



Enter & View Report BURY CAMHS 2024

Bury CAMHS (Children, Adolescent Mental
Health Service)

Visit July 2024
Report October 2024



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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury.

The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. Healthwatch England is the umbrella body providing national representation of the network. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.





What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act gives local Healthwatch authorised representatives a legal power to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

The aim of this Healthwatch Enter and View visit is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at: https://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf (legislation.gov.uk)¹.

Acknowledgements

Healthwatch Bury would like to thank the Registered Manager, staff, parents and young people for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date of the visit. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Details of the visit

Date & time of visit	12 th July 2024
Date and time of pre-meeting with manager	6 th July 2024
Healthwatch Bury Representatives present	Charlotte Foster Shirley Waller
Duration of visit	2.5 hours

Details of the service

NHS Trust/Organisation/Owner	Pennine Care – NHS
Registered company address	Fairfield General Hospital, Rochdale Old Road, Bury, BL97TD
Service type	Mental Health Service
Service name	Bury CAMHS
Service address (place visited)	Fairfield General Hospital, Rochdale Old Road, Bury, BL97TD
Registered manager	Paris Thompson
CQC service registration	
Types of care provided	Child and Adolescent Mental Health Service
Specialist care provided	Diagnostic Services

Purpose of the visit

The visit to Bury CAMHS is part of an ongoing intention to serve the people of Bury and share information regarding Health and Social Care services. The Mental Health and Young People in England 2023 report (NHS, 2023) found that 20.3% of 8 to 16-year-olds had a probable mental disorder. The CAMHS service is important to the young people of Bury. Healthwatch aims to share examples of good working practice and share information by:

- Observing and identifying best practice in the provision of community CAMHS (Children and Adolescent Mental Health Service) and asking questions which have been asked by the people of Bury.
- Observing (where appropriate) and engaging with staff within the service.
- Capturing the experiences of young people and their parents/carers.

An Enter and View visit is not an inspection.



Strategic drivers

We are using either some or all of the following criteria for the timing of our visits:

- Growing number of young people accessing Mental Health services.
- Good practice.
- Length of time since the last CQC visit, so that we are not placing an unfair burden on the service management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a young person or their carer. Young persons' family and/or carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Bury Council, Healthwatch Bury [as an independent body] will consider whether a visit is warranted.
- When invited by services to publicise good practice or points of learning.
- CQC and partners' dignity and respect strategy. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation10-dignity-respect> ².
- Changes in management of the service

These visits are a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Details of most recent Care Quality Commission visit

Find the full details on the CQC website at

<https://www.cqc.org.uk/provider/RT2?referrer=widget3https://www.cqc.org.uk/location/1-126102793> ³.

Overview

Latest inspection: 28 August 2018 to 25 October 2018

Report published: 28 January 2019

Safe	<u>Requires improvement</u> ●
Effective	<u>Requires improvement</u> ●
Caring	<u>Good</u> ●
Responsive	<u>Good</u> ●
Well-led	<u>Requires improvement</u> ●



Executive Summary

The mental health needs of young people are growing and are a cause for concern (James et al., 2019; Deighton et al., 2018). The long-term plan of the NHS aims to provide more access to mental health support for children and young people through NHS services, schools, and colleges (NHS, 2020).

The management team at Bury CAMHS were very welcoming of Healthwatch and the Enter and View visit. They are proud of the service being offered to their patients and were keen to share their working practices. The service has a team of long-standing staff, and although there are currently vacancies available, management is keen to ensure the quality of staff remains high to provide the best level of care for their patients. It is also essential that families understand that support can start for their child prior to being assessed, in the context of the neuro pathway. Once a young person has been accepted onto the waiting list, the team at Bury CAMHS will be able to advise on other support that may be available. This is subject to individual circumstances. There are also other forms of support available from your child's school or other local services.

The staff within the service are aware of the negative impact long waiting lists can have on young people and that the service is outgrowing its current premises. They are actively implementing and considering working practices that could potentially ease the frustrations and confusions of young people and their families. Community services are also being utilised to offer young people more immediate and suitable support. It was highlighted through the visit that the individuals running these services are qualified professionals and offer valuable support.

Key findings

- Feedback from both loved ones and young people was mixed, with half reporting a very positive experience and half sharing frustrations. These frustrations involved waiting lists and being unsure of the process. This was also identified by the manager and staff team, who shared their plans to implement a check-in service for families on the waiting list to provide reassurance and support.
- The young people reported feeling kindness and compassion from the team at CAMHS. While opinions were mixed regarding the effectiveness of their intervention, this highlights the person-centred care and relationship-building focus within the service.
- Bury CAMHS has reported several planned changes. These plans are a direct result of feedback received from patients and their families, as well as ongoing internal assessment, showing the service's commitment to growth and action in the best interests of the local community.



Our recommendations:

- To provide more information to families and young people confused by the process. Feedback from both loved ones and young people was mixed, with half reporting a very positive experience and half sharing frustrations. These frustrations involved waiting lists and being unsure of the process. This was also identified by the manager and staff team, who shared their plans to implement a check-in service for families on the waiting list to provide reassurance and support. This will require staff hours and structuring to implement and was being planned before our visit. It is also important to consider that information could be shared by the referrer to families at the point of referral (for example, schools).
- Young people expressed being confused by their intervention and feeling as though their worker did not know much about their day-to-day life. It could be suggested that workers attempt to engage in this conversation throughout their sessions, to give extra reassurance to the young people under their care that they are paying attention to the ups and downs of their journey. This is not a reflection of poor practice, as mental health support can be a complicated process and, in this context, professionals are only able to learn information if a young person chooses to share it. This can make it more challenging, but the young people who responded spoke highly of their workers. Studies have shown individuals can find the experience of therapy or mental health support distressing, including struggling to 'open up' or feeling disloyal to loved ones. Patients can feel insecure about their worthiness and right to share inner experiences with professionals (Kleiven, Hjeltnes, and Moltu, 2020).

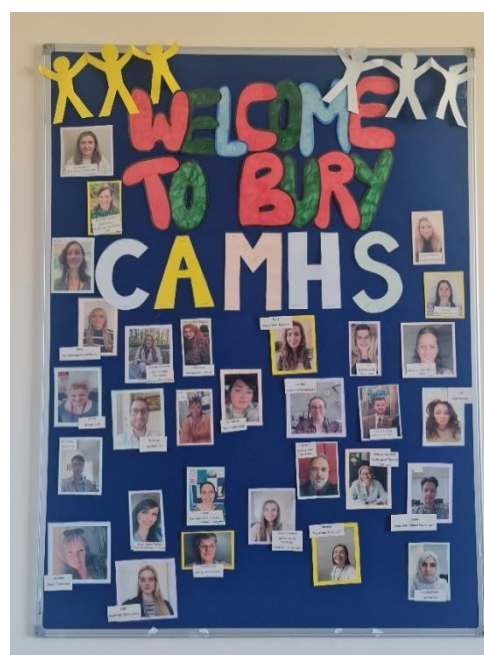


Figure 1 - Example of a welcome display at Bury CAMHS



Background

Healthwatch Bury utilises a Panel to oversee and provide a decision-making process for choosing what health or care setting to conduct an Enter and View visit at. This panel consists of two Healthwatch Bury board members, two members of the staff team (including the Enter & View lead), and a volunteer (or layperson).

In this instance, Bury CAMHS was identified as a local facility that had received a 'Good' rating on its last Care Quality Commission inspection, with reviews of the home giving a largely positive impression of the experience of care. We felt an Enter & View visit could provide insight and clarity to the public and stakeholders as to the reality of service delivery within the service, the actual person-centred experience of care being received, and an opportunity to listen to the professional staff and management themselves about how they have consistently worked to a high standard and any issues they may face from the local care and health system.

Information regarding young people's mental health within the UK makes for difficult reading. The Mental Health of Children and Young People in England 2023 report published by NHS England (2023) found that 20.3% of 8 to 16-year-olds had a probable mental health disorder in 2023. For 17–19-year-olds, the proportion was 23.3%, and for 20–25-year-olds, it was 21.7%. This describes a whole range of conditions affecting children and young people, from anxiety disorders to depression, self-harm, eating disorders, and personality disorders.

This generation of young people has experienced some of the most uniquely challenging circumstances as a result of the Covid-19 pandemic. Many spent long periods isolated and indoors, and the cost-of-living crisis has contributed and intensified the pressure on young people. Young people's mental health has been shown to have deteriorated during Covid-19, with higher levels of depression and social, emotional, and behavioural difficulties than before the pandemic hit (Montero-Marin, Hinze, and Mansfield, 2023).

The rates of suicide and self-harming behaviours in young people are increasing in the UK (Department of Health and Social Care, 2023), and self-harm in the UK is higher than in other European countries (McManus et al., 2016). A 2023 NHS report stated that 2.4% of 8–16-year-olds had talked about harming themselves in the previous 4 weeks, and 1.6% had tried. 36.8% of young people had tried to harm themselves over their lifetime.

The Children's Commissioner (2024) reported that more than 270,000 children and young people were waiting for mental health support after being referred to CAMHS and that 372,800 had their referral closed before accessing support.

The increasing need for these specialist services for young people has gained negative media attention, not just in the mainstream but on social media sites such as TikTok, where popular videos with #CAMHS portrayed a negative perception of CAMHS (Chadee and Evans, 2021). This increasing confusion communicated by parents and young people and the amount of negative information being shared, which could potentially be misleading, was a driver for this Enter and View visit.



Methodology

This was an announced Enter and View visit. We contacted the service explaining our reasons for the visit as well as our role in statutory oversight and quality assurance. We supplied posters to alert staff, residents, and family members that we would be visiting to make them aware and give them the opportunity to prepare any questions or get in touch with us beforehand if necessary.

We met with management virtually prior to the visit and provided them with information about Healthwatch Bury and what an Enter and View visit involves.

We provided a questionnaire for young people and families, which they could use to respond anonymously directly to Healthwatch Bury (please see Appendix B) or place in a Healthwatch box in the reception of the service. As these visits are not inspections, we framed our questions in such a way that they reflect how patients and their families feel about their experience of the service.

We also took the time to observe governance arrangements to see how the service is run and assessed whether we feel it meets the standards the public should expect.

We looked at local intelligence, including CQC reports. The CQC inspected the service in January 2019 and gave a 'Good' rating. Please see the Strategic Drivers section of this report for more information on this.

We talked with 4 young people, 4 loved ones, and 4 members of staff.





Information about the service

Bury CAMHS (Child and Adolescent Mental Health Service) is a specialist service for children and young people who are experiencing mental health difficulties. The service was previously called Healthy Young Minds and is part of the NHS. Starting January 2025, the service is available to children up to the age of 18 (previously up to age 16). It offers assessments, interventions, and support to families and carers. The service also provides consultation, advice, and training to other agencies and accepts referrals from a wide range of professionals. The service boasts professionals from a range of backgrounds, including psychiatrists, nurses, CAMHS practitioners, psychologists, and others.

Arrival, environment, building and service

The service is based within Fairfield Hospital in Bury. There is a statue of a dolphin outside the door to CAMHS, which helps to identify the right entrance. The service is also signposted once you turn into the hospital to direct you around the grounds. Bury CAMHS has also created a video which has been shared on YouTube. This video walks you through how to find them and can be accessed here.

<https://www.youtube.com/watch?v=hKPKwhErS2E>.

Parking was limited, and there is a charge which could potentially prove challenging to parents on a budget if appointments need attending on a regular basis. This was highlighted by both staff and management throughout the visit. Not only is parking a concern for parents and carers attempting to get their child to their appointment on time, but it is also a source of staff stress as the limited spaces have caused them to receive parking tickets. The service has a strong focus on growth and has outgrown the building they are currently working from. This has been recognized on a senior management level, and there are plans to move the service to another location. There is no date for this.



Figure 2 – Lift at entrance to CAMHS

We did find access to the service confusing once we arrived at the car park. There is a lift to take patients up to the main reception, but it was not clear where other access points were should the lift not be in operation. This was explained during the visit, and the doors from the stairs are locked at the top for security reasons. The service also has two desks: one as you enter the front door and one as you enter upstairs. The staff at these points can advise individuals on their visit if they struggle to identify where to go.

The service had a reasonably sized waiting room for patients. It has been found that a patient's experience of a waiting room can directly influence their overall



satisfaction with a service and potential engagement (Qi, Yan, Lau, and Tao, 2021). This waiting room had over 12 seats as well as toys, games, and books for young children. For older people, there was information provided in paper form and a screen on the wall to share announcements and information. The building was clean, with many areas freshly painted and murals on the walls. The floor was clean, and the environment smelled clean. While on the visit, we spoke to the manager and staff team. Patients and their families/carers were given questionnaires to complete at a more appropriate time and return to us.

CAMHS Bury offers a range of services for children and young people. These include the neuro pathway (ADHD and ASD, which is strictly a diagnostic service), core CAMHS for risk management, different therapies including CBT and IPT, family support, and psychology. They are also proud of their transition service for 16-18-year-olds, and we were informed that the service will extend to young people up to the age of 18 by the end of the year. While there is an extensive number of services offered through CAMHS, there are also voluntary and community services available that offer a variety of services, including counselling, peer support, and activities that promote mental wellbeing. The waiting lists for this support are significantly lower, and CAMHS will direct young people to these services if appropriate. These services are provided by qualified professionals. The single point of access team (SPOA) is able to talk to parents and young people and offer effective signposting to these services depending on need.

Some of the community services available can be found below:

1. [Early Break](#) offers a number of services to support 'Emotional Health & Wellbeing' for children, young people and families such as Mindfulness sessions, Holistic Therapies, Bereavement & Loss Counselling, Emotional Health & Wellbeing Groups and Family Support.
2. [First Point Support](#) – support for families in Bury with ADHD or autism diagnosis.
3. [Bury2Gether](#): This organisation provides resources and services to help SEND (Special Educational Needs and Disabilities) children and young people improve their wellbeing
4. [Kooth](#): An online mental wellbeing community offering free emotional and mental health support for children and young people aged 11 to 24. They provide online counselling, mood tracking, and peer support
5. [Thriving in Bury](#): This initiative offers emotional wellbeing support for children and young people, their parents, carers, and professionals. It aligns with the i-THRIVE framework, which is a person-centered and needs-led approach
6. [YoungMinds](#): A leading UK charity dedicated to fighting for children and young people's mental health. They offer various forms of support, including crisis intervention and early help



We were provided with some statistical insight from CAMHS, which had on average 82 appointments weekly within July. In the same month, there were a total of 6 patients who had more than 3 DNAs (did not attend). This was concerning due to waiting lists. Bury CAMHS has been able to keep the waiting list for the CORE pathway very low, if at all. The NEURO pathway, like many local areas, has a considerable wait. Young people not being brought to their appointments or not attending will have a detrimental impact on the service and does influence waiting times. The NHS does have a DNA policy, and we would advise parents and caregivers to be proactive in seeking out the information if they are unsure. We were assured that this information is also provided in all written correspondence.

The service provided several routes to provide feedback for individuals. They have a friends and family questionnaire which can be provided in paper/written form, as well as accessed through a QR code. They also provide this QR code on all correspondence to encourage people to provide information on their experience. The service has demonstrated that they will act on concerns raised. For example, the new check-in plans for individuals on the waiting list for NEURO. This was a direct result of feedback they had received. CAMHS will also provide support to patients and families wanting to make a complaint through the duty team, but information is also provided for PALS at reception if the concern needs to be escalated further.

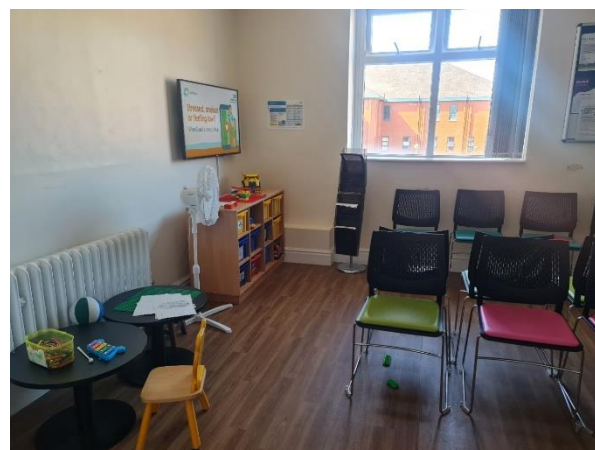


Figure 3 – Waiting room Bury CAMHS

What we learnt about the process:

Neuro Pathway (Autism and ADHD)

Parents and carers may suspect their child has some traits of neurodiversity and be unsure of how to move forward. This journey will usually start within schools where teachers and other staff members will be able to collect information to support and make the referral. There are other routes if a young person is not in education or is home-schooled, for example. GPs and social workers are also able to refer a child to CAMHS for an autism assessment.

Once the referral has been made, CAMHS will review and place a young person on the waiting list. These waits can be considerable, but from this time a child is able to access more support. This includes community support which offers support to both parents and young people with autism or ADHD. There is also a course for parents called 'Riding the Rapids'. This is to help parents to support and understand young people with autism and learning disabilities. . This is post-diagnostic support which



can be referred to through CAMHS. Pre-diagnosis support can be accessed in the form of family support, which does not require a diagnosis. This has been identified by management as a gap which needs bridging, and they are focused on introducing new support options in 2025.

CORE Pathway

The core team within CAMHS works with young people experiencing complex mental health issues such as anxiety, low mood, obsessive compulsive disorder, phobias, and provides risk management and support. The young people will be given a case manager and may work in their sessions towards specific tasks. They may receive treatment under this pathway if there are concerns regarding self-harm, suicidal ideation, anger, and others. The case manager will also consider other interventions available through CAMHS such as CBT (cognitive behavioural therapy), DBT (dialectical behavioural therapy), or group work, for example. The core pathway will also offer support for parents of young people living with mental health concerns. There are bi-monthly parent support sessions which focus on a different topic each time, for example, emotional dysregulation. There is a 24/7 health helpline parents can utilize, and the duty team at Bury CAMHS is available for support also. The case manager will also work with any other professionals involved with the young person and advocate for them within the school environment. They are there to offer support and a better understanding as well as providing sessions that are goal-based with the intention of offering young people coping strategies.

Young people can be referred to this pathway through other professionals such as GPs, schools, and social workers. Young people waiting for support within CORE CAMHS are allocated quickly within six weeks and will have a mental health assessment within 12. If there is an urgent need, they will be seen as soon as possible. This is considerably less for urgent appointments, which is within 4 days. From here, the service is very individualised, and treatment will be discussed.

The core pathway offers a range of services for young people experiencing challenges with their mental health. They conduct mental health risk assessments, manage complex needs and interventions, manage risk, and offer a transition pathway for young people aged 16-18. It is important to mention the plans Bury CAMHS have in place to make this transition pathway permanent, in the sense that all services will be inclusive up to 18 years old.



Other Information

● What happens if a child presents to A&E with self-harming behaviour or suicidal ideation?

If you are worried about the mental health and risk of a young person to themselves, it is important for them to be seen at A&E for crisis support. From the 1st of March 2024, the Mental Health Liaison Team will assess all young people in A&E, even if they are already known to Bury CAMHS. If the young person is known to CAMHS, the team will contact CAMHS to gather information before seeing them. If the young person is not known to the service, they will receive an urgent call and assessment through the CAMHS duty team. In the rare situation that it is considered unsafe to discharge the young person, they will be transported to North Manchester paediatric ward, NOT a mental health ward. This will only be done as a last resort for the wellbeing of the young person and will always be in line with the Mental Health Act.

● Are social services involved if a young person is referred over to CAMHS?

No. Social services will not be involved just because a young person is struggling with their mental health. The team does have a legal responsibility to safeguard young people, however, so if there is a safeguarding concern, a MASH referral will be made. Parents are typically informed first, but there may be instances where they are not notified at all, depending on the nature of the safeguarding concern. .

● How does CAMHS address the needs of people from minority ethnic groups or of different cultures and faiths?

There are translator services available as well as reasonable adjustments, including home visits, school visits, and social centre visits. For communities that are hard to reach, the service will attempt to offer support in places closer to home.

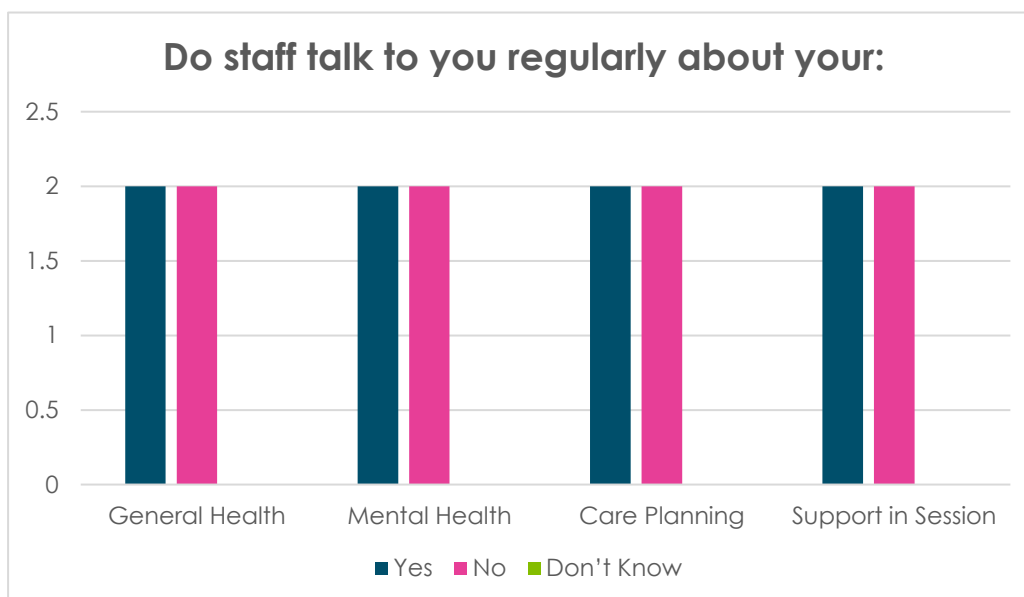
● Is the service confidential?

Confidentiality will always be discussed at the start of any mental health intervention. There will be times when a worker will need to communicate with parents and share information that is in the best interest of keeping a young person safe. Safeguarding restrictions will be in place, but workers will not generally share information about what is discussed in session if it does not pose a risk to the young person or people around them. If CAMHS needs to share information, it will typically be discussed with the young person beforehand. However, there may be instances where this is not appropriate or possible.

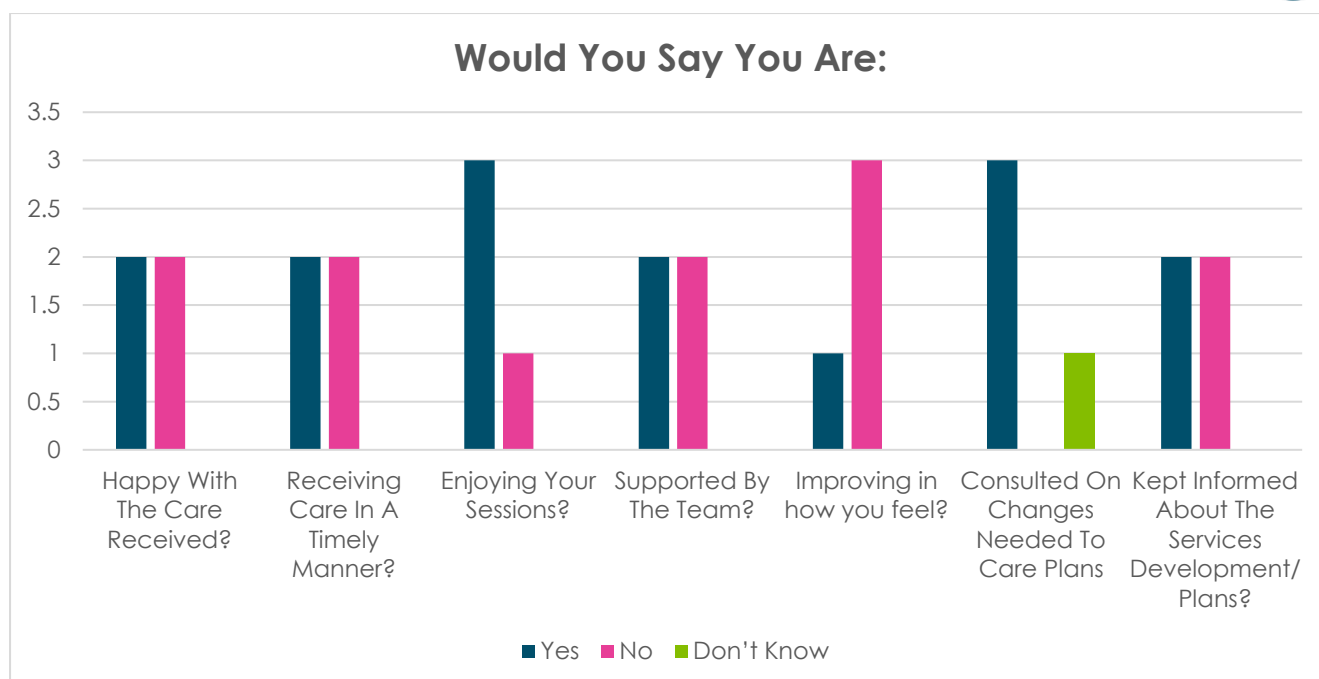


Young People's Responses:

4 young people responded to our patient survey to speak about their experiences within Bury CAMHS.



The opinions of the young people when asked these questions were split, with half believing they were well informed and sharing information about their health, and half not. This could be an action taken by the team within the service to ensure that young people understand the process and what is happening with their care. Half of the respondents believed they were not spoken to regularly about their mental health, which for a mental health service could be seen as concerning. It could potentially benefit the experience and understanding of the young person if this was a checkpoint in sessions and if their care plan was explained. Current research and NICE guidelines support this. New NICE guidance recommends children, and young people are fully informed about their health so they can take an active role in their healthcare (NICE, 2021). Without this being provided by professionals involved in the care of the young person, the internet is a predominant means of gathering health-related information (Griffiths et al., 2005). It is perceived as an accessible source of confidential health information which could also circumvent confidentiality concerns (Gray et al., 2005). Young people are known to be reluctant to consult health professionals for emotional and psychological issues (Biddle et al., 2004), so they would be more likely to find alternative routes for information. This could be a challenge for young people as they are at risk of receiving inaccurate information. In a 2024 study, young people also described needing workers to inquire about well-being to work collaboratively and develop a plan based on individual needs for mental health care (Lynch et al., 2024). So, feeling as though their thoughts on their general and mental health could be beneficial to creating an effective care plan.



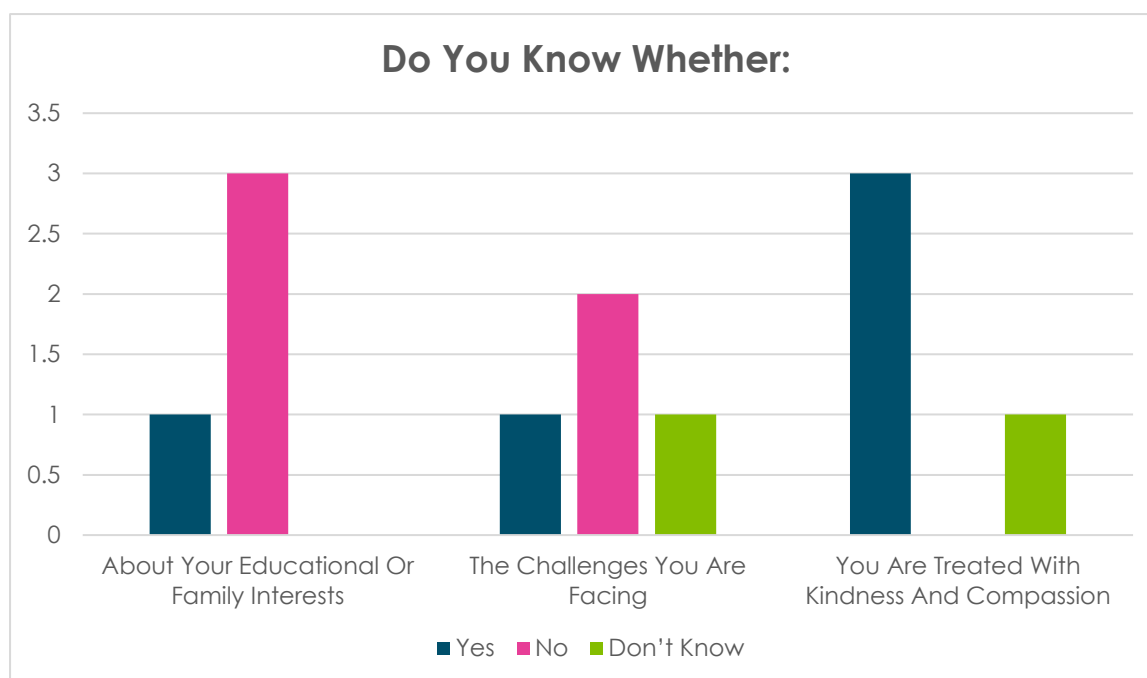
The majority of the young people who responded were enjoying their sessions. This is positive as enjoyment within sessions promotes better engagement, and better engagement promotes better outcomes for the young person (Haine-Schlagel and Escobar-Walsh, 2015). Opinions were split on the timely manner in which they received care. This could be a result of the NEURO waiting lists causing frustration and leaving young people and their families needing support.

Objectively, CAMHS has commented on the waiting list for the NEURO pathway, and they have not implemented a 'check-in' system for families who are on the waiting list. Families and young people can understandably feel frustration while waiting long periods, and this could be reflected in this data. Long waiting lists can leave individuals feeling unhappy with their care and not feeling supported. Lavis & Winter noticed a 'desperate' desire for professional support coming from the young people they observed in their 2020 study to explore the positives and negatives of peer support around self-harm on social media. They appeared to share a common experience of not feeling as though they are being taken seriously. Alternatively, they face long waiting lists with no intervening support while waiting. These actions from Bury CAMHS could potentially provide reassurance to children and young people that the service is taking their mental health seriously and allow them to share information which could aid in patient satisfaction and promote working within the NICE guidance.

The majority of respondents reported not improving in how they feel. Mental health support and intervention can provide different results for each individual in different time frames. The amount of time a young person has been in service is relevant to understanding these responses. This is reported later in this section. CAMHS offers a range of support for young people, so it may be likely that a couple of different approaches may need to be considered. CAMHS does utilize a therapeutic panel, in order for a range of professionals to consider the most appropriate support and



explore other interventions within the service. They also use monitoring forms within the service to manage goal progress to identify the effectiveness of the intervention.



None of the respondents felt they were treated without kindness and compassion, which is a positive outcome. Therapeutic relationships, or the alliance built between professional caregiver and care receiver, have been found to be the strongest predictor of good treatment outcomes, no matter what intervention model or approach is utilized (Duncan et al., 2010; Wampold, 2001). This is particularly true in child and adolescent mental health services (CAMHS). The alliance between the child or family and staff is the key predictor of positive outcomes (Karver et al., 2006; Shirk & Karver, 2003). Working systemically and in partnership with parents and carers is essential, although it can be complicated by the families' own history with services and relational dynamics (Gross & Goldin, 2008).

The young people who responded to the questionnaire are split in the extent to which they believe their worker is informed about their interests and challenges, but they do believe they are treated with kindness and compassion. The data could be suggesting that this could potentially be due to information not being shared by the young person in session and not due to the worker not showing an interest in the young person. It was shared that the interests of a young person will be discussed throughout the assessment process, as this enables staff to consider outside community services which may also be of interest. For example, community services have been known to include art or animals in their therapeutic work. It could be suggested that workers attempt to engage in this conversation throughout their sessions, to give extra reassurance to the young people under their care that they are paying attention to the ups and downs of their journey.

The amount of time the respondents have been under the CAMHS service was between 2 and 5+ years. Only one respondent has utilized outside community services and reported a positive experience. The majority also reported that they



understood what support was being offered to them and found the process of accessing the service easy to understand. One respondent did feedback that they did not find this easy, and this could be a reflection of the different pathways and waiting times. For example, a referral to the neuro pathway could be more confusing due to the information gathering from other professionals, e.g., teachers and social workers

Staff interviews

During the Enter and View visit we spoke to 3 members of the team and the manager.

1 – How do you facilitate your patients and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

While speaking with the team, they informed us that there are multiple ways they can support their patients in raising concerns. There are the formal channels which involve contacting PALS and the feedback information provided in reception. The team is also able to help escalate a concern or bring information to the team leaders. The team was also keen to receive feedback at the end of sessions with parents and young people and will attempt to resolve any complaints. They did comment on the confusion that can sometimes be a result of a young person being on both the CORE and NEURO pathways, and this can cause misunderstandings. It was also highlighted that there could be better communication when informing people about waiting times. This can be a point of great frustration for individuals, and staff will assist families in making a complaint. When speaking with the manager, she recognized that this was something the team was able to focus on and shared plans for a more effective 'check-in' system for young people on the waiting list, where updates on their position and reassurance that they are still on the list can be provided to ease the feelings of frustration or confusion.

2. How do parents and carers start the neuro pathways if they suspect their child is living with this? What if the child is home schooled or NEET (not in education)?

All staff members confirmed that the best point of referral would be through schools. This is due to them being able to provide a variety of information to support the referral. It also aids CAMHS in working with schools to put support in place. If a young person comes through another pathway and their worker believes there may be characteristics, they are able to refer over to the NEURO team also. Prior knowledge from social workers, schools, or other professionals involved is valuable and usually spans over two terms. We also liaise with previous schools for information. If a young person is NEET, their social worker can support the referral. If the young person is homeschooled, their GP can make a referral to this pathway.

3. Do CAMHS work with other services in the community?

CAMHS work with a variety of professionals within the community to help support young people. These professionals include those from children's services, youth offending teams, looked after children's teams, and voluntary sector organisations. They will also work with the pastoral teams within schools to discuss what support could be put in place to best suit the needs of the young person.



They also signpost to other mental health support services within the community. The staff are conscious of the waiting times and will advise these services to get more immediate support at times. It may also be appropriate to attempt more low-level intervention at first. The manager shared that they have weekly meetings with Early Break where they are able to step a young person up into service where needed.

4. Do you feel you have the tools and training needed to do your role to the best of your ability?

The staff were all trained to a high level and qualified, but they also take part in ongoing training regularly. One team member spoke of their recent training in subjects such as autism awareness, trauma, and attachment. They also have an online training service where they can access remote online training on a variety of subjects suited to their role. Staff are also registered nurses and social workers and will have professional CPD training expected to continue to be registered in order to stay current with best practice.

When staff are new to the service, they will be given extra support and supervision to discuss their cases, and all staff have management available who they praised as being highly approachable. The staff also have access to a therapeutic panel to discuss cases with a range of professionals that may be more complex.

The manager shared that one morning each month, the team will also attend current training or other services will visit and speak about what they can offer to stay up to date with what is offered in the local community. Team skill sharing is also encouraged, and the team are invited to discuss topics to raise awareness of their specialist area. Managers also provide a route of anonymous feedback for staff to communicate what training they feel they would benefit from. They also keep up to date with the most recent NICE guidance.

5. How often are appointments noted as DNA (did not attend)?

We were provided with some statistical insight from CAMHS, who had on average 82 appointments weekly within July. In the same month, there were a total of 6 patients who had more than 3 consecutive DNAs (did not attend). This was concerning due to waiting lists. Bury CAMHS has been able to keep the waiting list for the CORE pathway very low, if at all. The NEURO pathway, like many local areas, has a considerable wait. Young people not being brought to their appointments or not attending will have a detrimental impact on the service and does influence waiting times.

6 - What improvements would you like to see in the service?

Staff were open about what they feel is needed for the improvement of the service. The IT system 'PARIS' was brought up as the reliability of the system can slow staff down when it freezes or crashes.

The team is conscious of the waiting times within the NEURO pathway and felt more staff members would be beneficial. They reported limited funding available last year for this part of the service and stated over 1,200 children and young people were on this pathway in the Bury area.



The team was also keen to share plans for changes that are happening as a result of the needs of the community. They are currently working to merge the transition team for 16–18-year-olds. Mental health symptoms presenting in childhood can often persist into adulthood, sometimes requiring a young person to transition from children to adult services. Research has suggested transition planning should be individualised to a young person's developmental needs, transition readiness, and ongoing mental health needs (Cleverley, Lenters, and McCann, 2020). By creating changes to the transition process, Bury CAMHS is able to work in the best interest of the young person and allow for them to be properly supported through the transition process.

7 – Do you feel you are supported in your role by higher management? Staff shared that they felt they were supported in their current role by 'approachable' managers. They spoke of having regular supervision and access to a duty manager on shift if they need support. They also have access once a month with team leaders holding specialist knowledge.

8 – Are parents able to contact CAMHS and speak with someone if they are concerned about their child? Parents are able to contact the duty team at Bury CAMHS Monday to Friday between 9 am and 5 pm. They can be transferred to this team via the main reception desk and phone number. If a young person has been recently discharged, their discharge letter will provide information on safety plans and contact information if their child is going through a crisis. There are community services available and out-of-hours help including 111 and A&E (accident and emergency).

9 – Are social services involved if a child is referred over to CAMHS? Do you get involved in professional meetings? Social services are not involved automatically because a young person accesses CAMHS. Staff are highly trained in safeguarding, and if a safeguarding concern is present, they have a legal responsibility to report this. If a young person is involved with social services, their worker will attend a variety of meetings in order to share the voice of the child. Professionals will also share information when it is in the best interest of the young person. Confidentiality is discussed further in the report.

10 – Do CAMHS have young people 'sectioned'? What would you say to a young person who was worried about this? Staff explained that all other services would be exhausted before this became a reality. Staff would liaise with psychiatrists as well as the rapid response and home treatment team within CAMHS itself. These teams are a short-term intervention for young people in crisis and would involve being seen daily for a short period of time. Being detained under the Mental Health Act is a last resort to keep young people safe.

11 – Are you encouraged to talk to parents about their child's care? How does this work with confidentiality? There are no set guidelines for this and it is up to the individual. Staff come from nursing and social work backgrounds. If a safeguarding concern is present, then this will need to be discussed with parents and reported. This is discussed with young people in their session and the limitations of appropriate confidentiality explained. For a parent to be able to effectively work with their safety



plan, they may also need to know details of their child's current behaviour. Staff did comment that they would speak with the young person and the parent alone as well as together.

12 – How do you address the needs of people from minority or ethnic groups or of different cultures and faiths? Staff have training available to promote equality and diversity as well as specialist training in certain areas to better understand risk and what would be culturally appropriate. Staff spoke about working flexibly, when possible. For example, not offering appointments on a Friday for certain individuals due to religious responsibilities. Translators are also available for individuals with language barriers to be able to access support.

13 – Do young people have a right to privacy and confidentiality through CAMHS? Staff were very open that confidentiality in these situations was not always attainable, but that transparency and honesty were given to the young person. They would be informed if information would need to be shared. Some young people need their information shared in order to effectively safeguard them. Some young people have professional involvement from social care and there is a responsibility to work in the best interest of the young person and share information. Some young people could be struggling in an educational environment and would need extra support. In order to support the young person, information would be shared with schools and colleges to support their request for extra measures. These are a couple of examples, but this would be decided case by case.

14 – Are home visits available if a young person cannot leave the house?

Home visits can be arranged in certain situations. While not a regular occurrence, we do offer lone working appointments when necessary and make reasonable adjustments for patients who require home visits. Practitioners may visit a young person at home, in the community, or at their school/college, depending on the circumstances. With the recent increase in staff, the team has shared that they will have the availability to meet these needs if they arise.

15 – What does it mean for a young person to have a case manager?

A case manager within CAMHS is based on the core team. A young person will not receive a case manager if they are under the Neuro team alone. The role of a case manager is to provide mental health support and treatment to young people and occasionally manage risks. It is also the responsibility of the case manager to liaise with other professionals involved with the young person. For example, the school pastoral team or social workers. This would be put in place after the initial assessment. It is also the responsibility of the case manager to signpost to other services within the local area who may be able to support the young person. A case manager will also offer therapeutic support, monitor deterioration in mental health, and monitor risk in presentation.

16 – Are CAMHS able to help parents in requesting reasonable adjustments in schools? The team around the young person at CAMHS can request adjustments to a certain degree. Schools are under no obligation to follow the advice from the young person's case worker, but they will work closely together and share



recommendations. The team at Bury CAMHS did compliment schools, stating that requests are usually accepted, and they are receptive to working together in the best interest of the child.

17 – What are the barriers in your current role? What problems do you feel you are facing?

Staff highlighted that staffing is a considerable hurdle for them as they attempt to get the waiting list down for assessments. This was something discussed with management throughout the visit. There is a waiting list for core CAMHS services, but those who need urgent allocation are being prioritised.

Patients can expect to wait no longer than 6 weeks for their appointment, and this is lower if it is urgent. If a young person, for example, presents at A&E, they will have a 7-day follow-up immediately. A mental health initial assessment is estimated at approximately 12 weeks, but the neurodiverse pathway has a considerable wait. This is changing on a regular basis, and the service is unable to provide an accurate waiting time.

Staff also commented on the IT system, stating that there are times when it will stop working or freeze, causing them to lose work and time. There were also more systemic and interprofessional barriers within their working reported. There can be delays in information being provided from the mental health liaison team within the hospital if a young person doesn't have a case worker. It can also be challenging for staff if they are waiting long periods for a reply from social care or if a social worker is changed. Better communication within services would be beneficial for young people. In a 2019 review, they highlighted the benefits to a young person's mental health outcomes when professionals worked together (Garcia-Carrion et al., 2019). This is not exclusive to CAMHS, and whereas it works as a barrier for them, they have little control over the correspondence of an outside service.

18 – Do you feel the referral process is effective? What are the blocks?

The referral process is something the team believes works well, but all team members shared that the main block is information provided from the referrer. This can result in longer waiting times as the service then needs to follow up and chase extra information from other professionals.

19 – How do you keep ahead of good practice?

Staff shared that they would engage in training on a regular basis. They are registered professionals, including social workers and nurses. In order to maintain their registration, they are also required to document a certain number of hours for their CPD (continued professional development). Staff also spoke of working practices such as a regular caseload cleanse, where they can ensure they are on top of each young person. They also have working supervision where they are able to get support and access to other professionals for advice on complex cases. The psychiatrist on staff will also share working knowledge and skills in monthly meetings with the team.



The management also shared that other services from the local area will visit CAMHS in order to share information and services available. The NHS has a variety of online training that staff are encouraged to engage with, but the needs of the service will be responded to. If a need for training is identified, it will be actioned. They will also review NICE guidelines on a regular basis to implement any changes needed.

20 – How do you prevent job stress from impacting your wellbeing and work?

Staff shared that they can find it difficult when families are struggling and they are unable to help. All the individuals we spoke to commented on the value they hold in their professional relationships. The team is available to support each other, and they all consider the management to be supportive and approachable, which in turn benefits their own work with young people. There are also official support services offered by the NHS, such as regular supervision and a staff wellbeing service.

Management commented on the wellbeing of staff and shared that they do have a wellbeing agenda and overworking awareness to maintain the wellbeing of staff. They offer flexible home working where appropriate to aid in work-life balance and will provide 'away days' for team morale. They have also started conducting a 'going home survey' so staff can share how they are feeling and any concerns at the end of each day.

21 – What are the practical everyday things that would help you provide the best possible care for your patients?

Staff spoke of needing more space and there being a pressure for rooms in order to provide appointments. This is something that the manager commented on and shared that there were plans to move the service to another location. This is not something they could provide a time frame for, as it is outside of her control, but it has been recognized that the service has outgrown its current location.

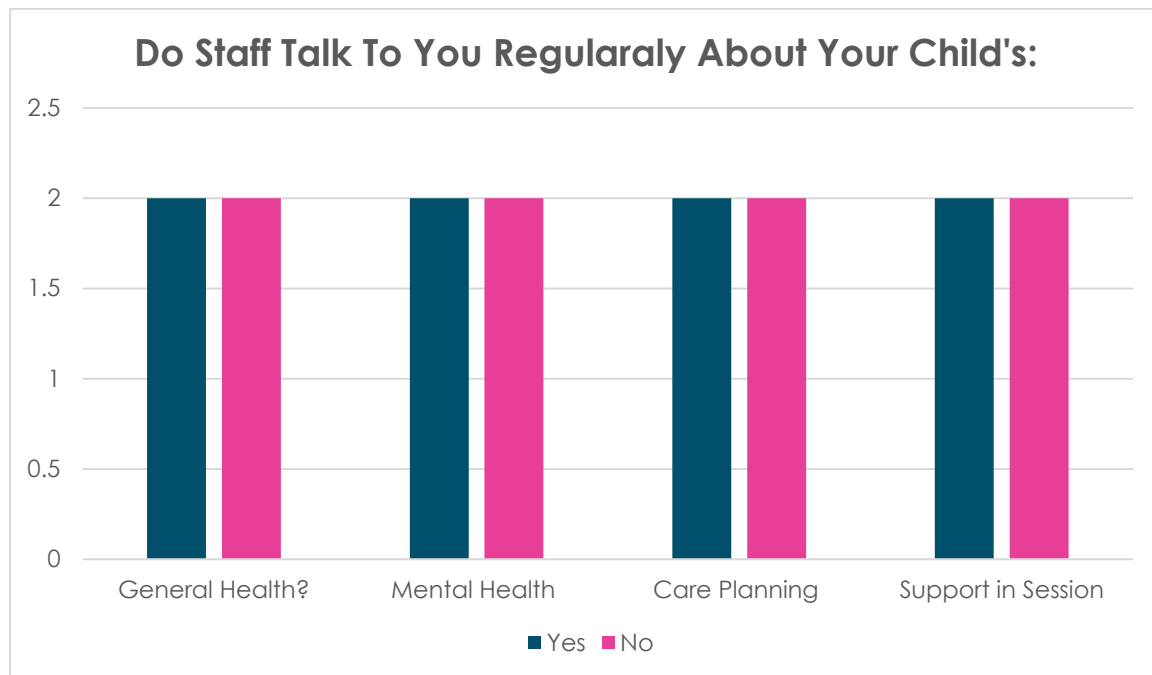
Staff also shared frustrations around parking, and this was recognized by the management. Staff have received parking tickets, and this can cause high levels of stress in the team. Parents can struggle to find parking in order to bring their child to their appointments. This is not something CAMHS would be able to action until their plans for relocation are implemented.

The internet and PARIS system were also identified here as something that could be improved. With the systems crashing and producing duplicate work, it can cause confusion and a higher workload for staff.

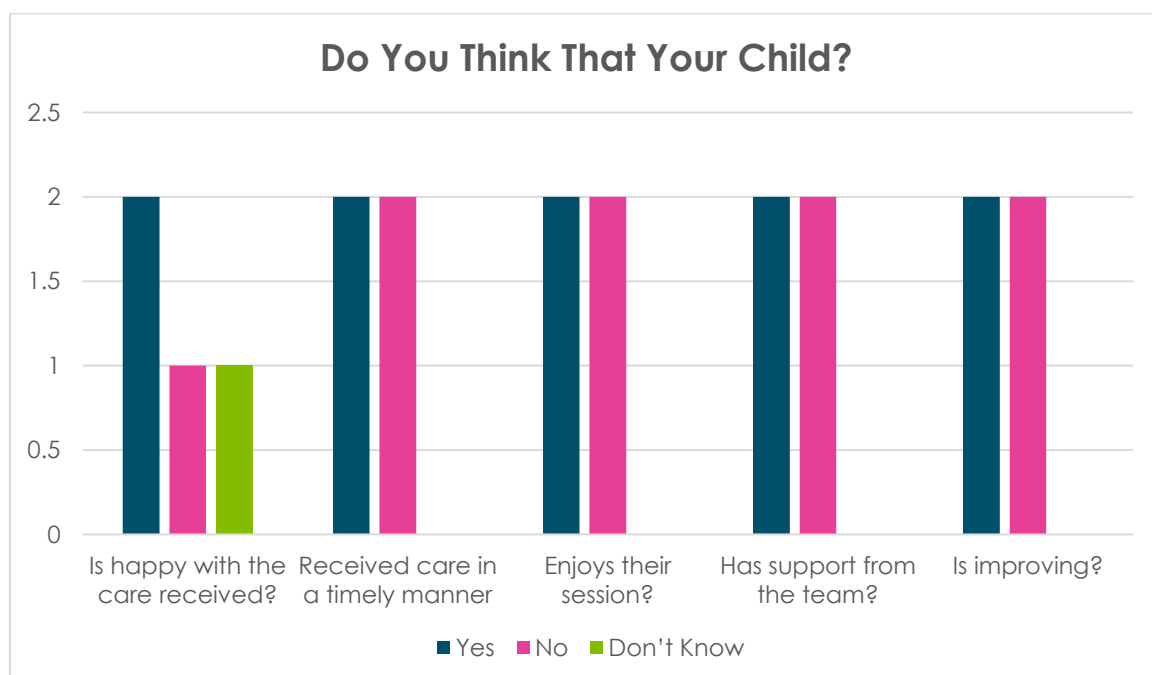


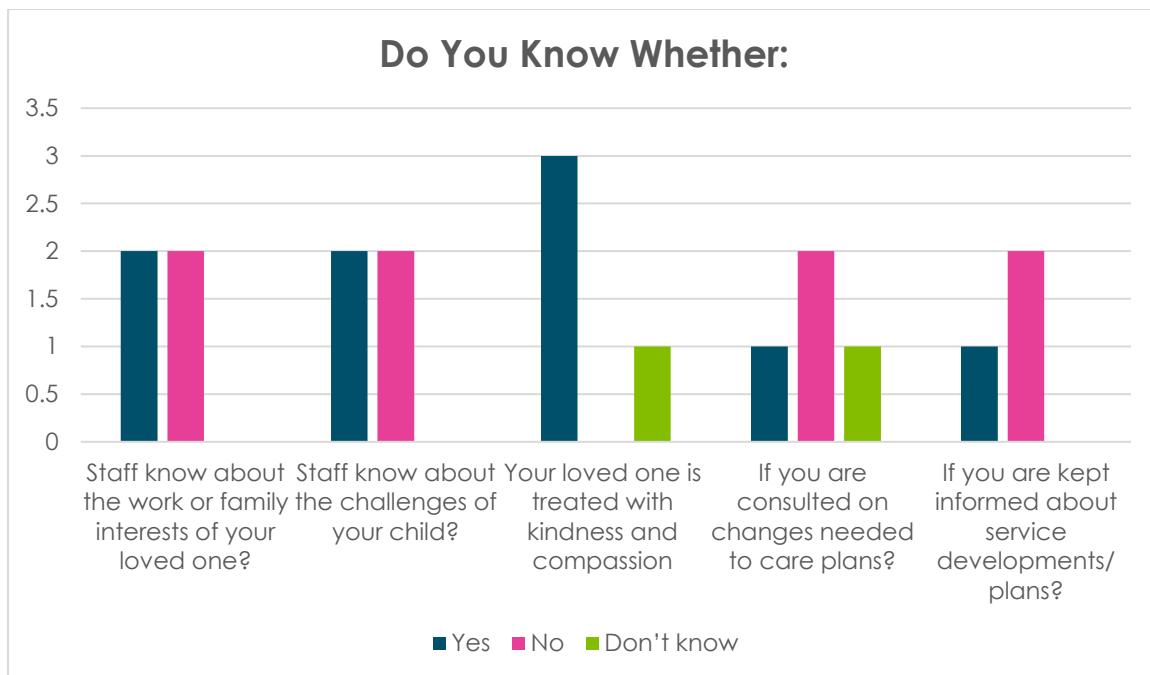
Results from the family and carer questionnaire

While on the Enter and View visit, we provided the service with questionnaires for relatives and friends. They would be able to do this in the waiting room and place it in the box provided by us in reception. The pack also included a stamped and addressed envelope if they preferred to post it back to us. We had four responses.



Responses to these questions were mixed, with half believing they were well informed about their child's health and needs, and half believing they were not

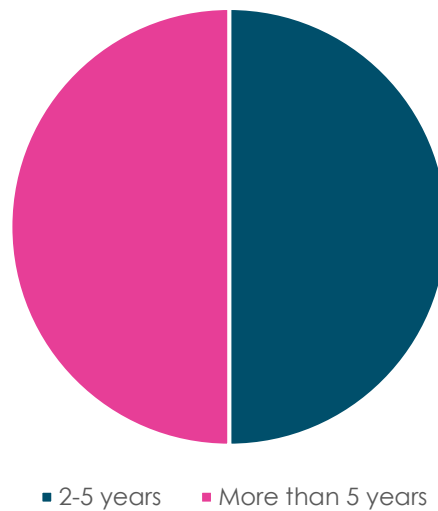




Responses to these questions were reflective of two different experiences. Half were responding from the neuro pathway and half from core. No one felt as though their child wasn't treated with kindness and compassion. There was a noticeable split in information sharing between the respondents, with half believing information regarding their child was shared effectively both ways and half feeling a lack of understanding on both sides. This is something the manager highlighted through our discussions with her. Plans for improvement were shared for sharing information with parents on a regular basis from the point of referral. This has been in place for a number of months and is being evaluated on a regular basis.



How Long Has Your Loved One Been Involved With CAMHS?



All respondents had been involved with CAMHS for long periods of time. The majority of them had also explored other community services for mental health support. Feedback for these services was positive, dependent on the kind of support their child would benefit from. Explaining that some would appeal, and others would seem 'boring' if the activity was not their preference. None of the respondents had presented at A&E, so we were unable to capture these experiences, but they did report feeling confident in knowing what to do if their child's mental health was to deteriorate. Parents chose not to answer questions regarding medication access through CAMHS and chose not to make any further comments other than to highlight the confusion one parent felt on the NEURO pathway. Long waiting times and chasing up assessments to ensure their child had been placed on the list was distressing. As discussed earlier, the service is understaffed due to funding, and the management is implementing a better communication system so parents feel reassured while on the waiting list and the needs of the child can be monitored while waiting for the assessment.



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Appendix 1 – Staff questionnaire

Q1. How do you facilitate your patients and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

Q2. How do parents and carers start the neuro pathways if they suspect their child is living with this? What if the child is home schooled or NEET?

Q3. Do CMAHS work with other services in the local community?

Q4. Do you feel you have the tools and training needed to do your role to the best of your ability?

Q5. How often are appointments noted as a DNA?

Q6. What pathway of CAMHS do you work in? What improvements would you like to see? (eg. More staff, recourse?)

Q7. Do you feel you are supported in your role by higher management?

Q8. Are parents able to contact CMAHS and speak with someone if they are concerned about their child?

Q9. Are social services involved if a child is referred over to CAMHS? Do you get involved in inter professional meetings?

Q10. Do CAMHS have young people 'sectioned'? What would you say to a young person who is worried about this?

Q11. Are you encouraged to talk to parents about their child's care? How does this work with confidentiality?

Q12. Do you have space to discuss your cases with other professionals?

Q13. Do young people have a right to privacy and confidentiality through CAMHS? When will parents be spoken to?

Q14. Is there support available to parents whose children are living with mental health concerns?

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

Q16. Are home visits available if a young person cannot leave the house?

Q17. How many appointments are seen on average each week at CAMHS by yourself?

Q18. What does it mean for a child or young person to have a case manager?

Q19. Are CAMHS able to support parents in requesting reasonable adjustments in schools?

Q20. What are your barriers in your current role? What problems do you feel you are facing?



Q21. Are there any challenges with external professionals (social workers, school etc)?

Q22. Do you feel the referral process is effective? What are the blocks?

Q23. What feedback have you had from patients in the last six months which have resulted in change?

Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal.

Q25. How do you prevent the emotional labour impacting your wellbeing?

Q26. What are the practical everyday things that would help you to provide the best possible care for your patients? Please describe.

Anything else you would like to share?

Contact us

If you require this information in an alternative format,
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