A SURVEY OF MENTAL HEALTH SERVICES FOR CHILDREN & YOUNG PEOPLE IN HOUNSLOW

By

HEALTHWATCH HOUNSLOW

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EXECUTIVE SUMMARY

The purpose of this evaluative survey is to examine mental health service provisions available and being accessed by children and young people ("C&YP") in Hounslow, with a view to finding out their appropriateness, effectiveness, and adequacy, and to review mental health pathways so as to identify service gaps and any areas requiring further improvement and progress. Specific focus is also paid to C&YP from some specially disadvantaged ethnic minorities and emerging communities.

The main areas of focus for the study, in order to have access to the required data, were local schools, key organisations providing mental health services and also GPs. The key organisations targeted in the study were the Child and Adolescent Mental Health Services (or CAMHS); Targeted Mental Health in Schools (or TaMHS); Hounslow Youth Counselling Service (HYCS); Counselling in local Schools/Colleges Early Intervention Service (EIS) and West Middlesex University hospital's A&E and Paediatrics Unit. Different questionnaires were used for each target group.

Each organisation was examined as according to the view of the C&YP, their parents (or carers) and the GPs. The findings were as follows:

1. **CAMHS:**
   - The main points of contention were centred on the waiting times between appointment and referral, between visits and the diagnosis process as a whole. Also, the referral process was described as being complicated; staff shortages were cited along with a general lack of communication about the services and mental illness in general, between the parties, and society as a whole.

2. **HYCS Services:**
   - There is a great need for counselling services and a lack of capacity of available services, resulting in an unreasonable delay in the provision of services.

3. **School and college MH services:**
   - Again, long waiting times were emphasised together with a need to focus more on mindfulness. The referral process was again described as lengthy and complicated, and emphasis was placed on better communication between the parties. Follow-up support and establishing preventative measures were both mentioned as assisting the process.
   - Language barriers were also highlighted as being a potential stumbling block in the process.

Individuals who were not affected by MH were also examined so as to glean their views on the subject, and the provisions available. Most of those interviewed felt that

they understood what MH services meant, with a large majority maintaining that greater awareness of MH problems should be created in schools.

Communicating with the Nepalese community in particular, it is evident that there is a greater need for targeted MH Services for ethnic minority communities, and to make these more accessible to counteract language barriers.

Through the examination of the above data, suggestions for improvement were established. These ranged from better communication of the services in general, as well as throughout the process, to more flexibility with regards to the process as a whole. Funding is necessary in order to achieve the aims, specifically follow up support. On the whole, the local Transformation Board Meeting of Hounslow expressed positive and exciting changes in the future, with the result of putting an end to any stigma surrounding mental illnesses.

A Foreword by our Chief Executive Officer

Healthwatch Hounslow is pleased to present an evaluative survey of mental health provisions available for children and young people within the London borough of Hounslow.
The purpose of this evaluative survey is to examine mental health service provisions available, and being accessed by children and young people in Hounslow, with a view to finding out their appropriateness, effectiveness, adequacy or inadequacy and to review mental health pathways so as to identify service gaps and any areas requiring further improvement and progress.

We also wanted to identify service uptake by children and young people from some specially disadvantaged ethnic minorities and emerging communities, such as Somalis, so as to help to reduce health inequalities, remove barriers to health, cater for diversity and to help to prevent the condition of people from deteriorating further due to isolation and neglect.

To enable the focus of our evaluative survey we spoke to young people in the borough from local primary and secondary schools so as to improve our understanding of mental health services in the borough and to gain first-hand information of young people's experiences of mental health service provisions, therefore finding out what works and what doesn't from them directly.

We liaised with key organisations providing mental health services to our target group to understand their perspective, issues and concerns regarding the health and wellbeing of children and young people in Hounslow. We spoke to general practitioners and over 20 school leaders to better understand and inform this survey.

Based on our findings from service users, and in consultation with some key providers, we have made recommendations so as to make mental health services more effective and accessible. Cases can therefore be dealt with through counselling, or talking therapies, and these can be attended to without delay, obviating the need for other more drastic treatments or interventions.

Healthwatch are the consumer champions for health and social care. Undertaking this review enables the organisation to better understand mental health service provisions available to children and young people, thereby enabling and supporting better access provisions and reducing inequalities in health and social care.

Tim Spilsbury

Chief Executive Officer

Healthwatch Hounslow

ACKNOWLEDGEMENTS

On behalf of Healthwatch Hounslow (HWH) I would like to thank Lorraine Martin, Dr Jacqui Morrell, Ben Shannahan and their colleagues from Hounslow's Children and Adolescent Mental Health Service (CAMHS) for meeting us and providing us with valuable insights into issues affecting C&YP in Hounslow and of their mental health service provisions.

Sara Baranowski, Manager Support for Learning, Children's and Adult's Services, helped by giving us information about the Early Intervention Service (EIS), London Borough of Hounslow. For Targeted Mental Health in Schools (TaMHS) in Hounslow, Dr Ben Aveyard, Clinical Psychologist & (TaMHS) Lead, prepared a special update on the service in record time. We are grateful to both for their time and input.

We also thank Patricia David, Counselling Service Manager, together with Hounslow Youth Counselling (HYCS) and some HYCS counsellors, as well as users, for volunteering their time to respond to our Questionnaires.

For their massive contribution, we owe a deep debt of gratitude to our small but dedicated volunteer group from West Thames College. Despite the wintry weather, they persevered in their efforts to help us hit our target of reaching out to a representative sample of C&YP in Hounslow. This outstanding band of young students consisted of three young volunteers – Humama Falah-Butt, Hania Falah-Butt and Kainat Amir. Without their help we would not have been able to obtain the feedback we needed not only from C&YP but also from users of MH services in the borough. We were also fortunate to be helped by Beena Bhanu, Transactional Analysis Psychotherapist, and HWH Committee Member, and CAMHS Receptionist, Amer Gill, who enriched our sample by helping us to obtain more responses regarding the CAMHS services.

Considering Hounslow schools were crucial for our report, we were keen to liaise with some local schools and reach out to staff dealing with mental health issues in the schools, and to affected pupils. Unfortunately, we found this to be an uphill task.. Despite this, we managed to get a good response from Oaklands and Lampton School. We would, therefore, like to express our thanks to all the staff and students who responded to our call and shared their views and perspectives on Mental Health services.

However, we would never have managed to obtain the wealth of information supplied by about 20 local primary, secondary and special schools in Hounslow without the active help of EIP Facilitator Roger Shortt. HWH would like to acknowledge heartfelt gratitude to him for his invaluable assistance.

For enabling us to gain an understanding of a small but important emerging community in Hounslow made up of Nepalese, we are thankful to Kalpana Lamichchane, Project Coordinator, London Gurkha Settlement Service (GSS, now closed down), for introducing us to two highly motivated young Nepalese volunteers – Sangnuma Rai and Dinika Ale and both volunteers from GSS together with a new Nepalese organisation called AFNO. They worked assiduously to help us to obtain feedback about MH services from more than a score of Nepalese young people in Hounslow, whose input has added value to of our report.

Among Hounslow GPs, we owe special thanks to Dr Mahmud and Dr Elizabeth Davison of the Firstcare Practice. Generous to a fault, Dr Mahmud was even more helpful than before. Together with responding to our questionnaire for GPs, Dr Mahmud also offered to help us to obtain feedback from patients in his practice for our report and from another 14 GPs, both within his Practice and outside of it. Dr Davison graciously allowed me to interrupt her without any prior notice so that I could talk to her about her experience of MH services. In the Firstcare Practice, I would also like to especially thank Saira Juma, as well as Nawal Shire for their help and cooperation.

We are also grateful to the Hounslow CCG's Mental Health lead, Dr Annabel Crowe and Dr Julia Watson-Chalmers, Brentford Health Centre for their insightful comments and their time. Other GPs who were helpful, were Dr. D.P. Tripathi of the Jersey Practice and Dr. Vyas and Dr Khan from various practices in the Heart of Hounslow. Among local Practice Managers, Vijay Jambulingam and Mrs Bharati Kotak helped us by getting many GPs in Hounslow to complete questionnaires.

Within HWH, I am grateful to Tim Spilsbury, HWH CEO, and his insights, guidance and understanding; to Mystica Burridge, HWH's dynamic Volunteer Coordinator, for her constant help, support and camaraderie; and to Stefan Vlajkovic, HWH Support Officer, for his timely help with gently prodding various local MH service providers to respond to our requests for information and data.

Kusum Pant Joshi

Information & Policy Officer
Healthwatch Hounslow

BACKGROUND

Our future is in the hands of our children and young people (C&YP), hence it is indeed a matter of deep concern that so many of UK's C&YP are affected by issues that impact adversely on their mental health and wellbeing.

In Hounslow, C&YP under the age of 20 years, constitute about 25% of the local population and about 77% of school children belong to minority ethnic groups. The health and wellbeing of children in Hounslow is mixed in comparison with the England average. Infant and child mortality rates are similar to the England average, even though the level of child poverty is worse than the England average with 21.5% of children under the age of 16 years living in poverty. The rate of family homelessness is above the England average. Considering their socio-economic condition, it might not be inaccurate to assume that many children and young people in the borough are probably under considerable stress.

An exact estimate of the prevalence of mental health (MH) needs among children and young people MH is difficult due to the fact that information has not so far been routinely collected for many problems that do not involve contact with Child and Adolescent Mental Health Services (CAMHS).

According to a survey of 5 to16 year olds carried by the Office for National Statistics (ONS), 10% of children have a diagnosable MH health problem. If we were to extrapolate this to include the 5 to19 year old population in Hounslow, we can expect to see in the region of 4,352 children with a diagnosable MH problem in the borough.

A Tell Us survey of 2009 suggested that about 61.6% of children in Hounslow were deemed 'emotionally healthy' therefore making it slightly better than the London and national averages (61.1% and 60.5% respectively).

Community surveys in Hounslow in 2011 found that for 63% of young people aged between the years of 10 to 19, bullying was a primary concern. Another area of considerable concern across the borough is self-harm which led to 156 hospital admissions in 2012/13. We have also gleaned that children and young people from some ethnic groups, such as Somalis, experience intense stress levels at school. We have further identified, from various sources, that although MH services are available, there are unacceptable delays in getting referrals to specialist services, such as Counselling.

Local knowledge and demand for services indicates that Hounslow has high levels of children experiencing behavioural problems, ADHD and autism. This necessitates the development of additional provisions for behavioural, emotional and social difficulty and Autistic Spectrum Disorders (ASD), within Hounslow. The number of statemented children and young people with an identified primary ASD in Hounslow has increased from 89 to 297 between 2006 and 2013. Although some needs are currently being met by primary ASD centres, there is a need for further planning so as to increase the capacity for ASD in secondary schools, as the children in the primary centres transfer.

INTRODUCTION

The aim of this survey is to examine Mental Health (MH) service provisions available to, and accessed by, C&YP in Hounslow with a view to finding out their appropriateness, effectiveness, adequacy or inadequacy, and to identify MH pathways, service gaps and any areas for improvement. We also want to look at service uptake by children and young people from some specially disadvantaged ethnic minorities and emerging communities, such as the Nepalese in Hounslow, so as to help to reduce health inequalities, remove barriers to health, cater for diversity and help to prevent the condition of people from deteriorating further due to isolation and neglect.

We would like to understand current MH service provisions in Hounslow and to gauge the direction it is currently taking, and planning to take in the time ahead.

METHODOLOGY

To gather our information, we have focused on a cross section of C&YP in the borough by accessing local schools so as to gain first-hand information of their perceptions towards mental health, and their experiences of services.

We liaised with some key organisations that are providing MH services to our target group, to better understand the provider's perspective, issues and concerns regarding the MH and wellbeing of C&YP in Hounslow. This led us to contact staff in centres such as CAMHS, TaMHS, LBH's Early Intervention Service and Hounslow's Youth Counselling Service. We also felt it would be crucial for us to contact GPs and use the information they provided so as to benefit from their experience and understanding since they are often the initial port of call for patients.

We developed different questionnaires for C&YP so as to better understand their perception of MH, the main issues affecting them and their general views about MH services. Another questionnaire was developed for those who have experience of using MH services. A further questionnaire was used for GPs and MH service providers in places such as CAMHS, or those providing counselling or other MH services through voluntary/ community organisations or schools.

PROVIDERS OF MENTAL HEALTH SERVICES TO CHILDREN & YOUNG PEOPLE IN HOUNSLOW

Children and Young People (C&YP) in Hounslow, who have the need to access help and support for their mental health and well-being, can receive support and services from a variety of providers. While some belong to the statutory sector, others are from the third sector and are made up of voluntary/community organisations.

The main providers of services linked to the MH and wellbeing of C&YP in Hounslow are the following:

1. Child and Adolescent Mental Health Services (or CAMHS)
2. Targeted Mental Health in Schools (or TaMHS)
3. Hounslow Youth Counselling Service
4. Counselling in local Schools/Colleges
5. Early Intervention Service (EIS)
6. West Middlesex University Hospital's ("WMUH") A&E and Paediatrics Unit

Before an evaluation of these services can take place, let us first summarise the main features of each of them in turn.

1. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Also known as CAMHS, this is a specialist service provided by the National Health Service (or NHS). CAMHS offers assessment and treatment to children and young people who have emotional, behavioural or mental health difficulties from the ages of 0 and up to their 18th birthday. Staff members of CAMHS try to help when such children find it difficult to cope within their family, at school, or in the wider world. C&YP, as well as their families, can seek help from CAMHS.

CAMHS tries to assist with a wide range of mental health conditions affecting C&YP. These include:

- Violent or angry behaviour;
- Depression;
- Eating disorders;
- Low self-esteem;
- Anxiety, obsessions or compulsions;
- Sleep problems; or
- Self-harm and the effects of abuse or traumatic events.

CAMHS can also diagnose and treat serious mental health problems such as bipolar disorder and schizophrenia.

Referral Pathways to CAMHS

There are various ways to access and ultimately to get an appointment with CAMHS. The most common referral pathway is via the affected child's GP. Parents can discuss their child's problem with their GP. A child or young person can also discuss their situation on their own with their GP. Thereafter, if the GP feels the need for specialist MH advice, they can then write to CAMHS asking them for an appointment for the child or young person concerned.

In addition to GPs, others professionals and organisations with the power to refer relevant case to CAMHS are:

- Health professionals including Paediatricians, School nurses and Health visitors;
- Schools via the Educational Psychologist, SENCO[1] or the Behavioural Support Team;
- Social workers;
- Youth Counselling Services;
- Youth Justice System (e.g. Police, Youth Offending Team (or YOT staff);
- Youth work (e.g. Connexions [2] Personal Advisers (or PAs); and
- Adult MH services.

How to make a referral to CAMHS

All referrals to CAMHS must be made in writing via the CAMHS referral form which is available online and upon request from CAMHS, or from the website of the West London Mental Health Trust (WLMHT). The form has to be completed with the inclusion of all possible details. It is also essential that, only in exceptional circumstances, the person involved and the person with parental responsibility consents to the referral. A CAMHS duty worker is available on weekdays between 9am and 5pm for discussing potential referrals.

CAMHS Processing of Referrals

Referrals are all screened for appropriateness and urgency. At this point, factors such as severity, duration, complexity, likelihood of response to available treatments and likelihood of engagement, may all be considered. If required, further information may also be sought from a referrer or family. Next, to determine clinical priority, the following categories, or Levels, are applied. It is important to remember, however,

[1] Schools in the UK are required to have Special Educational Need Coordinators (SENCOs) to look after the needs of children with Special Educational Needs (SEN).

[2] *Connexions* is an information, advice and guidance service that aims to help all young people who work or are still learning.

that these categories are only for guidance and the ability of CAMHS to respond to non-urgent referrals may vary according to resources available to them.

Level 1 – Emergency – to be seen same day

Since CAMHS is a community-based service, they do not have the capacity to deal with acute emergency situations such as patients who are actively suicidal, those exhibiting life threatening self-harming behaviour or those who are acutely psychotic. In such cases, the child/young person should be referred directly to A&E for same day urgent assessment. To determine emergencies, CAMHS staff are prepared to discuss with referrers whether or not those cases should be considered as emergencies.

Level 2 – Urgent assessment – to be seen within 5 working days

In instances where there is concern about the risk of suicide regarding a child or young person, or where they present symptoms suggestive of significant psychiatric disorder, they are considered for urgent assessment. Furthermore, for determining priority, consideration is given to the level of risk, distress, impairment, symptom severity apparent, together with other contextual factors.

Examples of significant psychiatric disorders which will need urgent assessment include:

- Symptoms suggestive of Psychosis;
- Attempted or threatened suicide; and
- Symptoms of Anorexia nervosa with any of the following features: rapid or severe weight loss, very low calorie intake for more than 5 days, deliberate self-harm.

Level 3 – priority assessment – to be seen within 4 weeks

In instances where there are serious psychiatric, emotional or behavioural concerns and/or the delaying of an assessment is likely to result in or contribute to significant deterioration, a referral will be prioritised for assessment. Good examples are cases of:

- Moderate to severe depression;
- Severe anxiety;
- Severe or prolonged adjustment difficulties e.g. abnormal grief reactions or post-traumatic stress disorder;
- Deliberate self-harm not deemed to be an emergency; or
- Obsessive Compulsive Disorder (OCD).

Level 4 – Routine – to be seen within 11 weeks

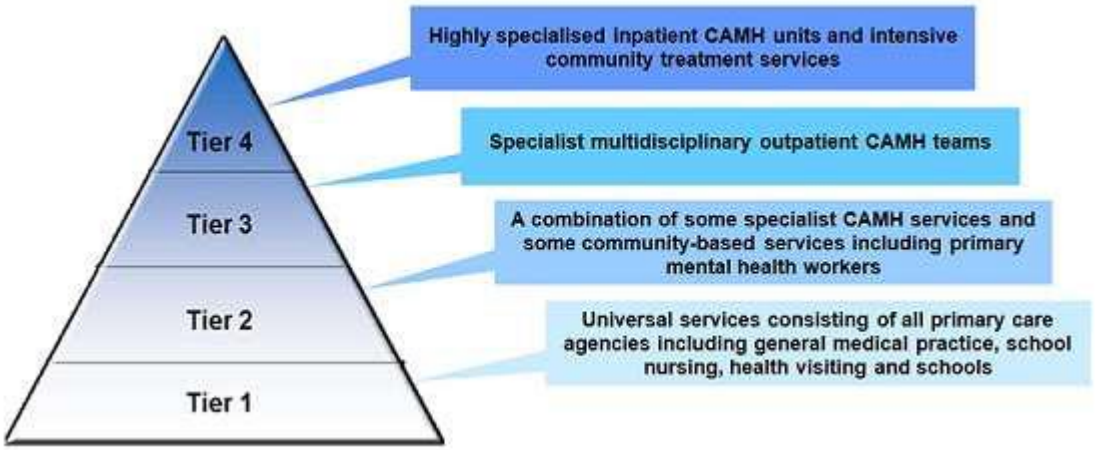
It is the aim of CAMHS to see all accepted referrals within 11 weeks of the referral, as is in accordance with Department of Health guidance. Most of those referred are

reported to being seen far sooner than this. Accepted referrals include persistent and moderate/severe difficulties related to:

- Attention/hyperactivity problems such as ADHD;
- Autistic Spectrum Disorder (Autism, Asperger's Syndrome and other pervasive developmental disorders);
- Depression;
- Anxiety;
- Obsessive compulsive behaviour;
- Post-traumatic stress;
- Difficulties with weight and eating;
- Social and communication difficulties;
- Tourette's Syndrome;
- School attendance difficulties where a clear mental health problem is likely;
- Mental health difficulties associated with chronic physical illness;
- Physical symptoms thought likely to arise from psychological causes; and
- Enduring and complex emotional and/or behavioural problems arising from family or environmental circumstances.

The CAMHS' Model of organising services

CAMHS is also traditionally described as providing services in 4 'tiers'.



This multi-tiered mental health model is a way of visualising how CAMHS services are organised in relation to the complexity of the situation of the child or young person for whom they cater.

A short description of those working with a child or young person in Tiers 1-4 is as follows:

- **Tier 1:** Primary Care level GPs and other single health and local authority workers.
- **Tier 2[3]:** Non-consultant led MDTS - those led by an organisation other than the WLMHT (e.g. Social Services).
- **Tier 3:** Consultant led specialist CAMHS teams, made up of a mix of professionals.
- **Tier 4:** Includes highly specialised inpatient CAMH units, commissioned by NHS England.

It is possible for a child or young person to be using services at several different levels or tiers within CAMHS at the same time.

Professionals in CAMHS

CAMHS have multi-disciplinary teams (MDTs) of child & adolescent psychiatrists, psychotherapists, family therapists, psychologists, nurses, primary mental health workers and allied health professionals.

Their aim is to promote emotional wellbeing and to provide treatment to C&YP who have problems affecting their mental health. They try to do so by offering talking therapies and medication. They can provide a range of therapeutic and psycho-pharmacological interventions, consultation and liaison with other services, including paediatric liaison, and out of hours services. They might offer help and support on an individual or 1:1 basis, and/or a family or group basis. All treatment options are supposed to be fully explained to, and discussed with, users, families or carers.

Due to historic reasons, CAMHS in Hounslow is linked to local schools and provides them with advice, consultation and support. In addition, CAMHS in Hounslow has an education team consisting of advisory school teachers working alongside them. The teachers in the team work with C&YP in CAMHS (based in the Heart of Hounslow, 92 Bath Road, Hounslow TW3 3EL), in local schools and in pupils' homes to improve their mental and emotional well-being and to promote their social and educational inclusion.

[3] Hounslow's CAMHS Tier 2 is provided as part of Hounslow's Early Intervention Service (or EIS). Based in the Hounslow Civic Centre, EIS consists of various services organised into 3 integrated multi -professional strands: Support for Learning, Family Support Services and Targeted Services that all work together to support C&YP and their families to help them reach their full potential and improve their life chances. CAMHS Tier 2 services fall under the EIS' Family Support Services strand or section.

The advisory teachers in CAMHS' Education Team work alongside other CAMHS professionals engaged in the assessment and treatment of children or students. The range of mental health conditions affecting children and young people that they jointly cater for include:

- Autism Spectrum Disorder (ASD);
- Attention Deficit Hyperactivity Disorder (ADHD);
- Depression;
- Anxiety; and
- School phobia and other complex mental health issues.

The CAMHS and Education Team accept referrals for children and pupils aged 5 to 19 years old. Although referrals to CAMHS are made by relevant professionals, all referrals to CAMHS and the Education Team are internal and made by clinicians **within** the CAMHS clinical teams only.

What to expect during the first appointment at CAMHS?

At the first appointment, CAMHS staff meet with the child or young person together with their parents or carers to ascertain what they are concerned about regarding the child or young person in question, and thereafter to decide whether the child or young person needs help. Generally, first appointments involve both children and their parents, but some teenagers may want to be seen alone. In such instances, CAMHS will offer a separate appointment for parents.

2. TARGETED MENTAL HEALTH IN SCHOOLS (TaMHS)

Besides CAMHS, Hounslow also has a service called Targeted Mental Health in Schools, or TaMHS. This is a Clinical Psychology-led service that aims to promote positive MH in schools by using evidence-based psychological interventions, offering both practical and achievable outcomes, and carefully tries to measure them. TaMHS sits within Tier 2 Child and Adolescent Mental Health Services (CAMHS) in Hounslow's Early Intervention Service (EIS). TaMHS tries to ensure that the lessons that are learned from the sciences of wellbeing and MH, are sustainably embedded in local schools in Hounslow. Its aim is to promote positive mental health among C&YP by building the capacity of schools to provide evidence informed interventions such as *Friends for Life*.[4]

[4] *Friends for Life* is a 10 week programme that aims to enhance resilience in children and young people by building upon their emotional, social and cognitive skills. It is based on Cognitive

TaMHS also provides training to teachers and staff in schools. One of them is known as *Everybody's Business.*[5] They also have been promoting STEPS, a computer-based programme for GCSE students to help them to cope with their examination anxiety. [6]

3. HOUNSLOW YOUTH COUNSELLING SERVICE (HYCS)

This is a registered charity based in St Johns Road in Isleworth that offers a free and confidential service for all children and young people living, working or studying in the London Borough of Hounslow. Offering services like those provided by Hounslow's CAMHS Tier 2, falls under the borough's Early Intervention Service (or EIS) and falls under the EIS' Targeted Services strand. HYCS is the only counselling service specifically for children and young people aged between 11 and 25 years of age, besides CAMHS Tier 3 and 2.

Behavioural Therapy (CBT) and covers topics such as learning to identify and challenge unhelpful thoughts, problem-solving skills, and relaxation techniques.

Friends for Life is one of the best researched programmes for anxiety prevention and intervention. Over the past 18 years, the programme has been available, studies have been conducted in Australia (e.g. Barrett et al., 2006), Scotland (Stirling Council Educational Psychology Service) and England (Stallard et al. 2008). Although the effect sizes are in line with other CBT-based programmes (see meta-analysis by Niel & Christensen, 2009) few if any other programmes have had such extensive research demonstrating consistent and lasting effectiveness. In 2004, Friends for Life was recommended as a preventive intervention for anxiety by the World Health Organisation (WHO, 2004).

Friends for Life can be delivered as a universal intervention to promote positive mental health across a whole year group, or as a targeted intervention for children and young people at risk of developing mental health problems. TaMHS supports schools with *Friends for Life* by training school staff to facilitate the programme, by providing ongoing consultation, and by systematically measuring and reporting outcomes. (From*: Targeted Mental Health in Schools (TaMHS) – Update for Healthwatch Hounslow* by Dr Ben Aveyard, March 2016.

[5] *Everybody's Business* is a 3 hour mental health awareness training, delivered free to school staff and other colleagues such as Educational Welfare Officers and Youth Offending Service staff. The aim of this training is to enable colleagues working with children and young people to promote factors that enhance emotional wellbeing and to work in a joined up way CAMHS to support those with mental health needs.

6 STEPS is a computer based self-help tool for GCSE students who struggle with test anxiety. It is a 6 session course that teaches students CBT– based stress management and study skills to help reduce distress and improve exam performance. TaMHS has been working with academic partners at the University of Edge Hill to run a randomised controlled trial of STEPS as a targeted facilitated group for the students with the highest test anxiety in 2 Hounslow secondary schools.

Their funding is uncertain and comes from various sources. As described by a member of HYCS staff, they have: ***"Schools fund provision in 7 schools in the Borough; Feltham Young Offenders Institution (YOI) funds counselling in the prison; and the Borough-wide service operating from 78 St John's Road is funded in part by LBH, BBC children in need (2nd Year of 3 year funding), together with 1year funding from NHS England to deliver 15 counselling sessions per week to reduce the waiting time for young people and donations."***

At present, the average waiting time for a HYCS user before he/she receives an initial assessment, is 1 week. The average waiting time for a user to start getting regular counselling appointments, is 10 weeks.

The HYCS offers counselling on a 1:1 basis. The organisation, open to young people from all sections of the community, claims that it does not discriminate against anyone on the basis of gender, ethnicity, race or religion, and also caters for C&YP with disabilities. HYCS offers counselling to C&YP displaying a wide range of behavioural and emotional difficulties. These include: anxiety, panic attacks, depression, family issues, bullying, eating disorders, self-harm and abuse.

Users of the service, as well as the number of counselling sessions, have continued to rise annually. For example, the total number of users increased from 547 in 2013, to 857 in 2015, and counselling sessions rose from 3,604 in 2013, to 4,811 sessions in 2015.

HYCS also provided us with additional information regarding HYCS and C&YP in Hounslow. This is summarised below as it indicates areas of need and those that have implications on service development:

- HYCS needs to reach out to the whole community, which they are working towards through both schools and Feltham YOI;

- Statistics for the last reporting year (2014 to 2015), show that HYCS saw 51% male, and 49% female, young people and that overall, 51% were from the BME community;

- There are predominately more female counsellors than there are male counsellors in the counselling world. Overall, in HYCS there are 30 female counsellors and only 3 male counsellors, with 2 working in the prison.

- In 2014-2015, 17% of HYCS users were Black, 13% Asian, 9% Mixed Heritage and 11% White Other. There was a lack of unanimity within HYCS respondents about whether or not these percentages were a true representative of the young people needing such services in the borough. Obviously, some were of the view that that there were bound to be *"large pockets of young people who*

do not access the service for a variety of reasons and HYCS does not have the resources to offer a service to young people who might need a translator [interpreter]".

4. EARLY INTERVENTION SERVICE (EIS)

As described in the EIS brochure, *"early intervention means getting involved early, or as soon as possible, to tackle problems emerging for children, young people and their families by providing the right support at the right time".*

To implement this objective, the EIS works in partnership with various services, such as school staff, health professionals, children centres and youth centres, all in the interest of C&YP. Their aim is to jointly achieve the common goal of supporting C&YP and empowering their families to resolve their problems, preventing potential issues from arising so that C&YP can reach their full potential and improve their life chances.

EIS provides a multifaceted service with a holistic approach. It works in partnership with professionals from diverse backgrounds and specialisms. The 3 teams within Hounslow's EIS directly engage in trying to cater for the MH and wellbeing of C&YP and their families in the borough. These three teams are the **Family Support Services** (which also includes CAMH Tier 2 Services), **Targeted Services** (which also includes Hounslow's Youth Counselling Service) and **Support for Learning** that has a host of professionals, namely educational psychologists, advisory teachers for behaviour, learning & specialist reading (Dyslexia), early years SEN teachers and the therapeutic group support initiative titled: *Let's Talk Programme for C&YP and Mothers affected by Domestic Violence* which is led by an integrative psychotherapist.

4. 5. SCHOOL/COLLEGE COUNSELLING FOR C&YP

According to *Counselling in schools: a blueprint for the future, departmental advice for school leaders and counsellors,* 2016[7], the UK government declared that:

"Over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them ... It recognises that effective counselling is part of a whole school approach to mental health and wellbeing"

Due to the paucity of information forthcoming from local schools, it has not been possible for us to get a clear picture of counselling services available to C&YP in local secondary and primary schools in Hounslow. For instance, we know that in

[7] *Counselling in schools: a blueprint for the future, Departmental advice for school leaders and counsellors,* Department for Education, February 2016.

some local secondary schools (such as Lampton School) and colleges (such as West Thames College), pupils can access counselling services provided by the school/college regarding various issues affecting them. However, we do not know for certain if all schools are providing counselling services.[8]

5. 6. WEST Middlesex University Hospital's A&E AND PAEDIATRIC WARD

Though unable to obtain information directly from West Middlesex University Hospital (WMUH) on C&YP, as seen by their A&E Unit and Paediatric Ward, we were informed by CAMHS staff that if some of Hounslow's C&YP in crisis situations, report to WMUH's A&E are given an Emergency Assessment from the A&E psychiatric liaison service based in WMUH
Over the last 3 months, there were reportedly 23 urgent referrals from WMUH to CAMHS. As reported by a member of CAMHS' staff:

"Most of these young people will be admitted to the Paediatric Ward so that they can have a thorough mental health and social care assessment. In the hospital's Paediatric Unit, Paediatricians make sure they are physically well, (particularly relevant if they have self-harmed or have taken an over-dose)."

They also undergo an assessment by a member of the CAMHS on an urgent basis the next day, and are seen by a social worker.

[8] This lack of certainty about counselling services in schools was also evident within MH service providers in the borough. For instance, when asked whether counselling services were available to pupils in local schools, a staff member in Hounslow CAMHS said: "All secondary schools [in Hounslow] have access to counselling but I don't believe all primary schools do." Likewise, the response of a member of staff from TaMHS was equally unclear:*" It is their [every local school's] individual decision and funding, and though a number do, most don't"*

MAIN FINDINGS ON KEY PROVIDERS OF MENTAL HEALTH SERVICES

1. FINDINGS ON CAMHS

ISSUES RAISED BY CAMHS STAFF

For an introduction to CAMHS, we were invited to attend a meeting with CAMHS staff. We also attended one of the group meetings held for young CAMHS users in the Heart of Hounslow (HoH). These interactions helped us to gain an understanding of the vital MH services provided by CAMHS to C&YP in Hounslow.

In addition to explaining their services, they also referred to some of the issues that they were facing. We have summarised these as follows:

- Despite their counselling and MH services, they felt that they only *"reach a proportion of those who would benefit and there's a lot more unmet need";*
- Despite their hope that GPs and schools understand MH services, *"there's always more we could do to spread information …";*
- There is no Bereavement service for C&YP in Hounslow;
- The waiting time is an issue, unless there is something really very serious to escalate service provision; (Please see table on the next page showing CAMHS waiting time in various West London boroughs, including Hounslow.[9]).

[9] Taken from: North West London Clinical Commissioning Groups. Children and Young People's Mental Health and Wellbeing Transformation Plan. In response to *Future in Mind* October 2015.

CAMHS Waiting Times June 2015[20]									
	CLCCG	WLCCG	H&F	Ealing	H'slow	H'don	Brent	Harrow	TOTAL NWL
Referral – Assessment: Under 4 weeks	26 (66.7%)	17 (60.7%)	15 (55.6%)	3 (25%)	2 (7.7%)	10 (21.3%)	16 (29.6%)	8 (18.6%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	7 (17.9%)	10 (35.7%)	10 (37%)	4 (33.3%)	9 (34.6%)	9 (19.1%)	16 (29.6%)	28 (65.1%)	93 (33.7%)
Referral – Assessment: over 11 weeks	6 (15.4%)	1 (3.6%)	2 (7.4%)	5 (41.7%)	15 (57.7%)	28 (59.6%)	22 (40.7%)	7 (16.3%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	30 (83.3%)	12 (60%)	17 (68%)	6 (66.7%)	8 (57.1%)	11 (45.8%)	23 (79.3%)	5 (83.3%)	112 (68.7%)
Assessment – Treatment: 5 - 11 weeks	5 (13.9%)	6 (30%)	5 (20%)	1 (11.1%)	6 (42.9%)	9 (37.5%)	3 (10.3%)	0 (0%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	1 (2.8%)	2 (10%)	3 (12%)	2 (22.2%)	0 (0%)	4 (16.7%)	3 (10.3%)	1 (16.7%)	16 (9.8%)

From the table, it is evident that in Hounslow:

- The waiting time for the majority (58%) of C&YP, between when they are referred to CAMHS and when their assessment is made, is over 11 weeks.

- The waiting time between the referral to CAMHS and the assessment for a substantial number of C&YP (35%), is between 5-11 weeks.

- The waiting time between referral to CAMHS and the assessment is below 4 weeks for only about 8% of C&YP.

- The waiting time between assessment and treatment in Hounslow for the majority of C&YP (57%) is under 4 weeks, between 5-11 weeks for 43% of C&YP, with none of them having to wait beyond 11 weeks.

In Hounslow, the waiting time for C&YP between their assessment and treatment by CAMHS is better than in some other West London Boroughs. However, its performance as regards to waiting time compares poorly with other West London boroughs. It is, therefore, clear that CAMHS in Hounslow definitely needs to reduce waiting time for affected C&YP and their anxious parents/carers who have often been kept waiting for long periods for their assessments.

- If a young user happens to miss an appointment, they are treated in an inflexible way by providers suddenly closing their cases as opposed to helping them to keep their appointment, or offering any form of follow up. For example, a local school told us that instead of being exacting, it would be helpful if CAMHS were able to prevent DNAs (Did Not Attend) by sending C&YP/their family, a text message or reminder regarding their appointment and other activities.[10]

[10] Regarding lack of engagement, a CAMHS staff member explained that*: "If families do not engage, we need to be mindful of the demand on CAMHS and MDT team discussions are always held around*

- CAMHS are presently under pressure because LBH's educational provision through CATE (or Continued Access to Education), a centre for children with special needs who cannot cope in mainstream schools, is presently full to capacity and cannot take in any more children.

As explained by CAMHS' Jacqui Morrell:

"CAMHS works very closely with CATE; we make most of the referrals to the centre and support the teachers in working with the young people there. We have termly meetings with CATE staff to discuss the young people both agencies are working with. When CATE is full it does increase the pressure on the team here as children's mental health is likely to be impacted on by not being in education. If the children are trying to manage mainstream school whilst waiting for a place in CATE they are going to need much more input from us"

ISSUES ON CAMHS RAISED BY LOCAL GPs

Not unlike some of the points mentioned by CAMHS users/their parent carers,[11] some GPs in our sample of about 20 respondents,[12] criticised CAMHS on the following grounds:

- The referral pathway is too complicated, confusing, unclear and difficult to access;

- There is the need for the referral system to be simplified by introducing a simpler and clearer pathway;

- There is the need to move away from the CAMHS multi-tiered system of providing services as it creates confusion and delay, and to provide services through a Single Point of Access (SPA).[13] Hounslow's intention to move in this direction is evident from this excerpt from the local information and implementation plans for Hounslow CCG and the London Borough of Hounslow,

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families that are not engaging in treatment."

[11] See pp 16-17 of this Report.

[12] We received feedback on MH services from about 20 GPs from various areas of Hounslow.

[13] Oct 2015 Transformation Board Meeting, Annex G, Local information and implementation plans for Hounslow CCG and The London Borough of Hounslow

Annex G, Oct 2015: *"There is currently a SPA to early help services in Hounslow and another key part of this work will be to develop this so that there is a SPA into the mental health pathway;"*

- CAMHS tends to pass on referrals made by GPs to other providers (e.g., Early Intervention Services (EIS);

- CAMHS referral threshold is *"very high,"* so much so that at times C&YP *"have to be suicidal"* before they can expect to be given an urgent response;

- CAMHS doesn't accept patients and "*gives alternatives, but often these are by self-referral and the young person/family needs support to access these services and the opportunity is missed or the alternative service [for example EIS] is too complex to access, or its referral routes are not clear*; "

- The waiting time, or time lag between CAMHS appointments, is too long and this is not helpful as the condition of the C&YP could then worsen. Long waiting times as being an issue is corroborated from some responses to our questionnaires. For example, both users and carers referred to long gaps between CAMHS appointments. Whilst some wished for improvements in the *"waiting time for appointments and follow ups"* and "*more staff so that waiting times are shorter*", another user's comment indicates the excessively long waits between appointments:

  "I had to wait nearly 18 months to two years for this next appointment"

- The diagnosis of C&YP with some health issues such as ADHD/Neuro-Developmental conditions have to wait for a very long time. Currently, the waiting period has been brought down in Hounslow from 13 to 10 months. Explaining the delay, a local GP ventured to add that perhaps it was due to a combination of factors. Among these they included the following: lack of clarity about the referral to the correct provider; time spent on waiting for information exchanges between schools, parents and those diagnosing MH conditions; and those making a diagnosis trying to ensure that there is no margin for error before making a diagnosis that could have serious implications on the future of a child or young person;

- Even after diagnosis, sometimes there is a delay in informing GPs of results. Explaining the time taken, a CAMH staff member explained that it is only after diagnosis, that GPs are sent an *"extensive report"* which *"takes time to finalise;.*

- Involvement of GPs in some cases of C&YP with MH issues is unnecessary/ avoidable. For example, in a case where there is the need for acute admission, it should be possible to liaise between CAMHS and paediatricians, not GPs. Likewise, there could be immediate access to child psychologists without GP intervention because GPs have neither the time nor the right skills to deal with such MH cases;

- The sharing of prescribing documents needs to be taken seriously. The CAMHS team has to alert patients that they need to see their GP every 6/12 months for a medical review;

- MH IT should be compatible with SystmOne*;* and

- There are many staff changes in CAMHS.[14]

FEEDBACK ON CAMHS FROM USERS WHO ARE C&YP

To gain a clear understanding of what users felt about services received from the CAMHS, we wanted to obtain feedback from children and young people who had experience of using MH services in Hounslow. We managed to receive completed questionnaires from 27 users.

We also managed to obtain feedback from the 5[15] carers of children with MH issues aged 18 or less who had experience of receiving services from CAMHS in Hounslow.

It was evident from our sample of 27 C&YP with experience of CAMHS, that:

- They had accessed CAMHS in Hounslow **for a variety of MH conditions** such as anxiety/depression, bulimia/BPD/psychosis/childhood trauma, bullying/behavioural problems/ feeling suicidal/ self-harm/eating disorders/low self-esteem;
- They had received **therapies** like: psychotherapy, 1:1 counselling and support group meetings. One had been also admitted for treatment in hospital; and
- They said that **their needs were met** and they also described the **care and support received as well-organised, compassionate and caring.**

ISSUES RAISED BY USERS/ PARENT CARER RESPONDENTS OF CAMHS

- Long waiting times that could sometimes run from about 18 months to 2 years, before they received CAMHS services;
- Excessively long delays for diagnosis of some MH conditions. For instance, a Somali mother who did not complete one of our questionnaires, said in a meeting that it had taken the local MH Services, many years to diagnose the MH condition of her daughter. She added that her daughter had been very unhappy as she felt

[14] On the day we were at CAMHS for a meeting, one staff member announced that they were leaving CAMHS to take up another job.

[15] Out of our sample of 5 Parents/ Carers of C&YP with MH, 2 were part of a conference for carers of those with various disabilities at Master Robert Inn, Heston in Hounslow, and 3 other carers were contacted via the Heart of Hounslow.

bullied in the local mainstream school, and that because the school had failed to provide the support her daughter needed, she and her husband had had no choice but to find the funds for her education in a private school from their own resources;

- Long gaps between CAMHS appointments;
- The need for better communication between users and providers;
- Shortage of staff, inadequacy of the range of available counselling/therapies and group therapies; and
- The insufficiency of assistance at the time of transition from inpatient to an outpatient situation. For instance, when asked if he/she had noticed any area of mental health services that needed improvement, a young user of CAMHS who was otherwise pleased with the local services provided in Hounslow, clearly said: *"transition from inpatient to outpatient."*

In addition to the above, **PARENT CARERS** in our sample also mentioned the following significant gaps in CAMHS:

- The need for better communication between parents/carers of MH users;
- The need for more sessions with CAMHS professionals. For example, their wards seeing a Psychiatrist only once a year or 4-6 times a year is/was not sufficient;
- The imperative need for Psychiatrists to build proper rapport/relationship with a child;
- The need for wider information dissemination about CAMHS, as well as other MH services via schools and social media;
- Available information about services that is not digital only;
- The need for a consistently empathetic service towards CAMHS users and their parents/carers. This was evident from the following statement of a parent/carer:

"Don't dismiss a parent's point of view on their child's difficulties just because they are not obvious in a 40 to 60 minutes session"

- The need to realise that the needs of parents/carers dealing with a child are *"great"* and that *"dealing with a child with MH difficulties is hard".* Some CAMHS users, for example, mentioned that outside CAMHS, they often received poor services from GPs because: (1) getting an appointment was generally very difficult;(2) even after getting an appointment, it was not easy to manage/restrain a child or young person affected by mental illness, in the waiting area, especially if the waiting time extended beyond a reasonable period; and (3) that even crossing these hurdles, GPs tended to ignore them, to be impatient with them and to underplay the importance of what they had to say about their wards;

- The need to support Parents/Carers by *"running workshops for Parents/Carers on 'How to Deal with their Children' ".*

6. FINDINGS ON HYCS SERVICES: VIEWS & ISSUES RAISED BY HYCS' STAFF/OTHER MH SERVICE PROVIDERS/ REFERRERS ABOUT HYCS

We received responses from 7 members of staff from HYCS that provides counselling services to C&YP in Hounslow. We also collated information on HYCS from other MH service providers and referrers such as GPs. From their responses it was evident that:

- There is a very high demand for counselling services for C&YP in Hounslow;
- That C&YP have to wait up to 3 to 4 months, and sometimes even up to 6 months, before they can access the service;
- The demand for counselling services is beyond the present capacity of HYCS, with counselling being rendered virtually unavailable for anxious teenagers;
- The high demand for counselling services in the borough and the long waiting list clearly demonstrates that counselling services for C&YP are underfunded and that there is a clear need for more funding to cater adequately for local needs;
- It is possible that C&YP from Black British/African/Caribbean ethnic groups may not be adequately represented in/referred to HYCS due to issues such as cultural resistance or stigma attached to MH. A member of staff believed that: *"Young black male/Caribbean or African (outside of Feltham Young Offenders Institute), see a visit to such a service as a weakness;"*
- HYCS might need resources to offer a service to young people who needed a translator/interpreter;
- Regarding young offenders, there is the need *"for more male counsellors in the prison;"*
- Though HYCS believe that they are regarded by statutory services as a *"professional organisation",* the following observation of an HYCS staff member typifies the feelings of others in the organisation as being "*limitations in funding and dependency on [the] borough to provide accommodation are a constant threat to the service."*

VIEWS & ISSUES RAISED BY HYCS USERS

We received responses from 6 HYCS users who were all unanimous in describing HYCS services as:

- *"Excellent";*
- *"Compassionate and helpful;" and*

- Although some users felt that the waiting time for their counselling appointment was *"reasonable*", an equal number of users mentioned having to wait for many weeks for an appointment. One user complained that despite having *"received the initial appointment for assessment within two or three weeks [I] had to wait another four months before being seen regularly."* This is corroborated by what was said by HYCS staff (please see point no.2 above.)

2. FINDINGS ON SCHOOL & COLLEGE MH SERVICES

FEEDBACK FROM USERS OF MH SERVICES FROM SCHOOL/COLLEGE STUDENTS

From our sample of 9 users of counselling services that were provided by their local school (5 users) and college (4 users), 50% said that they had experience of **counselling services** for **conditions** like anxiety and/or depression and OCD.

Despite generally agreeing that their needs were met and that they received adequate support and care, they also listed some negative points which are listed below:

- Long waiting times before receiving counselling;
- The need for more training in mindfulness and ongoing support from trained professionals; and
- Their issues often remain unresolved in spite of the positive feelings that the support/counselling services seemed to provide them with.

FEEDBACK FROM PROFESSIONALS IN LOCAL SCHOOLS

We were able to gather views of a representative cross section of professionals from over 20 local primary, secondary and special schools in Hounslow. The most significant points regarding MH services for C&YP that emerged from our respondents from schools is as summarised below:

- Schools **do not feel well supported by available MH services** in Hounslow *(For actual responses to our question on this issue, please see boxed text on page 28);*
- **More frequent and better communication between schools and MH service providers would be beneficial**;

- Though CAMHS provides a good service after diagnosis of some MH conditions and its LGBT Group work is positive, it has many **short comings**:
  - The CAMHS' referral pathway is confusing and unclear;
  - Its threshold is very high; the threshold for CAMHS Tier 2 needs to be shared with schools;
  - The waiting time for all services provided by CAMHS is exceptionally long – more than 9 months – which is not appropriate for families in crisis;
  - There is little or no direct communication between CAMHS and schools, apart from written reports; and
  - Meetings held at CAMHS which were attended by schools, are no longer taking place.

- **CAMHS could improve services by:**
  - Improving their lines of communication, informing schools about the progress of school pupils in CAMHS;
  - Providing follow-up support to C&YP instead of penalising them by suddenly closing their cases without notice because they have missed an appointment; and
  - By providing more support and advice to carers/parents at crucial points during a child's educational progression.
- Counselling services for C&YP are inadequate and waiting times are unacceptable;
- Waiting time for counselling sessions could be improved by a 1:1 triage system;
- **Long waiting times for diagnosis** and assessments of special needs are having a negative impact on C&YP. "*The waiting time",* said one school:

  "can mean that one school refers the child for therapy whilst another school is educating the child when the therapy is finally delivered. This 11-month wait can mean the difference between a child potentially staying at school and being excluded. We are always told that early intervention is best practice but when you are involved in a process that takes twice as long as an EHCP[16] but seems to be much less complicated, the children are always going to suffer"

  Lamenting that **early intervention was not happening**, one school said: *"We need early intervention and if sometimes we are waiting a long time for an*

[16] Education, Health and Care Plan (EHC Plan or EHCP). These are, basically, the official documents that record a child's special needs and note what extra accommodation schools need to make, what extra support or therapy a child is entitled to, and what kind of school can meet their needs.

assessment, it is no longer early intervention." Pointing out that delay was dangerous, another school declared:

"Children who have experienced trauma need early intervention to prevent mental health issues from dominating their lives. Currently it is difficult to access MH support even when the child is showing clear signs of mental ill health, [and] earlier intervention could prevent this"

- *"**TaMHS provide a good service** by supporting pupils*" and "*TaMHS' Interventions have been effective **and pupils have benefited from the Friends for Life programme.**"*
- Due to the inadequacy of MH service provision and delays in accessing services, schools are having to deal with significant MH problems of pupils for which they are not qualified**;**
- There is the need for training of teachers and school staff working with C&YP to enable them to recognise MH issues affecting them and deal with them appropriately;
- **Preventative measures** and the introduction of **coping strategies** before MH issues escalate, would benefit C&YP; and
- Regarding MH issues, an area of concern raised were **MH issues of children arriving from troubled parts of the world.** This was described by one school as follows: *"Increasingly numbers of families moving into Hounslow from abroad are arriving with very significant trauma and PTSD; there is no support for these children. These children have often witnessed atrocities, had close family members killed, have been witness to or subjected to extreme ideologies (e.g. Afghanistan, Syria, Iraq and Somalia)"*

RESPONSES TO FEELING UNSUPPORTED & TO MH REFERRAL PATHWAYS FROM PRIMARY SCHOOLS

1. The mental health service has limited contact with schools and there seems to be a very one-sided conversation when contact is made. In my experience, the mental health service seems reluctant to be actively involved even when a referral has been accepted. They are happy to wait for the outcomes of other interventions and seem to put off their own work for as long as possible. Staffing and absence have also been raised as issues by families who are very quickly discharged for non-attendance but who have been given no notice of meetings being cancelled by mental health services. This rather high handed approach does not win the trust and support of families.
In infant schools we have, perhaps, fewer incidences of mental health concerns but when we have experienced them and the children have been supported, the sharing of information and strategies to help the child in school has been poor.
The mental health service seems to exist in its own little bubble and is not troubled by the concerns of anyone else. The lack of understanding of education, its

expectations and time scales is also worrying and unhelpful (but not limited to this branch of NHS Therapy provision).

2. Referral pathways are unclear – we are not sure as to whether we are able to or how to make direct referrals from schools. Where can we turn for children in crisis? Tier 2 services are not readily available and helplines are not always manned. Diagnosis assessments and appointment waiting lists are very long processes and this is very frustrating for families who are waiting for diagnosis in order to complete or apply for EHCP's.

3. No, there is very little on offer for primary-age children. It is increasingly difficult to get support for children with emotional barriers to learning and mental health difficulties. Once you have made a referral, you often don't hear about the outcome. There are no strategies offered. The referrals often are not accepted as the threshold is so high. Professionals often cannot work with some vulnerable children as the home environment isn't settled, therefore, there is a gap in support for some of the most vulnerable children.

4. Pathways are clear for pupils with ASD or ADHD type difficulties. There is good support initially for pupils who receive a diagnosis of ASD. It is more difficult to access support for pupils with other mental health needs.

5. No – many concerns – very difficult to get advice or support.

6. No.

7. No.

8. Schools are not adequately supported by mental health services. CAMHS tier 2 seems to have very high thresholds, cases only ever seem to be actioned at the request of the Educational Psychology service and not by schools directly. We have not had 1 case accepted by tier 2 for at least 10 years when school has referred.

9. No, the Mental Health Services are far too slow in meeting the needs of the children and young people, the process is too slow, and the referral process needs to be much quicker, efficient and effective.

10. No, I do not feel that we are adequately supported and referral pathways remain confusing and unclear.

11. No, confused about how to access, what the thresholds are and frustrated by lack of communication / delayed response.

12. I feel the service is very stretched and waiting lists are too long. And sometimes referral pathways can be confusing.

13. As a school we have noticed the pathways taking significantly longer to process with timeframes increasing from 6 months to 11months. Children given a diagnosis of ADHD are invited to children's workshops and we have benefitted

from specialist CAMHs teachers visiting the school to advise staff on how to meet their needs. However, children given a diagnosis of ASD have appeared to have been given significantly less support, and there is little or no support or advice provided for staff trying to support them in a mainstream setting. Parents would also benefit from advice from CAMHS. For example, schools especially at times of transition.

14. Capacity is a major issue: pupils and families are facing long waiting times before they can be seen. The needs of children are not being met. EPs having to pick up assessments before referrals are made, puts pressure on the already stretched EP service and reduces their capacity and effectiveness.

15. Pathways aren't clear. Schools can find it difficult to make a referral. It seems that a doctor referral to CAMHS is taken more seriously and children are seen more quickly. The support provided is not always adequate. An example: we referred a child presenting with Selective Mutism, as recommended by SLT. She was seen once but will not be seen for treatment and no support has been offered.

FROM SECONDARY SCHOOLS & SPECIAL SCHOOLS

16. To a certain extent I do. There are certain practitioners who I think are fantastic and will always offer great support and advice in regards to our students. However, I feel sometimes that it is not always clear - the students are going to CAMHS but it is unclear what the end goa is, what the plan is. I understand that there needs to be confidentiality but we also need to know whether what we referred the child for is or isn't being addressed.

17. The referral pathways are clear and when a pupil meets the threshold the support given can be good. However, referrals often take a long time to be processed with little to no feedback, and cases can be closed with no notice. The service is not forthcoming with information and referrals that meet the threshold are inconsistent, and if a pupil fails to attend an appointment the case is often closed. Recently, we've noticed a quicker turnaround. We hope that this is maintained.

18. Long appointment waiting times are hindering young people from accessing the mental health service. Because of this young people are left with problems that can escalate into emergency situations. Once engaged with the service, support is effective provided that parents are supportive and attend appointments. These appointments are not regular, and have long gaps between meetings. The referral pathways are clear and adequate.
    It is not always possible to get through by telephone for advice, particularly after 11am. Once accessed, advice is clear, practicable and followed up by duty social worker.

19. I believe that the service is stretched which means that it is not meeting the needs of all students. The referral pathways are unclear and this needs addressing. It is difficult to speak to someone at CAMHS and the reception service is generally rude and brusque.

20. Because our children have learning difficulties there are aspects of the work that

is commissioned by the Maudsley. This creates difficulties because of the distance parents have to travel. For those parents with severe autistic children having to travel on public transport, can make this service inaccessible. There is no broad spectrum service for children with learning difficulties.

21. Mental Health Services are not very "visible" for pupils attending Alternative Education Programmes as these pupils have often dropped off the official grid. When we have come across such cases we have had to push very hard and rigorously advocate for the young person to be seen by any of the mental Health services, as more often than not we are told they do not meet the required treatment thresholds.

22. It is a jumping-through-hoops system.

23.

24.

25. **SOME CRITICAL OBSERVATIONS ON MH SERVICES FOR C&YP**

During our survey, we came across some very critical views from providers of MH services as well as referrers to MH services such as GPs. Some were about mental health services in general and others were about specific parts of the service. We are including them in our report to make sure commissioners and providers of services are aware of them:

- ***"Very poor service for children with mental health issues. I am not able to see adequate services available for these children;"***

- ***"Need to have more organic services. The service/ support should be available to children and families … Most children do not get any support at all;"***

- There may be language barriers, but more often the lack of available services is the more significant barrier especially for children with LD [Learning Disabilities].

- ***"Not at all satisfied with MH services for children with disabilities. Some children [with disabilities] do not have any access to MH services at all. After working in this area for a long time, I feel that there is a huge gap in services. The MH services have been God damn disappointing."***

- There is an interest in bringing service providers together to work in partnership in the interest of users and their parents/carers. But, despite the fact that HYCS has supported the Adolescent Mental Health Forum in bringing both statutory and voluntary organisations together, joined up working has been a slow process due to the many re-organisations in local authority, together with other barriers. Moreover, there is a need to build meaningful partnerships in other areas of MH too. For instance, as observed by a local school: ***"the triangulation between social care, education and health is not working. It is an unequal partnership."***

- Besides difficulties of referral by GPs and schools to CAMHS, GPs can be faced with problems while referring cases to the WMUH's Paediatric Unit. Describing the

struggle, a local GP wrote: ***"… we have to refer to the Paediatric Unit at WMH and it's always a battle to get them to accept the child or young person."***

FINDINGS FROM NON-USERS OF MH SERVICES

Besides users and providers of MH services in Hounslow, we also accessed C&YP who said that they did not have any experience of using local MH services. We did so in order to find out their views and perception of MH, any information and knowledge of MH services, and their views on what could be done to improve the mental wellbeing of C&YP.

We interviewed a sample of 103 non-users of MH services in Hounslow. Twenty three of these non-users were of Nepalese origin (these are discussed in a separate section.) The remaining 80 consisted of a diverse mix of C&YP. They were either school pupils or students of West Thames College. Most of them were aged between 15-18 years, and a very small number were slightly older. A greater proportion of our respondents were female. Our sample reflected the ethnic diversity of the borough as it consisted of young people from diverse ethnic backgrounds.

SEX OF RESPONDENTS

Male	Female	Not specified	Total
30	47	3	80

AGE OF RESPONDENTS

10-15 years	15- 18 years	18+ to 22 years	Age not specified
14	59	4	3

ETHNICITY

Asian	White	Black	Other	Not specified
33	12	14	14	7

The main findings that were evident from responses of C&YP in our sample and that could have a bearing on developing present and future MH services in our borough, are as follows:

- The majority (approximately 63%) of our respondents displayed a negative perception of what can also be called a medical or pathological view of MH. This was irrespective of whether they were male or female or which age, or ethnic group, they came from.

Thus, instead of being factual or looking upon mental health as a condition, the responses of these respondents clearly indicate that they automatically tended to look upon MH as something that was negative; problematic or a condition of ill health, a disease or an affliction that affects people.

To illustrate this point, we have selected a few examples from the descriptions of MH given by local C&YP when we asked them to briefly describe what they understood by "Mental Health":

- *"Mental Health is a condition when individuals are not stable mentally and it can involve psychological problems"*
- *- "[It is] when you are not able to see difference between reality and imagination"*
- *"It is when someone is mentally sick"*
- *"Mental Health is when your brain doesn't work properly"*
- *"It is a psychological illness which individuals may suffer from"*
- *"It is when the mind of an individual is unstable due to conditions such as BPD [Bipolar Disease], anxiety and depression"*

- Compared **to 41.25% of our respondents who said that they had received or found information about MH on their own from various sources**, a higher proportion of respondents **(47.5%) said that they had not received information about MH from others nor found such material on their own.**
- **35% of our respondents said that they felt that they were well-informed about local MH services.** This was the same as that of those who felt that they weren't well informed about MH services**. About 28% felt that they were not sure whether or not they knew about MH services.**
- **79% of our respondents wanted greater use of social media and apps so as to increase general awareness about MH,** and providing MH support.
- An overwhelming majority of respondents **(80%), suggested that the teaching of MH should be part of the National Curriculum in the UK** with only a very small number (about 4%) who said they were against this idea.

Further details about all the findings mentioned above are summarised in the following tables:

CHILDREN & YOUNG PEOPLE'S PERCEPTION OF MENTAL HEALTH

% of those with a perception inspired by Pathological/ Disease Model of MH	% of those with a non-Pathological or Normal perception of MH	% of those who were unsure about how they perceived MH	% of those who did not express their perception of MH
62.5	17.5	12.5	7.5

PERCENTAGES OF RESPONSES FROM CHILDREN & YOUNG PEOPLE ON RECEIVING OR SEARCHING OUT MH INFORMATION

% of 'YES' responses	% or 'NO' responses	% of 'Unsure' responses	% of those who did not respond
41.25	47.5	11.25	0

PERCENTAGES OF RESPONSES FROM CHILDREN & YOUNG PEOPLE IN OUR SAMPLE TO 3 QUESTIONS ON MENTAL HEALTH

LIST OF QUESTIONS	% of 'YES' responses	% or 'NO' responses	% of 'Unsure' responses	% of those who did not respond
1. Do you feel well-informed about local MH services?	35	35	27.5	2.5
2. Should there be greater use of Social Media and Apps for MH Education and support?	78.8	11.2	7.5	2.5
3. Should MH education be part of the National Curriculum?	80	3.75	10	6.25

FINDINGS FROM AN EMERGING/NEW COMMUNITY – THE NEPALESE

With help from two young female volunteers from the local Nepalese community, we completed questionnaires from 23 C&YP from Hounslow as our sample on one of the boroughs new or emerging communities. Most were aged between 15-18 years and a very small number were aged between 18+ to 20 years. There were more females in the group than males.

FINDINGS FROM OUR NEPALESE SAMPLE

- All of them said that **they had never used any MH services available in the borough**.
- With just one exception, **all our Nepalese respondents said** that **they did not have any knowledge of MH services available in Hounslow**.
- Two respondents said that **there was the need to raise awareness and increase information about MH services in Hounslow among Nepalese, and the other BMEs**.

MH NEEDS OF YOUNG NEPALESE IN HOUNSLOW

To understand the needs of Nepalese C&YP, we also spoke to the same young Nepalese female volunteers because, besides being graduates in Psychology from universities in the UK, they had a sound understanding of what issues Nepalese C&YP in Hounslow were facing as both themselves and their families, are presently adjusting to life in the UK.

Issues regarding MH that emerged from our discussion with them is summarised below:

- **Nepalese C&YP need information about, and support from, local MH services just as much as C&YP from other ethnic groups.** Therefore, their non-usage of MH services does not signify a lack of need for such services within Nepalese C&YP.
- In addition, some Nepalese C&YP need help and support from providers of MH services because, being the first generation of Nepalese to be brought up in the UK, they are undergoing an identity crisis or/and struggling with issues around their biculturalism.

- Some other Nepalese C&YP who need MH support and services include those with various issues/problems. Among them are:
  - those facing problems at home such as intergenerational issues, social stigma related to MH;
  - those whose parents/carers are too busy to communicate with, or discuss their problems;
  - those facing stress due to examinations; and
  - those who do not recognise their own need for support or those whose parents/carers fail to recognise (or are in denial) that their child needs support/help for their mental wellbeing.
- The fact that five Nepalese respondents in our sample said that they would recommend MH services to their family and friends in spite of having never used them, is indicative of the need for MH services for Nepalese C&YP in Hounslow.
- Some older non-English speaking Nepalese, require translated information.

OUR RECOMMENDATIONS & CONCLUDING REMARKS

Our survey shows that a wide range of services are available to C&YP in Hounslow. It also reveals that there are instances of good practice and that providers are both experimenting with various ways of working together so as to improve services.

However, to improve service provision, we have drawn out a list of recommendations to improve MH services for C&YP. These are predominantly based on feedback, ideas and suggestions for improvement and change, made by professionals providing MH services to C&YP; referrers to MH services; service users and their parents/carers. Some are based on our own understanding of MH services, together with our vision of how we perceive the MH of C&YP in Hounslow can be improved and how they, their parents and their carers can be better supported when things seem to start to go awry.

26. RECOMMENDATIONS RELATED TO CAMHS

Our recommendations have been divided into various sections to enable easy comprehension.

CAMHS Access and Referral Pathway

- The referral pathway to CAMHS needs to be simplified. There must be a single point of access (SPA) together with a clear pathway to enable GPs and other professionals in Health and Social Services to understand and access CAMHS for C&YP[17] (for more on this, please see pp. 21 - 24 of our report.)
- CAMHS needs to both critically examine and lower their threshold so as to enable easier access to C&YP therefore preventing them from reaching a critical stage before accepting them as patients (for more on this, please see pp. 21 - 24 of our report.)
- There exists the need for CAMHS to support and fully inform users/parents/carers when they are unable to accept some C&YP, and to refer them to other MH providers so that they do not miss services or get delayed in accessing them (for more on this, please see p. 20.)

Service Provision & Support

- To aim to move away from the CAMHS' model towards a more seamless and flexible pathway of care and support in keeping with the changing needs of local children, young people and their families/carers, that could be developed

[17] It is reported that what had been attempted in Ealing, can serve as a model in Hounslow

after evaluating the more recent 'Thrive Model,' [18] or other international models (for more on the CAMHS model, please see pp.13-14.)

- To take remedial measures to remove shortage of staff, to reduce staff changes/turnover and inadequacy of range of available counselling/therapies/group therapies provided by CAMHS (for more on this, see p. 24.)
- CAMHS needs to reduce the waiting time **before** C&YP receive their initial assessment via CAMHS, and also reduce the waiting time **between** all subsequent appointments given to them.
- CAMHS needs to reduce the waiting time for diagnosis of C&YP with certain health issues, such as ADHD/Neuro-developmental conditions, and to ensure that GPs are informed of diagnosis without delay (regarding ADHD waiting time, see p.23.)
- CAMHS requires funding to be enabled so as to be able to cater adequately for those C&YP whose MH needs they acknowledge they are presently not meeting, through counselling and other therapies.
- To lower DNAs, CAMHS services need to provide follow up support so as to ensure C&YP are reminded of appointments and activities by text messaging so that they do not risk missing them (see p.21.)
- LBH needs to increase the capacity of CATE so that it can provide adequate services for children with special needs who cannot cope in mainstream schools, thereby reducing the pressure on CAMHS (for CATE, see p.21.)
- The need to consider providing Bereavement Services to C&YP in Hounslow (see p.19.)
- To provide more sessions with CAMHS professionals such as Psychiatrists and Counsellors.
- The need for a consistently empathetic service towards CAMHS users and their parents/carers (for more re: parents/carers, see pp. 24 and 30.)
- To support the needs of parents/carers of C&YP with MH issues through workshops on coping strategies and how to look after such C&YP and advise (see p.30.)

[18] For the Thrive Model, please see: THRIVE The AFC–Tavistock Model for CAMHS, Press CAMHS.

Information & Communication

- CAMHS to be better understood by GPs, schools and other professionals through improved and increased information dissemination and interaction between service providers linked with C&YP in the borough.
- There is a need for wider information dissemination about CAMHS as well as other MH services via schools and social media.
- To ensure that CAMHS information is in formats other than just digital.
- The need for psychiatrists to build proper rapport or a relationship with C&YP using CAMHS services.
- The need for better communication between CAMHS and parents/carers of CAMHS users.
- CAMHS needs to take the sharing of prescribing documents seriously and to alert patients of the need to see their GP every 6 to 12 months for a medical review.
- The need for more information and assistance to users and their parents/carers at the time of transition from being MH inpatients to outpatients.
- To provide translation or interpretation for parents/carers of some children from BME or emerging communities whose first language might not be English.

27. RECOMMENDATIONS RELATED TO HYCS

- To increase funding for HYCS to enable them to start catering adequately for meeting the unmet need for counselling and other talking therapies needed by local C&YP (for more on various aspects of HYCS, please see p. 25.)
- To reduce the waiting time for anxious teenagers and other C&YP who need HYCS services.
- To provide wider publicity of services provided by HYCS in a variety of languages and formats so that GPs, other health and social care professionals, as well as members of the main BME and emerging communities are made aware of, and know how to access them. (See p.25.)

28. RECOMMENDATIONS RELATED TO MH SERVICES IN SCHOOL/COLLEGE

- The need for more and better accessible counselling services for pupils in both schools and colleges (See p.26.)

- Since school and college-based counselling seems beneficial, there is a need to consider making the provision of this counselling a statutory provision as it is in some parts of the UK e.g., Wales/ Northern Ireland.
- Clear and easily understood information about the full range of MH service provisions, together with how to access them, to be provided to school staff, students and their parents or carers.
- Better communication and regular meetings held between schools or colleges and the local MH service providers (from both the statutory and the voluntary/community sectors) so that school staff, as well as C&YP, gain a clear understanding of how local MH services work, especially about referrals, changes and new services. (See pp. 25 and 26.)
- MH awareness training for school/college staff so that they can identify both MH issues and general emotional problems and are then better equipped to provide appropriate support or referral to C&YP (for an example of such work, please see Footnote 5.)
- To introduce MH into the National Curriculum in schools so as to raise awareness amongst pupils in schools and colleges about MH, remove the stigma attached to mental illness and ultimately encourage openness about the subject (for high level of support among C&YP in Hounslow, see pp.35 and 36.)
- To have a whole school approach to build pupils' resilience and to teach them simple coping strategies in order to deal effectively with stress, anxiety and fears by providing a safe environment where they feel free to talk about issues such as bullying, self- image, stress or fears regarding examination (for an example of such work, please see TaMHS work mentioned in Footnote 4.)
- TaMHS has received positive feedback from professionals in schools and the potential of TaMHS needs to be accessed and used to the best advantage of the pupils[19] (for more on TaMHS, see pp. 15-16 and p. 29.)
- To maximise the use of new technology and social media so as to inform C&YP about MH issues, and to positively influence them (see pp. 25, 35 and 36.)
- To actively involve professionals to represent schools/ colleges – including some C&YP from school/college representatives on a trial basis – in Well Being Boards.

[19] According to TaMHS Lead, Dr Aveyard: *"TaMHS has the potential to play a pivotal role in the development of increasingly comprehensive, effective and resilient mental healthcare systems for children and young people in Hounslow. TaMHS could become a centre of excellence for evidence based practice and innovation. Furthermore, TaMHS could offer exceptional value for money due to the effectiveness and scalability of the interventions we support and to the fact that some of our services can be traded. The main challenge will be in developing creative mixed funding models to support this work beyond the short term."*

- Instead of being segregated from the rest of local society and groups, local schools/colleges (without threatening their security) should consider having a more open door policy by welcoming the interaction between professionals from health, social services and the voluntary/community through talks, visits, arts and cultural programmes/exhibitions, so that they can build bridges of mutual understanding between them.
- The need to reduce the additional burden on schools of having to look after children who actually need to be referred to CATE. (Please see p.22.)

SOME RECOMMENDATIONS ABOUT MH SERVICES IN GENERAL

- To focus on improving MH services for children with disabilities including LD, new and emerging groups, and traumatised children from war-torn areas (for more on this, please see p. 29.)

- To focus on building meaningful working partnerships based on mutual respect and equality between the voluntary/community and statutory providers as well as between education (i.e. schools and colleges), health and social care (for a view expressing this need see p.29. A good example of a working partnership is HYCS, see pp. 16-17.)

- To provide translation/interpretation for parents/carers of some children from BME, or emerging communities, whose first language might not be English (see p. 24 for an HYCS view. For an emerging community, see p. 36.)

CONCLUDING REMARKS

Though much needs to be done in the time ahead, with both speed and efficacy, Hounslow seems to be on the right track. Firstly, positive steps seem to have been taken by service providers in Hounslow to close some service gaps, reduce the pressure on CAMHS and to give easier access to C&YP. Thus, very recently on 8 February 2016, following concerns raised regarding *"the quality, co-ordination, safety and financial stability"* of CAMHS' Out of Hours Service provided to A&E units in West London, a new Nurse-led Out of Hours Liaison CAMH service was launched. With the aim of enhancing clinical decision making, supporting pathways and improving patient outcomes and experience, this 12-month pilot has begun operating on weekdays from 4.30pm to midnight and at weekends and bank holidays from 9am to midnight. Based in WMUH within the adult psychiatric liaison service, it provides the following services to C&YP:

- Specialist CAMHS nursing advice;
- Psychiatric assessment; and
- Risk management and intervention, where there is an urgent and immediate concern relating to a young person's mental health.

In addition, CAMHS nurses will also offer a telephone consultation and advice service for GPs and other professionals working with young people with attendance at A & E, paediatric and other wards and urgent care centres across the trust, if needed. Expressing optimism, Vijay Parkash from WLMHT, said:

"We're very excited to be launching this new service for CAMHS. The out of hours line will really help to improve our patient care, as it will make it much easier for young people to get the help that they need as soon as possible."

It is also evident that MH service providers in Hounslow are moving in the right direction by using new technology that appeals to C&YP and by involving them in initiatives to improve their MH. For example, an initiative was taken last year to develop a mobile app for, and in collaboration with, young people of secondary school age for providing information and advice, including emotional wellbeing. There was also a film about the stigma around MH produced recently by CAMHS users for the Hounslow CAMHS website, in collaboration with Ealing Film School.

Moreover, it is especially heartening to note that from documents outlining plans for the future development of MH services for C&YP in Hounslow, it is very clear that local commissioners of services have expressed their intention to implement the government's report, *Future in Mind,* that aims to promote, protect and improve C&YP mental health and wellbeing through a number of proposals, that include:

- Tackling stigma and improving attitudes to mental illness;
- Introducing more access to, and waiting time standards, for services;
- Establishing a 'one stop shop' support services in the community;
- Improving access for children and young people who are particularly "vulnerable;" and
- Improving perinatal care as there is a strong link between parental (particularly maternal) mental health and children's mental health.

To illustrate this significant point, it is perhaps best to quote the following lines from the local Transformation Board Meeting of Hounslow CCG and the LBH:

"Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, the right place and with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference."

"We will firstly get the basis right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a comprehensive learning disability (LD) service for children with challenging behaviour and autism, and improve access to community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being and commission services such as counselling, to support them in their role as the first line response to many children and young people in need.

In combination, we will take large strides to deliver a fundamental change, as described in Future in Mind [20] and reiterated in the voices of our children and young people in NWL."[21]

[20] *Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing,* Department of Health, NHS England, 2013.

[21] 23 Oct 2015 Transformation Board Meeting, Annex G, Local information and implementation plans for Hounslow CCG and the London Borough of Hounslow.