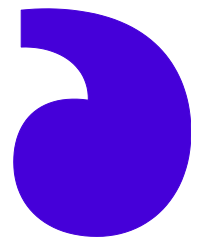




**Child and
Adolescent Mental
Health Service
(CAMHS) Survey
Report**



February 2016



Child and Adolescent Mental Health Service (CAMHS) Survey Report

In 2015 NHS England published Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. It set out the challenges for CAMHS nationally in recent years, including underfunding and an increase in demand. Over this time there has also been a reduction in other services that provide additional support to young people, such as youth services. Future in Mind require every local area to have a Transformation Plan for Children and Young People's Mental Health and Wellbeing, to ensure that the recommendations from the report are implemented.

Healthwatch Worcestershire has a statutory role to give feedback and make recommendations to publicly funded health and social care services, based on feedback we receive from people who use the services and the public. Through engagement work we have carried out over the last year, we have been given feedback by young people and parents about a number of concerns about access and waiting times for support from CAMHS.

Through our observations at the Children and Families Overview and Scrutiny Panel and the Safeguarding Children's Board, we are also aware of and have raised concerns about the ongoing issue of waiting times for CAMHS services. In particular the length of time some young people are waiting following their initial Choice appointment until they receive a follow up Partnership appointment. The average waiting time between referral and a Partnership appointment was reported as being over 20 weeks at times in 2015.

As a result of this feedback and to enable us to feed the views and experiences of local people into Worcestershire's Transformation Plan and current work developing CAMHS, we have been running an online survey and engagement. We have also met with parents from Black Asian Minority Ethnic Communities to gain feedback about their experiences of gaining support for mental health issues for their children.

Healthwatch Worcestershire Survey Feedback

94 people have completed Healthwatch Worcestershire's CAMHS online survey between July and December 2015: 29 young people and 65 parents or carers. This is a similar response rate to the survey carried out by Worcestershire County Council as part of the 2015 CAMHS Needs Assessment. The survey was aimed at those who had either accessed or tried to access CAMHS support for themselves or their child.

Accessing Support

People who told us that they had not been able to access support from CAMHS that they felt was needed, in the last 12 months, gave the following reasons:

- 17% - Did not know how to get a referral
- 4% - GP would not make a referral as did not meet the criteria
- 46% - Were referred, but did not meet the criteria for the service
- 33% - Were still waiting for a service following a referral

Waiting Times

Those who had been referred to CAMHS within the last 12 months, were asked to rate how happy they were with the length of time they waited to receive support:

- 16% - Very happy - I was seen quickly
- 31% - Happy - I did not have to wait too long
- 19% - Unhappy - I had to wait a long time
- 34% - Very unhappy - I had to wait a very long time

Satisfaction with Service

Those who had accessed support from CAMHS in the last 12 months were asked how effective the support had been:

- 56% - Good
- 15% - Ok
- 29% - Poor

Do you feel you have been listened to and your concerns taken seriously?

- Yes - 59%
- No - 25%
- Sometimes - 16%

Do you feel that staff at CAMHS have treated you with respect?

- Yes - 66%
- No - 15%
- Sometimes - 19%

Do you feel that staff at CAMHS are kind and compassionate?

- Yes - 63%
- No - 6%
- Sometimes - 28%
- Not sure - 3%

Additional Comments

We received a total of 67 additional comments, relating to how effective the support has been and other feedback relating to CAMHS that people wished to share.

14 of these additional comments can be classed as positive and include feedback around areas including -

- Well connected care
- High expertise and professionalism of staff
- Understanding of family and supportive of parents
- Understanding of young person and issues
- Helped the young person
- Caring staff
- Huge impact on family

53 comments expressed negative experiences or areas for improvement. These included issues such as -

Waiting times

- Long waits for support and negative impact on individuals and family of delay in receiving service
- Long wait for and lack of appropriate diagnosis via Umbrella Pathway
- Need for additional parental support, especially when waiting for support to start to help with isolation and anxiety, e.g. on line group / portal

Availability and access to appropriate support

- Not being able to access support needed - not having initial referral accepted and also being discharged when still requiring support
- Attempted overdose having been discharged and told support not required
- Lack of support following self-harm and suicide threats
- Lack of money and staff to provide the service needed
- Lack of appropriate support and diagnosis
- Lack of support for lower levels of mental health issues, resulting in children and young people being in a chaotic state when referred and having to wait for CAMHS
- Without continued fighting by family and other professionals, would not have been given the support required

Staff capacity and continuity

- Impact of staffing issues and changes on continuity of support
- Lack of communication and regular appointments
- Need for more appointments

Quality and appropriateness of support

- Lack of specific understanding and ability to support those with Autism / ASD / Asperger Syndrome
- Being offered group therapy when one-to-one required
- Feeling rushed and not listened to
- Getting dismissed as young person could not open up to staff
- Lack of appropriate strategies to help
- Will not go back to CAMHS, some trying to fund private counselling as alternative

Working with schools

- Schools not listening to and acting upon advice and expertise given by CAMHS

Working with other professionals

- CAMHS staff not attending meetings with other professionals involved with care of the child
- Lack of communication with other professionals

Engagement with Black Asian Minority Ethnic (BAME) Communities

As part of the engagement work carried out with BAME Communities for Healthwatch Worcestershire, Age UK Herefordshire and Worcestershire spoke to seven families with children or young people who have experienced mental health issues. They found that knowledge of CAMHS and how to gain support for their children was limited amongst these families and were told that there is often a stigma attached to seeking support for mental health problems.

Families from South Asia, South East Asia and Polish communities had not heard about CAMHS. Although three families from the Gypsy Roma Traveller community had heard of CAMHS and one family had received support.

The families said they felt that language was the main barrier for some communities understanding what support is available and how to access referrals. They also felt that if a family member is assisting with interpretation either for a child or parent, when seeking support, this may lead to information not being accurately conveyed. They also felt that different cultural beliefs meant that

families may seek different remedies to mental health problems or view changes in behaviours as having other causes.

Other Feedback Received

Young Solutions have been carrying out engagement with young people for Healthwatch Worcestershire. They have attended groups to speak to young people about their experiences of CAMHS. Some of the comments reflect feedback given in the survey, about waiting times and the impact of change of Psychologist on care received. One person told us that support from CAMHS had been good, but this had stopped at age 18 and there had been a long wait to receive support through adult services. Another reported a lack of support following a long stay in hospital for depression and the feeling of isolation as a result. One young person living in homeless accommodation told us they had to start the referral and waiting list process from scratch because an appointment letter had been sent to a parent's address and was not passed on.

Summary

Many people who have accessed support from CAMHS have found the support beneficial, the majority feel that staff are kind and compassionate and they have been treated with respect. However the feedback also suggests that there is a need to reduce waiting times and ensure that all young people are receiving the support they need. Findings suggest that there may be a delay in receiving a diagnosis and more specific support required for those with Autism or ASD. There may also be a need for better partnership working between CAMHS and schools and other agencies. Feedback also suggests that CAMHS need to ensure that those from Black Asian and Ethnic Minority communities can access support and that there is an effective transition from CAMHS to adult mental health services.

Recommendations

Based on the findings in this report, Healthwatch Worcestershire consider that these recommendations need to be addressed by the upcoming redesign of CAMHS and more widely through Worcestershire's Transformation Plan for Children and Young People's Emotional Well-being and Mental Health. We will be carrying out further engagement and survey work in 2016 to gain feedback about progress in these areas and feed this into ongoing monitoring of the Transformation Plan.

Waiting times

1. Waiting times for CAMHS, for first and subsequent appointments to be reduced and the evidence for this to be monitored and recorded
2. Consideration of risks to ensure that young people are not at risk of suicide or self-harm as a result of waiting times or lack of appropriate support
3. Consideration about the impact of waiting times for assessments as part of the Umbrella Pathway

Availability and access to appropriate support

4. Clarity about criteria for referral for young people, parents and professionals and alternative support available for those who do not meet the criteria to prevent issues escalating

Staff capacity and continuity

5. Confirmation that issues around staffing and capacity are being addressed and monitored

Quality of support

6. Reassurance about how specific needs of those with Autism / ASD will be met and alternative support that will be given

Joint working between CAMHS, schools and other agencies

7. Ensure effective communication and joint working between CAMHS, schools and other professionals

Transition to adult services

8. Evidence of pathways for effective hand over of care to adult mental health services and communication to ensure smooth transition

Engaging BAME communities

9. Consideration given about how effectively information about CAMHS and support for children and young people with mental health issues can be communicated to Black Asian and Minority Ethnic communities and how cultural barriers to accessing support can be overcome.