



Improving Children and Young People's Mental Health Services in Bury

2019

Acknowledgements

Healthwatch Bury (HWB) has four main areas of work: Listening to local people about their health and social care experiences, influencing services, providing information and guidance on health and wellbeing, and providing advocacy support to help resolve NHS Complaint cases.

As part of our listening and influencing roles, this report sets out the views of parents of children and young people who have used, or who are currently using, mental wellbeing services in Bury. Using the feedback and first-hand experiences, we review the quality of services to highlight where services are working well and make recommendations to commissioners and providers where we feel services can be improved.

Healthwatch Bury would like to acknowledge and thank everyone who took part in the review. Thanks go to all the families who took the time to complete the questionnaire or talk to us and for their honesty and willingness to share their experiences. Thanks also go to all the professionals who took part in this review.

Disclaimer

Please note the stories within the report are subjective accounts by individuals, given on the day they were interviewed, and do not represent the views of Healthwatch Bury. If you have any queries relating to the content of this report, please contact Healthwatch Bury via info@healthwatchbury.co.uk

Contents

Introduction	7
Key Messages	9
Profile of the Young People	11
What families told us	12
What professionals told us	26
Main Recommendations	32
Appendices	34
Appendix 1	34
Appendix 2	35
Appendix 3	36

Introduction

Healthwatch Bury is the independent consumer champion for health and social care in Bury. It exists to help improve local health and social care for all people living within Bury MBC and to ensure health and social care services in Bury are the best they can be for people of all ages, now and in the future.

We also share information about local health and social care services with Healthwatch England and the Care Quality Commission (CQC). This way we ensure people's voices are heard at both local and national levels.

This children and young people's mental health service review is a joint project between Rochdale, Oldham, Bury and Trafford Healthwatch. The aim is to compare the different experiences of families, children and young people accessing mental health services across the combined area. As a result, two reports have been produced; one compares the key findings across the combined areas whilst this report provides a more detailed insight into the experiences of families accessing mental health services for children and young people in Bury.

This work corresponds with national commitments set out in the NHS Long Term Plan, as well as regional commitments by The Greater Manchester Health and Social Care Partnership to increase funding for children and young people's mental health services. Their aim is to improve access to services via schools and colleges and reduce waiting times for specialist support.

Context for children and young people's mental health services¹

Bury's estimated resident population in 2015 was 187,900. This is an increase of 400 people from the 2014 estimate. Compared to the population distribution in England, Bury has more under 15's. By 2021, the under 15's population in Bury will increase by 15% to 39,800; under 25s are expected to increase by 6% to 60,400. This means around 30% of Bury's population will be under 25.

From information provided by Bury's Public Health team in 2017:

CYP mental health disorders

- The estimated prevalence of mental health, emotional and conduct disorders in 5-16 year olds are slightly less than regionally and England (although not statistically significant);
- Estimates suggest we have just over 2500 16-24 year olds with an eating disorder and just over 2700 individuals with ADHD in Bury;
- Estimates suggest we have 785 individuals requiring tier 3 CAMHS support and 35 requiring tier 4 CAMHS support

¹ Bury Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 https://www.buryccg.nhs.uk/download/document_library/your-local-nhs/plans_policies_and_reports/children_and_young_peoples_transformation_plan/CYPMH-LTP-Refresh-March-2018_v2.0_2.pdf

CYP mental health related admissions

- Bury has a significantly higher rate of child admissions for mental health aged 0-17 year compared to both national and regional levels (145.7 per 100,000 in Bury vs 87.4 per 100,000 in England), this rate has been increasing annually since 2011/2012;
- Hospital admissions due to substance misuse in 15-24 year olds is significantly higher in Bury when compared to national rates (125.6 per 100,000 vs 88.8 per 100,000). This has remained relatively stable over the last 3 years;
- Hospital admissions due to self-harm (10-24 year olds) and due to unintentional and deliberate injuries (15-24 year olds) are both lower in Bury than in England and at regional (North West) – however this difference is not statistically significant.

Areas where we perform worse than the national figures:

- Bury has a significantly higher number of children who are identified as SEN;
- Bury has a significantly higher proportion of pupils who are identified as having a learning disability (this increased significantly from 2014 to 2015, in line with an increase in the national rates);
- Bury has a significantly higher secondary school fixed period exclusion, due to drug and alcohol use (this has increased significantly from 13/14 to 14/15, in contrast to the national rate which remained stable).

What we did

Rochdale, Oldham, Bury and Trafford Healthwatch worked together to gather the experiences of parents and carers whose children use, or who have used local mental health services. We developed a range of questions to gather people's feedback which were presented in a survey and used as the basis for 1 focus group discussion and 9 one to one interviews. 40 people in the Bury area completed the questionnaire.

A total of 51 families from Bury took part in the review.

We also gathered feedback through questionnaires and interviews with 15 professionals who work within schools and local services.

Between January and March 2019, we heard from 51 families whose children had experience of using mental health services in Bury. The children and young adults using services were aged between 5 and 24 years. We also spoke to 15 professionals, including teachers and GP's, to find out about their experiences of referring children and young people into mental health services. These are the key messages.

Key messages

What families told us

- 68% of parents felt that Healthy Young Minds (HYM) offered a very professional service with high levels of confidentiality and trust between the clinician and young person.
- Waiting times for referrals to HYM are too long with 40% waiting more than 3 months for their first appointment.
- There is little support for young people with a dual diagnosis of mental health and autism spectrum conditions.
- Most families stated that 'having a good school behind you' can make a positive difference to the young person's experience.
- 78% of parents did not receive good advice on how to support their child after discharge.

Changes families would like to see

- Shorter waiting times between the referral and first appointment and, once using services, they want more frequent appointments over a longer period of time.
- More information and training for parents, to help them to support a young person with mental health issues.
- Offer holistic mental health services that support young people with dual mental health and autism spectrum condition.

- Improve communication between all services involved in the wellbeing of a child, including Healthy Young Minds, school, GP, social care, voluntary sector and community health teams.
- Create a shortcut back into services for a recurring crisis.
- More Cognitive Behavioural Therapy (CBT) and access to therapeutic interventions.
- Offer follow up support after discharge from Healthy Young Minds.
- Quicker urgent care response for young people experiencing a mental health crisis.
- Effective treatment plan and support for transition from children's to adult mental health services.

What the professionals told us

- There has been more training and information regarding Adverse Childhood Experiences - better understanding of underlying issues across Greater Manchester to help to move towards trauma informed settings (Practice that promotes a culture of safety, empowerment and healing).
- Waiting times for referrals to Healthy Young Minds are too long.
- Many referrals from schools do not meet Healthy Young Minds criteria but no feedback is given and thresholds are too high.
- The support that is being offered is quickly saturated, due to the high level of need; this may mean an adequate preventative response is missed.
- Many times young people have reported not feeling able to be open and honest within their Healthy Young Minds appointments because they 'don't know how' or haven't the time to build trust with the person they are talking to.

What the professionals would like to see change

- Better links and relationship between Healthy Young Minds and schools.
- Clear and transparent referral criteria for Healthy Young Minds and lower threshold for accepting cases.
- More low level counselling services, for children and young people, that are easy to access.
- More specialist mental health services available within the school or community setting
- Single point of contact for advice and drop in.
- Better support services and information for parents.
- Shorter waiting times for referrals and more frequent appointments.

Profile of the young people

We received 40 completed questionnaires. Not all questions were answered by all the parents completing the forms. From the data we have been able to extract the following information.

Age Range	0-5	6-10	11-13	14-17	18-24	TOTAL
Number of Responses	0	8	14	16	2	40

Childs/Young Persons Gender	Male	Female	TOTAL
Number of Responses	21	19	40

Ethnicity Group	White British	White and Asian	Other	TOTAL
Number of Responses	29	1	2	32

Where they go to school

Profile of parent or carer completing the survey

Whilst the questionnaires were promoted across a wide range of schools reflecting the ethnic profile of Bury, the parents/carers who took part in the review fell into the following groups:

- Overwhelmingly female (91%)
- Overwhelmingly White British (91%)
- Overwhelmingly heterosexual (84%)
- Significant number who are married or in a long term partnership (77%)

The very high number of White British are not representative of Bury's population. Bearing in mind the spread of schools involved in the review our findings suggest further work is needed to understand the perceptions of people from other ethnic communities to children and young people's mental health issues.

Most parents were aged between 30 and 49 (72%) and 50% identified themselves as the main carer for one or more person.

What families told us

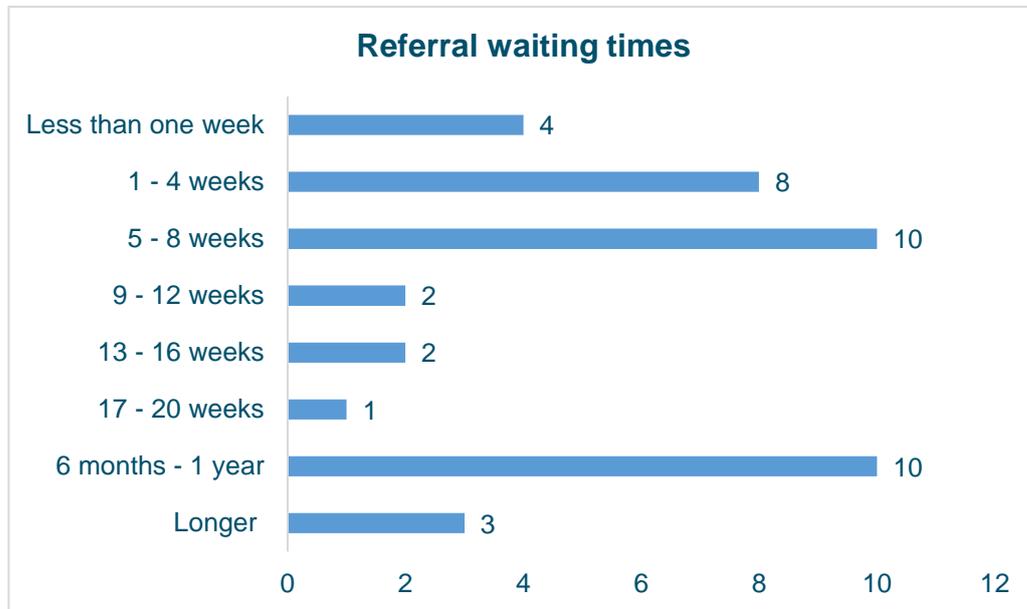
1. Who was the first point of contact who referred you into services to help your child?



Of the parents who responded to this question 43% (18) went to their GP as the first point of contact for advice and access to services. The feedback shows that 21% (9) made a self-referral directly into the Healthy Young Minds service, whilst schools also played an important role identifying and referring 19% (8) young people into services.

2. How long did your child have to wait to see a professional from the time they were referred?

Of the children and young people who were referred into mental health services 55% (22) were seen within 8 weeks whilst 40% (16) waited more than 3 months to be seen and **of these** 32.5% (13) waited between 6 months and more than a year to be seen.



We asked parents how they felt about the waiting times and 51% (20) felt the waiting times were good or very good compared to 26% (10) who felt the waiting times were poor or very poor.

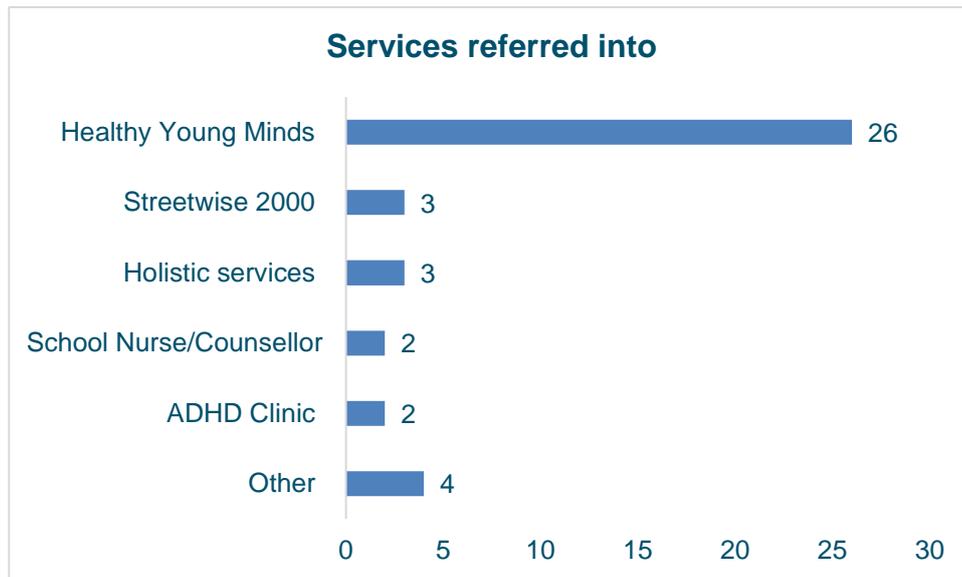
'I felt that because we referred through school it was very quick and the CAMHS worker we initially saw was excellent she really listened and helped, although our son didn't engage very well.'

'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'

'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 name> was amazing.'

'The length of time waiting for an assessment is ridiculous and even worse for the time waiting for your first appointment. When my child had relapsed, beginning self-harming and having suicidal thoughts, becoming very depressed and anxious she had to wait 12 months for an appointment at Healthy Minds. I understand it's busy and there's lots of people to see but something has to be done about this because a person cannot be left in a suicidal state for 12 months with no support.'

3. Which service did your child use?



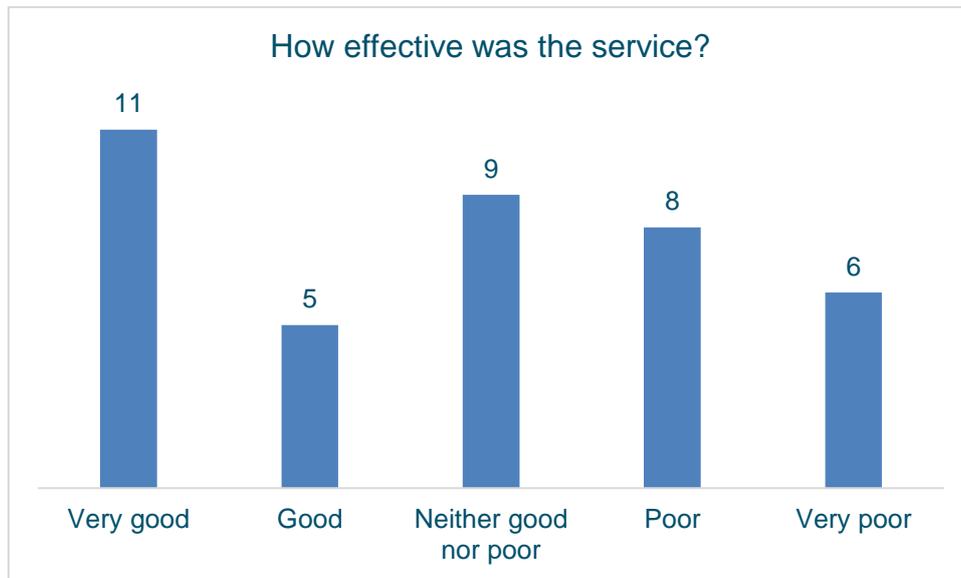
Of the children and young people who were referred into mental health services 65% (26) used the Healthy Young Minds Service. Other services included Early Break, 42nd Street, Wellness Recovery Action Plan and Pennine Acute Hospitals Trust.

We asked parents if they felt the support offered to their child was provided in a timely way. Of those who responded 44% (17) felt the timing of the support was good or very good compared to 36% (14) who felt the timing of the support was poor or very poor.

'The referral took 6 months to be assessed and another year to get a diagnosis. The length of time it took for a diagnosis affected our child, this was worsened due to the fact the staff left during the long time for diagnosis.'

'I would like people to take my son's mental health seriously and realise the delays in help are seriously affecting him. The speed of service needs to increase and there needs to be a time frame for responses and reports being followed up so that my son and other children can get the help they desperately need.'

4. How effective was the service in helping your child deal with their problems?



Parents' views on the effectiveness of the services were very mixed across all the different services that were accessed. Of those who responded 41% (16) felt the service accessed was good or very good at helping their child compared to 36% (14) who felt the service was poor or very poor at helping their child deal with their problems.

'School family support has been excellent. Because of my daughter's age, I've found it very hard to access statutory services to help her.'

'The first counsellor she saw was kind, caring and understanding. She made her feel important and valued and explained things clearly to her and used lots of fun activities to get her engaged with therapy. She offered advice on different support she can get when she couldn't access Healthy Minds and helped her to develop good coping strategies. She helped her to be more open about her feelings, so we as her parents understood what was going on and how to help more and she became a more confident person.'

'Bringing my child to the first session and having to discuss things in front of him. Requesting help with anxiety and at our first appointment telling us in front of our child we were there for an autism assessment. Time taken to refer us to correct department for anxiety and get a new appointment. Therapist didn't really bond with my child.'

'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.'

We also asked parents how effective the service was in helping them deal with difficulties their child was experiencing. The positive responses were slightly lower than those reported for help to their child (above), with 37% (14) of parents feeling that the services was good or very good at helping them to deal with their child's situation. This shows that 63% of parents did not feel that the service had **helped them** to deal with their child's situation.

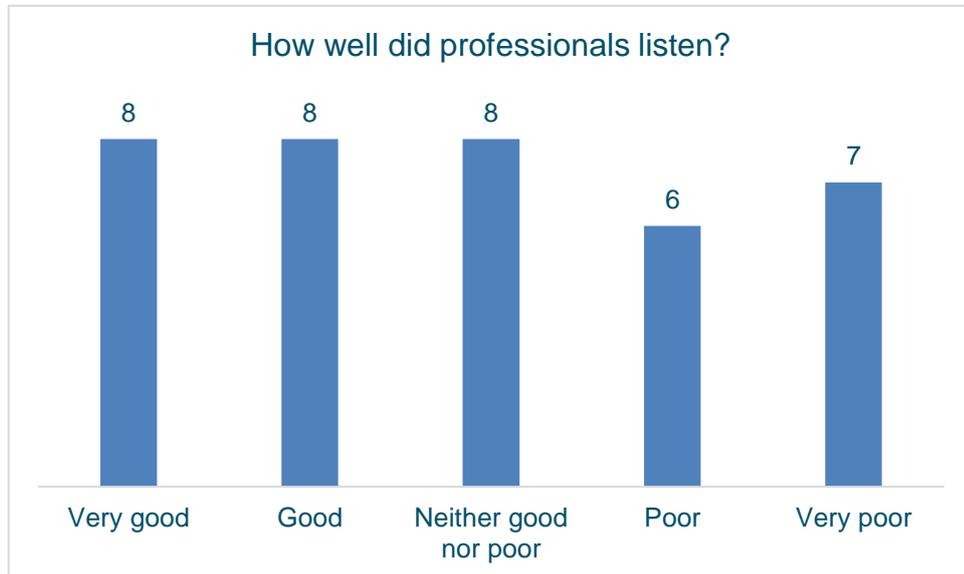
'Apart from handouts/homework my child was given there was no feedback how the professionals felt my child coped or engaged within the sessions. There has been no follow up since the last group session 6 months ago.'

'We as parents don't know if she is actually saying the things that worry her as we still bear the brunt of any problems at home.'

'For the most part I feel as though I'm dealing with the issues alone and that I am ill equipped to do so. I also feel as though my daughter is not ill enough to access most service offers. This is frustrating as proactive early intervention would help long-term.'

'Overall approach of staff needs to change. Staff don't listen to parents and school professionals who are big part of the child's life and if they don't listen to them how can they offer the correct treatment. Timeframe is ridiculous - it is ludicrous that I have been told to go to A&E should I get worried about my child. Other services need to be offered. Other parents are experiencing similar issues.'

5. How well did you feel that the professionals (doctors, psychologists, nurses, therapists, session workers) listened to your child and understood their problems?



Of the parents who responded 43% (16) felt that professionals were good or very good at listening to **their child** and understanding their concerns compared to 35% (13) who felt that professionals were either poor or very poor at listening to their child.

‘The consultant was excellent as was the CBT therapist. They listened to both me and my daughter. Provided excellent advice and empathy.’

‘Therapist was very approachable. Good understanding of pre-teens. Good understanding of autism. Worked with my son when he was resistant.’

‘My son’s practitioner was friendly however in the 5 years he has been referred to CAMHS we have had very little if no support. He has had a number of practitioners as people leave or go on sick resulting in him having to try to build a new relationship with another practitioner which he finds very difficult. ‘

‘The counsellor was excellent. She really connected with my child.’

‘My voice is being heard but I don’t always think my child’s voice is being heard, more creativity is needed from the professionals to find out about my child’s needs.’

We also asked parents how well they felt the professionals listened to them about the concerns they had for their child’s mental health. Of those who responded 46% (18) felt that the professionals were good or very good listening to their concerns compared to 36% (14) who felt that the professionals were either poor or very poor at listening to them.

6. Providing a professional, trusting and confidential service.

We asked parents to rate how professional they felt the service was and how well professionals managed their child’s confidentiality and built up a trusting relationship. Of those who responded 68% (26) of parents felt that the services they accessed were either good or very good at offering professional service compared to only 13% (5) who felt the service was poor or very poor. 65% of parents also said that professionals were very good or good at keeping agreed appointment times but a few complained about appointments cancelled at short notice.

‘It all started very well. Things moved quickly after the referral by my son’s school. He attended twice but I had to rearrange the 3rd appointment. The appointment was cancelled however, as of today (4 weeks later) I still have not heard from the lady my son was seeing to make another appointment.’

‘Appointments usually about on time.’

‘Some of the professionals have been really considerate to our needs and tried hard to move our case forward.’

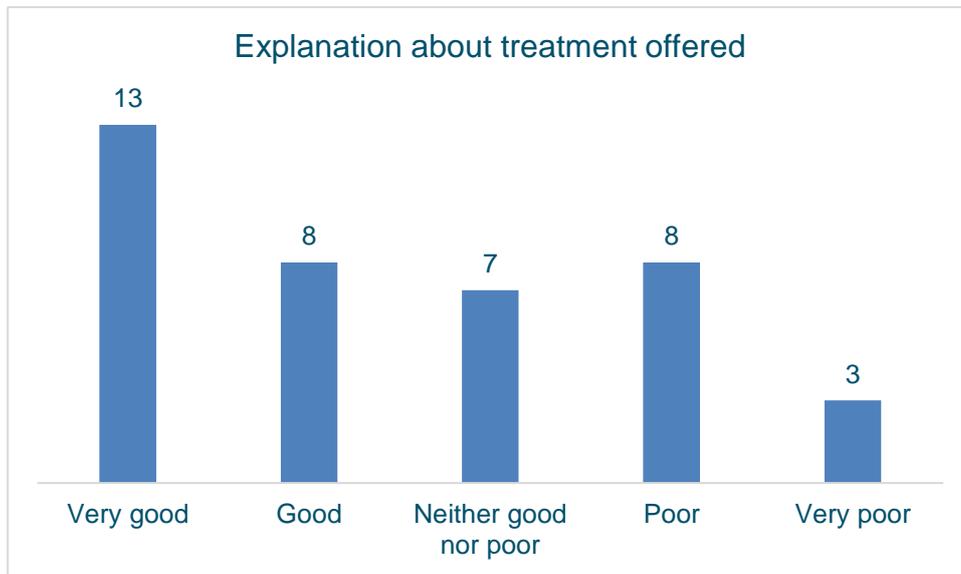
We also asked parents if they felt the professional had a trusting relationship with their child. Of those who responded 56% (22) felt that the professionals were good or very good at developing relationships compared to 33% (13) who felt they were poor or very poor at developing trusting relationships.

‘Inconsistency was an issue – staff kept going off sick and my child did not get a chance to build any relationships. In three years when we have been going we have not seen the same person once yet. Relationship is crucial for young people who are very sensitive and have additional needs regarding their mental health and wellbeing.’

‘The counsellor from the Healthy Young Minds was excellent, she really bonded with her and her mental health has improved a lot since being accessing their service.’

In terms of confidentiality 71% (27) of parents felt that the service was good or very good at respecting the rights of their child and maintaining their confidentiality, **none** of the parents who responded felt they were poor or very poor.

7. How well did professionals explain the treatment your child would be offered?

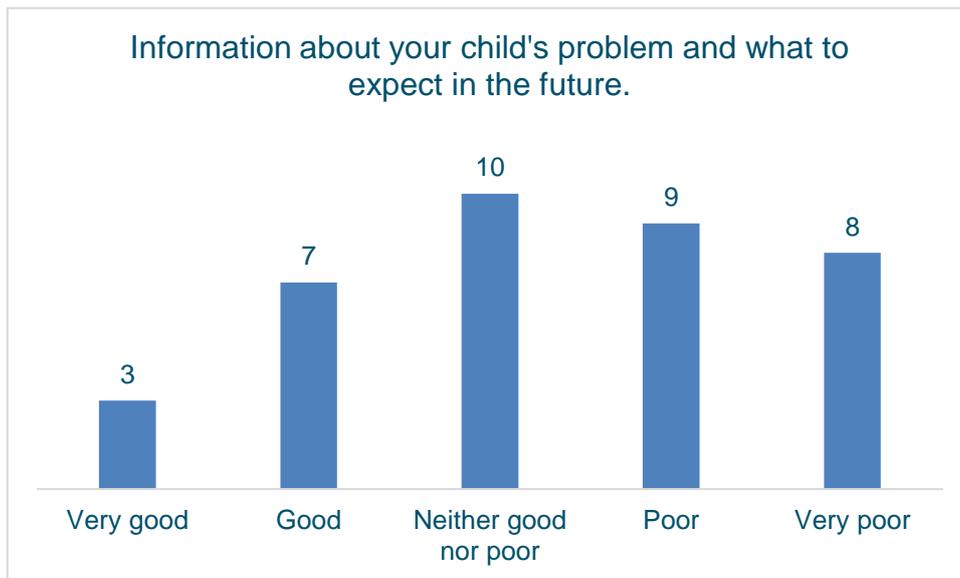


Of the parents who responded 54% (21) felt that professionals were either very good or good at explaining the treatment their child would be offered. This shows that 46% (18) of parents did not feel that they were offered a good explanation of the treatment for their child.

'Good explanations about treatment.'

'The person my son had his appointment with at Fairfield did not introduce himself to us. The professional offered no explanation after the appointment as to how we could help my son or what they thought was wrong. My son was discharged after his second appointment because my son 'looked better.'

8. Quality of information and advice for parents, children and young people



We asked parents to tell us about the quality of information given to them **about their child's** problem and what they could expect in the future. Of those who responded only 27% (10) felt the quality of information was good or very good whilst 46% (17) felt this was poor or very poor. In total 73% (27) of parents did not feel they had quality information to help them understand their child's problem and what to expect in the future.

'Feedback to parents would help to improve the service - not specifics, but help and strategies.'

'We don't feel we were offered any intermediate advice on how to deal with the situation of self-harming.'

We also asked parents to rate the quality of advice given to them to **help support their child**. Of those who responded 42% (16) felt this was good or very good compared to 45% (17) who felt this was poor or very poor.

10. Moving on from the service

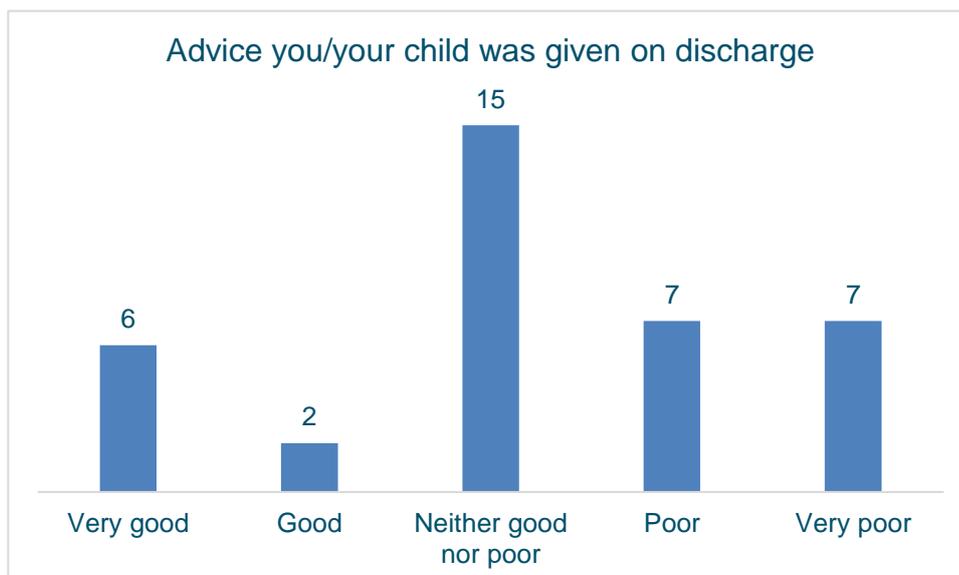
We asked parents to tell us how they felt about the length of time between discharge from the service, or end of the sessions, and a follow up appointment with the same or different service. Of those who responded 31% (11) felt this was good or very good compared to 40% (14) who felt that this was poor or very poor.

'In the past when my child has been discharged from the service there has been no follow up. As my child's needs have been changing we have had to go through the whole process again.'

'There is no follow up support other than 8 weeks' course for parents about ASD. It is very informative but basic for someone who lives with their autistic child on a day to day basis. No disrespect to the service, it is definitely useful for people who have no prior knowledge about autism but as a parent you are likely to know these things.'

Parents were also asked how well they thought the service communicated with other external services. Of those who responded 43% (16) felt that there was good or very good communication whilst 35% (13) felt the communication with external services was poor or very poor.

'Even though a GP listened to our concerns on a personal level and was happy to make a referral, a fellow professional who had no dealings with us was able to make a call to reject it.'



We also asked parents to rate the advice given to both them and their child on discharge or when the sessions finished. Only 22% (8) felt the advice they received was good or very good compared to 38% (14) who felt the advice they received was poor or very poor. In total 78% (29) felt that they did not receive good advice at the point their child was discharged from the service.

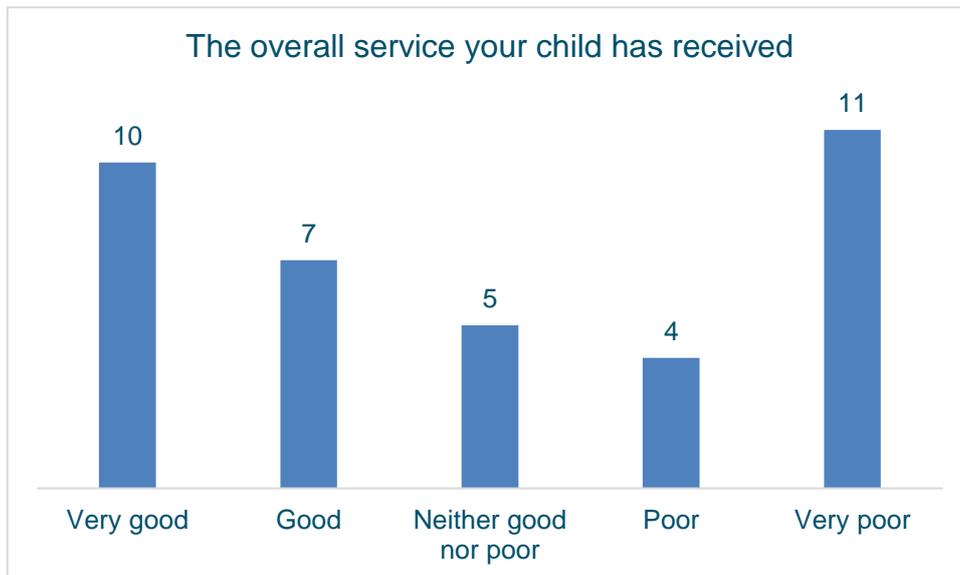
11. How would you rate the overall service your child received?

We asked parents to tell us what they thought about the types of mental health services offered to their child. The responses were evenly balanced with 45% (17) feeling the types of services offered were good or very good and 45% (17) feeling the types of services were poor or very poor.

‘Only issue I have is regarding medical treatments – too much emphasis on medication and not enough non-medical support available in Bury. This is a definite gap locally.’

‘There is a gap in the Bury area for the service that deals specifically with a wide autistic spectrum. There is an earlier ASD diagnosis and support needed for patients and their carers.’

When asked to rate the overall service received by their child 46% (17) it had been good or very good compared to 41% (15) who felt it was poor or very poor.



'After initial bad experience everyone else were fantastic.'

'We built up a good relationship with the previous staff member (psychologist) at Healthy Young Minds in Bury and they have now left due to lack of funding. Their hands were tied and they now work in a different area.'

'Someone needs to be an advocate for the kids who are missing out on schooling and education while battling their illness. It is impacting on our ability to work as mums. The knock on effect is huge, I have had to leave work in the middle of the day because my daughter was having a fit or was threatening to hurt herself. The impact and effect long term is huge on an individual and overall population.'

'Starving these services of adequate resources is so damaging to young people, their families, and ultimately our society. Furthermore, it is incredibly short sighted to not provide assessments and supports at an early stage before issues become ingrained and deepened - and ultimately very costly in the long run. The lack of appropriate support is utterly shameful.'

'Overall I have had a positive experience but I would say there is a gap in the service in Bury – there is not enough non-medical support on offer.'

'We have had a mixed experience, recent experience has been excellent and my child is also receiving some counselling support from school.'

12. What changes would you like to see?

Overall parents and carers of children and young people who have used the services, or who are currently using services, shared many positive experiences and highlighted some specific examples of best practice that often related to individual relationships. At the end of the questionnaire we invited parents to reflect on their experiences and tell how they think services could be improved.

1) Waiting Times

The most repeated improvement requested by parents and carers is the reduction in waiting times. This was raised by families with a positive or negative experience of the service itself.

Parents want to see shorter waiting times between the referral and first appointment, and once in services they wanted more frequent appointment over a longer period of time.

What would you change/improve?

- Time to get first appointment – can't get help when you need it most.
- The length of time waiting for assessments and appointments.
- The speed of service needs to increase and there needs to be a time frame for responses and reports being followed up so that children can get the help.
- The waiting time and amount of sessions you get.

2) Communication/ Support for parents and families

What would you change/improve?

- A service that is more inclusive and supportive of parents who are struggling with their child's behaviour.
- Overall approach of staff needs to change. Staff doesn't listen to parents and school professionals who are big part of their child's life.
- Feedback to parents – not specifics, but help and strategies.
- Better communication with parents and carers.
- I would like some family sessions and more advice for how to cope at home.
- Listen to and value parents. Be patient and family focussed and flexible to accommodate needs rather than providing inadequate services that simply don't suit many.
- More interaction with the parents of the patient, obviously taking patient confidentiality into consideration.
- Feedback and further resources or helplines etc. would have been handy as there has been no further support from the service or school.

3) Autism Spectrum Disorders (ASDs) and mental health

What would you change/improve?

- A specialist ASD team, earlier diagnosis and after diagnosis support. There is currently no support available after diagnosis.
- More staff having autism understanding.

4) Some general areas for improvement

What would you change/improve?

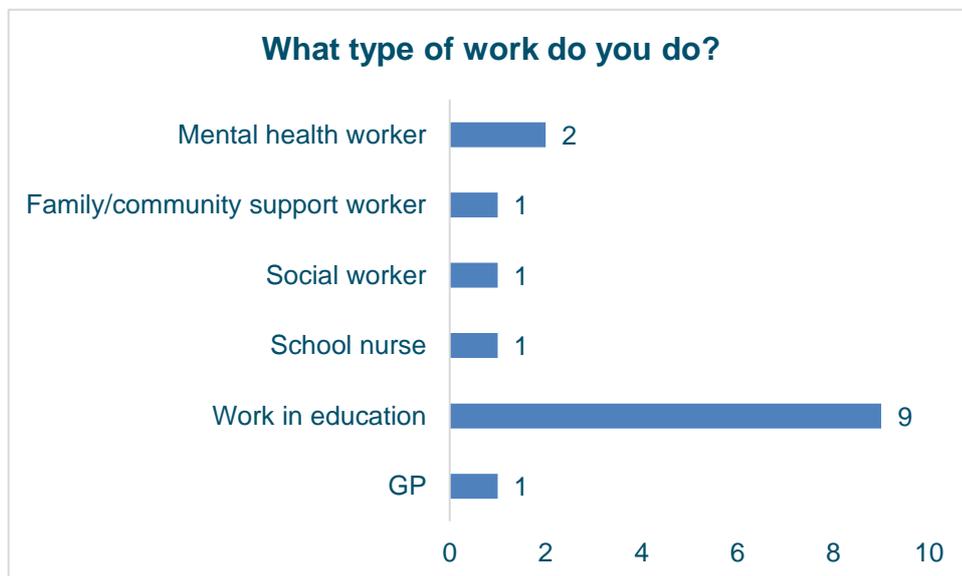
- More Cognitive Behavioural Therapy, access to therapeutic interventions and non-medical support.
- More access to flexible appointments outside school hours.
- Have an opportunity to change the counsellor if necessary.
- Giving follow up appointments 6 months after discharge to make sure they are okay and still coping with everything.
- Nicer environment.
- Treatment plan and proper handover to adult services.
- More holistic approach and joined up thinking.

What professionals told us

This section looks at the responses from professionals about their experiences of referring or signposting children or young people into mental health services in Bury. We received 15 completed questionnaires from professionals and were able to extract the following information.

1. What type of work do you do?

The breakdown shows a significant number of responses (60%) came from professionals working within education setting. As a result, the findings and recommendations may be more reflective of educational professionals rather than other professionals.



2. Tell us about the mental health services you refer or signpost to

Professionals were asked about the mental health services they referred children and young people to in the last year. Of those who responded overwhelming 87% (13) tended to refer children and young people to Healthy Young Minds and 13% (2) to the Early Break support service.

Parents tell us that it is important for their child to get the support they need as soon as possible, so finding the right service first time is key. Some families are turned away because they do not meet the 'criteria' for the service.

Each service has its own referral criteria which means it will only accept people who present with certain health conditions or behaviours. We asked professionals if they felt they knew what the referral criteria was for each service they referred children and young people into.

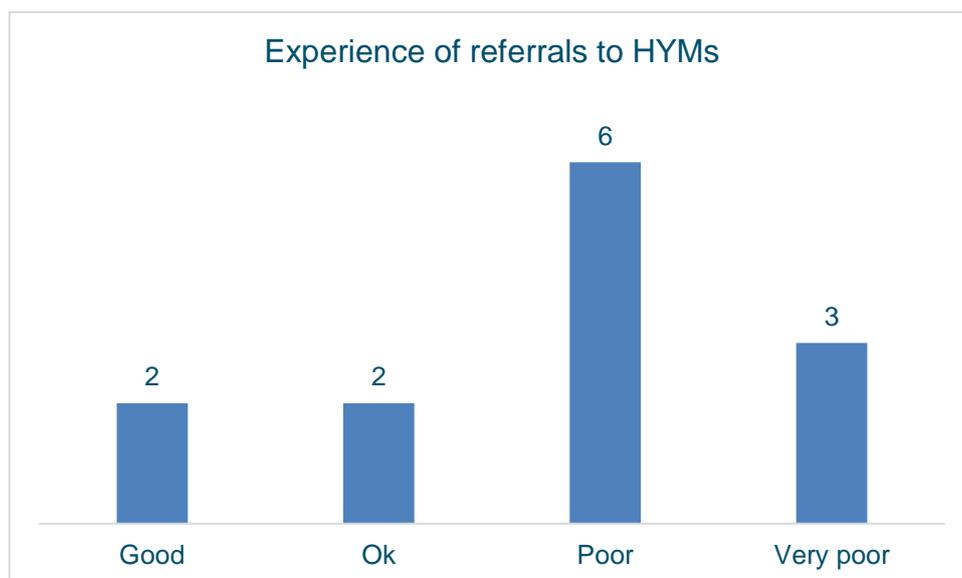
Of those who responded 53% (8) felt they knew the referral criteria for the children and young people’s mental health services they referred or signposted to, compared to 47% who felt they did not know.

‘I know which service but have no idea of the referral criteria.’

‘Not really - thresholds and referral processes seem to change.’

3. What is your experience of referring into the services?

Professionals were asked to share their experiences of referring into one of the services they listed, and most responses shared their experiences of referring into the Healthy Young Minds (HYM) service.



Of the 13 responses relating to HYM service 15% (2) felt that the referral process was good compared to 70% (9) who felt their experience had been poor or very poor.

We asked professionals to explain their ratings. The feedback highlighted three common themes which were raised across both good and poor ratings:

- Long waiting times
- Very high thresholds and referrals get rejected because there is no clarity about the threshold.
- Lack of communication and feedback from practitioners.

Some comments about the criteria and length of time for referrals

'When a referral is seen then it is reassuring to know that they have got help. The experience of signposting is not always good. Sometimes thresholds are not met and the experience and professionals of the referrer does not appear to hold 'weight'.'

'No support available as child was not self-harming.'

'Referral accepted although long waiting times'

'The referral forms are easy to complete.'

'Whilst the response times for referral follow up were timely, the information provided to service users about what types of intervention could be offered have been limited. Service users have not been informed about what to expect in terms of type of interventions available, length of interventions, assessments have been too rooted in medical models of diagnosis which has led service users to feel like they have been misdiagnosed and labelled, and service users have not felt fully listened to. Service users have reported that they have not had the opportunity to fully divulge their experiences and have been 'sent away' with self-help resources, and/or told that they will need to access different services for different issues i.e. one service for anxiety, one service for bereavement.'

'High threshold for acceptance of cases. Lack of communication from practitioners. Lack of advice and guidance for cases that do not meet threshold. Referral process only accepts secure email which we do not have and faxes do not reach them. If a case is accepted, there is minimal liaison with referring agency to update us. Overall poor, limited provision for young people in Bury.'

4. Have you noticed any service improvements over the last year?

Over the last year children and young people's mental health services have been changing in Bury. We asked professionals to share their experiences about any service improvements they have seen. Of the professionals who responded to the questionnaire 20% (3) identified at least one area of improvement over the last year. 30% (5) skipped this question and 40% (6) did not think that the service has had any improvements over the last year.

These are some of the service improvements professionals have seen in the last year:

- Training and information regarding Adverse Childhood Experiences - better understanding of underlying issues across Greater Manchester to be moving towards trauma informed settings.
- In Bury they are mapping all the services and what is available in schools, they also have link HYM workers with schools.
- More regular communication from HYM with schools.

Some comments about improvements:

'In my experience the level of support for both children and schools continues to deteriorate. Staff are hard pressed to keep up with the demand for services.'

'I haven't noticed any significant improvements, just higher referrals and less capacity.'

5. What do you think could be done to improve services?

Professionals were asked what they felt could be done to improve mental health services for children and young people in Bury. Professionals told us that services in Bury can be complex and fragmented. As a result, children and young people often have a poor experience and some are unable to access timely and appropriate support.

Feedback from professionals reflected many of the experiences described by parents, especially about children and young people with ASD who fall into a gap between services. Professionals said that more support for early intervention to stop children and young people hitting a crisis and create services that support children and young people with complex needs who do not meet social care thresholds.

These are some of the service improvements professionals said they would like to see:

- Shorter waiting times for referrals and more frequent appointments
- Clear and transparent referral criteria and lower threshold for accepting cases
- More counselling services for children and young people that are easy to access
- More services available within a school setting and better links between HYM and schools
- Recognition of the value of education or non-medical referrals for mental health support for young people.
- More time to build relationships. This incongruence between the worker and client will have an influence or impact on the support or work conducted between them.
- Relevant support. Some young people report they have been only offered one 'therapeutic' response i.e. short term 6 week group therapy, when they may suffer with issues they would prefer to talk through on a 1 to 1 basis
- Single point of contact for advice and drop in
- More support and information for parents

Some comments about counselling services:

'The support that is being offered is quickly saturated due to high level of need, some of which then means an adequate preventative response is missed.'

'Support is best placed at a time and place that is appropriate and relevant for the client. With young people, this can mean they require a speedy response when they have acknowledged they are struggling with their mental health. This could be in their school or other relevant environment rather than a clinical setting.'

Some comments about gaps in services:

'There is no clarity on what the offer is from RAID once a young person presents at A&E in crisis and subsequently discharged.'

'Lack of appropriate transition pathways'

'Frequent changes in the key social workers for the family. Families can't keep up with the change of social workers. Continuity of care is such an important factor for young people and they have a heightened state of anxiousness because they don't know who their social worker is.'

'Not keeping in touch with the family. A letter or a follow up call in every six weeks would help families to know what to expect and would not leave them just waiting.'

'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.'

'Young people that present with need between Tier 2 and 3 are being passed between services, resulting in no effective intervention that can lead to an increase in presenting risks.'

'Complex cases are becoming 'revolving door' due to lack of capacity and increasing thresholds of Tier 3 services. Lower threshold services are then working with this as a result – this is not an appropriate response for the young people in the locality and can create safeguarding issues as a result.'

'Not enough provision to meet the need of low level emotional health and wellbeing support (high waiting lists for commissioned work – Streetwise, Mindfulness, Loss/bereavement counselling'

Main Recommendations

Mental health problems for young people can range from anxiety through to severe and persistent conditions that can be isolating and frightening. Some research suggests that 50% of mental health problems in adults take root before the age of fifteen.

This review highlights the growing demand on Bury's acute mental health services and the importance of focusing on early intervention and prevention to reduce the numbers of young people presenting with a mental health crisis. The following recommendations are based on the feedback from families and professional who took part in this review.

1. **Timely Access** – Reduce referral waiting times through early triage (within the first 4 weeks) and routinely signpost to on-line and low-level mental health support services to help manage delays accessing the Healthy Young Minds service.
2. **Knowledge of Services** – Professionals who work with young people need to have access to up-to-date information on mental health services, including the types of support available, referral process and criteria, average waiting times from referral to first appointment and who to speak to for advice. Professionals to have mechanisms to routinely promote this information across mainstream services.
3. **Holistic Support** – Explore options to join up or redesign existing provision to create services that support young people with a dual mental health issue and autism spectrum disorder or attention deficit disorder.
4. **Joined Up Services** – Through the Single Point of Access ensure that young people have information on the different treatments available, so they can find the one that is right for them and do so through a seamless process.
5. **Prevention and Early Intervention** – Provide a wider range of low-level mental health services, as part of a consistent mainstream offer across schools and community settings, and increase the availability of low-level counselling for young people and their families.
6. **Communication and Advice** – Build in time for parents and carers to ask questions and gain practical advice and feedback, as a standard part of the Healthy Young Minds sessions, and include a final review on discharge to explore how the family is coping and to provide information on other resources, for example, through a standard information pack or website resource.

7. Information and Self Help – Review the information currently provided to ensure that young people and parents have access to consistent information at the point when they need it. This could include having a greater online presence with videos, information, parents’ blogs etc, as well as age and learning level appropriate self-help resources for young people and their parents/carers to develop their own skills and knowledge to help manage their situation.

Co-production of documents which contain useful information for both the parents/carers and the young people themselves to support self-care where appropriate.

8. Staff Training - Courses for professionals who need to update/develop more specialised skills and clarity regarding treatment plans.

9. Discharge – Establish processes to fast track young people back into services if their situation is getting harder to manage after discharge and provide families with a clearly defined plan that provides information about what to do and who to speak to if the young person experiences a mental health crisis in the future.

10. Urgent Care - Establish clear clinical pathways, with timely support, for children and young people with a mental health crisis to access urgent care services.

11. Review – Children and young people’s mental health services to be reviewed within 18 months of this report. A future review should gather feedback from young people about service improvements, as well as feedback from black, Asian and minority ethnic families, about children and young people’s mental health issues. We believe the review should be based on outcomes to achieve a higher percentage of ‘happy clients’.

Appendix 1

1. Questions we asked parents:

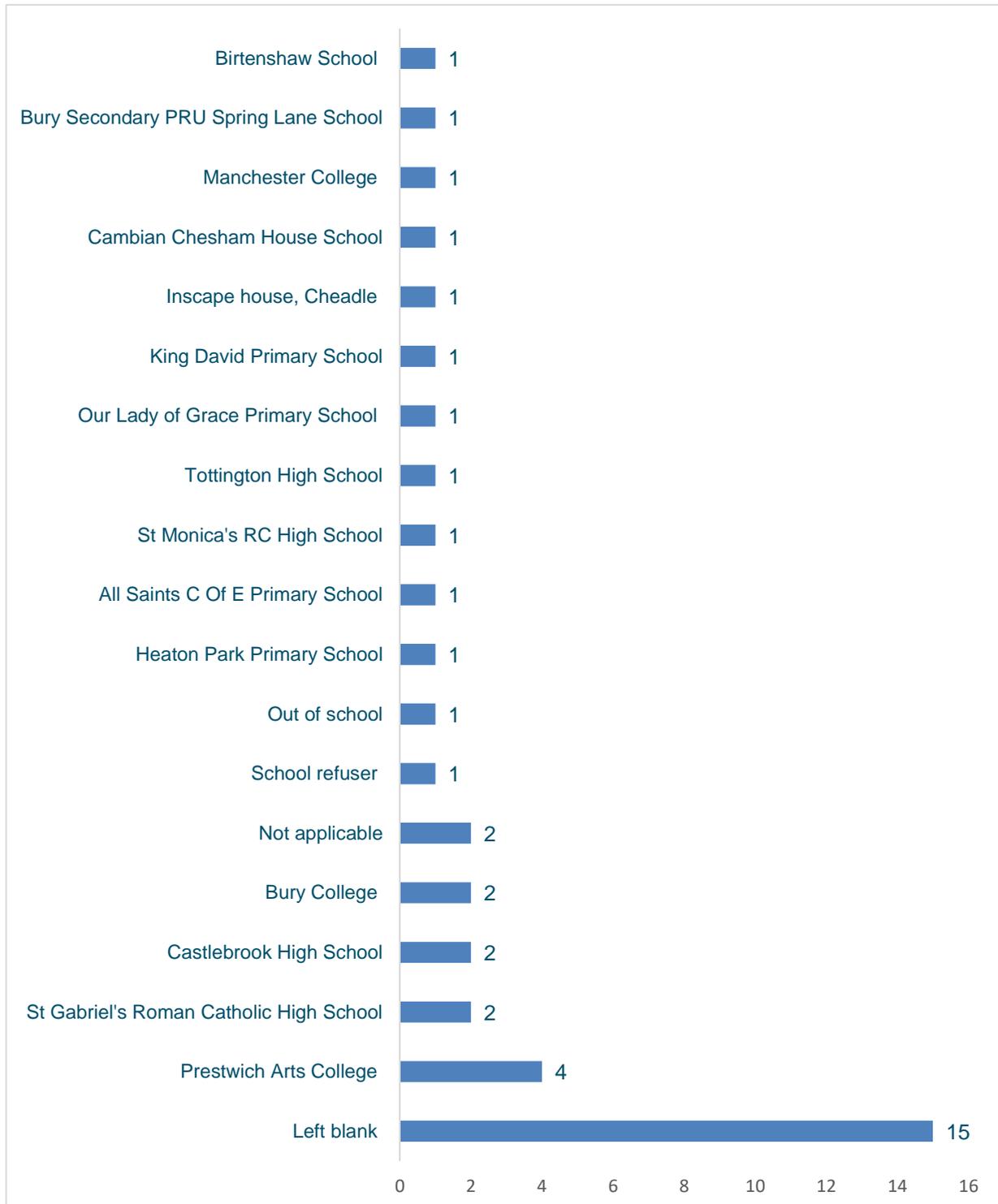
1. Name of service, session or course that your child has accessed (if known)?
2. What was your first point of contact with services that could help your child?
3. How long did you/they have to wait to see a professional in this service from the time they were referred?
4. The length of time before a 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.

2. Questions we asked professionals:

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 tell us which other service you tried to make a referral to?
4. Thinking about mental health and wellbeing support for children and young people in Bury please tell us about any improvements you have noticed in the last year?
5. What do you think could be done to make mental health support services in Bury better for young people?
 - Focus on specific issue
 - Funding
 - Service improvement
 - Schools

Appendix 2

List of schools that took part in the review:

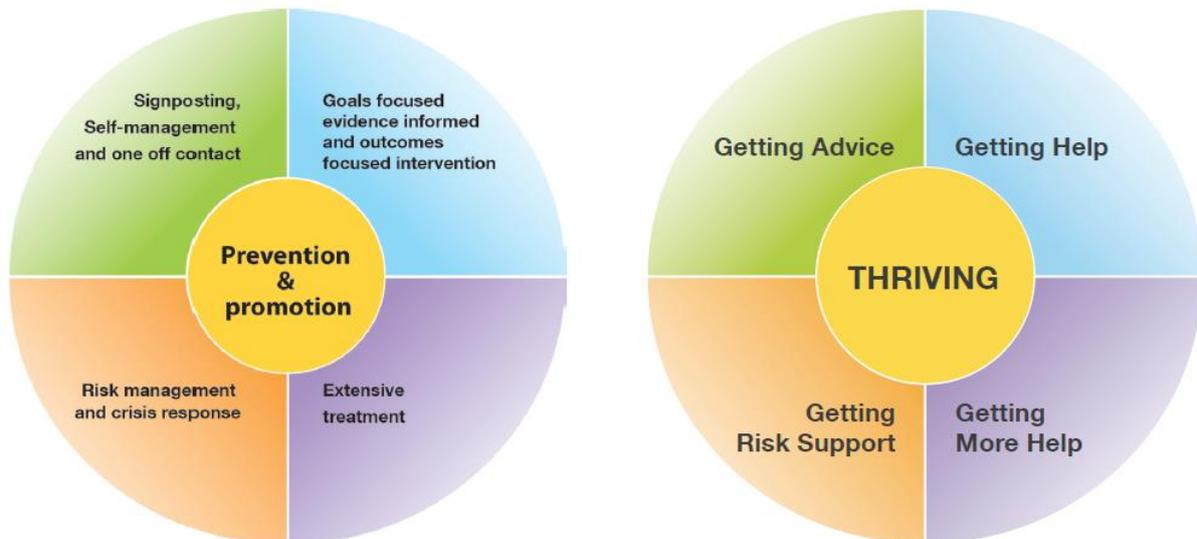


Appendix 3

Healthy Young Minds and commissioner response and next steps

I Thrive Model

Healthy Young minds supports Getting more help and getting risk support



Issues raised

1. Access and waiting time

“Families report that 40% of young people are waiting more than 3 months for initial appointment.”

Families wanted shorter waiting times, more frequent appointments over a longer period of time

Healthy Young Minds offer 4 types of assessment, and these are determined by risk or clinical need.

- Emergency within 24 hours.
- Urgent within 7 days
- Priority within 14 days
- Routine within 12 weeks

- We offer evidence based time limited interventions, with the majority of young people needs being met within 4 -6 sessions, some young people would receive much longer interventions dependant on need
- Bury consistently achieves national access and waiting times and in 2018 Bury was identified in the top 3 performing CAMHs in the in England, despite being one of the smallest services nationally.
- Greater Manchester follows the iThrive modality currently Bury HYM's is acting as SPOA, sending lower levels of risk/need to partner agencies, e.g. Streetwise, Early Break, Bereavement and Loss and First Point Family support ensuring that young people get the right support, from the right person at the right time.

2. “There is little support for young people with a dual diagnosis of mental health and autistic spectrum conditions”.

- At the time of diagnosis or referral Young People with ASC receive an adapted mental health intervention for their mental health condition.
- Support for young people diagnosed with ASC need a multiagency approach across schools, speech and language, Additional needs teams e.g.
- Young people, presenting with difficulties around behaviour as a result of their condition, are referred to First Point Family Support for workshops and person centred support. ASC strategies across school and home.

First Point Family Support work alongside Healthy Young Minds and receive supervision, consultation have access to complex case panel, to ensure that young people can be stepped up and stepped as needed

3. “78% of parents did not receive good advice on how to support their child after discharge”.

They also wanted parental training on Mental Health

- All young people discharged from Healthy Young Minds receive a discharge summary which should include information on how to access support in the future.
- We have a number of trainee EMH workers working in schools and link workers offering training to teachers to ensure that interventions can be sourced in schools.
- Healthy Young Minds have introduced coffee mornings for parents to drop in and discuss any concerns about mental health and strategies to deal with conditions, there will be a different Mental Health condition themed each month. We are currently involved in a CQUIN around discharge planning which should lead to improvements in this area.

- There is a plan to extend working hours into the evening and weekend in the future

4. “Follow-up support after discharge”.

They also wanted parental training on Mental Health Issues and a short cut back into services when in crisis

- Any professional working with a child, including schools can make a referral to HYM's at screening if it is an emergency, they can be referred to the Rapid Response team for 72 hour intensive intervention.
- At discharge YP should have a discharge plan on how to access support, this maybe via college, school, alternative agencies, on discharge YP and families should have the tools to build resilience and be thriving.
- Bury are moving to a multi-agency single point of access, this will support young peoples and families' needs being addressed in a holistic way. This should lead to improved prevention and early intervention and help build resilience in communities and better multi agency working and communication. This will ensure that every child referred into the single point of access receives the right treatment at the right time by the right person.

5. “Effective treatment plan for transition from children's to adult Mental Health Services”.

They also wanted more therapeutic interventions

- We are currently in the recruitment process to extend the HYM's offer to 18 for YP who meet the criteria.
- Some young people, who have been discharged from HYM's do not meet the criteria for secondary care adult Mental Health Service, this would be discussed at their discharge and appropriate alternative options would be discussed. There is a trust wide transition policy from CAMH's to AMH's
- HYM currently offer CBT and DBT as part of the core offer.
- Lower level interventions are provide via our PWP's (psychological wellbeing practitioners)
- We have a highly specialist Clinical Psychologist who offers intervention to highly complex cases and trauma.

6. “Most families stated having a good school behind you can make a positive difference to the young person's experience”.

- Healthy Young Minds have 3 link workers, who provide training, consultation and advice directly to all schools, they also attend complex panel meetings and contribute to the care planning for these young people.
- Greater Manchester have introduced Emotional, Mental Health trainees to work directly in the Bury schools, these will be in place from November and will be supervised via Healthy Young Minds.

Issues raised by professionals

“Clear and transparent acceptance criteria and lower thresholds”

They also wanted lower level counselling that was easily accessible

- HYM’s Core offer, which outlines acceptance criteria is available on the Bury council website.
- Greater Manchester have introduced both CYP Wellbeing Practitioner’s and Emotional and Mental Health trainees to work directly in schools to offer low level CBT type interventions.
HYM’s is a specialist service that works with getting more help and risk support, there are commissioned services that provide lower level interventions in line with the thrive model
- HYM’s have recently completed a piece of work which involves our commissioned partner agencies working to the same standards as HYM’s to ensure that young people are waiting no longer than 12 weeks for a standard routine appointment

Next Steps

- **Transition Team recruitment, ongoing.**
- **Additional support and training to schools.**
- **Monthly parental workshops.**
- **Ongoing Commissioning for Quality and Innovation around transition**
- **Ongoing commitment to meeting waiting time standards across all agencies.**
- **Commitment to Mental Health and Emotional Well being**
- **Interventions to be offered in schools.**