

Children and Young People's Mental Health Services

in the Borough of Darlington



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Who are Healthwatch Darlington?

Healthwatch Darlington is a charitable company limited by guarantee which makes us a totally independent organisation. We help local patients, service users and their families to get the best out of their health and social care services in the Borough. We listen to the voices of service users and use their real-life experiences to influence and improve the delivery and design of services.

- Healthwatch Darlington is representative of diverse communities.
- Healthwatch Darlington's vision and mission focuses our work on what needs to be achieved to improve Health and Social Care services for local people.

What we do:

- Enable local voices to influence the delivery of local Health and Social Care services
- Use local volunteers to gather views and experiences from local people
- Involve and engage local people, putting YOU at the heart of Health and Social Care service decision making
- Enable local people to make informed choices about their own, their families and friends' Health and Social Care
- Influence the way services are planned, designed, commissioned and delivered
- Have strong relationships with Health and Social Care providers as a critical friend using community views to influence and improve planning and delivery of services
- Provide information, advice and support about local services and signpost to them

We are independent and we make Health and Social care providers answerable to the people who use their services.



Why have we explored children and young people's mental health services?

Healthwatch Darlington identified areas of priority and improvement based on local service user feedback and this has influenced our action plan for 2018/19. One area of services identified was mental health services and the voices of young people, parents and carers was brought to our attention throughout our recent 'What's Important to You survey?' The large number of responses to our survey highlighting mental health services for children & young people as a priority and the frequency in which we signpost children, young people and parents & carers in the community for mental health support reflects a wider trend of mental illness amongst children and young people in the rest of the UK:

- 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.¹
- 9.6% or nearly 850,000 children aged 5-16 have a mental disorder. This means that in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder.
- 7.7% or nearly 510,000 children aged between 5-10 years have a mental disorder.
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder.²
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm.³

Given the large number of responses to our survey highlighting mental health as a priority, the individuals we have spoken to in the community and the prevalence of mental illness across the UK, we have decided to produce this report to focus on the provision of mental health services in Darlington and how these services could be improved for children, young people and parents & carers.



**47 of 172 responses
told us mental health
was a top priority.**

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf

² www.youngminds.org.uk/training_services/policy/mental_health_statistics

³ <https://www.darlington.gov.uk/media/3729/child-health-profile.pdf>

Methodology

We have used a mixture of quantitative and qualitative data for this report. We thought it was important to analyse relevant signposting cases which have been gathered during our community outreach sessions, face to face or over the phone. We conducted two children and young people's surveys across the summer months. One survey was for young people and one survey was for parents and carers.

This survey was sent out online via our social media platforms, website and our weekly e-bulletin. We also visited a number of venues and community groups engaging with young people, parents and carers face to face, giving them an opportunity to take part in the survey.

The visits were conducted by Healthwatch staff members and volunteer Health Connectors. We visited the following venues:

Darlington College

Queen Elizabeth Sixth Form College

YMCA

Dolphin Centre

Darlington Gay Pride Event

Redhall Community Centre

Education Village

Coleridge Centre (Young Parents)

Humankind Young Carers

Darlington Town Centre Market

Darlington Carnival

Gold Tea Dance



About the Borough of Darlington

The Borough of Darlington has a resident population of around 106,000 people. Children and young people under the age of 20 years make up 23.5% of population of Darlington (approximately 25,000).⁴ Approximately 1,445 of the population of children and young people in Darlington have a mental disorder.⁵

Indicator	Year	England	Darlington
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	9.2	9.8
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2017	2.12	2.77
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2017	2.27	2.14
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2017	2.33	3.02

The above data shows Darlington to have a higher rate of mental health disorders in children and young people aged between 5 -16 and for those school aged children in Darlington identified with SEN, there is a higher rate of social, emotional and mental health identified as primary need compared to the national average.⁶



⁵ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/mental-health/>

⁶ www.fingertips.phe.org.uk

National and Local Plans

In March 2015 the Department of Health and NHS England produced a report called “Future in Mind”. The report sets out ambitions for improvements in children and young people’s mental health services by 2020. Many of the issues explored in our report relate to the themes and plans discussed by the Department of Health and NHS England in “Future in Mind”. The report identifies a number of areas for improvement in the delivery of mental health services for children and young people nationally.

These include:

- Improved public awareness and understanding to reduce stigma attached to mental health and promote improved attitudes to children and young people affected by mental health difficulties. It also promotes additional funding to empower young people to self-care through increased availability of apps and digital tools.
- Bring waiting time standards in line with physical health and provide 24/7 care for individuals with mental health needs.
- Make mental health support more visible and easily accessible for children and young people. This includes providing an accessible and welcoming centre for mental health support and advice to children and young people in the community.
- Improved crisis care so children and young people can be treated in the right place at the right time and as close to home as possible.
- Encouraging schools to continue to develop whole school approaches to promoting mental health and establishing clear access routes between schools and specialist services.

Delivering this national ambition also requires local leadership and ownership. As such, in 2015 Darlington Borough Council and NHS Darlington Clinical Commissioning Group produced a local Children and Young People’s Mental Health and Wellbeing Transformation Plan for 2015 - 2020. Healthwatch Darlington engaged with children, young people, parents and carers across the Borough to ensure their views were included in this local plan,

The plan aims to:

- Improve public awareness and understanding.
- Focus on prevention of mental health to reduce the need for specialist intervention.
- Improve information sharing about where to find support.
- Improve access to care specifically focussed on young people and more appropriate and dependable crisis support.

Healthwatch Darlington undertook the engagement on behalf of the Darlington Clinical Commissioning Group and Darlington Borough Council in 2015.

The feedback we gathered included the patient experience of current services both positive and negative, with identification of what worked well and what does not from people needing to access these services. The report we produced contributed to the Children and Young People's Mental Health Transformation Plan.

We thought it was important to revisit these findings for the purpose of this report. We have highlighted a snap shot of examples from the findings in 2015 so we can compare these to our findings from 2018.

Findings 2015

- Throughout the consultation, **waiting times** to access a service were raised with negative feedback from children, young people, their parents and carers and professionals; with **some young people waiting up to 6 months for an appointment to see a specialist**. Whilst waiting for support there were concerns regarding a **lack of information regarding mental health, especially in secondary schools and no information at all in primary schools**. It's not until young people start college, that they feel there is more information, peer support, awareness regarding mental health and overall acceptance of mental health issues.
- Both parents and young people, expressed a need to see **more information, starting from primary age and having a Trained Mental Health Worker (TMHW) in schools**, to easily access advice and to explain the different types of support and services. This would benefit both young people and parents, as not knowing can effectively bring on more stress. Young people also suggested having a peer mentor drop in service in their school or college, to upload their troubles and chat to. Young people might just need a quick chat regarding any issues they have, as they think this would give them time out and feel this would reduce the strain on appointments to see their school counsellor.
- **Parents and Carers feel helpless with the lack of knowledge and understanding of their child's mental health and this leads to their own anxieties and stresses**. Some parents attend peer support groups and would like to see more of these as well as setting up an online chat room to talk to other parents who are going through the same anxieties. They said these groups would really contribute to their own wellbeing.
- **Using Apps as a coping tool was rated very low from service users**. **The majority of young people who receive support from services were not told of any apps**. However, people who have used them find they have helped and

do contribute to their wellbeing. Some parents have also used them to support their anxieties. It was quite surprising how many people have never heard of these and it was suggested more awareness of the different types of Apps available to help support a person's mental health issue would be beneficial.

- When young people finally attend their appointments at CAMHS, they commented on not being involved in their own support or not given any options regarding different treatments they think they would like. Young people stated **not everyone is the same**. When attending their appointments, **young people raised their frustrations about not seeing the same person and having to repeat their situation at a time when speaking up is very difficult for them**. Having more outreach support would definitely make young people feel more comfortable.
- We found woman who have had a mental health issue before, during and after a pregnancy find attending a support group beneficial and greatly improve their wellbeing. The group we attended was currently peer led by a former member, as the previous funding had stopped. Group members explained they would find it really hard if it was not there and said there needs to be more of these groups as they found their anxieties can be worse whilst pregnant.
- **Professionals who work with young people on a day to day basis would like services to feedback on therapies, and to keep them updated with any issues and concerns so they can help towards support packages**. It was suggested that severe cases could be fed back on a weekly basis. In addition, better communications between organisations will have positive outcomes for young people and their families including providing all professionals' with mental health training which would contribute towards better support for young people.
- Throughout the consultation from young people, parents and professionals, **more mental health awareness raising, was a top priority**. The lack of knowledge and understanding has led to many young people still feeling stigmatized. It was suggested teaching mental health in PSHE lessons and holding awareness days in schools would be a good way of educating children and young people and discovering ways in how best to support not only themselves, but others who may be experiencing issues.



Recommendations in 2015

- **Recommendation 1.**
Darlington Borough Council and Darlington Clinical Commissioning Group should adopt the findings of this report and use the feedback from children, young people, parents, carers and stakeholders to contribute to the development of future mental health provision in Darlington.
- **Recommendation 2.**
More information should be provided in schools including primary schools and secondary to help support mental health.
- **Recommendation 3.**
Staff working in schools, colleges and other professions that come into contact with children and young people who may be at risk of poor mental health should be given more training and support.
- **Recommendation 4.**
A multidisciplinary, multiagency approach should be taken to tackle mental health stigma.
- **Recommendation 5.**
A multidisciplinary, multiagency approach should be taken to share information and signpost to the best and most appropriate service for children and young people's mental health.
- **Recommendation 6.**
Increase mental health awareness across the Borough of Darlington.
- **Recommendation 7.**
Where possible there should be some professional mental health worker presence in schools, and in the community.
- **Recommendation 8.**
Mindfulness training should be offered more widely in many venues and to a wide selection of people including those who care for children and young people.
- **Recommendation 9.**
Some resource needs to be put into providing a lower level service for when CAMHS is not the right choice of intervention for children and young people.
- **Recommendation 10.**
Increase the number of support groups around the Borough with a mental health focus, including perinatal.
- **Recommendation 11.**
Mental health should be taught in schools as part of the curriculum, educating children and young people in day to day situations such as family life, arguments, exam stresses and being brought up in a potentially destructive household.
- **Recommendation 12.**
Raise awareness of apps that can support and improve.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) delivers NHS inpatient and community mental health, autism and learning disability services for people living in County Durham and Darlington, the Tees Valley and most of North Yorkshire. Their specialist services support people living elsewhere in the country, particularly other parts of the North East, Yorkshire and north and west Cumbria.

Within each of the three local areas they have four clinical directorates:

- adult mental health and substance misuse services
- mental health services for older people
- **children and young people's services**
- learning disability services

This report centres around local services provided by the Trust and are featured within our findings. Throughout our research and engagement, services regularly highlighted were Improving Access to Physiological Therapies (IAPT) known locally as Talking Changes, Child & Adolescent Mental Health Crisis Team and Child, Adolescent Mental Health services (CAMHS).

IAPT (Talking Changes):

Provide free and confidential talking therapies through a progressive model of care to anyone over the age of 16 years old living in County Durham and Darlington who experience a common mental health problem such as depression, generalised anxiety, specific phobias, panic, obsessive compulsive disorder or post-traumatic stress disorder for example.

Child & Adolescent Mental Health services:

The Darlington CAMHS team provides a service for children and young people up to the age of 18 who may be experiencing a mental health problem, including ADHD. The team also:

- Provides support and consultation for family members, carers and workers from health, social services and educational or voluntary services
- Promotes positive mental health in children and young people.

Child & Adolescent Mental Health Service Crisis Team:

CAMHS crisis team is a team of nurses that responds to young people experiencing mental health crisis. Service operates 8am to 10pm, 7 days per week. Open to all young people up until their 18th birthday.



The Five Year Forward View

The NHS Five Year Forward View pointed out that one in four of us will experience mental health problems, and mental illness is the single largest cause of disability. **one in ten children aged 5-16 years have a diagnosable mental health problem** such as conduct disorder, anxiety disorder, attention deficit hyperactivity disorder (ADHD) or depression. The taskforce report to NHS England, the Five Year Forward View for Mental Health⁷, is an independent and far-reaching overview of what modern mental health services should be. When implemented, this will lead to an additional one million people receiving high-quality care by 2020/21: a decisive and unprecedented step towards closing the treatment gap for mental health.

Key improvements for 2017/18 and 2018/19

With carefully targeted and affordable national funding, supplemented by investment from local CCGs, we are now delivering one of the biggest expansions in access to mental health services currently happening in Europe.

- **Big increase in psychological ('talking') therapies:** 60,000 more people will get treatments for common mental health conditions by the end of 2017/18, rising to **200,000 more people getting care** by the end of 2018/19 - an increase of over 20%. Alongside this, we are working with NICE to help facilitate faster access to new digital therapies.
- **Better mental health care for new and expectant mothers:** 4 new mental health Mother and Baby Units. In East Anglia, the North West, and South West and South East. Boost bed numbers in the current 15 units so that overall capacity is up by 49% by 2018/19. And **20 new or expanded specialist perinatal mental health teams**. This will mean being able to provide care and treatment to at least 2000 more women with severe mental health problems in 2017/18 and 9000 more women by 2018/19.
- **Improved care for children and young people.** An extra 35,000 children and young people being treated through NHS-commissioned community services next year compared to 2014/15, growing to an extra 49,000 children and young people getting the care they need in two years' time.
- **Care closer to home.** For children and young people, NHS England will fund 150-180 new CAMHS Tier 4 specialist inpatient beds in underserved parts of the country to reduce travel distances for treatment, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use. For adults, investment in crisis resolution and home treatment teams will reduce the need to inappropriately send people out of area for non-specialist

⁷ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

The Five Year Forward View

inpatient care - from 2018, it should mean a one third reduction in adults sent out-of-area for inpatient psychiatric treatment.

- **Specialist mental health care in A&Es:** 74 24-hour **mental health teams** at the Core 24 standard, covering five times more A&E's by March 2019, than now. The service will be available in more than a quarter of acute hospitals by March 2018 and nearly half by March 2019, compared to under 10% today.
- **Better physical health for people with mental illness.** An extra 140,000 **physical health checks** for people with severe mental illness in 2017/18, rising to 280,000 health checks in 2018/19.
- New specialist Transition, Intervention and Liaison (TIL) mental health services for **veterans**, accessed through four areas across England from April 2017.
- New specifications for mental health provision for people in secure and detained settings to be in place during 2017.
- Investment in mental health provider **technology** through Mental Health Global Digital Exemplars.

Transforming C & Y P mental health provision: a green paper

The Department of Health & Social Care and the Department of Education held a public consultation on “**Transforming children and young people’s mental health provision: a green paper**”⁸ The consultation focused on earlier intervention and prevention especially in and linked to schools and colleges. The consultation was conducted between December 2017 and March 2018.

The proposals include:

- Creating a new mental health workforce of community based mental health support teams.
- Every school and college will encourage to appoint a designated lead for mental health and they want this to happen by 2025
- A new 4 week waiting time pilot for NHS children and young people’s mental health service to be piloted in some areas.

The green paper builds on Future in Mind and the ongoing developments of NHS of NHS funded provision and sets out ambition to go further to ensure that children and young people access the right help in the right place, when they need it.

⁸ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

“What’s Important to You?”


Healthwatch Darlington conducted a survey earlier in the year called ‘What’s Important to you?’ This gave patients and their families living in Darlington an opportunity to tell us what they think we as a local Healthwatch organisation should be looking at within the Borough of Darlington. We wanted to find out what was considered priority for people in the local area and which Health and Social care services mattered to them the most.

We sent the survey out via our weekly E-bulletin and through our social media platforms. Our Health Connector volunteers visited venues across Darlington such as Darlington Memorial Hospital, Darlington College and the Dolphin Centre. They engaged with service users and encouraged them to take part in our survey. We received 172 responses to our survey which was fantastic. After engagement the data was analysed, and this was then presented to our board of directors.


The views of local service users and their families have helped to influence our action plan for 2018/19.

Findings

We asked people living in Darlington a mixture of questions, so we could identify where they would like to see Healthwatch Darlington in the community, which communication platforms would they like us to use and which Health and Social Care services would they like us to look at for 2018/19.



**47 out of 172
told us Mental
Health was
priority!**



**41 out of 172
told us
Children &
Young People
was an area of
priority!**

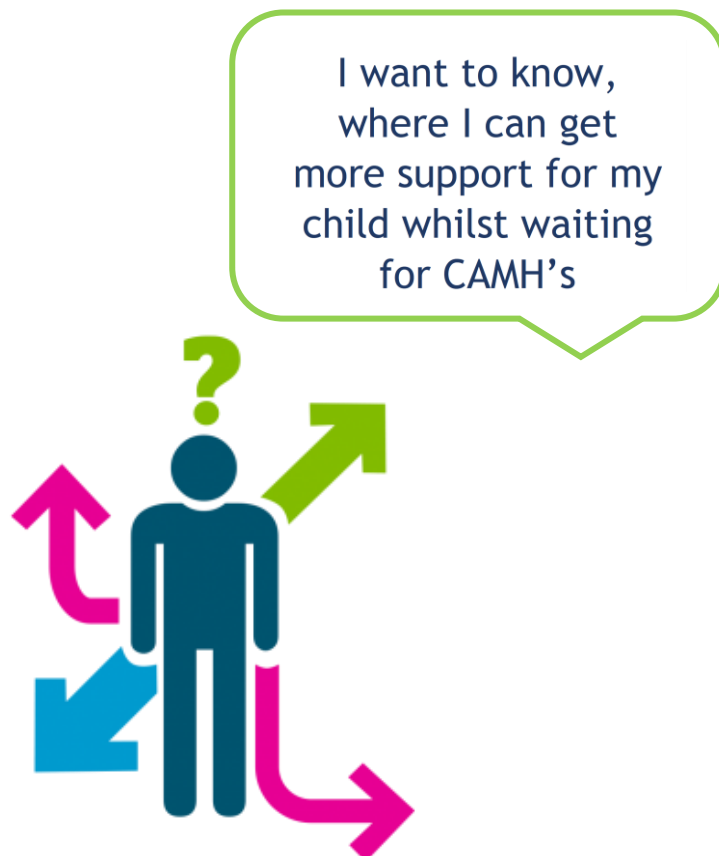
Healthwatch Darlington delivers outreach sessions across the Borough of Darlington. We give patients and their families an opportunity to talk to us about health & social care services. In 2018 there has been a noticeable trend highlighting an increase in the amount of families and young people that regularly talk to us about mental health services.

For the purpose of this report we wanted to share some of these families' stories. It's important to note a term known as 'Gillick Competency'. Health professionals working with children and young people assess the capacity of any young persons under the age of 16 in relation to see if they can consent to their own treatment. If they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment then they can provide consent and in this case are entitled to confidentiality. This is known as Gillick competency. In general, parents do not have an automatic right to full access to their competent child's records and the clinician is not allowed to disclose information without the child's consent. For this reason information has been removed from these stories in order to respect the consent and confidentiality of the young people involved.

- A young parent with 3 children spoke to Healthwatch Darlington at a local community centre. They are struggling to get support for their child who has Attention Deficit Hyperactivity Disorder (ADHD) and Autistic. They told us that Children & Adolescent Mental Health service (CAMHS) is helping but they have not been much support yet. The parent wanted to find out about **other support available in the local community**. The parent was signposted to Relax Kids Darlington.
- A parent spoke to Healthwatch Darlington in a community centre about one of their children. The child is suffering with extreme mental health issues and the parent feels like they **get no support**. The child is on the waiting list for CAMHS but the lady wants to know if there is any other support out there.
- A parent of 5 children is struggling to get support for 1 of the children who has possible Autism. The child is on a **waiting list for CAMHS** and they fear they will have to wait 18 months before anything happens. They do not get much support within the child's school. They told Healthwatch Darlington that the school had the child on Special Educational Needs but took the child back of again. The parent was signposted to Relax Kids Darlington and given HWD directory, so they can contact us in the future if she has any more queries.

Healthwatch Darlington - Signposting Cases

- A parent spoke to HWD about one of their children. The child has been referred to CAMHS but due to the circumstances were allegedly unable to help. The child was referred to Occupational Therapy. The occupational therapist was unable to help and said if the child continues to display symptoms to go back to CAMHS in the next 2 months. The parent feels like they have no support and is being **passed from pillar to post**. The mother has been signposted to Treetops Occupational Therapy for children and Relax Kids Darlington. HWD also suggested that the parent joins some online forums where they can get support from other families who are going through the same experience.
- The parent expressed concerns that she approached CAMHS for support with one their children a few years ago. Allegedly CAMHS were initially unable to help. The parent went back again a couple of years later as behaviour continued to get worse. The parent feels communication has not been great when trying to seek help for her child. This has allegedly been the case with CAMHS and Darlington Memorial Hospital. The parent was very upset by the service received and does not feel they were given the appropriate help or support. The parent said staff **repeatedly failed to communicate** with them.
- A parent wanted to know how to get support for their young child who may have Autism. The child is on a waiting list for CAMHS but has **no support** in the meantime and has not been signposted anywhere else. HWD signposted the lady to Relax Kids, Young Minds, Anna Freud and online Facebook parent forum called Rollercoaster.



2015 Recommendations	Findings 2018	2018 Recommendations
<p>Darlington Borough Council and Darlington Clinical Commissioning Group should adopt the findings of this report and use the feedback from children, young people, parents, carers and stakeholders to contribute to the development of mental health provision in Darlington.</p>	<p>The findings for this report have been included again for the updated version for 2018. This is really good practice and we are really pleased that the patients voice is being considered.</p>	<p>2015 recommendations have been actioned.</p>
<p>More information should be provided in schools including primary schools and secondary to help support mental health.</p>	<p>18.4% of Children & Young People and 31.82% of parent and carers told us they didn't think there was enough information available in schools. Many of our parents were not happy with the amount of information available in schools and think this needs to be improved.</p>	<p>More information should be provided in schools including primary schools and secondary to help support mental health; such as leaflets about mental health and services available. We reiterate our recommendation from 2015.</p>
<p>Staff working in schools, colleges and other professions that come into contact with children and young people who may be at risk of poor mental health should be given more training and support. Where possible there should be professional mental health worker presence in schools, and community.</p>	<p>Children, young people, parents and carers have regularly suggested throughout our findings that more staff within schools should have some form of training or even a mental health worker should be present.</p>	<p>We reiterate our recommendation from 2015.</p>
<p>A multidisciplinary, multiagency approach should be taken to tackle mental health stigma. Increase mental</p>	<p>Children, young people, parent and carers have regularly suggested throughout our findings that more awareness raising within</p>	<p>We reiterate our recommendation from 2015.</p>

<p>health awareness across the Borough of Darlington.</p>	<p>schools and the community would help. Throughout the two surveys both young people and parents/carers mentioned a need to raise awareness about subjects such as bullying and harmful relationships within schools which can have an impact on mental health.</p>	
<p>A multidisciplinary, multiagency approach should be taken to share information and signpost to the best and most appropriate service for children and young people's mental health.</p>	<p>33% of Children and Young People and 43% of parents were not happy with the information provided during the waiting period for services. Families are regularly speaking to Healthwatch Darlington about the lack of information they are given during the waiting period for CAMHS.</p>	<p>Healthwatch Darlington suggests that Tees, Esk and Wear Valley consider how they can improve best practice for ensuring information, advice and signposting within services is being adopted by all staff members. Service users have highlighted a number of concerns about the lack of information and signposting that they receive from CAMHS. They are often left without further information and support for many months.</p>
<p>Mindfulness training should be offered more widely in many venues and to a wide selection of people including those who care for children and young people.</p>	<p>Mindfulness and relaxation exercises seem to be a very common suggestion amongst young people and parents</p>	<p>We reiterate our recommendation from 2015.</p>
<p>Some resource needs to be put into providing a lower level service for when CAMHS is not the right choice of</p>	<p>This was not specifically mentioned by C & YP or parent and carers in our latest findings,</p>	<p>We are not aware of any developments following on from our recommendation in 2015.</p>

intervention for children and young people.	however more information and support in schools has been a consistent message.	
Increase the number of support groups around the Borough with a mental health focus, including perinatal.	Parents told us they feel helpless with the lack of knowledge and understanding of their child's mental health and this leads to their own anxieties and stresses. We have found when speaking to parents and carers that there is still very much this same feeling.	Increase the number of support groups within the Borough with a mental health focus, including perinatal. We reiterate our recommendation from 2015.
Mental health should be taught in schools as part of the curriculum, educating children and young people in day to day situations such as family life, arguments, exam stresses and being brought up in a potentially destructive household.	We have received similar feedback through this year's engagement, but we are pleased to report that this is something that has just been announced during July 2018 by the Department of Education. Schools will teach about good physical health and mental health with the view to becoming compulsory within all schools by 2020.	National change announced by Department of Education, We hope to see this implemented by all schools as soon as possible.
Raise awareness of apps that can support and improve.	85 young people used 1 or more form of technology to support their own mental health and a particular increase in apps and newer social media platforms have been noticed. 40 people mentioned newer apps and platforms they use. Examples of this were Discord and Snapchat.	We reiterate our recommendation form 2015.
New Recommendation	Comparing the waiting times between young people and parent/carers there seems to be a distinct difference. Young people mostly suggested they waited for around 1-7 weeks	Healthwatch Darlington suggests that Tees, Esk and Wear Valleys NHS Foundation Trust review their current appointment/waiting times policy and

	<p>whereas parent/carers mostly suggested they waited for longer somewhere between 2-6months plus. Throughout our findings there has been a regular mention about the lack of appointments being offered to service users with some telling us that the waiting time in-between appointment is too long.</p>	<p>procedures. We would encourage the Trust to consider service users feedback to improve these time scales to ensure that patients are receiving timely care, treatment and support when it's needed the most.</p>
<p>New Recommendation</p>	<p>Children, young people, parent and carers have regularly mentioned throughout our findings that more communication between appointments and during the wait from services would help them. A massive 67% of parents told us they were not offered any support during the waiting period.</p>	<p>Healthwatch Darlington would like to learn about any plans for improvement which could be made within Tees Esk & Wear Valleys NHS Foundation Trust to ensure that CAMHS are communicating frequently in between appointments.</p>

Darlington Clinical Commissioning Group have included our findings in the updated Darlington Local Transformation Plan. This comes in the ‘Consultation with Children and Young People in Darlington: Communications & Engagement’ section of the plan as seen below:

Children & Young People

Findings	Suggestions for improvement
<ul style="list-style-type: none"> • 131 Children and Young People completed our survey • 57% were not happy with the support provided during the wait for mental health services. • 33% were not happy with the information provided during the wait. • 85 (65%) young people used 1 or more form of technology to support their own mental health and a particular increase in apps and newer social media platforms have been noticed. • 40 people mentioned newer apps and platforms they use. Examples of this were Discord and Snapchat. 	<ul style="list-style-type: none"> • Support during the waiting period for mental health services were more support and communication from services. • More awareness raising in schools and earlier intervention • Improved waiting times • More staff and counsellors needed in and out of schools • More education needed in schools. • More information about services and mental health needed in schools and the community. • More services needed within the community • Peer support and support groups

Table 1: Healthwatch Darlington survey responses – children and young people

Parent/Carers

Findings	Suggestions for improvement
<ul style="list-style-type: none"> • 45 parent/carers took part in our survey. • 70% were not happy with the amount of support available during the waiting period for mental health services. • 43% were not happy with the information provided during the waiting period. • Only 2.27% thought there was enough support in schools • 66% said they were offered no support during the waiting period. • Parents and carers mostly mention using Facebook or Mindfulness Apps as a suggestion for helping mental health. A few parents didn't agree with using technology and thought it was best to see a clinician face to face. 	<ul style="list-style-type: none"> • More communication and more information about services and other services need to be made available during the waiting period for mental health services. Several parents mention the need to have more support with 'how they can help their child during the wait'. • More staff and improved waiting times • Staff training across all organisations, schools, settings that come into contact with children with mental health needs. • Reducing stigma and raising awareness within schools and the wider community. • More information about support and services available needed within services and in the community. • More/New services within the community.

Table 2: Healthwatch Darlington survey responses – parent/carers

Throughout this report Healthwatch Darlington have focused on the real-life experiences of children, young people, parents and carers using mental health services. We have focused on Children, Adolescent and Mental Health Services (CAMHS), schools and the provisions in place for young people living in the Borough of Darlington. The qualitative and quantitative data provided by local service users has helped shape our recommendations alongside the consideration of local, regional and national policy framework. Healthwatch Darlington identified a mixture of positive and negative comments, including a number of concerns about CAMHS which is provided by Tees, Esk and Wear Valleys NHS Foundation Trust.

We revisited the findings from 2015's engagement work which contributed to the Children and Young People's Mental Health Transformation Plan for the Borough of Darlington. The most significant point which has emerged from comparing the findings from three years ago with today's findings is the lack of information, support and appointments that many children, young people, parents and carers still feel is an area of concern.

We have received consistent feedback to suggest many young people don't receive much information from within their schools or colleges including information about the community services which can support them. Providing easier access to advice and information for parents and young people would be very beneficial as not knowing can bring more stress to the young person and/or family. This is especially important during the long waiting period that some families are facing. 67% of parents told us they were not offered any support during this time which can be up to six months or more. Mindfulness and relaxation exercises seem to be a very common suggestion amongst young people and parents and the need for trained mental health workers to be present within schools and colleges.

We are really pleased to see that the general feedback and comments about staff member's attitudes within CAMHS have been on the whole very pleasant. Throughout our engagement work in 2015 we reported a number of service users have suggested that mental health needed to be taught in schools and colleges. This was suggested as a way to develop young people's awareness and understanding. We have received similar feedback through this year's engagement, but we are pleased to report that during July 2018 it was announced by the Department of Education that schools will teach about good physical health and mental health with the view to becoming compulsory within all schools by 2020.

Healthwatch Darlington would like to take this opportunity to thank all the children, young people, parents and carers for sharing their experiences with us, and to the local secondary schools, colleges and third sector organisations who contributed to our findings and allowed us the time to visit their young people. We also want to pay a special thank you to all our volunteer Health Connectors who helped support this piece of work. A particular acknowledgment needs to be made to Jamie Odgers, Jack Turner, Lorraine Dunn and Ross Bowman for their continued support. They have all taken the time to speak to young people and families giving them an opportunity to have their say.

Tees, Esk & Wear Valleys NHS Foundation Trust (Child & Adolescent Mental Health services.):

“CAMH’s have considered all of the findings within this report and are seeking to improve the overall service user and parent carer feedback.

The case studies raised themes in relation to additional support and communication whilst waiting for appointments. As part of the current CAMHS offer The Single Point of Access (SPA) sends a standard letter to the young person and/or their family - this advises them of the outcome but also contains links to websites where additional support can be accessed, this includes:

- *Advice for parent helping children manage their own emotional wellbeing.*
- *MindEd e-learning to support young healthy minds - <http://www.minded.org.uk/>*
- *NHS Go app for health information and advice for young people - <http://www.nhs.go.uk/>*

The service has been working with the recovery college to develop the children & young person, parent/carers and education offer. The webpage contains a list of recommended APPS, advice self-help and education material. The link to the webpage will be added to our letters.

Darlington CAMHs have also been working with the Durham & Darlington carers on the development of a leaflet to provide carers with relevant information. Once completed we plan to include this in communication from the SPA. This work will be completed in the New Year.”

Waiting times:

“The example case study raised concerns around waiting times with one respondent raising concern that they may have waited to 18months to access services. The service monitors waiting times very closely and can confirm that the majority of young people (98.7%) are seen within 4 weeks of referral for an initial appointment. Any breaches to this are linked to individual’s choice around appointment or difficulties with engagement. We would therefore like to reassure you that no one would wait in excess of 4 weeks for an initial assessment.

The service also monitors internal waiting times including the national target for second appointment within 9 weeks of referral. All staff have caseload management where caseloads are reviewed; this includes time on caseload, intervention provided, frequency of appointments and the use of goal-based outcomes and clinical routine outcome measures to review effectiveness of intervention.”

Management of under five year olds:

“CAMH service is commissioned for children and young people between 0-18 years. When we receive referrals for children under 5 years of age we would always ensure that other considerations/assessments have been completed prior to carrying out a mental health assessment. This will include liaison with the GP, paediatrician and 0-19 service. Thorough investigation in relation to the child’s development is

important to ensure the child and the family have an appropriate assessment which supports the right intervention.”

School Support:

“TEWV CAMHS has contributed to the development and implementation of the Local Transformation Plan, we have worked closely with the clinical commissioning groups, local authority and schools to address gaps in training for education providers and create better links to the service. In 2018 partners participated in the Mental in School Programme with the Anna Freud Centre. This included two cohorts of training with 46 schools/colleges contributing to the events. The outcome from the event has been positive, changes that CAMHS have made include introducing a duty worker in the single point of access for school staff to access consultation and advice.

CAMHS also offer a package of mental health awareness training. This is available on the local authority local offer as part of workforce development. The lead for this work also emails the training offer to schools.

Darlington CAMHS also offers in reach to schools; however this is limited due to resource. CAMHS are currently working with commissioners to agree a small pilot of targeted work within schools.

CAMHS agree that more work is needed to support schools and young people in school. In line with the green paper Future in Mind, the CCG, LA and TEWV, as the lead mental health provider are keen to progress the development of Mental Health Support Teams in Schools.”

Stigma:

“Reducing stigma is everyone’s business and not just specific to CAMHS, however CAMHS have and will continue to participate in any national or local strategies such as the Time to change agenda. The 0-19 service are commissioned to work within schools, with a function of training in relation to bullying and relationships. CAMHS primary mental health workers also provide anti stigma interventions into schools.”

Communication:

“Healthwatch suggested that Tees, Esk and Wear Valley consider how they can improve best practice for ensuring information, advice and signposting within services is being adopted by all staff members. As highlighted in 3.1 we do include information on other services in our letters from the SPA. We are also currently working with Durham & Darlington carers to develop a leaflet that contain information around other services available.”

Apps/Digital Offer:

“Healthwatch advised that there needs to be more awareness around the use of APPS. CAMHs provide a link to the NHSgo APP on standard letters from the SPA. We are also aware that there are several APPs available but have concerns around the governance of some of these, as an action CAMHS have been working with the clinical network whom have completed a piece of research on the most appropriate & effective APPS for children and young people. Once published we will look at including this information on our websites and within our communication.

The service is also working with the recovery college to develop a website for children and young people, included on the website will be APPs (as above), self-help, personal journeys, contacts and useful information, this is due to be launched March 2019.”

Support Groups:

“Healthwatch advised that they would like to learn more about the available support on offer from TEWV. CAMHS offer therapeutic groups in relation to an intervention but are not commissioned to deliver generic support groups we plan a quality improvement event in 2019 to standardise the therapeutic group offer, this event will include parent/care involvement and will be happy to share the outcome.

CAMHS are currently working with Healthwatch to establish a participation group. We would anticipate that the report, findings and progress on actions will be reviewed by this group.”

Darlington Clinical Commissioning Group:

“We have included your key findings in the Local Transformation Plan refresh (as you are aware) and we feel that the refresh and associated planned actions cover all of the key areas - schools, training, communication etc.

To ensure we link all of this work together, we would like to invite Healthwatch to be part of the Local Transformation Plan core group.”

Moving forward:

- Healthwatch Darlington will attend the Local Transformation Plan meetings to ensure that children & young people and their families are views are listened too.
- Healthwatch Darlington will support CAMHS to establish a young people's participation group within Darlington.
- CAMHS said they will continue to work with CCG and LA to develop bids to progress the Mental Health Support Teams.
- CAMHS said they will continue to engage in national & local strategies, working with partners and commissioners to strengthen the anti-stigma offer across the borough. This work will also be included in the development of the mental health support teams in school.
- CAMHS said they will continue working with Durham & Darlington carers to develop a leaflet that contains information around other services available.
- CAMHS said they will continue with plans to further develop their website and will include details re Apps in leaflet and website.
- CAMHS said they will hold a Quality Improvement event in 2019 to standardise therapeutic group offer - will include parent/carer involvement.

Please note: Following on from this report Healthwatch Darlington will be monitoring CAMHS to ensure the above actions and feedback is implemented. Healthwatch Darlington are keen to see improvements and will be working hard to ensure the collective voice of children, young people and their families living in Darlington are being listened to and understood by our local commissioners and providers.

Children and Young People's Mental Health

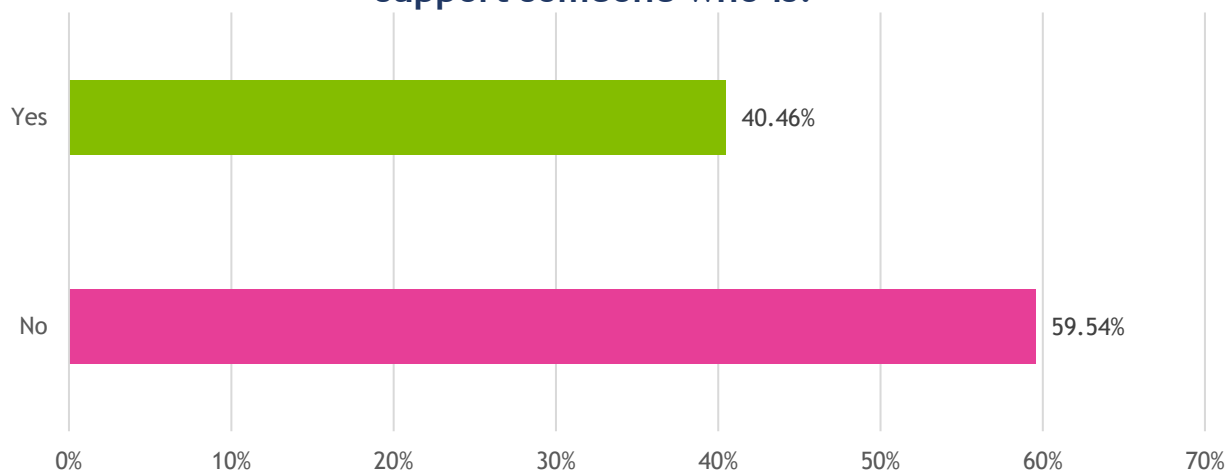
Survey Findings



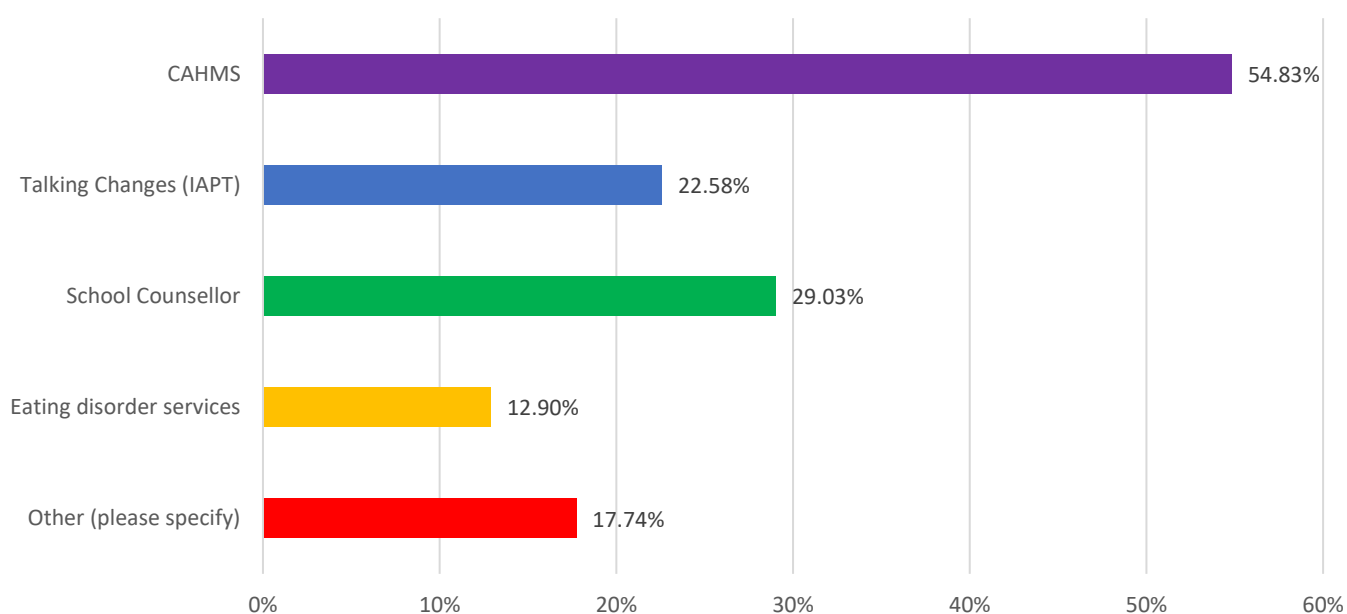
Children & Young Peoples - Findings

Healthwatch Darlington received **132** responses from children and young people. We have analysed these findings and presented them below using a mixture of graphs, service users comments and key themes. Some survey participants skipped questions.

Q1. Do you currently access any mental health services or support someone who is?



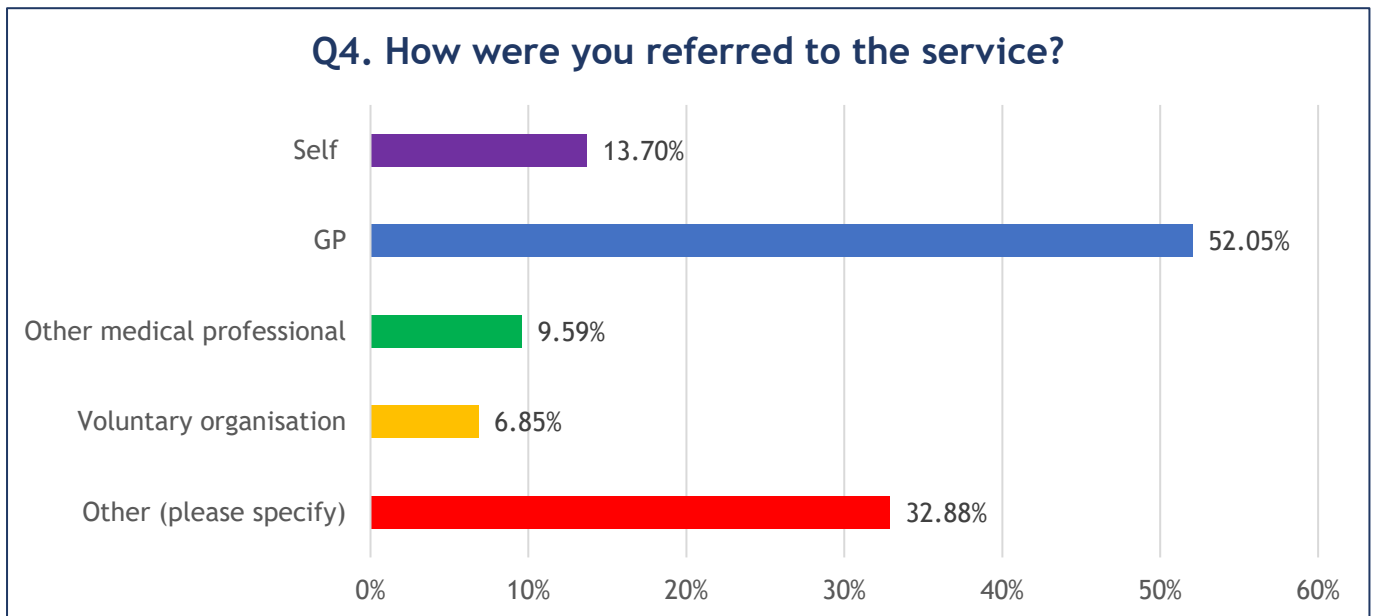
Q2. If yes which ones?



Q3. How did you first find out about the service?

Key themes

- Family/Friends - 9
- Education Provider - 21
- GP - 25
- Hospital - 4
- Social Worker - 2
- Third Sector - 1
- Support Worker - 4
- Other - 12



Q4 Other (please specify)

Key Themes :-

- Family/Friends - 6
- Education Provider - 10
- GP/Hospital - 2
- Crisis Team - 1
- Third Sector - 1
- Other - 2
- Social Services - 2

Children & Young People's - Findings

Q5. Roughly how many weeks did you wait between being referred and accessing the service?

Key Themes:-

Weeks - 5

1-7 weeks - 30

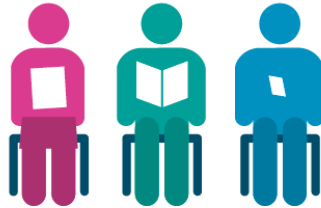
2-3 months - 14

4-6 months - 5

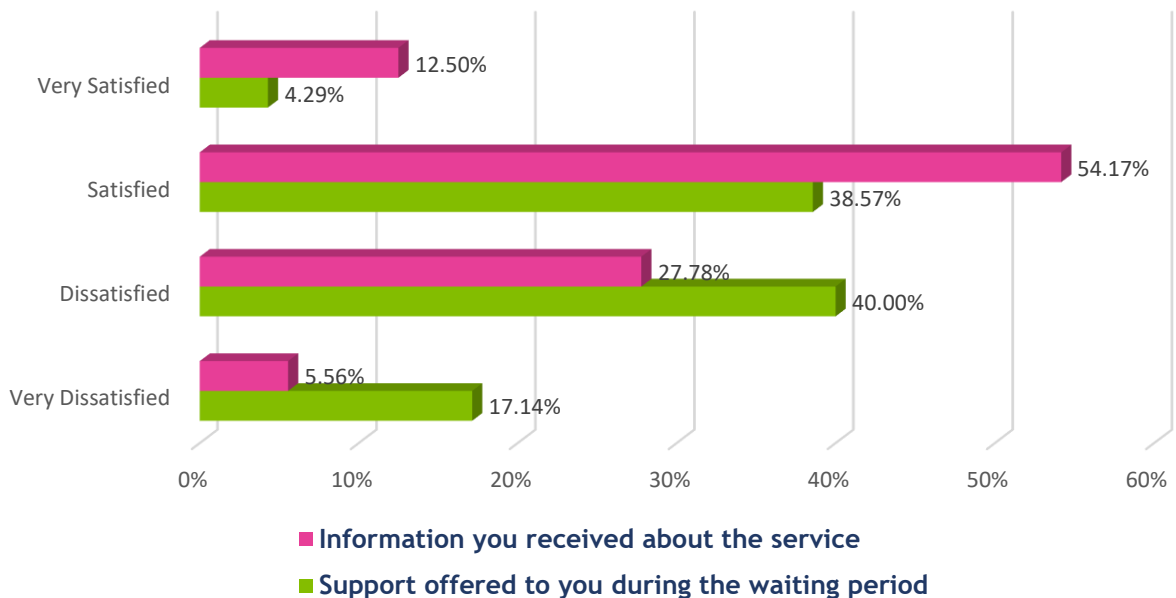
6 months + - 5

Don't know - 3

WAITING ROOM



Q6. When you were referred to the service how satisfied were you with the following during the wait?



Q6 (b) Do you think there would have been anything else you would of benefited from during the waiting period?

Key Themes:-

- None - 10
- More Support - 12
- Faster service - 1
- More information - 3
- Communication - 5
- More choices - 1
- Immediate access - 1
- Don't know - 5



Communication

Examples of service users comments:

“Continued support as opposed to feeling abandoned by health professionals when I was at my worst.”

“Support to check how patient is during waiting period.”

“Counselling or more GP appointments.”

“Recommended self-help.”

“Actual support”

“Faster”

“Support for my anxiety, depression and panic disorder.”

“Being treated or emailed about appointments, more staffing, volunteers etc.”

Q7. What was good about the service provided?

Key Themes:-

Nothing - 8

Everything - 3

Don't know 2

Example of service users comments:

"It gave us hope!"

*"The doctor assessing
was nice."*

*"I had someone to talk
to when I needed it."*

"Haven't finished but so far has been good."

"Helped to address problems."

"Not a lot."

"Mostly nothing."

Q8. Do you have any suggestions on how it could be improved?

Key Themes:-

Improved Waiting Times 10

Easier Access 6

More Information 5

Improved Communications 2

Don't Know 5

Continuing Care 3



More Information

Example of service users comments:

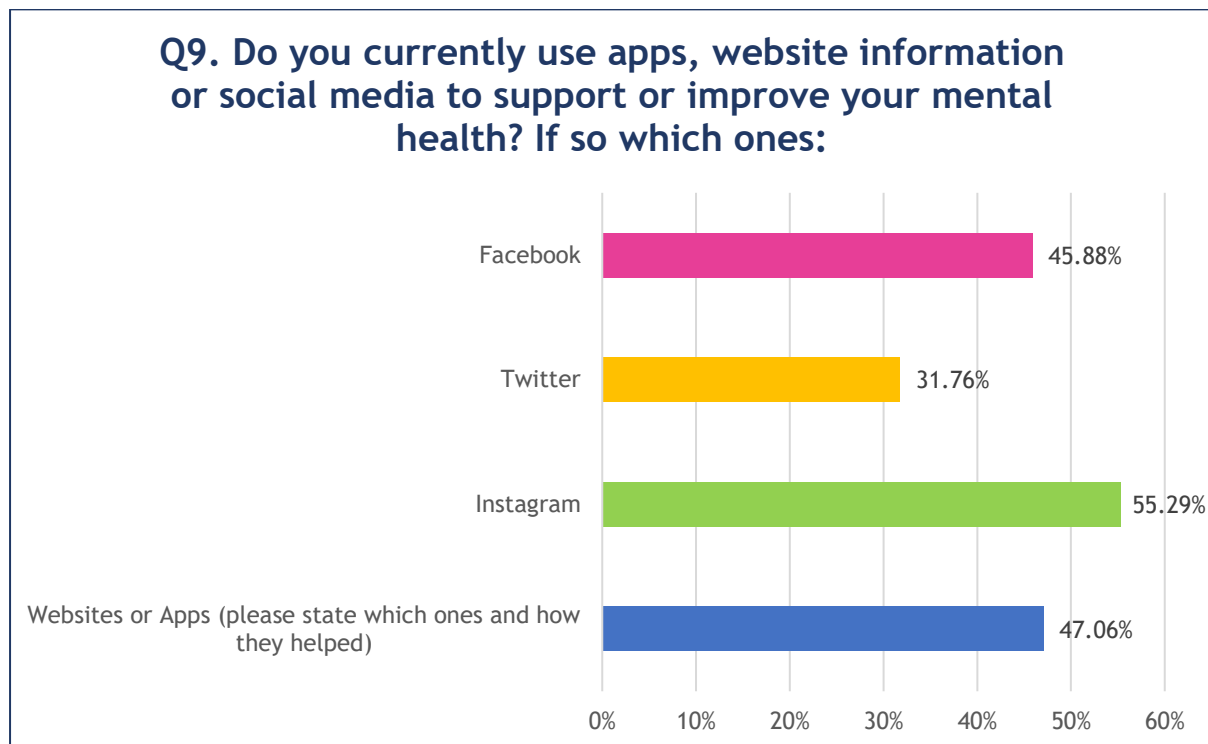
“Not many people at school knew it existed, so more awareness needed.”

“More background info, more hands on support more time.”

“Make surroundings less awkward.”

“Better communication and don’t let kids down just when they think they are getting support they are dropped like a ton of bricks.”

“Support during waiting period. Train GPs more in how to deal with mental health issues rather than not looking at you while you’re sat in their office, not asking you any questions and just upping your medication.”



Question 9 (b) Websites or Apps (please state which ones and how they have helped)

Key Themes:-

Discord 3

None 6

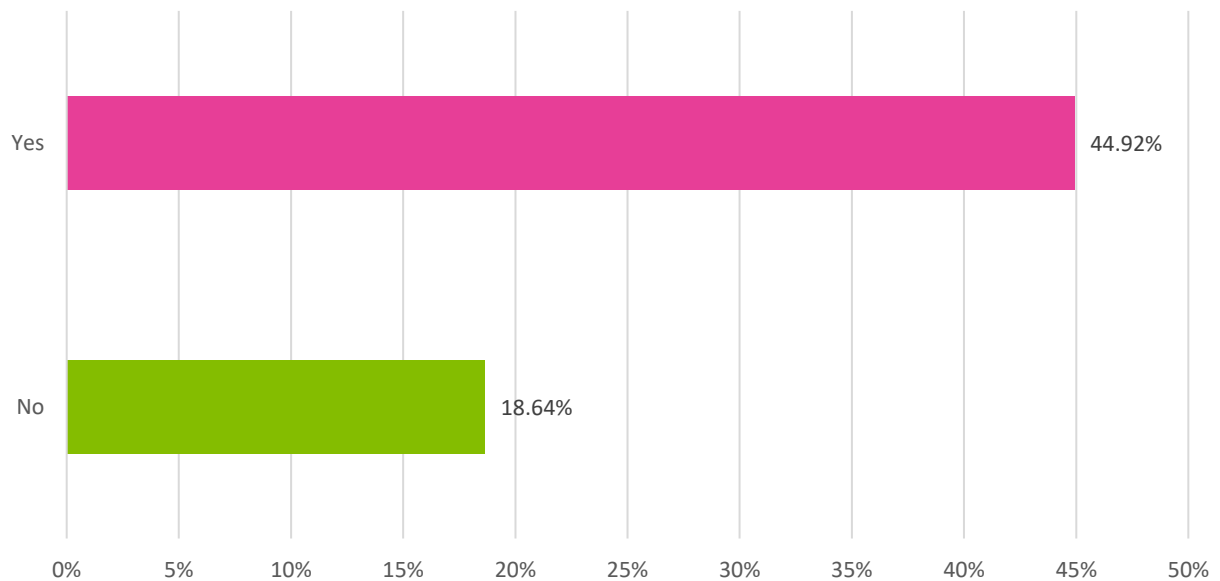
Snapchat 8

Tumblr 2

Video Games 3



Q10. Do you think there is enough support and information on mental health in your school or college?



Q10 (b) How do you think schools and colleges can support young people with mental health?

Key Themes:-

Awareness 7

Confidentiality 2

Education/Lessons 7

Improved Access 1

More Counsellors 4

More Information 2

Peer Support 3

To be listened to 5



Awareness

Example of service users comments:

“There should be much more access to mental health support for the LGBTQ+ community.”

“Be more aware of bullying so students don't feel pressurised to self harm/suicide.”

“Students might not trust it to stay confidential - shared between teachers.”

“Have services known & accessible at all points during the week.”

“Hire professionals.”

“Teach yoga and meditation from a younger age.”

“Be more open about it
- it exists.”

“Educate, make it seem normal
and nothing to be ashamed off,
and how to get help.”

“Should have
lessons on mental
health.”

Q11. Do you have any other comments or suggestions on how mental health services and support can be improved for children and young people in Darlington?

Key Themes:-

Awareness **5**

More Education **6**

More Information **5**

New Building/Service **3**

No **19**

Peer Support **7**



More services

Examples of service users comments:

“Support group - activities to give younger people more of a social life.”

“Need more places that are trained in mental health support, more than one area. Improve more on supporting the people with borderline personality disorder.”

“More schools should be up to date and have support in place. My health was bad in school and I received no support in school, even when I tried to commit suicide. They didn't know what to do with me.”

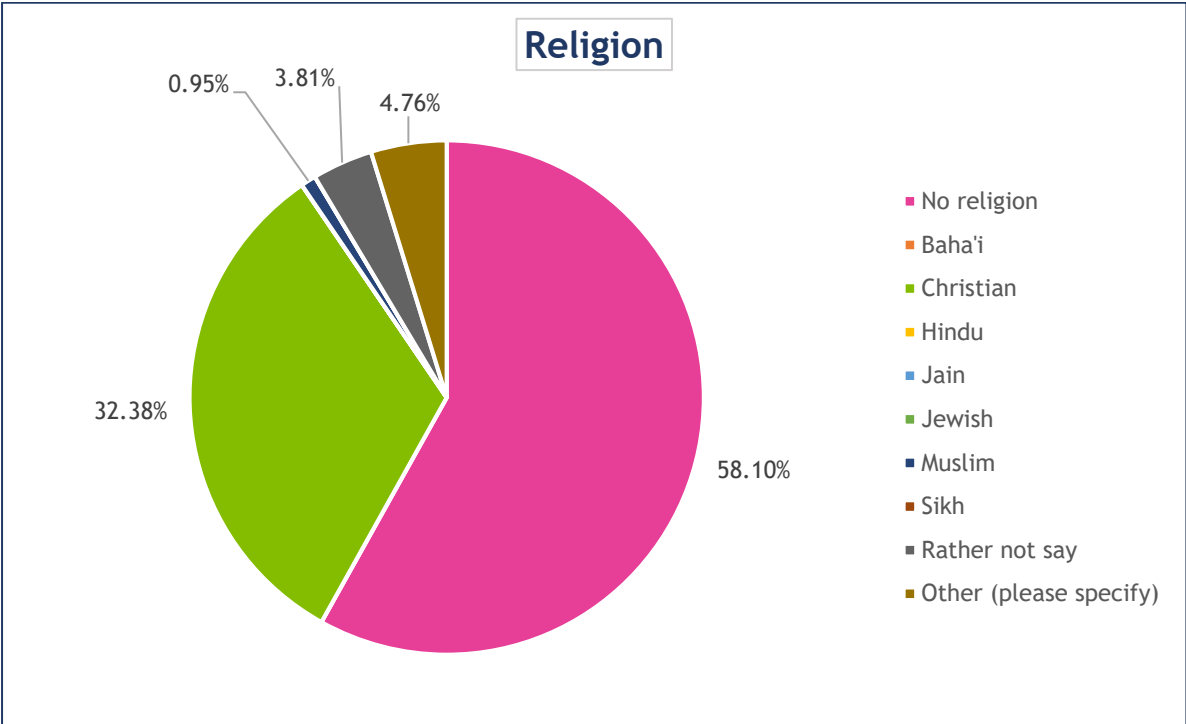
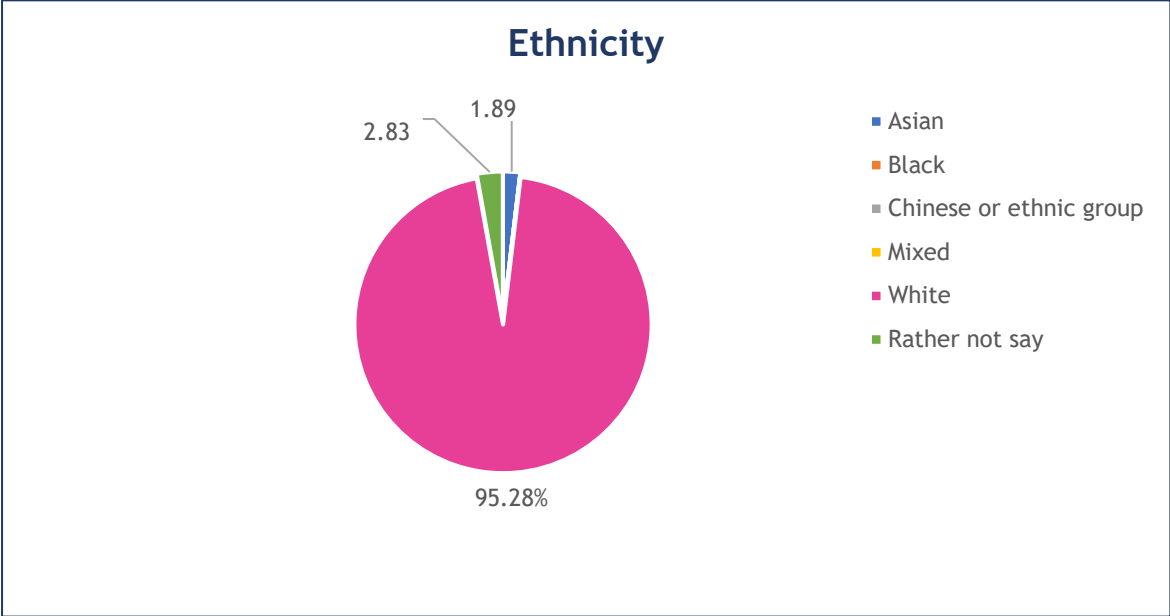
“There needs to be more staff as the waiting period can take months and the appointments are too far apart.”

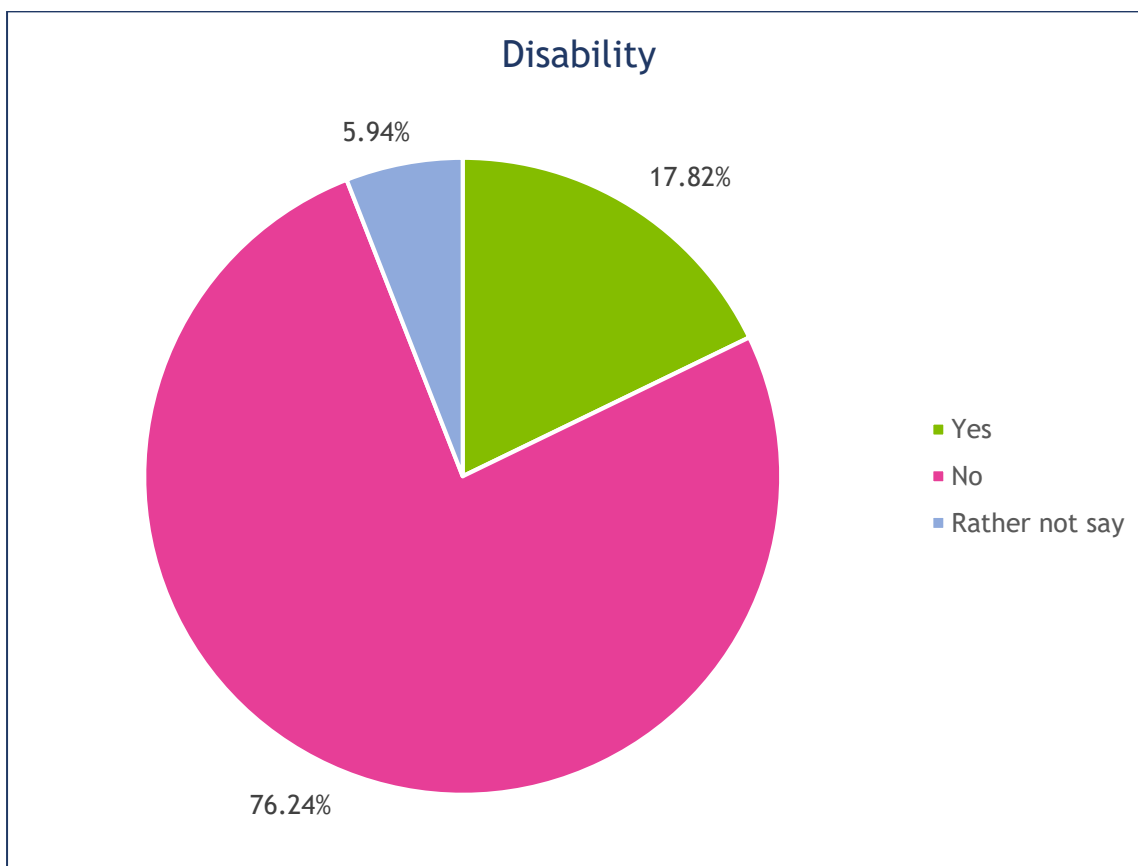
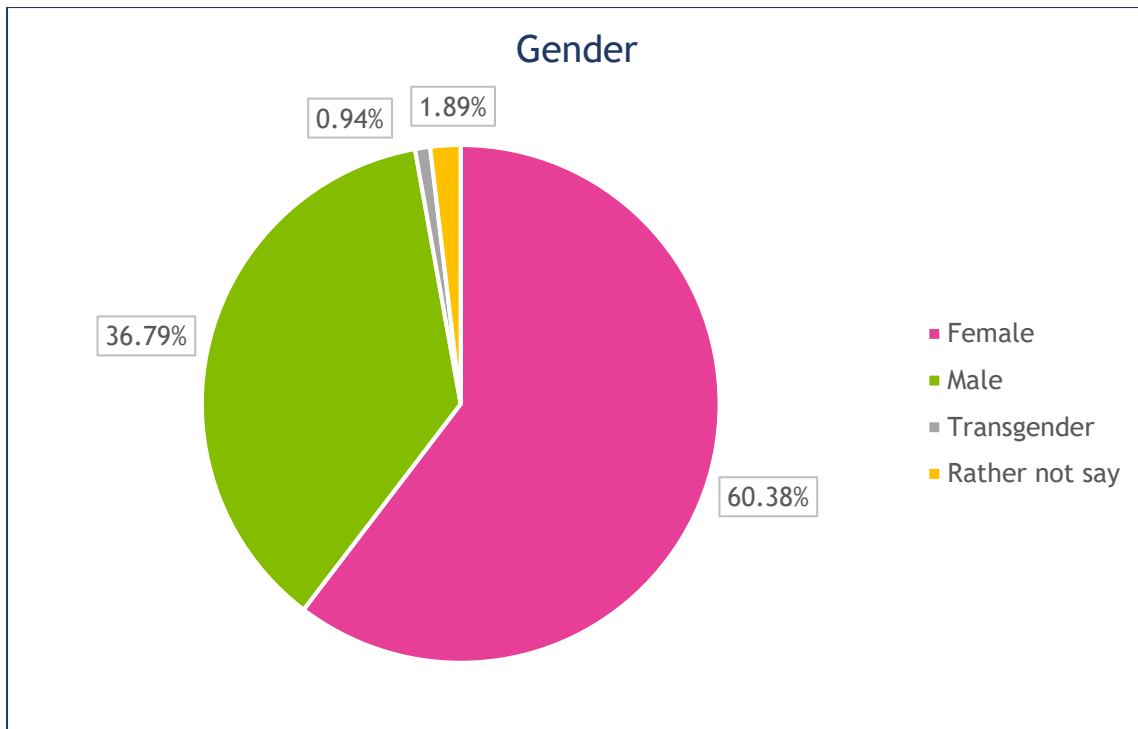
“Both parents and children need to be aware of mental health disorders and be educated on them.”

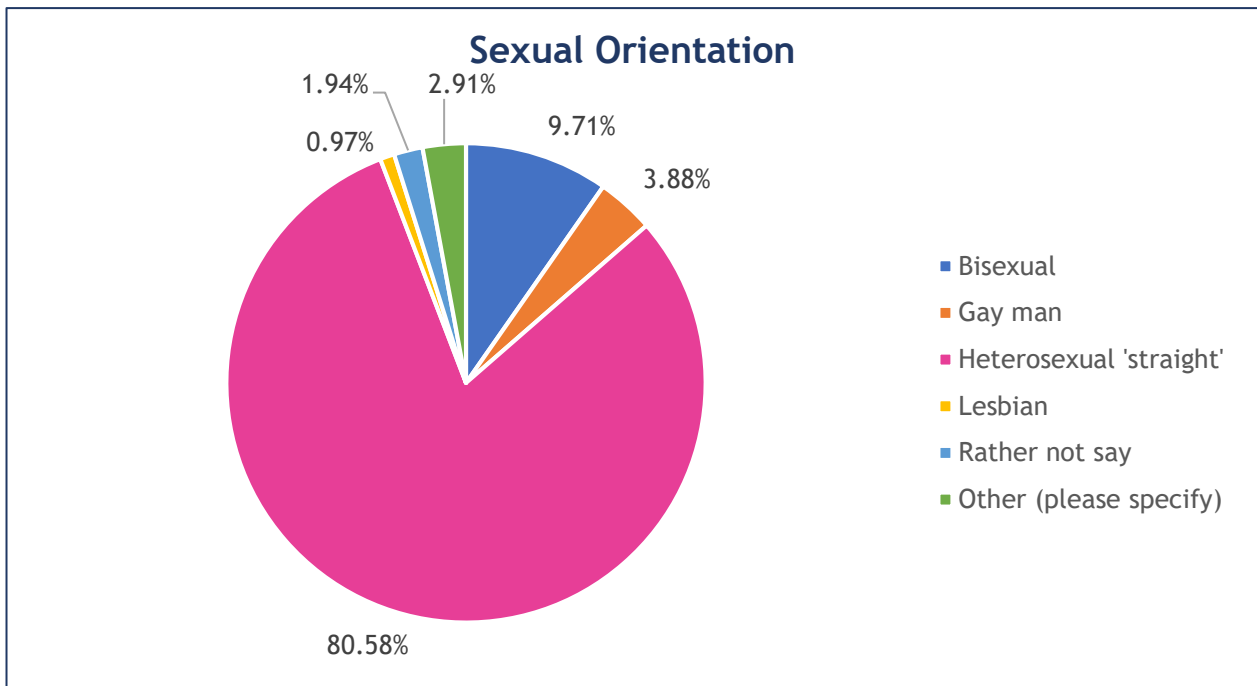
“Have more drop-in centres, longer amounts of sessions.”

“Loads more help, all that's needed.”

All comments attached to questions in the Children & Young People Survey can be found in Appendix A which can be viewed upon request.







We want to thank all of the education providers for allowing Healthwatch Darlington the opportunity to include young people's views in this report. We want to give a special thank you to all of the children and young people who took their time to share their experiences.

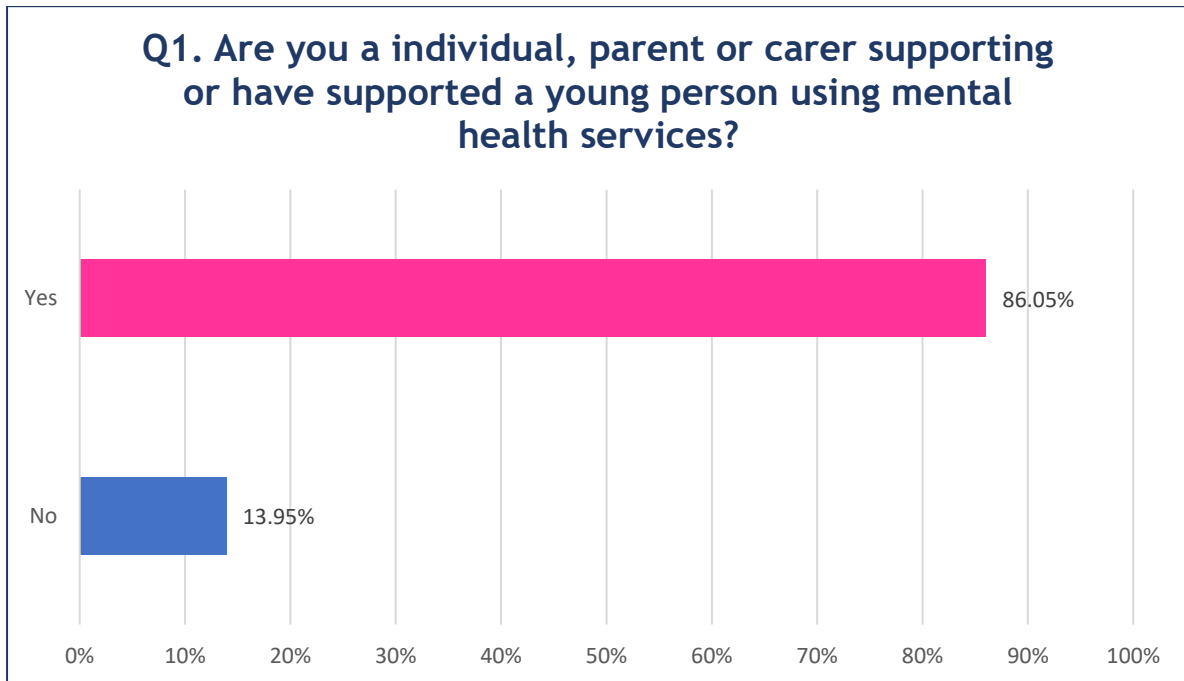
Children and Young People's Mental Health - Parent & Carers

Survey Findings



Parent & Carer - Findings

Healthwatch Darlington received **45** responses from parent, carers and individuals. We have analysed these findings and presented them below using a mixture of graphs, service user comments and key themes. Some survey participants skipped questions.



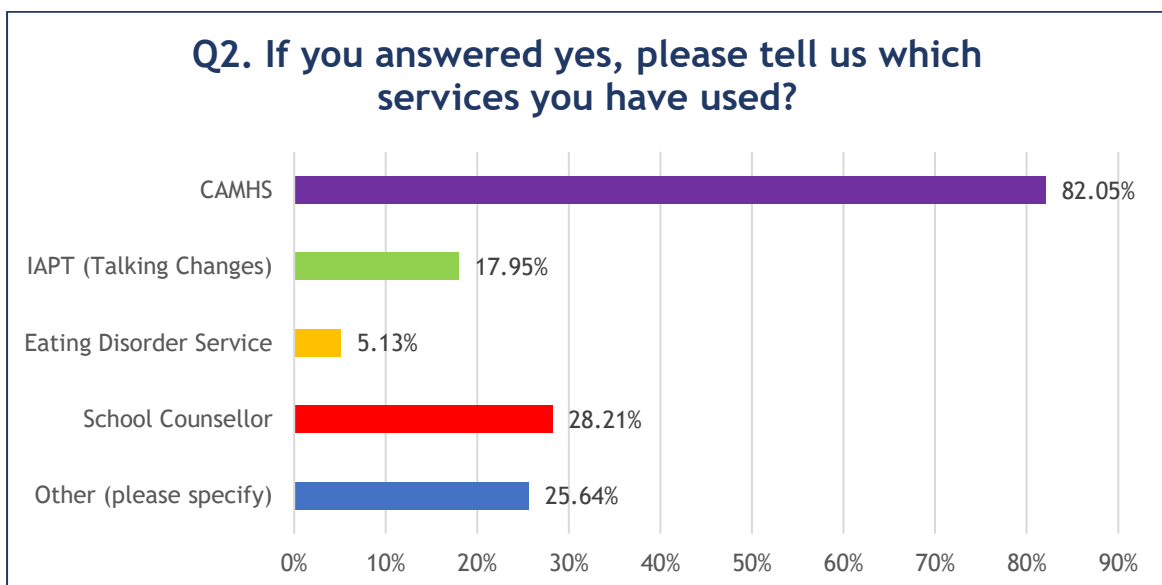
Key Themes:-

Individual - **2**

Parent/Guardian - **15**

Teacher - **1**

Third Sector Professional - **3**



Parent & Carer - Findings

Q3. How did you first find out about the service?

Key Themes:-

Friend = 3

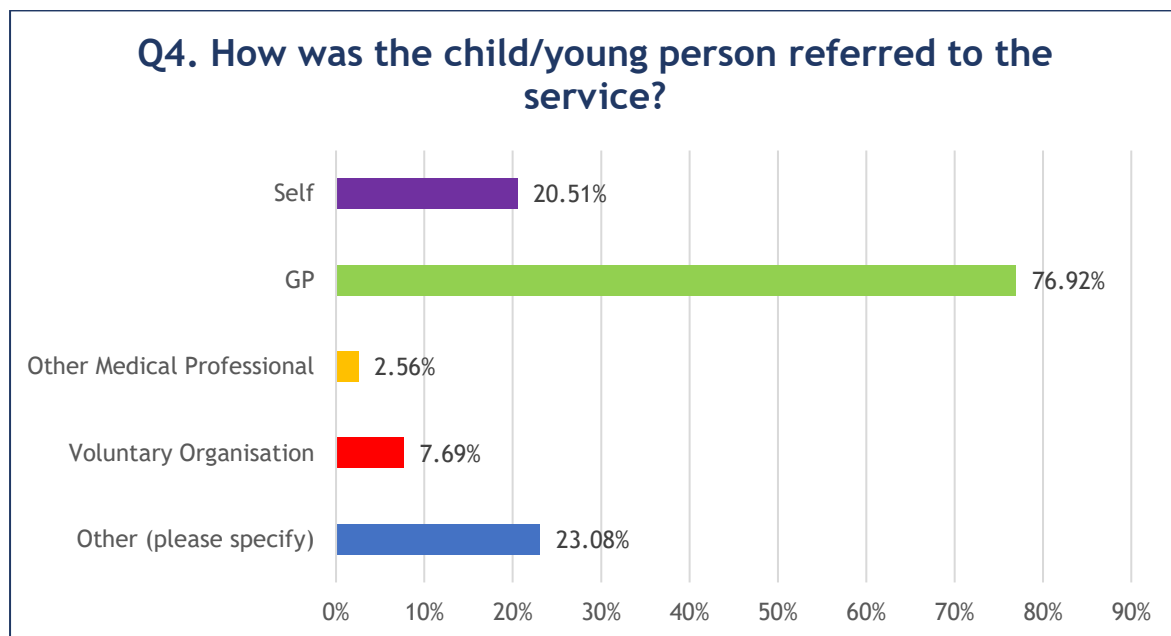
GP = 15

Information/poster = 5

School = 3

Social Services = 2

Work = 10



Q5. Roughly how many weeks did you wait between being referred and accessing the service?

Key Themes:-

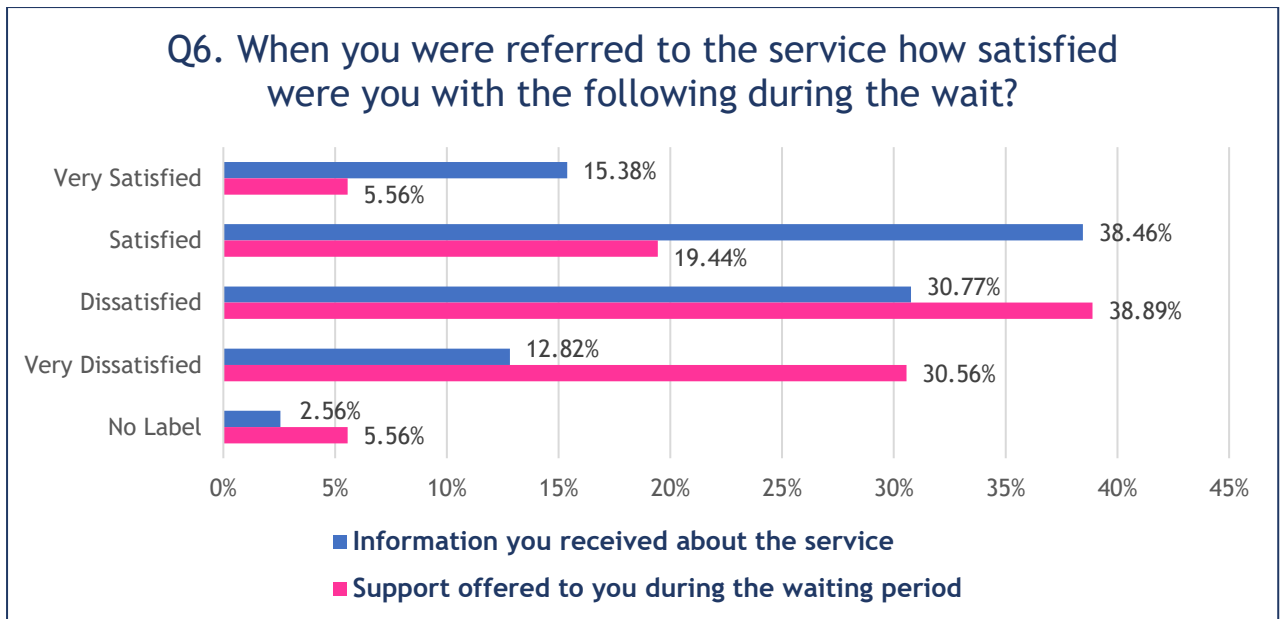
0-1 Week - 2

1-7 weeks - 17

2-3 months - 8

6 months + - 8

No Access - 1



Q6 (b) Do you think there would have been anything else you would of benefited from during the waiting period?

Communication - 7

Improved waiting times - 2

More information - 5

More staff - 2

More support - 4



More communication

Example of comments:

“Telephone calls to check in on patient.”

“Support during the waiting period from any services would be helpful.”

“I felt like I was alone just waiting for the appointment to come through, while my child was still having issues.”

“More info on how to help my child.”

Q7. What was good about the service provided?

Key Themes:-

Good staff - 3

Information - 2

Listens to parents - 2

Someone to talk to - 1

Example of comments:

“CAMHS were excellent and very supportive attending meetings at school, and offering support via phone while waiting for meetings.”

“Clinician listened carefully to our daughter and tailored support/advice so that it was personalised.”

“The staff members were friendly and made my child feel welcome.”

Q8) Do you have any suggestions on how it can be improved?

Key Themes:-

Improved waiting times - 8

Communication - 5

Improved access - 1

More choices - 2

More staff - 3

Staff attitudes - 2

WAITING ROOM



Examples of comments:

“Interaction at an earlier stage by more joined up working.”

“More staff/volunteers.”

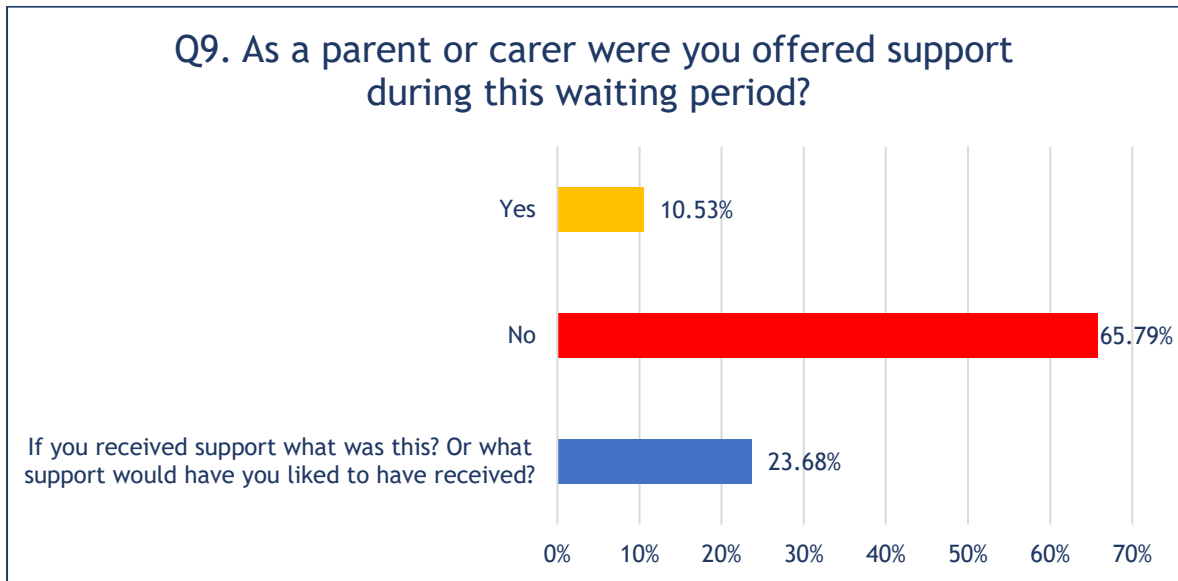
“More voluntary services link mind, should be used bridge the gap.”

“Closer appointments.”

“Regular appointments and more support in between appointments! Parents are often left with no support which is frustrating when the waiting period is such a long time.”

“A bit faster with appointments.”

“Yes, keep both parents involved and informed.”

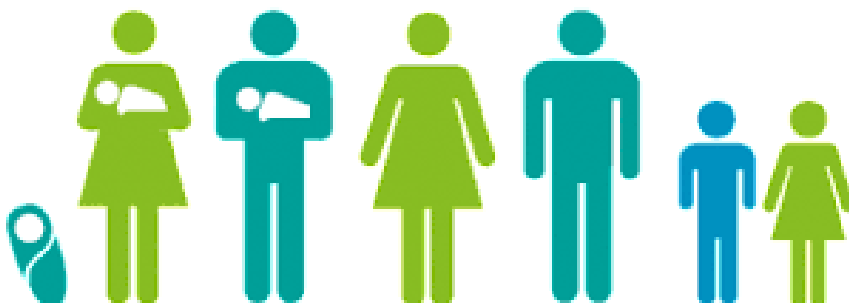


Q9 (b) If you received support what was this? Or what support would have you liked to have received?

“Advice on how to help my son although I understand specific support couldn’t be given advice on dealing with his panic attacks would have helped and helped me understand what was happening too.”

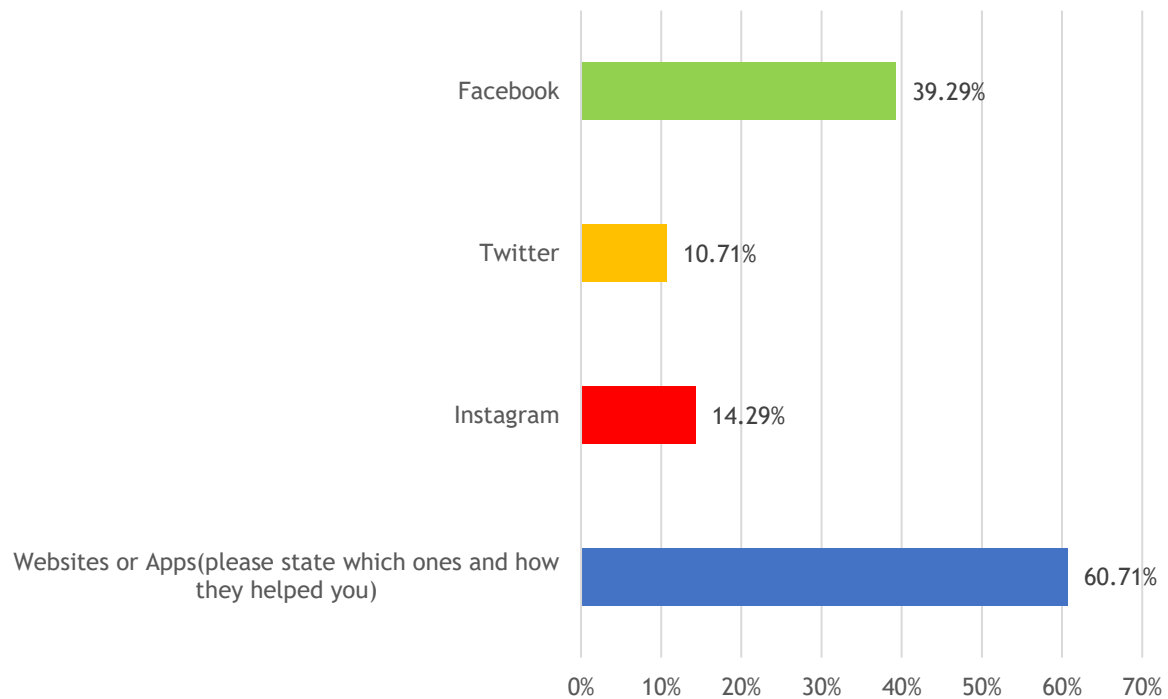
“Someone to speak to about how I deal with my child to let me know if I was doing the right thing or choices for my child.”

“Advice over the phone.”



More advice and support for families

Q10. Do you recommend using social media, website information or apps to help improve children and young peoples mental health, If so which ones?



Q10 (b) Other

Examples of comments:

"Mindfulness - CALM."

"Google and NHS websites."

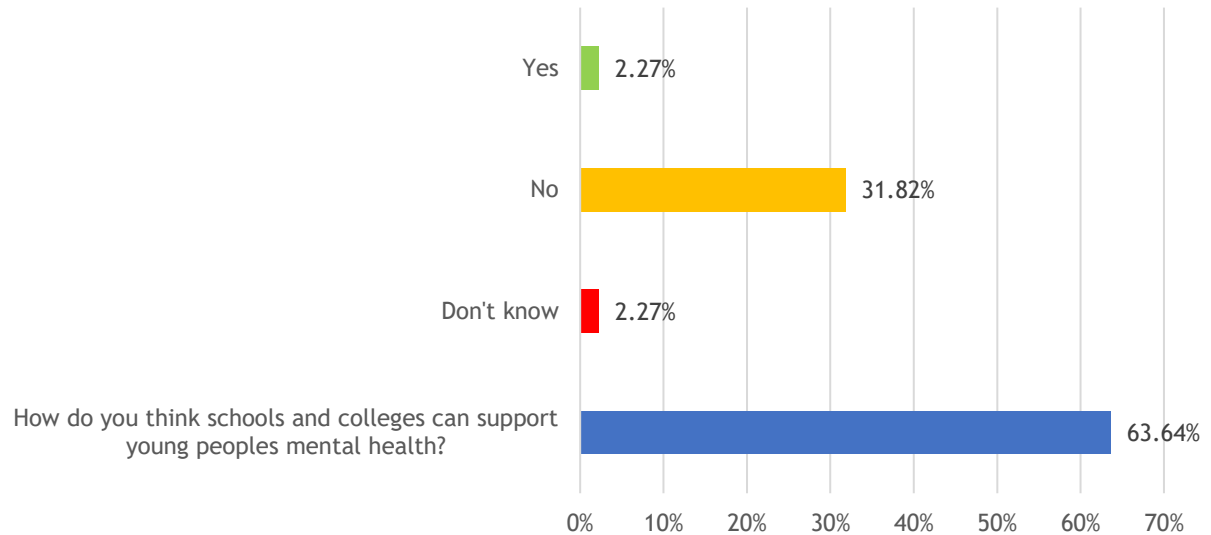
"No, face-to-face required."

"Meditation and calming music apps."

"No - people need personalised care from a professional who listens - can't get this from social media, it is a poor and dangerous substitute for face to face personalised expert care. "



Q11. Do you think there is enough support and information on mental health in schools and/or colleges?



Key Themes:-

Staff training - 7

Awareness - 7

Education - 2

More counsellors - 3

More information - 3

Reduce stigma - 4



Q11 (b) How do you think schools and colleges can support young people mental health?

Examples of comments:

“No, Mental health training for teachers and awareness on how to treat young people.”

“Need a bit more info for children.”

“Good quality counsellors who give a child a space to be themselves with no agenda or judgement.”

“Mindfulness and relaxation sessions should be compulsory in all schools. SEN needs to be the same across all schools to provide fair chances for all children.”

Parent & Carer - Findings

Q12) Do you have any other comments or suggestions on how mental health services and support can be improved for young people living in Darlington?

Key Themes:-

Awareness - 5

Communication - 3

More information - 3

More staff - 3

Collaboration - 2



Examples of comments:

“Parents get blamed for the issues the child has rather than looking at the child. I have been on all the available courses etc however still feel blamed for my families circumstances.”

“Work needs to be done on normalising conversations about mental health, reducing stigma around mental health and encouraging people to be more open about mental health issues.”

“I found the reception team at the CAMHS service to be occasionally difficult - as if they could offer professional advice around medication etc, I'd like easier access to professionals.”

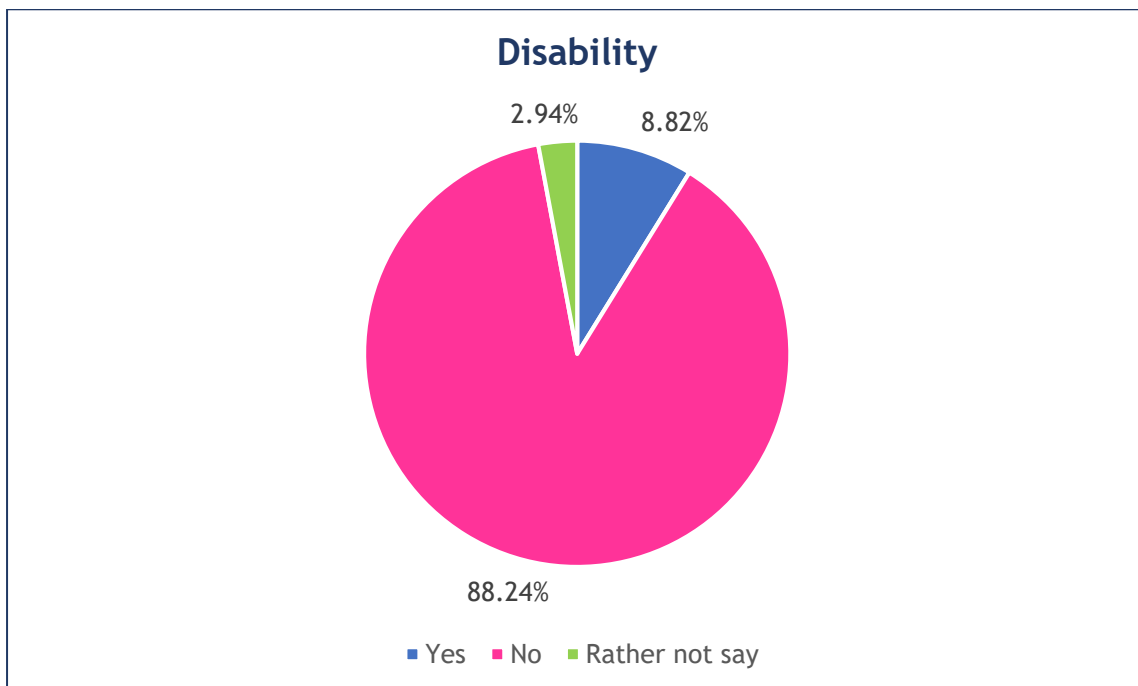
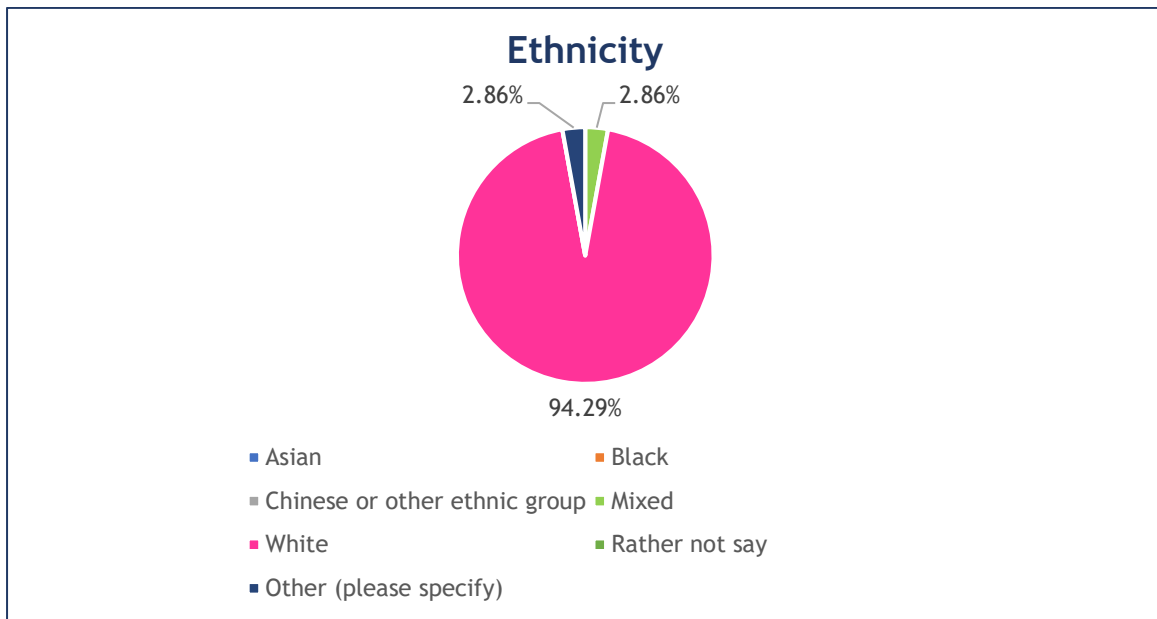
“Something entirely new needs to be set up specially aimed at the younger people in our area. A place they can go and feel safe and supported while they seek encouragement and advice on how to deal with all the new responsibilities their facing or dramatic changes they've had to deal with, the pressure to get involved in illegal activities, traumatic life events, grief.”

“Yes more services to fill the gap during the long waiting period. More services for young people and parent/carers. An overview of all provisions in place ensuring there every thing is being covered! Free services in rural and deprived areas as some services are located centrally in big towns and you have to pay for them which isn't always affordable to some families.”

“Local information, meetings in local community stations, leaflets through doors.”

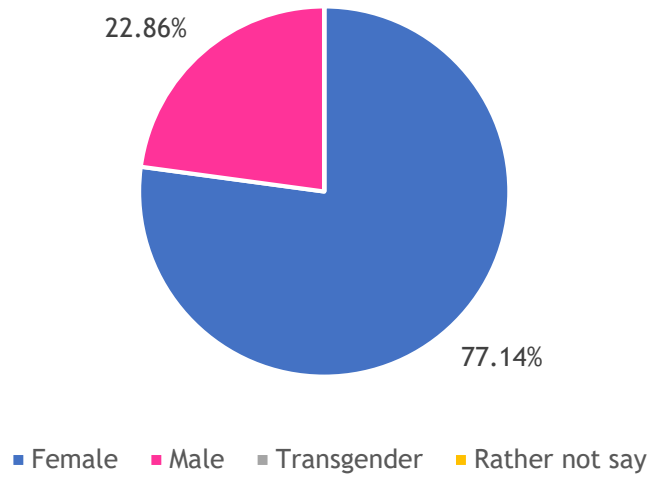
“More awareness and more staff.”

Parent & carer Equality & Diversity Statistics

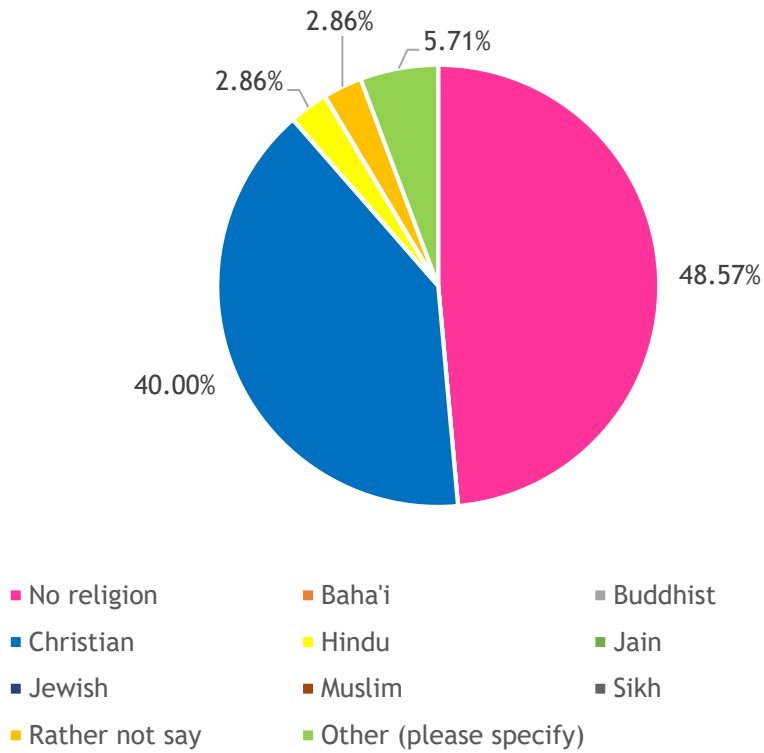


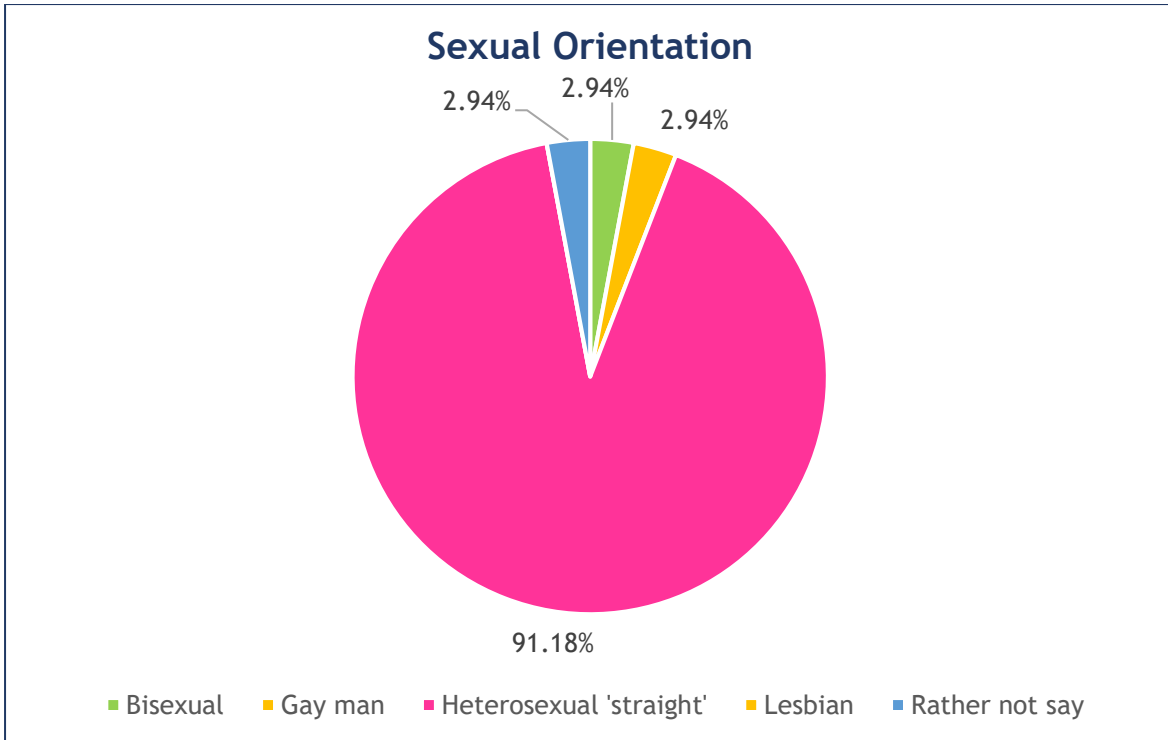
Parent & carer Equality & Diversity Statistics

Gender



Religion





Thank you to all of the parents, carers and professionals who took their time to share their views for the purpose of this report.

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