counselling	Expensive! Not sustainable for our budget.

Very poor/Poor

TOWN	Please tell us which other service you tried to make a referral to?	Please explain why you rated is as you did?
Oldham	Healthy young minds and bereavement charities	
Oldham	Healthy young Minds TOG Kooth	Mostly rejected referrals even in serious cases with suicidality. Very long waiting list if are accepted and no support in mean time.
Oldham	Healthy Young Minds	Feedback from the referral was not given and minimalistic when I contacted them for an explanation. I felt frustrated and not really listened to with my concerns.
Rochdale	Living Well Big Life Turning Point GP Adult Social Services Rochdale MIND	Long waiting lists. Lack of communication / poor communication / or zero communication. Lack of professionalism /expertise from staff. Poor multi-agency working. Lack of follow up. Poor safeguarding awareness in general.
Rochdale	#Thrive Early Intervention Team	They said there was nothing they could do. Could not relate to the cultural aspect. Referee the parents for parenting classes. Very little support
Trafford	Trafford Sunrise	The information we had said that parents could self-refer. When the parents did this the person they spoke to was abrupt and said that the referral had to be made by school - this has now been updated on the website. Because of the person's negative attitude the parent's didn't want school to pursue the service further.

Whilst quantitative responses to the questions on referral and signposting 12 months and 6 months ago were not overly conclusive, there is the suggestion that for those referring within the last 6 months a better overall experience was had. This change can be seen in the '6 month' chart, where 'very poor/poor' was chosen less often than shown in the '12 month' chart.

However, it is not possible to conclude why this difference in opinion occurs from information in this study. This is because responses do not support a direct comparison between the two time periods; people were not asked to compare the same services 12 months ago to 6 months later.

The reasons given in the three tables, 'very good/good', 'OK', and 'very poor/poor' illustrate that 'good' practice was seen to come from easy referral and good communication. When people rated 'OK' it might be because a part of the referral, or one example from experience, had given them a bad impression. It is important to note then that as professionals might not refer to a service regularly, even one negative experience can have an impact on their opinion. Finally 'poor' practice came from services being hard to gain access to, or when clients had given feedback to professionals that was negative.

Qualitative overview (surveys)

General comments

When working at their best services were provided in an appropriate setting, which was accessible, and matched the needs of patients and young people at a time of challenging mental health. Parents commented that good treatment involved professionals that were caring and listened, and have rapport with young people. Appropriate timescales and clear communication were important to people.

Many comments related to difficulties in receiving expected levels of service. Whilst for some people problems related to one aspect of their child's care, there were several long and detailed accounts demonstrating that few aspects of interaction with services were adequate. Combinations of problems with accessing support caused families, already concerned about their children, to also face the challenge of managing their interaction with CAMHS.

Autism

Difficulties in accessing services

- "Service for my child has been totally inadequate- this being the second time to access this service with similar experience. The first time , we were told that there was no mental health service for children with Autism."
- "It was a long hard battle for my child to be diagnosed with ASC and he has other complex issues too and one of the things I really struggled with was HYM refusing to see him several times saying that the issues we were facing were purely behavioural and that I should just attend a parenting course which I did more than once. "

Not feeling child is understood

- "Everything!!!! More staff. More autism understanding. As my son is very able receiving the highest grades in his year, and not making any fuss in school his needs are ignored despite when observing him other professionals agree his difficulties are clear to see."
- "Pre-apt questionnaires were not appropriate for child with ASC. Clinician had minimal understanding of ASC and how this affected significant levels of Anxiety and how this would make accessing therapy almost impossible.."

A lack of support

- "When my child was eventually diagnosed with autism, I was told by CAMHS that they would discharge him as there was nothing they could do... Autism services may help us now. Nobody helps us now. Online forums and the internet advice pages have been our only support..."
- "Previous referrals through CAMHS [have] been unsuccessful in addressing or assisting us...We feel very let down by the whole process."

Pockets of good

- "Professional doctors who listened to my son and not only diagnosed and treated his condition (ADHD) but also understood and gave him the tools to deal with how that condition affects his mental health, self esteem and me as his parent. They do exceptional work with little funding. "
- "They spotted straight away that my daughter was autistic and was suffering with mental health problems and self harming because she knew something wasn't quite right but couldn't understand what."

Medication vs alternative treatments / access to medication

"Alternatives to medication for ADHD. ADHD pathway similar to autism pathway More nurses to support in school meetings/school behaviour plan. Staff that are known to be rude and unhelpful to be properly managed by their team managers."

"Medication being the only help offered despite there supposed to be joint working with a psychologist…"

"A holistic approach. Look at everything not just giving drugs."

"Little discussion of, or access to any other therapies other than medication. Length of time it takes to access anything. Appointments being cancelled."

Suicide

Concern only the most serious cases being seen…

- "I was unable to access CAMHS within a suitable time frame and was advised my son would need to attempt suicide in order to be seen sooner. Therefore I raised money through crowdfunding to receive private CBT with child psychologist In Manchester. My son had almost finished treatment privately before CAMHS was offered there it was declined."
- "Healthy Young Minds were appalling, even though my son was talking about killing himself they refused to see him as he wasn't self harming! Disgraceful service that didn't respond to two emergency referrals one from the epilepsy [team] and one from Doctor on ward!

…others concerned suicide and self-harm not being prioritised.

- "…My son has also on occasions threatened suicide and also self harmed again that has not been addressed and the response we did get was I think he did this for attention as he was frustrated!!!"
- "I got told basically I have let him get away with 2 much and to go on a parenting course, his paediatrician then asked CAMHS to do an ADOS which he failed coz he engaged to well! They then discharged him from neuro even though I continued to tell them about his tics, behaviour, saying he wanted to kill himself on a daily basis, a trip to the hospital due to anxiety and was still offered no help! I went private in the end and [son] has just been diagnosed with autism, I never want to deal with these people ever again."

Paying for a private consultation

"Service so underfunded. Discharged from service after 1.5 hour appointment which didn't address any needs of parents or young person. Ended up seeing an NHS child psychiatrist privately for multiple diagnoses."

"I would like the practitioners to stay in touch with parents, to LISTEN to what we say about our children, and to support us in accessing the help they need. As it stands, my child is still awaiting a referral and I am having to consider going privately."

"We chose a private counsellor as I was not willing to wait the length of time for an NHS referral, my daughter was too unwell to wait."

"…she could not wait for appointments with CAMHS. We stayed with private psychiatrist until around 6/7 weeks when an appointment came through for CAMHS and she saw a counsellor followed by an appointment with a psychiatrist which was then followed up by weekly one to one CBT sessions. This was all very good and staff were excellent.."

Qualitative overview (focus groups)

The focus group work collected comments about two areas, schools and CAMHS services.

Where schools were doing well in supporting young people's mental health, staff were understanding and communicated with parents. People also said that having a Special Educational Needs Coordinator (SENCO) was important. Getting the support of CAMHS for young people could also be made easier when the school assisted in applying.

People noticed difficulties with school when their child did not receive an Education Health and Care Plan (EHCP), which means no SENCO would be assigned. There was also the additional possibility that a school might not recognise the challenges parents see their children facing at home; if children were doing their work and not disrupting class they may not be seen as needing extra support.

Comments related to CAMHS services related to access, staff, and the support offered. Many of the comments match the findings in the main survey work done for this study, which means there were concerns over how difficult it is to get help. Once under the care of CAMHS people often found high staff turnover, it was also common for appointments to be quite far apart. The support people received was at times appropriate, though there were also comments which stress a need for greater individualisation, communication, and ongoing support.

There were also a set of general comments about the positive and negative experiences people had with CAHMS services. When working well people described being happy with their care. Too often though people highlighted the challenge of obtaining support from CAMHS, for several people the process from diagnosis to treatment has taken years.

Qualitative overview (professionals survey)

Across the four local Healthwatch there were a range of observations made by professionals. In terms of improvements these tended to be around increased awareness, higher numbers of staff or new teams being created, more joint working between services, quicker referrals and more school-based mental health resources.

Where things were not improving professionals noted a lack of access to mental health services, perhaps due to long referral times or a perception of lack of capacity within CAMHS. The fact that professionals in some areas were stating nothing was changing, whilst others believed it was, speaks to a possible uneven nature of provision or improvement, and a need for awareness on what is being done. The quantitative data suggests that for almost half of respondents they had not made a referral in the last 6 months (51%), it is possible that some improvements have taken place locally that they are unaware of.

There were also a number of suggestions made by professionals for improvement in their local area. Suggestions for improvement clearly focused on more provision delivered in a clearer way for people accessing them. It was suggested more funding could be used to increase staff numbers, so therefore reduce waiting times for referral and when under the care of a service. Improvements to services such as a streamlined 'single point' of referral that was clear would remove concerns over access and reduce the time spent without

treatment; this would prevent young people getting worse before they are seen. There was interest in much earlier engagement with young people around mental health. Early intervention could be done via schools, although this survey sample does disproportionately include education professionals, a strategy which is based on early intervention would be preventative.

Area specific perspectives:

This section will look at areas of experience within each locality. A representative set of comments from each area is shown to illustrate local people's views. More comments were collected than those presented here, a full set is held by participating local Healthwatch.

Parents and carers comments have been gathered under the following areas:

- Positive/negative comments
- Access
- Staff/communication
- Treatment, Support and discharge

Focus group comments have been gathered under these areas:

- Schools and mental health support
- Access, staff and support offered
- Positive/negative comments (focus groups)

For the professionals comments two areas are used:

- Any improvements professionals have noticed in the last year
- What professionals think could be done to make mental health support services better for young people

Trafford
Trafford survey comments

Positive/negative comments

Access

Staff/communication

Staff working well

- "The young woman that came to our house was brilliant and lovely and really made my daughter feel safe and listened to and she really helped her."
- "CAMHS - helped my son to get through a particularly difficult time. Mental Health Practitioner was very approachable. Eating disorders team - very thorough and very supportive. NDP - not had enough experience with them yet to comment."

Staff not working well

- "Upon the initial consultation I was confident that my child's complex needs would be supported. However due to a long term absence at the service absolutely nothing was put in place to support my child. The referrals I was expecting were not made and I was not informed that they weren't going to make the referrals. The contact was dreadful and the practitioner refused to answer my phone calls. She then sent a letter dismissing my daughter from Healthy Young Minds as she doesn't present her difficulties whilst at school."
- "Created a deep rooted fear of professionals, teachers and adults in general. Inconsistent care due to mid-diagnosis, redundancy and retirement. Learned more from own research, the service caused more harm than good."

Communication

- "Worker always off on the sick or on holidays. Poor communication and didn't share work load. No one shares information between all professionals working with my son."
- "Time keeping of appointments, answering of the phone and relaying of messages, repeated cancelled appointments with no replacement ones."

Treatment/support and discharge

Treatment

- "...There was little treatment available and suggested help was never followed through such as family therapy. We were told we were on a list and months later told we were not. Charity filled the gap plus support from other parents."
- "The timid to tiger course provided an opportunity to meet with other parents and share experiences which helped me feel less isolated."

Discharge or support

- "When a course of CBT finishes there is not a review with the same person and you are just discharged without a clear follow up plan and told to go back to the GP for a re-referral. My son will probably always have to live with mental health issues/anxiety but that longer term support is not there."
- "Waited years to be seen, had one appointment then promised follow up, never received follow up appointment then was discharged!"

Trafford focus group comments

Schools and mental health support

Examples of school support working

- A number of group members reported that they had found their child's school to be supportive with referral and managing day-to-day difficulties. Not unanimous by any means as one experience included a group participant reporting lack of recording of concerns by pastoral staff.
- Once had a EHCP the support offered was very good. School has been very supportive because there is extra money.

...and where support is not working

- Generally, parents felt that there was little support for their children outside of school.
- Support from schools very inconsistent and can lead to withdrawal or changes in school. Comments included: Appalling, inaccurate, not supportive.
- School suggested son goes into behavioural school. Primary school didn't pass on any information to son senior school causing son and family a great deal of distress and disappointment.

Access, staff and support offered

"General consensus that waiting times for referral to response, to assessment and to support is too long. 'They rely on parents just giving up.'"

"General consensus that referral process takes too long and have to be in significant crisis to be seen immediately."

"Staff don't last longer than six months. One Mental health practitioner who recently left post is now working at Altrincham Family Centre [fee paying]"

"Struggling to get help and support, stating, 'no health professionals seems to stay in post'.'"

...psychology format was for the child to have group therapy sessions...child found the group format too hard to cope with and was put off...daughter has just started sessions with CAMHS and is into her third week and mother happy so far. (engagement officer notes)

"One course called Timid to Tigers, via HYM, and found that child really liked it and was very positive."

Positive/negative comments (focus groups)

Trafford professionals survey comments

Improvements professionals have noticed in the last year

No change noticed

- "Currently none. We still have pupils who travel across authorities as we used to be a private school and it is really difficult to get them help when they live in one authority and attend school in another."
- "Very little- I work with exhausted parents and students consistently having to chase further contact and info."

Access

- "Young people are able to access Kooth which I have seen data for which reports that young people who have accessed support through the on-line service have found it to be helpful."
- "CAMHS are trying to reach out and work with the wider network of teams. I am involved with the local CAMHS CQUIN trying to improve transition outcomes. CAMHS keen to engage me in this regard."

Increased awareness

- "More advertising and openness to discuss mental health matters."
- "More young people self referring following sexual assault."

What professionals think could be done to make mental health support services better for young people

Funding

"More money in to the service to staff it better reduce waiting times and improve outcomes for children young people and their families."

"Put money into the service so that they have enough therapists and specialist workers to support every child that needs help quickly...The job HYM do is fab - but they don't have enough people to fulfil demand."

Service improvement

"Huge investment, mental health being recognised as a major barrier to so many young people and their families. More involvement with schools, more organised activities for young people to do safely..."

"Shorter waiting times. Greater investment for low level mental health needs...Face to face support for low level mental health needs...Dual diagnosis worker to support young people who have mental ill health and use substances..."

Schools

"More trained staff and key workers in school for early intervention."

"Anti bullying campaign Relaxation time at school Focus on play Strict guidance on screen time Kindness lessons Zero tolerance for school bullying."

Bury
Bury survey comments

Positive/negative comments

"I felt that because we referred through school it was very quick and the CAMHS worker we initially saw was excellent she really listened and helped, although our son didn't engage very well."

"Caring and understanding, willing to help."

"From going to A+E with my suicidal teen, due to the emotional domestic violence he was experiencing at the hands of his girlfriend, his appointment was quick. The professional at North Manchester (professional's name) was amazing."

"We have pretty much given up on the idea of obtaining any meaningful support through HYM. Currently it falls so short it simply does not meet needs."

"There is a marked difference in the quality of mental health support over the past 3 years- a reflection of cuts in funding I think."

"Just awful. When you are lucky enough to find staff who want to help, they are ...No suitable early intervention to prevent much bigger problems. Even when faced with suicide attempts, self harm and risky behaviour, this is not enough for a child to access support. What kind of 'service' does that and what does it say about our society?."

Access

"Time to get first appointment - can't get help when you need it most."

"Nearly 2 years for a diagnosis is far too long."

"Shorter waiting times for non A+E 7 day referrals. Staff to listen more to concerns not to minimise issues. Try to use other interventions other than CBT."

"It took 7 days to see a professional as referred from the A&E His first worker went off sick and no service given for 7 weeks. I had to keep contacting and chasing up and he was self harming. They also minimise concerns."

"Group sessions were planned during the summer holidays."

"There was no service outside school/work hours so for ten weeks I had to come out of work in the middle of my working day and my child's school day."

Staff/communication

Staff working well

- "The GP and school nurse team were efficient in recommending services to help my child. They assessed her needs and came to recommend a service which really helped her."
- "The approachability of the person who spoke to my son about his suicidal thoughts and self harming. She was warm, understanding and relatable."

Staff not working well

- "...she had a counsellor and a risk assessor. The risk assessor regularly missed appointments without warning leaving my daughter not having the support she needed and feeling unimportant, contributing to her confidence and anxiety problems. The counsellor she had was rude, doodled on paper throughout sessions, didn't listen properly to what she had to say and spoke more about herself than my daughter spent speaking..."
- "Therapist didn't actively listen to my son. No therapy was done during sessions. A leaflet was given at the end of methods to try. No discussion about the leaflet."

Communication

- "Out of the loop - relied on my child giving me info."
- "Apart from handouts/homework my child was given there was no feedback how the professionals felt my child coped or engaged within the sessions. There has been no follow up since the last group session in September."

Treatment/support and discharge

Treatment

- "More CBT and access to therapeutic interventions."
- "My son received medication and fobbed off like a right gooden. Been waiting 6 months for a new app and 6 weeks to be called back by 2 different people. My son clearly doesn't exist because he doesn't Threaten suicide."

Discharge or support

- "Continuity of care. Excellent communication. Child feels safe and enjoys the sessions."
- "The person my son had his appointment with at Fairfield mental health did not introduce himself to us. He offered no explanation after the appointment as to how we could help my son or what he thought was wrong. He discharge my son after his second appointment because my son 'looked better'."

Bury focus group comments

Schools and mental health support

Examples of school support working

- "Need good schools behind you to support with filling the forms, it is crucial (especially secondary schools)."
- "We have been dealing with it on our own for a long time. School pastoral has been really good."

...and where support is not working

- "...as she was achieving year targets in each year of school they considered this to be sufficient and didn't have any concerns about her, therefore would not, on a number of occasions despite our insistence make a referral to CAMHS."
- "Waiting times are too long, over reliance on a good school to fill in a questionnaire, especially a secondary school. If you haven't got a good school behind you, you've got no chance."

Access, staff and support offered

"My child was unable to access the service at the time as they didn't meet the criteria. She was suffering with low level mental health needs at the time."

"The GP made a referral because my child's anxiety was affecting his life. Mum had to chase and follow up everything in order to access support. There was no communication from the Healthy Young Minds for 6 - 7 months."

"Lots of staff turnover, levels of sickness are quite high."

"There is lots of inconsistency, high staff turnover and lots of staff sickness. No clear treatment plans have ever been given. There is no support available in an actual crisis situation, just have to go to the A&E."

"They have joint meetings between different professionals and I don't feel like I have to repeat my story. I can tell my story once and I feel confident that everyone has got the same information. Healthy Young Minds has perhaps closed the case early in the past, there have been gaps in the services."

"...Information given to my child has been done in a way that is relevant to her. My child doesn't communicated verbally – mostly through me. My voice is being heard but I don't always feel that my child's voice is being heard- more creativity needed from the professionals to find out about her needs."

Positive/negative comments (focus groups)

Bury professionals survey comments

Improvements professionals have noticed in the last year

Service improvement

- "...service users are not experiencing an increased access to psychological therapies, they are commonly being offered short term CBT or directed to self-help which is resulting in the deterioration of children and young people's mental health, an increase in self-harming behaviours/suicidal ideation and a lack of faith and hope that professionals can help."
- "Increased provision and lower threshold for accepting cases."
- "Offer more support - even just an advice line for parents."

Schools

- "Young people are able to access Kooth which I have seen data for which reports that young people who have accessed support through the on-line service have found it to be helpful."
- "CAMHS are trying to reach out and work with the wider network of teams. I am involved with the local CAMHS CQUIN trying to improve transition outcomes. CAMHS keen to engage me in this regard."

What professionals think could be done to make mental health support services better for young people

"Increased provision and lower threshold for accepting cases."

"Shorter waiting times to access services."

"Offer more support - even just an advice line for parents."

"Services need to be more streamlined…very local authority should be working to the same model to prevent a postcode lottery…Mental health services should be offering varied interventions."

"Better information for parents and schools for children who are not offered consultation and suggestions for alternative pathways."

"More support at lower levels - work to prevent mental illness from getting worse. More facilities to visit and work with students who do not always meet thresholds, observing them in school."

"Giving schools a dedicated 'pre-CAMHS' worker who can be in school (maybe one per 2 schools) and help staff with referrals and initial diagnosis of signposting which service is needed."

Rochdale
Rochdale survey comments

Positive/negative comments

Access

Staff/communication

Staff working well

- "The friendly staff."
- "The personnel at #thrive are phenomenal! The support we as a family not just my son received far exceeded all of our expectations. The staff went above and beyond for us all and during the darkest times of my son and my life due to events beyond our control, they were 'there' for all of us."

Staff not working well

- "GPs need more sympathy when dealing with mental health, I felt there was a lot of eye rolling at each GP appointment, healthy young minds were much more sympathetic."
- "It never the same people when I go my son didn't like it."

Communication

- "No communication, not listening to me, no help for (son)."
- "Communication. Integration between Pennine care services, don't put it all the family."
- "Lack of support, no communication, arguments between professionals, which has been embarrassing to witness. Lots of finger pointing and parent blaming, which was down to lack of communication. A whole shocking service, needs a good whole shake up!!"

Treatment/support and discharge

Treatment

- "When my son took part in play therapy it was nice to see him play without involving myself."
- "A holistic approach. Look at everything not just giving drugs."

Discharge or support

- "…Daughter was discharged from the service without being seen due to staff leaving and documentation not being completed. Waited over 14 months to be seen with major safeguarding issues highlighted at varies points during this period."
- "My child was referred…from school, paperwork was lost after receiving diagnosis, no help or support was given, he was just diagnosed and discharged."
- "I feel that once a child has a diagnosis, you are basically on your own. They push and push to discharge the child when all they've done is diagnose. Not treated."

Rochdale focus group comments

Schools and mental health support

Examples of school support working

- Senco has been a godsend for one mum at school having a really positive impact on her referral.
- "Nursery made a referral into the RENS service who told me to see my GP who was brilliant and did all she could but for my family".

...and where support is not working

- All the parents spotted signs in their own children's behaviour and went into school to talk to the teachers however this was met with, "because my child is academic then they are not causing us problems".
- One parent felt school have made everything much worse for her daughter and haven't been supportive at all, no communication between teachers.

Access, staff and support offered

"One parent was given really useful information eventually and the pathway fully explained once her child had been diagnosed this was only a 4 month wait from first referral, her child was at crisis point by then."

"All the parents agreed how difficult the referral process is and how the information is relayed. Once you have been seen by CAHMS there is a distinct lack of aftercare and continuing support. Waiting and lack of information being given about their child and what happens next."

"The counsellor was very good and listened to my child all the sessions were explained to us and what happens next like I said we are really impressed with the outcome for my daughter."

"...she has seen a positive improvement with her children they have responded well and engaged with this worker, however she is leaving and mum feels very anxious and cross her children have to start again with a new member of staff."

"Information on treatments varied a few parents were told easily what will happen next whilst one parent wasn't given any information and had to look up herself for 3rd sector organisations."

"This is my child's life and as parents we want this to be right and get the best support we can. There is a drop-in phone clinic on a Wednesday at CAHMS, but I have called a few times and no one gets back to you, so what's the point of the number being given?"

Positive/negative comments (focus groups)

Rochdale professional survey comments

Improvements professionals have noticed in the last year

No change noticed

- "Nothing tangible yet. More awareness around the stigma and discrimination is needed. Honest and open conversation need to take place."
- "None. The services are markedly deteriorating for service users and becoming more difficult to access /make referrals to for professionals and service users/clients alike."

Positive change

- "Prompt response to referrals."
- "#THRIVE has provided children, parents and families a faster and easier route to obtain support and advice for the children."

Service change

- "More of a selection of services for young people up to age 18."
- "The professionals on the shop floor are brilliant although senior managers are not accessible and appear to hide away at lots of different meetings."

Joint working

- "Joint working, information sharing."
- "Oldham have a mental health in schools strategy."

What professionals think could be done to make mental health support services better for young people

Specific groups

"Looked after children are not getting their emotional and therapeutic needs met due to the lack of resources that can offer specialist attachment and trauma interventions…"

"Culturally sensitive. Mental Health Awareness courses available in Punjabi for free to parents carers and family members."

Funding

"More investment in front door services and staffing and less directors and senior managers."

Service improvement

"More staff to provide a service to more young people as this is such a prevalent issue."

"One universal assessment process for children who can then be passed to appropriate service from there…"

"…Information sharing (often no feedback once a referral has been made), better collaborative working, engagement from CAMHS on Early help assessments and multi-agency meetings."

Schools

"Support for those of a non statutory school age, direct engagement with schools and more resources/ staffing for the services themselves so that they aren't strained and can have the facilities to support what is an extremely important factor in children's lives and futures."

Oldham
Oldham survey comments

Positive/negative comments

"They made my daughter comfortable and spoke to her at the right level. She doesn't feel like there is something wrong with her. I was impressed they were prepared to help now before things got worse even though her problems seemed a little silly."

"The initial appointment was quick due to her self harm and really helped in stopping that. The communication was great and support in understanding her mind-set and ways to support her at home was good."

"Please continue with the good work from this very vital service. Helping the young people before they become adults is the key."

"I found the whole process disheartening and the two times my daughter attempted to seriously harm herself and attempting to take an overdose these concerns where never taken seriously. Her mental health is still very unstable and has left her with no where to turn for help."

"To never take him again."

Access

Staff/communication

Staff working well

- "Healthy Young Minds is such a vital service that a lot of people rely on. The staff there are truly amazing it would be nice to see this service get a increase in funding."
- "Good relationship with counsellor."
- "Staff are very helpful in supporting parents too."

Staff not working well

- "None of it they were rude, judgemental and didn't listen to either my child or us."
- "It's not joined up, GP not working with school."
- "The only good thing was one locum doctor…But he was relocated to Birmingham. She (daughter) had to deal with 6 locums and no permanent clinician."

Communication

- "I feel that parents know there child best and that their voice should also matter and views considered when discussing my child."
- "Better communication. Not cancelling appointments the day before. Not having to wait two months for next available telephone counselling session."
- "Progress or updates (wanted)."

Treatment/support and discharge

Treatment

- "…Our child is currently still attending sessions and so it is difficult to assess how the overall experience will assist…I would say we have made more progress as a family at home than the sessions have so far which is disappointing initially."

Discharge or support

- "I felt he needed regular sessions however this didn't happen, they seemed to think if he had stopped self harming for a few weeks he was cured."
- "Having obtained the results of the assessment and identified a range of issues and needs, I feel let down in terms of the lack of ongoing support."
- "When a staff member left the service, my child was discharged and we later had to again ask for referral via the GP. At this point we were told to self refer and I tried to access services for my child, but was told I can't refer her. She won't refer herself after the previous experience so we are now in a limbo with no help / treatment."

Oldham focus group comments

Schools and mental health support

Examples of school support working

- "The school were very pro active identifying a group of new students with similar anxieties transferring from primary school to senior school, the school provided worry workshops."
- "…I get support by phone and email contact and face to face. Good example is when my daughter contacts me to say she cant cope and needs to come home and the school contact to say that they are fine and able to support her. Biggest problem is that the school has been unable to access Healthy Young Minds to continue the support…"

…and where support is not working

- "No – both Primary school and Secondary school she is not getting any support in the school environment doesn't get on well with her link worker (person to go to if she needs help) in school so doesn't feel she can talk to them/ go to them. Find it difficult and embarrassing to access this support. Can't speak / have access to SENCO worker as daughter has no funding attached to her so no support."

Access, staff and support offered

"Because of negative experiences with CAMHS (none positive) and no support from school we had to go down the A and E route to receive help and each time has been when it has got to crisis point (all children have mental health / autism) "

"Main issue with accessing support how to get it - contacted GP, Health Visitor and School nurse none of which provided much help - only at crisis and through getting the head teacher involved did we receive support. This needs to be looked at…"

"Health visitor was really good and gave information on timescales, waiting list – I felt informed."

"Felt the GP did not give enough information and that had "back up" because I held information and reports."

"…HYM never see parent separately which also means the parent isn't involved in the therapeutic recovery or advised how to support the child in between sessions…"

Positive/negative comments (focus groups)

Oldham professionals survey comments

Improvements professionals have noticed in the last year

No change noticed

- "None. I appreciate the long waiting list, but I am concerned that young people are not being supported."
- "As the funding has been reduced there has been less offered to schools for pupils requiring counselling or lower level support."

Positive change

- "High on the council agenda, talked about a lot more."
- "The Oldham online referral process is clearly set out and easy to follow as a professional."
- "Staffing levels have increased with new roles being created."
- "Responses to medical referrals seem to be quicker."

Communication

- "Only referred within last 12months so can't comment on previous but have found process and communication quite good."
- "Improved communications between SOME health professionals."

Schools

- "There are more counsellors in schools in Oldham."
- "Whole school approach in Oldham is very proactive in engaging with schools, giving vital information/support to professionals working with young people. A number of training/conferences have been held recently along with regular updates/information."

What professionals think could be done to make mental health support services better for young people

Specific groups

"…Parents need to be given more support when they discover that their child/young person is self harming instead of the Oldham response which is "if you believe that your child is at risk of suicide take him/her to A&E" this is of no use to anyone."

"It can be difficult to access specialist courses for parents of children with ADHD. The support in Oldham is primarily for parents of children diagnosed with ASD."

Funding

"Funding to be improved, so there are more clinicians."

Service improvement

"Increase the capacity of Healthy Young Minds - they only seem to be accepting the rally really top tier of need…If the emphasis is being put on school's to do more for Children's mental health then we need the resources / training to be able to do this – a lot of school professionals (as other professionals e.g. health, HYMs) are already stretched as it is."

"Dedicated person to talk to instead of lengthily forms to complete."

"Waiting time for appointments, easier access to counselling services."

Schools

"More information on who to contact sent out to all schools."

"Be more 'out there'. Come into schools and visit more often. Have MH workers that come into school to speak to all pupils regularly."

"Support in the preventative stage rather than waiting until a crisis. All professionals in contact with children to have compulsory training. We have to have a number of first aiders in school and safeguarding staff. We need mental health first aiders and generalised good practice."

Other
Other survey comments

Positive/negative comments

"How they speak to my child. They speak to them directly and try to make them feel better about their condition."

"We felt comfortable and understood during appointments."

"Been able to contact in between appointments if situations are becoming out of control, being able to have telephone appointments where I can openly discuss the issues without my child hearing. The strategies that have been provided have been good."

"It went on forever and at no time was any help offered."

"These departments need a massive shake up. It's not good enough that our children have to wait months, sometimes even years to be seen."

"I found the whole experience frustrating, and a total waste of the two years it took from asking for help to saying we would get none."

Access

"Waiting a year being past from pillar to post. From GP and school passing it back to each other. Earlier intervention would have been much more effect for my son."

"The waiting for appointments, no help for parents, the short appointment times when you finally get one."

"You don't get to see A doctor straight away."

Staff/communication

Staff working well

- "Great support from paediatrician, and psychiatrist at Healthy Young Minds."
- "Doctor…is lovely. She is non-judgemental and was the first person who helped me make sense of my son's difficulties.
- "The connection my son had with his therapist."

Staff not working well

- "When my sons psychologist left in August we were supposed to be assigned a new one but as of yet or still waiting."
- "Certain staff within the team are rude and don't consider how children feel when mixing with strangers...The team do not have enough staff for demand so waiting lists are very long (12 months for ADOS). There are too few nurses so no one can attend TAC/CAF meetings and support with education services."

Communication

- "Waiting times and lack of communication between different professionals. Having to chase everything up when requests were put in for information to be sent out (still waiting on this!) Now having to start all over again with no continuity from previous experience!"
- "More communication between different departments (including schools) to enable better understanding of my child i.e. all information available to all involved…"

Treatment/support and discharge

Discharge or support

- "I feel supported and listens to."
- "Never offered support."
- "More support for parents."

Conclusions:

The Child and Adolescent Mental Health Service (CAMHS) provides an important support for families with young people facing mental health difficulties. This study has aimed to take in comments from the Trafford, Bury, Rochdale, and Oldham areas, with a view to highlighting local experiences with CAMHS. Local people were engaged with through surveys and focus groups.

Though each individual Healthwatch will be able to pick comments that relate to specific services in their area, the strength of this report is in demonstrating whether there are any similarities in the experiences people have, as well as looking for commonalities across areas of Greater Manchester. People may feel isolated or alone in their experience and this report shows quite clearly a number of cross cutting issues; a finding that is applicable within each local Healthwatch area, as well as overall.

With regard to the comments collected in this report, each local Healthwatch has made best use of its local network and resources to reach as wide a group of people as possible. It is always preferable to have a representative sample to form the set of comments and data for research, however Healthwatch strives to give voice to anyone that wishes to comment and has something to say about health and social care services. This can mean comment sets which form the basis of a report do not follow expected rules on proportionality or objectivity; in other words our findings and conclusions do not always end up reflecting the average view. Nevertheless it is our aim to report both what is, and is not, working well. In particular Healthwatch aim to show which parts of the healthcare system might be improved, so that people's overall healthcare journey is positive and constructive for them.

The experiences of local people presented in this report show a combination of challenges faced when trying to access, receive, and retain good care for young people using CAMHS. When working well people reported individual staff built a rapport with young people, clarified what was happening, and provided effective solutions to mental health issues. Nevertheless, many of the comments captured illustrate that engaging with CAMHS could rarely be described as working well.

The quantitative findings from the survey work with parents and carers shows that people are broadly split on many areas. This division can be observed when responses 'very good' and 'good' are combined, and 'very poor' and 'poor' are also combined, often this shows a rough 50-50 split in satisfaction totals. Two areas worth noting are questions where professionals are mentioned, which tend to be more positive in their response, and questions about the overall service, which are more negative.

The quantitative data analysed from professionals shows they were split when rating how the signposting and referral experience had been within the last 12 months. Of those that had referred within the last 6 months the experience was more positive, however only half of respondents had referred during this time period. It is important to note that professionals may not have been thinking of the same service when rating, and that satisfaction varied by area. A set of explanations were presented illustrating what 'good', 'OK', and 'poor' means, which should allow local Healthwatch to understand the results better.

The qualitative findings for the parents and carers responses overview presented in the report shows several topics of interest across local Healthwatch that might be of further

interest. Recurring across comments is the problem of getting CAMHS help for young people on the autism spectrum (ASD). When parents suspected their children had autism this could result in delayed diagnoses of other mental health conditions, or be dismissed by professionals in school, or other referral pathways, as bad behaviour. Regarding treatment some parents disagreed with that on offer; we collected comments that supported increased use of medication, but also examples calling for alternative approaches. Of concern were examples of serious crises being faced by young people, where they were known to be self-harming, but parents were told this was not serious enough to be seen. Some comments suggest that only when young people present as suicidal would they be prioritised, this goes against wider discussions across health services to focus on prevention and early intervention. Finally there are instances in which families are turning to private consultation or treatments, due to their dissatisfaction with CAMHS. The cost of using private services is high, in the comments collected it is clear that people were driven towards private care when timescales became too long, often lasting months or even years, also when treatment was not effective, often due to a lack of support.

When looking at the qualitative responses shared by professionals there was positivity from some about the way local mental health was working. Examples of good practice often aligned with what parents and carers had asked for in the rest of this research. In summary good practice meant that referrals were seen to be smooth and young people were getting access within reasonable timeframes. The qualitative breakdown for the four local Healthwatch illustrates the ways in which local mental health services were seen to be doing well; due to many respondents working within education, a clear theme was preventative mental health support being present in schools.

Making use of the survey responses gathered by each local Healthwatch, this report has looked at CAMHS through general comments on positives and negatives, as well as emerging themes of access, staff and communication, treatment and support. Comments did not always relate discreetly to just one aspect of care, with several people writing detailed descriptions of problems at multiple stages of their interaction with CAMHS. A selection of these comments can be seen within the main report, but it seems evident from what local Healthwatch have heard in this set of comments that there is no one solution to the problems people have reported.

On accessing the service the referral pathway has been described as through accident and emergency, GPs, or schools (use of SENCOs or school nurse). It seems that the first hurdle for people is to convince one or more of these initial referrers that a young person is in need of assistance. The criteria for application are not always clear, and it can take some time for a response to come from CAMHS after referral. At this early stage people already feel frustrated, all the time a young person may continue to face their mental health challenge, but only following a successful referral do parents feel they have begun to address this more fully.

Upon being accepted by CAMHS there are still difficulties to be faced. Comments collected in the survey illustrate staff and communication problems. People have found that CAMHS services across local Healthwatch areas are facing high turnover as well as notable sickness absence. The combination of these two factors is making continuity of treatment hard, because young people are unable to form a bond with professionals and parents are unable to get clear communication about what is happening. Most damaging is the way in which the reported confusion over communication means families are waiting a long time to get answers at an early stage, though once accepted for treatment this often does not

improve, and can compound worry and concern. When staff are working well they are praised, but there are too many instances of good practice being related to a single service within a locality, or attached to a single professional, rather than CAMHS as a whole.

When highlighting the treatment and support people received there would appear to be a need for a faster response rate to concerns. Often the comments Healthwatch collected show that people cannot get a reply to their queries, either by phone or letter, with some feeling enquiries are being ignored and messages not being passed on. If staff are always changing this increases the chance of details about a case being forgotten; there are examples within this study that show young people being discharged, due to a poor handover process following a staff member leaving. Whilst there are comments related to the type of treatments CAMHS are offering, such as group sessions, counselling, CBT, parenting classes, people want these to be set within a supportive framework; within which they can contact someone reliably if they have questions, something is not working, or they feel their child's mental health is becoming harder to manage.

As part of this report a set of focus groups were also conducted. Healthwatch gathered different perspectives related to the role of schools in accessing mental health services. People were generally more positive with the way schools supported young people with their mental health, though this was not universal and shows an uneven level of support across local areas. The focus group comments also address to what extent people felt services were able to support them. There were many commonalities between focus group comments and those in the survey. These similar findings cover problems around accessing services, receiving good communication, and the overall challenge that engaging with CAMHS presents for many.

During the research professionals were asked about signposting and referral to young people's mental health services in their locality. Findings taken from the professional's responses matched those of parents and carers. People mentioned that mental health services were doing poorly when access was restricted and communication difficult. A number of suggestions were made for improvement, especially related to improving funding and therefore the capacity of mental health services.

It would be easy to conclude this report highlighting the negative comments, as whilst there are elements of good practice in the comments collected, and the quantitative findings are more balanced, there are too many examples of people finding CAMHS unsatisfactory. The reason for doing this research has been to show what works well and where this is not the case. Those managing CAMHS can draw from the findings an understanding of what could be done to improve the services on offer. There is an opportunity to listen to what people have said, with many of their suggestions and experiences related to basic issues such as access, quality care, and ongoing support.

Thanks:

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Appendix

Professionals survey results - item 1 – List of services signposted or referred to in last 12 months and 6 months.

Trafford 12 months	Trafford 6 months
42nd Street A+E Alternative Education Providers CAMHS CBT Counselling Family Centre Early Help Healthy young minds Home start HYM Kooth MARAT NGage Psychology School counselling School nurse SEND support in school Social services Stockport psychological wellbeing service Talkshop TDAS Trafford Housing Young Carers	42nd street CAMHS Counselling GP (advised) Healthy young minds Kooth MARAT Psychology School nurse Sunrise Talkshop Trafford sunrise
Bury 12 months	**Bury 6 months**
Early Break Healthy Young Minds	#Thrive Early Break First Point Family Services Healthy young minds Streetwise
Rochdale 12 months	**Rochdale 6 months**
Youth in Mind GP A+E Healthy Minds Caritas schools services School-purchased private counsellors Awakening Minds community group for BME mothers/daughters. Healthy Young Minds #Thrive Thinking Ahead	Thrive Forensic CAMHS #Thrive drop-ins School purchases school Social workers and counsellors (including Caritas Schools' Service) Kooth (online counselling) Signposting to GPs and A&E helpline numbers for ChildLine Kooth Papyrus Samaritans (for safety planning with suicidal thoughts)

	Healthy Young Minds #Thrive Early Intervention Team Kooth Elefriends Princes Trust Proud Trust Living Well Big Life Turning Point GP Adult Social Services Rochdale MIND
Oldham 12 months	Oldham 6 months
All passed on to pastoral managers who refer as appropriately School Counsellor School Nurse Anger Management POINT Educational Psychologist Speech and Language Therapist QEST Occupational Therapy MASH Bereavement charities Off the Record Early help Post diagnosis workshops Kooth.com 42nd Street TOG MIND Medical referrals A+E Healthy Young Minds Counselling Early Intervention Madlo lets go for a walk Positive Steps	QEST as a supported service Educational Psychology Community Paediatrics LANCS Mind dieticians bereavement charities Early help Community paediatric Regenda housing Healthy Young Minds TOG Mind Medical referrals