



**Children and Young  
People's Mental Health  
Services in Leeds.**

Conversations with young people, parents and professionals.

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**Healthwatch Leeds** is here to help local people get the best out of their local health and care services and to bring that voice to those who plan and deliver services in Leeds.

**YouthWatch** is a group of young Healthwatch volunteers aged 16-25 who are actively involved in helping us with any of our projects that relate to health and social care services accessed by children and young people.

**YoungMinds** is a national charity concerned with children and young people's mental health and emotional wellbeing. YoungMinds works alongside young people, parents and carers, service providers and policy makers to help improve services; both locally and nationally. Yorkshire is one of three primary hubs of activity for YoungMinds' Youth Engagement team.

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### Why we did it

Concerns about access to young people's mental health services locally had been raised with Healthwatch Leeds by members of the public and professionals. In November 2014, young people from YouthWatch voted it as their top priority as a theme to explore in more detail. Similar on-going concerns had been raised amongst the network of young people and professionals working with YoungMinds locally.

### What we did

In December 2014 a partnership between YoungMinds and Healthwatch Leeds was formed to undertake a thorough consultation for Leeds in this area. This was endorsed by Leeds City Council Health and Wellbeing and Adult Social Care Scrutiny Board in relation to their inquiry into Leeds Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health in Schools (TaMHS). It was also welcomed by Leeds Clinical Commissioning Groups (CCGs) who were in the process of reviewing the whole system of emotional and mental services for children and young people in Leeds.

We ran a survey (online and paper based) during January 2015 for young people aged 11-25 and parent/carers of children who had used mental health services and relevant professionals in Leeds. 300 responses were recorded (113 young people, 102 professionals and 85 parent/carers). This was complemented by a focus group which was attended by 12 young people aged 15-25.

The purpose of the consultation and subsequent workshop was to explore people's current views and experiences of mental health services. The findings from both surveys and workshops fed into this report.

### Key findings

There was a general concern and frustration from all parties that many children and young people wait too long for the right support, particularly within specialist CAMHS. Parent/carers and young

people also talked about the lack of support and communication from services during their wait and the detrimental impact of the wait on their mental health and family relationships.

There was significant concern amongst professionals about the threshold for referral to CAMHS being too high, and that only referrals for children and young people with the most serious issues were being accepted. Young people, parents and professionals rated highly the quality of services offered by CAMHS for those children and young people that 'got through the door' but felt that some of the most vulnerable children and young people were 'slipping through the net'.

Key gaps in services were mentioned, such as access to crisis support and the gap between TaMHS and CAMHS, where young people needed more support than TaMHS could offer but didn't meet the criteria for CAMHS. The transition to adult services was also an issue for young people.

There was some lack of awareness and misunderstanding by professionals and some carers about referral systems and waiting times of some services including TaMHS, CAMHS and The Market Place. There was a general feeling that referral systems could be easier and more straightforward.

Young people and parents raised the need for more young people friendly services which were local, flexible with appointment times and in less clinical environments. They also stressed the importance to them



***50% of the young people at the workshop had accessed 5 or more services for support with their mental health, and one third of the young people at the workshop had accessed Accident and Emergency at least once at some point during their journeys.***

of confidentiality and the option to see professionals without their parents. The Market Place was frequently mentioned as a good example of a young people friendly service in terms of its welcoming environment, flexibility, choice and confidentiality policy.

Young people and parents acknowledged many times the positive impact from services, the quality of care and support they had received from individual professionals. Although the majority of young people and parent/carers spoke highly of professionals, there were a significant number that reported feeling frustrated by professionals that didn't listen to them. Some felt that they were being driven by the professionals' agenda rather than taking a more child or young person centred approach.

TaMHS was described as a service that was working well, providing accessible good quality care locally with quicker referral times than CAMHS.

### Our Key Messages

There needs to be more choice, and where a wait is required, information and support (eg self-help, peer support, and online support) during the wait.

Services can still do more to become young people friendly, particularly by listening more to service users and parent/carers. Services also need to listen to young people's views more on an ongoing basis to help ensure that services develop in a way that meet young people's needs. There should also be more choice for young people about the level of involvement of their parent/carers in their

care.

Any review should look at making the options and criteria for referrals and pathways clear and transparent, with choices described where available.

There should be provision for as much early help as possible. Schools in particular have a potentially valuable role to play in this, and as such specialist training for staff should be considered.

Challenges were mentioned across the board in understanding the current care and support available. The review should consider options for making this simpler and easier for all young people, parent/carers and professionals.

- Only 15% of professionals felt young people were getting the right support with their emotional health, and 35% thought young people were sometimes getting the right support.
- 29% professionals, 36% parent/carers and 20% young people mentioned the length of time they had to wait for help as a negative.
- 37% professionals felt that the threshold for referral to CAMHS was too high.
- 34% parent/carers said their child had to wait more than 6 months to see a professional, with 18% saying the wait was over 12 months.
- 50% young people, 53% parent/carers and 17% professionals praised the quality of the CAMHS service and staff.





### Background

#### The National picture

We know that at least one in ten children and young people aged 5-16 suffer from a diagnosable mental health disorder<sup>1</sup>. This statistic is from a study done 10 years ago, and all indications are that the current figure is likely to be higher. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before age 15 and 75 per cent before the age of 18.

Whilst mental health issues in children and young people are on the rise, there is national concern about the state of mental health services for children and young people. This is evidenced by the establishment last year of a Health Select Committee to review current CAMHS provision, and the recent formation of the national Children and Young People's Mental Health and Wellbeing Taskforce. This taskforce will look at how to improve the way children's mental health services are organised, commissioned and provided and how to make it easier for young people to access help and support.

#### The Leeds Picture

The main services in Leeds where children and young people can get support with their mental health are: CAMHS, Leeds Improving Access to Psychological Therapies (IAPT) for young people, Targeted Mental Health in Schools (TaMHS), The Market Place, and Aspire. There are also a range of universal services and third sector organisations that support

young people with their emotional health. The diagram on page 7 gives a simplified overview of the services available.

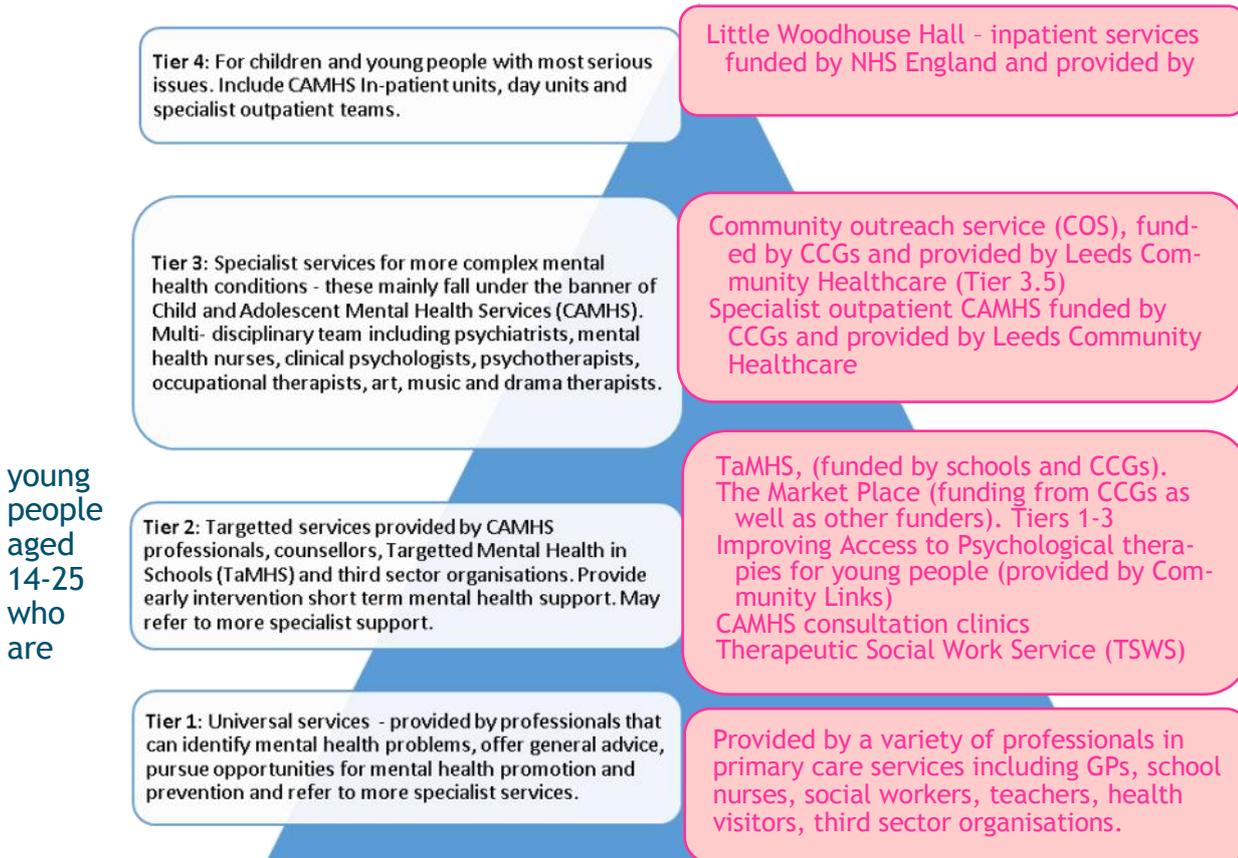
Leeds CAMHS service is an integrated tier 2 and 3 service provided by Leeds Community Healthcare NHS Trust. CAMHS provides assessment and therapeutic treatments to children and young people with mental health problems and neurodevelopmental conditions, (e.g. anxiety, depression, self-harm and eating disorders), and offers a citywide service from a number of locality based multi-disciplinary teams. Clinics are held in over 30 different locations across the city. There is also an inpatient unit (Little Woodhouse Hall).

The Therapeutic Social Work Team is funded and delivered by Leeds City Council. It provides therapeutic support to children and young people who are looked after.

Targeted Mental Health in Schools (TaMHS) is a citywide service that provides early intervention, short term specialist mental health support. It is funded in the main by school clusters with a contribution from the CCGs and is available in all 25 local clusters in the city.

The Market Place is a city centre based third sector organisation commissioned by the CCGs to provide 1:1 support, counselling, open access through a drop-in facility and self-harm support groups. Aspire is a citywide Early Intervention in Psychosis Service provided by Community Links. It provides intensive support for

## What we did



### Overview of Children and young people's mental health services in Leeds

experiencing early signs of psychosis. Psychiatric support for young people under 18 in this service is provided by CAMHS. It is commissioned by the CCGs.

Improving Access to Psychological Therapies (IAPT) for young people is a service provided by Community Links for 17-21 year olds with the aim of making talking therapies more widely available to anyone who needs them. It is commissioned by Leeds North CCG on behalf of the three CCGs in Leeds.

Leeds City Council and the CCGs are currently reviewing the whole system of emotional and mental health in the city and are proposing to redesign in order to produce a coordinated system of children's emotional and mental health services in Leeds. This includes all the services commissioned and provided by the CCGs and Leeds City Council and working with educational clusters.

### What we did

We ran a consultation during January 2015 for young people aged 11-25 and parent/carers of children or young people who had used mental health services in the last 5 years, and also for professionals in Leeds. This comprised of three slightly different surveys tailored to each group, which asked for the following key information through a series of open questions:

- Which mental health services children/young people had accessed in the last 5 years
- Professionals' experience of the referral processes
- How long young people and families had waited to see a professional to get help
- The best/worst things about the services children or young people had used or that professionals had referred to
- What people thought could be done to make things better

We collected responses both online and by paper copy at different young people's services (CAMHS, The Market Place and The Beck). All respondents to the surveys were given the opportunity to remain anonymous. If they were completing a paper copy, they were given an envelope which they could seal to increase the confidentiality and anonymity of their responses.

The survey was complemented with a consultation workshop run by Healthwatch Leeds and Young Minds on 2<sup>nd</sup> February 2015. It was attended by 12 young people aged 15-25 (8 of these were under 18) from across the city, and of mixed ethnicity. 10 females and 2 males attended. It was also attended by Councillor Coupar (chair of Leeds Health and Wellbeing and Adult Social Care Scrutiny Board) and Ruth Gordon (Leeds CCGs).

There were three 'stations' in the workshop and each participant spent around 30 minutes at each station;

**Station one.** Map your journey; using the visual cues participants were asked to map their journey of support through services and explore their personal pathways.

**Station two.** Discuss and respond to four main questions

- How easy was it to get the support you needed?
- How did it feel to wait for an appointment?
- What could be improved about...?
- What do you want to say that is positive about...?

**Station three.** Ruth Gordon (Leeds CCGs) asked informally about the recommendations that are proposed out of an emotional wellbeing review in Leeds which include improved transition arrangements, support in schools, reduced waits and a single point of access for referrals.

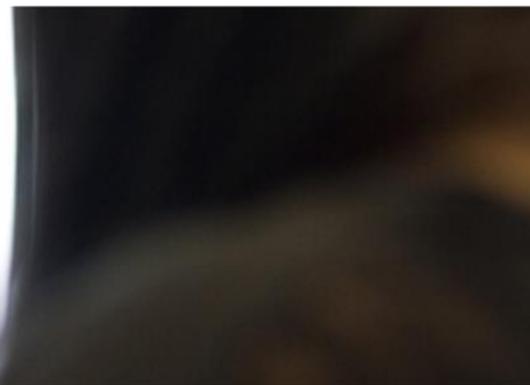
Quotes given in this report are from the survey and consultation workshop participants, and are given in people's own words.

### Who we spoke to

A total of 300 people participated in the consultation. This comprised 113 young people, 102 professionals and 85 parent/carers who completed the surveys. The majority of young people that completed the survey were aged 14-17 (69%), or 18-25 (17%). 61% of parent/carers who completed the survey had a child with mental health issues aged 11-18. The most common age group that professionals who completed the survey worked with were also aged 11-18 (79% worked with this age group). For more information see Appendix 1.

There was a good spread of young people and parent/carers from all over the city. The highest numbers of young people came from inner north-west (18%) and inner west (16%) and the most parent/carers were from the inner west (15%) areas of Leeds.

Professionals worked with young people from all over the city with a slightly larger proportion of professionals who worked with



young people from South Leeds (31%). For more information about geographical spread, see Appendix 2.

As can be seen from the charts in Appendix 3, the majority of the parent/carers (94%) and young people (94%) completing the survey had accessed CAMHS. This was by far the most common service used. The reason for this is that we worked closely with Leeds CAMHS, who were very supportive in helping us get a large number of responses to the young peoples' and parent/carers' surveys via their services. The other main services used by respondents were The Market Place, Leeds IAPT for young people, TaMHS and Educational Psychology. Services mentioned in the 'other' category were Aspire (Community Links), ISIS (Genesis), The Beck, Archway, CHIVA, Brooke, Community Mental Health Team, Crisis Team, and Diabetes Psychology.

There was a much more even spread of where professionals had had experience of referring to: CAMHS (89%), The Market Place (71%), TaMHS (47%), and Leeds IAPT for young people (33%).

### What we found

#### Notes about the findings

It is important to note the following when looking at our findings:

There was a high rate of unanswered questions in the surveys. 12% young people and 22% parent/carers didn't answer the question "What's best thing about the services you used?" 27% young people and 18%

parent/carers also didn't answer either of the questions "What was the worst thing about services?" and "What do you think could be done to make things better?" We have given figures in our findings as percentages of the whole sample, rather than as percentages of respondents to a particular question, which gives a lower figure.

Since we opted for very open questions such as "What was the best thing about the services you used?" to get as wider response as possible, the percentages given in this report don't necessarily reflect accurately what all respondents felt about a particular issue. For example, if 8 young people mentioned TaMHS as a service that is working well, this doesn't mean to say that the other 105 young people surveyed thought it wasn't working well.

The bias towards CAMHS (mentioned above) may distort our findings, as the survey does not proportionately reflect views of users of the whole spectrum of services available.

### Referrals

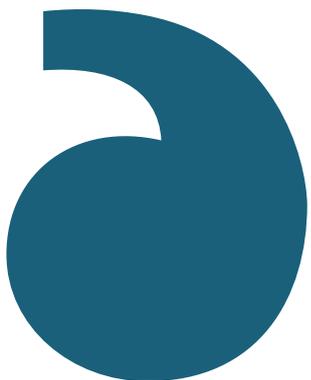
Referrals came up as a major issue mainly for professionals unsurprisingly as currently in Leeds there are very few mental health support services which families and young people can self-refer to. Experiences of referral have been broken down by service where possible.

#### Referrals to CAMHS

The main concern about referrals raised by 37% of professionals was that the threshold for referral to CAMHS was too high.



## What we found: Referrals



Professionals mentioned referrals being bounced back, even though they felt they knew the criteria and were referring appropriately. One GP mentioned that the rate at which referrals were bounced back, was a deterrent to making a referral. Another GP stated that they always tried to admit the young person to hospital as this was the only way they could be assured that they would be seen by CAMHS.

*“Even though I am an experienced practitioner and I have done the CAMHS long course so I know what criteria the children need to satisfy, I have had referrals refused for very vulnerable children who I am really concerned about.” (professional)*

*“our practice experience feels like 95% of referrals to CAMHS are bounced” (professional)*

*“it does take so much effort on the parents behalf to persuade a service to take on the child and their family.” (Parent/carer of CAMHS service user)*

*“Getting referred by GP to any services is very hard” (young person)*

There were a range of views from professionals, some of whom said that the referral form and process to CAMHS was easy and relatively straightforward whilst some found it complicated and “bureaucratic” stating that a lot of

evidence was needed.



One professional talked about the “*rapid pathway to CAMHS via TSWs if acute and immediate concerns*” but acknowledged that this is only usually in cases of emergency (eg. self-harming) and not when the young person's quality of life is seriously being affected by their poor mental health on a day to day basis, which CAMHS is very slow to respond to.

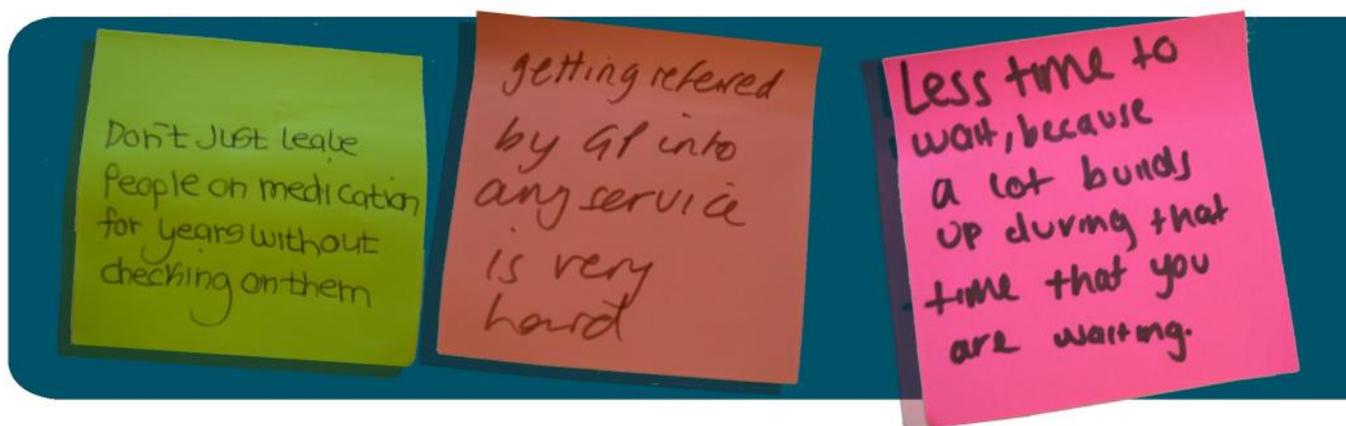
5% of professionals, mainly those from schools, expressed frustration at only certain professionals (eg. Lead professional, GP, school nurse) being able to refer to CAMHS.

*“education unable to refer to CAMHS which I feel is a huge mistake as schools see more of the children than other professionals” (school professional)*

### Referrals to TaMHS

10% of professionals mentioned that the referral process to TaMHS was straightforward and easy, but 7% stated it was a fairly lengthy process. One professional talked about having to complete an 18 page form, and one GP described it as “*too detailed and not practical for GP to use when referring.*”

There seems to be some lack of awareness about TaMHS and the referral process, particularly in South and East Leeds. Three GPs (2 of these from LS10/11 area) mentioned that TaMHS was not available in all schools and clusters. One stated,



*“TaMHS does not exist in South Leeds”.*

Three GPs, all from East Leeds, stated that schools weren't aware of TaMHS in their area:

*“TAMHS seems not to be known about by schools! They request GP referral when I understood that schools can make the referral.” (Professional).*

TaMHS is available in all clusters (although sometimes called something different), and referrals can be made by schools professionals at Guidance and Support Cluster meetings. Therefore, there needs to be more awareness raised about this as young people are needlessly being passed around to different professionals.

### Referrals to Leeds IAPT for young people

Four professionals mentioned a straightforward referral process to Leeds IAPT for young people.

*“This seems to be a very straightforward referral process and it is good that they will then do an assessment over the phone with the young people to check it is the right service for them.” (Professional).*

Two professionals stated that young people had had difficulties getting through on the phone, and how it had put young people off from trying again

### Referrals to The Market Place

13% of professionals said the referral process at the Market Place was easy and

straightforward. However, 5% professionals said that only having one referral day per month was problematic for self-referral by young people particularly if they had mental health problems and are struggling to cope. Missing that referral day may then mean that they had to wait another month.

### Referrals to Therapeutic Social Work Service

*“TSWS referrals are lengthy and involve a long initial wait for myself to gain a meeting, then they may not take on my young person and if they do, there is usually a long wait.” (Professional)*

### Young people's pathways

We found from the consultation workshop that young people's personal journeys through the mental health system were very variable but usually involved multiple different services and several waits between referrals. Some involved a lack of referral as their problems weren't deemed 'serious enough', or inappropriate referrals. Some young people told of their experiences of being discharged because they had not turned up to initial appointments, either because they had not been well enough, or because a letter from CAMHS had not been clear that the young person had to contact CAMHS. 50% of the young people at the workshop had accessed 5 or more services for support with their mental health, and one third of the young people we spoke to had accessed Accident and Emergency at



## What we found: Young people's pathways



least once at some point during their journeys.

One young person's journey (waiting times in green) is shown on page 13. Other maps of journeys can be found in [Appendix 4](#). A map showing the collective journeys of all the workshop participants can be found on page 13.

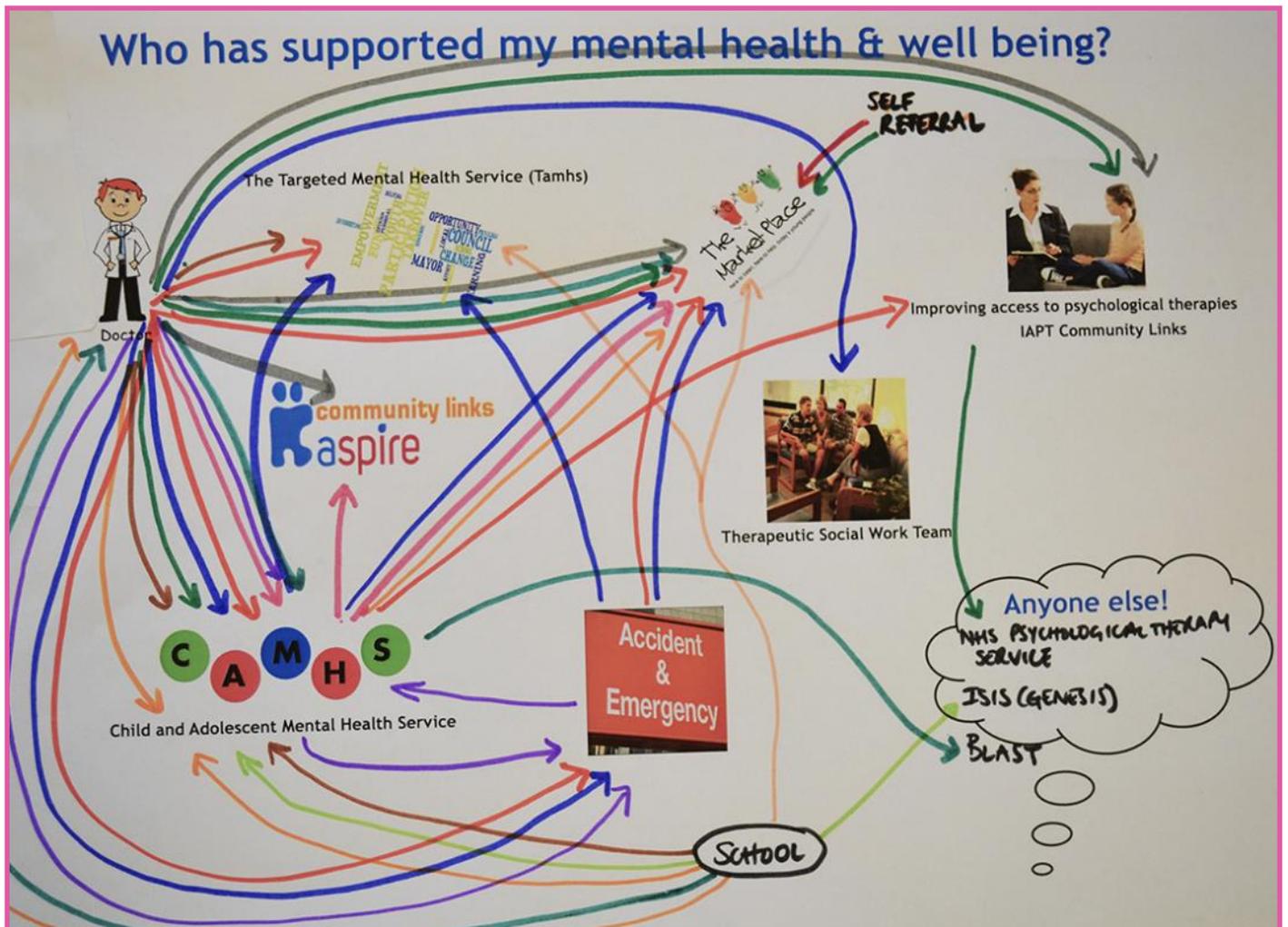
*“Had to go to my GP several times (5-10 times) before they referred me to a service. They did not think my problems were serious enough. I used the Market Place because I was fed up with my GP and waiting for them to help me. It took 1 year after my GP to referred me to get help from CAMHS. I was one year at CAMHS until I got my diagnosis. They referred me to Aspire - this took 6-7 months. I spent 2 years with Aspire and was diagnosed with BPD so had to be discharged. From Aspire I went to IAPT for young people and had 2 sessions with them then the IAPT support worker found out I had [diagnosis] and said she could not help me. I self-referred to Touchstone personalities disorder network and was then referred to psychoanalytic therapy. Had 1 year of this with the therapist. Then had to wait 3 months for CBT.”*

### Are young people getting the right help?

In the survey, we asked respondents if they felt they, their children or the young people they worked with (professionals) were getting the help and support they needed with their mental health. 72% young people and 58% parent/carers said they felt they or their children were getting the support they needed. This is in stark contrast to only 15% of professionals that felt young people were getting the right support and 35% that felt they sometimes got the right support. 50% professionals said they didn't feel that young people were getting the support with their emotional health that they needed.

The likely reason for this is that the parent/carers and young people that completed the survey were those accessing or who had accessed mental health services in the past, and were therefore more likely to have received the support they needed.

Professionals are more likely to give a wider viewpoint as they will have contact with children, young people and their families who get access to services and those who don't.

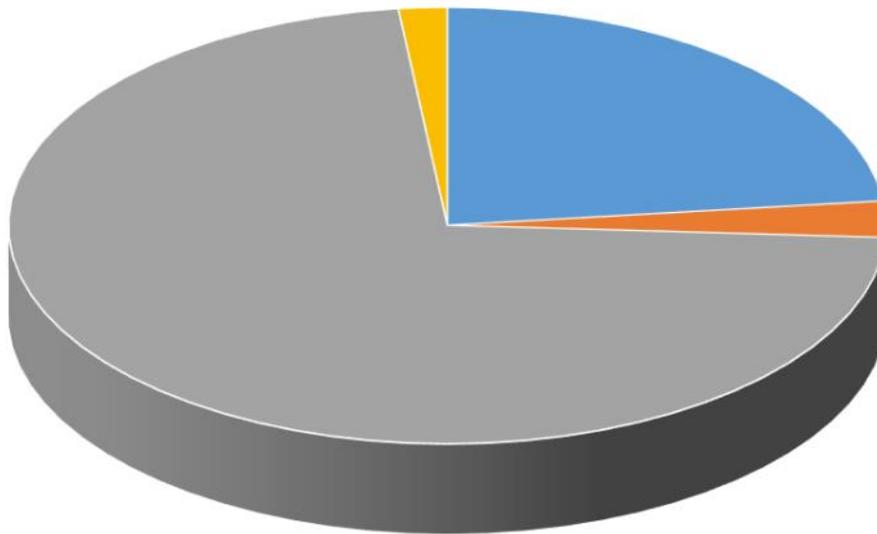


Map showing the different journeys of all the young people attending the consultation workshop. Each young person's journey is in a different colour



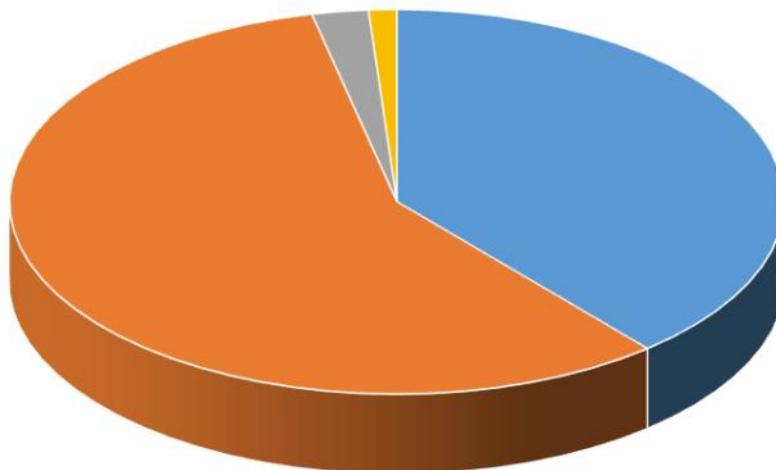
## What we found: Are young people getting the right help?

Young People - Did you feel that you got the right support that you needed?



■ No ■ Not sure ■ Yes ■ Didn't answer question

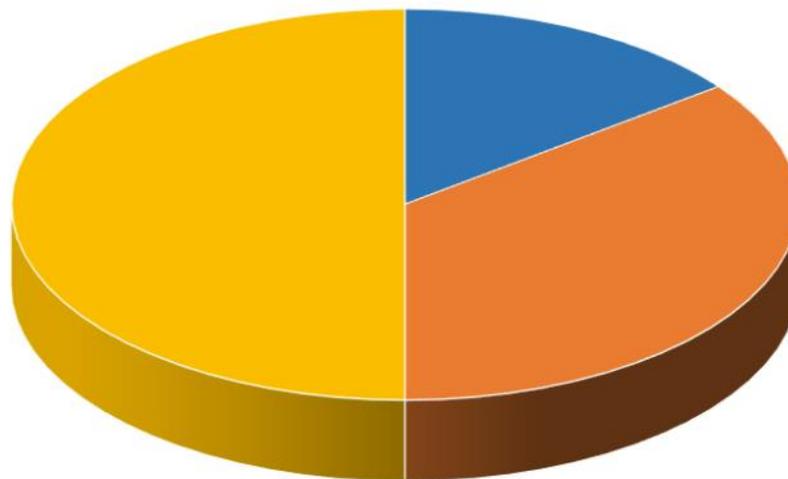
Parents/Carers - Did you feel that your child got the right support?



■ No ■ Yes ■ Not sure ■ Didn't respond



Do you feel that children/young people you work with get the support with their emotional health that they need from services?



■ Yes, mostly

■ Sometimes

■ No, not enough



## What we found: What's working well?

### What's working well?

#### Attitude and support from professionals

34% young people and 44% parent/carers praised the quality of the staff that had supported them. They used words like “understanding”, “kind”, “friendly”, “amazing”, “non-judgemental”, “dedicated”, “listened to me” and that they allowed them to “be themselves”.

*“The Market Place allows you to talk about what you want to talk about” (young person, aged 15, The Market Place)*

Five professionals, also commented on the excellent nature of staff in general in children and young people's mental health services. **Someone to open up to** 7 parents and 11 young people said the best thing about services was the opportunity to open up, and for young people to understand themselves better.

*“It gave me chance to talk about my feelings and know what to do when I'm low” (young person, aged 13, CAMHS)*

#### Getting the right support

18% young people commented on how the services meant they were provided with the help they needed or were referred to the

correct people to help them.

*“It saved my life several times and also has taught me so much about myself and life.” (young person, aged 17, CAMHS)*

#### Group therapy

10% young people commented on the effectiveness of the group sessions because they provided a space to talk to people suffering from similar issues. Six young people particularly commented on a good experience of art and drama sessions.

*“I don't feel such a 'psycho' in a group where other people understand and have the same experience” (young person, aged 15 drama therapy group, CAMHS)*

#### Parental involvement

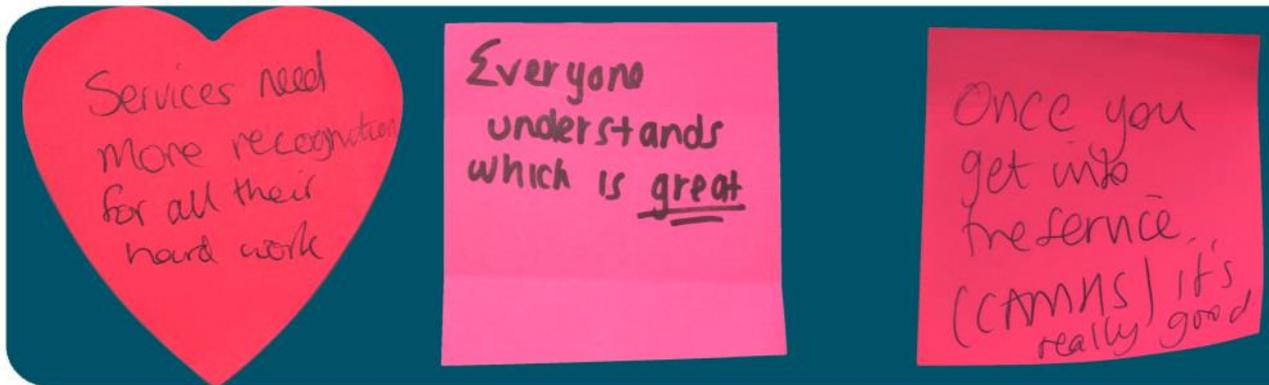
Four parent/carers stated that the opportunity to get involved with helping with their child's mental health was a positive of the service.

*“Family involvement as appropriate. Looking deeper than a quick fix. Quick to establish positive report with child and family”. (parent/carer, CAMHS)*

#### Good joined up working

Six professionals highlighted how working as part of a multi-agency team provided good support to children young people and their families.

*“When professionals work in*



*supportive teams they are able to offer the support needed by children and young people. This enables staff to join in their roles and offer appropriate care, and communicate regularly thus keeping the families feeling safe.” (professional)*

Two parent/carers and one professional commented specifically on good communication between CAMHS and schools/school nurses.

*“communication between the doctor and school is amazing.” (Parent/Carer of CAMHS service user)*

### Flexibility of appointment times

3 young people commented on the flexibility of appointment times (e.g. Market Place flexible with appointment times and CAMHS East allowing appointments at home)

*“The market place were very flexible with times of appointments so it was possible to attend” (young person, aged 19, The Market Place)*

There was specific praise for individual services:

### TaMHS

28% professionals, 8 young people and 2 parent/carers mentioned TaMHS as a service that is working well in Leeds, describing it as an accessible service with quicker referral times than CAMHS, and good quality care. However, there were comments on the variability of the

service across the city. One professional described it as *“a bit of a postcode lottery... depending on the school they attend it can be a bit sporadic.”* Morley Cluster was specifically named by young people and parents as good providers of TaMHS.

*“Provision of TAMHS brings a substantial ray of hope, with good recent evidence base and family orientated” (professional)*

*“Morley cluster gave great support to my daughter. Counsellors are very caring and good listeners” (Parent/Carer)*

### CAMHS

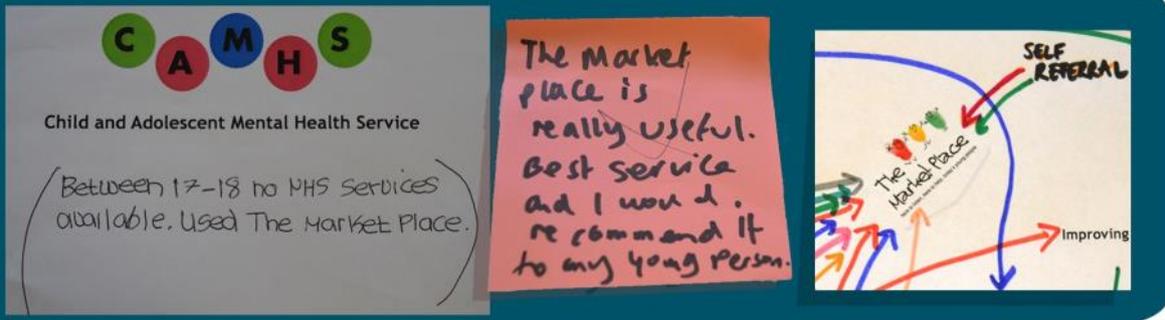
50% young people 53% parent/carers and 17% professionals praised the quality of the CAMHS service and staff. Professionals emphasised that the experience was generally very good for those young people that are able to access it, acknowledging that the *“threshold is very narrow”*. Two professionals also said that CAMHS will see young people urgently in serious cases.

This was echoed by a young person attending the consultation workshop who said she'd only had to wait 10 days to be seen by CAMHS after attending A&E.

*“Once accessing CAMHS/TAMHS the services are extremely beneficial. I hold them in high regard due to the level of specialism and support such practitioners are able to offer to children and young*



## What we found: What's working well?



### *people.” (Professional)*

For two parent/carers and one young person the CAMHS CBT service was the best thing about the services they had experienced and for two other parents and one young person, it was the Outreach Team that was mentioned.

*“My child was given excellent advice and guidance. The Outreach Team in Leeds were amazing and helped my child and the whole family. I just wish they could have worked with us for longer but realise the problem with funding.” (Parent/Carer)*

*“My psychologist was really nice and she let me lead the conversation. The psychiatrist listened to me and valued my opinion when it came to medication.” (young person, aged 16, CAMHS)*

*“All my key workers were fantastic particularly at Little Woodhouse Hall. Incredible people.” (young person)*

### **The Market Place**

Nine professionals, 11 young people, and 2 parent/carers mentioned the Market Place as an example of what is working well in terms of mental health services. Several people mentioned the importance for them of the confidentiality policy and how it helped them open up and be themselves.

*“The Market Place has a very strict confidentiality policy which I felt*

*was massively important to my daughter in terms of giving her a safe space to open up without fear of family/police/social workers/school getting involved. This is the reason we chose TMP over CAMHS.” (Parent/ carer)*

*“They listened to what I had to say and made me feel safe and happy. They gave me great advice and helped point me in the right direction.” (Young Person, aged 19)*

### **Community Links (Leeds IAPT for young people service)**

Three professionals and 1 parent, and 2 young people spoke highly of the IAPT service and in particular the ability of young people to self-refer, and the support provided over the phone during initial engagement.

*“they were brilliant. They knew exactly what was being said to them and understood the problem straight away.” (Parent)*

### **Community Links (Aspire)**

Two young people commented on a positive experience at Aspire.

*“They listened and took on board the severity of the problem and made you feel safe.” (young person, aged 21)*

## What we found: What isn't working well?



### Nothing positive to say

Six parent/carers, 7 professionals and 6 young people stated they couldn't find anything positive to say about their experience of services.

they had to wait over a year to get

### What isn't working well?

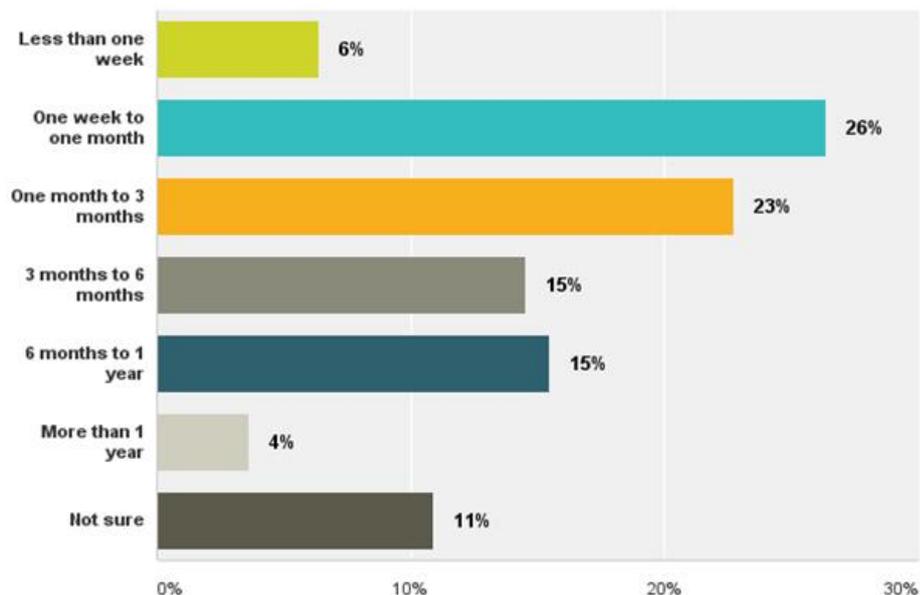
#### Waiting Times

29% professionals, 36% parent/carers and 20% of young people mentioned the length of time they had to wait for help as a negative. Some young people mentioned not only the initial wait but also the wait if they were discharged and then needed to access the service again.

As can be seen from the charts below, only 6% young people and 1% parent/carers said it took less than a week to get help, with the most common answer for young people being 1-3 months (23%) and for parent/carers 3-6 months (23%). 18% of parent/carers and 4% young people said

#### Q6 How long did you have to wait to see a professional to get help?

Answered: 110 Skipped: 3



help for

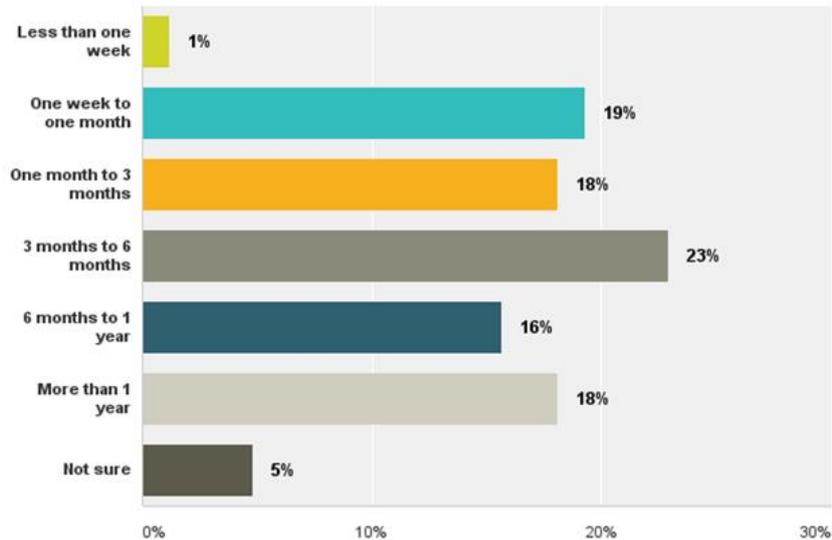
Young people's survey: How long did you have to wait?



## What we found: What isn't working well?

### Q6 How long did they have to wait to see a professional to get help?

Answered: 83 Skipped: 2



Parent/carers' survey: How long did their child have to wait?

themselves or their child.

One parent/carer stated the worst thing was

*“waiting 12 weeks for an appointment when child is at risk of suicide” (parent/carer)*

*“CAMHS waiting list far too long, the service doesn't acknowledge or action the need for an early/urgent appointment when serious concerns are made by the referrer.” (professional)*

With all respondents, the majority of answers related to CAMHS, with waiting lists at The Market Place (6 month waiting list), Leeds IAPT for young people, Educational Psychology and TSWs also mentioned.

One young person said the worst thing for them was the length of their assessment:

*“The assessment took over a month to complete so therapy took longer to start”, (young person, aged 17)*

#### Impact of long waits on parents/carers and families

Several parent/carers gave accounts of the impact of the long waits. They mentioned the lack of support received and the pressures of living with a child with mental health issues, and resulting stresses it places on family relationships and siblings.

*“After an initial flurry of activity which seemed supportive, there was*



*a void. A lack of actual treatment or coping strategies in any form and lack of ongoing support for the family.” (parent/carer)*

### Impact of long waits on young people

Young people were asked in the consultation workshop how it felt whilst they were waiting

for an appointment. 6 young people spoke of feeling scared, anxious or nervous, 6 said it made them feel like they were not ‘good enough’ or ‘ill enough’ to get help and 3 spoke of feeling ‘forgotten’, ‘let down’, like ‘no-one cared’ or that they were ‘never going to get help’.

3 young people said it had made their health worse. 3 young people simply said they would have liked to know what was happening, for example, how long it would be before they would see someone. 2 young people reported suicide attempts whilst they were waiting for a service.

*“Nervous. Like I was forgotten. Anxious. Like I was not important like I was wasting time.” (young person)*

*“No one understood. Anxious, no one helped me. In the mean time I wanted to know how long it would be.” (young*

*person)*

### Not enough support or early intervention available

Three young people and 16% parents/carers felt that they or their child didn’t get enough support, either during individual appointments or over the course of their treatment.

*“Ended my sessions when I was not ready. Still think I needed more help. Still struggle with my confidence and get very tearful” (young person, aged 10, CAMHS)*

12 professionals mentioned that there are not enough early intervention services and 3 professionals mentioned that only short-term interventions are offered.

*“They pretty much need to be actively suicidal before much help is given. I would suggest tackling the issues before they are self-harming would be better.” (Professional)*

20% professionals and 4 parent/carers acknowledged that funding cuts were a major issue impacting on mental health services.

*“As a service we are working with young people that do not leave the house, but due to this they are not accessing any mental health services. For some of these YP the engagement process can be an extremely long one and sometimes services don’t have the resources to be flexible with this eg if they miss a certain number of appointments, that’s it.” (Professional)*



## What we found: What isn't working well?

phoned home when told they specifically said they wouldn't

can't have support without parents - should be optional!

parents not in room in

### Lack of provision for under 13s and 16-18s age group

One parent/carer and one professional mentioned the lack of provision for under 13 year olds and one parent/carer and 4 young people mentioned difficulties with the change to adult services at 18 (transition), and the resulting drop in services. Several young people in the consultation workshop gave accounts of being seen by their GP when they were aged 17 or over, and despite having history of being a CAMHS service user, were not referred to a service but merely prescribed anti-depressants. Two professionals spoke openly about the difficulties they had had in referring this group to CAMHS:

*“Unfortunately I have really struggled to refer children to CAMHS, especially if they are 16-17 year olds. Often the referral gets rejected and I have to call and beg for them to be seen. It's frustrating.” (professional)*

*“We had support until he was 18 but now have no support” (parent/carer)*

*“Between 17-18 no NHS services available. Used The Market Place” (young person)*

### Access to crisis support

7 people (3 young people, one parent and 3 professionals) mentioned the lack of crisis support, and that often the only option is to attend A&E which can be daunting and unsatisfactory for families. One young person

mentioned the worst thing for them was:

*“Not always being able to contact the right people at critical times” (young person, aged 17, CAMHS)*

### Not feeling listened to or understood

12% of young people commented that they didn't feel listened to or understood by the professionals they'd seen, or felt that they were being patronised. Two young people spoke about “insensitive teachers” not understanding their issues at school.

*“The counsellors can be patronising or belittling and they don't always understand having to reveal embarrassing information” (young person, aged 20)*

*“My CAMHS worker never addressed the issues I expressed. She dominated discussions and made me feel like an inconvenience.” (young person, CAMHS)*

Five parents/carers also mentioned themselves or their child not feeling listened to by CAMHS:

*“They didn't listen to her properly when she said she needed to go to hospital. They just ignored it and she ended up trying to commit suicide.” (parent/carer)*

### Obligatory involvement of parents

Seven young people mentioned that they



didn't like their parents being involved in their treatment at CAMHS. Three young people specifically mentioned how professionals had shared information with their parents without their consent.

*"I always have my parents in the meetings, making me feel upset, small and as nobody cares about how I feel." (young person)*

*"They phoned home when they specifically said they would not" (young person)*

### Diagnosis

Four parent/carers and two young people commented about poor experiences of assessment/diagnosis. 3 of the parent/carer comments were related to missed diagnosis of Autistic Spectrum Disorders (ASD), or waiting two years or more to get an ASD diagnosis.

*"Lack of training and understanding. failed to diagnose our son with aspergers had to see a private nhs clinical psychologist who picked up vital points missed by camhs on their own reports." (parent/carer, CAMHS)*

*"They wanted to talk about feelings and history for two whole years! They did NO assessments whatsoever. We had to go back to gp and get an out of area referral via the CCG for a full autism assessment as CAMHS were too blind to see autism symptoms." (parent/carer, CAMHS)*

*"They didn't tell me what was wrong or give me what they said. Didn't keep*



*their promises" (young person, aged 15)*

### Children and young people falling between gaps in services

Four professionals and two young people expressed concerns about some vulnerable groups of children and young people missing out on support, because they did not neatly fit into the criteria for a particular service. Gaps mentioned were for children and young people on child protection plans, and those with behaviour problems, attachment difficulties, or severe anger and anxiety issues.

*"Children who are on child protection plans regularly fall down the gap between CAMHS and therapeutic services (social services)...therapeutics say that they do not have capacity and CAMHS say they must go to therapeutics. These children are so vulnerable and yet they regularly get turned away from services. It is frustrating and I feel that the children are pushed around like 'pawns' in the political game of commissioning!" (Professional)*

*"I feel there is a gap between the services TaMHS offer and meeting the threshold for CAMHS." (Professional)*

*"I was referred back and forth because I didn't fit a clear diagnosis. I was too serious for primary care but not serious enough for secondary care" (young person, aged 23)*



## What we found: What would make services better?

### Lack of consistency

Four young people mentioned high staff turnover and having to see different counsellors, sometimes at different centres as a concern.

*“sometimes care/workers were not consistent with care, this lead to confusion, different workers suggesting contradicting help” (Young person, CAMHS and The Market Place, Aged 21).*

### Location

Three young people commented on the location and having to commute/it being difficult to find (Leeds IAPT for young people and Market Place) Three professionals also stated that the city centre venue of the Market Place was an issue for young people, particularly for those in Outer Leeds, and those that were reluctant to travel.

### Timing of appointments

Three Parent/carers commented on CAMHS not offering appointments outside school hours, and there being no weekend support.

*“we had to take my daughter out of school to go and we had to take time out of work, there was no different options given to us” (Parent/Carer CAMHS)*

### CAMHS Environment

Two young people and one parent/carer commented on the physical environment of CAMHS.

*“Facilities are quite run down and*

*inpatient service is old fashioned and lacks care” (young person, aged 17, CAMHS)*

*“it felt very clinical and formal and scary” (Parent/Carer of CAMHS service user)*

## What would make services better?

### Improved waiting times

25% parent/carers, 25% professionals and 14% young people stated that waiting times needed to be improved.

### Support during the wait

Three young people, one parent and one professional suggested support whilst families are waiting eg. making sure they know what’s happening, self-help options, online information, or support from their GP. One professional suggested:

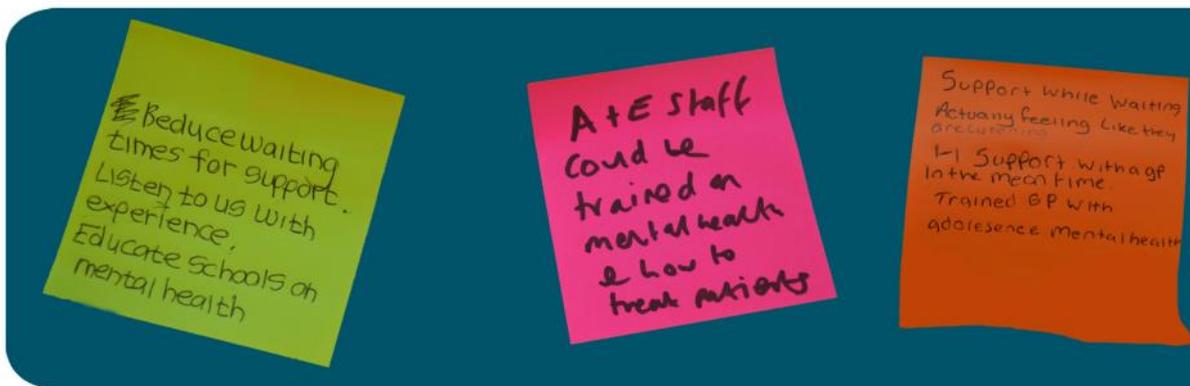
*“At least seeing YP for an initial session first so they feel a sense of relief and then they will be able to access ongoing support in the future.” (Professional)*

*“They could let you know how long it would take.” (young person)*

### More services

41% of professionals, 12% parent/carers and 4 young people said there was a need for more resources to enable increased capacity. Respondents mentioned the need for a wider range of services, access to home

## What we found: What would make services better?



visits for young people who struggle to use public transport (anxiety or phobias), and longer interventions.

*“More services like the Market Place but in several places around the city.” (Professional)*

*“Wider range of therapeutic options - it doesn't suit everyone to be in a group sitting in a circle or see someone in a room one to one for an hour. Would be good to see more opportunities for drama therapy, outdoor options and other creative approaches.” (Professional)*

### More early intervention

Ten professionals, 3 young people and 1 parent said there should be more access to early intervention services such as TaMHS, and a consistent level of service across the city.

*“Pay attention to people who are not as bad as they could get worse” (young person)*

*“I feel that we should be looking at committing and investing long term funding into the work that TaMHS is offering. But also ensure we have enough Funding to continue CAMHS as a higher level so TaMHS can still be a early intervention for support. At present it feel like this is not happening and the level of threshold for TaMHS is getting higher.” (Professional)*

### Easier and more accessible referral system

25% of professionals and 5 parent/carers said things could be improved by having a less complicated referral system. This included suggestions for easier access, a wider range of professionals able to refer, option for self-referral and a single point of access.

*“Single point of access referral which can then send the person in the right direction without having to bounce it back to the GP.” (professional)*

*“The access needs to be simplified and advertised well to ensure that young people can refer themselves.” (professional)*

### More understanding, better listening

14% of young people and 13% parent/carers said that professionals should have more empathy and understanding of an individual's needs.

*“CaHMS... Families often know themselves what the issue is, believe them” (parent/carer)*

### Raise awareness of mental health and services available, particularly in schools

Twelve professionals felt there should be more information about services and self-help options available to young people and better signposting. Seven of these professionals, 3 young people and 1 parent/carer mentioned in particular that there should be raised awareness for both teachers and young people in schools about mental health and services

## What we found: What would make services better?

available, particularly around self-harm. Young people, professionals and parents talked about the stigma of mental health issues and the discrimination they faced.

*“Promote OCD/counselling around schools because there is many stigmas attached to counselling” (young person, aged 14)*

*“I sometimes feel in my own profession there are colleagues who don’t really understand the mental health issues, perhaps free training offered to all professionals within schools.” (Professional)*

Other suggestions made by professionals for schools were:

- A hub of information in high schools about services available and how to access them
- Support groups in school,
- More staff on site in schools to help with emotional health and wellbeing,
- Drop-in counselling services
- A school nurse led drop in.

### More Group Therapy

6% young people said there should be more drama and art groups, with some aimed at younger people. Other young people suggested having more self-help groups and a support group for LGBT young people.

*“Art therapy directed at young people can be daunting when your the only young person there and everyone else is older, it increases your anxiety instead of helping” (young person, 20 CAMHS)*

### More individual support

Three professionals said there should be more access to individual work as group work can be daunting for some young people, although 2 young people said one to one counselling was not helpful, and they preferred groups.

### Better environment

Four young people and 1 parent/carer mentioned that the waiting areas should be made brighter and reception staff should be friendlier to make the services a more welcoming place (mostly CAMHS)

*“Camhs unit at St James is so depressing. It needs to be in a modern building with bright colours. My son used to say the building made him more depressed.” (parent/carer)*

### More flexibility in timings of appointments

Five Parent/carers said appointments should be available during evening and weekends.

*“Giving appointments outside of school hours to help prevent further isolation and stigma” (Parent/Carer).*

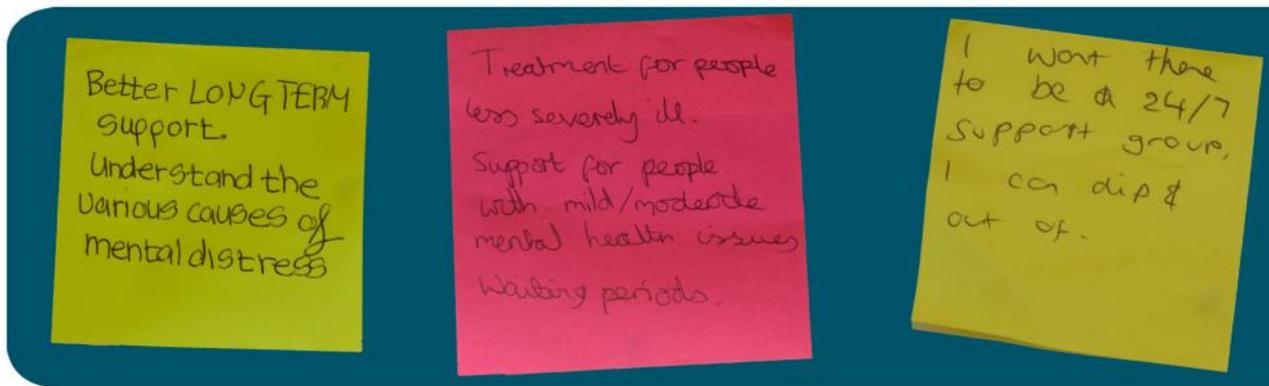
Three young people stated that there should be a choice of longer appointments so they can fully understand what their issues are.

### Better Joined up working

Three parent/carers and 8 professionals mentioned better joint working.

*“Clearer links between TAMHS and CAMHS and other specialist services.” (Professional)*

## What we found: What would make services better?



*“CAMHS speak to parents and school. As some doctors referrals are vague and don't paint the whole picture” (Parent/carer)*

### Choice about involvement of parents and confidentiality

Seven young people said they would like their parents to be involved less or not at all in their treatment, and their rights to confidentiality be respected. They wanted parents only to be involved when necessary.

*“I would like to have more time with just [name of counsellor] so that I can talk about how I actually feel” (young person)*

### More training for professionals

Five professionals and 5 young people mentioned the need for more training for GPs, school nurses and other frontline professionals. Three young people and one professional said there should be more training for A&E staff about mental health.

*“Free CAMHS training was great. As frontline practitioners, we need more ideas and solutions and since this stopped we find it harder to help the children. There needs to be something for the children we are struggling to help but who don't meet the criteria for CAMHS.” (Professional)*

### Support for families and siblings

Three professionals said there should be more support for families of children with mental health issues. Two parent/carers specifically mentioned support for siblings of young people with mental health issues.

### Crisis service for young people

Two young people and one professional talked

about the need for a crisis service for young people. The professional suggested it should be for 16-18 year olds when support from other services is more difficult to obtain.

*“a phone-in service for when you are in desperate need of help” (young person, aged 17),*

### Raised awareness about referral pathways and criteria

Three professionals said that there needed to be clear pathways for how to access services, clear guidance for professionals and that all professionals need to be more aware of them.

*“We need a city-wide flow chart to explain the appropriate referral route for each situation.” (professional)*

### Support for children under 13

Three professionals mentioned the need for more support for younger children:

*“Places like Market Place are invaluable but only deal with children over 13 and I am increasingly aware that there are children with concerning issues much younger than this threshold” (professional)*

### Better location of services

Two parent/carers and 1 young person (from Meanwood, Armley and Morley) said services that were more local to them would be better.

*“Try to locate services in places that are reachable by public transport. Describe the location of services and how to reach them via public transport.” (Young person, aged 20)*



## Our Key Messages

### Listen to young people about what they have to say about services

Two professionals and one young person talked about the importance of listening to young people when working out what changes should happen to services.

*“I think services need to listen to the voice of our young people and support them having a voice.” (professional)*

*“Listen to us with experience” (young person)*

### Other suggestions for improvements

Three professionals suggested online counselling and support, including CBT that other agencies can be trained to use with young people they work with.

One professional mentioned the need for raised awareness about gypsy and traveller young people.

One professional mentioned the need for an advocacy service for under 18s.

*“this is a massive gap in Leeds. The only young people and children who can generally access advocacy at the moment are those who are Looked After or patients in Little Woodhouse Hall.” (professional)*

One professional mentioned the need for a forensic CAMHS service.

*“Forensic CAMHS would be useful, particularly as young people who sexually harm have different needs to those YP who only need to access CAMHS where sometimes it has been difficult to ensure that the YP’s needs were being met alongside balancing the risk that they may present” (Professional)*

## Our key messages

### Access to services

Access to the services, particularly waiting times, was highlighted consistently as a concern. Where a wait is required, information and support (including self-help and peer support options, and online support) for parent/carers as well as children and young people should be available during the wait.

### Make services more young people friendly

There is nothing new about this message. It echoes what young people have said time and time again, as summarised in the National Advisory Council’s report “How Many Times Do We Have to Tell You?”<sup>2</sup> In particular, our findings show that services need to reflect on how they can be more young people friendly in terms of staff attitude and relationships, service environment, flexibility and choice.

Although there were many positive comments from young people about individual professionals, there were still a considerable number that felt misunderstood or not heard,



citing it as a barrier to engaging with services. Good trusting relationships are key to young people opening up and getting better, and without them services are unlikely to be effective. On a wider level, services need to listen to young people's views on an ongoing basis, to help ensure that services develop in a way that meet young people's needs.

Young people and parent/carers favoured attending relaxed non-clinical environments to get their support. There is definitely scope to be more creative about when and where mental health support is located, and this may also address some of the stigma associated with accessing more traditional mental health clinics.

We think services should use guides such as the recently published Right Here "How to... promote youth friendly mental health and wellbeing services"<sup>3</sup> and the Department of Health's "Your Welcome standards"<sup>4</sup>, to ensure that their services are as young people friendly as possible.

### **Simpler and easier referral processes**

Any review should look at making the options and criteria for referrals and pathways clear and transparent, with choices described where available. Widening the range of professionals that can refer and including the option for self-referrals should be considered. This is in line with one of the key recommendations of the Right Here guidelines, which state "Convoluting referral processes and long waiting times are not ideal for anyone, but particularly not for young people whose life circumstances can

change rapidly."<sup>5</sup>

### **More early intervention**

Early help and support was much valued where available. There should be provision for as much early help as possible to ensure children and young people get the help they need before their health gets worse. Schools in particular have a potentially valuable role to play in this, and as such specialist training for school staff and other frontline professionals should be considered.

### **Raised awareness of care and support available**

Challenges were mentioned across the board in understanding the current care and support available. The review should consider options for making this simpler and easier for all young people, parent/carers and professionals. Again, schools potentially have a key role to play in raising awareness about mental health in general to try and reduce stigma, and also about services available to children and young people.

### **More options for young people about involvement of parent/carers**

There should be more flexibility for young people about involvement of their parent/carers by services. For many young people, too much parent/carer involvement was a barrier to being open and honest about their issues. For parent/carers, good involvement was important to them. Families should be and indeed need to



be involved where appropriate, but services should consider where and when this is actually really needed, to enable young people to have time by themselves with professionals. Services should also communicate their confidentiality policies to young people, making particularly clear when information will be shared with parent/carers.

### Next Steps

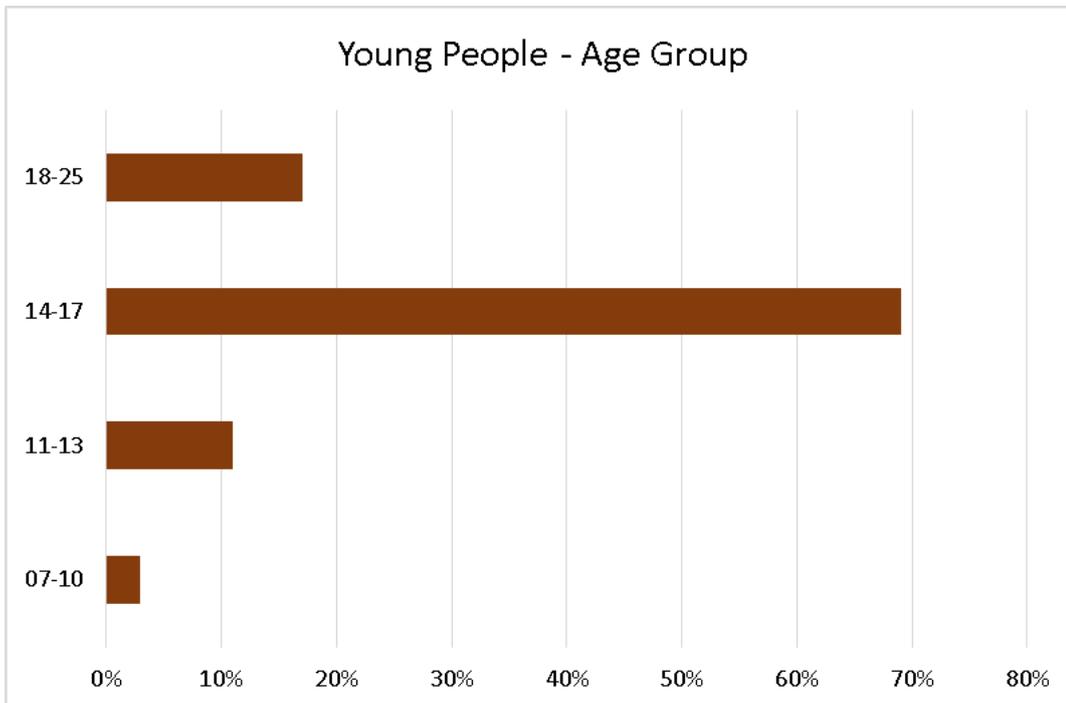
This report will be presented at Leeds Health and Wellbeing and Adult Social Care Scrutiny Board in February 2015. It will also be shared with the CCGs and Leeds City Council to feed into the current review of emotional and mental services for children and young people in Leeds.

### References

- Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave.
- How many times do we have to tell you - A briefing from the National Advisory Council about what young people think about mental health and mental health services*, March 2011, National Advisory Council
- How to...promote youth-friendly mental health and wellbeing services*, January 2015, Mental Health Foundation
- Your Welcome -Quality criteria for young people friendly health services*, May 2011, Department of Health
- p. 12, *How to...promote youth-friendly mental health and wellbeing services*, January 2015, Mental Health Foundation



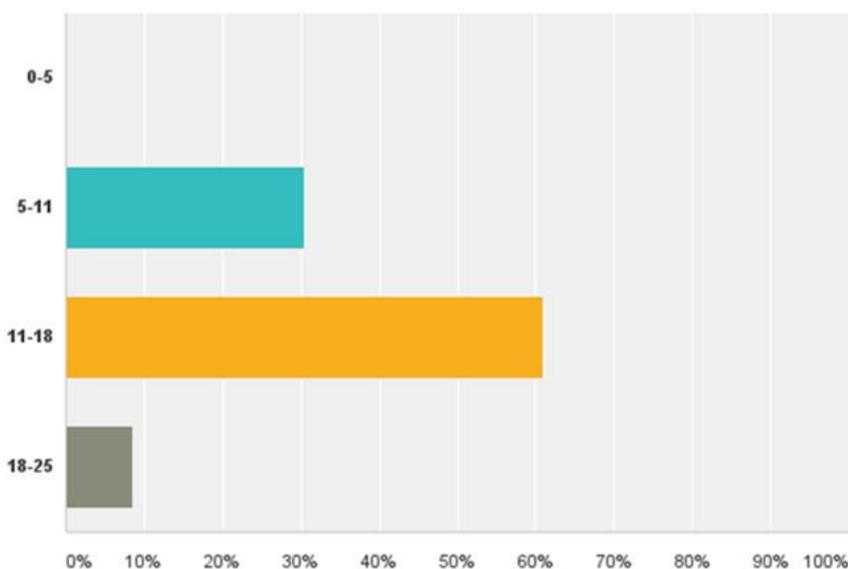
## Appendix 1 - Demographics of survey respondents



Young people survey: age groups of young people completing survey

### Q1 What is the age of your child that has had mental health issues?

Answered: 82 Skipped: 3



Parent/carer survey: age groups of children of respondents

### Acknowledgements

We'd like to thank all the young people, parents, carers and professionals who took the time to complete our survey.

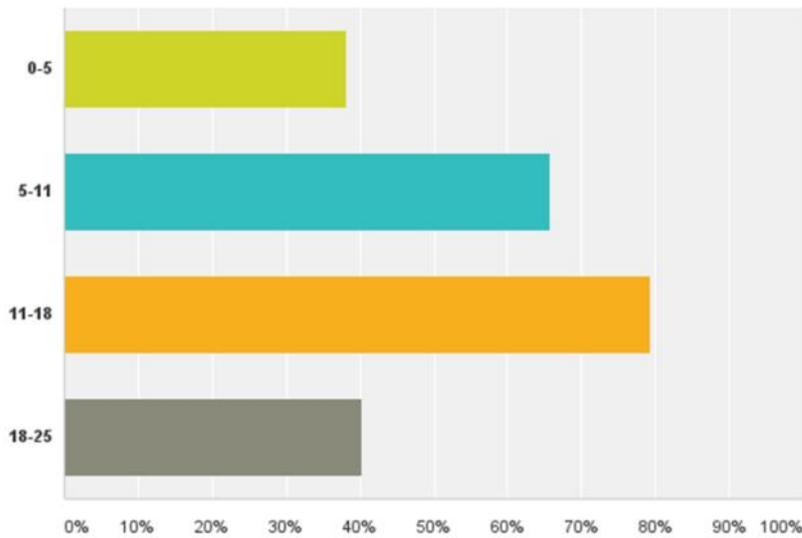
Thanks also go to our volunteers Shabnam Mian, Conor Spencer, Rikki Banks, Daisy Cox, Lydia Woellwarth and Alice Wayman who were a massive help with inputting and analysing the data.

Thank you to the workers at CAMHS, The Beck and The Market Place who helped us by encouraging young people and parents to complete our surveys.



**Q1 What age children/young people do you mainly work with? (tick as many as apply)**

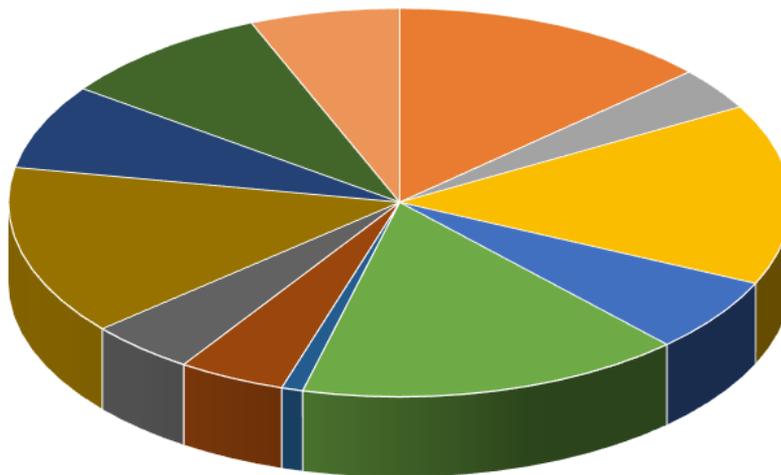
Answered: 102 Skipped: 0



Lastly thank you to Liz, Sanelisiwe, Parveen, Hazel, Ruth and Cllr Coupar who helped to run the consultation workshop.

**Professionals survey: age groups of young people worked with**

Young People - Areas of Leeds

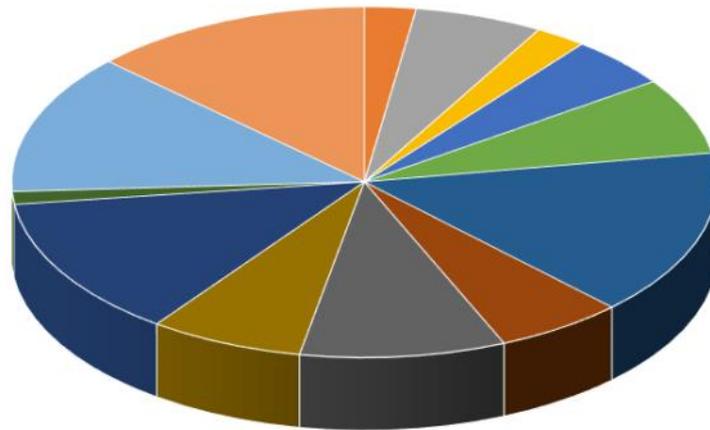


- Area of Leeds    ■ Inner East    ■ Inner North East    ■ Inner North West    ■ Inner South
- Inner West    ■ Not stated    ■ Outer East    ■ Outer North East    ■ Outer North West
- Outer North West    ■ Outer South    ■ Outer South    ■ Outer West

**Where do you live? (young people)**



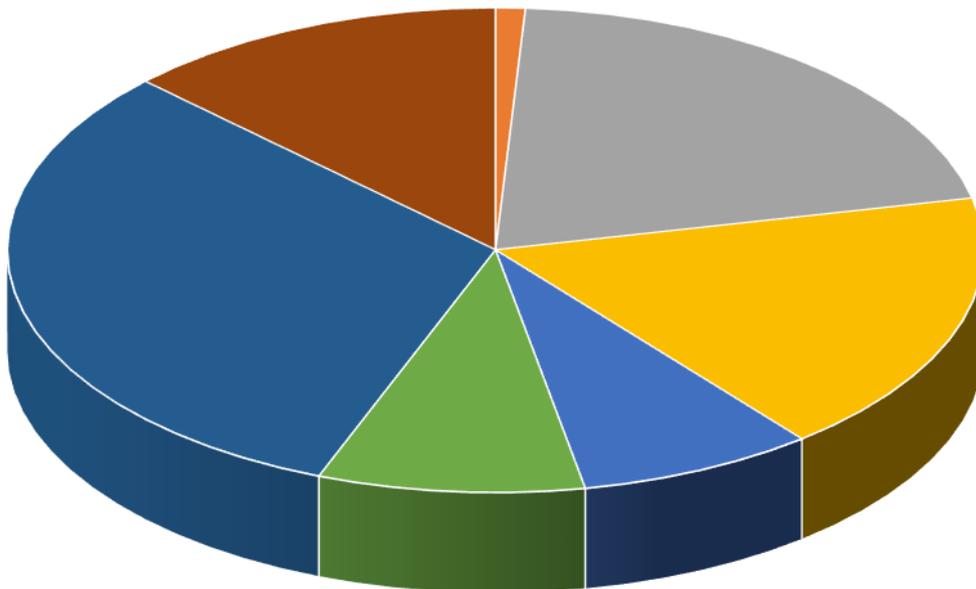
Parents/Carers - Areas of Leeds



- Area of Leeds    ■ Inner East    ■ Inner North East    ■ Inner North West    ■ Inner North West
- Inner South    ■ Inner West    ■ Not stated    ■ Outer East    ■ Outer North East
- Outer North West    ■ Outer North West    ■ Outer South    ■ Outer West

Where do you live? (parents/carers)

Professionals - Areas of Leeds



- Area of Leeds    ■ City centre    ■ Citywide    ■ East    ■ North East    ■ North West    ■ South    ■ West

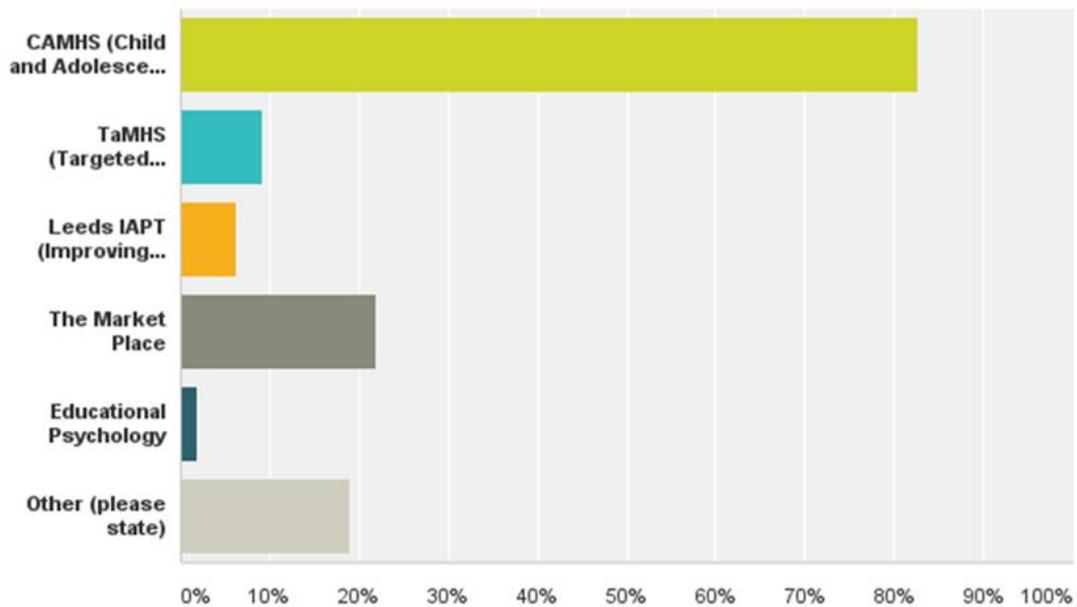
Where do the young people you work with mainly live?



## Appendix 2 - Services accessed/referred to by survey respondents

Q4 If you know the name(s) of the services where you got help, please tick below

Answered: 110 Skipped: 3

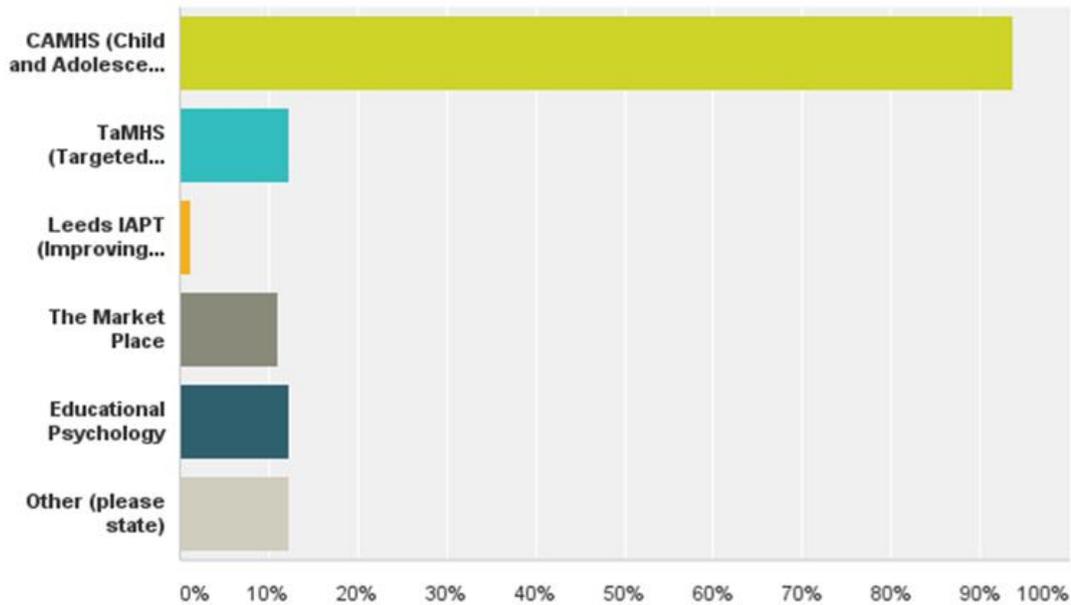


Young people's survey : Services accessed



### Q4 If you know the name(s) of the services where you got help, please tick below

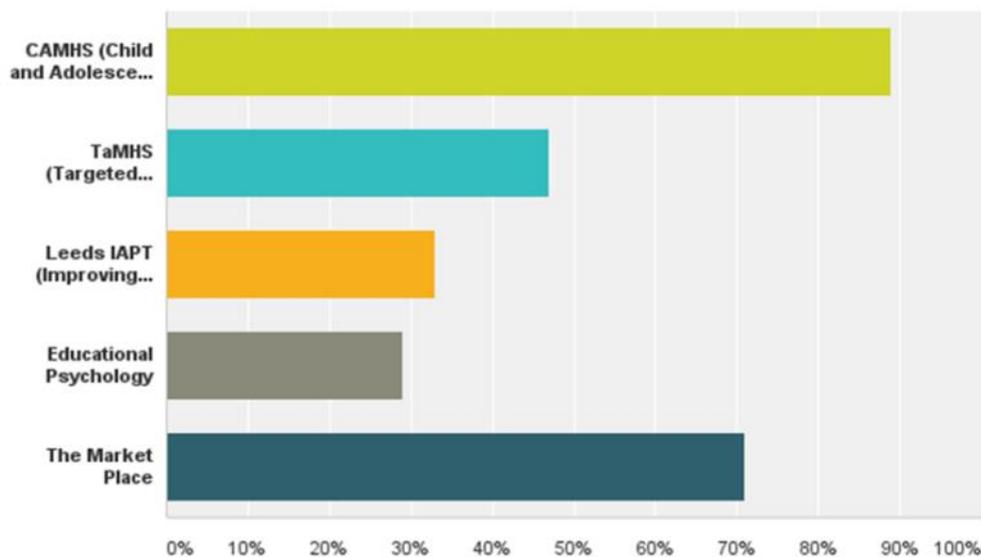
Answered: 81 Skipped: 4



Parent/carers' survey: services accessed

### Q3 When children or young people you work with have had issues with their mental health, have you tried to refer to any of the following services?

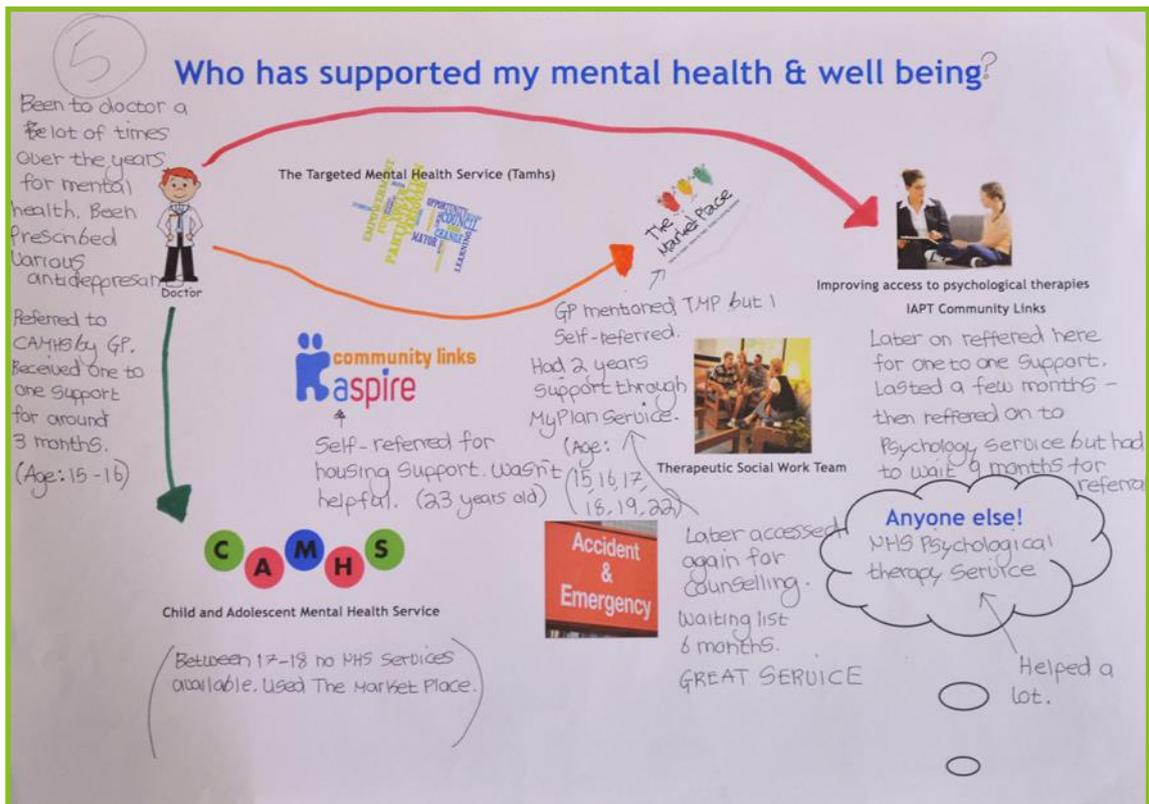
Answered: 100 Skipped: 2



Professionals' survey: services referred to



## Appendix 3 - Examples of individual young people's pathways





## Appendix 4 - Glossary

**Aspire:** Leeds Early Intervention in Psychosis Service provided by Community Links. It provides intensive support for young people aged 14-25 who are experiencing early signs of psychosis. Commissioned by the CCGs.

**ASD:** Autistic Spectrum Disorder is a condition that affects social interaction, communication, interests and behaviour. It includes Asperger syndrome and childhood autism.

**CAMHS:** Child and adolescent mental health services.

**CBT:** Cognitive Behavioural Therapy. A talking therapy that can help people manage their problems by changing the way they think and behave. It is most commonly used to treat anxiety and depression.

**CCG:** Clinical Commissioning Group. There are three CCGs in Leeds (North, South and East and West) who are responsible for commissioning (choosing and buying) a large proportion of our health services in Leeds. They are made up





## Appendix 5 - Responses from Providers

mainly of GPs and other professionals.

**GP:** General Practitioner. A medical doctor who treats and provides preventive care and health education to patients, usually based at a local surgery.

**Leeds IAPT for young people:** Improving Access to Psychological Therapies for young people. Service provided by Community Links for 17-21 year olds with the aim of making talking therapies more widely available to anyone who needs them. Commissioned by Leeds North CCG on behalf of all the CCGs.

**G&S:** Guidance and Support multi professional meetings. These are meetings of professionals who work with children from a number of high schools in a local area where decisions about referral to TaMHS services are made.

**TaMHS:** Targeted Mental Health in Schools Project. Provides early intervention, short term specialist mental health support. It is funded by school clusters and CCGs. TaMHS services may have different names in different clusters, often being called “cluster Emotional Wellbeing and Mental Health support” or some variation.

**The Market Place:** a city centre based third sector organisation commissioned by the CCGs to provide 1:1 support, counselling, open access through a drop-in facility and self-harm support groups.

**TSWT:** Therapeutic Social Work Team. A team of specialist social workers that is funded and delivered by Leeds City Council. It provides therapeutic support to

children and young people who are Looked After.

### Response from Joe Krasinski (TaMHS Project Manager)

*“10% of professionals mentioned that the referral process to TaMHS was straightforward and easy, but 7% stated it was a fairly lengthy process. One professional talked about having to complete an 18 page form, and one GP described it as “too detailed and not practical for GP to use when referring.” (p.10 of this report)*

Each cluster maintains its own referral pathway to their cluster Guidance and Support. The potential 18 page referral form is not a TaMHS referral document but a cluster one. Any development here would need to be taken up by Targeted Services

GPs do not have referral access to cluster Guidance and Support so this will be misinformation on their part.



*“There seems to be some lack of awareness about TaMHS and the referral process, particularly in South and East Leeds. 3 GPs (2 of these from LS10/11 area) mentioned that TaMHS was not available in all schools and clusters. One stated, “TaMHS does not exist in South Leeds”.” (p.10 of this report)*

As above: GPs do not have referral access to cluster Guidance and Support so this will be misinformation on their part.

*“3 GPs, all from East Leeds, stated that schools weren’t aware of TaMHS in their area”*

*“TAMHS seems not to be known about by schools! They request GP referral when I understood that schools can make the referral.”*

*Since TaMHS is available in all clusters (although sometimes called something different), and referrals can be made by schools professionals at Guidance and Support Cluster meetings, there needs to be more awareness raised about this as young people are needlessly being passed around to different professionals.*

In general, as above, we find GPs have somehow created their own ‘facts’ about TaMHS. We have only worked in specific pilot areas with GPs in accessing TaMHS and their local cluster. I am guessing by ‘referral’ they mean a referral to specialist CAMHS as GPs can refer to specialist CAMHS, but for some reason often quote that they can’t and seem to think if TaMHS exists then all mental health referrals should go to TaMHS. This is not the case. I think all the cluster managers would hotly

contest that schools are not aware of their local guidance and support. There are odd schools that choose not to engage, but that is their choice.

We are aware of significant need with GPs of awareness raising on:

- Whether they can refer to specialist CAMHS or not
- What entails a useful referral that is likely to be accepted

As this has not been our area of work we have not addressed this except in pilot areas as previously mentioned. This has helped matters but there is more to do with many GP practices. We now have funds from the CCG to extend the pilot city wide and will be working with all practices to:

- Understand what TaMHS is
- Understand what CAMHS is
- How to make an effective referral

Re: *“One professional described it as “a bit of a postcode lottery... depending on the school they attend it can be a bit sporadic.” (p.17 of this report).* One of the strengths and USP of TaMHS is that it is locally commissioned rather than a centrally commissioned service imposed on clusters. This allows:

- Ownership of the cluster in deciding the right service for them when commissioning.
- Feeling like they control over their funds

