About this report

The following data is included in this report:

- Questionnaire analysis for questionnaires received prior to the 16th of May 2013. A total of 237 questionnaires were received.
- Thematic analysis for ten focus groups; six with service users, three with parents and one with staff.
- Evaluation surveys were received from a total of 46 attendees from the ten focus groups.

Throughout this report, and the supporting documentation, the Agencia team has sought to record and present accurately the nature of the comments made by respondents. We were not, however, in a position to verify or comment on the validity of the views expressed to us. Given the nature and content of the engagement process, and the level of detail emerging from focus groups, every comment cannot be presented in full in this report. Therefore, we have attempted to summarise the main findings from the focus groups with service users, parents and staff.

The appendices include additional primary qualitative data:

- Invitation letter;
- Evaluation survey;
- Responses for the “other” questions in the questionnaire. Of particular importance are the:
  - qualitative responses received from the “do you have anything to add” question in the questionnaire, and
  - qualitative responses obtained from individuals who were unable to participate in the focus groups;
- A document received with proposed considerations for the Single Point of Access and proposed considerations for a referral pathway;
- Staff and school consultation feedback related to CAMHS services.

There are also a number of “good practice” and example documents that accompany this report.

The Agencia team would like to thank all those who responded to, or participated in any way with, the engagement process, for taking the time to share their experiences and views with us. We recognise that many of those involved have been very concerned and emotional about their experiences of CAMHS services, and we have tried to reflect their views as clearly and objectively as possible in this report.
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Foreword

There are approximately 135,000 children and young people aged 19 or under in Hull and East Riding of Yorkshire. From time to time all children and young people will have emotional problems that affect their wellbeing, and for most, these problems are short-lived and easily resolved with the right support from friends, family and others, including health, social care and education professionals.

For a small number of young people the problems are more severe and more specialist mental health assessment, support and sometimes treatment may be required. These problems include depression and anxiety, behaviour disorders, eating disorders, psychosis, and self-harming. Child and Adolescent Mental Health Services (CAMHS) are responsible for working with children, young people and their families or carers when these kinds of problems arise.

Hull and East Riding CAMHS are commissioned from Humber NHS Foundation Trust by the following organisations:

- East Riding of Yorkshire Clinical Commissioning Group (CCG)
- Hull Clinical Commissioning Group (CCG)
- East Riding of Yorkshire Council
- Hull City Council

A review of Child and Adolescent Mental Health Services (CAMHS) in Hull and the East Riding has been prompted by feedback from service users and providers that access and waiting times within the service could be improved. Our shared vision is for young people, parents, carers and professionals to know where to turn to for the right level assessment, intervention and support when they need it.

Between January and May 2013 we actively sought views on plans to enhance local specialist mental health services for children and young people. We gathered feedback through questionnaires and focus groups on the re-design proposals for CAMHS. We targeted individuals that have contact with CAMHS and heard from a wide range of people including children and young people who have accessed the service, their carers/parents and staff working in a range of organisations such as health, schools, social care and the voluntary sector who are involved in supporting young people experiencing mental health issues.

The four commissioning organisations appointed Agencia to assist with the public engagement review, analyse feedback and produce this independent feedback report. Feedback will contribute to our plans to enhance CAMHS so that it becomes
easier to access, swifter to respond and provides care and treatment as close to home as possible.

We were very pleased with the level of response to this public engagement review. Around 300 people participated, and on behalf of the four organisations involved, we would like to thank everyone that took the time to fill in a questionnaire or attend a focus group to provide their views.

Best wishes,

Dr Luigina Palumbo
Clinical Chair
East Riding of Yorkshire Clinical Commissioning Group

Dr Dan Roper
Interim Chair
NHS Hull Clinical Commissioning Group
1. Background to the review

In 2011 the Care Quality Commission (CQC) conducted inspections in both Hull and the East Riding of Yorkshire; there were concerns about the CAMHS service and waiting times. The CQC were also critical of the inpatient provision provided by the inpatient unit known as Westend, which is provided by the Humber NHS Foundation Trust. Additionally, this service is not compliant with the minimum standards for inpatient CAMHS provision, as defined by the Yorkshire and Humber Specialist Commissioning specification.

It is believed that there is a lack of high quality data related to CAMHS activities, outcomes and waiting times. In order to rectify this and to provide high quality data for the future, this public engagement plan was identified. Its purpose was to ensure:

“... that service users, parents/carers, commissioners and provider organisations are able to monitor quality, accessibility and outcomes effectively.”

The public engagement document states that, for the reasons highlighted above, leaving the service unchanged is not an option. There were two main activities:

1. A questionnaire, targeted at anyone who has knowledge of CAMHS and their associated activities;
2. A series of ten focus groups with service users, parents and staff. The questions asked within the focus groups were based on the “Tell Us What You Think” document.

Agencia were tasked with providing support for the focus group organisation, as well as analysing the data received from the questionnaires, and recording the data from the focus groups. This document provides the background to the review, the methodology undertaken, and the results from the engagement activities.

1.1 The purpose of the public engagement

The intention of the engagement was to seek feedback on four proposed changes to the CAMHS services, discussed below. The public engagement document specifically states that:

“We want to put children and young people with mental health problems, and their parents and carers at the centre of their care, in the spirit of ‘No decision about me, without me.’”

There are six key visions proposed within the public engagement document, for the CAMHS service for which the public engagement aims to contribute toward:

1. Visible
2. Quick response
3. Access
4. Service quality
5. Service user centred
6. Improved outcomes

The plans for CAMHS are to “commission an enhanced community CAMHS”, with the service designed to:

- Provide a timely, responsive, high quality service to children and young people who present with a range of mental health issues.
- Reduce the need for admissions to inpatient care.
- Increase the opportunity for early discharge from inpatient care.
- Reduce disruption in children and young people’s lives.
- Provide evening and weekend support to children, young people and parents/carers.
- Work in young people’s own environment e.g. home or school, where appropriate.
- Support families and provide a family-focused service.

The above will be achieved by developing a single point of access which will accept all referrals about emotional and mental health and wellbeing. The single point of access will assess all referrals from parents, young people, and health, education and social care professionals to determine the most appropriate response and pathway to meet the needs outlined in the referral.

Where ongoing involvement with CAMHS is the most appropriate pathway, a care co-ordinator will be allocated to guide the child or young person through their subsequent assessment and agreed treatment/intervention. Where appropriate, further assessment, support and treatment will be provided in or near the child or young person’s home or school, and evening and weekend support may be offered.

It is proposed to enhance the current targeted and specialist community service, which will provide care as close to home as possible and offer routine evening and weekend service, intensive home treatment and crisis response.

It is also proposed to cease to commission the children’s and adolescent inpatient provision at Westend. If inpatient assessment and/or treatment is required, the local service will know how to access this through the Yorkshire and Humber Specialist Commissioning Team.

Further information can be found on the CAMHS website: www.eastridingofyorkshire.nhs.uk/camhs
2. Summary of Key Findings

Single Point of Access:

- Respondents believed that a Single Point of Access could work as long as the services were readily and rapidly available. There was also a belief that the service should be adequately resourced and should cover the Hull and East Riding area.

- Respondents who had experienced, or had knowledge of, a Single Point of Access believed that it had been wrought with negative issues in services where it had previously been implemented.

- It was reported that for a Single Point of Access to operate effectively, the staff would have to be appropriately trained, skilled and knowledgeable.

Availability of the service:

- One of the most valuable aspects desired by both parents and service users was the ability for CAMHS to assess and treat the service user quickly. It was notable that this was not considered to be the case at present, with both service users and parents highlighting instances of significant waiting times for CAMHS.

- The majority of respondents to the questionnaire thought that the service remaining closed on Sundays and Bank Holidays was acceptable. However, approximately a quarter did not believe this to be an acceptable situation.

- Respondents believed that there should be some level of service available 24/7 for emergency care.

- The largest number of respondents believed that non-urgent assessment and non-urgent treatment should be conducted during weekdays through normal working hours, in conjunction with extended hours into the evening and during the day on Saturday.

- There was a notable difference in responses, showing that different respondents wanted different times for both non-urgent assessment and treatment, as well as different times for access to the Single Point of Access.

- The availability of services outside of working hours would be beneficial for those service users who have to attend school, college, or work during the hours of 9:00am to 5:00pm on weekdays.
Waiting times:

- Both service users and parents believed that service users should be seen as soon as possible with regard to both assessment and treatment. In several instances, there was a belief that waiting times should be dependent on the severity of the issue.

- Service users believed that waiting 2 to 3 weeks for assessment was acceptable. This was a view shared by parents, with 2 weeks being the most prominent response from parent focus groups.

- Both a 1 month and 1 week waiting time were the most frequently discussed times by service users.

Locations:

- When asked where the most appropriate location for targeted or specialist CAMHS services for non-urgent treatment, the location which received the most votes was the CAMHS unit/clinic (27%, n=111), followed by the GP practice or local health centre (20%, n=84). The values are shown as a percentage of the total number of responses received for the question, 374.

- For the same question as above, school (12%, n=52) and home (16%, n=67) were the least popular locations for non-urgent treatment.

- Both service users and parents believed that it should be possible for a level of flexibility to be built into the service. This would allow service users to be seen when and where they choose by CAMHS staff.

- There were a number of service users who believed that they would benefit from non-standard locations. Locations discussed included at restaurants or coffee shops, going for a walk, or a drive.

Flexibility:

- A number of responses obtained throughout the focus groups demonstrated a demand for flexibility in terms of assessment, treatment, location, and gender of CAMHS staff. All of this was deemed to be determined by the needs and preferences of the service users.

- In several instances, a flexible and individualised approach was discussed as beneficial in terms of the location for assessment and treatment, as well as the time.
Staff:

- There were a notable number of service users who would prefer to choose the gender of their CAMHS worker. In particular, young female service users would prefer to be able to choose a female member of CAMHS staff. Male service users had less of a preference for choosing the gender of the CAMHS staff member who would provide their service.

- A number of parents also believed that having the ability to choose the gender of the CAMHS staff would be beneficial for their child.

- Young people believed that CAMHS staff should be good communicators who are there to talk and respond to the service users, not just listen. It was reported that good CAMHS staff should be trustworthy, honest, punctual, empathic and flexible.

- The most frequently preferred traits which service users looked for in CAMHS staff were strong communication abilities. The staff member must have the ability to talk and listen to the young person, as well as being able to empathise. In one instance, a service user discussed how they would find it beneficial to have peer support e.g. a staff member who had been through what they were currently going through, to be able to fully empathise.

- Parents had similar views to the service users. They believed CAMHS staff should have strong values and beliefs, knowledge and skills, be good listeners, patient and flexible.

- Parents were of the view that generally there were large skills gaps among CAMHS staff.

Continuous improvement – service user feedback:

- Service users were mostly positive about the services they had received from CAMHS.

- One particular suggestion for improving the way in which service users provide feedback was having a “Fun Function”, which involved a fun activity for the young people. At some point through the day the service users proposed that there could be an evaluation session, or focus group, for them to provide feedback.

- Service users would also like focus groups, bi-yearly questionnaires or one-to-one interviews.

- In terms of this review, several service users in several focus groups highlighted an interest in how their feedback will inform CAMHS. One user said “I want to know CAMHS have listened to us”.
• Similar to young people, parents believed that they would benefit from a Parents’ Forum or similar regular focus group sessions. At the point of the focus groups, most had not previously had the opportunity to provide feedback. They were very keen to do so, and expressed a desire to meet with CAMHS staff and decision makers.

• Parents believed that frequent questionnaires, or to be involved in a continuous feedback loop with CAMHS staff would be beneficial.

**Westend inpatient provision:**

• Some respondents considered the services provided by Westend to be invaluable to young people who had utilised the services.

• Parents in one focus group rated services provided out of Westend extremely highly. They believed that an increase in the number of beds or replication of the Westend model elsewhere in Hull and the East Riding would be beneficial.

• Some parents reported that the loss of Westend would be a real loss for young people and reported that they would oppose the closure.
3. Our approach to the review

3.1 Agencia’s role in the review

NHS East Riding of Yorkshire CCG, NHS Hull CCG, East Riding of Yorkshire Council and Hull City Council recognise the significance of the proposed changes to the CAMHS services and have therefore contracted Agencia Consulting Ltd as an independent organisation to support and report on the engagement for them. Agencia has considerable experience of ensuring that people affected by change and their families are properly engaged in consultation. All responses to the engagement have been directed to Agencia.

Agencia’s role in the review involved three main phases:

- Phase 1: Planning, preparation and research
- Phase 2: Event preparation and delivery
- Phase 3: Engagement analysis

Phase 1 involved the planning and organisation of focus groups. Venues and facilitators were organised by members of the client team.

Phase 2 began once venues and dates had been agreed. Agencia’s role was to ensure that necessary equipment and refreshments were sourced for each focus group. Following this, Agencia introduced and delivered an introduction to the focus group, which was then facilitated by the specially chosen facilitators.

Phase 3 commenced when all the data had been received. There were three areas through which data was being received: focus groups; focus group evaluation surveys and via the public engagement questionnaires. The questionnaires were received throughout each phase and the data was input in parallel. The deadline for the public to return questionnaires was the 15th of March, 2013.

The aim of this chapter is to highlight the methodology behind activities throughout phases 2 and 3. The data collection and analysis methodology behind the focus group and evaluation survey will be discussed first, followed by a discussion of how the public engagement questionnaire was analysed.

3.2 Focus group data collection methodology

Focus group data was recorded by the Agencia staff member with the responsibility for the focus group. Each focus group included the list of questions included on the “Tell Us What You Think” document, and allowed the note-taker the opportunity to listen to each discussion and include any themes and quotes where necessary. Facilitators were nominated by the client prior to each focus group, thus allowing Agencia staff to take a purely note-taking role.
Subsequent analysis aimed to identify emerging themes from the data. Themes can be defined as common responses which answered the question, and a theme may constitute one response from one individual, or could include the overarching response from the entire group. Due to the focus group nature of the data it is more difficult to assign codes to individuals. Any responses which answer the question from one particular focus group will be assigned a frequency of 1. This value of 1 does not correspond to the number of participants who discussed the theme. The value of 1 corresponds to one instance of the theme, and could have been discussed by one, two, or all of the participants.

3.3 Evaluation survey design and analysis methodology

The evaluation survey was completed by each focus group participant, following each focus group session. Five questions were asked in total.

1. How useful did you find the focus group?
2. How enjoyable did you find the focus group?
3. Are you a child/young person, parent/carer, member of CAMHS staff etc?
4. How did you find out about the focus group sessions?
5. What is the first part of your postcode?

Questions 1 and 2 included a Likert Scale, which asked participants to rate their focus group experience on a scale of 1 to 5, where 1 is “not at all”, and 5 is “very much so”. This is an ordinal scale, and the numbers therefore arbitrary. A rating of 4 does not denote that an individual enjoyed the focus group “twice as much” as an individual who rated 2. Due to this ordinal classification, the only values which can be calculated statistically are the mode (most frequently chosen value) and median (the value which separates the top and bottom half of the values).

Questions 3 and 4 included an option for participants to choose nominal responses. Participants were asked to declare their status (e.g. service user, parent, CAMHS worker) or where they heard about the focus group (e.g. Facebook, word-of-mouth, carer). Due to the nominal nature the only analysis which could be undertaken was to calculate a frequency or mode value.

Question 5 was added to bring consistency between the questionnaire and focus group.

3.4 Questionnaire analysis methodology

The questionnaires were not developed by Agencia. Their structure and questions were pre-agreed prior to the commencement of this project. The questionnaires were originally available for public engagement from the 7th of December 2012 until the 15th of March 2013. In an attempt to increase the representativeness of young people within the data, the questionnaire was released for a second time, with a deadline of 13th May 2013. Questionnaires were received electronically or in paper format. Data was inputted directly from the questionnaires on to an Excel
Spreadsheet, the data subsequently imported into SPSS for statistical analysis and the file saved in the .sav format.

3.5 Ethical considerations

Participants were invited through the Participation Teams as organised by the client, and provided with a “plain language” invitation document through which the terms of the focus group were described to them. The plain language invitation can be found in Appendix A.

On the day of each focus group, participants were assured of the confidentiality of their responses. Participants were informed that what they said would not be attributed to them; they would not be named in any of the reports either internally or publicly. To this end, it was hoped that participants would feel that they could be honest and open about their perceptions and opinions.
4. Findings: Focus groups

There were two data collection aspects for the focus groups. Initially, the findings from the discussions held during the focus group are discussed. The data is reported separately for the service users, parents and staff. The evaluation survey results are reported as per the whole set of ten focus groups, not by service user, parent and staff grouping.

The focus groups were attended by three different groups of individuals:

- six focus groups were with service users;
- three were held with parents, and
- one with staff.

Geographically, there were six focus groups held in Hull, and four focus groups held in the East Riding of Yorkshire. The dates, participant number, and nature of participants for these focus groups are shown in Table 1 and Table 2 respectively.

<table>
<thead>
<tr>
<th>Focus group</th>
<th>Date</th>
<th>Number of participants</th>
<th>Nature of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westend</td>
<td>6\textsuperscript{th} March 2013</td>
<td>4</td>
<td>Service users</td>
</tr>
<tr>
<td>Warren</td>
<td>8\textsuperscript{th} March 2013</td>
<td>12</td>
<td>Service users</td>
</tr>
<tr>
<td>Kenworthy House</td>
<td>13\textsuperscript{th} March 2013</td>
<td>5</td>
<td>Parents</td>
</tr>
<tr>
<td>Kids</td>
<td>14\textsuperscript{th} March 2013</td>
<td>4</td>
<td>Parents</td>
</tr>
<tr>
<td>Rapp</td>
<td>15\textsuperscript{th} March 2013</td>
<td>7</td>
<td>Service users</td>
</tr>
<tr>
<td>Kenworthy House</td>
<td>19\textsuperscript{th} March 2013</td>
<td>1</td>
<td>Staff</td>
</tr>
</tbody>
</table>

The focus group held with staff was attended by a single participant. The results for this focus group are shown slightly differently to the manner in which feedback was received, as the focus group script was not strictly followed.
Table 2: Focus groups held in East Riding of Yorkshire

<table>
<thead>
<tr>
<th>Focus group</th>
<th>Date</th>
<th>Number of participants</th>
<th>Nature of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anlaby Children’s Centre</td>
<td>27th February 2013</td>
<td>5</td>
<td>Service users</td>
</tr>
<tr>
<td>Anlaby Children’s Centre</td>
<td>6th March 2013</td>
<td>5</td>
<td>Service users</td>
</tr>
<tr>
<td>Anlaby Children’s Centre</td>
<td>14th March 2013</td>
<td>4</td>
<td>Service users</td>
</tr>
<tr>
<td>Parents/Carers – County Hall</td>
<td>15th March 2013</td>
<td>6</td>
<td>Parents</td>
</tr>
</tbody>
</table>

The total number (n) of participants across the ten focus groups was 53.

4.1 Focus Groups Results: Children and Young People who have used CAMHS

A total of six focus groups were conducted with service users. These focus groups were attended by 37 service users.

How?

1. What is most important to you about CAMHS? What do you value most?

- Importance of being seen quickly (3)
- CAMHS worker comes to see them when needed (2)
- Confidentiality (2)
- Having someone to listen to me (2)
- Getting the right support and follow-up treatment (1)
- Communication and information; being regularly updated (1)
- Continuity is highly valued; prefer seeing same staff member each time (1)
- Trust in staff member (1)
- Having face to face contact (1)
- Staff having time for them (1)
- Friendly staff (1)
- Informal, not clinical, “spoke on our level, “not condescending toward us” (1)
- Westend; change of scenery, have people around who can give advice (1)
- Information – where to go if condition worsens (1)
2. Would your answer be different for urgent or emergency care from routine or everyday care?

- No (4)
- Yes (2)
- Would stay with same CAMHS staff member regardless (1)
- If emergency, would call Childline (1)
- If emergency, would want to talk to someone straight away (1)
- If emergency, need more intense support (1)

3. How can we involve you in on-going service monitoring and planning?

- Focus group (like this one) (2)
- “Fun Function” – activity day with evaluation workshop (1)
- Online forums (1)
- Panels and youth councils (1)
- Interviews (1)

Presently:

- No opportunity for feedback (2)
- Morning meetings with service users at Westend (1)

There was a notable theme through several of the focus groups that the service users would like to see the results and feedback from this review. In one focus group, participants said that they would like someone to come back to talk to them again, to give them an update on how their results have helped, and an update on CAMHS services.

Overall, there was a notable theme that service users would like to be involved in monitoring and planning.

Where?

4. Where would you prefer to be seen by CAMHS workers?

- Children’s Centre (5)
- Home – safe, no interruptions (4)
- School (1)
- Confession booth arrangement – assures anonymity/no face-to-face (1)
- Restaurants (e.g. McDonald’s, “Chippy”, coffee shop) (1)
- Other – in taxi (1)
- Somewhere easily accessible (1)
- Going for a walk (1)
- Going for a drive (1)
- No preference (1)
General feedback:

- CAMHS staff should be flexible with where they can visit you (1)

Service users were adamant that they should not be seen at the following locations:

- Not at school (4)
- Not at Doctor’s surgery (3)
- Not at a mental health clinic (1)
- “Not somewhere dingy” (1)
- Don’t like going places you don’t know (1)

Service users and parents were agreed that school was not a suitable location to be seen by CAMHS workers.

5. Would your answer be different for urgent or emergency care from routine or everyday care?

- No (2)
- Yes (2)

If an emergency, a number of participants believed that staff should come to their own homes. As noted in the responses for the previous question, home was considered a safe location for service users.

Another user who believed that the answer was not different from the previous question believed that if it was an emergency, or important for them to see someone, they would go anywhere for help.

Who?

6. What makes a good CAMHS worker?

- Good communicator – talk AND listen, not just listen (4)
- Empathy – not just say “it’s alright”, perhaps been through the same (3)
- Flexible (2)
- Patient (2)
- Being there for us (2)
- Sense of humour (1)
- Someone who doesn’t bring up bad events from the service user’s past (1)
- Friendly (1)
- Someone who doesn’t mock, or joke at the service user’s expense (1)
- Talks to service user as a person, not like a child (1)
- Good “all-rounder” (1)
- Someone who is not critical of them (1)
• Honest (1)
• Punctuality (1)
• Trustworthy

General feedback related to staff or how the service users believe the sessions should be:

• Consistency in CAMHS staff e.g. see same CAMHS worker each week (1)
• Want to do activity other than just sitting and talking face to face (1)
• Role playing – brings in different scenarios (1)
• Make us feel important, empower us (1)
• Don’t always write, it shows that the staff member isn’t listening (1)
• Allow sufficient time between sessions, for thinking (1)

7. Would your answer be different for urgent or emergency care from routine or everyday care?
• No (4)

8. Do you want to be able to choose the gender of your CAMHS worker?
• Yes (5)
• No preference – just important to see someone (5)

In one focus group, the participants discussed that they currently do not have a choice in the gender of their CAMHS worker. However, they did discuss how if they had requested to see a female/male worker, this request was honoured.

A common theme between focus groups was that young female service users would prefer to see a female CAMHS worker. This was in comparison to an individual young male service user preferring to see a male CAMHS worker. Other male service users were observed to not have a preference for the gender of their CAMHS staff.

9. As time goes on, we need to keep checking that the service is doing what it needs to, and we also need to think about changes that might need to be made. How would you (children and young people) like to be involved in that?
• “Fun Function” – giving feedback during fun activity (2)
• Questionnaires – 2/3 times per annum, or evaluation surveys (2)
• Unsure about social media (1)
• One on one sessions/interviews rather than focus groups (1)
• Bring up issues as and when required (1)
• Keep in touch through letters and calls (1)
• Checking quality of life and impact that the service is having (1)
• Focus groups (1)
• Talk to CAMHS senior management/decision makers/"Bigwigs" (1)
10. Additional comments received:

- Direct dial/text to CAMHS worker, rather than through switchboard (1)

In one focus group, service users said that they did not wish to be publicly identifiable as having an interest or an association with Mental Health Services.

The participants of several focus groups expressed an interest in finding out what changes will be made to CAMHS / have been made to CAMHS as a result of this review and public engagement.

Several participants in one focus group discussed that they would like to talk with the “Bigwigs”. This was assumed to mean the senior management of CAMHS. This may be related to the comment about find out “that CAMHS have listened to us”.

When?

11. How long do you think you should wait for:

Assessment:

- As soon as possible (5)
- Within 2 to 3 weeks (3)
- If serious, should move to nearer the top of the list (2)
- Within 1 week (2)
- Within 1 month (1)

The concept of flexibility regarding assessment time was discussed in several focus groups. Service users believed that the initial assessment should occur fairly rapidly, but there should be flexibility if the children / young person is thought to be in a critical or emergency condition.

Care/support/treatment:

- Within 1 month (2)
- Within 1 week (2)
- Depends on urgency or severity (1)
- Within 2 to 3 weeks (1)
- As soon as possible (1)

Similarly to the waiting time for the initial assessment, one service user noted that the time waiting for treatment should be dependent on the urgency of the situation.

There were opposing views received in one focus group. Two service users discussed that having to wait a substantial time between sessions with a CAMHS worker was not beneficial for themselves. They believed that this would mean that
they “bottled up” their issues for long periods of time. Conversely, one individual believed that “as long as you know you have an appointment at some point” the wait was not an issue.

12. What times of day would be best for you for assessment or care? During the day, or after school/ college/ work?

- Assessment – after school (3)
- During school (2)
- Should be a range of options to suit service users (flexible, individualised) (2)
- Care – during weekdays (1)

13. Would you prefer to be seen at the weekend or on weekdays?

- Weekdays – people do things at weekends (4)
- Weekdays – after school (3)
- Weekends – school activities during week (3)
- Weekends and evenings – due to work commitments (1)
- No preference (1)

4.1.1 Observations and summary

Service users were mostly positive about the services they had received from CAMHS. Service users valued, and thought highly of CAMHS staff. Staff were thought to be good communicators, friendly, helpful and on their level, with service users believing that “having someone there” was a huge positive. Additionally, they valued having the same member of staff for initial and subsequent assessment and treatment.

It was noted that service users shared mixed opinions about the waiting times for CAMHS services. Several believed that waiting times were adequate, while others complained that the wait was often too lengthy.

4.2 Focus Group Results: parents / carers of children and young people who have used CAMHS

A total of three focus groups had been conducted with parents of service users. These focus groups were attended by 15 parents.

How?

1. What is most important to you about CAMHS? What do you value most?

- Westend is highly valued (2)
- Services close to home (2)
- Support is highly valued; CAMHS support parents and wider family too (1)
- Staff “expert eye” and staff action and intervention (1)
- Staff coming to their home (1)
- Early intervention (1)

One focus group with parents discussed how highly they regarded the services at Westend. They reported that they wouldn’t know what to do if Westend closed and made it clear that they would oppose its closure.

Two focus groups were critical of the services presently received from CAMHS. The following themes arose:

- Accessing services quickly is an issue (1)
- Getting through to professionals is poor (1)
- CAMHS needs to be more like the Psychosis Service for Young People in Hull and East Riding (PSYPHER) (1)
- Staff were felt to be poorly trained and qualified (1)
- Not enough follow-on services (1)
- Difficult getting a diagnosis (1)
- Felt that CAMHS staff judgemental toward them and their parenting (1)

It was recommended by the parents that the CAMHS call-handling is reviewed, to enable more efficient and effective access to professionals.

2. Would your answer be different for urgent or emergency care from routine or everyday care?

- Need an emergency service – crisis response (1)

3. How can we involve you in on-going service monitoring and planning?

- Parent support groups or parents’ forums (3)
- Questionnaires (1)
- On-going communication and dialogue between staff and parents (1)
- Parent and patient evaluation of every appointment (1)

Where?

4. Where would you prefer to be seen by CAMHS workers?

- Staff and services should be flexible with location (3)
- Home (1)
- Don’t care about location or look – it’s the staff that are important (1)
With the exception of Westend, it was felt that service users (and parents) had to fit in with CAMHS. As noted earlier, Westend was highly praised by parents in one focus group who believed that services should be expanded, or their model replicated elsewhere in close proximity.

School was almost unanimously declared an unpopular location for CAMHS workers to meet service users. This reflected the data from the questionnaires and service user focus groups.

5. Would your answer be different for urgent or emergency care from routine or everyday care?

- Depends on crisis – may need response at home (1)

Who?

6. What makes a good CAMHS worker?

- All of the qualities highlighted in the Tell Us What You Think document (1)
- “Heart” (values and belief) particularly important (1)
- Non-judgemental (1)

However, one focus group were of the view that there were big skills gaps generally throughout the CAMHS workforce.

7. Would your answer be different for urgent or emergency care from routine or everyday care?

- No (1)

8. Do you want to be able to choose the gender of your CAMHS worker?

- Yes (2)
- No – so long as they are good at what they’re doing (1)
- Depends on child (1)

There were two instances where parents believed a choice of staff gender would be important. In one case, parents believed that this was especially important for teenagers.

9. As time goes on, we need to keep checking that the service is doing what it needs to, and we also need to think about changes that might need to be made. How would you (parents) like to be involved in that?

- Parents’ forum (1)
When?

10. How long do you think you should wait for:

Assessment:
- 2 weeks (3)
- Month maximum (1)
- As soon as possible/as soon as it’s needed (1)

Care/support/treatment:
- 2 weeks following assessment (1)
- Depends on assessment, whether treatment required immediately (1)

11. What times of day would be best for you for assessment or care? During the day, or after school/ college/ work?

- Depends on young person (2)
- Mental health is 24/7 – need a crisis line (2)
- CAMHS needs to be flexible (1)
- After school often a good time (1)

12. Would you prefer to be seen at the weekend or on weekdays?

- Weekdays (1)
- More support needed at weekends (1)

4.2.1 Observations and summary:

There appeared to be an overall negative feeling towards CAMHS services held by parents throughout the three focus groups, with parents being notably more critical than service users.

Comments reported included the perceived lack of haste when trying to obtain assessment and treatment for their children, a lack of access to professionals and more collaboration between CAMHS, school and the police. An apparent lack of after-care or after-service was also deemed as a negative. In one instance a parent stated that their child still had mental health problems following treatment and another stated that if the issue is not treated at the point of need, it can escalate to a crisis level prior to being seen.

Several parents in one focus group felt that the CAMHS service had a poor reputation and expressed concerns about recruiting and retaining good staff.
However, a small number of participants were positive. In one example the parents were very pleased that staff came to visit themselves and the service user at home. Positive discussions were primarily aimed at the service received at Westend.

Several parents in one focus group believed that their children would not be alive if it was not for the service provided at Westend. There was a concern that if Westend were to close, service users would have to travel to York or Sheffield.

4.3 Focus Group Results: Staff

One focus group had been conducted with staff. This was attended by a single person.

Due to the single attendant for this focus group, the facilitator decided to have a more informal discussion. The results are not shown as for service users and parents as it did not follow the structured script. The data obtained was less detailed than for parents and service users. When compared to the data acquired from the staff survey, as shown in Appendix C, it was deemed necessary to include both sets of data here to provide a larger overall view of how staff perceived CAMHS, as well as providing an additional layer of anonymity for the single participant.

General themes:

- Working with CAMHS team has been difficult;
- CAMHS services have been responding more quickly recently;
- Lack of consistent CAMHS response.

Engaging service users:

- To ensure the attendance and engagement of service users, CAMHS need to be more proactive in chasing service users;
- CAMHS needs to work with parents as well as service users;
- Advocacy service would be beneficial so young people have someone to go to appointments with them;
- Lack of consistency in staff that a young person will see when they visit CAHMS;
- CAMHS close a case if a service user does not attend.

Waiting times:

- Waiting lists are too long
- Not easy access
- Whole process lengthy
Referral issues:

- Issues of administration e.g. timely receipt of appointment letters
- CAMHS would not accept referrals:
  - When the young person used drugs
  - When the home situation was not ‘settled.’
- Having to make re-referrals is frustrating
- Need clarity on the referral process including prioritisation

The full list of findings received during the staff feedback survey can be found in Appendix C.
5. Focus Group Evaluation Surveys

The evaluation survey was completed by focus group participants following each session. A copy of the evaluation survey can be found in Appendix B.

A total of 46 evaluation surveys were received from ten focus groups. This is a return rate of 87%.

5.1 Results

1. How useful did you find the focus group?

A Likert Scale was used for questions 1 and 2. For these questions a rating of 1 denotes “not at all” whereas a rating of 5 denotes “very much so”.

![Bar chart showing how useful the focus group attendants perceived the session to be]

Figure 1: Graph to show how useful the focus group attendants perceived the session to be

The majority, 74% (n=34), of the respondents found the focus groups useful, as shown in Figure 1. The median (value separating the top and bottom values) rating for this question was 4.
2. How enjoyable did you find the focus group?

Figure 2: Graph to show how enjoyable focus group attendants perceived the session to be

The majority, 65% (n=30), of the respondents found the focus groups enjoyable, as shown in Figure 2. The median rating for this question was 4.
3. How would you identify yourself? (Are you a...):

![Bar Chart]

Figure 3: Graph to show the identity of focus group members

Figure 3 shows that the majority, 57% (n=26), of focus group participants were children / young people.

The three “other” participants identified themselves as “none”, “not a service user” and a “KIDS Parent Participation Coordinator”.

30
4. How did you find out about the focus group sessions?

Figure 4: Graph to show how focus group attendants found out about the session

Figure 4 shows that CAMHS workers were the main source of information regarding the focus group venue, time and date, (27%, \( n=12 \)). The “other” responses obtained show that staff, or youth workers, at the focus group venues also informed participants about the sessions. Other responses included:

- Focus group venue/youth worker at venue (11)
- Friends (3)
- Email (2)
- Letter (1)
- Telephone call (1)
- Parents’ Forum (1)
5. What is the first part of your postcode?

Participants’ postcodes are shown in Table 3.

Table 3: Table to show postcodes of focus group attendants

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<thead>
<tr>
<th>Postcode</th>
<th>Frequency (n)</th>
<th>%</th>
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</table>

The largest number, 15% (n=7), of focus group participants were from the HU3 postcode.
6. Findings: CAMHS questionnaires

There were a total of 237 questionnaires received. A small number were received electronically but most were received in paper format.

6.1 Results

A theme arises when a respondent provides an answer to the question posed. In this chapter, themes are shown below in bullet point lists, followed by the number of instances which relate to this theme.

Current Service

1. Please rate the different parts of the CAMHS service below to show which you feel are the most important and useful parts. Please give the different parts of the service a number from 1 to 3 with 1 being the most important and 3 being the least important:

Table 4: Table to show perceived importance of different CAMHS service attributes, as a percentage of the 129 respondents who responded.

<table>
<thead>
<tr>
<th>CAMHS attribute</th>
<th>Frequency and percentage of rating</th>
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</thead>
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<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>How quickly service users are able to access the support they need</td>
<td>111</td>
</tr>
<tr>
<td>Access to the specialist best able to support care</td>
<td>103</td>
</tr>
<tr>
<td>A single person to coordinate care</td>
<td>67</td>
</tr>
<tr>
<td>Availability of services out of hours</td>
<td>60</td>
</tr>
<tr>
<td>How close to home the service is</td>
<td>36</td>
</tr>
</tbody>
</table>

The question defined a rating of 1 as being the most important to the respondent, and 3 as being the least important.

Table 4 shows that the CAMHS attribute rated as the most important by the largest proportion of service users was how quickly the service users are and were able to access the support they required. This was rated as the most important by 86% (n=111) of the respondents.

The second most important attribute, rated as most important by 80% (n=103) of the respondents was that of having access to the specialist best able to support the care.
In terms of the least important attribute, the proximity of the service to their home was rated as the most important by the fewest number of respondents, 28% \((n=36)\). It should be noted that the most frequently rated response, by 43% \((n=34)\), for proximity to home was 2, showing that this was of medium importance to the respondents but it was also rated as least important by 30% \((n=38)\) of the respondents.

The full set of “other” responses can be found in Appendix E.

**Options for the future service**

2. **Do you agree that a Single Point of Access for all CAMHS referrals or requests for advice would help to improve the service?** Give further details if you wish:

![Graph showing agreement on Single Point of Access](image)

**Figure 5:** Graph to show whether respondents believed a Single Point of Access would help to improve the CAMHS service

The majority of respondents, 65% \((n=155)\), believed that a Single Point of Access (SPoA) would be beneficial. However, the qualitative responses received showed a mixed picture. Responses received fell into three main categories; general opinions regarding the Single Point of Access; positive perceptions of the outcomes of using a
Single Point of Access; negative perceptions of the outcomes of using a Single Point of Access.

**General:**
- Services must be accessible without delay/service must be speedy (6)
- Only good if adequately resourced and can respond over entire service (2)
- Would need to be East Riding based and not just Hull (1)
- CAMHS staff must work with professionals already involved in children/family care, not just ignore their views, skills and professional opinions (1)
- Depends on whether “point” responds within the service and to the patient and family (1)
- Referral routes need clarifying (1)
- Do not allow it to be run by a hospital (1)
- Must be flexible and adaptable to individuals’ needs (1)

**Positive:**
- Would make the process simpler (3)
- Yes – for self referrals (1)
- Makes it better for client and releases resources (1)
- Would allow greater consistency and improved communications, as well as simplifying access points (1)
- Exhausting explaining issues to more than one person (1)

**Negative:**
- Single Point of Access has not worked for other services (5)
- Needs to be in local area – else could be let down (2)
- SPoA means clinician speaking to an untrained message handler, who may ask too many irrelevant questions or not understand the issue (1)
- Will lead to larger waiting list and duplicate assessments (1)
- Prefer direct access (1)
- Spread of services will hinder quality of service (1)

Two themes have noticeably more responses than others. Six respondents believe that if there is to be a Single Point of Access the service must be accessible without delay. Five respondents believed that the concept of a Single Point of Access had not been deployed successfully for other services. It was unknown which services had utilised this referral system.

Due to the quantity of themes which arose for this question, it was deemed important to include a list of every response obtained. They can be found in Appendix E.
What hours should the Single Point of Access be available for non-urgent referrals? If you answered OTHER please suggest alternative times below:

**Figure 6: Graph to show preference for Single Point of Access availability**

Figure 6 shows that for non-urgent referrals, the largest proportion of respondents, 36% (n=86), believed that the Single Point of Access should be available between 9am and 5pm on Monday to Friday. The second largest number of respondents, 35% (n=84), were in favour of a later access time on weekdays between 1pm and 8pm, with an additional four hour access window on Saturday between 9am and 1pm.

**Alternative times suggested were:**

- Monday – Friday – 9am – 5pm plus Saturday 9am – 1pm (2)
- Monday – Friday – 8am – 6pm (1)
- Monday – Saturday – 9am – 8pm (1)
- Monday – Sunday – 9am – 5pm (1)
- Saturdays (1)
- Saturdays – 12pm- 5pm (1)
General comments received:

- Out of hours care essential for young people in school or work (6)
- 24/7 care helpful for times of crisis (6)
- Outreach phone/online service (2)
- Don't know – without knowing cost implications (2)
- If out of 9-5, children might rarely see their parents (1)
- Non-urgent is too ambiguous a term (1)

Even though the question asked about the times for a Single Point of Access for non-urgent referrals, several respondents believed that there should be access at all times in times of crisis or emergency.

A large number of responses received show that people desire different access times for the referral service. This allows a level of flexibility in when and how referrals are made.

The full set of responses can be found in Appendix E.

4. We want non-urgent assessment to fit in as well as possible with service user’s family life and school or college attendance. What times would you suggest are the best times from the choices below?

Figure 7: Graph to show respondent preference for the time for non-urgent assessment
In terms of non-urgent assessment, Figure 7 shows that the days and times which were most favoured by the respondents were Monday to Friday, 1pm to 8pm with additional time on Saturdays between 9am and 1pm. This was chosen by 32% \((n=75)\) of respondents. The second most favoured times for non-urgent assessment were for weekday assessment during the morning and evening as well as Saturday assessment, chosen by 27% \((n=63)\) of the respondents.

**Alternative times suggested were:**

- Monday – Friday – 3.30pm – 8pm and Saturday – 9am – 4pm \(1\)
- Monday – Friday – 9am – 8pm \(1\)
- Saturday – 9am – 3.30pm \(1\)
- First Sunday in every month (hours undefined) \(1\)

**General comments received:**

- 24/7 \(1\)
- As available as funding permits \(1\)
- Best times available gives more flexibility to families \(1\)
- Time doesn’t matter as long as there is treatment \(1\)
- “Non-urgent” too judgemental a term \(1\)
- Dependent on college timetable \(1\)

Similarly to question 3, respondents would like a level of flexibility in terms of time for non-urgent assessment.
5. We want non-urgent treatment to fit in as well as possible with service user’s family life and school or college attendance. What times would you suggest are the best times from the choices below? If you answered OTHER please put your suggestion below.

![Bar chart showing respondent preference for non-urgent treatment times]

**What times would you suggest are the best times for non-urgent treatment?**

Figure 8: Graph to show respondent preference for the time for non-urgent treatment

Figure 8 shows that Monday to Friday, 1pm to 8pm with additional time on Saturdays between 9am and 1pm were the most favoured days and times, chosen by 30% (n=70) of respondents. The option for weekday assessment during the morning and evening as well as Saturday assessment was favoured by 29% (n=68) of the respondents.

**Alternative times suggested were:**

- Monday – Friday – 9am – 8pm plus Saturday 9am – 1pm (3)
- Monday – Friday – 1 – 8pm and Saturday – 9am – 4pm (1)
- Saturday – 10am – 2.30pm (1)
- Saturday morning (1)
- Saturdays (1)
- Sundays – 9am – 2pm (1)
General comments received:

- 24/7 (1)
- As available as funding permits (1)
- Time doesn’t matter as long as there is treatment (1)
- Have people collect medication from pharmacy (1)

As for questions 3 and 4, there are a large number of times which were preferential to respondents. This again indicates that respondents would like a level of flexibility and accessibility for parents and service users.

**The service is currently closed on Sundays/Bank Holidays, is this OK? If you answered NO please suggest other times below.**

![Bar chart showing the perceived acceptability of Bank Holiday and Sunday closure]

**Figure 9: Graph to show the perceived acceptability of Bank Holiday and Sunday closure**

The majority, 72% (n=171), believed that closure on Sundays and Bank Holidays is acceptable; as shown in Figure 9. Just over a quarter, 27% (n=63), believed that this was not acceptable.

**Alternative times suggested were:**

- Sundays – 9am – 2pm (1)
- Sunday and Bank Holidays – 1 – 8pm (1)
- Sunday and Bank Holidays – 10am – 4pm (1)
- Bank Holidays – 9am – 3pm (1)

**General comments received:**

- Should be some level of access at all times, limited hour support/emergency service (or outreach service) (22)
- 24/7 service available (7)
- If in crisis, help should be available regardless of time and day (4)
- Not okay for urgent (3)
- Okay for non-urgent (2)
- Workers have their own lives and need holiday/down time (2)
- Okay as long as suitably resources and available service in place (1)
- Not okay - people are generally free Sundays and Bank Holidays (1)
- An outreach service at all times would be ideal (1)
- Telephone service – similar to NHS direct model (1)
- Service not currently closed (1)
- It is reasonable – there is always A&E or on-call GPs (1)

6. **Where do you think would be the most appropriate place/s to go for targeted or specialist CAMHS in the community when attending (non-urgent) treatment/appointments (tick your top two):**

![Graph showing preference of location for non-urgent treatment and appointments](image)

**Figure 10:** Graph to show the preference of location for non-urgent treatment and appointments
The preferences of location for specialist CAMHS treatment are shown in Figure 10. As this question did not use a ranking scale, it is not possible to collect frequencies for a first preference and second preference for each location. It is possible to calculate the frequencies with which each location was chosen by respondents.

The percentages and n values represented below are a percentage of the total number of responses received for this question. In this instance there were 374 responses. The n value does not correspond to the number of respondents.

The largest percentage of the responses, 27% (n=101), show a preference for treatment at the CAMHS unit or a clinic setting. The second most preferred location, which received 20% (n=76) of the responses, was the GP practice or local health centre. The Community Centre and Home locations received 18% (n=65) and 16% (n=60) of the total number of responses respectively.

The least favourable location for non-urgent treatment and appointments was school, which was constituted 12% (n=43) of the responses.

Please use the space below to give us any other ideas or views you have about developing and delivering local CAMHS Services?

Due to the large amount of responses for this question it was deemed important to include all the responses obtained for the purpose of this review. Of the 237 questionnaires received, 27% (n=65) provided responses for this question. Every response received can be found in Appendix E.

About you

7. What is the first half of your postcode?

Due to the large variety in responses, it was deemed more appropriate to report the postcodes in a table. This allows a clearer representation of the frequencies and percentages for each postcode, as shown in Table 5.

Table 5: Table to show postcodes at which the respondents reside

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<tr>
<th>Postcode</th>
<th>Frequency (n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<td>2</td>
<td>1</td>
</tr>
<tr>
<td>YO16</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>YO25</td>
<td>31</td>
<td>13</td>
</tr>
<tr>
<td>YO41</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>YO42</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>YO43</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>100</td>
</tr>
</tbody>
</table>

The largest proportion of respondents, 15% \(n=35\), were from HU17, followed by 13% \(n=31\) from YO25, as shown in Table 5.
8. What is your age group?

![Graph showing age group distribution](image)

Figure 11: Graph to show the age range of the respondents

Figure 11 includes the age ranges from which the questionnaires were received. The largest proportion, 29% \((n=68)\), of questionnaires were completed by respondents aged between 13 and 17 years of age. This was followed by respondents aged between 45 and 64 years of age, who accounted for 27% \((n=64)\) of the questionnaires received, with those in the age range 24 to 44 accounting for 26% \((n=61)\) of the questionnaires.

The least represented age groups were those where responses obtained were from a single individual. The “Under 5 years” and “75 to 79 years” categories were each represented by 0.4% \((n=1)\) of the total respondents.

There was one age group which was entirely unrepresented, those over 80 years of age.

Almost half, 46% \((n=108)\), of questionnaires were received from young people aged under 24 years.
9. What is your ethnic background?

Figure 12: Graph to show the ethnic background of the respondents

The ethnic background of individuals who completed the questionnaires is shown in Figure 12. A total of 93% (n=217) of the respondents identified with the White ethnic group.
10. **How would you describe yourself from the list below?**

The majority of respondents identified with one of the options provided on the questionnaire, as shown in Figure 13. However, there were a number of respondents who defined themselves in multiple categories. These are excluded from Figure 13, and are identified in Figure 14.

The most represented group were Children/young people (service users), who accounted for 38% \((n=84)\) of the questionnaire respondents. The second most represented group were parents or carers of service users, who accounted for a total of 24% \((n=53)\) of the respondents. Local Authority staff were the third most represented group, constituting 17% \((n=38)\) of the responses received. The least represented group were Patient Groups or Community Groups.

![How would you describe yourself?](image)

**Figure 13: Graph to show how respondents describe themselves**
Figure 14: Graph to show how several respondents defined themselves in multiple categories
7. Conclusion

The high response rate to this public engagement review provided a significant quantity of qualitative data. In this report we have highlighted the emerging themes from questionnaire and focus group feedback. It is evident from the contents of this document that a wide range of views were received which came very much from the varied individual perspective.

The overriding theme that emerged in feedback analysis was the desire for greater levels of flexibility and person centred care that is tailored to suit the individual and maximise a positive outcome. This is supportive of plans for improvements to the service over the coming months.

This report should not be used as a standalone document. The largely qualitative and personal responses received from the questionnaire are shown in Appendix E, as are additional comments received from parents who were not able to attend the focus groups. These should be used in conjunction with this report to provide a broader and more in-depth picture of the perceptions and experiences of the CAMHS services.
Hello,

The Child and Adolescent Mental Health Services (CAMHS) for Hull and the East Riding of Yorkshire want to improve the services it provides. To do this, we need your help.

Therefore, we are asking young people to complete a questionnaire to give us your feedback on your experience of CAMHS. We are also asking some young people to participate in focus groups. The focus groups will be a small group (about 8-10 young people) who, like yourself, have had experience of accessing the CAMHS service.

The focus group will be held at:
Venue: ........................................................................................................................................
Date and time: ..............................................................................................................................

During the focus group there will be four main things we want to talk to you about:

1. How?
   - What is most important to you about the service you get from CAMHS?
   - What do you value most about CAMHS?
   - Does this differ if your need is an emergency or part of your day to day support?
   - How can we involve you in the future and ensure CAMHS meets your needs?

2. Who?
   - What makes a good CAMHS worker?
   - Would you like to be able to choose if your CAMHS worker is male or female?

3. Where?
   - If you had a choice, where would you prefer to see your CAMHS worker? School, home, doctor’s surgery, children’s centre, CAMHS clinic?
   - Does this differ if your need is an emergency or part of your day to day support?

4. When?
   - We want to ask you about waiting times. How long do you think you should have to wait for assessment of your needs?
How long do you think you should have to wait for support/treatment?
Do you have a preference about the time or day when you see your CAMHS worker?
Do you have a preference for weekday or evening or weekend care?
Does this differ if your need is an emergency or part of your day to day support?

All responses to questionnaires and discussions in focus groups will be reported anonymously and it will not be possible to identify focus group attendees from any of the results or evaluation reports.

To thank you for your time and helping to improve the services, we shall offer everyone who participates, a £5 Love2Shop voucher. For information on Love2Shop vouchers and where they can be redeemed, please visit: http://www.highstreetvouchers.com/gift-vouchers/

We hope you will be able to take part in the focus group. However, if you can’t, you can still complete an anonymous questionnaire. For more information please visit the CAMHS website: http://www.eastridingofyorkshire.nhs.uk/camhs

Thank you.
Your views and opinions will help us make changes in the service, so it can best meet your needs and those of other children and young people.
Appendix B: Evaluation survey

Focus group evaluation survey
On a scale of 1-5, where 1 is not at all, and 5 is very much so, please circle your response:

1. How useful did you find the focus group?

   1  2  3  4  5

2. How enjoyable did you find the focus group?

   1  2  3  4  5

3. Are you a:

   □ Child/young person (service user)
   □ Parent/carer of service user
   □ Member of CAMHS staff
   □ Prefer not to disclose
   □ Other (please specify)


4. How did you find out about the focus group sessions?

   □ Social media (e.g. Facebook, Twitter)
   □ Word of mouth
   □ Carer
   □ CAMHS worker/Participation Team/any other staff member
   □ CAMHS website
   □ News website
   □ Direct marketing
   □ Other (please specify)


5. What is the first part of your postcode? (e.g. HU5, HU16)
Appendix C: Feedback from staff surveys regarding CAMHS

There were 121 respondents from staff including NEET PA’s, youth workers, family support workers, substance misuse workers, teenage parent advisors, social workers and children centre workers.

Which of the following areas do you work in?

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Centre Hub (Kenworthy House)</td>
<td>22</td>
<td>18%</td>
</tr>
<tr>
<td>West Locality</td>
<td>29</td>
<td>24%</td>
</tr>
<tr>
<td>East Locality</td>
<td>22</td>
<td>18%</td>
</tr>
<tr>
<td>North Locality</td>
<td>15</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
<td>26%</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>121</strong></td>
<td></td>
</tr>
</tbody>
</table>

What age groups do you work with?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception to 8 Years</td>
<td>38</td>
<td>31%</td>
</tr>
<tr>
<td>8 Years to 13 Years</td>
<td>49</td>
<td>40%</td>
</tr>
<tr>
<td>13 Years to 19 Years</td>
<td>74</td>
<td>61%</td>
</tr>
<tr>
<td>Parents</td>
<td>57</td>
<td>47%</td>
</tr>
<tr>
<td>Whole Families</td>
<td>56</td>
<td>46%</td>
</tr>
</tbody>
</table>

In the last year which of the following emotional health issues have been an issue?

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment</td>
<td>55</td>
<td>46%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>38</td>
<td>32%</td>
</tr>
<tr>
<td>Abuse / Trauma</td>
<td>51</td>
<td>43%</td>
</tr>
<tr>
<td>Stress</td>
<td>67</td>
<td>56%</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>86</td>
<td>72%</td>
</tr>
<tr>
<td>Depression</td>
<td>63</td>
<td>53%</td>
</tr>
<tr>
<td>Diagnosed Mental Health Conditions (e.g. Psychosis, Schizophrenia)</td>
<td>22</td>
<td>18%</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>54</td>
<td>45%</td>
</tr>
<tr>
<td>Young Carers</td>
<td>33</td>
<td>28%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>62</td>
<td>52%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>77</td>
<td>64%</td>
</tr>
<tr>
<td>Behaviour / Conduct</td>
<td>75</td>
<td>63%</td>
</tr>
<tr>
<td>Mood</td>
<td>54</td>
<td>45%</td>
</tr>
<tr>
<td>Bullying</td>
<td>51</td>
<td>43%</td>
</tr>
<tr>
<td>Body image</td>
<td>46</td>
<td>38%</td>
</tr>
<tr>
<td>Access to Services</td>
<td>34</td>
<td>28%</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4%</td>
</tr>
</tbody>
</table>

I am confident in being able to identify and discuss issues of mental health with children, young people and families I work with

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree / Disagree</th>
<th>Agree / Strongly Agree</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Centre Hub (Kenworthy House)</td>
<td>5%</td>
<td>64%</td>
<td>3.9</td>
</tr>
<tr>
<td>West Locality</td>
<td>22%</td>
<td>56%</td>
<td>3.4</td>
</tr>
<tr>
<td>East Locality</td>
<td>18%</td>
<td>55%</td>
<td>3.7</td>
</tr>
<tr>
<td>North Locality</td>
<td>27%</td>
<td>60%</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>17%</td>
<td>57%</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>19%</strong></td>
<td><strong>57%</strong></td>
<td><strong>3.5</strong></td>
</tr>
</tbody>
</table>

I feel knowledgeable on issues of mental health relating to the children, young people and families I work with

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree / Disagree</th>
<th>Agree / Strongly Agree</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Centre Hub (Kenworthy House)</td>
<td>9%</td>
<td>50%</td>
<td>3.7</td>
</tr>
<tr>
<td>West Locality</td>
<td>22%</td>
<td>33%</td>
<td>3.1</td>
</tr>
<tr>
<td>East Locality</td>
<td>27%</td>
<td>36%</td>
<td>3.1</td>
</tr>
<tr>
<td>North Locality</td>
<td>27%</td>
<td>47%</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>23%</td>
<td>53%</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>22%</strong></td>
<td><strong>44%</strong></td>
<td><strong>3.3</strong></td>
</tr>
</tbody>
</table>

It is easy to access support from other agencies / health projects to meet the mental health needs of children, young people and families I work with

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree / Disagree</th>
<th>Agree / Strongly Agree</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Centre Hub (Kenworthy House)</td>
<td>50%</td>
<td>27%</td>
<td>2.7</td>
</tr>
<tr>
<td>West Locality</td>
<td>22%</td>
<td>22%</td>
<td>3.0</td>
</tr>
<tr>
<td>East Locality</td>
<td>50%</td>
<td>18%</td>
<td>2.5</td>
</tr>
<tr>
<td>North Locality</td>
<td>40%</td>
<td>33%</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>43%</td>
<td>29%</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>41%</strong></td>
<td><strong>25%</strong></td>
<td><strong>2.8</strong></td>
</tr>
</tbody>
</table>
Appendix D: Feedback from schools consultation regarding CAMHS

Emotional Health and Well-being:

Headteachers would like:

CAMHS

- Easy, speedy access to the service with young people’s issues taken up in a timely manner before they reach crisis point.
- A rapid triage system to enable those with no diagnosable mental health condition to access a more appropriate service for help and support e.g. counselling would help address the issue of so many inappropriate referrals and the attendant delay in accessing support for vulnerable young people. Training to ensure a higher proportion of referrals were appropriate would also be beneficial.
- Support and understanding for young people and families who might miss two appointments and are therefore at risk of being discharged.
- Services provided in an appropriate, easy-to-access young person friendly place with a consistent member of staff seeing the young person / family to allow a relationship to be built up.
- Concerned that if family / young person not engaged CAMHS close case – no support for young person or school.

Other Emotional Health and Well-being issues:

- Training for school staff on the early signs of mental health issues and how to support vulnerable children, parents / carers, families etc.
- Support for parents / carers to understand their own mental health issues and those of their children.
- Support for parents / carers to enable them to understand how adult mental health issues impact on them.
Appendix E: Qualitative responses from the questionnaire

This appendix contains all the ‘free text’ comments received from the questionnaire. Please note that where personal details were provided by a respondent these have been removed. Agencia has not sought to amend responses for phraseology or grammar.

<table>
<thead>
<tr>
<th>1. Please give the different parts of the service a number from 1 to 3 with 1 being the most important and 3 being the least important. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
</tr>
<tr>
<td>Not getting access is the single biggest problem with the children I have contact with</td>
</tr>
<tr>
<td>Having access to more intense support when needed.</td>
</tr>
<tr>
<td>Service easy to access!</td>
</tr>
<tr>
<td>Access via &quot;drop in&quot; and texts</td>
</tr>
<tr>
<td><strong>Waiting times</strong></td>
</tr>
<tr>
<td>Just getting a service would be good - waiting list for therapy is inhumane, not ethical and disgusting. Those children are our future.</td>
</tr>
<tr>
<td>You wait too long for an appointment</td>
</tr>
<tr>
<td>For treatment to start asap, not to be seen and put on a long waiting list.</td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>Ability to visit a child without having to travel too far. To be able to meet with the person caring for the child regularly. Have consistency of same team for aftercare.</td>
</tr>
<tr>
<td>If a young person, or my child require a mental health bed I want this close to home, i.e. In the Hull and East Riding area</td>
</tr>
<tr>
<td><strong>Flexibility</strong></td>
</tr>
<tr>
<td>Depends upon the Mental health problem and stage of illness, e.g. anorexia has different stages. There may be times when out of hours emergency care is needed, other times when service is best accessed out of school hours but emergency not required, others may be too ill to attend school so can be more flexible with regards to time but if family have no car and client is ill journey may be more of an issue rather than time of appointment. It may be difficult to diagnose and hard to get client to be</td>
</tr>
</tbody>
</table>
motivated, consistent care is needed to stick by and give hope even when it looks as if no progress is being made. So a flexible service is needed which can respond to changes over time with client and between clients.

Very, very important for everyone regardless of stage of illness, transport, attending school or whatever. Vitally important to help pull together the different inputs for the different members of family, school, practitioners and so on which will change over time.

Importance of how close to home will depend upon whether the family has access to a car or lifts or if family still working whether they have time to travel, what times can be offered etc. Flexibility is necessary.

This is crucial, if some response can be made soon the client can immediately start to think of help and possibly self-help rather than spending time becoming entrenched in the behaviour and illness. Even appropriate self-help books to educate the carers can focus the family energy in a positive direction. Allocation of a point of contact, even if what they can offer is initially limited can help the family and client to have a sense of something positive happening.

This is very important even if what is given initially is limited. Proper specific intervention is important.

It is hard to recognise a problem and seek help. If it is not responded to it can have a fatal consequence. A timely, flexible response is needed which can support and educate with self-help information and therapeutic interventions the client, family and possibly other key players in their lives such as school. Group work, classes individual work and a mixture of interventions need to be available to a variety of people and this will change during the different stages of the illness. Never was 'a stitch in time saves nine' more true.

Time to build relationships with the child or young person.

Staff

Access to a practitioner who has the specialist knowledge of the condition he is presented with and enough time to familiarise himself with the complexities of the case.

Training as a team and offering new advice and training.

Fully trained, experienced staff in CAMHS issues

Competent qualified, well-trained, experienced staff who are empathic and have a genuine desire to work with young people with mental health issues - minimal use of bank staff is absolutely necessary

To keep seeing the same person.
### Improvements

Criteria that meet the needs of the children, young people and family - not a purely clinical checklist.

More support for Looked After Children in Hull
A more joined up approach to commissioning services across East Riding and Hull for those who are in foster care across both authorities.

We feel it would be very helpful for CAMHS to work with other agencies to support outcomes for young people rather than as present working mostly in secret often seeming to blame other agencies.

Easy to read and understand information without jargon, young people friendly, information about diagnosis, treatments, who’s who in my care, accessible systems, use social networking, mobile, texts etc.

Being able to advise on situations, not necessarily MH but issues that stem from MH.

### Westend

If Westend is closed to inpatients then you lose all the above and sending young people out of area is also an expensive option

### Other

Thought didn't need it anymore

Don't know haven't been involved since I was 7.

Never used out of hours service.

How much the carers know about each situation / illness.

Regular reviews of how treatment is progressing and co-ordination CAMHS - home support.

I haven't had to use this but it would be a good idea.
2. Do you agree that a Single Point of Access for all CAMHS referrals requests for advice would help to improve the service? Further details.

**Positive feedback**

This would definitely make things simpler.

Only if people know area and what's available of all areas.

Single point is only any good if this is adequately resourced and can respond across the whole service need.

To make signposting for referrers easier - either self or professional referrals. (Parental)

I can see advantages - but only if it is funded adequately to make it quick. I also feel this body should not make decisions about care as they do not know the child or young person.

If it makes it better for the client and releases resources

Every child is different and some may need access to several aspects of the service quickly.

It is draining and exhausting explaining issues to more than 1 person.

Only if it speeds up the service but not sure this necessarily would.

Too many professionals seem confused by referral system and unwilling to refer. Single point of access could improve help.

If it was staffed appropriately with staff with relevant skills and knowledge

Yes, but it needs to be coordinated effectively - there are pros and cons.

Single Point of Access - already operates - why change what works?

Current situation for making referrals can be ambiguous.

Would allow for greater consistency and improved communication as well as simplifying contact points. Referral rules need clarifying

A Single Point of Access will reduce the time waited by young person while services decide who should manage case.
<table>
<thead>
<tr>
<th>Concerns about Single Point of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>I used the Single Point of Access for another NHS service and I spoke to several people on several occasions before getting an appointment - I had to explain my problem each time. This was stressful.</td>
</tr>
<tr>
<td>This has not worked for other services re Adult teams.</td>
</tr>
<tr>
<td>Will just lead to a bigger waiting list and duplicate assessments.</td>
</tr>
<tr>
<td>It will only work well if the services that children need can be accessed without delay. I only say this because I have found the Single Point of Access for adult services very problematic.</td>
</tr>
<tr>
<td>It would depend how efficient and easy it is to use the Single Point of Access.</td>
</tr>
<tr>
<td>What is meant by single point access? Our experience was that the referral was passed around resulting in an 18 month delay!</td>
</tr>
<tr>
<td>Not best use of professional's time to deal with referrals from other localities and travelling time (time consuming). Spread of resources will hinder quality of service provided. Locality based service (referrals) - more in tuned with local patients needs and improves communication with GPs.</td>
</tr>
<tr>
<td>Apparently this has not worked in other mental health services.</td>
</tr>
<tr>
<td>If point of access is not in your area then you could be let down.</td>
</tr>
<tr>
<td>While the obvious answer is &quot;yes&quot;, unfortunately it depends on whether that &quot;point&quot; actually responds within the service and to the patient/family. Experience shows serious problems in the past.</td>
</tr>
<tr>
<td>I believe there should be multiple forms of access to CAMHS services as such forms of access will allow others to access such services with little difficulty. Getting a referral through a GP will likely prove simpler than having to find a suitable service manually.</td>
</tr>
<tr>
<td>Not do it by hospitals.</td>
</tr>
<tr>
<td>The separate point of access makes it very personal to the people who need it. A single point is overwhelming for most kids.</td>
</tr>
<tr>
<td>Single Point of Access currently means clinician talking to untrained message handler who is asking many irrelevant questions and not understanding the issues. Extending it to CAMHS would make this worse.</td>
</tr>
</tbody>
</table>
No because if you lived in Scotland for example and the CAMHS service was in London. It would take a long time to get there.

I have used Single Point of Access now my son is older and I prefer direct access with the service and continuity or care through teams - Single Point of Access does not work on so many levels it is a disjointed, fragmented approach

**Suggestions for improvement**

Want improved waiting list.

Be more flexible

This should include all children and young people including those with learning disabilities

We need CAMHS staff to work more with professionals involved with the children/families already - not ignore their views, skills and professional opinion

To self-referral

No clear guidelines about which part of the service to contact e.g. we wanted referral to West End unit and were not advised that this needed to go via Beverley CAMHS. We never had a reply to our attempt at referral to West End!

More information required. I live in a rural area and want people local to me who know area. Not placed miles away. So when making decisions they know what is available

But not Hull centred, need an East Riding base too.

**Other**

Access to what - no service! Spend money where it is needed on therapy services.

Single point access exists already at Coltman Avenue. The service isn't resourced to cope with referrals.

Doesn't matter so long as referrals are dealt with quickly and effectively.

At present we have no idea how to support parents to access CAMHS.
3. What hours should the Single Point of Access be available for non-urgent referrals? Other

<table>
<thead>
<tr>
<th>Flexible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible access as required. Crisis support should be available.</td>
</tr>
<tr>
<td>As available as funding permits</td>
</tr>
<tr>
<td>I think flexibility is needed. Missing school may happen as client too ill to attend. To miss it due to appointments should be unnecessary. The social and educational damage must be minimised. Carers may work so again time missed from work must be minimised. Thus I think evenings and Sat should be available for those that need it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monday – Friday 9-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>If other than this, (9-5) my children would never see me, which would be detrimental to their emotional health and wellbeing. Sickness rates of staff would probably increase. Child care would be an issue for staff that have no additional family support around them. All parents bring patients don't always want to bring siblings along so the same would be problematic for them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out of School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-school hours should be offered</td>
</tr>
<tr>
<td>As a School perhaps an out of hours service if possible, children may come into school and the crisis has occurred at home, if they come in at 8-30am, it could be that support is needed at that time. Perhaps an outreach phone line, if resources are available or even an online service that has advisors for the pupil/child at various times.</td>
</tr>
<tr>
<td>For children and young people who are in school then out of school appointments are an essential requirement.</td>
</tr>
<tr>
<td>Allows for after teaching discussions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like to see services available 24 / 7 for special emergency cases.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
</tr>
</tbody>
</table>
As non-urgent therefore a 24 hour helpline required.

All day, every day

24/7 service would be helpful in times of crisis and to prevent a young person needing to go out of area a stressful time.

**Weekends**

Weekends are good for working parents.

Saturdays 12 pm - 5pm

Saturdays

And a Saturday just for on the phone

Mon - Fri 9am - 5pm.
Sat 9am - 1pm.
(For people who work Mon-Fri to have access)

Monday to Friday – 9am to 5pm
Saturday – 9am to 1pm

9AM - 5PM Monday to Sunday

**Outside of work hours (e.g. not Monday-Friday 9-5)**

Children, young people and their parents/carers don't get home before 5.00pm. Lives are busy and working parents struggle to get time off work, especially not wanting to ask because their child needs mental health support. It's not easy getting to venues for appointments in working hours.

Mon - Friday 8 - 6 please. Or better still 9 am - 8 pm Monday - Saturday

**Other**

The term single point access and the term non-urgent referral should be examined together. The person referring (a parent) may not have the skill or knowledge to judge whether the case is urgent or non-urgent. Although you can be sure they are a fairly good judge when they say the need for attention is urgent. Attention to the ambiguity of the term of non-urgent should be examined. A case shouldn't be deemed or downgraded to non-urgent just because there are not the resources to deal with it. A problem more complex than the person referring can explain should not be signed off without proper follow up and management by senior staff.
| Without knowing cost implications, can't judge. |
| What is a single point of access? |
| Depends on what services are available to parents after Single Point of Access. |
5. We want non-urgent assessment to fit in as well as possible with service user's family life and school or college attendance. What times would you suggest are the best times from the choices below?

<table>
<thead>
<tr>
<th>This is dependent on college timetable!!!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn't really matter as health more important</td>
</tr>
<tr>
<td>As available as funding permits</td>
</tr>
<tr>
<td>Saturday 9am till 3:30pm so I could go to school</td>
</tr>
</tbody>
</table>
| Mon - Fri 3.30 - 8pm  
Sat - 9 - 4pm |
| Ditch the term non urgent because it is too judgemental for use as single point access. In reference to referral access times there should be access 24 hours a day. The service should be linked up with all major care providers, A/E services, GP out of hours, and West End staff. If you cut your finger off you expect to have reasonable attention at the time of need. Why shouldn't anyone with a young person in need be able to get to get help when they need it as soon as possible following a referral. |
| Giving the best times available gives families more flexibility; more likely to use facility. |
| Always |
| Open first Sunday in every month. |
| These times would be best for us but it means those providing the service would be working unsociable hours. Perhaps Mon - Fri 9 - 8 would be a compromise. |
5. We want non-urgent treatment to fit in as well as possible with service user’s family life and school or college attendance. What times would you suggest are the best times from the choices below? Other

<table>
<thead>
<tr>
<th>This should include inpatient and residential treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a.m to 8p.m. Monday to Friday</td>
</tr>
<tr>
<td>9 a.m. to 1 p.m. Saturdays</td>
</tr>
<tr>
<td>Doesn't really matter. Health more important than school.</td>
</tr>
<tr>
<td>Student won't fulfil potential if not treated.</td>
</tr>
<tr>
<td>Monday - Friday 9am - 8pm + Saturdays 9am - 1pm</td>
</tr>
<tr>
<td>As available as funding permits</td>
</tr>
<tr>
<td>Saturday 10am till 2:30pm so I could go to school</td>
</tr>
<tr>
<td>Plus a Saturday am.</td>
</tr>
<tr>
<td>Mon - Fri - 1pm - 8pm</td>
</tr>
<tr>
<td>Sat - 9 - 4pm</td>
</tr>
<tr>
<td>These times don’t acknowledge the possible use of residential treatment. I have known families who have found this invaluable and it has been very effective / fast treatment / recovery.</td>
</tr>
<tr>
<td>Saturdays</td>
</tr>
<tr>
<td>Sundays 9AM – 2PM</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>Have people collect medication from pharmacy.</td>
</tr>
<tr>
<td>5b. The service is currently closed on Sundays/Bank Holidays, is this OK?</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>I suppose the worker have their own lives and need time away from everything just like anyone else.</td>
</tr>
<tr>
<td>Everyone needs a day off.</td>
</tr>
<tr>
<td>Seems reasonable. There is always an on call GP or A&amp;E.</td>
</tr>
<tr>
<td>If emergency care is available I think it is really important to care for wellbeing of staff.</td>
</tr>
<tr>
<td>Yes answer is referring to non-urgent treatment.</td>
</tr>
<tr>
<td>As long as crisis / emergency support available</td>
</tr>
<tr>
<td>Okay for non-urgent</td>
</tr>
<tr>
<td>Not okay for urgent referrals/treatments</td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>All the time</td>
</tr>
<tr>
<td>There should always be someone there for us to talk to.</td>
</tr>
<tr>
<td>Sunday 1-4pm</td>
</tr>
<tr>
<td>The service should be available 24/7.</td>
</tr>
<tr>
<td>Parents/carers work, youngsters have school and college, it's a struggle to juggle appointments too.</td>
</tr>
<tr>
<td>Mental health is not determined by the day of the week.</td>
</tr>
<tr>
<td>Children and families in crisis deserve a 24/7 response - not an office based timed service</td>
</tr>
<tr>
<td>Should include BH and Sundays as people in crisis need assessment/treatment regardless of day</td>
</tr>
<tr>
<td>You never know when people need the help. I've had to wait till a Monday before when I felt like breaking point on a weekend. It made me feel worse having to wait.</td>
</tr>
</tbody>
</table>
Individual parents / families can anytime require help or advice. Problems don't go away on a Sunday or Bank Holiday.

Sunday and bank holiday 9 am - 3pm

Access should be available for patients 24 / 7 as some children's needs are critical and cannot always wait until after the weekend.

What if you get angry on a Sunday and feel alone with no one there.

People might work all week and Sunday could be their only free day.

There should be somewhere parents / carers or young people can contact if they need help.

Yes you do need time off but people feel it more on weekends and bank holidays when people have nothing to occupy them.

Some might need help then.

It should be available at all times.

But help may be needed at any time of the day / week.

Some people may really need someone to talk to and they may only feel confident with one person.

All the time

Should be open.

Sundays and Bank Holidays

Must be 24/7. Suffered do not need "shunting" around the county or worse out of county.

It is important to give as good as service as possible. Would suggest a presence 24/7.

There should be some availability over Sundays and bank holidays

An outreach service to cover these times would be ideal.

Telephone contact maybe like an NHS Direct model
1 - 8 Sundays and Bank Holidays

Bank Holidays - 9am - 3pm

Sundays 9AM - 2PM

**Comments on Urgent Needs**

Bank Holiday - some access for urgent needs.

I think a personal 24 / 7 Dr should be on call to advise. The only option for many is police or ambulance.

Need cover for urgent issues.

Someone may need access to urgent help.

There should be an outreach team available for urgent issues during these periods.

On call for urgent, for consistency and for behavioural changes.

Service needs to be available for acutely ill patients 24/7. Young people at serious risk or sectioned should not be shunted off to adult residential units at weekends in any circumstances. Adolescents with life threatening stages of eating disorders should not be shunted to acute units or home to fit service needs

As long as suitably resourced and available service in place - very poor experience of so called "Crisis" response from rescue e.g. Calls not returned

If very urgent access should be available 24/7

Emergencies should be dealt with on Sundays and Bank Holidays.

A limited hour support on these days would ensure those in urgent need do not suffer. Stress levels are higher during holiday times so it would seem a bad decision to remove urgent help on those days. So open for some hours on Sundays and bank holidays.

Emergency service should be provided.

Emergency cover re self-harm etc. would be useful

Offer a limited time slot of perhaps 2 hours for these days.
There should be some emergency access to service at all times. This should only be used in emergencies with referral by medical or police possibly.

<table>
<thead>
<tr>
<th>Someone on call needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10am - 4pm for urgent cases or people who work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>This service is not currently closed there is an on-call system where if urgently needed support/assessment can be sought.</td>
</tr>
<tr>
<td>Some clearer links with other services parents and users can link into</td>
</tr>
<tr>
<td>People don't choose things turn bad.</td>
</tr>
<tr>
<td>The service should be available as much as possible.</td>
</tr>
</tbody>
</table>
6. Where do you think would be the most appropriate place/s to go for targeted or specialist CAMHS in the community when attending (non-urgent) treatment/appointments? Other

<table>
<thead>
<tr>
<th>Choice and Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>It should be dealt with individually with each case - for me home to begin with then another option.</td>
</tr>
<tr>
<td>Young person's choice of venue</td>
</tr>
<tr>
<td>Depends on where individual feels most comfortable</td>
</tr>
<tr>
<td>I feel the setting would have to be considered depending on individual need</td>
</tr>
<tr>
<td>Suitable and mutually agreed location that is a patient centred choice - people should not have to travel long distances, the service should go to them</td>
</tr>
<tr>
<td>Each young person should be assessed to see where the most appropriate location for the meeting to be therapeutic.</td>
</tr>
<tr>
<td>This will depend on where client and parents live or go to school or work in relation to above facilities. Flexibility needed and balance between client needs and economy of service, e.g. try to reduce travelling time for staff. Suggest not at school due to stigma and privacy, some may not take up offer due to fears of being seen.</td>
</tr>
<tr>
<td>Definitely not at home or school, needs to be separated but it is a long way from HU12 area to Driffield when Rosedale is so close.</td>
</tr>
<tr>
<td>The patient and family's point of view would not take cost and appropriateness into account - e.g. &quot;school&quot; may be considered best by the therapist but not by the school - refusing child!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neutral setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhere neutral</td>
</tr>
<tr>
<td>Cafe or somewhere outside.</td>
</tr>
<tr>
<td>I don't think young people want their safe places contaminated with meeting professionals there, need neutral places.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wouldn't want to go if it was near my school.</td>
</tr>
</tbody>
</table>
I think that most young people would like the service anywhere but school.

I think any of these could be appropriate depending on the need with the exception of school.

School settings are only appropriate if the school has a specially delegated room that is private and where sessions will not be disrupted. The child or young person should be given the choice about where to go.

More awareness required for mental health within schools to reduce stigma and encourage talking about problems

Home/as local as possible

Due to poor public transport in rural area, any option closest to home.

Depending on individual circumstance I would be inclined to suggest the home environment, if appropriate for a relaxed, open assessment. If this is not appropriate a specialised area such as a children’s centre or clinic may help.

For children in children’s homes – they are more than likely unwilling to attend formal settings including schools. This service needs to be where they are. Working relationships are key, they are not just going to the dentist and need time to build a relationship with a worker prior to any targeted or specialist work and undertaken with them.

Any of these might be suitable for different individuals. Usually I think it is better not to be in school or at home but for some individuals these are more comfortable environments. It needs to be as local as possible. The clinic setting suits some families well but certainly not all. Could the clinics be more integrated into the Children’s Centres?

NHS Venue

Would seem better use of NHS resources for patient to go to venue rather than CAMHS to go to home. Less travelling and more people seen by CAMHS.

A specific CAMHS unit not a clinic setting. They are two very different environments.

GP Practice

Resource the GPs to be able to help as they are often the first point of contact. CAMHS unit can use their existing good practice to shape the future service with experienced staff.
GP practice - can be a useful option - but not favoured when it comes to treating children - as they are exposed to interaction with adults... Some of whom would have their own problems (distressed, physically or emotionally unwell)
Please use the space below to give us any other ideas or views you have about developing and delivering local CAMHS Services?

**Access**

My parents work and find the opening hours hard to fit around.

Allow all Multi-Disciplinary Team professionals to refer to CAMHS as well as specialists and GPs.

It needs to be accessible daily. GP practice is the most likely place.

CAMHS services should be accessible to those most in need 24/7 with local provision

Single Point of Access cannot be ran the same in Hull and East Riding there is not enough available services in East Riding as there are in Hull to be able to refer on to. This can cause unnecessary referrals to the team as there is simply nowhere to refer outside of the CAMHS service.

It is important to balance accessibility versus cost. If CAMHS are open on an evening I do not believe that weekend opening would be necessary although weekend crisis response would be valuable. It is important that therapy takes place in a neutral environment so the use of home and school is not appropriate. Again, there is a resource cost to travelling to deliver therapy e.g. seeing three clients at base or travelling an hour to see one. However, CAMHS should travel to those who do not have a viable mode of transport.

I think the Single Point of Access is a good idea as long as it's used as a triage service and doesn't get bogged down in trying to triage everything and assess everything.

Assessments would be better placed/allocated to their appropriate pathway; this will allow a better chance of the same clinician assessing and doing treatment of the patient as people engage a lot at assessment and doesn't always want to have to go through it all with someone new.

Better promotion of how to access services, and what you might expect.

To have the single point of access, be able to know that you're not going to be bounced from pillar to post and that you may set access to the right level of support.

**Waiting Times**

Ensure appointments run to time, young people not left waiting, service more "person
centred”. Able to provide feedback frequently to measure impact of service

Try to get support and appointments quicker.

Services must be coordinated as many inputs may be needed over time to different people in the situation. Speed of response is very, very important.

More CAMHS workers in order to reduce waiting lists. Evidence based work.

My main concern is that young people are waiting a significant time before a worker is allocated to them once they have been assessed as needing support. Also, there does not appear to be any services available if clients have been assessed as not having any mental health needs however their behaviour still needs to be addressed and supported in some way and may need specialist work.

If children are in need of assessment and therapy then even if not in extreme crisis speed of access to this service is the single most important factor. Children I have been involved with through the looked after system have waited many months for any contact at times over a year. In some instances lack of ability and knowledge in the referring social worker to describe their difficulties was a contributory factor.

I think in general assessment and therapy is best undertaken away from the place where they are living but at times I have been involved with children desperately in need of help who have been reluctant to go for initial visits or who have said they do not want therapy often stemming from fear or anxiety about what this will involve and not knowing the person they will be meeting with. In these cases I think it would be helpful to the child concerned for two or three visits to be made to see them in their home environment to familiarise themselves with the person and for them to explain to them what therapy is about and how it might help them.

I have had children who have expressed that they want therapy but by the time the drawn out process has been gone through they have declined either through having missed the period when they were ready or through feeling the long time delay as a further rejection of their being worth a speedy response.

I feel that the service needs to expand as at the present time, lengthy wait periods are affecting young people.

As I have used CAMHS with a family member I was pleased with the time it took for the first session. This should be maintained and long waiting times not become the case as in many services. I also believe residential help should be available where needed.

Easier and quicker access to service is needed, waiting times for in depth specialist assessment is unacceptable and doesn’t meet children’s needs, communication in respect of returning telephone calls when support is required is very poor. Feeling of
unimportance is attached to some children, which exacerbates their situation in respect of not being provided with a timely service based on need. A feeling that the service is resource led rather than based on the needs of children.

For too long schools have been struggling with the backlog of referrals to CAMHS and frustration for many kids who need inpatient treatment. CAMHS unit in Hessle provides fast and effective treatment to young people and their families. The same outcomes are not possible in the community due to time/staffing. More children should be referred to specialist provision and so prevent costly placements miles away later.

**Location**

There should be a service available throughout the city, it could possibly be attached to the children's centres, where there should be someone available to deal with situations immediately. This service is usually only called upon when there is a need or crisis and you can never get to speak or see anyone immediately.

If you were to cut yourself you could go straight to A&E and get it sorted, but if you have mental health problem you could be waiting weeks or months and by then the crisis or problem could well have gone out of control or the young person could have disengaged totally.

I disliked getting counselling at school greatly as barely anyone knew about my illness and I wanted it to stay that way.

It is difficult to attend the CAMHS unit when a long distance away as depending on the appointment time at least 1/2 day is needed off school.

CAMHS is a service that should cover all areas of a young person's life to be therapeutic providing holistic care.

Mental health cannot be determined by the time of the day and can sometimes not be solved in scheduled appointments and needs a more intense approach.

Research suggests that out of area placements is more distressing for both the young person and the parent for separation issues, cost issues. The department of health guidelines suggest:

‘Give people with mental health problems help in the area where they live.’

I believe people prefer to be seen in a clinic setting from Mon-Fri as people prefer to have weekends at home with their families. It is working well at the moment so why change?
The children who need to access this service need to feel secure within the service and close to their family for their support.

I believe patients prefer to be seen in a clinic setting during 9-5 working hours as this is easier for them as weekends are more problematic when they are having to consider weekend commitments/other children. Our patients are happy to attend sessions Mon-Fri during normal working hours as they are able to attend easier. Also, GPs/schools are not open after 5pm so they would not be accessible to us after 5pm.

Investing in "LOCAL" CAMHS services available - promoting training and specialisation of staff would raise expertise to a Tier 3 + level - able to deal with complex patients that would not need support from an inpatient service... Except in extreme cases.

I think home visits as a service user are a good idea, but as a service provider (I work in community dental services) it is a costly and inefficient way of delivering services as travel time has to be factored in. I do not think this should necessarily be on offer to everyone - local children's centre is probably a better idea. On the whole, the client group is not housebound and they have to travel for other appointments.

The person delivering the service needs to be able to build relationships with children and young people and the school settings and families of the person. Therefore I suggest they (the therapist) could be attached to an area and settings. Feedback to the child, schools and parents is very important for ongoing support by the community around the child or young person.

**Flexibility**

Drop-in session where no appointment necessary in schools and youth centres. Sessions run by specialist to raise awareness of issues/help available, run for staff/pupils in schools//colleges/youth centres

You need to be flexible and adaptable like PSYPHER to meet young people's needs.

I think flexibility of provision should be prioritised for face to face interventions. If the intervention required is more than short term, it is reasonable to offer evening appointments which fit around school/college attendance.

Under the plans for an enhanced community CAMHS, the point is made to work in young people's own environments where appropriate. I would like to emphasise the value in providing a separate environment for therapeutic work with young people and their families. Home or school may be environments associated with stress or difficult feelings for the young person. Working outside of these environments may help young people and families to reflect on these environments and the relationships/feelings therein.
Working out of hours (i.e. Not 9-5) and weekends would cause major problems and child care issues. Could never get to see my own children. GPs do not offer out of hours and others services we work closely with be shut if we needed to liaise with them as we often do.

**Staff**

I have visited you twice and gained nothing from either visit. Your workers simply talked at me and did not truly listen. I have had to get better on my own and I'm not quite there yet.

A need for paediatric child psychologist, specialising in new drug treatments and accessibility.

More positive and can do approach needed!

Need to be more responsive, work more pro-actively, not hide behind consent issues, have clear plans and treatment goals that are understood and communicated. Communicate much more openly, be less highbrow and more approachable. Work to develop confidence in the service from the professionals. There is HUGE room for improvement. Some staff urgently need training on inter-personal skills and client focus.

Primary mental health workers very useful in offering advice and stopping crisis occurring but not enough staff.

The specialist core teams carry out support and interventions to children and families but need more staff at that level of experience.

Primary mental health } Gate Keepers

CORE TEAM Tier 3 carry out intervention work/therapy.

Better training for the staff, our experience was that they initially failed to spot the symptoms and make a diagnosis; which eventually was done by the Maudsley in South London. Even on referral back to the local CAMHS with the diagnosis the people involved seemed not to be aware of the syndrome and its implication.

Increased numbers of staff to meet the demand and fact that the geography they have to travel is huge.

Liaising with other professionals

Targeted Mental Health in Schools (TaMHS) model was good I feel it lead to a more co-operative informed approach.
**Suggestions for Improvement**

I think that the service is enormously valuable but that it has often been unclear to families and other agencies what CAMHS have been trying to achieve and therefore it has been unclear if it has been successful or not. It is possible with all this ‘open access’ that the service could be overwhelmed because it is setting up expectations that cannot be fulfilled and therefore rather than improving ratings you might get increased complaints. It needs to be clear to all why and for what one might be accessing the support. Multi agency working is time consuming but if schools were able to work closer with CAMHS it is likely we could support their work. The Emotional Literacy Support Assistants (ELSA) workers in school would have a close link here. Again, however, time is an issue in school too so protocols for this work would have to be carefully managed to achieve the best outcomes.

Working relationships between CAMHS and social care need to improve if children’s needs are to be met. Also, it would be helpful if work was undertaken with children to improve their emotional well-being which may be negatively affected by attachment problems.

Urgent need for an attachment pathway (especially pertinent for looked after children). Many children get no service because their placement is viewed as not being stable enough. Placements become less stable because the child is not able to address their mental health needs so it becomes a gate-keeping device that effectively excludes the most vulnerable group.

Use all methods to promote education and communication, social networking, texting, twitter, e-mails. We have been involved recently with young people being detained (sectioned) in units out of area, discharge arrangements have been lacking, and a seamless service needs to be developed.

Home support should be provided as carers / parents generally have no professional training in how to deal with severe mental illness.

Feedback in writing from early assessments to parents in relation to the current view of the professional on the depth of the problem. Because of the volatile and changing nature of early or emerging mental health problems, dates for follow up appointment given out at the time of consultation to parents / carers. This is to ensure health situations are monitored subsequently over a period of time and "snap" assessment are not made on an individual and filed away without review. An appointment given to follow up initial assessment will give parents and carers confidence as they are likely to be better informed. Parents should be given enough information to understand that community assessment procedure starts with assessment not finishes with initial assessment. A clear plan of action should be indicated to parents following initial assessment. CAMHS staff should consult with parents as well as other professionals after assessments.
The service in general needs expanding with better access to a wider range of specialists in more areas of mental health.

There is a serious gap when young people’s mental health deteriorates to requiring inpatient admission and detaining under Mental Health Act. Where is your pathway and planning for the most vulnerable young people?

There is a significant need to improve working practice with schools. Children spend a significant part of each day with us and behaviours / concerns may vary between home and school. Views of teachers and Teaching Assistants who work closely with the child to be taken.

I do not wish there to be any break in confidentiality but advice on approaches that may benefit or be to the detriment to a child’s treatment need to be shared.

If a child is receiving treatment & when this stops needs to be passed on as I am required to log this as part of the Special Educational Needs code of practice but am often left guessing, current practice seems to be based on parents informing the school but this does not consistently happen.

Some parents are unable to get their children to centres away from where they live. Regular sessions could take place in many schools to ensure the sessions occur as the children are usually there.

A number of parents have informed us that if their child has not engaged in the assessment on the first visit they are discharged. This is only hearsay but many teenagers do not engage with strangers on the first meeting.

It would be helpful if I was provided with a clearer idea of which ‘type’ of teenage issues CAMHS will work with so that I advise parents correctly. Many parents seek advice from school as the first port of call due to their familiarity with staff and systems. Referral to Educational Psychologists may be requested however Clinical Psychologists may be more appropriate.

It would be good if (as a parent) we could access a list of types of help available i.e. Courses children could go on or treatment available so we can decide what we think is appropriate.

It would be useful to have parent training in restraint classes to keep parents and children safe.

Diagnosing of ASDs needs to be addressed in the East Riding as nothing currently available for users ‘til after April then we have no definite dates for help or diagnosis for our child who is 10 at present. Diagnosis does matter!!
The delivery of the service in a supportive and therapeutic setting alongside nursing support is the best way to get help to young people. If the young person can have a holistic approach including residency, they and their parents will have a lasting support where bad habits can't creep back in when they go home.

Appreciate that CAMHS is an expensive resource. But also able to see it is a much under used specialist service which offers young people a space to be away from a difficult part of their life to work out a resolve to the problem in their best interest. I feel that people are not able to look at the bigger picture and how this service could actually be making money for the trust by offering a service that is unique and much needed. I view little thought has been given to the young people and family's needs and that the need to save money overrides everything.

More resource to make real use of the SDQ findings.
More development work with carers and residential children’s home staff.
Fast track for Looked After Children Pathway.
More ‘Dr. X’ work please.
Support to develop the assessment of foster carers when matching with children.
Work on commissioning specialist out of hull placements for children.

**Westend**

Without the unit kids are at a disadvantage. West End was totally life changing for my daughter. The way they assessed my daughter was perfect and has proven to work. Why change it?

My child spent some time at the West End's children's unit for an assessment in 2009. We, as a family, were almost at crisis point. Our child was having a difficult time at school and was on the verge of being permanently excluded. The unit provided what seemed like a safe haven to my child at a very confusing and turbulent time. It gave us all a chance to "take a moment" and reassess the future.

I cannot stress enough the importance of this unit to families like ours. I feel it is vital that these services continue so that children and families can, to some extent, lead a normal (as possible) life.

The unit provides much needed support, often just to get through the day. Intervention at the earliest stage possible is of the utmost importance; to allow these families to move on with as much independence as possible.

If units like West End were taken away I fear for the future of some of these families. I understand the pressure of funding cuts, etc. but I feel that in years to come the cost would be so much more if people could not access these vital services at the earliest possible opportunity.
Experience of CAHMS

I stopped going because it was no help - RAPP have supported me better.

As a professional I have utilised CAMHS service, which has felt unhelpful and dismissive. It feels almost impossible to get a consultation when there are concerns with a child. If you are "lucky" enough to get a consultation, I have never received anything more than advice to pass on to parents. Even when there have been genuine mental health problems with the child no service barring advice has been provided by CAMHS. I have not encountered a single professional or child under 5 years who has received intervention or treatment from CAMHS over 6 years of working in Health visiting.

Current service is patronising, confusing and seems to be aimed at blaming parents for the behaviour instead of getting the help we require for our children. Current CAMHS service does not help those who try to access it, it just upsets and frustrates and makes a difficult situation even worse.

Difficult to gain support with young people, lack of ongoing treatment, assessments are long and usually end in No Further Action (NFA).

CAMHS have provided our school with some excellent and supported training very recently. For any organisations it feels positive to liaise with the CAMHS service and to feel that our involvement with children co-insides with CAMHS knowledge and professional understandings. It is also fantastic to share ideas and feelings for our own professional development and to understand various methods used. Maybe a monthly meeting to share any thoughts, feelings with CAMHS would be a possibility.

CAMHS Review

We already have innumerable platitudinous policy documents in the NHS - they do not guarantee a good or reasonable response to need. Overall, I like the tone of this survey, but what's the point if you have less funding and then fewer accredited therapists!

This consultation is very limited in its questioning and very vague. There should be more staff employed in the community to stop kids having long waits. Community should make better use of specialist CAMHS instead of hanging on to caseloads for too long. CAMHS unit is highly valued by families / schools who have used it. It should be developed as a 7 day service instead of dozens of kids being sent out of county to expensive private units. It doesn't make any sense.

Other
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<tr>
<th><strong>Access to and support from services earlier - why wait until a mental health problem becomes a crisis for a young person and their parent / carers?</strong></th>
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<tbody>
<tr>
<td>Barriers to access - closed more than open front door.</td>
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<tr>
<td>Single Point of Access would have to operate with staff with the necessary skills and expertise to triage and refer appropriately.</td>
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<td>Referrals often met with 'referral does not meet the criteria' no further action or help suggested.</td>
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<td>If not suitable for CAMHS to be involved advice as to who and how? e.g. parenting supporting re: behaviour issues etc.</td>
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<td>Long waiting times if you do meet criteria, but once in - good service is often provided.</td>
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<td>Support young people in their preferred environment - not one size fits all.</td>
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<tr>
<td>Need to increase awareness in schools / colleges of emotional health issues and CAMHS support available or alternative services available to help.</td>
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<tr>
<td>Support patchy depends on CAMHS worker availability according to need from Primary Mental Health Worker to Psychologist.</td>
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<tr>
<td>Reduce stigma of mental health issues, local campaign to promote positive aspects of emotional / mental health support.</td>
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<tr>
<td>What is CAMHS - website / leaflet - plain English easy to understand for all.</td>
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<td>Better engagement with pastoral teams / school nurses.</td>
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<td>Train universal children's workforce to provide early help as appropriate - spotting signs and symptoms is everyone's business.</td>
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<td>Improved multi agency working with education / social care, CAMHS resistance to share information as deemed 'confidential'. All agencies work to confidential codes of practice / protocols. More holistic approach required when other services involved. Increased provision of therapeutic services earlier (as long waiting times in the past) for vulnerable groups e.g. Look after Children in East Riding for attaching issue, in particular those who have had multiple fostering / residential placements, those placed for adoption and post adoption at risk of placement breakdown and family crisis.</td>
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<tr>
<td>Can't wait for placement stability before support can be provided as young person's emotional / mental health likely to deteriorate further therefore exacerbates problems both with regards to the child's placement and their health.</td>
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Better joint working with children's social care and CAMHS for children in care to better support the needs of children and their parents / carers.

Foster carer / adoptive parent consultation clinics in ER are very useful and carers / parents feel supported but not enough of them.

Little evidence of feedback about the service from service users / parents / carer. Need to develop / improve services through regular questionnaires or regular focus groups and be able to evidence changes made as a result of feedback.

Currently large waiting lists for treatment - this needs to be addressed.

Nearly 3 years for aspects of Autism Spectrum Disorder Assessment in Hull - no service in East Yorkshire - this is not acceptable.

Understand that the inpatient unit, currently 5 days, is not a viable option – but it should have been development of a 7 day unit which would have addressed:
* 24 hr access to care
* crisis
* no child (apart from illegible) for out of area
* provided outreach work as well
* section 136 suite

Is sending a child to Manchester/London for weeks on end acceptable?
It is not compliant with the Mental Health Act. Therefore unsure whether this is illegal.
Also, 7 day unit ultimately could have saved money and been an income generator - as national shortage of beds and could offer specialist assessment.

Home treatment - "watered down service" - need staff to increase illegible, perhaps leading to an increase in medication and unsafe practice.

Currently 10 young people in out of area beds. How much is this costing?
With new proposals this figure is likely to rise - cost implications.
National shortage of beds - so as demand increases and no beds nationally potentially - where will these young people go?
How will they then return to the area - already 10 young people - CAMHS staff are expected to remain in contact - visit and aim for a speedy return back.
A visit to Manchester for example - CAMHS practitioner, 1 whole day out (x10), family visits, how funding, if on a section of MHA duty to fund by Local Authority? Expense illegible.
This happens in no other branch of health - why should it be acceptable in mental health? Discrimination against children and young people with mental health issues and their families.

Very hard to contact / get responses from CAMHS
Reluctance of CAMHS to work with children unless they have a Common Assessment Framework.
We need a better way of talking issues and supporting families.
Happy for CAMHS to work in school, happy for children to go out of school – if they
need support this is the priority.