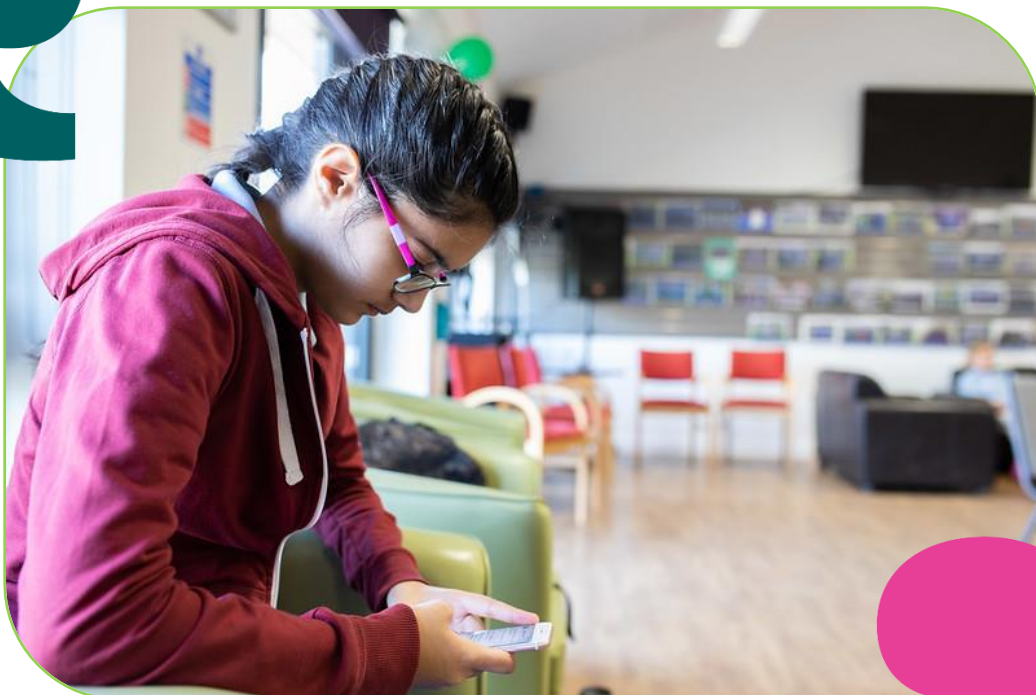


# Children and Young Peoples Mental Health

(Including experiences during the COVID-19 pandemic)

November 2019 to August 2020



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## Executive summary

Healthwatch Darlington's 'What's important to you' survey 2019 highlighted for the second consecutive year in a row that children and young people's mental health was still a priority for service users living in Darlington. Following on from the 'Children and Young People's Mental Health Report 2018' we decided to revisit this area of health and care services so we could continue to build on the previous findings to further understand what children, young people and their families would like from local services.

When we began producing this report in March 2020 England was placed in a national 'lock down' due to the unprecedented coronavirus pandemic (COVID-19). This meant that health and care services had to change the way they delivered their services in order to meet the needs of patients whilst also protecting patients, staff and volunteers from the virus. Under Government, Public Health and Local Authority guidelines individuals had to remain at home and avoid travel unless absolutely necessary. All childcare providers, schools, colleges and universities closed except for key worker's children. Locally, regionally and nationally it's been recognised that the situation has had an impact on some of our young people and their families' mental wellbeing. With this in mind we spent June, July and August 2020 finding out about local young people and families experiences during the pandemic.

This report contains information about what young people, carers and their families are experiencing when using local services in normal times; what everyday life events are affecting young people locally which helps to indicate areas of intervention and what young people and families want to see when it comes to information sharing in the town. Finally, this report also offers an insight into the complexities of how the pandemic has affected young people and their families across Darlington.



## Introduction

Healthwatch Darlington Ltd (HWD) is a strong independent community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington. HWD believe that no matter who you are, where you live or what age you are, you do have a voice and you have the right for that voice to be heard.

### Information Gathering

- Gathering views, experiences and needs of local people about their health and social care, focusing on those who are under-represented in decision making or face barriers to influencing the system.
- Gathering and monitoring other key information that tells us how the local health and social care system is working for people.

### Influencing

- Influencing services and their commissioners to consider and act upon the views, experiences and needs we present.
- Championing the involvement of Darlington residents in the development and evaluation of services.

### Informing

- Enabling people to get the most out of the current system by providing information about service provision, the rights people have in relation to their care, and opportunities they have to influence what care looks like.



## Background

During 2018/19 Healthwatch Darlington conducted a survey called ‘What’s important to you?’ This survey gives service users, patients and their families an opportunity to share with us the services that matter to them the most and what they would like us to feature on our next workplan.

Our workplan outlines the projects we endeavour to conduct throughout a year, which underpins the delivery of our statutory duties. When we analysed the findings within this survey ‘Children and Young People Mental Health’ was indicated as an area of priority. We were also able to revisit previous reports, the ‘Children and Young People Transformation Plan - Consultation Report February - April 2016’ and ‘Children and Young People Mental Health Report 2018’ along with historical data stored on our Customer Relationship Management System (CRM) from across the last 12 months, to help us understand the common areas of concern.

- Children and Young People Transformation Plan - Consultation Report February - April 2016



CYP MH Report -  
2016

- Children and young People Mental Health Report 2018



CYP MH Report  
2018 FINAL (01).pdf

Our team of volunteers gathered other historic information from local, regional and national plans to help our readers understand the developments of children and young people’s mental health services and where improvements need to be addressed. These plans drive forward actions needed locally, regionally and nationally to continuously improve mental health provision for young people across the health and educational sectors.

- BRIEFING PAPER Number 07196, 11 July 2019 Children and Young People’s Mental Health - Policy, Services, Funding and Education.  
<https://researchbriefings.files.parliament.uk/documents/CBP-7196/CBP-7196.pdf>
- Children and Young People’s Resilience, Mental Health and Wellbeing Darlington transformation plan, October 2018 refresh.  
<https://www.darlingtonccg.nhs.uk/wp-content/uploads/sites/2/2019/04/Darlington-Children-and-Young-People-Mental-Health-and-Wellbeing-strategy.pdf>
- ‘Supporting Mental Health in Schools and Colleges - Pen Portraits of Provision’ in May 2018.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/705083/Supporting\\_Mental-Health\\_pen\\_portraits.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705083/Supporting_Mental-Health_pen_portraits.pdf)

- ‘Access to Children and Young People’s Mental Health Services - 2018’  
[https://epi.org.uk/wp-content/uploads/2018/10/EPI\\_Access-to-CAMHS-2018.pdf](https://epi.org.uk/wp-content/uploads/2018/10/EPI_Access-to-CAMHS-2018.pdf)
- National Health Service (NHS) Long Term Plan  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Mental health in young people has become a major health concern across the UK with an estimated 1 in 8 children (aged 5-19) suffering from a mental health disorder. It is estimated that 75% of mental health disorders are established by the age of 24, however, some people struggle to get help. One in four children are rejected from mental health services for not showing serious enough symptoms with many areas lacking appropriate services to support children and young people.

The average waiting time for a child to receive an initial assessment is 34 days and 60 days for them to start receiving treatment. As such it is important to address this issue and understand how this can be improved.

The Government has taken steps to improve mental health across the UK. The current plans are shown through information provided by Department of Health and Social Care and the Department for Education in July 2018. This includes designating a senior lead for mental health in schools. They would be responsible for overseeing how their school helps children with mental health problems; help identify pupils showing signs of mental health difficulties; provide advice on mental health for staff and refer children to specialist mental health services where needed.

Furthermore, there are plans to embed mental health support teams in schools. This would involve training staff to help young people with mild to moderate mental health problems such as low-level anxiety. Along with the designated leads these teams will establish links with local specialist mental health services including other professionals who work with mental health e.g. school nurses, school counsellors, social workers, educational psychologists, and voluntary and community organisations to improve the quality of mental health help available to children and young people.

The Government has set a target to reduce the waiting time for children and adolescent mental health services to about 4 weeks. This would be significantly lower than the current waiting times which, on average, are about 94 days to receive an initial assessment and treatment.

There are also plans to introduce mental health into the mandatory school curriculum from September 2020 as part of relationships and sex education and health education. This would involve learning about mental health in both primary and secondary school.

Other plans outline further research to support families. This would include researching how to help parents bond with their children to improve mental health, and how families at

higher risk of mental health problems can be supported. In addition to this there are plans to further research how to prevent mental health problems.

According to the NHS in 2018/19 there were nearly 380,000 children and young people treated through NHS commissioned services which is about 36.1% of those with a diagnosable mental health condition. There are plans to increase this by 700,000 children a year by 2020/2021. Despite these numbers it is apparent that there is still a lot that needs to be done to help children and young people with mental health problems and services need to be expanded to accommodate more children and young people.

According to the NHS Long Term Plan there are several services where the NHS is investing, including Community Health Services and school based mental health services. This will support the Government's plans to embed mental health support teams in schools by: funding these new mental health support teams; allocating extra capacity for early intervention and ongoing help; supervision from NHS Children and Young People Mental Health staff; providing information and training to help support young people more at risk of mental health problems; improving information sharing; developing digital interventions. This aims to both support young people with mental health problems and meet the government's target of 4 week waiting times for mental health services.

There are also plans to invest in eating disorder services to meet the Government's '4 week waiting time' targets. Currently 4 out of 5 children and young people are seen in 1 week for urgent cases and 4 weeks for non-urgent cases. The new investment will hopefully increase this to 95%.

As well as this there are plans to assist children and young people experiencing a mental health crisis by providing crisis and liaison services and providing '24/7' help through NHS 111 as opposed to these children and young people having to visit hospital Accident and Emergency Department. There has been some initial success with the initial stages of this new form of crisis care. For children who have accessed emergency care in vanguard sites (sites across the country which have been testing and evaluating methods of improving crisis care), those who were identified as needing urgent emergency care services 83% were seen within 4 hours.

Furthermore there are plans to assist people with learning disabilities/autism by: providing annual health checks for people with learning disabilities aged 14+; providing more information and training for staff to help them support people with learning difficulties; providing key workers for people with learning disabilities/autism; and more work into helping people transition into Community Care.

Some other changes include developing a new model for young people's mental health to make it easier to transition to adult mental health services. This includes creating a comprehensive system to help 0-25 year olds with mental health issues. As well as working more closely with Universities UK through the Mental Health in Higher Education Programme to improve student welfare and access to health services with a focus on suicide prevention and improving access to psychological therapies for particular vulnerabilities.



## Darlington Local Transformation Plan

The **Darlington Local Transformation Plan** has looked at children and young people's health across Darlington. The aim is to improve emotional wellbeing of children and young people developing a multi-agency approach to promote mental health of all children and young people by:

- providing early interventions
- meeting the needs of young people with complex problems
- ensuring access to appropriate staff and services for young people and their families.

This will be done by building up infrastructure which involves skilling up the workforce to respond to young people's mental health and promoting anti stigma of mental health. It also involves allocating more resources to focus more on early intervention and prevention and promoting wellbeing. In addition to this it involves providing resources to the most at risk individuals such as those in need of crisis care and those involved in the youth offending services.

One major thing that has been identified in Darlington is the higher than average rate of child poverty and deprivation which is thought to have negative effects on children's mental health. To tackle this in the short term there are plans to improve access to basic needs, a medium-term plan to boost families' resilience, and a long-term plan to tackle the causes of poverty.

As part of the Transformation Group's work there has been work carried out with young people, parents and carers to develop long term plans. They have also established an eating disorder service. In addition to this Darlington local NHS Mental Health Trust 'Tees, Esk & Wear Valley NHS Foundation Trust' has taken a lead role in the children and young people improving access to psychological therapies service and is working with the long-term planning group to expand the programme. There has also been work to establish a paediatric mental health crisis liaison team to provide 24/7 support to children and young people who experience a mental health crisis. Furthermore, there has been work on developing more community care to help assist people with mental health difficulties in the community.

In 2017/2018 there were improvements in Darlington including developing a partnership with the Anna Freud programme to help improve links between schools and children and adolescent mental health services. In addition, Darlington's Local Transformation Plan has engaged a clinical lead in line with the government policy for schools to appoint a clinical lead. The multi-agency group made a trailblazing bid for funding to create a mental health support team which was unfortunately rejected. The plan is to continue trying to get funding for mental health support teams in Darlington. There have been other projects relating to mental health such as improving links between health and education which have been particularly useful for special educational needs and disability.

Based on children and young people's feedback the Local Transformation Plan has set out objectives to assist young people which includes keeping children and young people safe from perceived harm. It also involves improving the health and wellbeing of all babies,

children and young people as well as improving academic attainment for children and young people and empowering families to be more resilient.

In 2018 Healthwatch Darlington carried out a survey of children and young people's mental health which received 131 responses. According to the survey 57% were not happy with the support provided while waiting for mental health services. 33% were not happy with information provided during the wait. 70% of parents and carers were not happy with support during the wait period 43% were not happy with information provided during the wait period. Only 2.27% said there was enough support in schools and 66% said they were offered no support in the wait period.

Some actions have been taken since then to address some of these concerns for example assigning a mental health lead and developing links with local organisations which will hopefully improve the quality of mental health support available in schools. As well as this there have been Child Wellbeing Practitioners working with some of the schools in Darlington which give children and young people someone to go to talk about any problems they might have with mental health.

Furthermore, there have been campaigns to reduce the stigma around mental health and mental health first aid training has been delivered to some people as well as mindfulness training, strategies to help with early intervention and Thera play training. There are plans to increase mental health related training to ensure people have the skills to support early intervention and prevention. This will be particularly useful for teachers to help identify mental health problems in children earlier.

Finally, in the early months of 2020 the Local Transformation Plan multi-agency group had the opportunity once again to submit a trailblazer bid which would secure funding for school clinical leads. A range of partners worked together to submit this bid which was successful. This is great news for Darlington and in the near future will see a mental health workforce team placed in schools across the Borough.

## **Darlington Child & Adolescent Mental Health Service (CAMHS)**

Since Healthwatch Darlington's last report in 2018/19 CAMHS have been making improvements and working more closely with service users in the town. Although the waiting period for CAMHS is considered 'high' in Darlington it has been recognised that this is national problem across CAMHS services in the UK. In Darlington CAMHS have been proactively making changes to better support patients during the waiting period. CAMHS has been working with parents & carers in Darlington to improve information that is shared with service users' during the waiting period and have been working actively towards trying to decrease the waiting period for patients and their families. CAMHS also now deliver 'Relax Kid' sessions within a town centre venue for families who meet criteria. Furthermore, CAMHS have been working with Healthwatch Darlington's young volunteers to make improvements to their waiting area within the Mulberry Centre for young patients living in the town. **A separate report about this work is available.** Finally, CAMHS will be developing strategies for those parent/carers who are waiting for a child's diagnosis on the

neurodevelopmental pathway, providing more support, training and information during the wait. Healthwatch Darlington hopes to work with CAMHS in the future to help inform these strategies moving forward.

## Covid-19

In March 2020 the Government announced that England was to be placed in ‘lock down’ due to the spread of coronavirus (COVID-19) across the country. Health and care services across the country had to change the way they delivered services in order to meet the needs of patients whilst ensuring they followed the latest guidance and procedures issued by the Government. Services have been offering where possible ‘none face to face appointments’ using telephone or video platforms. CAMHS in particular have been using the ‘attend anywhere’ system for local patients in Darlington. As health and care services adapted to the changes we also saw the closure of education settings, community provision and leisure services. This has presented a number of challenges and has an impact on young people and their families’ mental wellbeing across the country.

A number of organisations from across the children’s sector have been working in partnership on **‘Responding to COVID-19: Issues affecting mental health support for children and young people’, May 2020** - including The Children’s Society, Action for Children, Barnardo’s, Children England, United Nations Children’s Fund (UNICEF) UK, Become, Family Rights Group, Children’s Rights Alliance England, British Association of Social Workers, Just for Kids Law and the Children and Young People’s Mental Health Coalition.

They have specifically focused on the concerns raised by practitioners in relation to the mental health and well-being of children and young people and the support available to them during the pandemic. There were 108 respondents at the time of analysis and the insight shared in this briefing is based upon those who specifically shared their views about mental health provision.

*“Many issues have been raised in relation to the mental health and well-being of children and young people during the pandemic, with growing concern that their mental health is declining. Emerging evidence is beginning to show this impact, for example, a recent survey from YoungMinds highlights that 83 percent of surveyed children and young people with pre-existing mental health problems have had their problems worsened.<sup>1</sup> The National Society for the Prevention of Cruelty to Children (NSPCC) has also reported a sharp rise in calls to Childline since the outbreak, with over 2,200 counselling sessions delivered to children and young people who expressed concerns about coronavirus between January and April 2020.<sup>2</sup> In the majority of these sessions, children spoke about their mental health, including struggles with increased feelings of depression and anxiety, more frequent panic attacks, having difficulties sleeping and feeling lonely or isolated.<sup>3</sup>*

*Practitioners highlighted specific concerns relating to vulnerable groups of young people. For example, domestic violence has increased during lockdown, and this directly impacts on the mental health of children within the home. The safety net of support many of these families require has been weakened at a time where they need help the most. One*

respondent said: 'Not being able to visit the families' worries me as a lot of the children will be living in homes where there is domestic violence'.

In addition, young carers are an already at-risk group with an estimated 2 in 5 young carers currently experiencing a mental health problem.<sup>4</sup> Young carers are likely facing significant challenges at this time, including caring for a relative affected by the virus and struggling to keep up with their learning during the lockdown. One practitioner also raised concerns about isolation faced by young carers, they noted that 'currently young carers are being supported remotely by the team but have no relief from their caring role and very limited interaction.

We know that for many NHS Children and Adolescent Mental Health Services (CAMHS) it is still business as usual, with services providing support over the phone or via digital platforms. Face to face interventions are also still on offer for those from whom digital may not work and for acute mental health patients. However, emerging evidence shows that there are fewer referrals being made to CAMHS in some areas, meaning developing issues are less likely to be picked up, and early intervention is made impossible.

For example, it has been reported that referrals to CAMHS in Birmingham have seen a 50% reduction since Covid-19 measures were first introduced in March.<sup>5</sup> Children and young people in can struggle to access existing services at the best of times and it is clear that lockdown measures have challenged this further: 'we find some of our young people decline their support (from services) through previous negative experiences. This puts pressure on practitioners, as they feel responsible for mental health support over the phone.'

Currently, it is clear from practitioner responses that school closure has greatly disrupted their practices. For practitioners delivering mental health services within schools, they are no longer delivering interventions to children and young people such as counselling. As one practitioner noted, this means that children are not receiving a service that they have been identified as needing to support their mental health.

We advise on digital migration below, but there is a separate issue surrounding services that cannot be migrated, or whose effectiveness is depleted. The unique role schools play can be difficult to replicate for practitioners. One response said - 'it is clear that in a situation like we have with schools closed we do not have community structures to reach those most in need of support, particularly young people'. One respondent said 'My work is done on a one to-one basis in schools supporting children and young people who have witnessed domestic abuse - at present my work is severely affected by the crisis.'

School places are available for 500,000 vulnerable children, however so far, a small proportion have taken the offering up, meaning they may be missing vital interventions that support their mental health. Though it would not cover all children, **schools, colleges and local authorities should work together to ensure that children who are able to attend school do so, by identifying specific barriers and addressing them.**

With regards to the immediate future and educational services, respondents are already concerned about children and young people returning to school, due to factors including a pressure to catch up and the abnormality of a transition back to schooling and structure.

*One practitioner said ‘Seriously concerned about the future for children retiring back to schools and settings and the pressure that will be on them to catch up. Transition needs to be very carefully planned’.*

### ***Mental health Information and support aimed at children and young people***

*It is vital that children and young people have access to the information and advice they need about looking after their mental health and when or where to seek support, including during this pandemic. There is ample public health messaging around staying indoors across communication channels. However, one practitioner raised the point that ‘...there are adverts on tv/social media around staying home, but I feel there could also be adverts around keeping sane and safe - giving advice lines and options of how to keep yourself mentally healthy.’ Public messaging could also be used to spread digestible tips and information on mental health, particularly tailored to children and young people, who may need helpful information delivered to them more than adults, who are more likely to find it themselves.*

*Charities and government have been fast to respond and produce a range of materials on how to protect young people’s mental health and wellbeing during the pandemic. However, it is evident that this information may not always be reaching the frontline. Practitioners raised concerns about the lack of coordination about the information and resources available to children and their families. In reference to a Health and Wellbeing Portal developed by Welsh Government, one practitioner states; ‘I believe a key opportunity has been missed to provide a network of support services from mental health, physical health and allied organisations like mine to continue to support children or at least ensure schools offer a coordinated offer.’*

*Parents and carers are being asked to do so much to support and protect their children during lockdown, such as using resources and strategies, without professional input. This may in some instances do more harm than good for some children and young people. For example, one practitioner is concerned that ‘we sign post parents to resources or talk them through helpful strategies.’*

## **Purpose**

This report will revisit some of the previous topics such as the availability of help during the waiting period, information sharing, schools/colleges, Special Educational Needs, as well as exploring the impact of every day worries and concerns that can possibly have an effect on young people’s mental health today.

This report will help understand how effective work has been since the last report to improve children and young people’s mental health, as well as identifying areas that need more improvement within Darlington.

Finally, the report will offer an insight into the current challenges as well as what’s working well for young people, parents and carers during the pandemic.

The report will be shared with the local commissioners and providers to help inform the local development plans for children and young people's mental health services in Darlington.

## Objectives

Healthwatch Darlington want to understand how mental health services are being used by children and young people living in Darlington. We want to find out how satisfied young people, parents and carers are with the services and the support currently offered across Borough.

In 2018 we had already spoken to service users about their experiences, so this year our survey will be asking slightly different questions.

Research questions were developed by a small workshop of staff and volunteers taking into consideration the Healthwatch England network's 'Research Governance Framework' which details our commitment to high quality research.

A social media campaign #PieceTogetherYourViews was designed by the team and then launched to promote the research and engagement project.

Finally, we liaised with local partners and services to arrange visits, to speak to the staff/volunteers and service users.

Young people might use mental health services for a wide range of reasons but some of the most common reasons could be low mood/depression, anxiety, self-harm, Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) or eating disorders.

Data and discussions with our volunteers revealed the following popular themes:


- Using Services
- Information and Awareness
- Education


In addition to our initial objectives we then decided to build on this piece of work so we could find out how the pandemic has affected local young people, parents and carers mental wellbeing and offer an insight into their experiences using local health and care services.

A group of volunteers and staff worked together to identify groups of service users and young people who would be able to take part in focus group sessions online using Zoom.

We spent a period of six weeks between June 2020 - August 2020 conducting online focus groups and encouraging people to share their views via an online survey which forms part of a larger national campaign launched with Healthwatch England and the Care Quality Commission (CQC) called #BecauseWeAllCare.



 Sharing your experience makes a difference.

Because we all care 

**healthwatch**  
Darlington



How could health and social care services in North Darlington be improved?

## Children & Young People's Mental Health

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DARLINGTON

Help Healthwatch Darlington piece together your views on children & young people's mental health services

#PieceTogetherYourViews2020  
[www.healthwatchdarlington.co.uk](http://www.healthwatchdarlington.co.uk)  
[www.facebook.com/healthwatchdarlington](https://www.facebook.com/healthwatchdarlington)  
Twitter: @healthwatchDton  
<https://www.surveymonkey.co.uk/r/CYPMH20>



# Children and Young People





## Findings

Children and young people's mental health (November 2019 - March 2020) - Help Healthwatch Darlington piece together your views 2020 research.

The findings within the report represent a mixture of both quantitative and qualitative data gathering views from children and young people themselves as well as from parents, carers and individuals. Questions for our initial research earlier in 2019/20 were structured to collect both types of data and the findings for each question have been presented in the following pages.

The below information shows how many people shared their views in our 2019/20 survey:

478 people took part in our survey but only 438 gave permission to shares their answers (Nov 2019 -March 2020) either online or face to face during our community outreach visits.

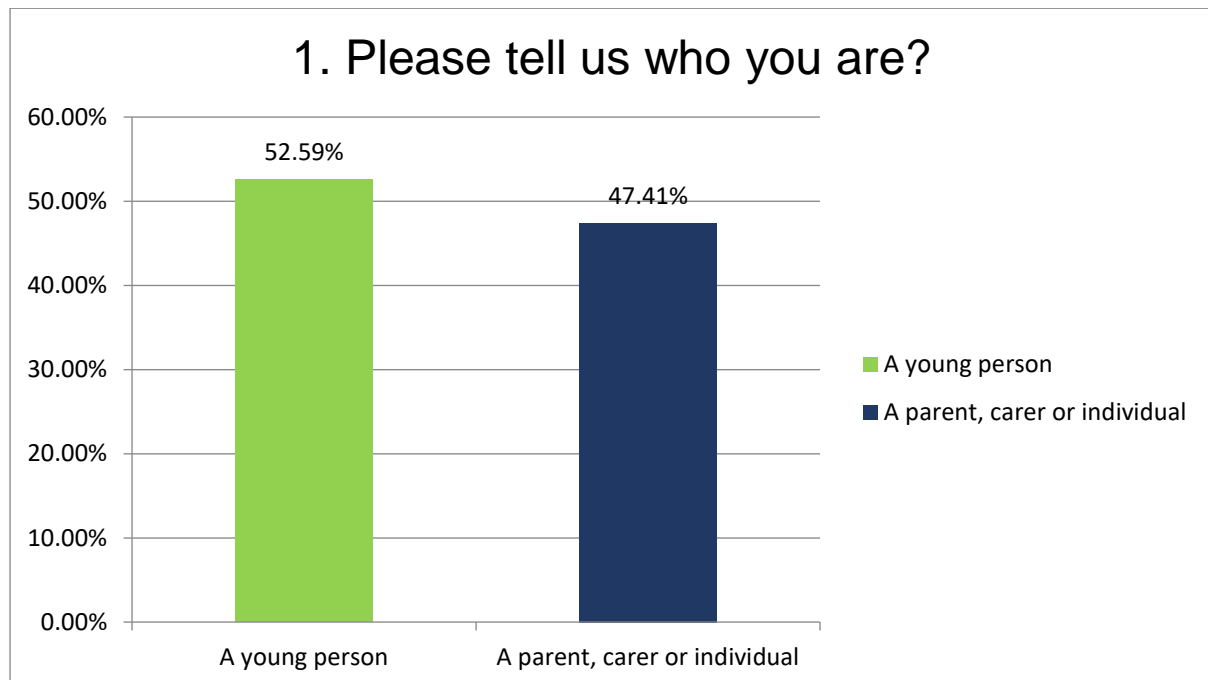
Out of 438

223 were children and young people.

201 were parents, carers and individuals.

14 people skipped the question 'please tell us who you are'.

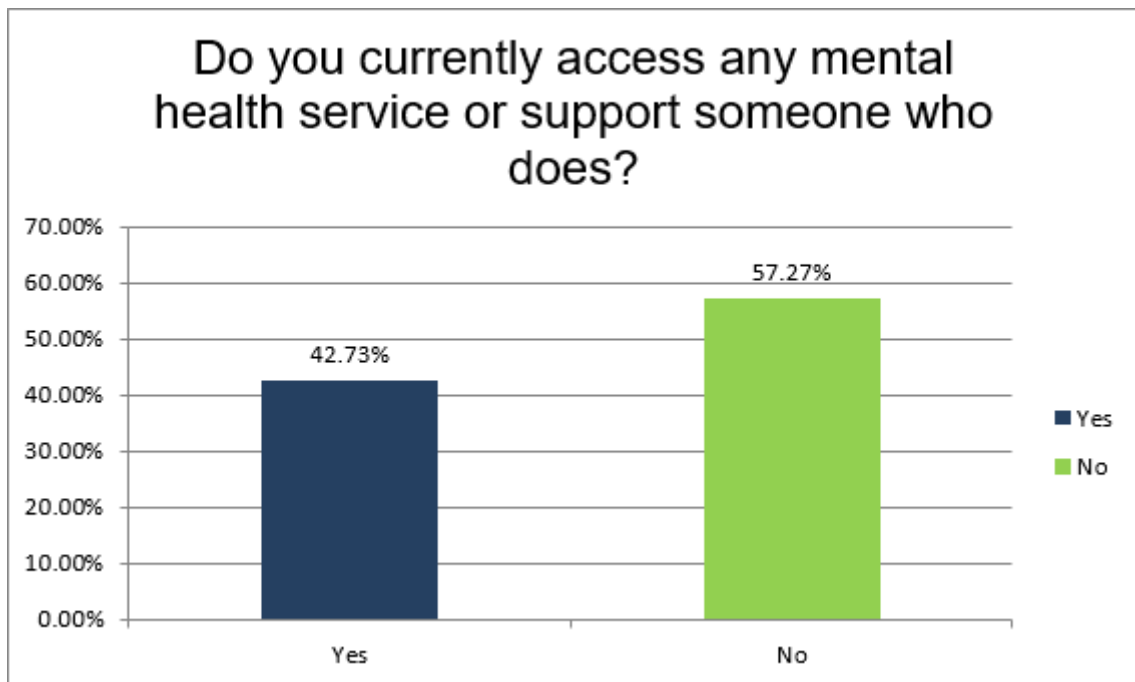
The break down below in graph format.



## Using Services

### Q1 Do you currently access any mental health service or support someone who does?

Participants were requested to indicate if they used services or if they didn't to skip to question 7. This resulted in 94 people advising they have used services, 126 people moving to question 7 and 3 people skipping the question. We have encouraged young people to share feedback regardless of using services.



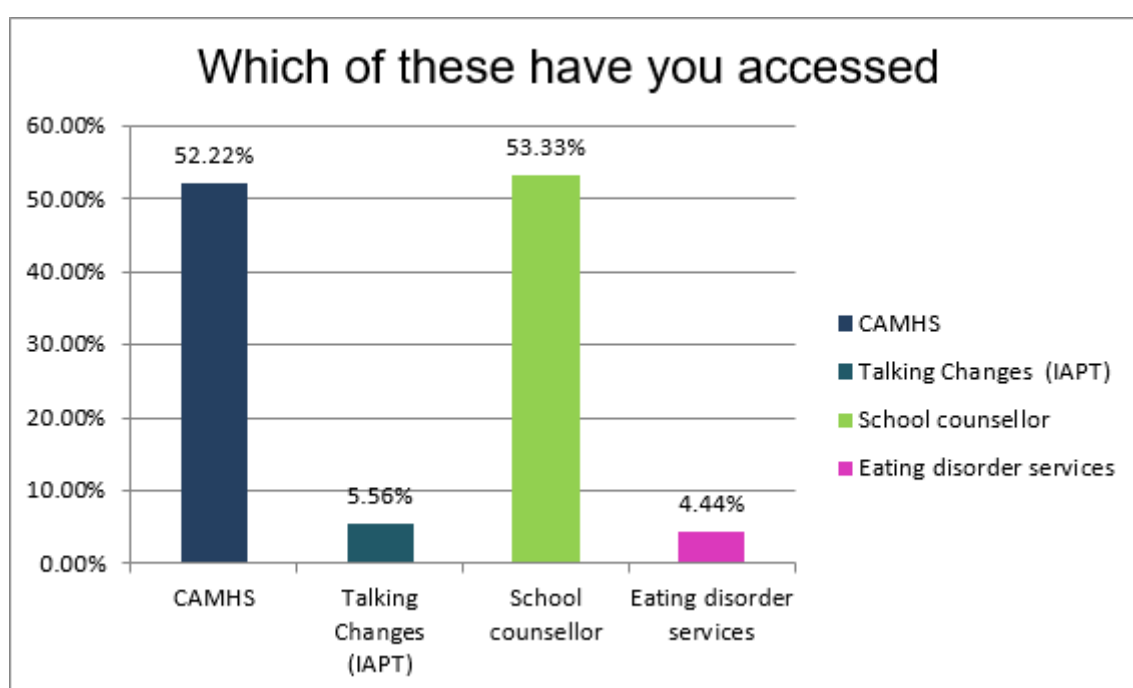
## Q2 Which of these have you accessed? You can select more than one.

Young people told us if they have used services such as Child & Adolescent Mental Health Service (CAMHS), Talking Changes, Eating Disorder Services, School Counsellors or other.

90 people responded to the question detailed below with some responders accessing more than one service and 19 selecting other of which services included:

Many respondents know of, or themselves have used, mental health services - particularly CAMHS and the crisis team. Some respondents have used EIP (early intervention in psychosis).

CAMHS was also mentioned in the context of assessing for Attention Deficit Hyperactivity Disorder (ADHD) and other specific learning difficulties.

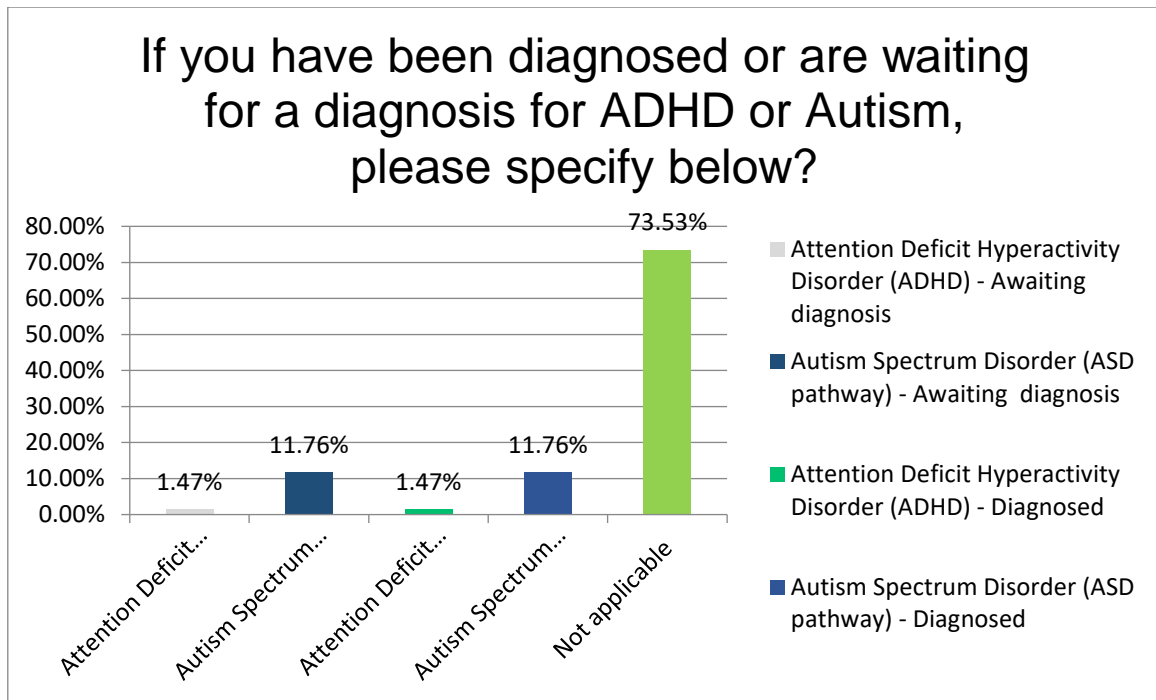


## Q3 If you have been diagnosed or are waiting for a diagnosis for Attention Deficit Hyperactivity Disorder (ADHD) or Autism, please specify below?

We asked young people to indicate which pathway (if any) they were on for a diagnosis or treatment if they use CAMHS. This information will help to determine anything specific that will help CAMHS understand how they can better support these service users.

- Attention Deficit Hyperactivity Disorder (ADHD) - Awaiting diagnosis 1
- Autism Spectrum Disorder (ASD pathway) - Awaiting diagnosis 8
- Attention Deficit Hyperactivity Disorder (ADHD) - Diagnosed 1
- Autism Spectrum Disorder (ASD pathway) - Diagnosed 8

68 people answered 50 replied not applicable 155 skipped



### Autism Spectrum Disorder (ASD pathway)

When we analysed the service user experiences further for the ASD pathway. We discovered 4 service users waited 1 to 3 months, 4 service users waited 3-6 months, 1 service users waited 6 to 9 months and 2 waited more than a year. Mostly service users were unsatisfied with the information and support during the waiting period. When we asked what would help them during the waiting period, we were told the following. Information about self-help, web links, and signposting to other services would help those waiting. In addition to this phone calls/text messages from CAMHS or referral to peer groups would be helpful.

### Attention Deficient Hyperactivity Disorder (ADHD pathway)

Both service users told us they waited 3-9 months. This indicated what we already know that the pathway for ADHD is a shorter wait for service users. One told us they were very satisfied with support and information during the wait whereas the other service users told us they were unsatisfied. When we asked what would help them during the wait, they told us phone calls, self-help, peer groups and awareness course would be helpful.



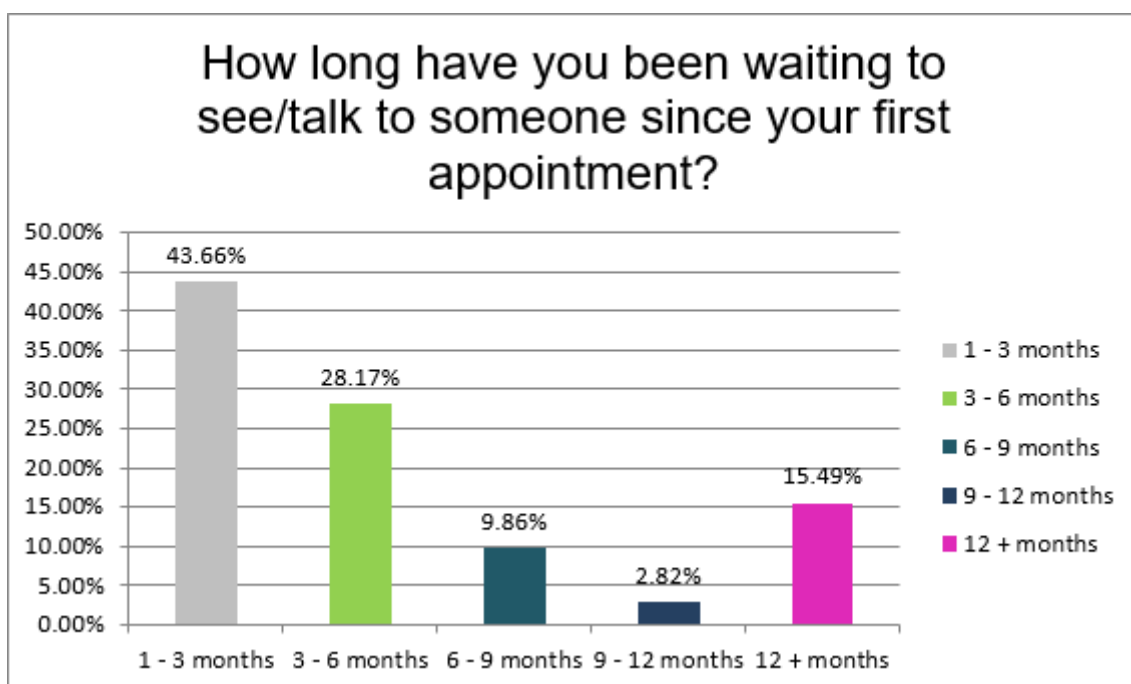
#### Q4 How long have you been waiting to see/talk to someone since your first appointment.

We understand the waiting period for an initial appointment is at a target of 4 weeks upon referral into the CAMHS service. After the initial appointment service users have been asked to tell us how long the wait for further appointments.

1-3 months - 31  
3-6 months - 20  
6-9 months - 7  
9-12 months - 2  
12 + months - 11

71 Answered  
152 Skipped

It is clear from the response that some service users are waiting far too long for treatment or a suitable assessment appointment - with many young people expressing that they had reached crisis point before being seen. Further, at this point many young people felt that there was little CAMHS could offer at that point of their illness.



#### Q5 How satisfied were you during your wait with: information received/support offered: please tick your level of satisfaction on the scale below.

Service users were asked to tell us how satisfied they were with information and support offered during the waiting period for mental health appointments. When we analysed the responses almost half of our service users were satisfied, however almost half were also unsatisfied with a small number neither satisfied nor unsatisfied. This highlights that work

still need to be done to improve information sharing and additional support offered to young people during the wait to help prevent young people getting to crisis point.

Information received answered by 75

Support offered answered by 75

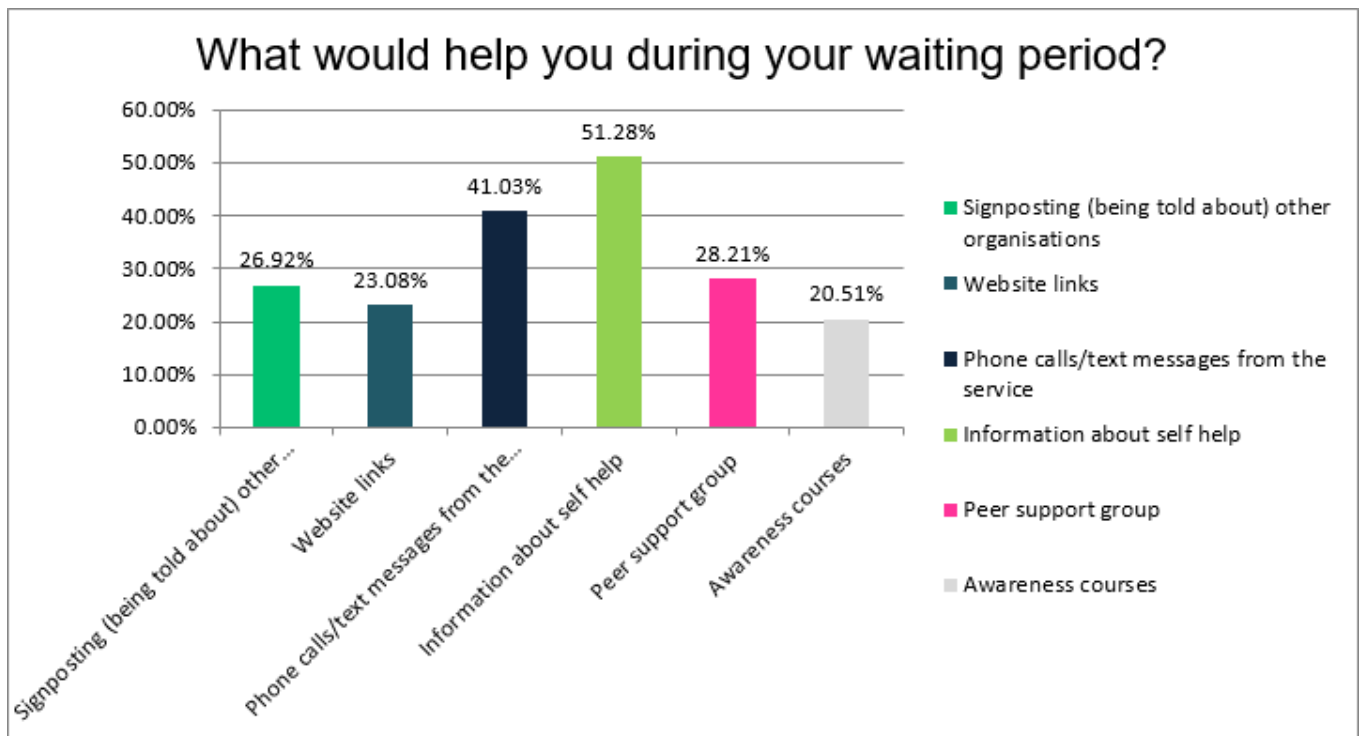
Other comments shared by 11

Answered 77

Skipped 146

	Unsatisfied	2	3	4	Very satisfied					
Information received	24.00%	18	21.33%	16	20.00%	15	16.00%	12	18.67%	14
Support offered	25.33%	19	17.33%	13	14.67%	11	14.67%	11	28.00%	21

Q6 What would help you during your waiting period? You may circle more than one.



We asked service users to tell us what would help them during the waiting period. Information and signposting was a clear area of improvement with many young people selecting signposting, information about self-help or weblinks as something that would help them. Communication is another way to help young people during the waiting period as many have opted for more phone calls during the wait from the service. Some young people left additional comments which included common themes about supporting friends through the wait, taking up hobbies and therefore having a goal to work towards over a period of time

Signposting (being told about) other organisations selected	- by 21
Website links selected	- by 18
Phone calls/text message from service selected	- by 32
Information about self-help selected	- by 40
Peer support group selected	- by 22
Awareness courses selected	- by 16
Other	- 10

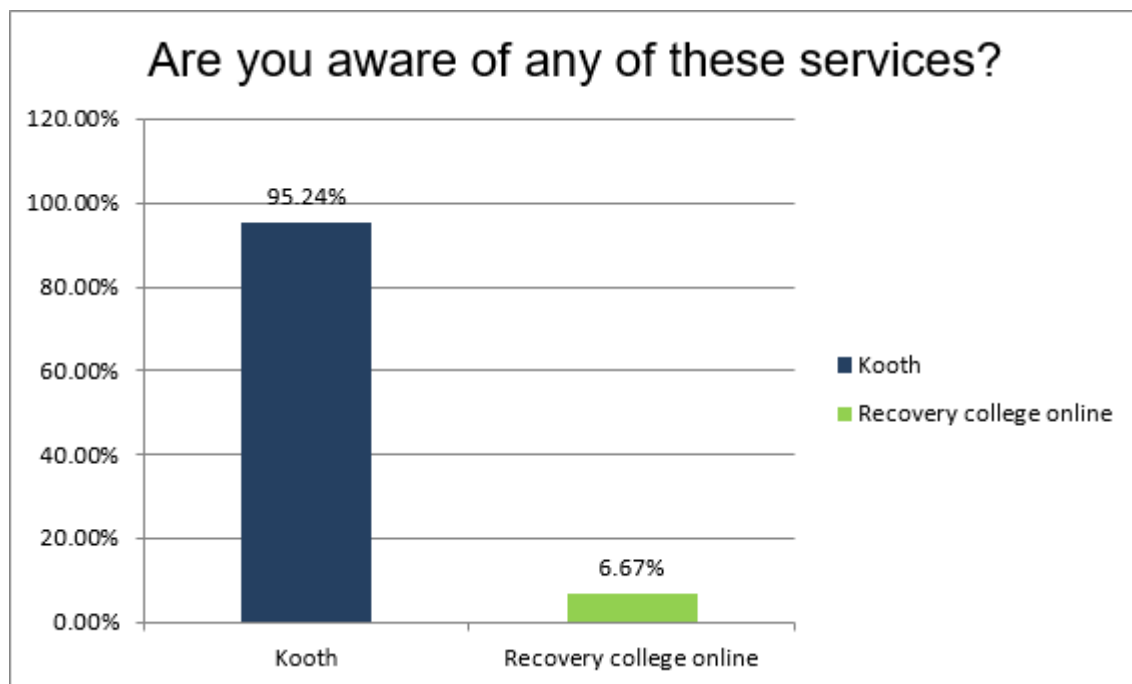
Answered 78  
Skipped 145



**In focus:** Information sharing is an area of improvement which follows on from similar themes indicated in our 2018/19 report.

## Information awareness

Q7 Are you aware of any of these services? You may select more than one.



As part of developing access to online platforms in Darlington. We were asked to find out if young people were aware of two particular online platforms. Overwhelmingly most young people knew the service ‘Kooth’, however only a very tiny percentage were aware of the ‘Recovery College Online’. This highlights that Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) may need to work on promoting this platform.

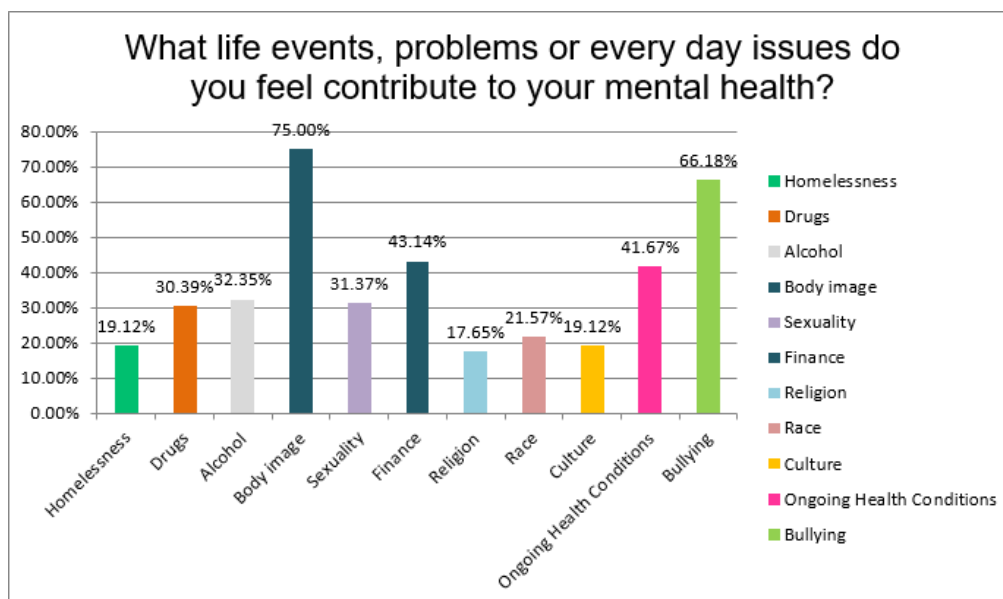
Kooth 100

Recovery College online 7

Answered 105

Skipped 118

**Q8 What life events, problems or every day issues do you feel contribute to your mental health? You can circle as many as you think are relevant.**



We asked service users to tell us which everyday life issues they think effects mental wellbeing in young people. Overwhelmingly ‘body image’ and ‘bullying’ were selected the most by young people. With young people living in a modern world with access to social media they are more exposed to the pressures of having the ‘perfect body’ and ‘looks’. Drugs and/or alcohol were the second most picked reasons for poor mental wellbeing with religion, culture and race following shortly after.

Homelessness	39
Drugs	62
Alcohol	66
Body Image	153
Sexuality	64
Finance	88
Religion	36
Race	44
Culture	39
Ongoing Health Conditions	85
Bullying	135
Other please specify	43

Answered 204

Skipped 19

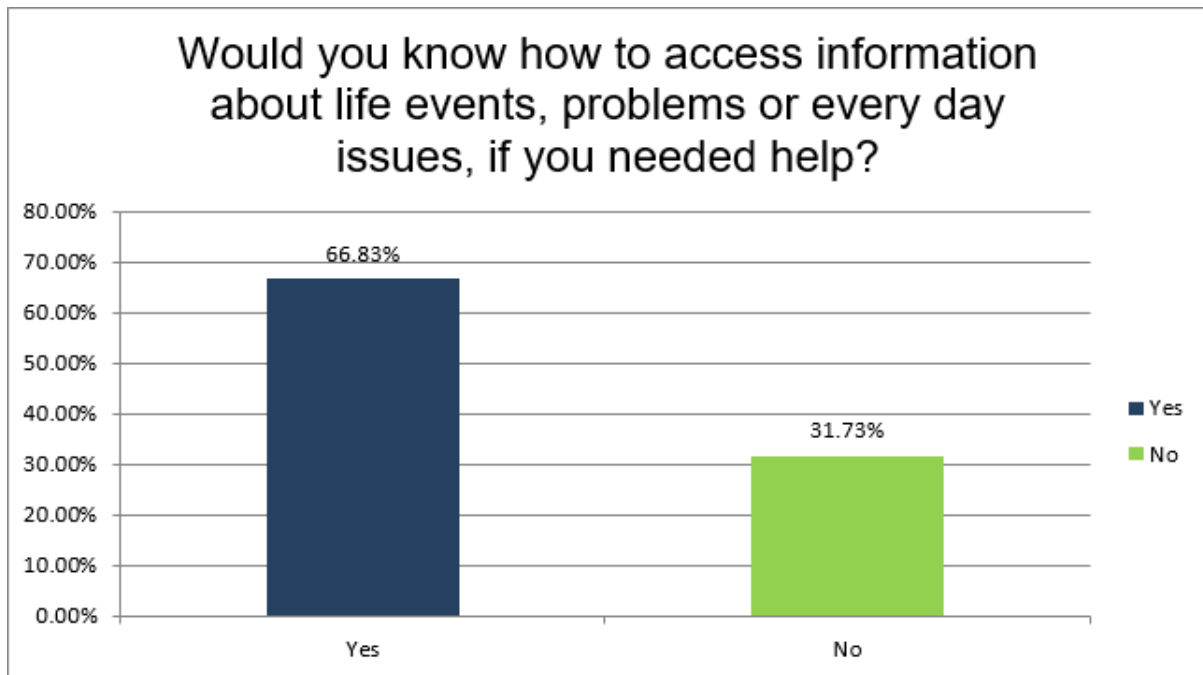
43 young people gave other reasons for poor mental wellbeing. A number of issues were raised repeatedly:

- Troubles at home in the family environment
- Gaming addiction.
- Loneliness/social anxiety.



- Paranoia and other diagnosed MH conditions - eg. depression/anxiety/eating disorders
- Social Media
- Education and the pressure surrounding academic achievement.

**Q9 Would you know how to access information about life events, problems or everyday issues, if you needed help?**



Service users told us if they knew where to go for help with any everyday life issues. Mostly young people said they knew where to go but upon a closer look at answers most young people said they would go to a family member or trusted adult. This could possibly indicate a lack of awareness when it comes to services that can help them directly. Respondents varied in whom they would approach for help, most commonly:

- Family - particularly mothers.
- Crisis team or mental health team
- Teachers or members of staff at school
- Google (the internet)
- GP

Yes answered by 139

No answered by 66

If you answered yes please tell us where you would go. 88

Answered 208

Skipped 15

## Education

**Q10 How does your school/education setting support you? You may circle more than one.**

Service users told us how their school/education setting supported them with their mental health. The majority of young people knew what was available indicating a range of support from a school counsellor to mental health information. 49 young people were still unsure on what was available and sometimes they were confused which professional they could go to for help.

School counsellor answered by 92

Student support service answered by 82

Mental health information answered by 70

Don't know answered by 49

Other, please specify 30

There were 30 responses to this question and we spent some time analysing the qualitative information shared into themes.

### Positive

ChildLine Assembly was highlighted as being useful by a few people and several mentioned having someone and somewhere to go to when they feel bad, using terms such as 'comfortable', 'small environment', 'safe'.

One college student advised of regular meetings with staff about well-being and a few mentioned head of year providing support, while several students mentioned peers, mentors, groups and anti-bullying ambassadors.

One student highlighted school being really helpful, kind and making changes whilst another mentioned special arrangements for anxiety in exams.

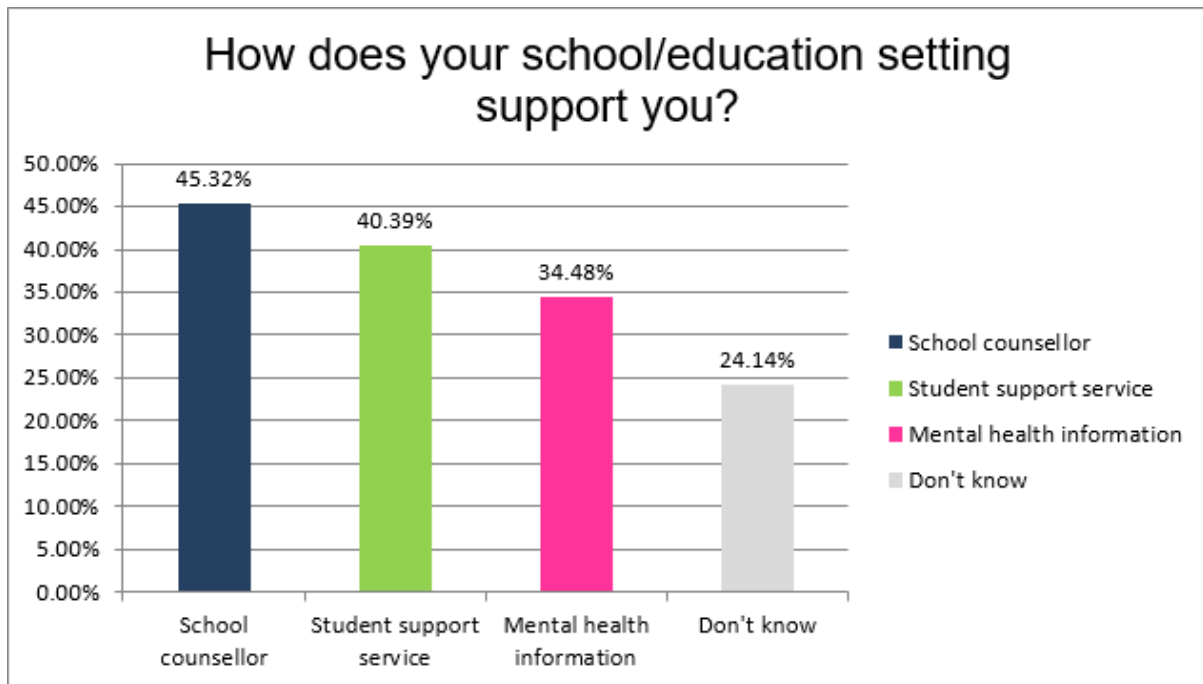
### Negative

ChildLine Assembly was highlighted as not being for boys and also there was not enough support for boys in education settings.

Three comments were made about no support or not good support whilst one comment was that the student knew that they had ADHD but did nothing about it; one student had not told their setting that they had mental health issues.

### Neutral

Two students attended specialist schools.



**Q11 Do you feel you receive enough education and guidance within your education setting to help you with your mental health?**

We asked service users if they felt they received enough education and guidance within their school/education setting. It was pleasing to see that 111 young people felt they did, however 88 young people still feel there is not enough education and guidance. 24 young people shared additional comments to this question.

Yes	- 111
No	- 88
N/A	- 20
Please share any additional comments you have	- 24
Answered	- 212
Skipped	- 11

24 people responded to this question. We analysed this qualitative information into themes.

**Positive**

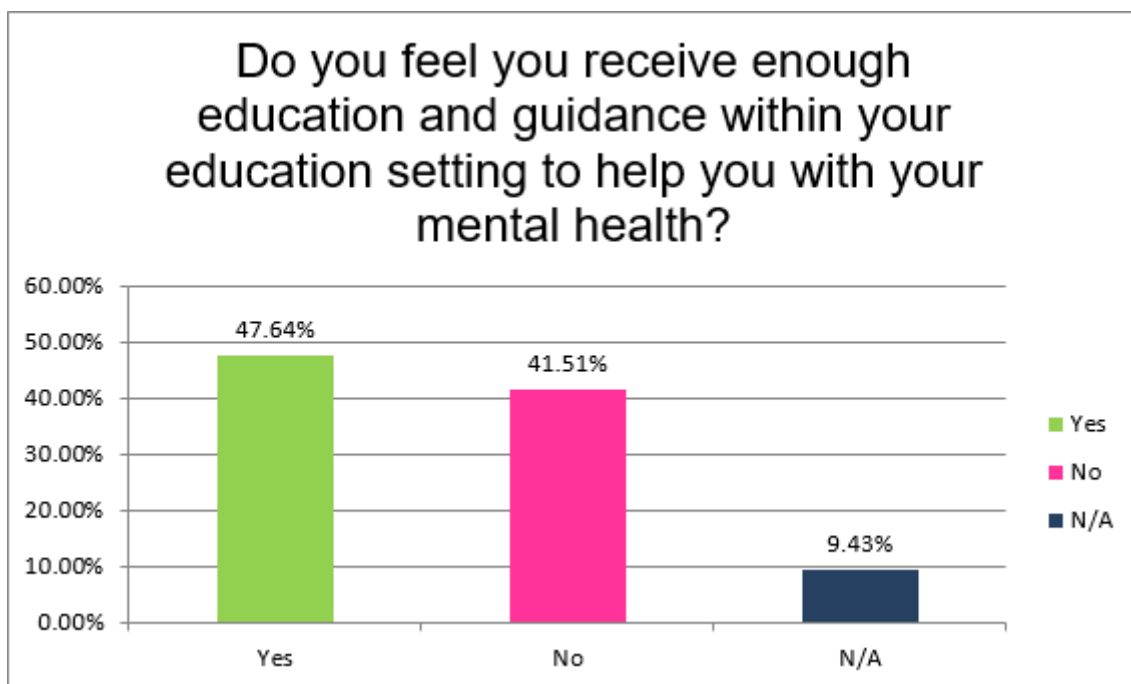
College more helpful than CAMHS.

**Negative**

Most of the comments were negative; Mental Health concerns were not talked about enough; bullying was covered but not depression or anxiety.

Counselling appointments were few and far between and sometimes the anxiety before appointments was worse.

Overall, not enough support, awareness at all in schools or colleges.



## Event

Earlier in the year we began exploring the possibility of holding an event with other organisations to provide young people with a chance to find out about services and help available in Darlington. These plans have now changed due to the pandemic. However, the information provided by young people indicates their needs and gives an insight into what's important to them, which may be helpful for commissioners and providers in the future.

**We might be planning an event for Darlington to promote good mental health and to provide more information about the services available across the local area.**

### Q12 What would you like to see at this event?

131 responses were shared by young people which were analysed into the following themes.

- ❖ Almost 25% would like to see food/drink/ fun/games/live music.
- ❖ Open-minded people, understanding people, Diversity of age, access to one to one.
- ❖ People who have experienced/overcome MH concerns to talk about their experiences.
- ❖ Information leaflets.
- ❖ Symptoms.
- ❖ Where to go for help.
- ❖ Info on types of Mental Health issues.
- ❖ Drug abuse.
- ❖ Reduce stigma and increase understanding.
- ❖ Anxiety, depression, phobias, bipolar info.
- ❖ Self-harm from bullying about sexuality.
- ❖ Racism.
- ❖ Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ) advice.

Overall information on everything is needed.

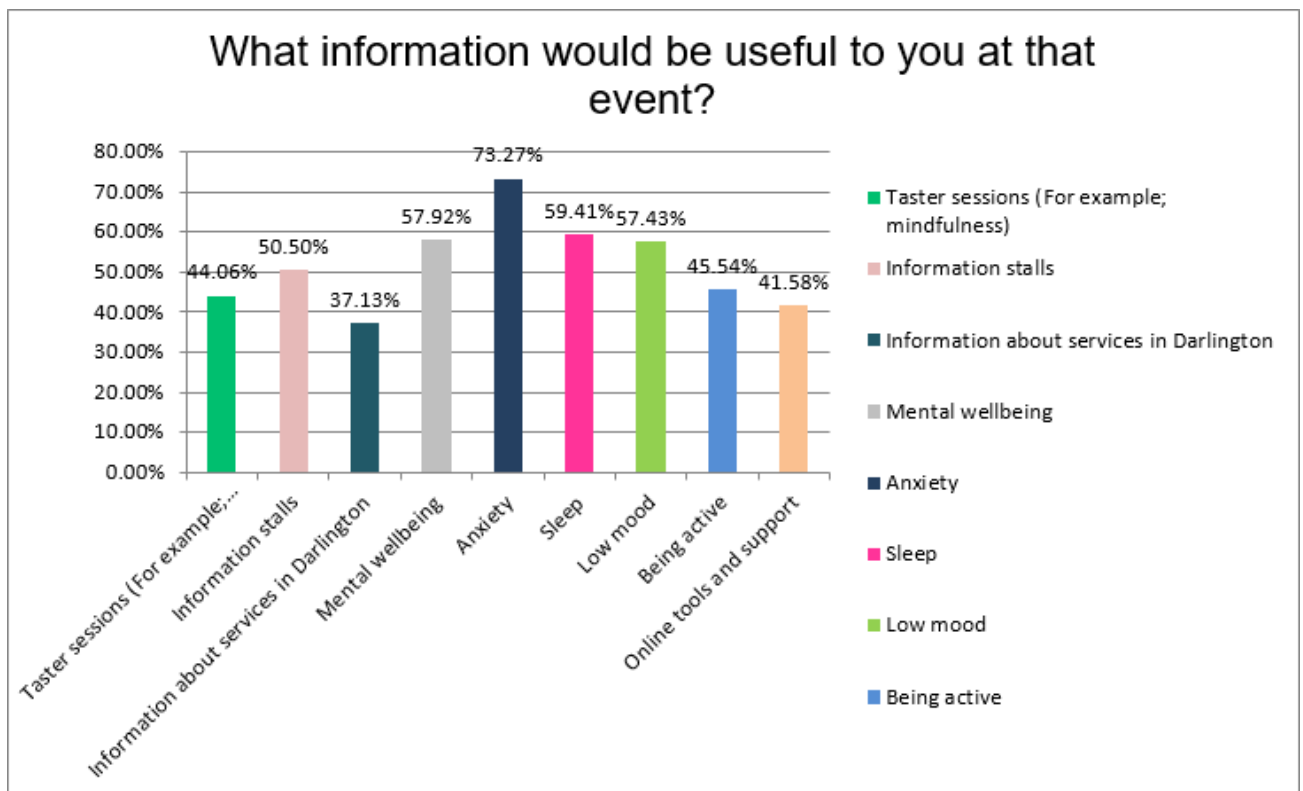
To understand further the needs of young people in order to deliver an event right for them we asked them what type of information they would like to see at an event. Again, plans to hold an event have changed due to the pandemic, however this offers an interesting insight into what is important to young people which may help commissioners and providers in the future.

**Q13 What information would be useful to you at that event? You may circle as many as you feel relevant.**

Taster Sessions (For example; mindfulness)	89
Information stalls	102
Information about services in Darlington	75
Mental wellbeing	117
Anxiety	148
Sleep	120
Low mood	116
Being active	92
Online tools and support	84
Other (please specify)	19

Answered 202

Skipped 21



#### Q14 If you feel we have missed something, please share any other additional comments you may have?

Many of the comment shared by service users are relevant to question 11 as the answers highlight definite gaps in support; they also reflect similarities in the answers given in Q12 and Q13.

30 comments were shared by young people which were analysed and grouped into themes:

- No idea what support is available in school.
- Worried about going to older school.
- Make adults more aware and less dismissive; negative impact on children.
- Family problems. Info on family breakup. Parents have anxiety. Infor for siblings on MH.
- Racism.
- Particular topics need looking at and the opportunity to give feedback to services.
- Social Services and CAMHS were mentioned as needing improvement, as ‘talking does not always help’. This was because face to face was difficult and online is better.
- Depression was not mentioned in the survey and is a huge problem.

## Equality and diversity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2011 census in alphabetical order:

Asian - 1	White - 179
Black - 4	Rather not say - 32
Chinese or ethnic group	Other, please specify.
Mixed - 7	

#### Age

10 to 12	- 41	17	- 26
13	- 32	18	- 17
14	- 15	19 to 25	- 22
15	- 18		
16	- 36		

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

**Do you consider yourself to have a disability according to the above definition?**

Yes - 40  
No - 133  
Rather not say - 17

**Gender?**

Female	- 126	Transgender	- 4
Male	- 60	Rather not say	- 30

Other, please specify

**Which group below do you most identify with?**

No religion	- 114	Jewish	
Baha'i		Muslim	
Christian	- 41	Sikh	
Hindu	- 1	Rather not say	- 23

Jain

Other, please specify

**How would you describe your sexual orientation?**

Bisexual	- 23	Homosexual	- 7
Heterosexual 'straight'	- 112		
Rather not say	- 35		



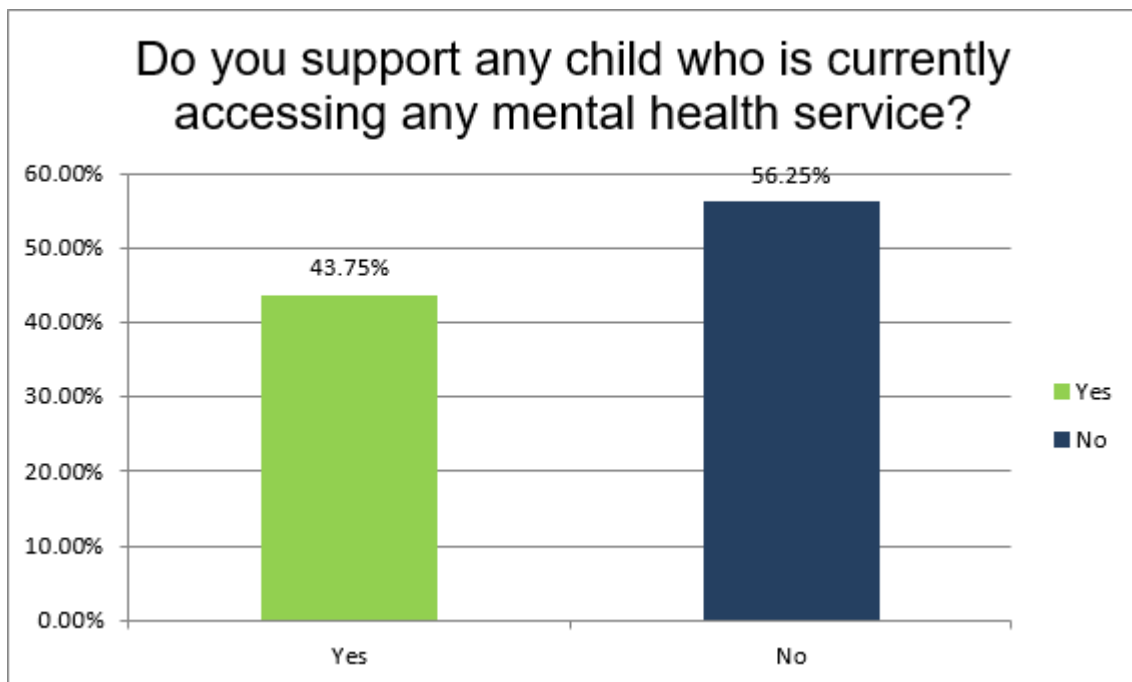
# Parent Carers and Individuals





## Q1 Do you support any child who is currently accessing mental health services?

192 parent, carers or individuals who know a young person answered this question. 84 of participants answered yes and 108 answered no whilst 9 skipped this question. If they skipped the question, they were directed to question 7. Again, if a young person they care for or know doesn't access mental health services, feedback was encouraged in other questions.



## Q2 Which of these services has the child accessed? You can select more than one.

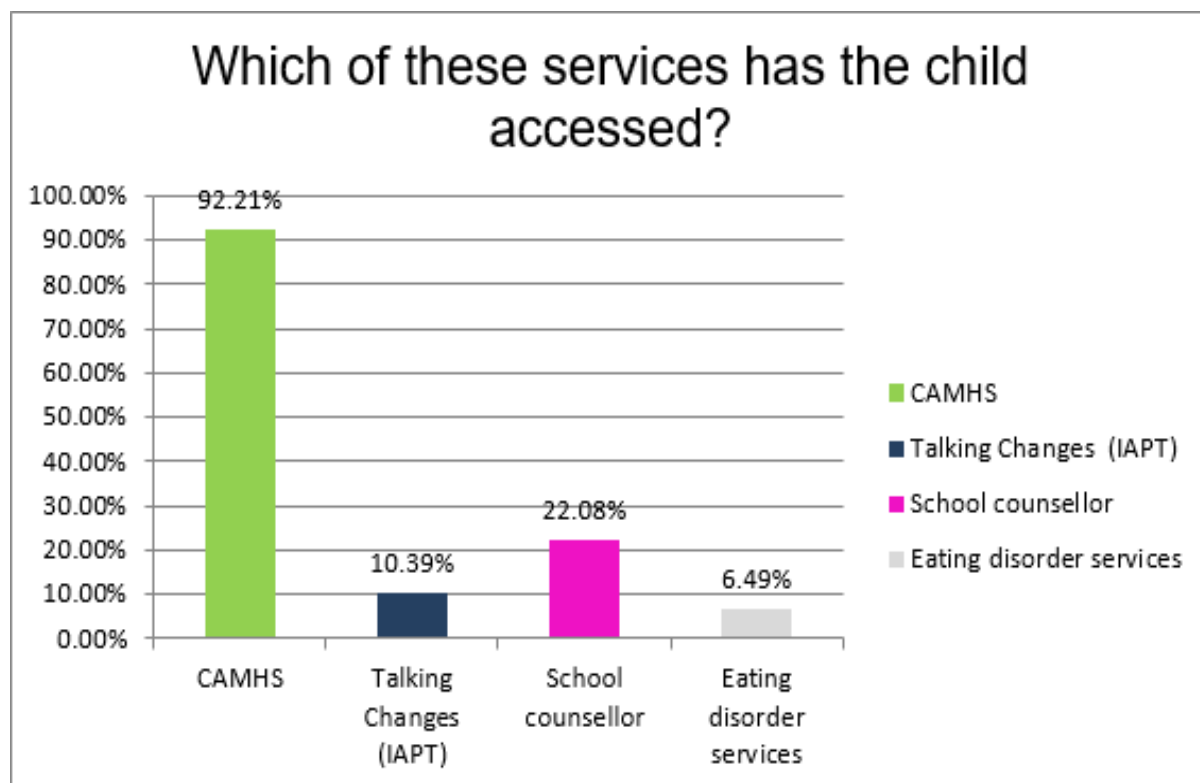
77 people answered this question and mostly participants indicated that a child/young person they care for or know has used CAMHS with a smaller proportion also using a school counsellor. Some young people have been using more than one service.

CAMHS	- 71
Talking Changes (IAPT)	- 8
School counsellor	- 17
Eating disorder	- 5

### Other (please specify) 12 Responses to this Question

Listening Post	- 1/12
West Park / Psychiatrist / MH Hospital	- 3/12
Private Support (as the wait is too long)	- 1/12
Diabetes 2	- 1/12
Early Help	- 1/12
Crisis Team	- 2/12
MIND Charity / ARC	- 2/12
EIP Team	- 1/12

There were no comments made to accompany these answers, however it is obvious there is a range of services available to support Children with Mental Health issues, some taking direct referrals others requiring referral by a Clinician.



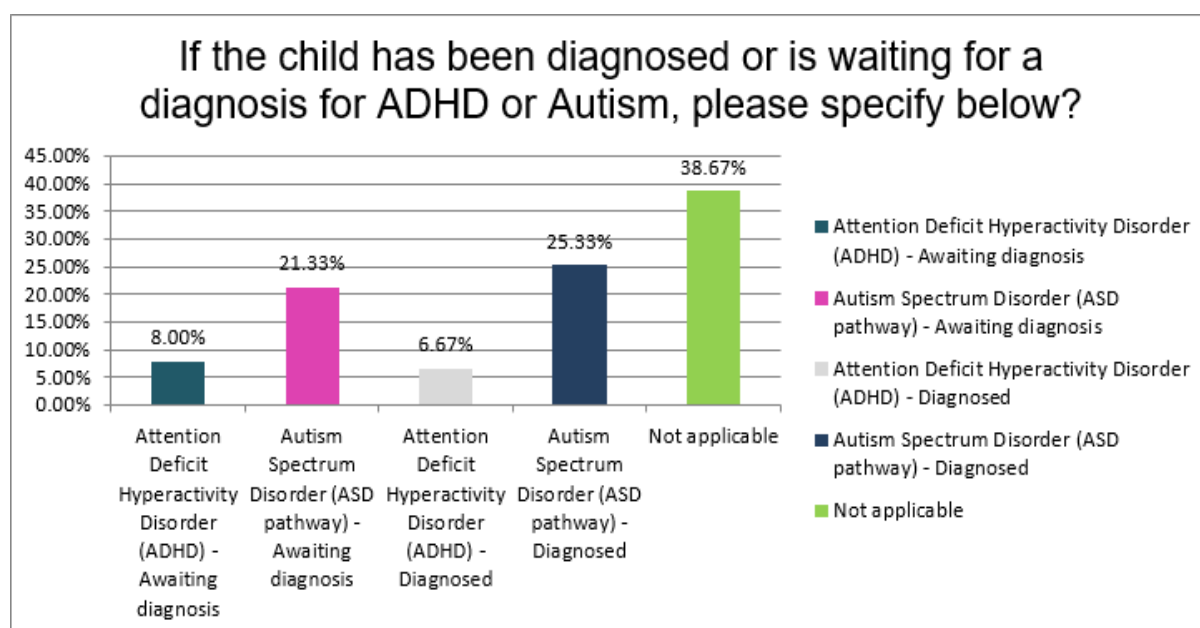
**Q3 If the child has been diagnosed or is waiting for a diagnosis for ADHD or Autism, please specify below.**

We asked parent/carers or individuals to indicate which pathway (if any) a young person they care for or know is on for a diagnosis or treatment if they use CAMHS. This information will help to determine anything specific that will help CAMHS understand how they can better support these service users.

- Attention Deficit Hyperactivity Disorder (ADHD) - Awaiting 6
- Autism Spectrum Disorder (ASD pathway) - Awaiting Diagnosis 16
- Attention Deficit Hyperactivity Disorder (ADHD) - Diagnosed 5
- Attention Deficit Hyperactivity Disorder (ADHD) - 19
- Not applicable - 29

Answered 75

Skipped 126



**Attention Deficit Hyperactivity Disorder (ADHD)**

When we analysed the responses of parent/carer and individuals who care for or know a young person on the ADHD pathway, 7 told us they had been waiting more the 12 months, 2 have been waiting 6 - 9 months, 1 has been waiting 3 - 6 months and 1 has been waiting 1-3 months. Whilst only 11 people answered this question mostly the answers indicated the waiting period was too long. When asking if they were satisfied with the support of information offered during the wait 8 out of 11 were unsatisfied. When we asked what would help them during the wait answers were similar to young people. More information about other services that can help, better communication such a texts/phone calls from CAMHS during the wait and self-help information. In addition to this peer groups and awareness courses were highlighted.

**Autism Spectrum Disorder (ASD)**

When we analysed the responses of parent/carers and individuals who care for or know a young person on the ASD pathway, 11 told us they waited more than 12 months after the initial appointment with CAMHS, 4 waited 9 -12 months, 7 waited 6 to 9 months, 7 waited

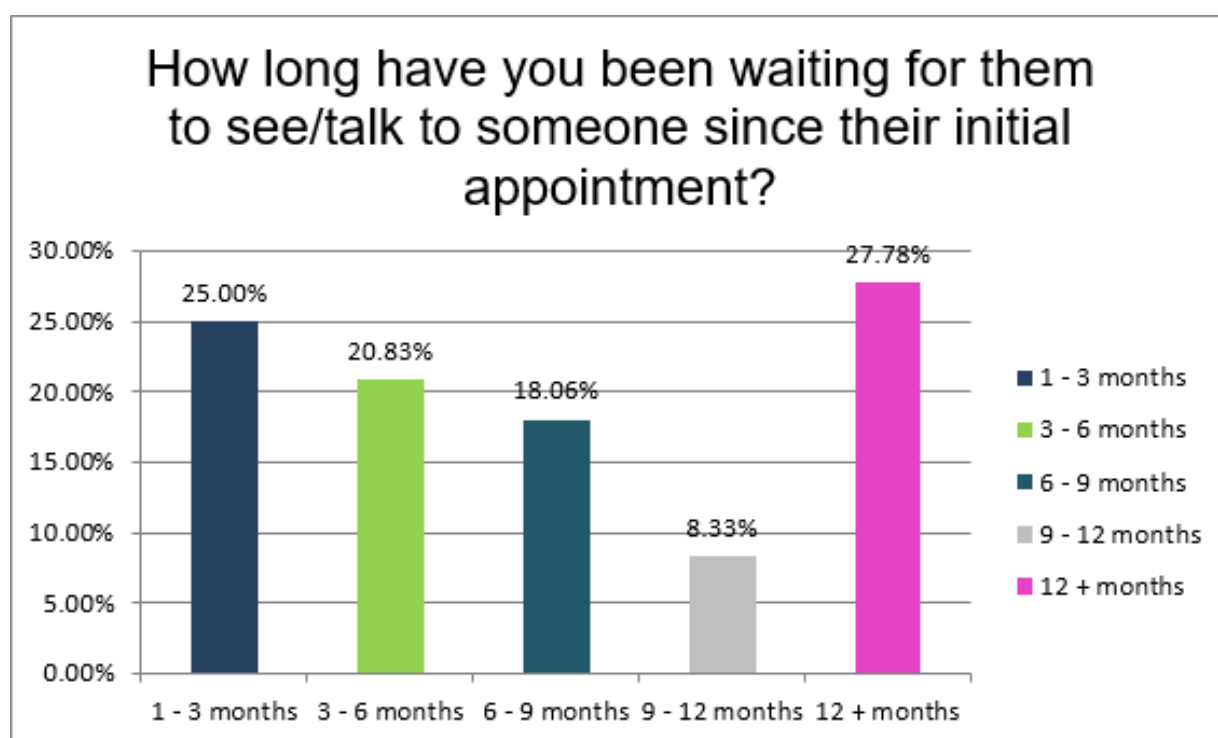
3-6 months and 5 waited 1 to 3 months. 34 answered this question and mostly respondents indicated they waited too long. When asked if they were satisfied with the support and information offered during the wait, 30 out of 34 said they were unsatisfied. When we asked what would help them during the wait, answers were very similar to young people and parent/carer of young people on the ADHD pathway. They indicated more information about other services available, better communication from CAMHS such as text/phone calls in between appointments and self-help and awareness courses would be helpful.

#### Q4 How long have you been waiting for them to see/talk to someone since their initial appointment?

We understand the waiting period for an initial appointment is at a target of 4 weeks upon referral into the CAMHS service. After the initial appointment parent/carers and individuals of a young person they care for or know have been asked to tell us how long the wait was for further appointments. After analysis of Q2 and Q3 most respondents indicated CAMHS as a service they use and anyone waiting for longer than 6 months were on the ASD or ADHD pathway. Waiting times for these pathways can be extensive but this is something CAMHS are already aware of and they are working to make improvements.

72 answered this question and waiting times are indicated below:

1-3 months - 18  
 3-6 months - 15  
 6-9 months - 13  
 9-12 months - 6  
 12 + months - 20



**Q5 How satisfied were you during the wait with: please tick your level of satisfaction on the scale below?**

71 respondents answered this question whilst 123 skipped this question.

Information received - 70  
 Support offered - 69  
 Other comments - 20

	Unsatisfied		2		3		4		Very satisfied	
Information received	51.43%	36	17.14%	12	20.00%	14	4.29%	3	7.14%	5
Support offered	52.17%	36	20.29%	14	13.04%	9	8.70%	6	5.80%	4

20 additional comments were analysed and grouped into sentiment themes.

**Positive**

There were no positive responses to this question.

**Neutral**

One respondent felt this question was not applicable to their situation.

**Negative**

19 Respondents were not satisfied during their wait. Not only were waiting times very long, resulting in 2 responders seeking private support, but one commented that it took 12 months for an assessment and for their GP to be informed of the outcome.

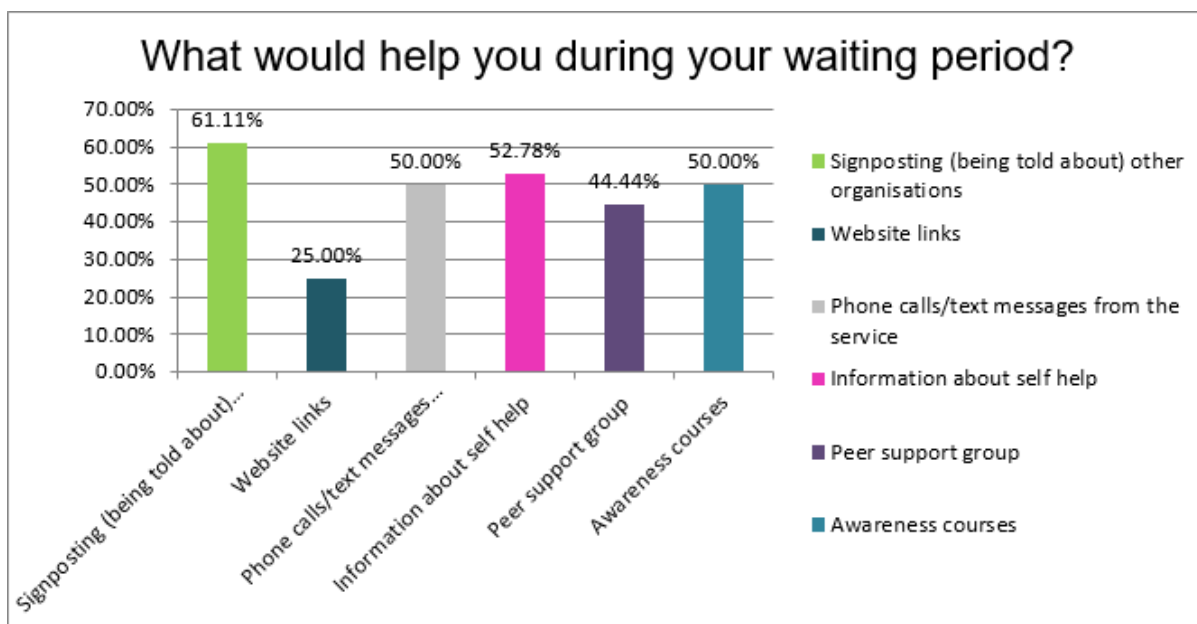
However it was commented that during the waiting period, certain criteria had to be met i.e. an appointment would not be arranged unless 'self-harm' was demonstrated regularly. Four responders commented on issues regarding cancelled / rescheduled appointments due to staff changes, or inappropriate people without the required knowledge/skills being allocated the case. The 'diabolical' transfer of Patients from Child Mental Health services to Adult MH services was commented on, resulting in a 6-month unsupported period for an individual Patient.



## Q6 What would help you during your waiting period? You may circle more than one.

72 respondents answered this question picking more than one choice. Mostly signposting to other services was highlighted as an improvement to the waiting period including more information about self-help. Closely followed is better communication from service including more phone calls/txt messages in-between appointments.

Signposting (being told about) other organisations	- 44
Website links	- 18
Phone calls/text messages from the service	- 36
Information about self-help	- 38
Peer support	- 32
Awareness courses	- 36
Other (please specify)	- 8



**In focus:** Information sharing has again been highlighted as an area of improvement. This follows on from similar themes being identified in our 2018/19 report.

## Information awareness

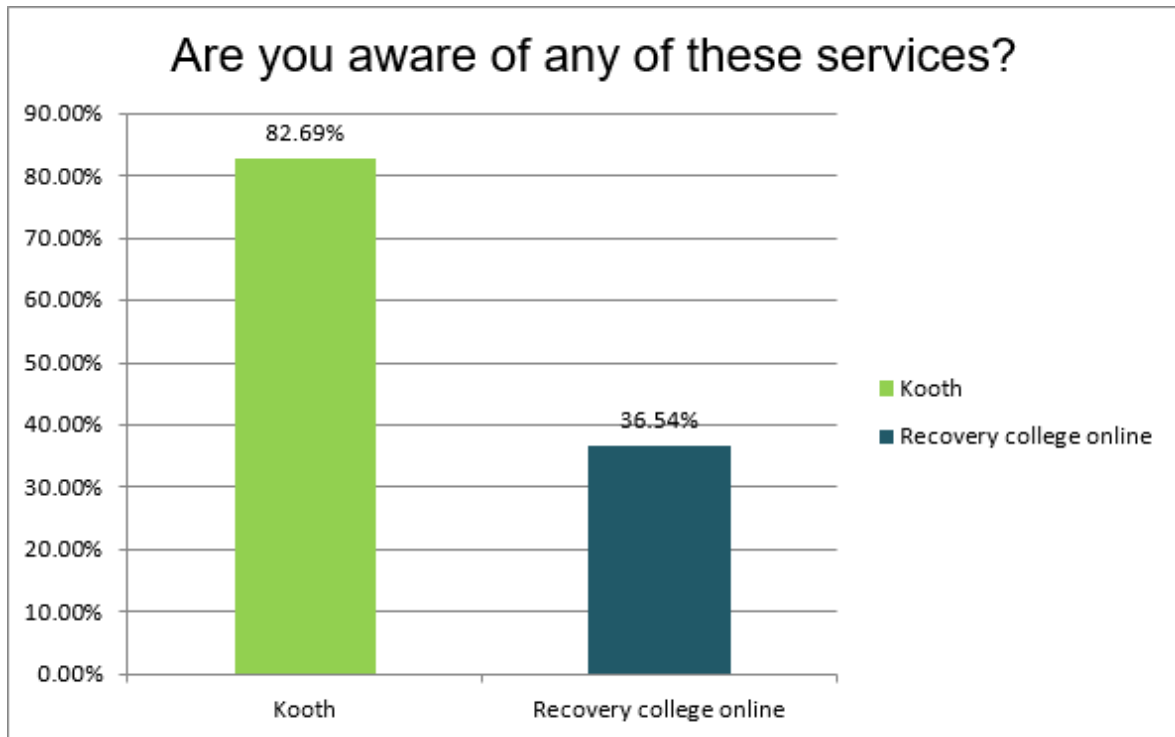
### Q7 Are you aware of any of these services? You may select more than one?

Only 52 survey participants answered this question. Kooth was more widely known by parent/carers and individuals who care for or work with a young person and compared to

young people a slightly higher proportion was aware of Recovery College online. The overall awareness of Recovery College online is very low whilst awareness of Kooth seems fantastic.

Kooth 43

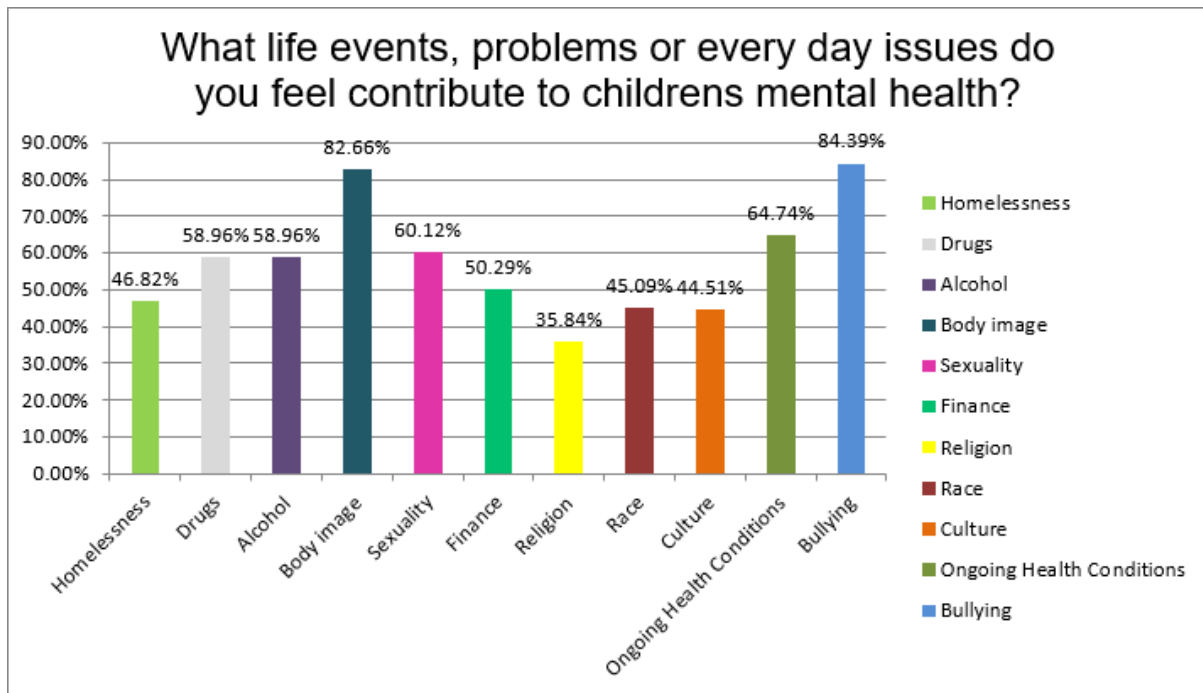
Recovery College on line 19



**Q8 What life events, problems or every day issues do you feel contribute to children’s mental health? You can circle as many as you think are relevant.**

We asked service users to tell us which everyday life issues they think effects mental wellbeing in young people. Overwhelmingly again ‘body image’ and ‘bullying’ were selected the most by parent/carers or individuals who care for or work with a young person. Closely followed in equal comparison was sexuality, drugs, alcohol and long term health conditions.

- Homelessness - 81
- Drugs - 102
- Alcohol - 102
- Body Image - 143
- Sexuality - 104
- Finance - 87
- Religion - 62
- Race - 78
- Culture - 77
- Ongoing Health conditions - 112
- Bullying - 146
- Other (please specify) - 50 Responses to this question



50 additional comments were shared which were analysed into themes. They stated there were multiple contributory factors to children and young people’s mental health issues, the main factors being:-

(In descending Order)

- |  |         |
|--|---------|
| 1) Social Media / The Internet                       | 14 / 50 |
| 2) Stress at School                                  | 9 / 50  |
| 3) Domestic abuse / Violence / Neglect               | 7 / 50  |
| 4) Family Breakdown                                  | 5 / 50  |
| 5) Not fitting in or not meeting others expectations | 5 / 50  |
| 6) Bereavement                                       | 4 / 50  |
| 7) Gambling  | 1 / 50  |
| 8) Being a Carer                                     | 1 / 50  |
| 9) Bullying  | 1 / 50  |

3 respondents felt this question was Not Applicable

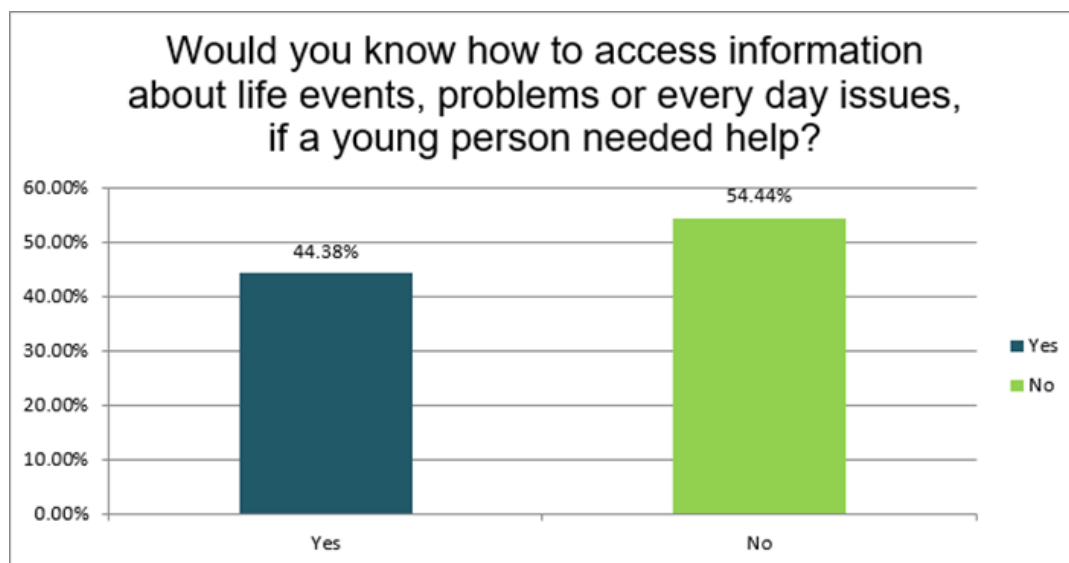
The response is clear that the pressures and expectations created by social media and school have a vast effect on a young person’s mental health.



**In focus:** Parent/carers and individuals believe that body image and bullying contribute to poor mental wellbeing in young people. This matches similar data in the young people’s section of this report.



**Q9 Would you know how to access information about life events, problems or everyday issues, if a young person needed help?**



A high proportion of parent/carers and individuals would not know where to go for information about every day issues that could affect a young person’s mental health which leads us to believe that young people relying on parent/carers for this information may not be best the option as many of them have indicated in the children and young people’s section of this report. 75 parent/carers and individuals did know giving us a good insight into the methods they would use to access this information.

60 additional comments were given for this question which were analysed into themes.

**Positive**

Many responders indicated various sources of information. However their main sources would be the internet/ preferred search engine, Primary Care services, Special MH services that had previously been involved, charities ie. Healthwatch, MIND and the Samaritans and the child’s school or college.

**Negative**

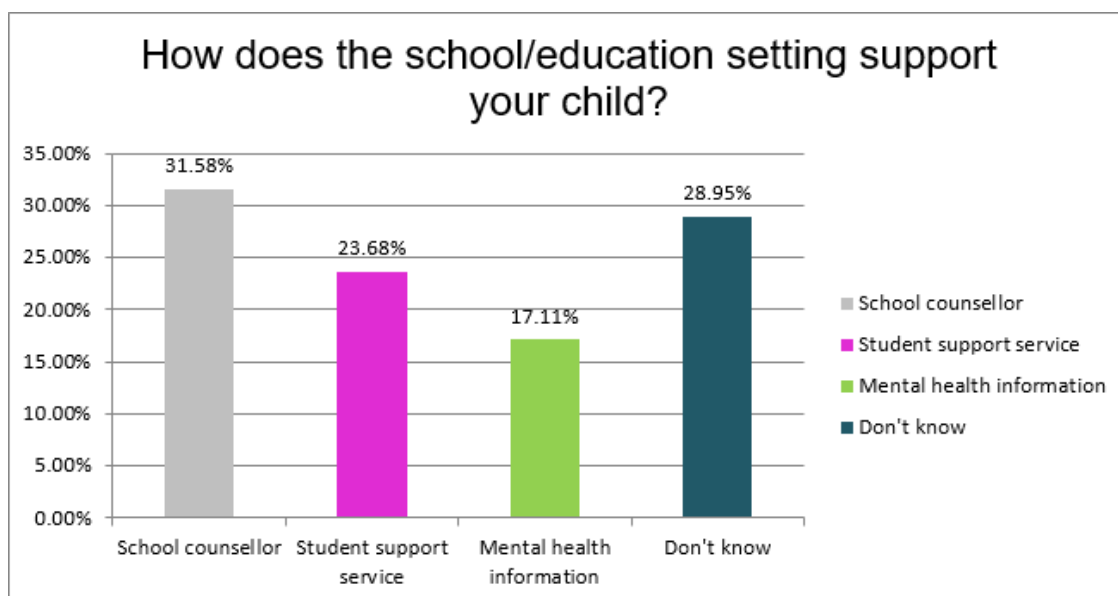
There were no specifically negative responses. Although the responders knew where to access information, only 2 comments were made regarding the quality of this information, i.e. there seems to be little information available about Darlington. The Mental Health Crisis Team take 3 days to respond to left messages.



**In focus:** Some young people indicated they would go to a parent/carer for help; however some parent/carers indicate they wouldn’t know where to find this information.

## Education

### Q10 How does the school/education setting support your child?



152 answered this question whilst 49 skipped. Some respondents picked more than one answer indicating good knowledge of what the school/college offers to support a young person's mental health. However, 44 still did not know what the school/college offered.

School counsellor	- 48
Student support service	- 36
Mental Health information	- 26
Don't know	- 44
Other (please specify)	- 41

41 additional comments were shared for this question which were analysed into themes.

#### Positive

18 respondents felt positive regarding the support the child receives from their school / education setting. Some schools offer a calm and nurturing environment, with support workers available most of the time. Comments regarding assessments being performed in a friendly and sensitive way followed by emotional wellbeing and social education, were made. Support in general areas such as spelling, and letter formation were also commented on.

#### Neutral

13 Respondents were unsure or felt the question was not applicable to their circumstance.

#### Negative

10 respondents made negative comments to this question. There was a feeling that teachers needed to help in supporting the child more effectively, however no further information was given. There were comments made regarding barriers to getting support in an education

setting. A child's age or lack of formal diagnosis, restricted the support offered and comments were made that the basic education setting offered no support at all, and the children had to be moved to a more appropriate specialist education setting, for adequate support, which took time.

### Q11 Do you feel the child receives enough education and guidance within their education setting to help them with their mental health?

153 respondents answered this question whilst 48 skipped. Overwhelmingly, 90 respondents felt that the young person they looked after knew school didn't provide enough education and guidance whereas 35 did.

Yes 35  
No 90  
N/A 27

24 respondents shared additional comments which were analysed into themes.

#### Negative

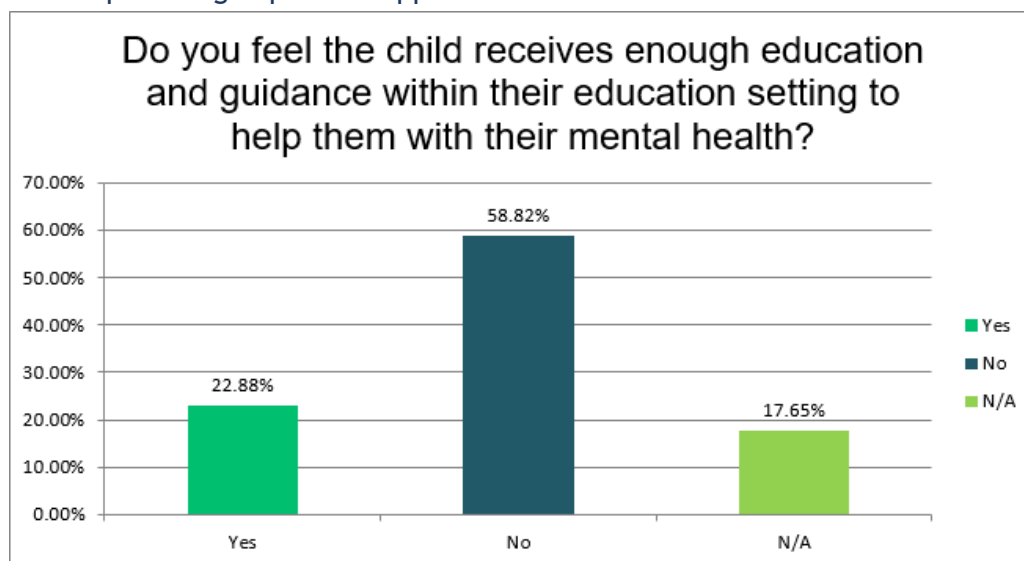
13 respondents were negative about the level of mental health education and guidance within schools. Some said that it was more important that education staff have the right attitude than being able to provide signposting. Some felt that the pressure for schools and staff to prioritise on the curriculum was the problem, and others commented on the low level of mental health provision within schools due to underfunding and a lack of skills.

#### Neutral

6 respondents provided neutral comments including there being variation of provision between schools and an acknowledgement of the current difficulties that schools have in resourcing mental health education and guidance.

#### Positive

2 respondents noted that whilst the provision was poor in the past, their child is now at a school that is providing improved support.



## Event

Earlier in the year we began exploring the possibility of holding an event with other organisations to provide young people with a chance to find out about services and help available in Darlington. These plans have now changed due to the pandemic. However, the information provided by parent/carers and individuals indicates their needs and gives an insight into what's important to them, which may be helpful for commissioners and providers in the future.

### Q13 What would you like to see at this event?

90 responses were provided and included 2 broad themes: 'What people would like to see at the event' and 'The nature of the event'.

#### What people would like to see at the event?

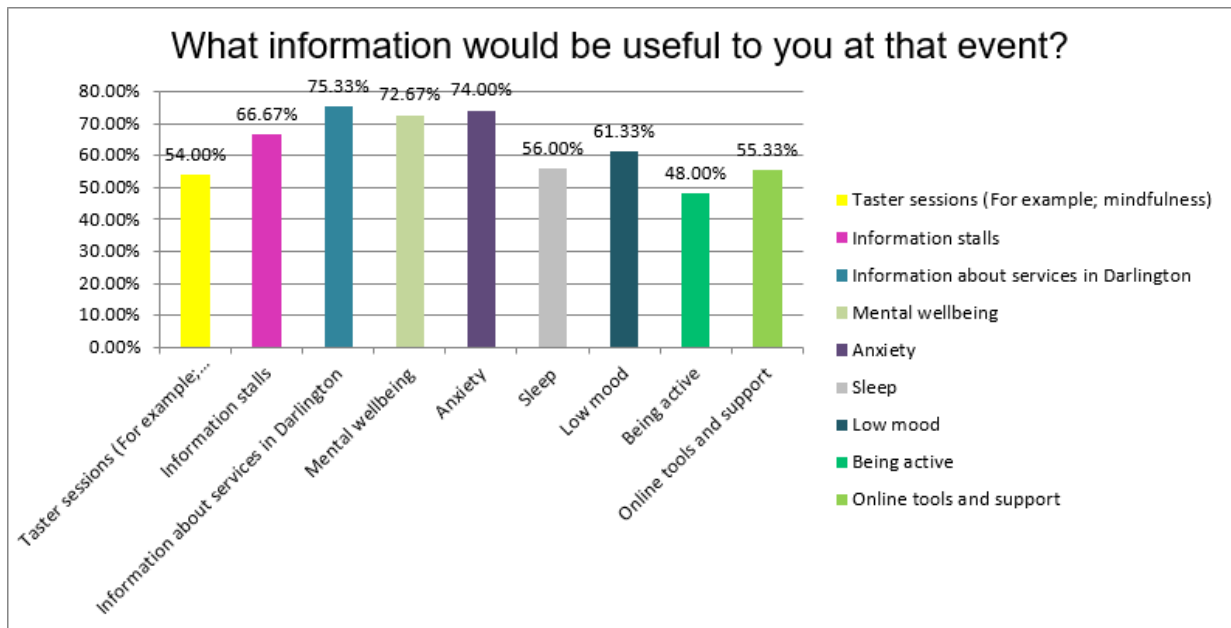
The majority of people wanted local mental health services and other resources to be advertised and promoted at the event. Specific suggestions included: information specifically relating to children under 16, mindfulness, LGBT, Autistic Spectrum Disorder (ASD) support, Education, Health and Care Plan (EHCP), Carers' Respite, Speech and Language Therapy, Educational Psychology, Bullying, Men's Mental Health, Self-help Skills and the Samaritans. Additionally, a number of people wanted to see a presentation from CAMHs where they could explain the referral process, explain the long waiting times and share positive stories too.

#### The nature of the event

Respondents also described their ideas relating to the nature of the event too which included: people of all ages being involved, it being interactive, easy listening, relaxed, teas and coffees available, classless, activities for children promoting good mental health and stories being shared by professionals and people who have suffered with mental health problems in the past.



**Q14 What information would be useful to you at that event? You may circle as many as you feel relevant.**



To understand further the needs of young people and families in order to deliver an event right for them we asked parent/carers and individuals what type of information they would like to see at an event. Again, plans to hold an event have changed due to the pandemic, however this offers an interesting insight into what’s important to parent/carers/individuals which may help commissioners and providers in the future.

Taster sessions (for example mindfulness)	81
Information stalls	100
Information about services in Darlington	113
Mental wellbeing	109
Anxiety	111
Sleep	84
Low mood	92
Being active	72
Online tools and support	83
Other (please specify)	13

10 respondents said that they would like information to be provided including local support groups for parents and carers, information for young people, information about volunteering opportunities, information about ASD and Attention Deficit Hyperactivity Disorder (ADHD) and practical support such as Speech Therapy information.



## Q15 If you feel we have missed something, please share any other additional comments you may have?

24 respondents provided additional comments to this survey which were analysed into key themes.

### Supporting Children and Parents

Comments included parents, children and their siblings all needing more support from schools at every stage, including whilst children are on waiting lists for mental health services.

### Training and signposting

Comments included a need for clear and consistent signposting to resources and other services that can support children and parents, and more training about mental health being delivered by schools.

### Service improvement

A couple of comments related to the need for schools to follow-up on and implement recommendations, and also to act more quickly.

## Equality and diversity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2011 census in alphabetical order:

Asian		Mixed	- 2
Black	-2	White	- 142
Chinese or ethnic group		Rather not say-	2

Other, please specify:

### Age

26 to 30	- 12
31 to 41	- 68
42 to 60	- 51
60+	- 6

You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

**Do you consider yourself to have a disability according to the above definition?**

Yes - 16

No - 125

Rather not say - 5

**Gender?**

Female - 114 Transgender

Male - 30

Rather not say - 3

**Which group below do you most identify with?**

No religion	-64	Jewish	
Baha'i		Muslim	- 1
Christian	- 75	Sikh	
Hindu		Rather not say	- 4
Jain		Other, please specify	

**How would you describe your sexual orientation?**

Heterosexual (straight) - 134

Bisexual - 2

Homosexual - 1

Other, please specify

Rather not say - 8



# Understanding experiences during the COVID-19 pandemic





## Children and young people focus group findings

We spoke to young people from a variety of groups across Darlington. Thank you to Darlington Youth Partnership, Darlington Young People of Pride (YPOP), Humankind Darlington Young Carers, Young Men's Christian Association (YMCA) Tees Valley Junior and Senior groups for sharing your feedback.

The groups were all asked six key questions which helped us to understand their experiences during the pandemic.

These were as follows;

- Have you used any services during the pandemic?
- What was your experience like?
- Have you been offered an online and/or telephone appointment?
- Would you want an online or telephone appointment in the future?
- If you are a young person struggling with mental health or know someone who is, what is a concern for you right now?
- Which things would help you as a young person with your concerns?

### Group 1

This group has not used mental health service specifically but did identify that moving forward it's important young people have choice when it comes to accessing services as they feel telephone appointments are not right for everyone as they can come across scripted and forced. Overall, the group would rather have face to face appointments in the future.

They are worried about loneliness and disconnection from friends during the pandemic. The group also identified worries about the future and the pressure of sitting GCSE exams without formal education for 4 to 5 months on the lead up to this. They feel schools have done their best, but this hasn't been enough to motivate them. General anxiety around future education and exams was high in this group.

They feel more information regarding what young people can do will help rather than information about what they can't do. They also feel in the future schools and services need to talk to young people to find out what they want rather than making plans without their input.

### Group 2

4 out of this group had used mental health services during the pandemic. Service included; CAMHS, Talking Changes, Harbor, Mental Health Crisis Teams and hospital admission.

Experiences using these services during the pandemic varied from good to not so good.

#### CAMHS -

- One young person said they didn't know where to call, felt ignored, service checked up on individual and then discharged them.
- Another young person said the service was disappointing/frustrating experience, appointments too short, goals were set by CAMHS worker for following week, individual found it difficult.
- One young person said the Mulberry Centre has been excellent.

#### Talking Changes -

- One young person said the experience was extremely positive, incredible, helpful, regular scheduled sessions lasting one hour to receive CBT. Accessed through 'Attend Anywhere'

system. Choice offered as to how the support would be delivered (phone or online face to face).

#### **Mental Health Crisis Team -**

- One young person said this service was helpful during the pandemic although talking different staff member each time made it feel impersonal.

#### **Hospital admission -**

- One young person said after incident of self-harm - *“hospital staff were as expected (helpful), found CAMHS crisis team when they attended to be ‘not helpful’.”*
- Another young person said after an overdose - *“ambulance crew lacked compassion, medical care was prompt, however waited between 3-4 hours for crisis team to arrive, no contact from local authority during stay, praised the approach of the safeguarding nurse - however professional’s role not made clear at the outset and participant felt strongly this was unhelpful.”*

All of the young people in this group who had used services had been offered/accessed telephone appointments. Some had been offered online appointments (i.e. for Talking Changes).

All of the young people welcomed having the option of telephone or online appointment in the future but did not want this to entirely replace face to face contact. Several participants reported they struggled with social anxiety and wanted to have choice in how they accessed support.

Several young people expressed concern over exam results. Would the result they got be fair? One participant had been unable to complete qualification at college and was very angry about this. Interruption to education was an issue for many. Missing out on taking formal exams and how that might impact upon performance in A-levels was a concern.

Nerves about returning to educational settings after a ‘time of nothingness’ and a ‘massive vacation’ had been identified by this group.

Covid-19 itself, transmission of the disease, catching the disease and dying, and this was due to a lack of clear, consistent, factual information from authorities (government) as to how covid-19 was transmitted, its impact upon physical health and the regulations/guidance in place to protect the public. One participant felt there had been ‘mixed messages’ from government on guidance around travel. All felt this was impacting on daily life.

Lack of mask wearing and general disregard for social distancing, Possibility of further shutdowns and how this would impact upon life and loneliness - maintaining friendships whilst on lock-down were all other areas of concerns identified by this group.

When we asked what would help them with these concerns they said increased face to face contact with familiar staff from educational setting and clearer information from authorities relating to Covid-19.

More passion/attentiveness from some of the professionals that participants encounter, to be treated as an individual and being allowed to have a support person attend GP appointments with you (irrespective of whether the appointment was regarding physical or mental health) were other things identified as helping them with their concerns.

### Group 3

There was only one young person present in this group. They haven't used any health services during the pandemic. They indicated that if they were offered a telephone appointment in the future then they would use this if that had to. They experience anxiety and have been feeling particularly anxious about going back to school. They said they have been getting support from their parents and the YMCA which has helped them during lockdown. The added problem of being unable to see friends during lockdown has not helped this young person.

### Group 4

A young person told us that at the beginning of lockdown they were having phone appointments with Talking Changes. They needed medical information from a GP to help with their university application which was done over the phone. They told us they only had 2 face-face therapy sessions before lockdown. During lockdown they have then been having appointments over the phone which they have found stressful. They were unable to do some of the therapist's advice as it required them to go outside. The therapist wasn't as helpful as they could have been, they should have made adjustments in their therapy to consider lockdown guidelines. They said in the future because of their mental health they would not want further appointments over the phone.

The young person also told us that their social anxiety has been more intense, especially when interacting with other people and environments that are new to them.

Young people are worried about exam results. People are hoping that their universities are going to be supportive enough.

### Group 5

The young person in this group reported use of some health services during lock down but not specific mental health services. They did say however in the future if they had appointments with any health services, they would prefer for this to be face to face.

They also told us that some of their hobbies were adapted to be able to do at home during lockdown which helped them, but they know some young people who didn't have this option.

## Parent and carers focus group findings

We spoke to parent/carers from two groups across Darlington. Thank you to Darlington Parent/Carer Forum and YMCA.

The groups were all asked six key questions which helped us to understand their experiences during the pandemic.

These were as follows;

- Have you used any services for you family during the pandemic?
- What was your experience like?
- Have you been offered and online and/or telephone appointment?
- Would you want an online or telephone appointment in the future?
- If you know a young person struggling with mental health or know someone who is, what is a concern for you right now?
- Which things would help you as a family with your concerns?

### Group 1

A parent told us that their child who has anxiety was receiving therapy which has been a long process and for 6 months was done over phone or video. Then just before lockdown the sessions progressed to face-face, which they were really pleased about as their child's anxiety was

improving. Because of lockdown the appointments went back to video appointments then back again to phone appointments, which were not very helpful. The parent worries this has had a negative effect on their child's progress.

The child is moving from the area to attend university and has been told to access talking therapy services when they arrive. However, the parent worries that the first hurdle will be to register with a GP but they are unfamiliar with the area. During that session Healthwatch Darlington signposted them to the local Healthwatch in that area for support.

## Group 2

This group of parents have had a mixture of experiences during lockdown ranging from good to not so good. One parent reported receiving excellent support from services and schools for child's Special Educational Needs (SEN) whereas another parent feels the support has not been so good. One parent said they felt abandoned as the usual package of care for their child was unavailable during lockdown which has been challenging. Particular praise during lock down was given to the young carer's service delivered by Humankind.

One parent told us that their child went back to school in June. They said that parents have been experiencing different support from schools whilst theirs has been positive.

During lockdown one parent said they had received a phone call from a paediatrician, not ideal but ok for during this time. They only spoke to the parent and they feel it would have been better if they had also spoken to the child to get a sense of how they were feeling.

When we spoke to this group about telephone and video appointment in the future they said 'Attend anywhere' helps some children but not all. Their experience of using video conference with CAMHS was positive, the worker got the child to speak on video. They don't usually speak in person/face to face.

However, they feel it's important to have a choice as everyone is different, what works for some may not work for others.

A SEN review took place on Zoom and it went well, one parent felt lucky that their child's school was very thorough and went through all the plans for September, they now feel prepared and this has really helped her as a parent to feel better about things.

When talking to the parents about their concerns one said "I feel that there is lack of communication and joined up working between services."

One parent told us that their child became very anxious as they learnt that their tutor was leaving and didn't know who their new one was. Also they are in an important year for options and they hadn't been told if their choices had been confirmed. They added that the lack of preparation by school could then add pressure onto NHS as the young person develops anxiety.

One parent was present with a young person in the session and they said that they are exempt from wearing a mask due to a condition or disability, but they feel uncomfortable as they think that other people judge them for not wearing one. The young person wears one even though they are exempt because they would rather do that than have people looking at them. Security guards in supermarkets need to have more awareness of the Hidden Disabilities Sunflower.

When asking the parents what would have helped them during the pandemic they said an Education Healthcare Plan (EHP). At the start of lockdown families weren't involved with the risk assessment process, they went from having 1:1 support in schools to nothing at home.

They summarised this by saying that they felt that their 2 children with no particular needs received more support from their school than that of the child that has EHP.

## General Conclusion

Throughout this engagement project we have focused on understanding the service user voice of young people and their families. Clear areas of improvement have been highlighted in previous reports which have again been common themes throughout this report in 2019/20.

### Using Services:

When analysing the findings both young people and parent/carer/individuals indicated that they mostly used CAMHS but this was often with another service such as a school counsellor. Overall, the waiting period is still too long, with some individuals reporting more than 9 months wait after an initial appointment. We know improvements have been made to the waiting period with CAMHS and a target for further improvements is something they wish to improve further which has been noted. CAMHS worked with us to further understand the needs of service users and to identify throughout this survey how they can make more improvements. Whilst the waiting target is something that might take time to improve, a number of suggestions has been made to the improvement of information and support during the waiting period. More signposting and communication are key in improving the experience for service users.

### Information Awareness:

Information and awareness have been key indicators identified as an area of improvement in earlier reports which meant these areas needed to be strong features within this report. We wanted to understand further the many reasons a young person's mental health may be affected.

It's widely known that many contributing factors can play a part in the deterioration of mental health and that early intervention and prevention can be key in reducing the numbers of people who end up needing NHS support. When we analysed findings from both young people and parent/carers/individuals overwhelmingly 'Body Image' and 'Bullying' were key contributors with additional comments that this could be linked to the overexposure to social media and the internet. This was closely followed by alcohol, drugs, sexuality and racism. Many young people would go to a parent/carer of support and help with these issues which could indicate a lack of awareness of where else to go. Worryingly a proportion of parent/carers/individuals didn't know where to go for this information which leads us to believe that young people relying on parent/carers is not always the best option for support.

More targeted work at local level is needed to improve this.

### Education:

When analysing the findings for this area of the report young people had a sound knowledge of what was available within the educational setting to help support their mental health with a range of support identified. However, a larger proportion of parent/carer/individuals were unsure of what support was available. This may pose as a barrier for some young people who rely more heavily on a parent/carer/individual for support in school/college to get the help they need. Many young people, parent/carers/individuals feel more education and awareness is needed within schools covering a range of topics. Some similar to those identified in the information and awareness section such as bullying.

### Event:

Although plans for holding an event in Darlington are placed on hold due to the pandemic we feel the findings within this section of the report provide an interesting insight into the needs of young

people and families which may be useful to commissioners and providers in the future. Young people, parent/carers/individuals all indicated that a good array of information to promote good mental wellbeing would be helpful, as well as meeting local services to help understand the local offer and the provision in Darlington. Key themes that they want to learn more about included anxiety, sleeping, keeping fit, self-help techniques and strategies, depression, local help and support, and sleep and eating disorders.

## Covid-19 pandemic conclusion

When talking to both young people and parent/carers/individuals they have strongly indicated that when it comes to healthcare appointments in the future, the **choice** is important and that face to face must remain an option, especially when it comes to mental health. They believe that this will very much depend on the young person's needs and not all appointment methods will fit all. The 'Attend anywhere' scheme has helped young people with choice during the pandemic but when it comes to more choice as lockdown eases they would have a preference for face to face.

Young people who have used services for mental health during lock down have reported a mixture experiences with some being positive whilst others negative. Young people have highlighted that they feel the delivery of a service has varied and that sometimes the service was not suitable in the current pandemic. For example; self-care activities which required to go outside and impersonal telephone appointments which felt scripted.

Some families have felt that communication between services and schools has been disjointed and that this need improving in the future. One family reported a complete shutdown of support when lockdown begun, and they felt abandoned. However, another family reported fantastic support which indicates that there is inconsistencies across the system.

Education settings have been preparing for the return of students across the summer months and our findings indicate a strong and consistent theme when talking to both young people and parent/carers, and that is that they are worried about going back and if the support they receive will be enough.

Finally, some young people and parent/carers have felt that information and messages have been inconsistent during lockdown from schools or colleges which has increased feelings of anxiousness and frustration.

## General Recommendations

1. Darlington Borough Council, Tees Valley Clinical Commissioning Group and local services to work together to deliver a consistent message helping to inform and empower, sharing good practice and delivering the same information so there is no confusion for young patients and families trying to navigate the system. For example; a single signposting pathway making best use of the digital platforms and signposting resources available in Darlington aligning this with the local offer.
2. Tees, Esk and Wear Valley NHS Foundation Trust to improve the awareness and offer of the Recovery College online to young people and families.
3. Tees, Esk and Wear Valley NHS Foundation Trust to consider working more closely with Healthwatch Darlington with signposting people to local services. We deliver statutory duties

which includes information and signposting of local health and care services as well as voluntary and community organisations.

4. Tees, Esk and Wear Valley NHS Foundation Trust to continue making improvements to the information and support offered to patient and families during the waiting period in-between appointments by improving communication and information sharing.
5. Darlington Borough Council to work with schools to ensure this most appropriate information relevant to needs of young people is being disseminated widely enough to parent/carers, ensuring that consideration is made for families who are seldom heard. For example; ensuring that parent and carers know where to go for information and help such as the Living Well Directory.
6. Tees, Esk and Wear Valley NHS Foundation Trust and Tees Valley Clinical Commissioning Group to consider the offer for parent/carers/individuals in terms of local Darlington peer support groups that are accessible.
7. More work is needed across the whole system by learning from our findings where key themes have been identified and which contribute to young people's mental health. These act as an indicator for developing early intervention initiatives to tackle local problems or concerns of young people. (For example, body image, social media/online pressures, alcohol/drugs, bullying and racism) This could help prevent mental health issues escalating which in turn could ease pressures on NHS services.

## Covid-19 pandemic recommendations

1. Tees, Esk and Wear Valley NHS Foundation Trust to consider our findings and how they inform when planning the delivery of services, ensuring that **choice** is at the centre of appointment booking systems.
2. Tees, Esk and Wear Valley NHS Foundation Trust - CAMHS to consider how to improve health care appointments that are delivered over the phone. Listening to the service user's voice ensuring that a more personal telephone experience is delivered in the future.
3. Tees, Esk and Wear Valley NHS Foundation Trust - Talking Changes to review the activities offered during treatment plans to patients during lockdown/ or those who are shielding in preparation for the future to ensure they are appropriate for the patient if they cannot leave the house.
4. Darlington Brough Council to work more closely with all schools ensuring that consistent information is being shared by schools/colleges with families should other lockdowns arise, taking into consideration 'seldom heard' families.
5. Darlington Borough Council to consider how to improve the risk assessment process of Education Health and Care Plan (ECHP's) during the pandemic to ensure that parent/carers/individuals are involved should other lockdowns arise.



## Response and Feedback from Providers & Commissioners

### Tees Valley Clinical Commissioning Group

*“Many thanks for your recent report ‘Children and Young Peoples Mental Health (including experiences during the covid19 pandemic) November 2019 to August 2020. This report has been shared with Children’s Directors, Director of Operations and Delivery (Mental Health) and with children’s and mental health commissioners within the clinical commissioning group.*

*We would like to thank Health Watch for this report; this report ensures that the voice of children, young people and families is at the heart of all we do and aids us in our commissioning decisions. We want to draw particular attention to the work in schools in Darlington, the report highlights that a collective (including Health Watch Darlington) were successful in securing funding for the school based mental health support teams as part of the national trailblazers work. This work is significant investment into Darlington’s children and young people’s mental health offer and during 2020/21 this work will mobilise to support school age transitions, and also offer further support to parents and carers. This work is part of a national programme which includes PSHE, mental health leads within schools and future investment into education to support children and young people’s emotional wellbeing. In schools we also have a Children’s wellbeing practitioner (CWP) offer, this is funded by health, Darlington Council and schools collectively and offers lower level group work and support for young people to express their emotions and gain early help, while building resilience. This model also offers parent CBT sessions which have proven successful. We continue to monitor this work and feel that the two offers give young people a broad range of support within the education system and we strive to continuously improve on this offer.*

*We also want to draw attention to the data regarding young people’s knowledge of Kooth, an online offer of emotional wellbeing support. We continue to monitor Kooth as one of our contracts but are pleased that over 95% of children and young people were aware of this service as working with the provider have ensured that an effective communications and engagement plan was delivered. While it was disappointing to see that parent/carer knowledge of Kooth was not as high as children and young peoples this gives us a target to work towards, and helps us focus future communications.*

*Via our Children and Young Peoples Local Transformation Plan (LTP) we have agreed that communications and marketing needs to be a future key priority; we need to ensure that services are connected and that children and young people, and their families know how to engage with services. We have also agreed that this report should form a large part of the Darlington LTP 2020 and beyond and look forward to working with Health Watch Darlington and partners on this. The data set helps us understand our current position and aids us to set improvement plans to meet the now and future needs for emotional wellbeing and mental health support, and furthermore will help the CAMHS whole pathway review.*

*We were disappointed that services provided as early help, commissioned by local authorities, were not heavily featured in this report as early help is at the heart of the work and using the THRIVE model ensuring that ‘getting help’ is a key priority area for Darlington within the model. This is an important area to ensure that we don’t medicalise emotions and ensure young people and families get the right level of support for their needs.*

*We thank Healthwatch Darlington for this report and look forward to continuing to work with you as part of our future plans.”*



## Tees, Esk & Wear Valley NHS Foundation Trust (Darlington Child & Adolescent Mental Health Service) -

### *“Waiting times.*

*Darlington have over the last year consistently provided assessments and interventions within national timeframes. We can see that this has been an area that has been highlighted and will look into this. We are aware there is a longer wait for access to some specialist assessments such as Autism however are developing plans in order to reduce this. We would always welcome feedback and if Children, Young people or families feel they would want to raise or discuss this to get in touch with the team directly.*

### **Method of appointment delivery**

*Darlington CAMHS have over the last 9 months moved to offering virtual appointments through attend anywhere and phone contact as an alternative to face to face in light of the current pandemic. Face to face appointments had initially been reserved to a smaller number of children, young people and their families on assessment. As restrictions began to lift, Darlington CAMHS were able to offer more face to face appointments and have carried on this offer throughout current restrictions. In the future, all three methods of appointments could be offered in consultation with the child, young person and their families based on their preference.*

### **Contact while on waiting list**

*Darlington CAMHS are developing plans in order to maintain contact with children, young people and their families while they are waiting for appointments and are trialling different methods of this as well as developing a virtual offer of educational sessions which can be accessed remotely in order to provide access to self-help. This offer would be alongside direct contact and support from the team.*

### **Transition to adult services**

*We are very sorry to read this experience. The transition to adult services is in place and we welcome feedback. Darlington CAMHS have recently worked with the adult team in order to strengthen this process.”*

## **Darlington Borough Council**

*“Darlington Borough Council would like to thank Healthwatch Darlington for the 2020 Darlington Children and Young People’s Mental Health and Wellbeing report and for its recommendations which we accept. It is positive to note the improvement in Children and Young People’s experiences from previous reports. It is noted, however, that there is still more to do and the Mental Health and Wellbeing of Children and Young people continues to be a priority area of focus for the Children and Young Peoples Steering Group.*

*The council continues to work with schools and other partners on a number of initiatives to support mental health and wellbeing of children. Darlington successfully applied to be a “Trailblazer” area through NHS England to fund a ‘mental health support team’, to work across education and healthcare to provide early intervention support for children and young people who are experiencing mental health challenges. Education mental health practitioners will be placed in schools from January 2021 and will help support schools to identify and manage issues relating to the mental health and wellbeing of children.*

*We welcome the reflections from Healthwatch regarding our approach to COVID and we will continue to work in partnership with stakeholder agencies, Children and Young People, parent and carers to take forward the recommendations, so that we continue to improve the experiences and support available to the children and young people of Darlington.”*

## Methodology

Healthwatch Darlington undertook the following core activities to gather relevant feedback to answer research questions and meet objectives:

- A survey was produced and distributed to encourage local people to complete. This was available in a range of formats with the aim of obtaining as many responses as possible in the time frame allocated.
- Communications from Healthwatch Darlington were sent out using different platforms to encourage people via social media, website, local media and local communities.
- Seven online focus groups were delivered with young people and families
- Weekly updates were carried out to inform of progress made and feedback received.

## Acknowledgement

Healthwatch Darlington would like to thank local service users, patients and families for taking the time to take part in this engagement work. It is very much appreciated and has given us a greater understanding of access to services for children and young people.

We would also like to thank the voluntary and community sector organisations who arranged for Healthwatch Darlington to talk to young people, parents and carers. Without your support we wouldn't be able to reach the diverse range of people we need to engage with in our community.

Finally we would like to thank our dedicated team of volunteers who supported this work using their local knowledge and expertise to gather people's views.

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